Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

Department of Health Care Services

Division, Department, or Region (if applicable)

Administration, Human Resources Division

Street Address

PO Box 997411, MS 1300, Sacramento, CA 95899-7411

Area Code/Phone Number: 916-552-8270

Email: ConflictOfInterestinquiry@dhcs.ca.gov

Agency Contact (name and title)

Conflict of Interest Filing Officer

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

■ Other Oxford House Organization (Name)

1010 Wayne Avenue, Suite 300 (Address) Silver Spring (City) MD (State) 20910 (Zip Code)

Oxford House (OH) is a nonprofit network of democratically run, self-supported sober living homes founded in 1975.

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

Aurora, Colorado (Location of Travel) 09/10/2026 - 09/13/2026 (Dates (month, day, year))

Southwest Airlines (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Gaylord Rockies Resort & CC (Name of Lodging Facility)

$1,972.15	$238.00	$592.80	$97.79	$2,900.74
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.

The Official was invited to further their expertise of this evidence-based, peer-supported recovery housing model. The information presented will support DHCS in developing future policies aligned with this housing approach. Donor paid for lodging, meals, and all related transportation costs.

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

Last Name	First Name	Position/Title	Department/Division
Perez	Marlies	Division Chief	Community Services Div.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[redacted] (Signature) Lindy Harrington (Print Name) Chief Deputy Director (Title) 10/27/26 (month, day, year)

Comment:

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

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