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., Long Beach CA 90802
   Area Code/Phone Number
   562-570-5091
   Email
   tom.modica@longbeach.gov
   Amendment (explain in comment section)
   Date of Original Filing: 10/01/15

2. Donor Name and Address
   ☐ Individual
   ☑ Other
   880Cities grant funded by Knight Foundation
   Name
   192 Spadina Ave. Suite 510
   Toronto
   Ontario
   Address
   City
   State
   Zip Code
   Canada based non-profit with international outlook promoting walking, biking, urban parks, trails and other public spaces.
   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:
   880 Cities $0.00
   Knight Foundation $3,620.00

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
   Location of Travel
   Scandinavian Airlines
   Transportation Provider
   Rail
   Air
   Bus
   Auto
   Other
   Hotel sp34
   Name of Lodging Facility
   $1,822.00
   Lodging Expenses
   $500.00
   Meal Expenses
   $1,278.00
   Transportation Expenses
   $20.00
   Other Expenses
   $3,620.00
   Total Expenses
   Dates (month, day, year)
   9/19/15 - 9/25/15
   3.1 (b) Payment(s) not related to travel:
   N/A
   $0.00
   Dates (month, day, year)
   Total Expenses
   $0.00
   3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   Knight Foundation 2015 Study Tour consists of attending workshops, presentations, walking and biking tours; studying transportation system focused on biking along with sophisticated network of walking streets, public spaces and efficient and efficient public transportation.
   3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
   West
   Last Name
   Patrick
   First Name
   City Manager
   City of Long Beach
   Position/Title
   Development Services
   Director
   Position/Title

4. Verification
   Assistant City Manager 10/2/15
   Title
   (month, day, year)
   Comment: Other expenses ($20) are for the train fare to and from the airport for both officials attending.
   (Use this space or an attachment for any additional information)

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advice@ffpc.ca.gov