

Behested Payment Report

A Public Document

Behested Payment Report

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

Robert Garcia

Agency Name

City of Long Beach

Agency Street Address

333 W. Ocean Blvd.

Designated Contact Person (Name and title, if different)

Mark Taylor

Area Code/Phone Number

(562) 570-6801

E-mail (Optional)

Mayor@longbeach.gov

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LONG BEACH, CA
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California Form 803

For Official Use Only

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.)

Julia Huang

Name

228 E. Broadway

Address

Long Beach

City

CA

State

90802

Zip Code

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

Mayor's Fund for Education

Name

65 Pine Avenue

Address

Long Beach

City

CA

State

90802

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: Dec. 20, 2016
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000
(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: Support education in the City of Long Beach.

5. Amendment Description or Comments

Notified of receipt of contribution on 1/31/17.

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on January 31, 2017
DATE

By _____

