

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Health and Human Services		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Department of Health Care Services			
Street Address 1501 Capitol Avenue, Suite 6001			
Area Code/Phone Number (916) 552-9644	Email Carey.Montgomery@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Carey Montgomery, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other California Endowment and California HealthC

4800 2nd Avenue, Suite 2600 Sacramento CA 95817

Institute for Population Health Improvement

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:

Rene Mollow	\$ 110.69		\$
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Dallas, Tx 4/22-23/2015

Personal, Taxi Rail Air Bus Auto Other

\$ 9.93 \$ 100.76 \$ 110.69

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 4/22-23/2015 \$ 110.69

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Ground transportation, meals, and parking. NOSLO Advisory Group In-Person Meeting.

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

Mollow	Rene	Deputy Director	Health Care Benefits & Elig
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.

Rene Mollow Rene Mollow, MSN, RN Deputy Director, Health Care Be 07/14/15

Signature Print Name Title (month, day, year)

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

