

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			
Area Code/Phone Number 562-570-5091	Email tom.modica@longbeach.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>01/17/17</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Kresge Foundation

Last Name: _____ First Name: _____ Name: _____
 3215 W. Beaver Rd. Troy MI 48084
 Address City State Zip Code

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 Las Vegas, NV November 9-10, 2016

Location of Travel Dates (month, day, year)

Jet Blue Rail Air Bus Auto Other Las Vegas Marriot
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 142.80 \$ 110.52 \$ 115.10 \$ 34.00 \$ 402.42
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: NA \$ _____

Dates (month, day, year) Total Expenses

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

The City was invited to participate in a Strengthening Community Investment Systems workshop, led by The Kresge Foundation, and the workshop's purpose was to help teams harness investment to achieve the community's economic, social and environmental priorities.

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

<u>Ure</u>	<u>Patrick</u>	<u>Housing Development Offi</u>	<u>Development Services</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 1/18/17

Print Name Title (month, day, year)

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

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