Behested Payment Report

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California Form 803
For Official Use Only

1. Elected Officer or CPUC Member *(Last name, First name)*
Robert Garcia

Agency Name
City of Long Beach

Agency Street Address
411 W. Ocean Blvd.

Designated Contact Person *(Name and title, if different)*
Diana Tang, Chief of Staff

Area Code/Phone Number
(562) 570-6801

E-mail *(Optional)*

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

2. Payor Information *(For additional payors, include an attachment with the names and addresses.)*

Ilana Kloss and Billie Jean King
Name

Address	City	State	Zip Code
21 Rickland Drive	Randolph	NJ	07869

3. Payee Information *(For additional payees, include an attachment with the names and addresses.)*

Long Beach Public Library Foundation
Name

Address	City	State	Zip Code
65 Pine Ave, Suite 875	Long Beach	CA	90802

4. Payment Information *(Complete all information.)*

Date of Payment: 9/13/19 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ $105,000 *(Round to whole dollars.)*

Payment Type: ☒ Monetary Donation **or** ☐ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: _____

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: To provide resources to the Long Beach Billie Jean King Main Library.

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State [redacted] n contained herein is true and complete.

Executed on October 8, 2019 (DATE) By [redacted]