Behested Payment Report

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

   Agency Name
   City of Long Beach

   Agency Street Address
   333 W. Ocean Blvd.

   Designated Contact Person (Name and title, if different)
   Mark Taylor, Chief of Staff

   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.)
   Mercedes Benz
   Name
   4035 Via Oro Ave Long Beach CA 90810
   Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Long Beach Century Club
   Name
   P.O. Box 3969 Long Beach CA 90803
   Address City State Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: May 5, 2016
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $ 20,000
   (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
   Support of youth amateur athletics in Long Beach.

5. Amendment Description and/or Comments
   Contribution information received May 9, 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 May 10, 2019
   By

   FPPC Form 803 (January/2018)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)