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
   Area Code/Phone Number
   562-570-5028
   Email
   arturo.sanchez@longbeach.gov
   Agency Contact (name and title)
   Tom Modica, Assistant City Manager

2. Donor Name and Address
   □ Individual
   □ Other
   National League of Cities - The Rose Center
   660 N Capital NW Suite 450
   Washington
   DC
   20001
   Address
   City
   State
   Zip Code
   National League of Cities - The Rose Center
   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:

<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
   Pittsburgh, PA
   Location of Travel
   11-16-16 through 11-18-16
   Dates (month, day, year)
   Transportation Provider
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   Check Applicable Boxes
   $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
   Dates (month, day, year)
   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
   First Name
   Deputy City Manager City Manager's Office
   Position/Title
   Department/Division

   Last Name
   First Name
   Position/Title
   Department/Division

4. Verification

   [Signature] 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)

   FPPC Form 801 (Jan/14)
   advice@fppc.ca.gov