

Behested Payment Report

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Behested Payment Report

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California Form 803 For Official Use Only

1. Elected Officer or CPUC Member (Last name, First name) Garcia, Robert 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 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.) 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.) Living Opportunities Management Company Name 3787 Worsham Ave. Long Beach CA 90808 Address City State Zip Code

4. Payment Information (Complete all information.) Date of Payment: 3/24/2020 Amount of Payment: (In-Kind FMV) \$ 25,000 Payment Type: [X] Monetary Donation or [ ] In-Kind Goods or Services Brief Description of In-Kind Payment: Purpose: [ ] Legislative [ ] Governmental [X] 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

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