Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

RECEIVED
CITY CLERK
LONG BEACH, CA
Tue Mar 26 2024 14:21:

1. Agency Name

City of Long Beach

Division, Department, or Region (if applicable)

City Mangers Office

Street Address

411 W. Ocean Blvd

Area Code/Phone Number

Email
tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica City Manager

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other Cal Cupa Forum Board (Name)

P o Box (Address) | Cameron Park (City) | CA (State) | 95682 (Zip Code)

A statewide alliance of CUPA's that work to update/improve Unified Programs for agencies, businesses, 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

Burlingame, CA (Location of Travel) | Feb. 25-29 (Dates (month, day, year))

Southwest (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) | Hyatt Regency (Name of Lodging Facility)

$950.52	$160.00	$234.19	$0.00	$1,344.71
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.

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

Last Name	First Name	Position/Title	Department/Division
Vaca	Carmelo	Hazmat Specialist II	Fire/CUPA

4. Verification

[redacted] of the reported payment(s) as in compliance with FPPC regulations.

for Thomas B. Modica (Print Name) | City Manager (Title) | 3/25/24 (month, day, year)

Comment:

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

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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	Email
562-570-5091	tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica, City Manager

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other Cal CUPA Forum Board (Name)

PO Box 2017 (Address) Cameron Park (City) CA (State) 95682 (Zip Code)

A statewide alliance of CUPAs that work to update/improve Unified Programs for agencies, businesses and communities.

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_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Burlingame, CA (Location of Travel) Feb 25-29, 2024 (Dates (month, day, year))

United/Frontier (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Hyatt Regency (Name of Lodging Facility)

$818.60	$195.00	$391.22	$_____	$1,921.04
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.

Reimbursed per scholarship terms (50% LBCUPA/50% CalCUPA Forum), funding comes from an enforcement fund that may be used for inspector training from various state-wide enforcement settlements by the Long Beach CUPA and CalCUPA Forum Board. I provided training courses.

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

Last Name	First Name	Position/Title	Department/Division
Samayoa	Maria	Deputy Fire Marshal	Fire/CUPA

4. Verification

[redacted] the reported payment(s) as in compliance with FPPC regulations.

Thomas B. Modica (Print Name) City Manager (Title) 3/25/24 (month, day, year)

Comment:

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Area Code/Phone Number

Email

tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica City Manager

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other Cal CUPA Forum Board (Name)

P O Box 2017 (Address) Cameron Park (City) CA (State) 95682 (Zip Code)

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_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Burlingame, CA (Location of Travel) Feb. 25-29 (Dates (month, day, year))

Alaska Airlines (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Hyatt Regency (Name of Lodging Facility)

$950.52 (Lodging Expenses) $160.00 (Meal Expenses) $316.19 (Transportation Expenses) $_____ (Other Expenses) $1,426.71 (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.

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

Last Name	First Name	Position/Title	Department/Division
Ayala	Kenneth	Plan Checker	Fire/CUPA

4. Verification

[redacted] he reported payment(s) as in compliance with FPPC regulations.

Thomas B. Modica (Print Name) City Manager (Title) 3/25/24 (month, day, year)

Comment:

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FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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Street Address

411 W Ocean Blvd., 10th Floor , Long Beach CA 90802

Area Code/Phone Number: 562 570-5091

Email: tom.modica@longbeach.gov

Agency Contact (name and title)

Tom Modica, City Manager

☐ **Amendment** (explain in comment section)

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☐ Individual _____ (Last Name) _____ (First Name) ■ Other Cal CUPA Forum Board (Name)

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_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Burlingame, CA (Location of Travel) Feb 25-29, 2024 (Dates (month, day, year))

Self (Transportation Provider) ☐ Rail ☐ Air ☐ Bus ■ Auto ☐ Other (Check Applicable Boxes) Hyatt Regency (Name of Lodging Facility)

$950.52	$160.00	$_____	$500.00	$1,610.52
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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

Last Name	First Name	Position/Title	Department/Division
Santos	Steven	Plan Checker	Fire/CUPA

4. Verification

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Thomas B. Modica (Print Name) City Manager (Title) 3/25/24 (month, day, year)

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