

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
2525 Grand Avenue, Long Beach CA 90815
Area Code/Phone Number
562-570-4016
Email
kelly.colopy@longbeach.gov
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 [x] Big Cities Health Coalition
Last Name First Name Name
7501 Wisconsin Avenue, 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
March 10-13, 2019
Delta Airlines
Transportation Provider
Rail [] Air [x] Bus [] Auto [] Other []
Check Applicable Boxes
\$ 700.00 \$ 20.00 \$ 650.00 \$ 1,370.00
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses 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. 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 Kelly Director Health & Human Services
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
3/27/19
(month, day, year)

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

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