

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
411 W. Ocean Blvd.
Area Code/Phone Number
562-570-5091
Email
tom.modica@longbeach.gov
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other Long Beach K-9 Association
Last Name First Name Name
PO BOX 17366 Long Beach CA 90807
Address City State Zip Code
Non-Profit Organization

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
Nashville, Tennessee
09/10/19 - 09/13/19
Location of Travel Dates (month, day, year)
SouthWest Airlines Nashville Airport Residence Inn
Transportation Provider Name of Lodging Facility
Check Applicable Boxes
Rail Air Bus Auto Other
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 Long Beach K9 Officer's Association is providing reimbursement for the following expenses:
lodging - \$499.10; meals - \$220; transportation - \$395.03; tuition - \$295. All reimbursements will be associated towards the attendance of Mike Parcels to the Working Dog Magazine K9 Conference in Nashville, Tennessee.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Parcels Michael Police Officer Long Beach Police Dept.
Last Name First Name Position/Title Department/Division

4. Verification
Reported payment(s) as in compliance with FPPC regulations.
Tom Modica Acting City Manager
Print Name Title
9/23/19
(month, day, year)

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

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