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LONG BEACH, CA

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 18 JUL 12 PM 3:04	California Form 803 For Official Use Only
Robert Garcia Agency Name			
City of Long Beach Agency Street Address			
333 W. Ocean Blvd Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Mark Taylor		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
562-570-6801	mayor@longbeach.gov		

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

Address

City

State

Zip Code

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

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7/02/2018
(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 7/12/18
DATE

