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 Boulevard, 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

The Kresge Foundation
3215 W. Big Beaver Road
Troy
MI
48084
Address
City
State
Zip Code
The Kresge Foundation works to expand opportunities in America’s cities through grant-making and social investing.

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
Las Vegas, NV
Location of Travel
Jet Blue
Transportation Provider
☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
☐ Check Applicable Boxes

$142.80 Lodging Expenses
$102.47 Meal Expenses
$73.98 Transportation Expenses
$46.95 Other Expenses
$366.20 Total Expenses

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

$\hspace{50pt}\	ext{Total Expenses}$

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

The City was invited to participate in 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)
Sanchez
Last Name
Arturo
First Name
Deputy City Manager
Position/Title
City Manager
Department/Division

4. Verification
I have reported payment(s) as in compliance with FPPC regulations.

Tom Modica, Assistant City Manager
Print Name
1/18/17
Title
(month, day, year)

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov