Payment to Agency Report   A Public Document

California Form 801

For Official Use Only

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	**Email**
562-570-5091	tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica, Assistant City Manager

Date Stamp

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual _____
Last Name   First Name

☑ Other   Cities of Service & Frontiers of Democracy
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	Amount	Name	Amount

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

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

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

MA Bay Transit Authority
Transportation Provider

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other
Check Applicable Boxes

The Godfrey
Name of Lodging Facility

$1,151.85	$264.00	$21.25	$_____	$1,437.10
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.

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		City Manager's Office
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)

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