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, Chief of Staff

Area Code/Phone Number
(562) 570-6801

E-mail *(Optional)*
mayor@longbeach.gov

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

Name
550 South Hope Street, Suite 2500
Los Angeles, CA 90071

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
101 Pacific Avenue
Long Beach, CA 90802

Address
City
State
Zip Code

4. Payment Information *(Complete all information.)*
   Date of Payment: June 18, 2019
   Amount of Payment: *(In-Kind FMV)* $100,000.00
   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:
This grant will support the furnishing, technology and operation of selected programs in the new 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 to the best of my knowledge, the information contained herein is true and complete.

Executed on June 24, 2019

DATE

By

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