

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, Sacramento, CA 95899-7411
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
Last Name First Name
31 St James Avenue, Suite 952 Boston MA 06116
Address City State Zip Code
Other Technical Assistance Collaborative
Name

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 D.C. May 2-5, 2016
Location of Travel Dates (month, day, year)
American Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Marriott Marquis
Name of Lodging Facility
\$ 1,095.78 \$ 320.02 \$ 478.20 \$ 255.44 \$ 2,149.44
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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.

IAP Housing Conference in Washington DC. Purpose of trip was to assist in facilitating housing and community support services for low income and homeless populations.

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

Schupp Rebecca Chief Long Term Care Division
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.

Signature Karen Johnson Chief Deputy Director 07/21/16
Print Name Title (month, day, year)

Comment:

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