

Behested Payment Report

A Public Document

Behested Payment Report

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

Robert Garcia

Date Stamp

19 MAR 29 PM 2: 14

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

Amendment (See Part 5)

Area Code/Phone Number

(562) 570-6801

E-mail (Optional)

Mayor@longbeach.gov

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

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

Intertrend Communications Inc

Name

228 E. Broadway

Long Beach

CA

90802

Address

City

State

Zip Code

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

Mayor's Fund for Education

Name

65 Pine Avenue

Long Beach

CA

90802

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: March 06, 2019
(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: Support education in the City of Long Beach and the ReadyRosie initiative.

5. Amendment Description 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 March 19, 2019
DATE

