Payment to Agency Report

1. Agency Name
   City of Long Beach
   City Manager's Office

Street Address
   333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802

Area Code/Phone Number   Email
   562-570-5091   patrick.west@longbeach.gov

Agency Contact
   Patrick H. West, City Manager

2. Donor Name and Address

   □ Individual   □ Other
   Last Name   First Name   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
   Location of Travel

   The Travel Collaborative
   Transportation Provider

   □ Rail   □ Air   □ Bus   □ Auto   □ Other
   Check Applicable Boxes

   $956.00   $2,200.00   $808.44   $3,500.00   $7,464.44
   Lodging Expenses   Meal Expenses   Transportation Expenses   Other Expenses

   8/20/17-8/24/17
   Dates (month, day, year)

   Lotte New York Palace Hotel
   Name of Lodging Facility

3.1 (b) Payment(s) not related to travel:

   $   Total Expenses
   Dates (month, day, year)

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
   Last Name   First Name

   Director
   Development Services
   Position/Title   Department/Division

   Last Name   First Name
   Position/Title   Department/Division

4. Verification

   I attest to the accuracy and propriety of the reported payment(s) as in compliance with FPPC regulations.

   Patrick H. West   City Manager
   Print Name   Title

   10/24/17
   (month, day, year)

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