### 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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port of Long Beach</td>
<td>4801 Airport Plaza Drive</td>
<td>Long Beach</td>
<td>CA</td>
<td>90815</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Partners</td>
<td>1000 North Alameda St, Suite 240</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90012</td>
</tr>
</tbody>
</table>

**4. Payment Information**  
(Complete all information.)

- **Date of Payment:** 12/04/2018  
- **Amount of Payment:** In-Kind FMV $10,000.00  
- **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:  
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**

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**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**

By

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)