

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
California Health and Human Services
Division, Department, or Region (if applicable)
Department of Health Care Services
Street Address
1501 Capitol Avenue, Suite 6001
Area Code/Phone Number
Email
Agency Contact (name and title)
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
Other National Governor's Association
444 North Capitol Street, NW Washington DC 20001
Address City State Zip Code
The National Governors Association (NGA) is the bipartisan organization of the nation's governors.
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
Raleigh, NC April 6-8, 2015
Location of Travel Dates (month, day, year)
United Airlines Hyatt Place
Transportation Provider Name of Lodging Facility
Rail Air Bus Auto Other
Check Applicable Boxes
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 NGA Learning Lab: Substance Use Prevention and Treatment meeting in Raleigh, CA
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Wong Michele M SUD Compliance Division
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 Karen Johnson Chief Deputy Director
Print Name Title
7/29/15
(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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