

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Costa Mesa
Division, Department, or Region (if applicable)
Street Address
77 Fair Drive, Costa Mesa, CA 92626
Area Code/Phone Number
714-754-5221
Email
brenda.green@costamesaca.gov
Agency Contact (name and title)
Brenda Green, City Clerk
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual
Other Aspen Institute
2300 N St. NW Unit 700 Washington DC 20037
Aspen Institute promotes a deeper understanding of the worlds problems through regular seminars, policy programs, conferences, and leadership development initiatives.
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Washington, DC
10/26/19-10/29/19
American Airlines
Rail Air Bus Auto Other
\$927.00 \$500.00 \$691.00 \$2,118.01
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.
CityLab: Urban Solutions to Global Challenges in Washington, D.C. on October 27-29, 2019. Mayors Innovation Studio. The Mayors Innovation Studio is an exclusive event that provides mayors with a unique opportunity to connect with other mayors and hear from one another about strategies to build a culture of innovation in cities. Mayors Innovation Studio and CityLab's programming, which includes plenary and breakout sessions with inspiring leaders focused on improving global cities, networking opportunities, and guided field trips.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Foley Katrina City of Costa Mesa Mayor City Council
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.
Signature Print Name Title (month, day, year)