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 Email
   562-570-5091 tom.modica@longbeach.gov
   Agency Contact (name and title)
   Tom Modica, Assistant City Manager

2. Donor Name and Address
   ☐ Individual ☑ Other
   Last Name First Name Name
   79 John F. Kennedy Street Cambridge MA 02138
   Address City State Zip Code
   Harvard Kennedy School’s mission is to improve public policy and public leadership.
   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 ___________________________________________ $ __________

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
   Cambridge, MA
   JetBlue Transportation Provider
   □ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other
   □ Check Applicable Boxes
   Lodging Expenses $ 638.62 Meal Expenses $ 52.00
   Transportation Expenses $ 748.62 Other Expenses
   Total Expenses $ 1,439.24
   Dates (month, day, year) April 14-16, 2019
   Location of Travel
   Sheraton Commander Name of Lodging Facility
   3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year) $ N/A
   Total Expenses $ __________________________

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   Tracy Colunga was asked to present at Harvard Field Lab Class by Professor Linda Bilmes, Harvard Professor in Cambridge, MA, on April 14-16, 2019. Ms. Colunga will present on the development of the Office of Civic Innovation with a focus on specific projects such as Clean Long Beach.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
   Colunga Tracy
   Assistant to the City Mgr
   City Manager’s Office
   Last Name First Name Position/Title Department/Division

4. Verification
   __________________________
   reported payment(s) as in compliance with FPPC regulations.
   City of Long Beach
   Tom Modica Assistant City Manager
   Print Name Title
   (month, day, year) 5/14/19
   (Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov