

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 PO 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
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

☐ Individual _____ ☒ Other **Kisaco Research**
Last Name First Name Name
41a Maltby St. London SE1 3PA UK
Address City State Zip Code
 Kisaco Research is an event organizer that covers various markets and networks including healthcare and technology.
 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 **Nashville, TN** **02/04/25 - 02/07/25**
Location of Travel Dates (month, day, year)
United Airlines ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ _____ \$ _____ \$ **426.05** \$ _____ \$ **426.05**
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.


The Official was invited to speak at the Healthcare Payment & Revenue Integrity Congress, part of the Medical Cost Containment Series in Nashville, TN. Donor paid for airfare and transportation.

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

Lim	Bruce	Deputy Director	DHCS/Audits and Investig.
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<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.

	Erika Sperbeck	Chief Deputy Director	04/23/25
	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:

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