ayment to Agency Re	e por c	A I ablic bo	cument		
Agency Name					
					·
•					
	,				
					(month, day, year)
Last Name	First Na	me			
438 Webster Street, Suite	400	Oakland		CA	94612
ldress		City		State	Zip Code
	dentify the name of eac	ch source and the a	amount(s) recei	ed by the donor	for this payment:
V/A	\$				\$
Name	A	mount		Name	Amount
Payment Information (C	omplete Sections	3.1 (a or b), 3.	.2, 3.3)		
1 (a) Traval Baymant	N/A				
o. i (a) i javel Payillelli					
on (a) Haver Fayineiit	Loc	ation of Travel			Dates (month, day, year)
Transportation Provider	Loc	ation of Travel Air Bus Check Applicable Boxe		☐ Other	Dates (month, day, year) Name of Lodging Facility
Transportation Provider	Rail	☐ Air ☐ Bus Check Applicable Boxe	es —		Name of Lodging Facility
Transportation Provider \$	Rail	Air Bus Check Applicable Boxe \$ Transportation Exper	s \$	her Expenses	Name of Lodging Facility Total Expenses
Transportation Provider	Rail	Air Bus Check Applicable Boxe Transportation Exper	nses \$ 0/15/2016	ther Expenses	Name of Lodging Facility \$ Total Expenses
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related	Meal Expenses ated to travel:	Air Bus Check Applicable Boxe Transportation Exper	nses \$	ther Expenses \$\frac{100}{200}\$	Name of Lodging Facility Total Expenses O00.00 Total Expenses
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related	Meal Expenses ated to travel:	Air Bus Check Applicable Boxe Transportation Exper	nses \$	ther Expenses \$\frac{100}{200}\$	Name of Lodging Facility Total Expenses ,000.00 Total Expenses
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. 2. Payment Description. These grant funds supp	Meal Expenses ated to travel: Provide a specification port expenses as	Air Bus Check Applicable Boxe Transportation Exper	nses \$	ther Expenses \$\frac{100}{2}\$ ear) and its agency	Name of Lodging Facility \$
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. 2. Payment Description. These grant funds supp	Meal Expenses ated to travel: Provide a specification port expenses as	Air Bus Check Applicable Boxe Transportation Exper	nses \$	ther Expenses \$\frac{100}{2}\$ ear) and its agency	Name of Lodging Facility \$
Transportation Provider S	Meal Expenses ated to travel: Provide a specification port expenses as California Health(Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$0 0/15/2016 Pates (month, day, y the payment maintaining	ther Expenses \$\frac{100}{\text{ear}}\$ and its agency a medical pr	Name of Lodging Facility \$
Transportation Provider S	Meal Expenses ated to travel: Provide a specification port expenses as California Health(Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$0 0/15/2016 Pates (month, day, y the payment maintaining	ther Expenses \$\frac{100}{\text{ear}}\$ and its agency a medical pr	Name of Lodging Facility \$
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. Payment Description. These grant funds suppransparency website, (compared).	Meal Expenses ated to travel: Provide a specification port expenses as California Health(Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$0 0/15/2016 Pates (month, day, y the payment maintaining	ther Expenses \$\frac{100}{200} ear) and its agency a medical pr	Name of Lodging Facility \$
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. Payment Description. These grant funds suppransparency website, (compared). Identify the officials website.	Meal Expenses ated to travel: Provide a specific port expenses as California Health@	Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$O 0/15/2016 Dates (month, day, y the payment maintaining c.	ther Expenses \$\frac{100}{200} ear) and its agency a medical pr	Name of Lodging Facility \$
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. 2. Payment Description. These grant funds suppransparency website, (compared). 3. Identify the officials website.	Meal Expenses ated to travel: Provide a specific port expenses as California Health@	Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$O 0/15/2016 Dates (month, day, y the payment maintaining c.	ther Expenses \$\frac{100}{2} ear) and its agency a medical pr s)	Name of Lodging Facility Total Expenses O00.00 Total Expenses purpose and use. ice and quality
Transportation Provider Lodging Expenses 1 (b) Payment(s) not related. 2. Payment Description. These grant funds suppransparency website, (compared to the control of t	Meal Expenses ated to travel: Provide a specific port expenses as California Health() who used the payments of the payments	Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare	nses \$O 0/15/2016 Pates (month, day, y the payment maintaining c. 1 (See instruction	ther Expenses \$\frac{100}{2} ear) and its agency a medical pr s)	Name of Lodging Facility Total Expenses O00.00 Total Expenses purpose and use. ice and quality Department/Division
Transportation Provider Lodging Expenses 3.1 (b) Payment(s) not related. 2.2. Payment Description. These grant funds suppletransparency website, (colors) 3.3. Identify the officials we have Last Name Last Name	Meal Expenses ated to travel: Provide a specific port expenses as California Health(who used the payment First Name	Air Bus Check Applicable Boxe Transportation Experience description of sociated with a Care Compare ent in Section 3.	nses Del/15/2016 Dates (month, day, y) the payment maintaining e. 1 (See instruction Position/	ther Expenses \$\frac{100}{2} ear) and its agency a medical pr itle	Name of Lodging Facility Total Expenses O00.00 Total Expenses purpose and use. ice and quality Department/Division
\$\$. Lodging Expenses 3.1 (b) Payment(s) not related as a second funds supply transparency website, the conficials were second as the conficial second as the conficia	Meal Expenses ated to travel: Provide a specific port expenses as California Health() who used the payment of the reported payment of the reported payment is a second contact to the payment is a second contact to the reported payment is a	Air Bus Check Applicable Boxe Transportation Experience description of sociated with in Care Compare ent in Section 3.	nses \$O 0/15/2016 Pates (month, day, y the payment maintaining c. 1 (See instruction Position/	ther Expenses \$\frac{100}{\text{ear}}\$ and its agency a medical pr title Title TPPC regulation	Name of Lodging Facility Total Expenses 000.00 Total Expenses purpose and use. ice and quality Department/Division Department/Division
Transportation Provider Lodging Expenses 3.1 (b) Payment(s) not related as a support of the second funds support	Meal Expenses ated to travel: Provide a specific port expenses as California Health (who used the payment of the reported pay	Air Bus Check Applicable Boxe Transportation Experience description of sociated with in Care Compare ent in Section 3.	nses \$O 0/15/2016 Pates (month, day, y the payment maintaining c. 1 (See instruction Position/	ther Expenses \$\frac{100}{2} ear) and its agency a medical pr itle	Name of Lodging Facility Total Expenses O00.00 Total Expenses purpose and use. ice and quality Department/Division

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

Payment to Agency F	Report A Public	Document		PAYMENT TO AGENCY REPORT	
1. Agency Name			Date Stamp		
California Department of Ir	nsurance				
Division, Department, or Re	gion (if applicable)		For Official Use Unity		
Street Address					
300 Capitol Mall, Suite 170	00				
Area Code/Phone Number	Email		Amendment (explain	in comment section)	
916-492-3500	Janice.Rocco@insurance.ca.g	ov	-	,	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)	
Janice Rocco, Deputy Con	nmissioner, Health Policy and Re	form		(mental, 123) jeun	
2. Donor Name and Addr	ess		•		
☐ Individual		Ø Other	California Endowme	nt	
Last Name	First Name	_		Name	
1000 N. Alameda Street	Los Angel	es	CA State	90012 Zip Code	
	lic benefit corporation dedicated	to health care a		·	
	y's business activity (if business) or its nature a				
,	,				
the state of the s	identify the name of each source and	d the amount(s) r	eceived 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	N/A				
.,	Location of Travel			Dates (month, day, year)	
]Bus □ Aut	o ☐ Other		
Transportation Provider	Check Applical	ole Boxes		Name of Lodging Facility	
\$	\$ \$	\$		\$	
Lodging Expenses Meal Expenses Transportation Expenses			Other Expenses	Total Expenses	
3.1 (b) Payment(s) not re	elated to travel:	1/13/2017 \$ 20 Dates (month, day, year)		0,000.00 Total Expenses	
3.2. Payment Description	. Dravida a anasifia dasarintis			·	
-	Provide a specific description			-	
	oport expenses associated		ing a medical price	e and quality	
transparency website	, California Healthcare Com	pare.			
3.3. Identify the officials	who used the payment in Sect	ion 3.1 (See instru	uctions)		
None					
Last Name	Last Name First Name		sition/Title	Department/Division	
Last Name	First Name				
Last Name	First Name		sition/Title	Department/Division	
4. Verification					
	a of the renerted managed/s\:	n oomnlaass	ith EDDC resulations		
1 A //	e of the reported payment(s) as i	-	_	e 	
Janu M. Meco		Dep	uty Commissioner	04/26/17	
Signature	Print Name		Title	(month, day, year)	
Comment:					
(Use this space or an attachment	for any additional information)			EDDO E 224.44	

