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
tom.modica@longbeach.gov
Agency Contact (name and title)
Tom Modica, Assistant City Manager

2. Donor Name and Address
☐ Individual ☑ Other

Name
The Rockefeller Foundation
420 Fifth Avenue
New York, NY 10018
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
Location of Travel
Chicago, Illinois, USA

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
<th>Name of Lodging Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Airlines</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Virgin Hotel</td>
</tr>
</tbody>
</table>

Lodging Expenses: $523.76
Transportation Expenses: $356.20
Other Expenses: $182.99

Total Expenses: $1,312.95

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

N/A

Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
The City is invited to participate in an eleven-week design process, led by design firm IDEO, which will provide context in which to build upon and generate innovative concepts to reinvigorate the Civic Commons. IDEO hosted nine city teams in Chicago for a 3-day Opportunities & Ideas Bootcamp.

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

Bodek
Last Name
Amy
First Name

Director
Position/Title

Development Services
Department/Division

4. Verification

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

Assistant City Manager
Title
4/11/16
(month, day, year)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov
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**
   tom.modica@longbeach.gov
   **Agency Contact** (name and title)
   Tom Modica, Assistant City Manager

2. **Donor Name and Address**
   □ Individual  ☑ Other
   **Last Name**  New York  **NY**  10018
   **First Name**  **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:

<table>
<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   **3.1 (a) Travel Payment**
   **Location of Travel**
   Chicago, Illinois
   **Dates**
   Feb. 23, 24, 25, 26, 2016
   **Transportation Provider**
   Southwest
   **Rail**  □  **Air**  ☑  **Bus**  □  **Auto**  □  **Other**
   **Name of Lodging Facility**
   Virgin Hotel
   **Expenses**
   \$523.76  \$250.00  \$190.00  \$226.08  \$1,189.84
   **Meal Expenses**  **Transportation Expenses**  **Other Expenses**  **Total Expenses**

   **3.1 (b) Payment(s) not related to travel:**
   N/A

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

   The City of Long Beach is participating in a design process led by IDEO to provide training and technical assistance to respond to a grant proposal coming from Knight and other foundations to reinvigorate the Civic Commons. A convening was held in Chicago, IL.

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor</td>
<td>Mark</td>
<td>Chief of Staff</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
</tr>
<tr>
<td>Mayor's Office</td>
<td>Department/Division</td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

   [Signature]
   Tom Modica  Assistant City Manager
   **Print Name**  **Title**

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

   [Clear Page]
**Payment to Agency Report**

1. **Agency Name**
   
   City of Long Beach

2. **Division, Department, or Region (if applicable)**
   
   City Manager's Office

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

4. **Area Code/Phone Number**
   
   562-570-5091

5. **Email**
   
   tom.modica@longbeach.gov

6. **Agency Contact (name and title)**
   
   Tom Modica, Assistant City Manager

---

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Donor Name and Address</th>
<th>The Rockefeller Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td>New York</td>
</tr>
<tr>
<td>Address</td>
<td>NY</td>
</tr>
<tr>
<td>City</td>
<td>10018</td>
</tr>
</tbody>
</table>

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:

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

3.1 (a) **Travel Payment**
   
   Chicago, Illinois

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Feb. 23, 24, 25, 26, 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwest Airlines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$523.76</td>
<td>$250.00</td>
<td>$427.94</td>
<td>$56.25</td>
</tr>
</tbody>
</table>

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

   N/A

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses $1,257.95</td>
</tr>
</tbody>
</table>

---

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

The City is invited to participate in an eleven-week design process, led by design firm IDEO, which will proved context in which to build upon and generate innovative concepts to reinvigorate the Civic Commons. IDEO hosted nine city teams in Chicago for a 3-day Opportunities & Ideas Bootcamp.

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

<table>
<thead>
<tr>
<th>Tanner</th>
<th>Rachael</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Program Specialist</td>
<td>City Manager's Office</td>
</tr>
<tr>
<td>Department/Division</td>
<td></td>
</tr>
</tbody>
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---

**4. Verification**

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

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<tr>
<th>Signature</th>
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<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tom Modica</td>
<td></td>
</tr>
</tbody>
</table>

Comment:

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