

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
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
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 [x] 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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
South Lake Tahoe CA
October 21-24, 2019
Location of Travel Dates (month, day, year)
Jet Blue and Southwest [] Rail [x] Air [] Bus [] Auto [] Other Lake Tahoe Resort Hotel
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$508.00 \$125.00 \$185.00 \$843.00
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.
Attend CUPA Forum Board Trust Committee meeting on October 21, 2019 and CUPA Forum Board meeting on October 22-23, 2019. I am the Secretary for both the Committee and the Forum Board.

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
I have reported payment(s) as in compliance with FPPC regulations.
Tom Modica Assistant City Manager
Print Name Title
2/25/2020
(month, day, year)

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



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Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other CUPA Forum Board

Last Name: _____ First Name: _____ Name: _____
 PO Box 2017 Cameron Park CA 95682
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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 Sacramento, CA December 3, 2019

Location of Travel Dates (month, day, year)

Southwest Rail Air Bus Auto Other Residence Inn Marriott
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>172.00</u>	\$ <u>10.00</u>	\$ <u>254.00</u>	\$ _____	\$ <u>436.00</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.

Attend CUPA Forum Board meeting on December 3, 2019 in Sacramento, CA.

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

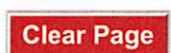
<u>Kolinski</u>	<u>Linda</u>	<u>Haz. Materials Specialist</u>	<u>Health & Human Services</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I have reported payment(s) as in compliance with FPPC regulations.

_____ Tom Modica Assistant City Manager 2/25/2020
 Print Name Title (month, day, year)

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→ 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 Sacramento, CA February 2-7, 2020

Jet Blue Rail Air Bus Auto Other Hyatt Regency-Burlingame
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,300.00 \$ 30.00 \$ 277.00 \$ 114.00 \$ 1,721.00
 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.
 Payment for travel and lodging to attend annual CUPA conference held in Burlingame, CA from Feb 3-6, 2020. As a CUPA Forum Executive Board member, I am required to attend.

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

<u>Kolinski</u>	<u>Linda</u>	<u>Haz. Materials Specialist</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 2/25/2020
 Print Name Title (month, day, year)

Comment:
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