

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing:

2. Donor Name and Address
Individual
Other
Community Clinic Association of LA County
8640 Sepulveda Blvd
Los Angeles
CA
90291
Address
City
State
Zip Code
Supporting and expanding access to quality comprehensive health care for every individual.
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Los Angeles, CA
05/05/16 - 05/06/16
Location of Travel
Dates (month, day, year)
Southwest Airlines
Ritz Milner Hotel
Transportation Provider
Name of Lodging Facility
140.00
Meal Expenses
225.49
Transportation Expenses
Other Expenses
365.49
Total Expenses
3.1 (b) Payment(s) not related to travel:
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)
Baylor
Karen
Deputy Director
Mental Health & SUD
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.
ORIGINAL ON FILE
Karen Johnson
Chief Deputy Director
07/21/16
Signature
Print Name
Title
(month, day, year)
Comment:
(Use this space or an attachment for any additional information)