Behested Payment Report

A Public Document

RECEIVED CITY CLERK LONG BEACH, CA

Behested Payment Report

California Form 803

For Official Use Only

Date Stamp: 19 MAY 14 PM 3:25

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

☐ **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 Foundation
Name

Address	City	State	Zip Code
3655 N.W. 87th Ave.	Miami	FL	33178

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

Community Partners Mayor's Fund for Education
Name

Address	City	State	Zip Code
1000 North Alameda Street, Suite 240	Los Angeles	CA	90012

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

Date of Payment: 6/22/2018 *(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: _____

Purpose: *(Check one and provide description below.)* ☐ Legislative ☐ Governmental ☒ Charitable

Describe the legislative, governmental, charitable purpose, or event: To support educational efforts of the Mayor's Fund for Education and "Cradle to Career Initiative".

5. Amendment Description and/or Comments

Payment notification received 5/13/2019.

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 5/14/19 DATE By [redacted]