Payment to Agency Report

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

2. Donor Name and Address
□ Individual □ Other
______ Last Name _______ First Name _______ CUPA Forum Board
PO Box 2017 Cameron Park CA 95682
______ Address _______ City _______ State _______ Zip Code 
Statewide alliance of CUPAs that work to update/improve Unified Program for agencies, business and communities
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

3.1 (a) Travel Payment
Sacramento, CA
Location of Travel
JetBlue/Super Shuttle
Transportation Provider
□ Rail □ Air ☑ Bus □ Auto □ Other
Check Applicable Boxes

$321.00 $41.00 $193.22 
Lodging Expenses Meal Expenses Transportation Expenses

3.1 (b) Payment(s) not related to travel:
N/A

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Travel to attend CUPA Forum Board meeting and CUPA Trust Committee meeting in Sacramento.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Kolinski Linda Haz Waste Coordinator Health & Human Services
Last Name First Name Position/Title Department/Division

4. Verification
report payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager 
Print Name Title

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov