

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name: Health and Human Services Agency. Date Stamp: California Form 801. For Official Use Only. Amendment: [] Date of Original Filing: (month, day, year)

2. Donor Name and Address: Research Triangle Institute. PO Box 12106, Research Triangle Park, NC 27106. Address, City, State, Zip Code.

Under contract with the Office of the Assistance Secretary for Planning & Evaluation at the Department of Health and Human Services. 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, DC. February 9-10, 2013. Virgin America. Transportation Provider. Rail [], Air [x], Bus [], Auto [], Other []. Lodging Expenses: \$177.48, Meal Expenses: \$46.00, Transportation Expenses: \$850.39, Other Expenses: \$, Total Expenses: \$1,073.87.

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. To serve on the technical advisory group to guide the project on "Strategies for Local Medicaid Expansion", conducted by RTI International, and under contract with the Office of the Assistance Secretary for Planning and Evaluation at the Department of Health and Human Services.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Cantwell, Marianne, Chief Deputy Director, Health Care Programs. 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: [Signature], Print Name: Karen Johnson, Title: Chief Deputy Director, Date: 04/30/14 (month, day, year)

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