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  First Name  Name
   900 Alice Street, Suite 400  Oakland  CA  94607
   Address  City  State  Zip Code
   Race Forward, a non-profit organization, oversees Government Alliance on Race and Equity (GARE).
   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>Amount</th>
</tr>
</thead>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

   3.1(a) Travel Payment
   Location of Travel
   Oakland, CA
   Transportation Provider
   □ Rail  □ Air  □ Bus  □ Auto  □ Other
   Check Applicable Boxes

   Lodging Expenses
   Meal Expenses
   Transportation Expenses
   Other Expenses
   Total Expenses
   $285.85  $40.00  $296.14  $621.99

   3.1(b) Payment(s) not related to travel:
   Dates (month, day, year)
   N/A
   Total Expenses

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

   The Government Alliance on Race & Equity covered all expenses for Katie Balderas to attend a meeting to participate in the planning and development of a learning community network for Equity Officers in local government around the country.

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

   Balderas  Katie  Equity Officer  Health & Human Services
   Last Name  First Name  Position/Title  Department/Division

4. Verification

   I certify that the information submitted is true and complete to the best of my knowledge.
   Name
   Tom Modica
   Assistant City Manager
   Print Name
   Title
   Date
   Signature
   3/25/19

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