

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: Health and Human Services Agency. Date Stamp: California Form 801 For Official Use Only. Street Address: 1501 Capitol Avenue, Suite 6001. Email: shirley.fong@dhcs.ca.gov.

2. Donor Name and Address: National Governors Association (NGA). Address: 444 N. Capitol Street, NW, Washington, DC 20001. NGA is the bipartisan organization of the nation's governors.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment. Table with columns for Name, Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). 3.1 (a) Travel Payment: Washington, DC, January 13-15, 2014. United Airlines, Air checked. Expenses: Lodging \$421.36, Meal \$123.00, Transportation \$1,269.04, Total \$1,813.40.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. To participate in a meeting entitled "Learning from Each Other: The Roles of States in Transferring their Health Systems"

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Wurden Meredith, Assistant Deputy Director, Health Care Financing.

4. Verification. I authorized the acceptance of the reported payment(s) as in compliance with FPCC regulations. Signature: [Handwritten Signature], Print Name: Carol - Kater Johnson, Title: [Blank], Date: 4/30/14.

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