ayment to Agency F	zebort	A I ubile b	ocument		PAYMENT TO AGEN	CY F
Agency Name			· · ·	Date Stamp	California	Q
California Health and Hum	nan Services	•	ļ		Form	ري
Division, Department, or Re	gion (if applicable)				For Official Us	ie Oi
Department of Health Care	e Services					
Street Address						
1501 Capitol Avenue, Suit	te 6001					
Area Code/Phone Number	Email					
				Amendment ((explain in comment section)	
Agency Contact (name and title		·		Date of Original F	Filing:	
rigoroy Contact (name and the	,				(month, day, year)	1
Donor Name and Addr	ess					
☐ Individual			☑ Other			
Last Name	A !! A !	First Name	_	D	Name 20001	
444 North Capitol Street, I	MAA	Washington City		Sta	OC 200011 ate Zíp Code	
	anniettas (NIC)	•				
The National Governors A			-	the nation's gov	ernors.	
If "Other" is marked, describe the entit	y's business activity (if	business) or its nature and in	terests.			
	identify the name	e of each source and the	e amount(s) re	ceived by the don	or for this navment	
applicable,	Tachary the Harrie	, or odorr oodr oo drid trid	o amount(o) re	socred by the don	ior ior and paymone	
Name	 \$:	Amount		Name	\$\$ Amo	
						Juine
Payment Information (•	•	3.2, 3.3)	_		
3.1 (a) Travel Payment	Raleigh, N			_ <u>Ar</u>	pril 6-8, 2015	
		Location of Travel			Dates (month, day, yea	r)
United Airlines		Raíl l⊽lAir l⊓ Bi	us 🗌 Auto	o □ Other 🛱	yatt Place	
Transportation Provider		Check Applicable Bo			Name of Lodging Facili	У
\$	¢.	\$ 1, 120.00	¢	\$	_s 1,1 <u>20</u> .00	
Lodging Expenses	Meal Expenses	Transportation Ex	penses Ψ-	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not re	elated to travel:			\$		
.,			Dates (month, d	ay, year)	Total Expenses	
3.2 Payment Description						
	n. Provide a sc	ecific description o	of the payme	ent and its agen	cv purpose and use	١_
•	•	•	• •	•	cy purpose and use	
To attend the NGA Le	•	•	• •	•		
•	•	•	• •	•		
•	•	•	• •	•		
•	earning Lab: S	Substance Use Pr	evention a	nd Treatment		
To attend the NGA Le	earning Lab: S who used the p	Substance Use Pr	revention a	nd Treatment		∤h,
To attend the NGA Le	earning Lab: S who used the p	Substance Use Pr	evention a 3.1 (See instruct Quality Office	nd Treatment	meeting in Raleig	jh, Dire
To attend the NGA Le 3.3. Identify the officials Logan	earning Lab: S who used the p	Substance Use Pr	evention a 3.1 (See instruct Quality Office	nd Treatment	meeting in Raleig	jh, Direc
To attend the NGA Le 3.3. Identify the officials Logan Last Name	earning Lab: S who used the p Julia	Substance Use Pr	evention a 3.1 (See instruct Quality Office	nd Treatment	meeting in Raleig	jh, Direc
To attend the NGA Le 3.3. Identify the officials Logan	earning Lab: S who used the p Julia	Substance Use Pr	3.1 (See instruct Quality Offic Positi	nd Treatment	meeting in Raleig	jh, ired
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To attend the NGA Le 3.3. Identify the officials Logan Last Name Last Name	who used the public states of the reported	Substance Use Propayment in Section It Name In Name In Name In Name	3.1 (See instruction and Quality Office Position	nd Treatment ctions) cer ction/Title th FPPC regulation	Office of the Med D Department/Divisions.	jh, ired
To attend the NGA Le 3.3. Identify the officials Logan Last Name Last Name Verification	who used the public states of the reported	Substance Use Propagation in Section at Name	3.1 (See instruction and Quality Office Position	nd Treatment ctions) cer ction/Title	Office of the Med D Department/Divisions.	jh, ired
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To attend the NGA Le 3.3. Identify the officials Logan Last Name Verification I authorized the acceptance	who used the public states of the reported	payment in Section t Name t Name d payment(s) as in columnson	3.1 (See instruction and Quality Office Position	nd Treatment ctions) cer ction/Title th FPPC regulation Deputy Director	Office of the Med D Department/Divisions.	in,

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