

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>07/05/19</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other American Library Association

Last Name: _____ First Name: _____ Name: _____
 50 E. Huron St. Chicago IL 60611
 Address City State Zip Code

"The object of the American Library Association shall be to promote library service and librarianship."

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	Name Amount

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

3.1 (a) Travel Payment Chicago, IL 03/06/2019 - 03/10/2019

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Warwick Allerton-Chicago

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 454.33 \$ _____ \$ 492.46 \$ _____ \$ 946.79

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.

Attendance at a two-day orientation workshop in Chicago for the Great Stories Club grant on Truth, Racial Healing & Transformation.

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

<u>Moore</u>	<u>Shiloh</u>	<u>Senior Librarian</u>	<u>Library Services</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.

Tom Modica Assistant City Manager 7/12/19

Print Name Title (month, day, year)

Comment:

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

Clear Page