RECEIVED
CITY CLERK
LONG BEACH, CA

Behested Payment Report

A Public Document

Behested Payment Report

California Form 803

For Official Use Only

Date Stamp
18 DEC -7 AM 11: 3

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

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

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

Community Partners

Name

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

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

Date of Payment: 11/28/2018 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 12,000 *(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: To support educational efforts of the Mayor's Fund for Education.

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 Dec 5, 2018 (DATE) By [redacted]