

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Tom Modica, Assistant City Manager		Date of Original Filing: <u>02/28/17</u> (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 San Jose, CA February 13-16, 2017

Location of Travel Dates (month, day, year)

JetBlue Rail Air Bus Auto Other The Fairmont San José

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>825.00</u>	\$ <u>116.00</u>	\$ <u>156.41</u>	\$ <u>61.00</u>	\$ <u>1,158.41</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.

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)

<u>Crumby</u>	<u>Sean</u>	<u>City Engineer</u>	<u>Public Works</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

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

Tom Modica Assistant City Manager 3/1/17

Print Name Title (month, day, year)

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

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