Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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

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

Date of Original Filing: 08/23/18 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ☑ Other Ewing Marion Kauffman Foundation (Name)

4801 Rockhill Road (Address) Kansas City (City) MO (State) 64110 (Zip Code)

The Kauffman Foundation is a non-profit, private foundation that encourages entrepreneurship and education projects.

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 Kansas City, MO (Location of Travel) July 10-13, 2018 (Dates (month, day, year))

Delta Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (Name of Lodging Facility)

$_____ (Lodging Expenses) $_____ (Meal Expenses) $342.41 (Transportation Expenses) $_____ (Other Expenses) $342.41 (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.

Flight Expense to Kauffman Foundation Mayors Conference/ESHIP Summit.

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

Last Name	First Name	Position/Title	Department/Division
Keisler	John	Director	Economic Development

[redacted] reported payment(s) as in compliance with FPPC regulations.

Tom Modica (Print Name) Assistant City Manager (Title) 08/23/18 (month, day, year)

Comment:

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

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