Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT
California Form 801
For Official Use Only

Date Stamp

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

Agency Contact (name and title)

Conflict of Interest Filing Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: ______ (month, day, year)

2. Donor Name and Address

☐ Individual ______ Last Name ______ First Name

☑ Other National Association of Medicaid Directors (Name)

Address	City	State	Zip Code
444 North Capitol Street, Suite 524	Washington	D.C.	20001

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______ Name $______ Amount ______ Name $______ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel: Washington, D.C.

Dates (month, day, year): Nov. 15-17, 2017

Transportation Provider: Delta Air Lines

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

Name of Lodging Facility: Omni Hotel & Resorts

Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
$ 676.90	$ 93.00	$ 658.00	$ 78.32	$ 1,491.81

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.

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Last Name	First Name	Position/Title	Department/Division
Brooks	Sarah	Deputy Director	Health Care Delivery Systen

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
ORIGINAL ON FILE	Erika Sperbeck	Chief Deputy Director	

Comment:

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Washington, D.C. (Location of Travel)
Nov. 15-17, 2017 (Dates (month, day, year))

Delta Air Lines (Transportation Provider)
☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)
Omni Hotel & Resorts (Name of Lodging Facility)

$676.90 Lodging Expenses | $93.00 Meal Expenses | $658.00 Transportation Expenses | $78.32 Other Expenses | $1,491.81 Total Expenses

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