

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 333 W. Ocean Blvd			
Area Code/Phone Number 562-570-5028	Email arturo.sanchez@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 National League of Cities - The Rose Center

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 660 N Capital NW Suite 450 City: Washington State: DC Zip Code: 20001

The Rose Center for Public Leadership in Land Use - A program of the National league of Cities and ULI

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

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

3.1 (a) Travel Payment Pittsburgh, PA Location of Travel 11-16-16 through 11-18-16 Dates (month, day, year)

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes  
 Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ 450.00 Lodging Expenses \$ 200.00 Meal Expenses \$ 487.80 Transportation Expenses \$ 110.64 Other Expenses \$ 1,248.46 Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ \$ 1,248.46 Total Expenses

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

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

Sanchez Last Name Arturo First Name Deputy City Manager Position/Title City Manager's Office Department/Division

4. Verification

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

\_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

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

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