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)

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

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

Date of Original Filing: 12/14/16 (month, day, year)

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☐ Other Urban Land Institute — Name

2001 L Street NW, Ste. 200 — Address

Washington — City

DC — State

20036 — 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 — Location of Travel

November 16-19, 2016 — Dates (month, day, year)

United — Transportation Provider

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other — Check Applicable Boxes

William Penn, Omni — Name of Lodging Facility

$597.00 Lodging Expenses

$192.23 Meal Expenses

$355.41 Transportation Expenses

$133.98 Other Expenses

$1,278.62 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.

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. Rose paid for participant food, lodging, transportation, and parking during the event.

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

Last Name	First Name	Position/Title	Department/Division
Crumby	Sean	City Engineer	Public Works

4. Verification

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

Tom Modica — Print Name

Assistant City Manager — Title

12/16/17 — (month, day, year)

Comment:

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

Clear Page