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

2. Donor Name and Address  
☐ Individual  
☐ Other  
Knight Foundation  
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:  

<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  
AMERICAN AIRLINES  
Transportation Provider  
☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other  
Lodging Expenses  
Meal Expenses  
Transportation Expenses  
Other Expenses  
Total Expenses  
Miami, FL  
June 12-15, 2016  
Dated (month, day, year)  

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 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  
Last Name First Name Position/Title  
City Manager  
Last Name First Name Position/Title  
Department/Division  
Department/Division

4. Verification  
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.  

Signature: Tom Modica Assistant City Manager  
Print Name: Title:  
(month, day, year)

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