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LONG BEACH, CA

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	**E-mail** *(Optional)*
562-570-6801	mayor@longbeach.gov

18 JUL 24 PM 1:10

Date Stamp

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.)*

Long Beach Police Officers Association Political Action Committee

Name

1415 L. St., Ste. 410	Sacramento	CA	95814
Address	City	State	Zip Code

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

Mayor's Fund for Education

Name

65 Pine Ave. #898	Long Beach	CA	90802
Address	City	State	Zip Code

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

Date of Payment: 06/27/2018 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000.00 *(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 support educational efforts of the Mayor's Fund for Education and sponsoring the Long Beach Elected Official Swearing-in Ceremonies.

5. Amendment Description and/or Comments

Notice of payment received July 18, 2018

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 7/24/18
DATE

[redacted]