

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 Division, Human Resources Branch
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: (month, day, year)

2. Donor Name and Address
Individual Other
California Primary Care Association (CPCA)
1231 I Street, Suite 400 Sacramento CA 95814
Address City State Zip Code

CPCA is a statewide leader representing the interests of CA community clinics and health centers and their patients
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
Long Beach, CA
October 27-28, 2016
Delta Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Westin Hotel
Name of Lodging Facility
\$224.63 Lodging Expenses
\$ Meal Expenses
\$150.00 Transportation Expenses
\$ Other Expenses
\$374.63 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 represent the State of California and to participate as a speaker on the new managed care regulations and potential changes to California's policy.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Brooks Sarah Deputy Director Health Care Delivery System
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.
ORIGINAL ON FILE Jennifer Kent Director
Signature Print Name Title (month, day, year)

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