

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
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
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
11/22/2024 - 11/23/2024
Dates (month, day, year)
Monterey Plaza Hotel & Spa
Name of Lodging Facility
646.26
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.
Officials were invited to speak and participate on the panel as Subject Matter Experts at the 2024 California Advocates for Nursing Home Reform Elder Law Conference. Donor paid for lodging.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Winkler Christal Staff Services Manager II TPLRD
Last Name First Name Position/Title Department/Division
Kennedy Jonathan Staff Services Manager III TPLRD
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 01/22/25
Print Name Title (month, day, year)

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