

Payment to Agency Report

A Public Document

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., 13th Floor, Long Beach, CA 90802 Area Code/Phone Number Email 562-570-509 tom.modica@longbeach.gov Agency Contact (name and title) Tom Modica, Assistant City Manager		Date Stamp	California Form 801 For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 11/30/16 (month, day, year)	

2. Donor Name and Address

Individual Other Urban Land Institute

_____	_____	_____	_____
Last Name	First Name	Name	
2001 L Street NW, Ste. 200	Washington	DC	20036
Address	City	State	Zip Code

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 November 16-18, 2016

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other William Penn, Omni

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>500.00</u>	\$ <u>150.00</u>	\$ _____	\$ _____	\$ <u>650.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

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

Dates (month, day, year) 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 Daniel Rose Fellowship Award Recipient and was invited to Pittsburgh to participate in final presentations of City Fellowship projects, in conjunction with the Urban Land Institute and National League of Cities. Rose paid for participant food and lodging during the event.

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

<u>Keisler</u>	<u>John</u>	<u>Innovation Team Director</u>	<u>City Manager's Office</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ the reported payment(s) as in compliance with FPPC regulations.

<u>Tom Modica</u>	<u>Assistant City Manager</u>	<u>12/1/16</u>
Print Name	Title	(month, day, year)

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