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Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Robert Garcia		Date Stamp 19 MAY 14 PM 3:25	California Form 803 For Official Use Only
Agency Name City of Long Beach			
Agency Street Address 333 W. Ocean Blvd.			
Designated Contact Person (Name and title, if different) Mark Taylor		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (562) 570-6801	E-mail (Optional) Mayor@LongBeach.gov	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 - Johnson Family Fund

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.)

Long Beach Public Library Foundation

Name

101 Pacific Avenue	Long Beach	CA	90802
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: April 4, 2019 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 10,000 (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: The LBPLF provides support to enhance the LB Public Library and encourages literacy and education for all members of the community.

5. Amendment Description and/or Comments

Donation information received May 10, 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 