

Behested Payment Report

A Public Document

Behested Payment Report

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

Robert Garcia

Agency Name

City of Long Beach

Agency Street Address

411 W. Ocean Blvd

Designated Contact Person (Name and title, if different)

Diana Tang

Area Code/Phone Number

562-570-6801

E-mail (Optional)

mayor@longbeach.gov

RECEIVED  
CITY CLERK  
LONG BEACH, CA

Date Stamp

2020 SEP 22 PM 3: 29

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Park Bixby Tower Inc.

Name

714 Pacific Avenue

Address

Long Beach

City

CA

State

90813

Zip Code

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

Mayor's Fund for Education

Name

65 Pine Ave. #898

Address

Long Beach

City

CA

State

90802-4718

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 7/2/2020  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000  
(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

Describe the legislative, governmental, charitable purpose, or event: For purchase of hand sanitizer for school children and their families.

5. Amendment Description and/or Comments

Notification of payment received on 7/28/2020

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 8/5/2020  
DATE

By \_\_\_\_\_

