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
Name
Knights Foundation
200 South Biscayne Ave., Suite 3300
Miami
FL
33131
Address
City
State
Zip Code
A philanthropic organization, Knights 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.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Denver, CO
Location of Travel
Kimpton Hotel Monaco Denver
Name of Lodging Facility
United Airlines
Transportation Provider
☐ Rail
☐ Air
☐ Bus
☐ Auto
☐ Other
Check Applicable Boxes
$617.36
Lodging Expenses
$240.41
Transportation Expenses
857.77
Total Expenses
$357.77
Meal Expenses
$617.36
3.1 (b) Payment(s) not related to travel:

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)
West
Pat
City Manager
City Manager’s Office
Position/Title
Department/Division

4. Verification
Reported payment(s) as in compliance with FPPC regulations.
Tom Modica
Assistant City Manager
12/14/17
Print Name
Title
(month, day, year)
(Use this space or an attachment for any additional information)
Payment to Agency Report

1. Agency Name
   City of Long Beach
   City Manager's Office
   Address
   333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802
   Email
   tom.modica@longbeach.gov
   Date Stamp
   Amendments (explain in comments section)
   Date of Original Filing

2. Donor Name and Address
   Individual
   Knight Foundation
   200 South Biscayne Ave., Suite 3300
   Miami, FL 33131
   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

   3.1 (a) Travel Payment
   Location of Travel
   Denver, CO
   Dates (month, day, year)
   Nov. 1-3, 2017
   Transportation Provider
   United Airlines
   Transportation Provider
   Check Applicable Boxes
   Rail
   Air
   Bus
   Auto
   Other

   $915.70 Lodging Expenses
   $104.27 Transportation Expenses
   $1,019.97 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.
   See attached.

   3.3. Identify the officials who used the payment in Section 3.1
   (See instructions)
   Reynolds
   Last Name
   Meredith
   First Name
   Park Development Officer
   Position/Title
   Parks, Recreation & Marine
   Department/Division
   Last Name
   First Name
   Position/Title
   Department/Division

4. Verification
   I have reported payment(s) as in compliance with FPPC regulations.
   Print Name
   Tom Modica
   Assistant City Manager
   Title
   12/14/17 (month, day, year)

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

   FPPC Form 801 (Jan/14)
   advice@fppc.ca.gov
Payment to Agency Report

1. Agency Name
   City of Long Beach
   City Manager's Office

Division, Department, or Region (if applicable)

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 801]
For Official Use Only

2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Knight Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Name</td>
</tr>
<tr>
<td>First Name</td>
<td>FL 33131</td>
</tr>
<tr>
<td>Address</td>
<td>Miami</td>
</tr>
<tr>
<td></td>
<td>200 South Biscayne Ave., Suite 3300</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Denver, CO</th>
<th>Nov. 1-3, 2017</th>
</tr>
</thead>
</table>

Location of Travel

United Airlines

Transportation Provider

<table>
<thead>
<tr>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
</table>

Check Applicable Boxes

Transportation Expenses $240.41

Lodging Expenses $617.36

Meal Expenses $857.77

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>$</th>
</tr>
</thead>
</table>

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)

Villasenor Nancy

Capital Projects Coord. Public Works

Last Name First Name Last Name First Name

Position/Title Position/Title

Department/Division Department/Division

4. Verification

reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager

Print Name Title

12/14/17 (month, day, year)

Comment:

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

FPPC Form 801 (Jan'14)
advice@fppc.ca.gov
Payment to Agency Report

1. Agency Name
   City of Long Beach
   Street Address
   333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802
   Area Code/Phone Number
   562-570-5091
   Email
   tom.modica@longbeach.gov

2. Donor Name and Address
   Knight Foundation
   200 South Biscayne Ave., Suite 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

   3.1 Travel Payment
   Denver, CO
   Location of Travel
   Kimpton Hotel Monaco Denver
   Name of Lodging Facility
   United Airlines
   Transportation Provider
   Rail
   Air
   Bus
   Auto
   Other
   Check Applicable Boxes
   $617.36
   Lodging Expenses
   $240.41
   Transportation Expenses
   Other Expenses
   $857.77
   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)
   Chang
   Last Name
   Andrew
   First Name
   Administrative Analyst
   Position/Title
   Development Services
   Department/Division
   
   Last Name
   First Name
   Position/Title
   Department/Division

4. Verification
   Print Name
   Assistant City Manager
   12/14/17
   (month, day, year)
   Comment:
   (Use this space or an attachment for any additional information)
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

#### Knight Foundation

200 South Biscayne Ave., Suite 3300
Miami
FL
33131

Address
First Name
Last Name
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3.1 (a) Travel Payment

Denver, CO
Location of Travel
Kimpton Hotel Monaco Denver
Name of Lodging Facility

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
</table>

- United Airlines
- $617.36 Lodging Expenses
- $240.41 Transportation Expenses
- $857.77 Total Expenses

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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)

Van Dyk
Paul
Last Name
First Name
Traffic Engineering Assoc.
Public Works
Position/Title
Department/Division

Last Name
First Name
Position/Title
Department/Division

4. Verification

The undersigned authorize the reporting payment(s) as in compliance with FPPC regulations.

Tom Modica
Assistant City Manager
Print Name
Title
12/14/17
(month, day, year)

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov
Payment to Agency Report

1. Agency Name
   City of Long Beach
   City Manager's Office
   333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802
   Email: tom.modica@longbeach.gov

2. Donor Name and Address
   Knight Foundation
   200 South Biscayne Ave., Suite 3300
   Miami FL 33131
   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   3.1 (a) Travel Payment
   Location of Travel: Kimpton Hotel Monaco Denver
   Dates (month, day, year): Nov. 1-3, 2017
   United Airlines
   Transportation Provider: United Airlines
   Rail, Air, Bus, Auto, Other: Rail
   Check Applicable Boxes
   $617.36 Lodging Expenses
   $304.40 Transportation Expenses
   $921.76 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.
   See attached.

   3.3. Identify the officials who used the payment in Section 3.1 (See Instructions)
   Turnbull
   Lara
   Special Projects Officer
   Parks, Recreation & Marine

4. Verification
   reported payment(s) as in compliance with FPPC regulations.
   Tom Modica
   Assistant City Manager
   12/14/17 (month, day, year)
   Comment:
   (Use this space or an attachment for any additional information)