

Payment to Agency Report

A Public Document

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: 06/01/16

2. Donor Name and Address
Individual Other Knight Foundation
200 South Biscayne Blvd., Ste 3300 Miami FL 33131
A philanthropic organization, Knight Foundation supports journalism, engages communities and fosters the arts.
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

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

3.1 (a) Travel Payment
Miami, FL
June 12-15, 2016
AMERICAN AIRLINES
Lodging Expenses: \$1,000.00
Meal Expenses: \$0.00
Transportation Expenses: \$329.01
Other Expenses: \$0.00
Total Expenses: \$1,329.01
3.1 (b) Payment(s) not related to travel: N/A

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
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

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Castro Alma Deputy Director Innovation City Manager
Last Name First Name Position/Title Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature: [Redacted] Print Name: Tom Modica Title: Assistant City Manager Date: 6/6/17

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