

Behested Payment Report

A Public Document

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CITY CLERK  
LONG BEACH, CA

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 Stamp

18 NOV 13 PM 3:00

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.)

R.J. and D.A. Munzer Foundation

Name

3450 E. Spring Street, Suite 216

Address

Long Beach

City

CA

State

90806

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: 10/11/2018  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 40,000.00  
(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 for the ReadyRosie Family Engagement Program.

5. Amendment Description and/or Comments

Notice received on 11/13/18.

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information herein is true and complete.

Executed on 11/13/18 DATE

