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
American Library Association
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</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
American Airlines
Location of Travel Chicago, IL
Transportation Provider
☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other
Location of Lodging Facility
Warwick Allerton-Chicago
Transportation Expenses $492.46
Check Applicable Boxes
Lodging Expenses $454.33
Meal Expenses $N/A
Other Expenses $946.79
Total Expenses $1,392.58

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.

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)

<table>
<thead>
<tr>
<th>Moore</th>
<th>Shihoh</th>
<th>Senior Librarian</th>
<th>Library Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification

reported payment(s) as in compliance with FPPC regulations.
Tom Modica Assistant City Manager
Print Name Title

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov