## Payment to Agency Report

### 1. Agency Name
City of Long Beach
Division, Department, or Region (if applicable)
Health and Human Services Department
Street Address

Agency Contact (name and title)
Kelly Colopy, Director of Health and Human Services

### 2. Donor Name and Address
- **Individual** □
- **Other** □

**The Urban Institute**
500 L’Enfant Plaza SW
Washington, DC 20024

Address
City
State
Zip Code

The Urban Institute is a nonprofit research organization that believes decisions shaped by facts, rather than ideology, have the power to improve public policy and practice, strengthen communities, and transform people's lives for the better.

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>
<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

**Jet Blue / Southwest Airlines**
Transportation Provider

- □ Rail
- □ Air
- □ Bus
- □ Auto
- □ Other

Check Applicable Boxes

- Lodging Expenses: $336.65
- Meal Expenses: $37.21
- Transportation Expenses: $245.21
- Other Expenses: $0

February 3 - 4, 2020

**Westin Hotel San Francisco**
Location of Travel

**N/A**
Name of Lodging Facility

<table>
<thead>
<tr>
<th>Amount</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### 3.2. Payment Description
Ms. Colopy was requested to attend the California Safety and Just Challenge Network Convening, February 3-4, 2020 in San Francisco.

### 3.3. Identify the officials who used the payment in Section 3.1

<table>
<thead>
<tr>
<th>Colopy</th>
<th>Director</th>
<th>Health &amp; Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
</tr>
</tbody>
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</table>

### 4. Verification

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

Tom Modica, Assistant City Manager

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

FPPC Form 801 (Jan/14)
advice@fpc.ca.gov