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Behested Payment Report

A Public Document

Behested Payment Report

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

Robert Garcia

18 JAN 19 PM 1:25

Date Stamp

California Form 803

For Official Use Only

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

☐ **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.)*

Boeing
Name

Address	City	State	Zip Code
PO Box 516 M/C 5084-7000	St. Louis	MO	63166-0516

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

Community Partners- Mayor's Fund for Education
Name

Address	City	State	Zip Code
65 Pine Ave. #898	Long Beach	CA	90802-4718

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

Date of Payment: 1/2/2018 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 5,000.00 *(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 educational efforts in Long Beach

Sponsoring the Long Beach Week of the Young Child and ECE Symposium

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 1/19/2018
DATE

[redacted]