Payment to Agency Report **A Public Document**

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

Department of Health Care Services

Division, Department, or Region (if applicable)

Administration Division, Human Resources Branch

Street Address

P.O. Box 997411, MS 1300

Area Code/Phone Number

(916) 552-8270

Email

ConflictofInterest@dhcs.ca.gov

Agency Contact (name and title)

Conflict of Interest Filing Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: ________ (month, day, year)

2. Donor Name and Address

☐ Individual ________ Last Name ________ First Name

☑ Other National Center for Mental Helath & Juvenile J
Name

345 Delaware Avenue — Address
Del Mar — City
NY — State
12054 — Zip Code

Promotes systems change and improved outcomes for youth through a wide variety of projects

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

Washington, DC — Location of Travel

06/17/15-06/19/15 — Dates (month, day, year)

United Air Lines/Delta Air Lines — Transportation Provider

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other
Check Applicable Boxes

Hampton Inn Washington — Name of Lodging Facility

Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
$786.63	$125.35	$597.70	$314.47	$1,824.15

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 a meeting on Defending Childhood State Policy Initiative. The goal is to assist states develop and implement a strategic plan for identifying, assessing, and treating children who suffer from trauma caused by witnessing or experiencing violence in their homes, schools, or communities.

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

Last Name	First Name	Position/Title	Department/Division
Baylor	Karen	Deputy Director	Mental Health & SUD

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
Original on File	Karen Johnson	Chief Deputy Director	10/23/15

Comment:

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

Payment to Agency Report Instructions

A Public Document

California Form 801

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate $2,500 or more in a calendar quarter, website posting is required.

Website Posting:

State Agencies
Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total $2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

Local Agencies
The website posting rules differ for travel and non-travel payments.

Travel
Within 30 days after the end of a calendar quarter if aggregated reported payments total $2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

Payments Not Related to Travel
The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total $2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 428 J Street, Suite 620, Sacramento, CA, 95814 or faxed to (916) 322-3711.

Part 1. Agency Identification
List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information
Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

Part 3. Payment Information
Expenses may be rounded to whole dollars.

Section 3.1.a. Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

Section 3.3. Identify Officials
Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.