

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

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)

RECEIVED CITY CLERK LONG BEACH, CA 2019 OCT -8 PM 4:00

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.)

Junior League of Long Beach

Name

3515 Linden Ave, Suite 49

Long Beach

CA

90807

Address

City

State

Zip Code

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

Long Beach

CA

90802

Address

City

State

Zip Code

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: [X] 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 [X] 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 DATE

B

