

Behested Payment Report

A Public Document

Behested Payment Report

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CITY CLERK

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 AUG -4 PM 3: 04

California Form 803

For Official Use Only

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.)

Carnival Cruise Foundation

Name

3655 N.W. 87th Ave

Miami

FL

33178

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

65 Pine Ave. #898

Long Beach

CA

90802-4718

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/12/2017  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 25,000.00  
(Round to whole dollars.)

Payment Type:  Monetary Donation or  In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: A competitive grant award applied for and received during open solicitation process.

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 6/15/2017

6. Verification

I certify, under penalty of perjury under the laws of herein is true and complete.

Executed on 8-4-17  
DATE

