

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Los Angeles		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Department of Transportation			
Street Address 100 South Main Street, Los Angeles, CA 90012			
Area Code/Phone Number 213-972-8434	Email marcel.porras@lacity.org		
Agency Contact (name and title) Marcel Porras, Chief Sustainability Officer			
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 05/11/17 <small>(month, day, year)</small>	

2. Donor Name and Address

Individual _____ Other Blue LA Carsharing LLC

Last Name: _____ First Name: _____ Name: _____
 2049 Century Park East, Suite 3200 Los Angeles CA 90067
 Address City State Zip Code

Electric Vehicle Car Sharing Operator

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 Paris, France 4/10/17 to 4/14/17
Location of Travel Dates (month, day, year)

Concur Travel Store / Travelocity Rail Air Bus Auto Other Novotel Hotel
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>4,985.00</u>	\$ <u>2,484.00</u>	\$ <u>6,143.00</u>	\$ _____	\$ <u>13,612.00</u>
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.
 The payment funded travel, lodging, and per diem for four City of Los Angeles staff to meet with contractor and related subsidiaries working to implement Electric Vehicle Carsharing Program in Paris. Meetings and site visits helped to inform the development and roll-out of the City of Los Angeles EV Carshare Pilot Program.

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

<u>Reynolds</u>	<u>Seleta</u>	<u>General Manager</u>	<u>Transportation</u>
Last Name	First Name	Position/Title	Department/Division
See Attachment for Additional Names			
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Seleta Reynolds General Manager 5.11.17
Signature Print Name Title (month, day, year)

Comment: Total expenses are estimated; reimbursement is pending. See additional attachments related to 3.3

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

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California Form 801 – 3.3 Attachment

3.3

Last Name	First Name	Position/Title	Department
Porras	Angel	Chief Sustainability Officer	Transportation
Reyes	Susana	Human Resources Manager	Water and Power
Samulon	Michael	Management Assistant	General Services