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LONG BEACH, CA

Behested Payment Report

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A Public Document

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.)
Molina Rudy Family Fund

Name	378 Havana Ave.	Long Beach	CA	90814
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3/19/2020 (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 _____ SIGNER

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