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 Race Forward (Name)

900 Alice Street, Suite 400 (Address) | Oakland (City) | CA (State) | 94607 (Zip Code)

Race Forward, a non-profit organization, oversees Government Alliance on Race and Equity (GARE).

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

Oakland, CA (Location of Travel) | March 10 - 11, 2019 (Dates (month, day, year))

Southwest Airlines (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) | Courtyard by Marriott (Name of Lodging Facility)

$285.85	$40.00	$296.14	$	$621.99
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	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 Government Alliance on Race & Equity covered all expenses for Katie Balderas to attend a meeting to participate in the planning and development of a learning community network for Equity Officers in local government around the country.

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

Last Name	First Name	Position/Title	Department/Division
Balderas	Katie	Equity Officer	Health & Human Services

4. Verification

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

Tom Modica (Print Name) | Assistant City Manager (Title) | 3/25/19 (month, day, year)

Comment:

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

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