

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
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
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 11/12/18
(month, day, year)

2. Donor Name and Address

Individual [ ] Other [x] MacArthur Foundation
Last Name First Name Name
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:

Name \$ Amount Name \$ Amount

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

3.1 (a) Travel Payment
Chicago, IL Location of Travel
10/17/2018 - 10/19/2018 Dates (month, day, year)

United Airlines Transportation Provider
Rail [ ] Air [x] Bus [ ] Auto [ ] Other [ ]
Check Applicable Boxes
The Marriott Chicago Name of Lodging Facility

\$ 348.00 Lodging Expenses
\$ 0.00 Meal Expenses
\$ 337.00 Transportation Expenses
\$ 108.74 Other Expenses
\$ 793.74 Total Expenses

3.1 (b) Payment(s) not related to travel:
N/A Dates (month, day, year)
\$ 0.00 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 Alma Castro's costs to attend the Safety and Justice Challenge convening. The City of Long Beach is one of twelve sites across the country who was awarded \$50k to implement their proposed idea, Connection to Care (C2C)

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 Department/Division

Last Name First Name Position/Title Department/Division

4. Verification



reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager
Print Name Title
11/9/18
(month, day, year)

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

