

Behested Payment Report

A Public Document



Behested Payment Report

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

RECEIVED
CITY CLERK
LONG BEACH, CA
18 FEB -5 PM 2:53
Date Stamp

California Form 803
For Official Use Only

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.)

Walmart Stores, Inc.
Name

702 SW 8th Street
Address

Bentonville
City

AR
State

72716
Zip Code

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

Green Education Inc
Name

PO Box 2629
Address

Long Beach
City

CA
State

90801
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1/17/2018
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000.00
(Round to whole dollars.)

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

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 sustainable 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 2/5/18 DATE

By [Signature] SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

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

Walmart Stores, Inc.

Name

702 SW 8th Street

Address

Bentonville

City

AR

State

72716

Zip Code

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

Willmore City Heritage Association

Name

PO Box 688

Address

Long Beach

City

CA

State

90801

Zip Code

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

Date of Payment: 1/17/2018
(month, day, year)

Amount of Payment: *(In-Kind FMV)* \$ 15,000.00
(Round to whole dollars.)

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

Brief Description of In-Kind Payment: _____

Purpose: *(Check one and provide description below.)* Legislative Governmental Charitable

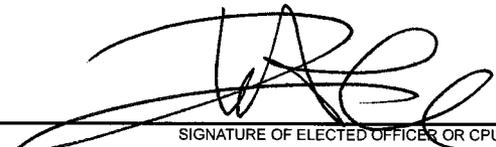
Describe the legislative, governmental, charitable purpose, or event: To support efforts in Long Beach's Willmore Neighborhood's preservation, protection and improvement of the physical environment and quality of life.

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 2-8-18 DATE

By  SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER