

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)	
Agency Contact (name and title) Tom Modica, Assistant City Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other CUPA Forum Board

_____ Last Name _____ First Name _____ Name

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:

_____ \$ _____ _____ \$ _____

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 5/19/2019 to 5/23/2019

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

Amtrak / Taxi Rail Air Bus Auto Other Best Western Island Palms

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

\$ 650.00 \$ 250.00 \$ 102.00 \$ 0.00 \$ 1,002.00

_____ Lodging Expenses _____ Meal Expenses _____ Transportation Expenses _____ Other Expenses _____ Total Expenses _____

3.1 (b) Payment(s) not related to travel: _____ N/A \$ 0.00

_____ Dates (month, day, year) _____ Total Expenses _____

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 San Diego.

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

<u>Kolinski</u>	<u>Linda</u>	<u>Haz Waste Coordinator</u>	<u>Health & Human Services</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.

Tom Modica Assistant City Manager 6/10/19

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

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

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