

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California Department of Insurance		Date Stamp	For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 300 Capitol Mall, 17th Floor			
Area Code/Phone Number (916) 492-3591	Email sheirin.ghoddoucy@insurance.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Sheirin Ghoddoucy, Attorney III			

2. Donor Name and Address

Individual _____ Other _____

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane Rockville MD 20857

Address City State Zip Code

Please see Attachment 1

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:

N/A	\$			\$	
Name		Amount	Name		Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Rockville, MD April 15-19, 2017

Location of Travel Dates (month, day, year)

Please see Attachment 2 Rail Air Bus Auto Other Even Hotel Rockville

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 2,208.40	\$ 564.00	\$ 1,989.50	\$ 407.86	\$ 5,169.76
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ 0.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel to attend a Commercial Parity Policy Academy meeting in Rockville, Maryland sponsored by the SAMHSA regarding implementation of federal mental health parity laws.

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

Please see Attachment 2

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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.

Janice M. Rocco Janice Rocco Deputy Commissioner 8-1-17

Signature Print Name Title (month, day, year)

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

Attachment 1 – Donor Description

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal governmental agency within the U.S. Department of Health and Human Services. SAMHSA leads public health efforts to advance the behavioral health of the nation. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.

Attachment 2 – Travel Payment Detail

Substance Abuse and Mental Health Services Administration (SAMHSA) Commercial Parity Policy Meeting

Location of Travel (for all travelers): Rockville, Maryland

Name of Lodging Facility (for all travelers): Even Hotel Rockville, 1775 Rockville Pike, Rockville, MD 20852

Traveler Name/Title	Travel Dates	Transportation Provider	Airfare	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
Sheirin Ghoddoucy, Attorney III Health Policy Approval Bureau Health Policy and Reform Branch	April 16-19, 2017	American Airlines	\$727.60	\$828.15	\$224.00	Taxis: \$105.95 Mileage: \$24.18 Incidentals: \$17.50	\$1,927.38
Jessica Ryan, Attorney Health Policy Approval Bureau Health Policy and Reform Branch	April 15-19, 2017	United Airlines	\$565.50	\$828.15	\$224.00	Taxis: \$40.53 Baggage Fees: \$50.00 Incidentals: \$17.50	\$1,725.68
Doris Walker, Supervising Insurance Compliance Officer Field Claims Bureau Market Conduct Division Consumer Services and Market Conduct Branch	April 16-18, 2017	United Airlines	\$696.40	\$552.10	\$116.00	Taxi: \$64.00 Shuttle: \$30.00 Parking: \$36.00 Mileage: \$12.20 Incidentals: \$10.00	\$1,516.70
TOTAL			\$1,989.50	\$2,208.40	\$564.00	\$407.86	\$5,169.76