

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Jeannine Pearce		Date Stamp 19 MAR 29 PM 3:59	California Form 803 For Official Use Only
Agency Name City of Long Beach			
Agency Street Address 333 W. Ocean Blvd., Lobby Level			
Designated Contact Person (Name and title, if different) Jeannine Pearce, Councilmember		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number 562-983-0815	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	

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

Long Beach Hotel Properties, LLC

Name	444 W. Ocean Blvd., #1108	Long Beach	CA	90802
Address		City	State	Zip Code

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

Long Beach Library Foundation

Name	101 Pacific Ave.	Long Beach	CA	90802
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 2/28/19 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000 (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: Donation to Library Foundation

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 3/29/19 DATE

