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Behested Payment Report

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Behested Payment Report

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|--|-------------------|--|---|
| 1. Elected Officer or CPUC Member (Last name, First name) Garcia, Robert | | Date Stamp 2020 APR -8 PM 4:43 | California Form 803 For Official Use Only |
| Agency Name City of Long Beach | | | |
| Agency Street Address 411 W. Ocean Blvd., Long Beach, CA 90802 | | | |
| Designated Contact Person (Name and title, if different) Diana Tang, Chief of Staff | | <input type="checkbox"/> Amendment (See Part 5) | |
| Area Code/Phone Number (562) 570-6801 | E-mail (Optional) | Date of Original Filing: _____ (month, day, year) | |

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Long Beach Community Foundation

| | | | | |
|---------|--------------------------|------------|-------|----------|
| Name | 400 Oceangate, Suite 800 | Long Beach | CA | 90802 |
| Address | | City | State | Zip Code |

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Century Club of Long Beach

| | | | | |
|---------|--------------------|------------|-------|----------|
| Name | 2402 Petaluma Ave. | Long Beach | CA | 90815 |
| Address | | City | State | Zip Code |

4. Payment Information (Complete all information.)

Date of Payment: 3/25/2020 (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 people effected by the COVID-19 health crisis.

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 4/7 DATE By _____ MEMBER