

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
City Manager's Office
Street Address
411 W. Ocean Blvd., 10th Floor, Long Beach CA 90802
Area Code/Phone Number
562-570-6979
Email
rebecca.garner@longbeach.gov
Agency Contact (name and title)
Rebecca Garner, Acting Assistant City Manager
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual Other
C.H.M.I.A - Ca. Haz. Mat. Invest. Assoc.
915 L Street, Suite C Sacramento CA 95814
This course is funded by "Settling Defendants" through C.H.M.I.A -
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
San Luis Obispo, CA
09/16/2019 - 09/27/2019
Self Transportation Provider
Rail Air Bus Auto Other
Quality Inn Suites
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses
3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
C.H.I.M.A ("Settling Defendants") covered all Lodging (Quality Inn) expenses and meals (B,L,D - During the week).

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Johnson Tye R Fire Prev / Arson
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.
Rebecca Garner Acting Assistant City Manager
Signature Print Name Title (month, day, year)

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

