

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Robert Garcia		Date Stamp 19 MAY 10 PM 2:08 LONG BEACH, CA	California Form 803 For Official Use Only
Agency Name City of Long Beach			
Agency Street Address 333 W. Ocean Blvd.			
Designated Contact Person (Name and title, if different) Mark Taylor, Chief of Staff		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number (562) 570-6801	E-mail (Optional) mayor@longbeach.gov	Date of Original Filing: _____ (month, day, year)	

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

Boeing

Name	PO Box 516 MIC 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.)

Long Beach Century Club

Name	P.O. Box 3969	Long Beach	CA	90803
Address		City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4/26/2018 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 1,500.00 (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: Support of youth amateur athletics in Long Beach.

5. Amendment Description and/or Comments

Contribution information received May 9, 2019.

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 May 10, 2019
DATE

By _____