

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> 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		Date Stamp California Form <b>801</b> For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Knight Foundation

\_\_\_\_\_ Last Name First Name Name  
 200 S. Biscayne Blvd, Suite 3300 Miami, FL 33131  
 Address City State Zip Code

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** Philadelphia, PA June 18-21, 2019

Knight Cities - United Airlines  Rail  Air  Bus  Auto  Other Loews Hotels  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 450.45 \$ \_\_\_\_\_ \$ 654.71 \$ \_\_\_\_\_ \$ 1,105.16  
 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.**

The City of Long Beach was invited by the Knight Cities to participate in the Knight Public Spaces Forum. This forum affords selected cities valuable information for planning purposes in busy urban areas. Invitation includes hotel and airfare.

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

<u>Mouet</u>	<u>Gerardo</u>	<u>Director</u>	<u>Parks, Recreation &amp; Marine</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 7/10/19  
 \_\_\_\_\_  
 Print Name Title (month, day, year)

Comment:

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

