# Payment to Agency Report

**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

**Date Stamp**

**Amendment** (explain in comment section)

**Date of Original Filing:** 02/28/17
(month, day, year)

## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong> Urban Land Institute</td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>2001 L. Street NW, Ste. 200</td>
<td>DC 20036</td>
</tr>
</tbody>
</table>

If “Other” is marked, describe the entity’s business activity (if business) or its nature and interest.

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>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

### 3.1 (a) Travel Payment

**San Jose, CA**

- **JetBlue**
- **Transportation Provider**
- **Rail**
- **Air**
- **Bus**
- **Auto**
- **Other**
- **Location of Travel**
- **Check Applicable Boxes**
- **February 13-16, 2017**
- **Dates (month, day, year)**
- **The Fairmont San José**
- **Name of Lodging Facility**
- **$825.00**
- **Lodging Expenses**
- **$116.00**
- **Meal Expenses**
- **$156.41**
- **Transportation Expenses**
- **$61.00**
- **Other Expenses**
- **$1,158.41**
- **Total Expenses**

### 3.1 (b) Payment(s) not related to travel:

$500.00

### 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 San Jose to participate in 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)

<table>
<thead>
<tr>
<th>Crumby</th>
<th>Sean</th>
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<tbody>
<tr>
<td><strong>Last Name</strong></td>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td>City Engineer</td>
<td></td>
</tr>
<tr>
<td><strong>Position/Title</strong></td>
<td></td>
</tr>
<tr>
<td>Public Works</td>
<td></td>
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<tr>
<td><strong>Department/Division</strong></td>
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<tr>
<td><strong>Last Name</strong></td>
<td><strong>First Name</strong></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Department/Division</strong></td>
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</tr>
</tbody>
</table>

## 4. Verification

The public officer verifying this report has reviewed and approved the information contained in this report. The reporting agency has certified that the payment was made in compliance with applicable law and regulations.

**Tom Modica**
Assistant City Manager

**3/21/17**
(month, day, year)

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

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