

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other _____ Race Forward

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:

_____ \$ _____	_____ \$ _____
Name Amount	Name Amount

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

3.1 (a) Travel Payment Oakland, CA March 10 - 11, 2019

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Courtyard by Marriott

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 285.85 \$ 40.00 \$ 296.14 \$ _____ \$ 621.99

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ _____

Dates (month, day, year) Total Expenses

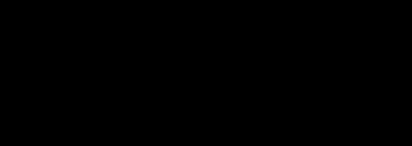
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

The 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)

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

4. Verification



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

Tom Modica
Print Name

Assistant City Manager
Title

3/25/19
(month, day, year)

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

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