

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Department of Health Care Services		Date Stamp	<b>California Form 801</b> For Official Use Only
<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	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Conflict of Interest Filing Officer			

## 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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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

**3.1 (a) Travel Payment** Monterey, CA 11/22/2024 - 11/23/2024  
Location of Travel Dates (month, day, year)  
 \_\_\_\_\_ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other Monterey Plaza Hotel & Spa  
Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ 646.26 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 646.26  
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.

Officials were invited to speak and participate on the panel as Subject Matter Experts at the 2024 California Advocates for Nursing Home Reform Elder Law Conference. Donor paid for lodging.

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

<u>Winkler</u>	<u>Christal</u>	<u>Staff Services Manager II</u>	<u>TPLRD</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
<u>Kennedy</u>	<u>Jonathan</u>	<u>Staff Services Manager III</u>	<u>TPLRD</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

## 4. Verification

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

<u>[Signature]</u>	<u>Erika Sperbeck</u>	<u>Chief Deputy Director</u>	<u>01/22/25</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:

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