

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: (month, day, year)

2. Donor Name and Address
Individual Other Harvard Field Lab Class
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Cambridge, MA
April 14-16, 2019
Location of Travel Dates (month, day, year)
JetBlue Transportation Provider Rail Air Bus Auto Other Sheraton Commander
Name of Lodging Facility
\$ 638.62 \$ 52.00 \$ 748.62 \$ 1,439.24
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) 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 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.
Tom Modica Assistant City Manager
Print Name Title
5/14/19
(month, day, year)

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

