1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
City Manager's Office
Street Address
411 W. Ocean Blvd., 10th Floor, Long Beach CA 90802
Area Code/Phone Number
562-570-6979
Agency Contact (name and title)
Rebecca Garner, Acting Assistant City Manager

2. Donor Name and Address
☐ Individual
☐ Other
915 L Street, Suite C
Sacramento
CA 95814
Address
City
State
Zip Code

This course is funded by "Settling Defendants" through CHMIA -
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>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
San Luis Obispo, CA
Self Transportation Provider
$0.00
Lodging Expenses
Meal Expenses
$0.00
Transportation Expenses
Other Expenses
Total Expenses
09/16/2019 - 09/27/2019
Quality Inn Suites
Name of Lodging Facility

3.1 (b) Payment(s) not related to travel:
$0.00
Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
CHMIA ("Settling Defendants") covered all Lodging (Quality Inn) expenses and meals (B,L,D - During the week).

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

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Rebecca Garner, Acting Assistant City Manager

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