

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach		Date Stamp	<b>California Form 801</b> For Official Use Only
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>01/07/19</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual \_\_\_\_\_  Other California Endowment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1000 Alameda Street Los Angeles CA 90012  
 Address City State Zip Code

A philanthropic organization, The California Endowment supports effective institutions and influential network building.

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 Sacramento, California 12/06/18 - 12/07/18  
 Location of Travel Dates (month, day, year)

Airlines \_\_\_\_\_  Rail  Air  Bus  Auto  Other \_\_\_\_\_  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 400.00 \$ 0.00 \$ 500.00 \$ 0.00 \$ 900.00  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00  
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.  
 The California Endowment sponsored the event and covered hotel costs for two attendees from each local health jurisdiction to attend.

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

Lee Last Name	Ginger First Name	Bureau Manager Position/Title	Collective Impact & Ops. Department/Division
Nunez Last Name	Richard First Name	Tobacco Ed. Assist. Coord Position/Title	Health/Community Health Department/Division

4. Verification

\_\_\_\_\_ reported payment(s) as in compliance with FPPC regulations.  
 Tom Modica Assistant City Manager 1/8/19  
 Print Name Title (month/day/year)

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

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