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

   Area Code/Phone Number
   562-570-6801
   E-mail (Optional)
   mayor@longbeach.gov

   Date of Original Filing: ____________________

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Oxbow Energy Solutions
   Name
   1601 Forum Place, Ste. 1400
   West Palm Beach
   FL
   33401

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Community Partners- Mayor’s Fund for Education
   Name
   1000 North Alameda St., Suite 240
   Los Angeles
   CA
   90012

4. Payment Information (Complete all information.)
   Date of Payment: 7/01/2019
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $ 10,000.00
   (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 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 ____________________

By ____________________