Behested Payment Report

A Public Document

California Form 803
For Official Use Only

Date Stamp: 19 JUN 25 AM 10:10

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.)*

first 5 la/LA County Children & Families First-Proposition 10 Commission
Name

750 N Alameda St, Suite 300 | Los Angeles | CA | 90012
Address | City | State | Zip Code

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

Community Partners
Name

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

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

Date of Payment: 6/12/2019 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 7,500 *(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 the Celebration of the Young Child.

5. Amendment Description and/or Comments

_____

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 6/24/19 (DATE) By [redacted]