# 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  
   **Date Stamp**  
   16 MAY 14 5:25 PM  
   **Date of Original Filing** *(month, day, year)*  
   ☐ Amendment *(See Part 5)*  

## 2. Payor Information *(For additional payors, include an attachment with the names and addresses.)*  
Long Beach Chamber of Commerce  
Name  
1 World Trade Center #1650  
Address  
Long Beach  
City  
CA  
State  
90831  
Zip Code

## 3. Payee Information *(For additional payees, include an attachment with the names and addresses.)*  
Community Partners Mayor's Fund for Education  
Name  
1000 North Alameda Street, Suite 240  
Address  
Los Angeles  
City  
CA  
State  
90012  
Zip Code

## 4. Payment Information *(Complete all information.)*  
**Date of Payment:**  
10/10/2018  
*(month, day, year)*  
**Amount of Payment:** *(In-Kind FMV)*  
$5,000.00  
*(Round to whole dollars.)*  
**Payment Type:**  
☑ Monetary Donation  
☐ In-Kind Goods or Services *(Provide description below.)*  
**Brief Description of In-Kind Payment:**  
□ Legislative  
□ Governmental  
☑ Charitable  
**Purpose:** *(Check one and provide description below.)*  
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  
Payment notification received 5/13/2019.

## 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 ☐ 5/14/19  
DATE  
By ☐