

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 Email 562-570-5091 tom.modica@longbeach.gov Agency Contact (name and title) Tom Modica, Acting City Manager		Date Stamp California 801 Form For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

Individual _____ = _____ Other MACARTHUR FOUNDATION

Last Name: _____ First Name: _____ Name: _____
 Address: 140 S. DEARBORN ST. CHICAGO City: CHICAGO State: IL. Zip Code: 60603

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 HOUSTON TEXAS Location of Travel 10/2 - 10/14/19 Dates (month, day, year)

UNITED AIRLINES Transportation Provider Rail Air Bus Auto Other HILTON AMERICAS-HOUSTON Name of Lodging Facility

Check Applicable Boxes
 \$ 460.98 Lodging Expenses \$ _____ Meal Expenses \$ 944.79 Transportation Expenses \$ _____ Other Expenses \$ 1,405.77 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 PROVIDED TRANSPORTATION OF AIRFARE (\$813.18), LODGING (\$460.98), AND REIMBURSED (\$131.61) UBER COSTS ASSOCIATED WITH CONRAD PENN'S COSTS TO ATTEND THE DEFENDANT + JUSTICE CHALLENGE CONVENING IN OCTOBER 2019. CONRAD WAS INFORMED TO REPORT THE PROGRESS OF THE GRANT.

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

<u>PENN</u>	<u>CONRAD</u>	<u>SERGEANT</u>	<u>UBPD JAIL DIVISION</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.
Thomas B. Modica Acting City Manager 10-18-19
 Print Name Title (month, day, year)

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

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