

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: Health and Human Services Agency. Date Stamp: California Form 801 For Official Use Only. Email: shirley.fong@dhcs.ca.gov

2. Donor Name and Address: National Governors Association (NGA). 444 N. Capitol Street, NW, Washington DC 20001. NGA is the bipartisan organization of the nation's governors.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). 3.1 (a) Travel Payment: Washington, DC, January 13-15, 2014. United Airlines, Air, 1,269.04 Transportation Expenses, 1,813.40 Total Expenses.

3.2. Payment Description: To participate in a meeting entitled "Learning from Each Other: The Roles of States in Transferring their Health Systems". 3.3. Identify the officials who used the payment in Section 3.1: Wurden Meredith, Assistant Deputy Director, Health Care Financing.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signature: [Handwritten Signature], Print Name: Kater Johnson, Title: [Blank], Date: 4/30/14.

Comment: (Use this space or an attachment for any additional information). FPPC Form 801 (Jan/14) advice@fppc.ca.gov