

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Health and Human Services

Division, Department, or Region (if applicable)

Department of Health Care Services

Street Address

1501 Capitol Avenue, Suite 6001

Area Code/Phone Number

(916) 445-3859

Email

shirley.fong@dhcs.ca.gov

Agency Contact (name and title)

Shirley Fong, Training Manager

Date Stamp

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

Last Name

First Name

Other

AcademyHealth

Name

1150 17th St., NW, Suite 600

Washington

DC

20036

Address

City

State

Zip Code

Seeks to improve health and health care by generating new knowledge and moving knowledge into action.

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

Chicago, Illinois

10/22/14 - 10/24/14

Location of Travel

Dates (month, day, year)

Southwest Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Hotel Palomar, Chicago

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other 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.

See attached

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

Soe

Wendy

Policy Analyst

Health Care Services

Last Name

First Name

Position/Title

Department/Division

See Attached for Full List

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Karen Johnson

Print Name

Chief Deputy Director

Title

1/29/15 (month, day, year)

Comment:

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

Payment Reform: Honing the Models and Pushing the Boundaries
October 23-25, 2014
Chicago, Illinois

Attendee Name	Air	Lodging Expense *	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
Soe, Wendy	616.20	556.34	85.78	75.99		777.97
Williams, Pilar	616.20	556.34	76.86	92.40	10.00 (Incidentals)	795.46

- Paid for by conference