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 Blvd., 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
Last Name
MacArthur Foundation
First Name
2140 S. Dearborn St. #1200
City
Chicago
State
IL
Zip Code
60603
Address
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
San Diego, CA
Location of Travel
5/7/2019-5/9/2019
Dates (month, day, year)

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>□ Rail</th>
<th>□ Air</th>
<th>□ Bus</th>
<th>□ Auto</th>
<th>□ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,498.00</td>
<td>$80.00</td>
<td>$70.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodging Expenses</td>
<td>Meal Expenses</td>
<td>Transportation Expenses</td>
<td>Other Expenses</td>
<td>Total Expenses</td>
<td></td>
</tr>
<tr>
<td>$648.00</td>
<td>$648.00</td>
<td>$648.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Other Expenses)

3.1 (b) Payment(s) not related to travel:
N/A

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
The MacArthur Foundation covered all expenses associated with the Safety and Justice Challenge Network convening from May 7-9, 2019 in San Diego, CA. Attending this convening is a grant requirement for the Connections to Care (C2C) initiative.

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

<table>
<thead>
<tr>
<th>Stribling</th>
<th>Hanna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Community Program Speci</td>
<td>Health and Human Services</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Position/Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

4. Verification
I have reported payment(s) as in compliance with FPPC regulations.
Tom Modica, Assistant City Manager

Comment:
(Use this space or an attachment for any additional information)
5/14/19
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 Blvd., 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
姓
MacArthur Foundation
2140 S. Dearborn St. #1200 Chicago IL 60603
Address
City
State
Zip Code
A philanthropic organization, MacArthur Foundation, supports effective institutions, and influential network building.
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>$</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
San Diego, CA
Location of Travel
Hilton San Diego Bayfront
Name of Lodging Facility
5/7/2019-5/9/2019 Dates (month, day, year)

Transportation Provider
□ Rail
□ Air
□ Bus
□ Auto
□ Other
Check Applicable Boxes
498.00 $498.00 Lodging Expenses
80.00 $80.00 Meal Expenses
70.00 $70.00 Transportation Expenses
$648.00 $648.00 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.
The MacArthur Foundation covered all expenses associated with the Safety and Justice Challenge Network convening from May 7-9, 2019 in San Diego, CA. Attending this convening is a grant requirement for the Connections to Care (C2C) initiative.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Castro
Alma
Justice Lab Project Manager
Office of Civic Innovation
Last Name
First Name
Position/Title
Last Name
First Name
Position/Title

4. Verification
The reported payment(s) as in compliance with FPPC regulations.
Tom Modica
Assistant City Manager
Print Name
Title

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

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