	Payment to Agency Re	port A Public I	Document		PAYMENT TO AGENCY REPORT
California Health and Human Services Division, Department, or Region (epicates) Department of Health Care Services Street Address 1501 Capitol Avenue, Sulte 8001 Area Code/Phone Number Email Agency Contact (name and title) Date of Original Filing: 94/38/15 Gmortin, day, year) 2 Donor Name and Address Individual Last Name First Name John Searce and Interests Individual Individu	1. Agency Name			Date Stamp	The second secon
Department of Health Care Services Street Address 1501 Capitol Avenue, Suite 6001 Area Code/Phone Number				Date Gramp	
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1501 Capitol Avenue, Suite 6001 Area Code/Phone Number Email	Department of Health Care S	ervices			
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Area Code/Phone Number Email	1501 Capitol Avenue, Suite 6	6001			
Agency Contact (name and site) Date of Original Filing: 04/39/15 (month, day, year) 2. Donor Name and Address Indikiditus Last Name					
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Manual Last Name First Name 2 Other Name A800 2nd Avenue, Suite 2600 Sacramento, Ciby Stake Zipt/Dide				California Endow	ment and California HealthC
Address Institute for Population Health Improvement If "Other" is marked, describe the entity's business activity (if business) or its nature and interests. Family Depticable, identify the name of each source and the amount(s) received by the donor for this payment:	Inodiwiotueal Last Name	First Name	_ Ø Other		
Institute for Population Health Improvement If 'Other' is marked, describe the entity's business activity (if business) or its nature and interests. Rene Mollow	4800 2nd Avenue, Suite 2600	Sacramento.	,	COAA	9 9887 7
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Rene Mollow	Address	City		SState	z ZzppCcode
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Dallas, TX		\$		Nama	\$
3.1 (a) Travel Payment Dallas, TX				Name	Amount
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Rail Air Bus Auto Other Name of Lodging Facility	3.1 (a) Travel Payment				
Transportation Provider Check Applicable Boxes Auto Other	South\4/oot	Location of Travel			Dates (month, day, year)
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Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total 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. 2015 National Organizations for State and Local Officials Advisory Group In-Person Meeting members lend their expertise to inform activities related to technical assistance work and state-to-state learning communities. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Mollow Rene Deputy Director Health Care Benefits & Eligit Department/Division 4. Verification Last Name First Name Position/Title Department/Division A Verification Last Name Karen Johnson Chief Deputy Director Signature Title (month, day, year)			Boxes		
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	K	Karen Johnson	Chief	Deputy Director	4/20/2015
Commont	Signature	Print Name		Title	(month, day, year)
	Comment				

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

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

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