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

2. Donor Name and Address
   □ Individual
   □ Other
   □ John S & James Knight Foundation
   200 S. Biscayne Blvd.
   Miami
   Florida
   Address
   City
   State
   Zip Code
   Investment in journalism, in the arts, and in the success of cities where Knight brothers once published newspapers.
   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:
<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
   American Airlines
   Transportation Provider
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   Location of Travel
   Miami, FL
   Dates (month, day, year)
   2/17-18 - 2/23-18
   Marriott Marquis Miami
   Name of Lodging Facility
   $1,623.00
   Lodging Expenses
   $80.00
   Meal Expenses
   $365.00
   Transportation Expenses
   $2,068.00
   Other Expenses
   Total Expenses
   $4,076.00
   N/A
   Total Expenses
   3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   The Knight Foundation paid for travel expenses to attend the 2018 Knight Library Directors Meeting and the Knight Media Forum in Miami, FL.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
   Williams
   Last Name
   Glenda
   First Name
   Director
   Position/Title
   Library Services
   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
   Print Name
   Title
   (month, day, year)
   3/27/19

Comment:
(Use this space or an attachment for any additional information)
FPPC Form 801 (Jan/14)
advice@fppc.ca.gov