

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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|--|-----------------------------------|---|---|
| 1. Agency Name City of Long Beach | | Date Stamp | California Form 801 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year) | |
| Agency Contact (name and title) Tom Modica, Assistant City Manager | | | |

2. Donor Name and Address

Individual _____ Other John S & James Knight Foundation

_____ Last Name First Name Name
 200 S. Biscayne Blvd. Miami Florida 33131
 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:

_____ \$ _____ Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Miami, FL 2/17-18 - 2/23-18
 _____ Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Marriott Marquis Miami
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,623.00 \$ 80.00 \$ 365.00 \$ _____ \$ 2,068.00
 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.

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)

| | | | |
|-----------------|------------------|----------------------|---------------------------|
| <u>Williams</u> | <u>Glenda</u> | <u>Director</u> | <u>Library Services</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 3/27/19
 _____ Title _____ (month, day, year)

Comment:

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

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