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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)

19 MAR 08 AM 3:12 Date Stamp

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)

Mark Taylor

Area Code/Phone Number
562-570-6801

E-mail (Optional)
mayor@longbeach.gov

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.)

Urban Commons

Name

10250 Constellation Blvd. Suite 1750

Los Angeles

CA

90067

Address

City

State

Zip Code

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

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: 02/21/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000,000
(Round to whole dollars.)

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

Brief Description of In-Kind Payment: Event space at the Queen Mary and parking for 2nd anniversary celebration of Fund.

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 as a sponsor for the Mayor's Fund 2nd Year Celebration.

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 3/25/19
DATE

