Payment to Agency Report

1. Agency Name
   City of Long Beach
   City Manager's Office

2. Donor Name and Address
   Big Cities Health Coalition
   7501 Wisconsin Ave., Suite 1310E
   Bethesda, MD 20814
   A forum for the leaders of the largest metropolitan health departments to promote and protect public health and safety.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
   3.1 (a) Travel Payment
   Location of Travel: Orlando, FL
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   Dates (month, day, year): July 8-9, 2019
   Lodging Expenses: $616.13
   Meal Expenses: $131.42
   Transportation Expenses: $707.52
   Other Expenses: $580.00
   Total Expenses: $2,035.07

   3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year): N/A
   Total Expenses: $0

4. Verification
   I certify that the payment(s) as reported payment(s) as in compliance with FPPC regulations.
   Tom Modica, Assistant City Manager
   (month, day, year)

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

FFPC Form 801 (Jan/14)
advice@fppc.ca.gov