

Behested Payment Report

A Public Document

Behested Payment Report

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CITY CLERK
LONG BEACH, CA

California Form 803
For Official Use Only

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

Area Code/Phone Number: 562-570-6801
E-mail (Optional): mayor@longbeach.gov

Date Stamp: 17 DEC 14 PM 2: 13

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.)

The Boeing Company
Name

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

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

Community Partners- Mayor's Fund for Education
Name

1000 N Alameda St. Suite 240 Los Angeles CA 90012
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/13/2017 Amount of Payment: (In-Kind FMV) \$ 70,000.00
(month, day, year) (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

5. Amendment Description and/or Comments

Notice of payment received on 12/12/2017

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 12/14/17 By _____
DATE

