Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

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

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

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

2. Donor Name and Address

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

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

Sacramento, CA (Location of Travel) 8/6/2019 to 8/8/2019 (Dates (month, day, year))

Jet Blue / Super Shuttle (Transportation Provider) ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Residence Inn Marriott (Name of Lodging Facility)

$412.00	$75.00	$151.00	$0.00	$638.00
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)) $ 638.00 (Total Expenses)

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

Travel expenses to attend CUPA Forum Trust Committee and CUPA Forum Board Meeting in Sacramento.

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

Last Name	First Name	Position/Title	Department/Division
Kolinski	Linda	Haz. Waste Coordinator	Health & Human Services

4. Verification

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

Tom Modica (Print Name) Assistant City Manager (Title) 8/15/19 (month, day, year)

Comment:

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

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