

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach Division, Department, or Region (if applicable) Health and Human Services Department Street Address <div style="background-color: black; width: 100%; height: 40px;"></div>		Date Stamp <div style="background-color: black; width: 100%; height: 40px;"></div>	<div style="background-color: black; width: 100%; height: 40px;"></div> California Form 801 For Official Use Only
Agency Contact (name and title) Kelly Colopy, Director of Health and Human Services			
<input type="checkbox"/> Amendment (explain in comment section)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other BCHC/de Beaumont

Last Name: _____ First Name: _____ Name: _____
 7501 Wisconsin Ave., Suite 1310E Bethesda MD 20814
 Address City State Zip Code

The BCHC is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 62 million people they serve.

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 February 24 - 26, 2020
 Location of Travel Dates (month, day, year)

Delta / American Airlines Rail Air Bus Auto Other Sofitel Washington D.C., Lafayette Square
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 900.00 \$ 115.04 \$ 790.31 \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 1,805.14
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Ms. Colopy is the current chair of the BCHC. All costs associated with her travel to meetings are covered by her participation in the BCHC. The Health Department pays membership dues that include coverage of travel and meeting attendance.

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

<u>Colopy</u>	<u>Kelly</u>	<u>Director</u>	<u>Health & Human Services</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.
 _____ from Modica Assistant City Manager
 _____ Assistant City Manager
 Print Name Title

3/9/2020
 (month, day, year)

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