Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

City of Long Beach

Division, Department, or Region (if applicable)

Development Services Department - Planning Bureau

Street Address

333 W. Ocean Boulevard, Fifth Floor

Area Code/Phone Number: (562) 570-6261

Email: linda.tatum@longbeach.gov

Agency Contact (name and title)

Tom Modica, Assistant City Manager

☐ **Amendment** (explain in comment section)

Date of Original Filing: 12/29/16 (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other National League of Cities - The Rose Center (Name)

660 N. Capitol Street NW Suite 450 (Address) Washington (City) D. C. (State) 20001 (Zip Code)

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) _____ (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) November 16-18, 2017 (Dates (month, day, year))

_____ (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) _____ (Name of Lodging Facility)

Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
$450.00	$200.00	$315.70	$113.57	$1,079.27

3.1 (b) Payment(s) not related to travel: 11/15-20/16 (Dates (month, day, year)) $ 1,079.27 (Total Expenses)

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

The City of Long Beach is a Rose Fellowship recipient for 2015-16, which includes participation in a final workshop / presentation at the National League of Cities' annual conference in Pittsburgh, PA. The Rose Center covered food and lodging expenses during the conference.

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

Last Name	First Name	Position/Title	Department/Division
Tatum	Linda	Planning Bureau Mgr.	Development Services

4. Verification

[redacted] reported payment(s) as in compliance with FPPC regulations.

Tom Modica (Print Name) Asst. City Manager (Title) 12/6/17 (month, day, year)

Comment:

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

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