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
Agency Contact (name and title)
Tom Modica, Acting City Manager

2. Donor Name and Address
☐ Individual = ☐ Other

MACARTHUR FOUNDATION
140 S. PEACEBOY ST. CHICAGO
IL 60603
Address City State Zip Code

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>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Houston, Texas 10/12 - 10/14/19
Location of Travel Dates (month, day, year)

UNITED AIRLINES ☑ Rail ☐ Air ☐ Bus ☑ Auto ☐ Other
Transportation Provider Check Applicable Boxes

$460.78 $444.79 $405.77
Lodging Expenses Meal Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

H/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 ($460.78), AND MEALS ($444.79) TO ATTEND THE SAFETY & SERVICE CHALLENGE CONVYING IN OCTOBER 2019. CONRAD WAS INFORMED TO RESPECT THE PRIVACY OF THE GRANT.

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

PENN
Last Name
CONRAD
First Name

SERGEANT
Position/Title

LEP DIVISION
Department/Division

4. Verification

I declare under penalty of perjury that the information reported is true, complete, and accurate to the best of my knowledge and belief, and that the 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 attachment for any additional information)