Aganay Nama	Report	A Public	Dogamen	L		PAYMENT TO AGENCY REPO
I. Agency Name				Date Star	mp	California On
Department of Health Care	e Services					Form OU
Division, Department, or Re	gion (if applicable)			1		For Official Use Only
Administration Division, Hu	uman Resources Bra	anch				
Street Address				1		
P.O. Box 997411, MS 130	00					
Area Code/Phone Number	Email			Amondmo	at (ovaloin	in comment section)
(916) 552-8270	ConflictofInterest	@dhcs.ca.gov		Amendme	It (explain	iii comment section)
Agency Contact (name and title	- 			Date of Origina	l Filing:	(month, day, year)
Conflict of Interest Filing C	Officer					(month, day, year)
. Donor Name and Addr	ess			•		
☐ Individual			☑ Other	California He	althCar	e Foundation
Last Name	First I		_			Name
1438 Webster Street, Suit	e 400	San Francis	sco		CA	94612
Address		City	114		State	Zip Code
Non-profit CHCF support i		-		ase efficiency a	ind lowe	er costs of health care
If "Other" is marked, describe the entit	ty's business activity (if busine	ess) or its nature and	d interests.			
	, identify the name of ea	ach source and	the amount(s)	eceived by the d	onor for	this payment:
	c					œ.
Name		Amount		Name		Amount
. Payment Information (Complete Section	ns 3.1 (a or b), 3.2, 3.3)			
3.1 (a) Travel Payment	Newport Beac	h, CA			May 11	-13, 2016
, ,	L	ocation of Travel		_		Dates (month, day, year)
Southwest		☑ Air □	Bus □ Au	to 🔲 Other	Fairmo	nt Newport Beach
Transportation Provider		Check Applicable	_		ı	lame of Lodging Facility
_e 361.14	_© 23.00	_© 309.43	d	364.00		_{\$} 1,057.57
Lodging Expenses	Meal Expenses	Transportation	Expenses	Other Expenses	-	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:			\$		
			Dates (month,	day, year)		T
	n Provido a specif					Total Expenses
3.2. Payment Description	ii. Fiovide a specii	ic description			ency p	·
-	-	•	n of the paym	ent and its ag		irpose and use.
Provide expertise insi	ght, tools, and co	•	n of the paym	ent and its ag		irpose and use.
-	ght, tools, and co	•	n of the paym	ent and its ag		irpose and use.
Provide expertise insi Palliative Care progra	ight, tools, and co am.	llaboration f	n of the paym for DHCS's	ent and its ag implementat		irpose and use.
Provide expertise insi Palliative Care progra 3.3. Identify the officials	ight, tools, and coam. who used the payr	llaboration f	n of the paym for DHCS's on 3.1 (See instr	ent and its ag implementat	ion of	irpose and use. he statewide
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger	ght, tools, and co am. who used the payr Sabrina	ellaboration f	n of the paym for DHCS's on 3.1 (See instr Hlth Prog S	ent and its ag implementat	ion of	irpose and use. he statewide d Care Quality/Monitor
Provide expertise insi Palliative Care progra 3.3. Identify the officials	ight, tools, and coam. who used the payr	ellaboration f	n of the paym for DHCS's on 3.1 (See instr Hlth Prog S	ent and its ag implementat	ion of	irpose and use. he statewide
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger	ght, tools, and co am. who used the payr Sabrina	ellaboration f	n of the paym for DHCS's on 3.1 (See instr Hlth Prog S	ent and its ag implementat	ion of	irpose and use. he statewide d Care Quality/Monitor
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger	ght, tools, and co am. who used the payr Sabrina	ellaboration f	on 3.1 (See instr	ent and its ag implementat	ion of	irpose and use. he statewide d Care Quality/Monitor
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name	ght, tools, and coam. who used the payr Sabrina First Nam	ellaboration f	on 3.1 (See instr	ient and its ag implementat uctions) Spec I sition/Title	ion of	trpose and use. the statewide d Care Quality/Monitor Department/Division
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name Last Name	ght, tools, and coam. who used the payr Sabrina First Nam	ellaboration f	on 3.1 (See instr	ient and its ag implementat uctions) Spec I sition/Title	ion of	he statewide d Care Quality/Monitor Department/Division
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name Last Name	ight, tools, and coam. who used the payn Sabrina First Nam	nent in Section	on 3.1 (See instruction Po	ient and its ag implementat uctions) Spec I sition/Title	ion of t	he statewide d Care Quality/Monitor Department/Division
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name Last Name Verification I authorized the acceptance	ght, tools, and coam. who used the payr Sabrina First Nam First Nam ce of the reported pay	nent in Section	on 3.1 (See instruction Property Proper	implementat uctions) Spec I sition/Title	Mg ations.	d Care Quality/Monitor Department/Division Department/Division
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name Last Name ORIGINAL ON FILE	ight, tools, and coam. who used the payn Sabrina First Nam	nent in Section e yment(s) as in son	on 3.1 (See instruction Property Proper	ient and its ag implementat uctions) Spec I sition/Title with FPPC regul of Deputy Direct	Mg ations.	he statewide d Care Quality/Monitor Department/Division Department/Division
Provide expertise insi Palliative Care progra 3.3. Identify the officials Younger Last Name Last Name Verification I authorized the acceptance	ght, tools, and coam. who used the payr Sabrina First Nam First Nam ce of the reported pay	nent in Section	on 3.1 (See instruction Property Proper	implementat uctions) Spec I sition/Title	Mg ations.	d Care Quality/Monitor Department/Division Department/Division

Clear Page

