

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Robert Garcia		Date Stamp 19 MAY 14 PM 3: 25	<b>California Form 803</b> For Official Use Only
Agency Name City of Long Beach			
Agency Street Address 333 W. Ocean Blvd.			
Designated Contact Person (Name and title, if different) Mark Taylor		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (562) 570-6801	E-mail (Optional) Mayor@LongBeach.gov	Date of Original Filing: _____ (month, day, year)	

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

The Ahmanson Foundation

Name

9215 Wilshire Blvd. Los Angeles CA 90210

Address City State Zip Code

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

Long Beach Public Library Foundation

Name

101 Pacific Avenue Long Beach CA 90802

Address City State Zip Code

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

Date of Payment: April 23, 2019 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 100,000 (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: The LBPLF provides support to enhance the LB Public Library and encourages literacy and education for all members of the community.

**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 5/14/19 DATE By 