

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 801 Form
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 12/13/18

2. Donor Name and Address

Individual Other
Habitat for Humanity (H4H) Los Angeles
Last Name First Name Name
8739 Artesia Blvd., Bellflower CA 90706
Address City State Zip Code

A non-profit organization, Habitat for Humanity LA, provides community development support to residents.

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
Atlanta, Georgia
Location of Travel
11/12-16/18
Dates (month, day, year)

Delta/Jetblue
Transportation Provider
Rail Air Bus Auto Other
Indigo Hotel/Hampton Inn
Name of Lodging Facility

\$ 656.00 \$ 120.00 \$ 356.00 \$ 1,132.00
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)
\$ 0.00
Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

H4H covered the costs of Ana's lodging, airfare, checked-bag fees, and meals. They did not cover the ground transportation and in-flight meals. City of Long Beach is one of ten pilot sites for the H4H quality of life framework and Safe Long Beach is the collaborative hub for this site.

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

Lopez Ana
Last Name First Name
Community Impact Division Health Department/CI
Position/Title Department/Division

4. Verification

reported payment(s) as in compliance with FPPC regulations.
Tom Modica Assistant City Manager
Print Name Title
12/27/18
(month, day, year)

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

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