

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802			
Area Code/Phone Number 562-570-5091	Email tom.modica@longbeach.gov		
Agency Contact (name and title) Tom Modica, Assistant City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>03/22/16</u> <small>(month, day, year)</small>	

2. Donor Name and Address

Individual _____ Other The Rockefeller Foundation

_____ Last Name First Name _____ Name
 420 Fifth Avenue New York NY 10018
 Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name Amount _____ Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Chicago, Illinois, USA Feb. 23, 24, 25, 26, 2016
 Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Virgin Hotel
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 523.76 \$ 250.00 \$ 356.20 \$ 182.99 \$ 1,312.95
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ _____
 Dates (month, day, year) Total Expenses

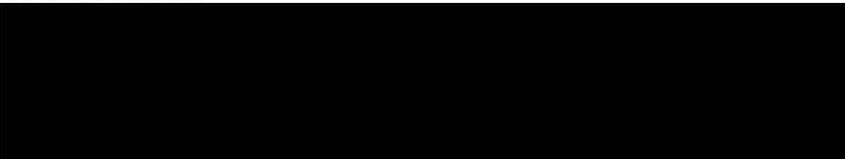
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The City is invited to participate in an eleven-week design process, led by design firm IDEO, which will provide context in which to build upon and generate innovative concepts to reinvigorate the Civic Commons. IDEO hosted nine city teams in Chicago for a 3-day Opportunities & Ideas Bootcamp.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Bodek</u>	<u>Amy</u>	<u>Director</u>	<u>Development Services</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification



_____ in accordance with FPPC regulations.

Assistant City Manager
Title

4/11/16
(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>03/22/16</u> <small>(month, day, year)</small>	
562-570-5091	tom.modica@longbeach.gov		
Agency Contact (name and title)			
Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other The Rockefeller Foundation

Last Name: _____ First Name: _____ Name: _____
 Address: 420 Fifth Avenue City: New York State: NY Zip Code: 10018

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name _____ \$ _____ Amount
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Chicago, Illinois Feb. 23, 24, 25, 26, 2016

Location of Travel: _____ Dates (month, day, year): _____

Southwest Rail Air Bus Auto Other Virgin Hotel
 Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ 523.76 \$ 250.00 \$ 190.00 \$ 226.08 \$ 1,189.84
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ _____

Dates (month, day, year): _____ Total Expenses: _____

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The City of Long Beach is participating in a design process led by IDEO to provide training and technical assistance to respond to a grant proposal coming from Knight and other foundations to reinvigorate the Civic Commons. A convening was held in Chicago, IL.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Taylor</u>	<u>Mark</u>	<u>Chief of Staff</u>	<u>Mayor's Office</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager 4/11/16
 Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)



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City Manager's Office
Street Address
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Area Code/Phone Number
562-570-5091
Email
tom.modica@longbeach.gov
Agency Contact (name and title)
Tom Modica, Assistant City Manager
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Amendment (explain in comment section)
Date of Original Filing: 03/22/16

2. Donor Name and Address
Individual [] Other [x]
The Rockefeller Foundation
420 Fifth Avenue, New York, NY 10018

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Chicago, Illinois
Feb. 23, 24, 25, 26, 2016
Southwest Airlines
Virgin Hotel
\$523.76 \$250.00 \$427.94 \$56.25 \$1,257.95
3.1 (b) Payment(s) not related to travel: N/A

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
The City is invited to participate in an eleven-week design process, led by design firm IDEO, which will provide context in which to build upon and generate innovative concepts to reinvigorate the Civic Commons. IDEO hosted nine city teams in Chicago for a 3-day Opportunities & Ideas Bootcamp.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Tanner Rachael Program Specialist City Manager's Office
Last Name First Name Position/Title Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature: [Handwritten Signature] Print Name: TOM MODICA Title: ASST. CITY MANAGER Date: 4/11/16

Comment:
(Use this space or an attachment for any additional information)

