

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
562-570-4047
Email
anissa.davis@longbeach.gov
Agency Contact (name and title)
Annisa Davis, MD, MPH - City Health Officer
Date Stamp
RECEIVED
CITY CLERK
LONG BEACH, CA
Tue May 21 2024 08:54
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 Centers for Disease Control (CDC)
Last Name First Name Name
1600 Clifton Road Atlanta GA 30329
Address City State Zip Code

The Centers for Disease Control and Prevention (CDC) collaborates to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

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
Atlanta, GA
Location of Travel
05/13/24 - 05/15/24
Dates (month, day, year)
Delta Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Courtyard by Marriott
Name of Lodging Facility
\$ 411.36 \$ 185.00 \$ 1,400.06 \$ Other Expenses \$ 1,996.42
Lodging Expenses Meal Expenses Transportation Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
Dates (month, day, year) \$ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attending the Centers for Disease Control New Health Officer Orientation.

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

Anissa Davis
Last Name First Name
City Health Officer
Position/Title
Health & Human Services
Department/Division

4. Verification

reported payment(s) as in compliance with FPPC regulations.
Thomas B. Modica
Print Name
City Manager
Title
05/20/24
(month, day, year)

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

