1. Elected Officer or CPUC Member (Last name, First name)  
   Robert Garcia  
   Agency Name  
   City of Long Beach  
   Agency Street Address  
   Designated Contact Person (Name and title, if different)  
   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/Long Beach Center, LLC  
   9200 W. Sunset Blvd.  
   West Hollywood CA 90069

3. Payee Information (For additional payees, include an attachment with the names and addresses.)  
   Community Partners- Mayor's Fund for Education  
   1000 N. Alameda St., Suite 240  
   Los Angeles CA 90012

4. Payment Information (Complete all information.)  
   Date of Payment: 09/03/2019  
   Amount of Payment: (In-Kind FMV) $10,000.00  
   Payment Type: Monetary Donation or In-Kind Goods or Services  
   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  
By [Signature]

FPPC Form 803 (December/2015)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)