

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 Vanderbilt University
Last Name First Name Name
230 Appleton Place Nashville TN 37203
Address City State Zip Code

Vanderbilt University works directly with state leaders to achieve their goals for child and parent wellbeing.

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
Nashville, TN
Location of Travel
07/09/2024 - 07/12/2024
Dates (month, day, year)
Southwest Airlines
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Nashville Marriott
Name of Lodging Facility
\$717.00 \$66.98 \$763.02 \$1,547.00
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 presented at a learning symposium. Donor paid for meals, airfare, and lodging.

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

Mollow Rene Deputy Director, HCBE DHCS/HCBE
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 10/28/24
Print Name Title (month, day, year)

Comment:

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