

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, Sacramento, CA 95899-7411
Area Code/Phone Number (916) 552-8270
Email ConflictofInterestInquiry@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 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 Location of Travel
11/17/23 - 11/18/23 Dates (month, day, year)
Monterey Plaza Hotel Name of Lodging Facility
Rail Air Bus Auto Other Check Applicable Boxes
\$310.60 Lodging Expenses
\$ Meal Expenses
\$ Transportation Expenses
\$ Other Expenses
\$310.60 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

4. Verification

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

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

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