

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach Division, Department, or Region (if applicable) Office of City Manager 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, Assistant City Manager		Date Stamp  <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	<b>California Form 801</b> For Official Use Only
--	--	---	---

2. Donor Name and Address

Individual \_\_\_\_\_  Other NACTO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 120 Park Avenue New York NY 10017  
 Address City State Zip Code

NACTO Mission: to build cities as places for people with safe, sustainable, accessible and equitable transportation...  
 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 \_\_\_\_\_ \$ \_\_\_\_\_  
 Name Amount Name Amount

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

**3.1 (a) Travel Payment** Toronto Canada 9/9/19 - 9/11/19  
 Location of Travel Dates (month, day, year)

\_\_\_\_\_  Rail  Air  Bus  Auto  Other  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,000.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 1,000.00  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Provide payment support of \$1,000 to discount the cost for member cities attending the National Association of City Transit Officials conference in Toronto Canada.

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

Beck Craig Director Public Works  
 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 Asst. City Manager 9/19/19  
 Print Name Title (month, day, year)

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

Clear Page