

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
Email
Agency Contact (name and title)
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: 04/30/15 (month, day, year)

2. Donor Name and Address
Individual
Other California Endowment and California HealthC;
Last Name First Name Name
4800 2nd Avenue, Suite 2600 Sacramento, CA 95817
Address City State Zip Code
Institute for Population Health Improvement

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:
Rene Mollow \$ 137.93
Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Dallas, TX Location of Travel
02/08-12/2015 Dates (month, day, year)
SouthWest Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
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.
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 & Eligil
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 Chief Deputy Director
4/30/2015 (month, day, year)

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