

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Health Benefit Exchange		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 560 J St., Suite 270, Sacramento, CA 95814			
Area Code/Phone Number 916-228-8269	E-mail Gabriel.Ravel@covered.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Gabriel Ravel, Assistant General Counsel			

2. Donor Name and Address

Individual _____ Other Ca Society for Healthcare Attorneys

Last Name: _____ First Name: _____ Name: _____
 1215 K St. Sacramento CA 95814
 Address City State Zip Code

CSHA provides legal education and promotes the exchange of ideas for California healthcare attorneys.

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) solicited or received by the donor for this gift:

_____ \$ _____	_____ \$ _____
Name Amount	Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 11/15/13 \$ 1000
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The gift represents the discounted membership for five employees selected by the California Health Benefit Exchange to become members of the donor organization and to receive the government rate to attend the CSHA's Spring health law seminar. The Exchange used this gift to further the legal education of those employees to the benefit of the Exchange.

Identify the officials for whom the payment was used:

See Attached

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

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


 _____ Peter V. Lee _____ Executive Director _____ 11/22/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Last Name	First Name	Title	Department
Eliav	Daniel	Attorney	Office of Legal Affairs
Martin	Jessie	Student Assistant	External Affairs
Rosen	Andrea	Attorney	Office of Legal Affairs
Ross	Brandon	Attorney	Office of Legal Affairs
Schaps	Michael	Attorney	Office of Legal Affairs