

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 National Academy for State Health Policy
1233 20th Street, NW, Suite 303 Washington DC 20036
Address City State Zip Code

Non-Profit Organization 501(3)(c)- Health Policy Research and Development
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
Arlington, VA
05/01-04/2016
American Airlines
Rail Air Bus Auto Other
Renaissance, Arlington Capitol
\$1,195.00 \$92.00 \$748.00 \$14.00 \$2,049.00
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.
Transportation, Lodging, Meals, and Incidentals to participate in NASHP's Future of Children's Coverage, Children's Health Insurance Program Director's Working Group In Person Meeting and NASHP's Planning Committee Meeting.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Mollow Rene Deputy Director Health Care Benefits and Eli
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)