

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		
Agency Contact (name and title) Tom Modica, Assistant City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 03/06/19 (month, day, year)	

2. Donor Name and Address

Individual _____ Other Skills for California Summit

_____ Last Name First Name _____ Name

1730 Rhode Island Avenue NW, Suite 712 Washington DC 20036

Address City State Zip Code

The National Skills Coalition invests in every worker and every industry to ensure they have the skills to compete/prosper
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 Sacramento, CA 02/25/19 - 02/26/2019

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other Citizen Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 276.00 \$ 0.00 \$ _____ \$ _____ \$ 276.00

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00

Dates (month, day, year) Total Expenses

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

The National Skills Coalition paid for Nick Schultz's lodging cost to attend the 2019 Skills for California Summit. Nick joined partners from across the state in working together to advance strategies from a shared state workforce development policy agenda.

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

Schultz	Nick	Exec. Director of PGWIN	Economic Development
_____	_____	_____	_____
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 3/6/19

Print Name Title (month, day, year)

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

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