**Behested Payment Report**

1. **Elected Officer or CPUC Member** *(Last name, First name)*
   - Robert Garcia

2. **Agency Name**
   - City of Long Beach

3. **Agency Street Address**
   - 333 W. Ocean Blvd

4. **Designated Contact Person** *(Name and title, if different)*
   - Mark Taylor

5. **Area Code/Phone Number** *(Optional)*
   - 562-570-6801

6. **E-mail** *(Optional)*
   - mayor@longbeach.gov

---

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

- **Name**
  - United Way, Inc.
- **Address**
  - 1150 S. Olive St. Suite T 500
  - Los Angeles, CA 90015

---

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

- **Name**
  - Community Partners Mayor's Fund For Education
- **Address**
  - 1000 North Alameda St. Suite 240
  - Los Angeles, CA 90012

---

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

- **Date of Payment:** 9/11/2018
- **Amount of Payment:** *(In-Kind FMV)* $5,000.00
- **Payment Type:** ☑ Monetary Donation or ☐ In-Kind Goods or Services *(Provide description below.)*

---

5. **Amendment Description and/or Comments**

- Notice received on 11/13/18. Grant provided by AT&T's annual corporate gift to United Way.

---

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 11/13/18

---

*FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)*