Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp: FAIR POLITICAL PRACTICES COMM 24 JUL 30 PM 3:16

1. Agency Name

Mental Health Services Oversight and Accountability Commission

Division, Department, or Region (if applicable)

Street Address

1812 9th Street, Sacramento, CA 95811

Area Code/Phone Number	Email
916-500-0577	mhsoac@mhsoac.ca.gov

Agency Contact (name and title)

Norma Pate, Deputy Director, Administrative and Performance Manageme

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name) ■ Other Kooth USA LLC (Name)

1828 Walnut St, 3rd floor (Address) Kansas City (City) MO (State) 64108 (Zip Code)

Digital Innovator for Behavioral HealthCare partnering with gov't. & other health entities to improve mental health issues.

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 London, England (Location of Travel) June 23-29, 2024 (Dates (month, day, year))

United Airlines/Lyft/UK Tube (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Hilton Garden Inn SFO Hotel Amano, Covent Garden (Name of Lodging Facility)

$2,366.48	$227.00	$2,638.31	$_____	$5,231.79
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 Commission has been invited to serve on a panel for the Brain Capital UK Summit in London, England to speak on its work on Brain Capital and behavioral health innovations. Payments receive are reimbursements to cover flights, hotel stay and travel expenses, i.e. transport to/from the airport.

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

Last Name	First Name	Position/Title	Department/Division
Madrigal-Weiss	Mara	Commissioner	MHSOAC

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
Toby Ewing	Toby Ewing	Executive Director	7/23/24

Comment:

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

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3.1 (a) Travel Payment

London, England (Location of Travel) June 23-29, 2024 (Dates (month, day, year))

United Airlines/UK Tube/Taxi/Train (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) Hotel Amano, Covent Garden (Name of Lodging Facility)

$2,050.49 (Lodging Expenses) $227.00 (Meal Expenses) $3,331.18 (Transportation Expenses) $_____ (Other Expenses) $5,608.67 (Total Expenses)

3.1 (b) Payment(s) not related to travel: _____ (Dates (month, day, year)) $_____ (Total Expenses)

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Last Name	First Name	Position/Title	Department/Division
Ewing	Toby	Executive Director	MHSOAC

4. Verification

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Toby Ewing (Signature) Toby Ewing (Print Name) Executive Director (Title) 7/23/24 (month, day, year)

Comment:

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3.1 (a) Travel Payment

London, England (Location of Travel) June 23-29, 2024 (Dates (month, day, year))

United Airlines/Uber (Transportation Provider) ☐ Rail ■ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes) The Hoxton, Holton (Name of Lodging Facility)

$2,639.26	$227.00	$1,628.22	$_____	$4,494.48
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

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Brown	Bill	Commissioner	MHSOAC

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Signature	Print Name	Title	(month, day, year)
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