1. Agency Name
   City of Long Beach
   Health and Human Services Department
   2525 Grand Avenue, Long Beach CA 90815
   Email: kelly.colomy@longbeach.gov
   Kelly Colomy, Director of Health and Human Services

2. Donor Name and Address
   Big Cities Health Coalition
   7501 Wisconsin Avenue, Suite 1310E
   Bethesda, MD 20814
   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>
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
   Washington, DC
   Location of Travel: March 10-13, 2019
   Dates (month, day, year)
   Washington Marriott Georgetown
   Name of Lodging Facility
   $700.00 Lodging Expenses
   $20.00 Meal Expenses
   $650.00 Transportation Expenses
   $1,370.00 Total Expenses

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

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

   Ms. Colomy 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)
   Colomy
   Last Name
   Kelly
   First Name
   Director
   Position/Title
   Health & Human Services
   Department/Division
   Colomy
   Last Name
   Kelly
   First Name
   Director
   Position/Title
   Health & Human Services
   Department/Division

4. Verification
   The reported payment(s) as in compliance with FPPC regulations.
   Tom Modica
   Assistant City Manager
   (month, day, year)
   Clear Page