1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
Health and Human Services Department
Street Address

Agency Contact (name and title)
Kelly Colopy, Director of Health and Human Services

2. Donor Name and Address
☐ Individual ☐ Other

BCHC/de Beaumont
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Washington, DC

<table>
<thead>
<tr>
<th>Transportation Provider</th>
<th>Rail</th>
<th>Air</th>
<th>Bus</th>
<th>Auto</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta / American Airlines</td>
<td>$900.00</td>
<td>$115.04</td>
<td>$790.31</td>
<td></td>
<td>$1,805.14</td>
</tr>
<tr>
<td>Location of Travel</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

February 24 - 26, 2020

3.1 (b) Payment(s) not related to travel:

$1,805.14

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)

Colopy
Last Name: Kelly
First Name:
Director
Position/Title: Health & Human Services
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

Print Name
Title

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

3/9/2020