

Behested Payment Report

A Public Document

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CITY CLERK
LONG BEACH, CA

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)

Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

2019 OCT 31 PM 3:36

California Form 803

For Official Use Only

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

Will J. Reid Foundation

Name

2801 E. Ocean Blvd.

Long Beach

CA

90803

Address

City

State

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.

Long Beach

CA

90802

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/18/19
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000
(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 provide resources to the Long Beach

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 the information herein is true and complete.

Executed on 10/23/19
DATE

By [Redacted Signature]