

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Robert Garcia		RECEIVED MAY 10 2018 19 MAY 10 PM 2:06 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) Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number (562) 570-6801	E-mail (Optional) mayor@longbeach.gov	

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

California Resource Corporation

Name			
P.O. Box 280820	Northridge	CA	90012
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) \$ 3,000 (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: _____

5. Amendment Description and/or Comments

Donation information received 5/9/19.

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 _____ By _____

DATE