

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
Agency Contact (name and title)
Conflict of Interest Filing Officer

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

Individual Coburn Sheri Other California School Nurses Organization
Last Name First Name Name
3511 Del Paso Rd. Suite 160, PMB 230 Sacramento CA 95835
Address City State Zip Code

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 Albuquerque, New Mexico October 1-4, 2019
Location of Travel Dates (month, day, year)
SouthWest Airlines Rail Air Bus Auto Other Hotel Andaluz
Transportation Provider Check Applicable Boxes Name of Lodging Facility
\$ 695.28 \$ 146.00 \$ 298.00 \$ 690.89 \$ 1,830.17
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.

To attend the 17th Annual National Alliance for Medicaid in Education (NAME) Conference in Albuquerque, New Mexico from October 1-4, 2019.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Mills Jacob Staff Services Mgr II DHCS/SNFD
Last Name First Name Position/Title Department/Division

4. Verification

I verify the reported payment(s) as in compliance with FPPC regulations.

Signature

Jillian Mongetta

Print Name

Staff Services Mgr III

Title

10/18/19

(month, day, year)

Comment:

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