

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>10/08/18</u> <small>(month, day, year)</small>	
562-570-5091	tom.modica@longbeach.gov		
Agency Contact (name and title)			
Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Knight Foundation

Last Name	First Name	Name
200 South Biscayne Blvd., Ste 3300	Miami	FL 33131
Address	City	State Zip Code

A philanthropic organization, Knight Foundation supports journalism, engages communities and fosters the arts.

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 September 17-19, 2018

Location of Travel Dates (month, day, year)

AMERICAN AIRLINES Rail Air Bus Auto Other The Study at University City

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>442.19</u>	\$ <u>0.00</u>	\$ <u>400.00</u>	\$ <u>0.00</u>	\$ <u>842.19</u>
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.

See attached.

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

<u>Eriksen</u>	<u>Lea</u>	<u>Director</u>	<u>Technology & Innovation</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 10/10/18

Print Name Title (month, day, year)

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

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_____ \$ _____ Name _____ \$ _____ Amount

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3.1 (a) Travel Payment Miami, FL September 17-19, 2018

Location of Travel: _____ Dates (month, day, year): _____

AMERICAN AIRLINES Rail Air Bus Auto Other The Study at University City

Transportation Provider: _____ Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ 442.19 \$ 0.00 \$ 386.41 \$ 0.00 \$ 828.60

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: _____

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See attached.

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

<u>Colunga</u>	<u>Tracy</u>	<u>Assistant to the City Manager</u>	<u>Office of Civic Innovation</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.

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Print Name Title (month, day, year)

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The Knight Cities Challenge Summit was an event hosted by the Knight Foundation to assemble new grantees and orient them to the grant. It also provided a chance for attendees to gain new skills and knowledge to be used to implement the grant. Airfare, lodging costs and most meal costs were covered directly by the Knight Foundation (for example, boxed lunches provided at conference and airfare & hotel paid directly).