

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California Form 803 For Official Use Only
Robert Garcia		10 SEP -5 PM 2: 25	
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)	
Mark Taylor		Date of Original Filing: _____	
Area Code/Phone Number	E-mail (Optional)	(month, day, year)	
562-570-6801	mayor@longbeach.gov		

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

Tony Shashoni/Long Beach Center, LLC

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

1000 N. Alameda St., Suite 240 Los Angeles CA 90012

Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 09/03/2019 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

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 9/5/2019 DATE

By

