

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Long Beach
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
patrick.west@longbeach.gov
Agency Contact (name and title)
Patrick H. West, City Manager
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other
Bloomberg Philanthropies
25 East 78th Street New York NY 10075
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
New York, New York
8/20/17-8/24/17
Location of Travel Dates (month, day, year)
The Travel Collaborative
Rail Air Bus Auto Other
Lotte New York Palace Hotel
Name of Lodging Facility
\$ 956.00 \$ 2,200.00 \$ 808.44 \$ 3,500.00 \$ 7,464.44
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

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

Attended the Bloomberg Harvard City Leadership Initiative, in-person Executive Education Program with classroom sessions, group work and learning experiences around the city. Funded through Bloomberg Philanthropies as part of its Government Innovation portfolio.

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

Bodek Amy Director Development Services
Last Name First Name Position/Title Department/Division

4. Verification

I a reported payment(s) as in compliance with FPPC regulations.
Patrick H. West City Manager
Print Name Title
10/24/17
(month, day, year)

Comment:

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

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