

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, Human Resources Division
Street Address
P.O. Box 997411, MS 1300
Area Code/Phone Number
(916) 552-8270
Email
conflictofinterest@dhcs.ca.gov
Agency Contact (name and title)
Conflict of Interest Filing Officer
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 Santa Cruz County Dept. of Public Health
1080 Emeline Ave, Bldg D 2nd Floor Santa Cruz CA 95060
Address City State Zip Code
Public Health Department oversees the Targeted Case Mgmt, County-Based Medical Admin. Activities Program
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Orange County, CA
Location of Travel
05/02/2023-05/04/2023
Dates (month, day, year)
Southwest
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Double Tree Hilton
Name of Lodging Facility
\$306.50 \$67.00 \$87.11 \$460.61
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.
Official attended the Local Governmental Agencies Conference in Orange County, CA to support his team's presentation at the conference.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Jones Matthew
Last Name First Name
Manager I
Position/Title
Local Govt. Financing Div.
Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Erika Sperbeck Chief Deputy Director 07/14/23
(month, day, year)

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

