Behested Payment Report

A Public Document

Behested Payment Report

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, Chief of Staff

Area Code/Phone Number

(562) 570-6801

E-mail *(Optional)*

mayor@longbeach.gov

Date Stamp

19 JUN 25 AM 10: 10

California Form 803

For Official Use Only

☐ **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.)*

W.M. Keck Foundation

Name

Address	City	State	Zip Code
550 South Hope Street, Suite 2500	Los Angeles	CA	90071

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

Long Beach Public Library Foundation

Name

Address	City	State	Zip Code
101 Pacific Avenue	Long Beach	CA	90802

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

Date of Payment: June 18, 2019 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 100,000.00 *(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: This grant will support the furnishing, technology and operation of selected programs in the new Main Library.

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 June 24, 2019 (DATE) By [redacted]