

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Health and Human Services Agency
Division, Department, or Region (if applicable)
Health Care Services
Street Address
1501 Capitol Avenue, Suite 6001
Area Code/Phone Number
(916) 445-3859
Email
shirley.fong@dhcs.ca.gov
Agency Contact (name and title)
Shirley Fong, Training Manager
Date Stamp
California 801 Form
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing:

2. Donor Name and Address
Individual UC Irvine
Last Name First Name Name
SST 323 Irvine CA 92697
Address City State Zip Code
To provide a short term health care economic and political forecast for the coming year
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
Irvine, CA February 20, 2014
Location of Travel Dates (month, day, year)
United Airlines Rail Air Bus Auto Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility
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 participate in a panel discussion entitled "California - Outlook in Impact of ACA Implementation" at the 2014 Health Care Forecast Conference

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Douglas Toby Director
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 Print Name Title
4/30/14 (month, day, year)

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