

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: (month, day, year)

2. Donor Name and Address
Health Management Associates
Individual Other
1133 Avenue of the Americas, Ste. 620 New York NY 10036
Address City State Zip Code
HMA: Independent research & consulting firm w/expertise for governmental (healthcare) organizations publicly funded
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
Sacramento, CA to Chicago, Il. 9/10/17 - 9/12/17
Location of Travel Dates (month, day, year)
United & Ground transportation (Lyft) Renaissance Chicago Dwntwn
Transportation Provider Name of Lodging Facility
Rail Air Bus Auto Other
Check Applicable Boxes
\$702.00 \$344.00 \$126.00 \$1,172.00
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.
See Attached

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Cantwell Marianne (Mari) Chief Deputy Director Dept. Health Care Services
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 Erika Sperbeck Chief Deputy Director
Signature Print Name Title (month, day, year)

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