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: _____ (month, day, year)

2. Donor Name and Address

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

☑ Other John S & James Knight Foundation (Name)

200 S. Biscayne Blvd. (Address) Miami (City) Florida (State) 33131 (Zip Code)

Investment in journalism, in the arts, and in the success of cities where Knight brothers once published newspapers.

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

Miami, FL (Location of Travel) 2/17-18 - 2/23-18 (Dates (month, day, year))

American Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Marriott Marquis Miami (Name of Lodging Facility)

$1,623.00 (Lodging Expenses) $80.00 (Meal Expenses) $365.00 (Transportation Expenses) $_____ (Other Expenses) $2,068.00 (Total Expenses)

3.1 (b) Payment(s) not related to travel: N/A (Dates (month, day, year)) $_____ (Total Expenses)

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

The Knight Foundation paid for travel expenses to attend the 2018 Knight Library Directors Meeting and the Knight Media Forum in Miami, FL.

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

Last Name	First Name	Position/Title	Department/Division
Williams	Glenda	Director	Library Services

4. Verification

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

Tom Modica (Print Name) Assistant City Manager (Title) 3/27/19 (month, day, year)

Comment:

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

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