

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>11/12/18</u> <small>(month, day, year)</small>	
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 Long Beach K9 Officer Association

Last Name: _____ First Name: _____ Name: _____
 P.O. Box 17366 Long Beach CA 90807
 Address City State Zip Code

Non profit association in support of Long Beach Police K9

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 Daytona Beach, Florida March 3-7, 2019

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other The Plaza Resort and Spa

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 550.00 \$ 500.00 \$ 1,040.00 \$ 590.00 \$ 2,680.00

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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.

See attachment.

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

<u>Moscoso</u> Last Name	<u>Edmund</u> First Name	<u>Police Officer</u> Position/Title	<u>Long Beach Police Dept.</u> Department/Division
<u>Chavez</u> Last Name	<u>Jeremy</u> First Name	<u>Police Officer</u> Position/Title	<u>Long Beach Police Dept.</u> Department/Division

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.
Tom Modica Assistant City Manager 3/29/19
 Print Name Title (month, day year)

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

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3.2. Payment Description

The Long Beach K9 Officers Association is a non-profit organization established to support the Long Beach Police K9 Unit. The K9 Association provides funding for the purchase of Police K9 and considers private funding for K9 training. The officers requested for training funds from the K9 Association and was approved for the above training.