Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

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

Date Stamp

☐ **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.)*

The Molina Foundation
Name

Address	City	State	Zip Code
PO Box 2677	Los Alamitos	CA	90720

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

Mayor's Fund for Education
Name

Address	City	State	Zip Code
65 Pine Ave. #898	Long Beach	CA	90802-4718

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

Date of Payment: 07/01/2020 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 74,200 *(Round to whole dollars.)*

Payment Type: ☐ Monetary Donation **or** ☒ In-Kind Goods or Services *(Provide description below.)*

Brief Description of In-Kind Payment: 15,000 copies of "On My Way to Kindergarten" activity books

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event:

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 7/8/20 DATE

By [redacted] OR CPUC MEMBER