

Behested Payment Report

A Public Document

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CITY CLERK
LONG BEACH, CA

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Robert Garcia
Agency Name

City of Long Beach
Agency Street Address

411 W. Ocean Blvd
Designated Contact Person (Name and title, if different)

Diana Tang

Area Code/Phone Number
562-570-6801

E-mail (Optional)
mayor@longbeach.gov

2020 AUG 28 AM 9:47

California Form 803
For Official Use Only

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 N Part
Name

4900 E. Conant St
Address

Long Beach
City

CA
State

90808
Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Community Partners
Name

1000 North Alameda St, Suite 240
Address

Los Angeles
City

CA
State

90012
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 08/14/2020
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000.00
(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 support educational efforts of the Mayor's Fund for Education and the ReadyRosieLB Kindergarten-Readiness Program's translation into Khmer.

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 8/25/2020
DATE

