

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 411 W. Ocean Blvd.			
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, Acting City Manager		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Cities Today Institute

_____ Last Name First Name Name
 1101 Connecticut Ave NW Suite 450 Washington DC 20036
 Address City State Zip Code

Cities Today Institute is set up to assist cities and communities to prepare for a livable, sustainable, and resilient future.

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 Chicago/Aurora September 17-19, 2019
 Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other Chicago Athletic Hotel
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,230.00 \$ _____ \$ 120.00 \$ 1,350.00
 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.

Cities Today Institute covered lodging and conference expenses associated with the City Leadership Forum on Digitalisation held in Chicago/Aurora on September 17-19, 2019.

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

<u>Lee</u>	<u>Cason</u>	<u>Deputy Director</u>	<u>Technology & Innovation</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 Acting City Manager 10/28/18
 Print Name Title (month, day, year)

Comment:

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