

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach		Date Stamp	<b>California 801</b> <b>Form</b> For Official Use Only
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		
Agency Contact (name and title) Tom Modica, Assistant City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 10/01/15 <small>(month, day, year)</small>	

2. Donor Name and Address

Individual \_\_\_\_\_  Other 880Cities grant funded by Knight Foundation

Last Name: 192 Spadina Ave. Suite 510  
 First Name: Toronto  
 Name: 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:

8 80 Cities	\$ 0.00	Knight Foundation	\$ 3,620.00
_____	_____	_____	_____
Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment** Copenhagen, Denmark 9/19/15 - 9/25/15  
Location of Travel Dates (month, day, year)

Scandinavian Airlines  Rail  Air  Bus  Auto  Other Hotel sp34  
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,822.00	\$ 500.00	\$ 1,278.00	\$ 20.00	\$ 3,620.00
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.**  
 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 effective and efficient public transportation.

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

West	Patrick	City Manager	City of Long Beach
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
Bodek	Amy	Director	Development Services
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

**4. Verification**

\_\_\_\_\_ance with FPPC regulations.  
 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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