1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
City Manager’s Office
Street Address
411 W. Ocean Blvd.
Area Code/Phone Number 562-570-5091
Email tom.modica@longbeach.gov
Agency Contact (name and title)
Tom Modica, Acting City Manager

2. Donor Name and Address
☐ Individual ☐ Other Long Beach K-9 Association
Last Name PO BOX 17366
First Name Long Beach
Name CA 90807
Address City State Zip Code

Non-Profit Organization
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
SouthWest Airlines
Transportation Provider
☐ Rail  ☐ Air  ☐ Bus  ☐ Auto  ☐ Other
Nashville Airport Residence Inn
Name of Lodging Facility
Location of Travel
Nashville, Tennessee
Dates (month, day, year)
09/10/19 - 09/13/19

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$499.10</td>
<td>$220.00</td>
<td>$359.03</td>
<td>$295.00</td>
<td>$1,373.13</td>
</tr>
</tbody>
</table>

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

Dates (month, day, year)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
The Long Beach K9 Officer’s Association is providing reimbursement for the following expenses:
- lodging - $499.10; meals - $220; transportation - $395.03; tuition - $295. All reimbursements will be associated towards the attendance of Mike Parcells to the Working Dog Magazine K9 Conference in Nashville, Tennessee.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Parcells Michael
Last Name First Name
Police Officer
Position/Title
Long Beach Police Dept.
Department/Division

4. Verification
Reported payment(s) as in compliance with FPPC regulations.

Tom Modica, Acting City Manager
Print Name
Title

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov