1. Elected Officer or CPUC Member (Last name, First name) 
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
Date of Original Filing: 03 19 2019 (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 (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 5/4/19 By

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