Behested Payment Report

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

   Agency Name
   City of Long Beach

   Agency Street Address
   411 W. Ocean Blvd.

   Designated Contact Person (Name and title, if different)
   Diana Tang

   Area Code/Phone Number
   (562) 570-6801

   E-mail (Optional)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Will J. Reid Foundation
   Name
   2801 E. Ocean Blvd.
   Address
   Long Beach
   City
   CA
   State
   90803
   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Long Beach Public Library Foundation
   Name
   65 Pine Ave.
   Address
   Long Beach
   City
   CA
   State
   90802
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 10/18/19
   Amount of Payment: (In-Kind FMV) $10,000
   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:
   Billie Jean King Main Library.

5. Amendment Description and/or Comments

6. Verification

   I certify, under penalty of perjury under the laws of the State of California, that all information herein is true and complete.

   Executed on 10/23/19
   DATE
   By

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)