

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Covered California
Division, Department, or Region (if applicable)
Executive
Street Address
1601 Exposition Blvd, Sacramento, CA 95815
Area Code/Phone Number
(916) 228-8608
Email
allison.pease@covered.ca.gov
Agency Contact (name and title)
Allison Pease, Attorney
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 The Poynter Institute
Last Name First Name Name
801 Third Street South St. Petersburg FL 33701
Address City State Zip Code

Nonprofit journal/school that provides education and training to journalism students, academics, and professionals.
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
Washington, D.C. 10/2/17
Location of Travel Dates (month, day, year)
United Airlines Rail Air Bus Auto Other
Transportation Provider Check Applicable Boxes Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses \$1,000.00

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.
Reimburse travel to present at training seminar for journalists covering health care reform. Topic: CC's successes as exchange amidst fed/state policy changes, which is directly related to its functions to operate exchange & improve health by assuring access to affordable, high quality care.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Lee Peter Executive Director Executive
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 Karen Johnson Chief Deputy Executive Director 1/22/2018
Print Name Title (month, day, year)

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

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2. Donor Name and Address

Individual Other Patient-Centered Primary Care Collaborative
Last Name First Name Name
601 13th Street, NW, Suite 430 North Washington D.C. 33701
Address City State Zip Code

Nonprofit dedicated to advancing effective and efficient health system, promoting policies and sharing best practices.

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
Washington, D.C.
10/11/17 - 10/12/17
Location of Travel Dates (month, day, year)
United Airlines
Transportation Provider Rail Air Bus Auto Other Westin Wash. D.C. City Center
Name of Lodging Facility
\$ 359.00 \$ 1,962.38 \$ 2,321.28
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.

Reimburse travel to present as keynote speaker at annual educational conf. Topic: What can/ should purchasers do to promote primary care, which is directly related to Covered CA's functions to operate health ins. exchange & improve health by assuring access to affordable, high quality care.

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

Lee Peter Executive Director Executive
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 Karen Johnson Chief Deputy Executive Director 1/22/2018
Print Name Title (month, day, year)

Comment:

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