

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 patrick.west@longbeach.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Patrick H. West, City Manager			

2. Donor Name and Address

Individual _____ Other Bloomberg Philanthropies

Last Name: _____ First Name: _____ Name: _____
 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

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

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 956.00 \$ 2,200.00 \$ 816.44 \$ 3,500.00 \$ 7,472.44

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)

<u>Modica</u>	<u>Tom</u>	<u>Assistant City Manager</u>	<u>City Manager's Office</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.

Patrick H. West City Manager 10/24/17

Print Name Title (month, day, year)

Comment:

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

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