

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp RECEIVED CITY CLERK LONG BEACH, CA Tue Jul 25 2023 10:28:4	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Street Address 411 W Ocean Blvd, Long Beach CA 90802			
Area Code/Phone Number 562-570-6916	Email linda.tatum@longbeach.gov		
Agency Contact (name and title) Linda Tatum, Assistant City Manager		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other FBI

_____ Last Name _____ First Name _____ Name

_____ 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
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Edinburgh, Scotland June 10-16, 2023

_____ Location of Travel _____ Dates (month, day, year)

United/Delta Airlines Rail Air Bus Auto Other Scottish Police College

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility

\$ <u>1,242.00</u>	\$ <u>358.50</u>	\$ <u>1,819.85</u>	\$ _____	\$ <u>3,420.35</u>
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.

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

<u>Hebeish</u>	<u>Wally</u>	<u>Chief of Police</u>	<u>Police Department</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.

Linda Tatum Assistant City Manager 7/25/23

_____ Print Name _____ Title _____ (month, day, year)

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

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