

Behested Payment Report

A Public Document

Behested Payment Report

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California 803
Form
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
411 W. Ocean Blvd
Designated Contact Person (Name and title, if different)
Diana Tang
Area Code/Phone Number
562-570-6801
E-mail (Optional)
mayor@longbeach.gov

2021 SEP 24 PM 1:49
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.)
California Teachers Association
Name
1705 Murchison Dr.
Address
Burlingame
City
CA
State
94010
Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Equality California
Name
3701 Wilshire Blvd, Suite 725
Address
Los Angeles
City
CA
State
90010
Zip Code

4. Payment Information (Complete all information.)
Date of Payment: 9/7/2021 (month, day, year)
Amount of Payment: (In-Kind FMV) \$ 5,000.00 (Round to whole dollars.)
Payment Type: [X] 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 [X] Charitable
Describe the legislative, governmental, charitable purpose, or event: To support the LGBTQ+ people of California through health, education, and advocacy activities.

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 9/24/2021 DATE By [Redacted] OR CPUC MEMBER