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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)

DEC 19 10 2:42 AM
Date Stamp

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)

Mark Taylor

Area Code/Phone Number

562-570-6801

E-mail (Optional)

mayor@longbeach.gov

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.)

Port of Long Beach

Name

4801 Airport Plaza Drive

Address

Long Beach

City

CA

State

90815

Zip Code

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

Community Partners

Name

1000 North Alameda St, Suite 240

Address

Los Angeles

City

CA

State

90012

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 12/04/2018
(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 of the Mayor's Fund for Education and sponsoring the Long Beach Elected Official Swearing-in Ceremonies.

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 12/19/18
DATE

By

