

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 Agency Name		19 MAY -9 PM 1:57	
City of Long Beach Agency Street Address			
333 W. Ocean Blvd Designated Contact Person (Name and title, if different)		<input checked="" type="checkbox"/> Amendment (See Part 5)	
Mark Taylor		Date of Original Filing: 03 19 2019 (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
562-570-6801	mayor@longbeach.gov		

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 Amount of Payment: (In-Kind FMV) \$ 5,000
(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: 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

The amount payment originally stated was a typo, it should be Five Thousand Dollars.

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 5/9/19 DATE

By

