Behested Payment Report

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

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
   (month, day, year)
   Amount of Payment: (In-Kind FMV) $ 70,000.00
   (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

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 DATE By

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)