

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California 801 Form For Official Use Only
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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 11/05/18 <small>(month, day, year)</small>	

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 Detroit, MI October 28-30, 2018

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Marriott at the Renaissance Cer
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>791.82</u>	\$ <u>150.00</u>	\$ <u>527.00</u>	\$ <u>0.00</u>	\$ <u>1,468.82</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 2018 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 Manag</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 11/7/18
 Print Name Title (month, day, year)

Comment:

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

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