

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Long Beach <b>Division, Department, or Region</b> (if applicable) Office of City Manager <b>Street Address</b> 411 W. Ocean Blvd. <b>Area Code/Phone Number</b> 562-570-5091 <b>Email</b> Tom.Modica@longbeach.gov <b>Agency Contact</b> (name and title) Tom Modica, Assistant City Manager		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (explain in comment section) Date of Original Filing: _____ (month, day, year)	<b>California Form 801</b> For Official Use Only
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## 2. Donor Name and Address

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	NACTO
	Last Name First Name		Name
	120 Park Avenue	New York	NY 10017
	Address	City	State Zip Code

NACTO Mission: to build cities as places for people with safe, sustainable, accessible and equitable transportation...

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)

<b>3.1 (a) Travel Payment</b>	Toronto Canada	9/9/19 - 9/11/19
	Location of Travel	Dates (month, day, year)

_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	_____
Transportation Provider	Check Applicable Boxes	Name of Lodging Facility
\$ 1,000.00	\$ _____	\$ 1,000.00
Lodging Expenses	Meal Expenses	Total Expenses

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

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

Provide payment support of \$1,000 to discount the cost for member cities attending the National Association of City Transit Officials conference in Toronto Canada.

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

Beck	Craig	Director	Public Works
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	Asst. City Manager	9/19/19
Print Name	Title	(month, day, year)

Comment:

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