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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)		Date State 18 JUN -6 PM 12: 2	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)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
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.)

Tony Shashoni
Name

9200 W. Sunset Blvd. West Hollywood CA 90069
Address City State Zip Code

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

Community Partners- Mayor's Fund for Education
Name

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

4. Payment Information (Complete all information.)

Date of Payment: 5/8/2018 Amount of Payment: (In-Kind FMV) \$ 10,000.00
(month, day, year) (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

5. Amendment Description and/or Comments

Notice of payment received on 6/1/2018

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 June 5, 2018
DATE

