Behested Payment Report

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.)

   Junior League of Long Beach

   Name
   3515 Linden Ave, Suite 49

   Address

   City
   Long Beach

   State
   CA

   Zip Code
   90807

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

   Long Beach Public Library Foundation

   Name
   65 Pine Ave, Suite 875

   Address

   City
   Long Beach

   State
   CA

   Zip Code
   90802

4. Payment Information (Complete all information.)

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

   Amount of Payment: (In-Kind FMV) $30,000
   (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 of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on October 8, 2019

Signature

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)