California Health and Human Services Form Division, Department, or Region (#applicable) Por Official Department of Health Care Services For Official Street Address 1501 Capitol Avenue, Suite 6001 Image: Capitol Avenue, Suite 6001 Area Code/Phone Number Email Image: Capitol Avenue, Suite 6001 Agency Contact (name and title) Shirley.fong@dhcs.ca.gov Date of Original Filing: (month, day, y Shirley Fong, Training Manager Image: Code Other California HealthCare Foundation 1438 Webster Street, Suite 400 San Francisco CA 94612 Address City State Zip Code Non-profit CHCF support ideas and innovations that improve quality, increase efficiency and lower costs of heir If applicable, identify the uname of each source and the amount(s) received by the donor for this payment:	ENCY REF	PAYMENT TO AGENC	PAYMENT		Document	A Public [port	ent to Agency Re	
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I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.								cation	
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