

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 411 W. Ocean Blvd., 10th 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)	
Agency Contact (name and title) Tom Modica, Assistant City Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Preston Dwayne Other _____
Last Name First Name Name

3205 Lakewood Blvd Long Beach CA 90808
Address City State Zip Code

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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

3.1 (a) Travel Payment Broken Arrow, OK 07/27/2020-07/29/2020
Location of Travel Dates (month, day, year)

American Airlines/ United Airlines Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total 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. No cost to the City related to this travel. No reimbursement for travel, lodging or food. No cost to backfill for time off work.

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

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager 9-1-2020
Print Name Title (month, day, year)

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