

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: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

National Governors Association

Name

444 North Capitol Street, NW

Washington

DC

20001

Address

City

State

Zip Code

The National Governors Association (NGA) is the bipartisan organization of the nation's governors.

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

Raleigh, NC

Location of Travel

April 6-8, 2015

Dates (month, day, year)

United Airlines

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Hyatt Place

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses \$ 1,101.37

Other Expenses

Total Expenses \$ 1,101.37

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.

To attend the NGA Learning Lab: Substance Use Prevention and Treatment meeting in Raleigh, CA

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

Wong

Last Name

Michele M

First Name

Position/Title

SUD Compliance Division

Department/Division

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

7/29/15 (month, day, year)

Comment:

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