

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Department of Health Care Services <b>Division, Department, or Region</b> (if applicable) Administration, Human Resources Division <b>Street Address</b> P.O. Box 997411, MS 1300, Sacramento, CA 95899-7411 <b>Area Code/Phone Number</b> (916) 552-8270 <b>Email</b> ConflictofInterestInquiry@dhcs.ca.gov <b>Agency Contact</b> (name and title) Conflict of Interest Filing Officer		Date Stamp	<b>California Form 801</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_ ☒ Other CA Advocates for Nursing Home Reform  
 Last Name First Name Name  
 1803 6th Street Berkeley CA 94710  
 Address City State Zip Code  
 Non-profit organization dedicated to improving choices, care, and quality of life for California's long term care consumers.  
 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** Monterey, CA 11/17/23 - 11/18/23  
 Location of Travel Dates (month, day, year)  
 \_\_\_\_\_ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other Monterey Plaza Hotel  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$310.60 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$310.60  
 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.

Donor paid for lodging. Official participated on the panel at the California Advocates for Nursing Home Reform Elder Law Conference as a Subject Matter Expert.

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

Hill	Oksana	Division Chief	Third Party Liab. & Rec. Div
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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.

_____	Erika Sperbeck	Chief Deputy Director	01/16/24
Signature	Print Name	Title	(month, day, year)

Comment:

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