Behested Payment Report

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Behested Payment Report
California Form 803

Date Stamp

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.)*

Linda Haley and Marvin Zamost
Name

Address	City	State	Zip Code
5521 Lonna Linda Drive	Long Beach	CA	90807

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: 7/15/19 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ $5,000 *(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

Donation information received September 19, 2019.

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) By [redacted]