

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> 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   Email 562-570-5091   tom.modica@longbeach.gov Agency Contact (name and title) Tom Modica, Assistant City Manager		Date Stamp  California <b>801</b> Form For Official Use Only
		* Amendment (explain in comment section) Date of Original Filing: 12/13/18 (month, day, year)

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_ ☒ Other The California Endowment  
 Last Name First Name Name  
 1000 Alameda St Los Angeles CA 90012  
 Address City State Zip Code

A philanthropic organization, The California Endowment, supports effective institutions, and influential network building.

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 Diego, CA 11/11/2018 - 11/12/2018  
 Location of Travel Dates (month, day, year)

Drove Self ☐ Rail ☐ Air ☐ Bus ☒ Auto ☐ Other Manchester Grand Hyatt San C  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 293.15	\$ 26.05	\$ 112.27	\$ _____	\$ 431.47
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

**3.1 (b) Payment(s) not related to travel:** N/A \$ 431.47  
 Dates (month, day, year) Total Expenses

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

The California Endowment covered all expenses associated with Katie Balderas' costs to attend the American Public Health Association conference in San Diego. Katie presented on a health equity panel coordinated by TCE as a partner of the Building Healthy Communities initiative.

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

Balderas	Katie	Equity Officer	Department of Health & Hun
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

## 4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager  
 Print Name Title

12/12/18  
 (month, day, year)

Comment:

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