

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>04/21/16</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Center for Sustainable Energy

Last Name First Name Name

426 17th Street, Suite 700 Oakland CA 94612

Address City State Zip Code

A non-profit organization that promotes the adoption of clean and sustainable energy solutions.

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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

3.1 (a) Travel Payment Sacramento, CA 4/21/2016

Location of Travel Dates (month, day, year)

Southwest Rail Air Bus Auto Other N/A

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>0.00</u>	\$ _____	\$ <u>229.96</u>	\$ _____	\$ <u>229.96</u>
<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Transportation Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

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.

In order to attend the awards ceremony for the 2016 Cool California Challenge in which the City of Long Beach finished in 2nd Place and earned a cash award of \$25,858, Mr. Rich's air travel expenses were covered by the Center for Sustainable Energy, the administrator of the contest.

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

<u>Rich</u>	<u>Larry</u>	<u>Sustainability Coordinator</u>	<u>City Manager's Office</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

_____ in accordance with FPPC regulations.

Assistant City Manager 4/20/16

Title (month, day, year)

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

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