

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, Human Resources Division
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:

2. Donor Name and Address
Individual
Other Princeton University
182 Julis Romo Rabinowitz Building Princeton NJ 08544
Address City State Zip Code
Program focuses on assisting states with transforming their health care systems to be affordable, equitable and innovative
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Minneapolis, Minnesota April 6-8, 2022
Location of Travel Dates (month, day, year)
Delta Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
The Depot, Renaissance Hotel
Name of Lodging Facility
\$362.60 \$43.41 \$671.20 \$1,077.21
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.
Participation in the Princeton University State Health and Value Coordinating the Continuous Coverage Unwinding Convening.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Huang Yingjia
Last Name First Name
Ast. Deputy Director
Position/Title
Health Care Benefits & Eligib
Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Erika Sperbeck Chief Deputy Director 07/20/22
Print Name Title (month, day, year)

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

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