

Payment to Agency Report

A Public Document

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
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 10/26/18 (month, day, year)

2. Donor Name and Address

Individual [] Other [x] Ewing Marion Kauffman Foundation
Last Name First Name Name
4801 Rockhill Road Kansas City MO 64110
Address City State 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
October 22-23, 2018
Location of Travel Dates (month, day, year)
Southwest Airlines [] Rail [x] Air [] Bus [] Auto [] Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 150.00 \$ 60.00 \$ 207.97 \$ 417.97
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.

Lodging Expenses and Flight Expense to ESHIP Communities Strategic Retreat.

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

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

4. Verification

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

Tom Modica Assistant City Manager 10/26/18
Print Name Title (month, day, year)

Comment:

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

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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>10/26/18</u> (month, day, year)	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Ewing Marion Kauffman Foundation

Last Name: _____ First Name: _____ Name: _____
 Address: 4801 Rockhill Road City: Kansas City State: MO Zip Code: 64110

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→ 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 October 21-23, 2018

Location of Travel: _____ Dates (month, day, year): _____

Transportation Provider: Southwest Airlines Rail Air Bus Auto Other InterContinental Kansas City at
 Check Applicable Boxes Name of Lodging Facility

\$ <u>300.00</u>	\$ <u>60.00</u>	\$ <u>285.97</u>	\$ _____	\$ <u>645.97</u>
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.

Lodging Expenses and Flight Expense to ESHIP Communities Strategic Retreat.

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

<u>Kauma</u>	<u>Rebecca</u>	<u>Project Lead</u>	<u>Economic Development</u>
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 10/26/18
 Print Name Title (month, day, year)

Comment:
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