

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			
Area Code/Phone Number (562) 570-5091	Email tom.modica@longbeach.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>04/11/16</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Ewing Marion Kauffman Foundation

Last Name: _____ First Name: _____ Name: _____
 4801 Rockhill _____ Kansas City _____ MO _____ 64110
 Address: _____ City: _____ State: _____ Zip Code: _____

Private foundation dedicated to fostering economically independent individuals and communities.

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 Kansas City, MO 2/22/2016-2/24/2016

Location of Travel: _____ Dates (month, day, year): _____

Southwest _____ Rail Air Bus Auto Other Intercontinental Hotel

Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ 350.00 150.00 350.00 \$ _____ \$ 850.00
 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.

Travel to Kansas City for Metro Leaders Summit. City staff member attended workshops and classes about entrepreneurship and small business development programs from around the country. Costs for travel and boarding during the Summit were covered by the Foundation for all participants.

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

<u>Keisler</u>	<u>John</u>	<u>Innovation Team Director</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

_____ nce with FPPC regulations.
 _____ Assistant City Manager
 _____ Title 4/13/16
 _____ (month, day, year)

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

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