

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
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 Knight Foundation

_____ Last Name _____ First Name _____ Name
 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:

_____ \$ _____ Name _____ \$ _____ Amount

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

3.1 (a) Travel Payment Denver, CO Nov. 1-3, 2017

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

United Airlines Rail Air Bus Auto Other Kimpton Hotel Monaco Denver

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

\$ 617.36 \$ _____ \$ 240.41 \$ _____ \$ 857.77

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.

See attached.

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

<u>West</u>	<u>Pat</u>	<u>City Manager</u>	<u>City Manager's Office</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 12/14/17

_____ Print Name _____ Title _____ (month, day, year)

Comment:

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 Address _____ City _____ State _____ Zip Code _____

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_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment Denver, CO Nov. 1-3, 2017
 _____ Location of Travel _____ Dates (month, day, year) _____

United Airlines Rail Air Bus Auto Other Kimpton Hotel Monaco Denver
 Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ 915.70 \$ _____ \$ 104.27 \$ _____ \$ 1,019.97
 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.

See attached.

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

<u>Reynolds</u>	<u>Meredith</u>	<u>Park Development Officer</u>	<u>Parks, Recreation & Marine</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

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

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2. Donor Name and Address

Individual _____ Other Knight Foundation

_____ Last Name First Name _____ Name
 200 South Biscayne Ave., Suite 3300 Miami FL 33131
 Address City State Zip Code

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→ 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 Denver, CO Nov. 1-3, 2017

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

United Airlines Rail Air Bus Auto Other Kimpton Hotel Monaco Denver
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 617.36 \$ _____ \$ 240.41 \$ _____ \$ 857.77
 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

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See attached.

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

<u>Villasenor</u> Last Name	<u>Nancy</u> First Name	<u>Capital Projects Coord.</u> Position/Title	<u>Public Works</u> Department/Division
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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Agency Contact (name and title)			
Tom Modica, Assistant City Manager			

2. Donor Name and Address

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Last Name: _____ First Name: _____ Name: _____
 200 South Biscayne Ave., Suite 3300 Miami FL 33131
 Address City State Zip Code

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_____ \$ _____ Name Amount

_____ \$ _____ Name Amount

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3.1 (a) Travel Payment Denver, CO Nov. 1-3, 2017

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Kimpton Hotel Monaco Denver

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 617.36 \$ _____ \$ 240.41 \$ _____ \$ 857.77

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.

See attached.

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<u>Chang</u>	<u>Andrew</u>	<u>Administrative Analyst</u>	<u>Development Services</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

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Tom Modica Assistant City Manager 12/14/17

Print Name Title (month, day, year)

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3.1 (a) Travel Payment
Denver, CO Location of Travel
Nov. 1-3, 2017 Dates (month, day, year)
United Airlines Transportation Provider
Rail Air Bus Auto Other Check Applicable Boxes
Kimpton Hotel Monaco Denver Name of Lodging Facility
\$ 617.36 \$ 240.41 \$ 857.77
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.
See attached.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Van Dyk Paul Traffic Engineering Assoc. Public Works
Last Name First Name Position/Title Department/Division

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_____ \$ _____ Name Amount

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3.1 (a) Travel Payment Denver, CO Nov. 1-3, 2017

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Kimpton Hotel Monaco Denver

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 617.36 \$ _____ \$ 304.40 \$ _____ \$ 921.76

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

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See attached.

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<u>Turnbull</u>	<u>Lara</u>	<u>Special Projects Officer</u>	<u>Parks, Recreation & Marine</u>
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

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Tom Modica Assistant City Manager 12/14/17

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