Behested Payment Report

A Public Document

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Behested Payment Report

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)*

Robert.Garcia@longbeach.gov

Date Stamp

☐ **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.)*

Janet Watt

Name

Address	City	State	Zip Code
4201 Chestnut Ave	Long Beach	CA	90807

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

Musica Angelica Baroque Orchestra

Name

Address	City	State	Zip Code
65 Pine Ave. #12	Long Beach	CA	90802

4. Payment Information *(Complete all information.)*

Date of Payment: 4/15/2017 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 5,000.00 *(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 musical performances.

5. Amendment Description and/or Comments

Notice of payment received 6/1/2017

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 6/6 DATE By [redacted]