

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 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
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 01/17/17 (month, day, year)

2. Donor Name and Address
Individual [ ] Other [x] The Kresge Foundation
Last Name First Name Name
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:

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 [x] Air [ ] Bus [ ] Auto [ ] Other [ ] Las Vegas Marriott
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 142.80 \$ 102.47 \$ 73.98 \$ 46.95 \$ 366.20
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.
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 Arturo Deputy City Manager City Manager
Last Name First Name Position/Title Department/Division

4. Verification
I have 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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