Payment to Agency Report

1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
City Manager's Office
Street Address

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

2. Donor Name and Address
☐ Individual
☐ Other

Last Name
First Name
Address
City
State
Zip Code

The Aspen Institute is a nonpartisan forum for values-based leadership and the exchange of ideas.

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

Washington, DC
Location of Travel

October 27-29, 2020
Dates (month, day, year)

INTERCONTINENTAL D.C.
Name of Lodging Facility

$549.10 $150.00
Transportation Expenses $547.00 $0.00 $1,246.10 Total Expenses

$549.10 $150.00
Lodging Expenses Meal Expenses Transportation Expenses Other 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.

CityLab 2020 brought together mayors, artists, academics, funders, and public and private sector leaders focused on improving cities. Airfare, lodging costs and meal costs were covered directly by the Aspen Institute (boxed lunches provided at conference and airfare & hotel paid directly).

3.3. Identify the officials who used the payment in Section 3.1

Colunga Tracy
Last Name First Name

Assistant to the City Manager
Position/Title

Office of Civic Innovation
Department/Division

4. Verification

I declare the payment(s) as in compliance with FPPC regulations.

Tom Modica
Print Name
Assistant City Manager
Title

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

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