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

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Molina/Rudy Family Fund

Name
378 Havana Ave.

Address
City
Long Beach
State
CA
Zip Code
90814

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

Name
P.O. Box 3969

Address
City
Long Beach
State
CA
Zip Code
90803

4. Payment Information (Complete all information.)

Date of Payment: May 2, 2019
Amount of Payment: (In-Kind FMV) $25,000
(Round to whole dollars.)

Payment Type:
☑ Monetary Donation
☐ 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:
Support of youth amateur athletics in Long Beach.

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 May 10, 2019

By

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