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)

☐ Amendment (See Part 5)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Mercedes Benz of Long Beach

   Name
   2300 E. Spring St.
   Signal Hill
   CA
   90755

   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: 5/4/2017
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $5,000.00
   (Round to whole dollars.)

   Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

   Brief Description of In-Kind Payment:

   Support of youth amateur athletics in Long Beach.

   Purpose: (Check one and provide description below.)
   ☐ Legislative ☐ Governmental ☒ Charitable

   Describe the legislative, governmental, charitable purpose, or event:

   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)