

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach Division, Department, or Region (if applicable) City Manager's Office Street Address <div style="background-color: black; width: 100%; height: 40px;"></div>	Date Stamp	California 801 Form For Official Use Only
Agency Contact (name and title) Tom Modica, Assistant City Manager		

2. Donor Name and Address

Individual _____ Other The Aspen Institute

Last Name: _____ First Name: _____ Name: _____
 2300 N St. NW, Suite 700 Washington DC 20037
 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 October 27-29, 2020

Location of Travel Dates (month, day, year)

Delta Rail Air Bus Auto Other INTERCONTINENTAL D.C.
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>549.10</u>	\$ <u>150.00</u>	\$ <u>547.00</u>	\$ <u>0.00</u>	\$ <u>1,246.10</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total 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 (See instructions)

<u>Colunga</u>	<u>Tracy</u>	<u>Assistant to the City Manager</u>	<u>Office of Civic 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 Assistant City Manager 3/9/2020
 Print Name Title (month, day, year)

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

