4. America Merce	Report	A Public D	ocument			PAYMENT TO AGENCY REPOR
1. Agency Name				Date Sta	mp	California OO4
Department of Health Ca	are Services					Form OUI
Division, Department, or R	Region (if applicable)					For Official Use Only
Administration, Human R	Resources Division					
Street Address						
P.O. Box 997411, MS 13		A 95899-7411				
Area Code/Phone Number	1			☐ Amendme	nt (explain	in comment section)
916-552-8270	ConflictOfInterestInnquiry@dhcs.ca.gov		.ca.gov	Date of Original Filing:		
Agency Contact (name and tit	-			Date of Origina	ai Filing:	(month, day, year)
Conflict of Interest Filing						
2. Donor Name and Add	lress					
☐ Individual			■ Other	NASADAD		
Last Name 1919 Pennsylvania Ave,		rst Name Washington I	DC.		DC	Name 20006
Address	1444, Otc 141-250	City			State	Zip Code
NASADAD fosters & sup	ports the developm	ent of effective ald	cohol and other	er drug use pr	eventior	& treatment.
If "Other" is marked, describe the en						
	e, identify the name of	feach source and th	ne amount(s) re	ceived by the d	onor for	this payment:
Nama	\$	Amount		Name		\$
Name		Amount		Name		Amount
2 B 4 I £ 4!	(Complete Section	ons 3 1 (a or b)	3 2 3 31			
3. Payment information	-		, 3.2, 3.3)			4 00/05/04
3. Payment Information 3.1 (a) Travel Payment	Rockville, M	aryland	, 3.2, 3.3)			4-06/05/24
3.1 (a) Travel Payment	-		, 3.2, 3.3)		ı	Dates (month, day, year)
3.1 (a) Travel Payment United Airlines	Rockville, M	aryland Location of Travel		D □ Other	Hyatt R	Dates (month, day, year) Regency Bethesda
3.1 (a) Travel Payment United Airlines Transportation Provide	Rockville, M	aryland Location of Travel il Air E Check Applicable E	Bus □ Auto	_	Hyatt R	Dates (month, day, year) Degency Bethesda Dame of Lodging Facility
3.1 (a) Travel Payment United Airlines Transportation Provide \$ 950.00	Rockville, M	aryland Location of Travel il Air E Check Applicable E \$_1,009.19	Bus □ Auto Boxes	 145.04	Hyatt R	Dates (month, day, year) Degency Bethesda
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$	Rockville, M	aryland Location of Travel il Air E Check Applicable E	Bus □ Auto Boxes	_	Hyatt R	Dates (month, day, year) Degency Bethesda Dame of Lodging Facility
3.1 (a) Travel Payment United Airlines Transportation Provide \$ 950.00	Rockville, M	aryland Location of Travel il Air E Check Applicable E \$_1,009.19	Bus □ Auto Boxes	145.04 Other Expenses	Hyatt R	Dates (month, day, year) Degency Bethesda
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not	Rockville, M	aryland Location of Travel il Air E Check Applicable E \$ 1,009.19 Transportation E	Bus Auto Boxes Expenses Dates (month, d	Other Expenses \$ ay, year)	Hyatt R	Dates (month, day, year) Regency Bethesda Rame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Description	Rockville, M	aryland Location of Travel il Air E Check Applicable E \$ 1,009.19 Transportation E	Bus Auto Boxes Sexpenses Dates (month, do	Other Expenses say, year) ent and its ag	Hyatt R	Spates (month, day, year) Regency Bethesda Rame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses Irpose and use.
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not	Rockville, M Raer \$\frac{256.75}{Meal Expenses} related to travel: on. Provide a speced to attend as a	aryland Location of Travel il Air E Check Applicable E \$ 1,009.19 Transportation E cific description	Bus Auto Boxes Totales (month, do of the payments) or federal g	Other Expenses \$ ay, year) ent and its ag rants receiv	Hyatt R	Spates (month, day, year) Regency Bethesda Rame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses Irpose and use. In Substance Abuse
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Description The official was invited and Mental Health S	Rockville, M Rae \$\frac{256.75}{Meal Expenses}\$ related to travel: on. Provide a spece ed to attend as a ervices Administ	aryland Location of Travel il Air E Check Applicable B \$ 1,009.19 Transportation E cific description a requirement for	Bus Auto Boxes Saxes Dates (month, d of the payment or federal g paid for airfa	Other Expenses say, year) ent and its ag rants receivare, hotel, m	Hyatt R	Spates (month, day, year) Regency Bethesda Rame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses Irpose and use. In Substance Abuse
3.1 (a) Travel Payment United Airlines Transportation Provide \$ 950.00 \$ Lodging Expenses 3.1 (b) Payment(s) not 3.2. Payment Description The official was invited and Mental Health Stees.	Rockville, M Rae \$\frac{256.75}{Meal Expenses}\$ related to travel: on. Provide a spece ed to attend as a ervices Administ	aryland Location of Travel il Air E Check Applicable B \$ 1,009.19 Transportation E cific description a requirement for	Bus Auto Boxes Saxes Dates (month, d of the payment or federal g paid for airfa	Other Expenses say, year) ent and its ag rants receivare, hotel, m	ency pure ed from	Spates (month, day, year) Regency Bethesda Rame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses Irpose and use. In Substance Abuse
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Description The official was invited and Mental Health Strees. 3.3. Identify the officials	Rockville, M Raer \$\frac{256.75}{Meal Expenses}\$ related to travel: on. Provide a speced to attend as a services Administration of the part of the	aryland Location of Travel il Air E Check Applicable B \$ 1,009.19 Transportation E cific description a requirement for tration. Donor p	Bus Auto Boxes \$- Dates (month, do of the payment or federal go paid for airfa 1.3.1 (See instruct Manager	Other Expenses say, year) ent and its ag rants receivare, hotel, m	ency pure ed from	States (month, day, year) Stepency Bethesda Stame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses Irpose and use. In Substance Abuse and registration
3.1 (a) Travel Payment United Airlines Transportation Provide \$\frac{950.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Description The official was invited and Mental Health Services. 3.3. Identify the official Sabah	Rockville, M Raer \$\frac{256.75}{Meal Expenses}\$ related to travel: on. Provide a spece of to attend as a cervices Administration of the path of t	aryland Location of Travel il Air E Check Applicable B \$ 1,009.19 Transportation E cific description a requirement for tration. Donor p	Bus Auto Boxes \$- Dates (month, do of the payment or federal go paid for airfa 1.3.1 (See instruct Manager	Other Expenses ay, year) ent and its ag rants receivare, hotel, m	ency pure ed from	States (month, day, year) Stepency Bethesda Stame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses In Substance Abuse and registration
Sabah Transportation Providence Transportation Providence \$ 950.00 \$ 1.00ging Expenses 3.1 (b) Payment(s) not 3.2. Payment Description The official was invited and Mental Health Signature \$ 1.3. Identify the official Sabah	Rockville, M Raer \$\frac{256.75}{Meal Expenses}\$ related to travel: on. Provide a spece of to attend as a cervices Administration of the path of t	aryland Location of Travel il Air E Check Applicable B \$ 1,009.19 Transportation E cific description a requirement for tration. Donor p	Bus Auto Boxes Dates (month, d of the payme or federal g paid for airfa 1 3.1 (See instruct Manager Posit	Other Expenses ay, year) ent and its ag rants receivare, hotel, m	ency pure ed from	States (month, day, year) Stepency Bethesda Stame of Lodging Facility \$\frac{2,360.98}{\text{Total Expenses}}\$ Total Expenses In Substance Abuse and registration

Clear Page



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