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
   First Name
   120 Park Avenue, 21st Floor
   New York
   NY
   10017

   Address
   City
   State
   Zip Code

   Promote professional development, networking and inspiration for citizen engagement.

   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
   ___________________________ $ ___________________________
   Name

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

   3.1 (a) Travel Payment
   Location of Travel
   Boston, MA

   MA Bay Transit Authority
   Transportation Provider
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other

   □ Check Applicable Boxes

   $1,151.85
   Lodging Expenses
   $264.00
   Meal Expenses
   $21.25
   Transportation Expenses
   $1,437.10
   Total Expenses

   June 19-22, 2019
   Dates (month, day, year)

   The Godfrey
   Name of Lodging Facility

   N/A
   Other 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.

   Cities of Service hosted a convening to discuss the Cities of Service model of citizen engagement and funded attendance at the Frontiers of Democracy conference at Tufts University. Lodging Costs and meal costs were covered directly by Cities of Services.

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

   Colunga
   Tracy
   Last Name
   First Name
   Last Name
   First Name
   City Manager's Office
   Department/Division

4. Verification

   Tom Modica
   Assistant City Manager

   Printed payment(s) as in compliance with FPPC regulations.

   7/12/19
   (month, day, year)

   Comment:

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