	A Public Docum	ICIIL	PAYMENT TO AGENCY REPO
Agency Name		Date Stamp	California O O
Covered California			Form 8U
Division, Department, or Region (if applicable)			For Official Use Only
Executive			
Street Address			
1601 Exposition Blvd., Sacramento, CA 95	5815		7
Area Code/Phone Number Email			
(916)228-8608 allison.pease	@covered.ca.gov	Amendment (e	xplain in comment section)
Agency Contact (name and title)		Date of Original Fil	ing:
Allison Pease, Attorney		-	(month, day, year)
Donor Name and Address			
	FI.0	University of Per	insylvania
Last Name	First Name	tner	Name
440 Franklin Building, 3451 Walnut Street	Philadelphia	PA	19104
Address	City	State	Zip Code
Academic institution.			
If "Other" is marked, describe the entity's business activity (if	business) or its nature and interests.		
S. Harriston C. 197 d			
If applicable, identify the name	of each source and the amoun	t(s) received by the dono	r for this payment:
\$_			\$
Name	Amount	Name	Amount
Payment Information (Complete Sec	The second secon	3)	₩
3.1 (a) Travel Payment Philadelph	ia, PA	9/1	3/17 - 9/15/17
	Location of Travel		Dates (month, day, year)
United Airlines	Rail ☑ Air ☐ Bus ☐	Auto Other The	Study at University City
Transportation Provider	Check Applicable Boxes		Name of Lodging Facility
\$\frac{484.88}{\text{Lodging Expenses}} \ \$\frac{146.28}{\text{Meal Expenses}}	\$ 1,074.20 Transportation Expenses	¢	_e 1,705.36
Lodging Expenses Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to travel:		\$	
	Dates (m	nonth, day, year)	Total Expenses
3.2. Payment Description. Provide a sp	· ·	nonth, day, year)	**************************************
	ecific description of the p	ayment and its agenc	y purpose and use.
3.2. Payment Description. Provide a specimburse travel to speak on panel	ecific description of the p	ayment and its agencivate sector leaders	y purpose and use. s at Penn Law School'
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange C	ecific description of the policy and state officials & properties on ference. Topics: state	ayment and its agencivate sector leaders	y purpose and use. s at Penn Law School' rve markets & future o
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Cexchanges, directly related to CC's	ecific description of the policy of the poli	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange	y purpose and use. s at Penn Law School's rve markets & future o
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Cexchanges, directly related to CC's	ecific description of the policy of the poli	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange	y purpose and use. s at Penn Law School's rve markets & future o
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Cexchanges, directly related to CC's	ecific description of the pales w/ state officials & proonference. Topics: state functions to operate he payment in Section 3.1 (See	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange	y purpose and use. at Penn Law School's rve markets & future o
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the page 1.5 Peter	ecific description of the pales w/ state officials & proonference. Topics: state functions to operate he payment in Section 3.1 (See	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange	y purpose and use. s at Penn Law School's rve markets & future o & improve health.
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the page 1.5 Peter	ecific description of the pals w/ state officials & prionference. Topics: state functions to operate he eayment in Section 3.1 (See	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions)	y purpose and use. s at Penn Law School's rve markets & future o & improve health. Executive
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the panel Lee Peter	ecific description of the pals w/ state officials & pronference. Topics: state functions to operate he payment in Section 3.1 (Section 3.1) Execut	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions) ive Director Position/Title	y purpose and use. s at Penn Law School's rve markets & future of & improve health. Executive Department/Division
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the part of the Peter Last Name First	ecific description of the pals w/ state officials & prionference. Topics: state functions to operate he eayment in Section 3.1 (See	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions)	y purpose and use. s at Penn Law School's rve markets & future o & improve health. Executive
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Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the panel Lee Peter Last Name First	ecific description of the pals w/ state officials & pronference. Topics: state functions to operate he exament in Section 3.1 (Section 3.1) Name	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions) ive Director Position/Title	y purpose and use. s at Penn Law School' rve markets & future of & improve health. Executive Department/Division
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context Exchanges, directly related to CC's 3.3. Identify the officials who used the part of the Peter Context Name First Verification	ls w/ state officials & pronference. Topics: state functions to operate he eayment in Section 3.1 (Section Name) Name	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions) ive Director Position/Title	y purpose and use. s at Penn Law School's rve markets & future of & improve health. Executive Department/Division
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context exchanges, directly related to CC's 3.3. Identify the officials who used the part of Last Name First Last Name First Verification I authorized the acceptance of the reported	ls w/ state officials & pronference. Topics: state functions to operate he eayment in Section 3.1 (Section Name) Name	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions) ive Director Position/Title Position/Title	y purpose and use. s at Penn Law School's rve markets & future of & improve health. Executive Department/Division Department/Division
Reimburse travel to speak on panel 5th Annual Health Ins. Exchange Context Exchanges, directly related to CC's and a state of the patents of the reported by the patents of the patents	ls w/ state officials & pronference. Topics: state functions to operate he eayment in Section 3.1 (Section Name Name Print Name	ayment and its agence ivate sector leaders es' actions to prese ealth ins. exchange instructions) ive Director Position/Title Position/Title ce with FPPC regulation Chief Deputy Director	y purpose and use. s at Penn Law School's rve markets & future of & improve health. Executive Department/Division

Payment to Agency R	eport	A Public Docum	ent		PAYMENT TO AGENCY REPOR
1. Agency Name	W			Date Stamp	California O O
Covered California				Date Starrip	Form 80'
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Executive					
Street Address					
1601 Exposition Blvd., Sacr	amento CA 05815				
Area Code/Phone Number	IEmail				
(916)228-8608	allison.pease@co	wered on any	□ A	mendment (explai	n in comment section).
Agency Contact (name and title)	Tamborn.pease@ee		— Date	of Original Filing:	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Allison Pease, Attorney			Dute	or Original rining.	(month, day, year)
	0				
. Donor Name and Addre	ss				
☐ Individual	V		ther Natio	nal Academy f	or State Health Policy
Last Name	First	Name			Name
10 Free Street, 2nd Floor		Portland		ME	04101
	h malia.ma-ll	City	100 March 100 Ma	State	Zip Code
Nonprofit org. of state healt	n policymakers dec	icated to helping states	achieve ex	cellence in hea	alth policy and practice.
If "Other" is marked, describe the entity's	s business activity (if busine	ess) or its nature and interests.			
If applicable, ic	dentify the name of ea	ach source and the amoun	t(s) received	by the donor for	this payment
			N. Z	-, -, -, -, -, -, -, -, -, -, -, -, -, -	and paymont.
Name	\$	Amount	N	ame	\$
Payment Information (C	omplete Section	s 3 1 (a or b) 3 2 3	3)		
3.1 (a) Travel Payment	Portland, ME	0.1 (0.01.0), 0.2, 0.	٥,	10/23/	17 - 10/24/17
3.1 (a) Haver Fayment		ocation of Travel		10/23/	Dates (month, day, year)
Southwest Airlines, Uber, Ly	vft	A CONTRACTOR OF THE CONTRACTOR		Portlo	nd Marriott Downtown
Transportation Provider	Rail		Auto 🗹	Othici	Name of Lodging Facility
190.25		Check Applicable Boxes 338.15			
\$\$_	Meal Expenses	\$ Transportation Expenses	\$	Expenses	\$ 528.40 Total Expenses
3.1 (b) Payment(s) not rela		Transportation Expenses	Other		Total Expenses
o. r (b) r ayment(s) not rea	ateu to traver.	Dates (m	onth, day, year)	\$	Total Expenses
3.2 Payment Description	Provide a specifi	*	5 \$555 \$	J :4	
3.2. Payment Description.					
Reimburse travel to spe	eak at plenary s	ession of 30th Annu	al State F	lealth Policy	Conf. Topics: state
s' flexible administration	n of health care	w/ expected decrea	sed feder	al funding, d	lirectly related to
CC's functions to opera	ite health ins. ex	change & improve l	health by	assuring acc	cess to care.
3.3. Identify the officials w	ho used the payn	nent in Section 3.1 (See	instructions)		
Lee	Peter	Execut	ive Director	Fx	ecutive
Last Name	First Name		Position/Title		Department/Division
Last Name	First Name		Position/Title		Department/Division
. Verification					
I authorized the acceptance	of the reported pay	ment(s) as in complianc	e with FPP	C regulations	
	Karen Johns				cl 1
Signature		Print Name	Chief Deput		4/18/18
		THIC HAITIE		Title	(month, day, year)
Comment: Received reimbu	rsement on 1/818.				
(Use this space or an attachment for	or any additional informa	ition)	79.9		EDDC Earn 004 (1) 4
					FPPC Form 801 (Jan/ advice@fppc.ca.go

Payment to Agend	y Report	A Public Do	cument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California O A
Covered California				Date Stamp	Form 801
Division, Department, o	or Region (if applicable)				For Official Use Only
Executive					
Street Address					
1601 Exposition Blvd.	, Sacramento, CA 95815				
Area Code/Phone Num					
(916)228-8608	allison.pease@co	overed.ca.gov		☐ Amendment (e	explain in comment section)
Agency Contact (name ar	nd title)			Date of Original Fi	
Allison Pease, Attorne	ey .		· ·		(month, day, year)
2. Donor Name and A	ddress				
☐ Individual	£		☑ Other	National Associa	ation of Health Underwriters
					Name
1212 New York Ave N	ivv, Suite 1100	Washington		D. Stat	
	inting health inc. agents s		a advantion		zip Code promoting affordable ins.
	e entity's business activity (if busine			ai opportunities &	promoting aπordable ins.
	o chiny o business donardy (ii busine	199) Of its flature and lifte	16515.		
	able, identify the name of ea	ach source and the	amount(s) re	eceived by the dono	or for this payment:
					¢
Name		Amount		Name	Amount
3. Payment Information	on (Complete Section	s 3.1 (a or b), 3	3.2, 3.3)		
3.1 (a) Travel Paymer	The second secon			2/2	26/18 - 2/28/18
		ocation of Travel		·	Dates (month, day, year)
United Airlines		☑ Air ☐ Bus	s 🗆 Auto	Other	
Transportation Pro		Check Applicable Box			Name of Lodging Facility
Q	¢	1,624.40	œ.		1,624.40
Lodging Expenses	Meal Expenses	Transportation Expe	enses D_	Other Expenses	Total Expenses
3.1 (b) Payment(s) no	ot related to travel:			\$	
			Dates (month, d	ay, year)	Total Expenses
3.2. Payment Descrip	otion. Provide a specifi	c description of	the payme	ent and its agend	y purpose and use.
Reimburse travel t	o speak at 2018 Cap	vital Conf. Tani	ce, cricco	secon of CC ut	ilization of
					rectly related to CC's
functions to operat	te health ins. exchange	ge & improve t	nealth hy	assuring acces	es to care
					ss to care.
	ials who used the paym	ient in Section 3	.1 (See instruc	tions)	
Lee	Peter	E	xecutive D	irector	Executive
Last Name	First Name		Posit	ion/Title	Department/Division
Last Name	First Name		Posit	tion/Title	Donother MC in in
	, not reality		FOSI	ion/fige	Department/Division
Vorification			W. INT		
. Verification			29		
I authorized the accept	ance of the reported pay		npliance wit	h FPPC regulatio	ons.
===	Karen Johns	son	Chief	Deputy Director	418/18
Signature		Print Name		Title	(month, day, year)
					(,), jour,
Comment:					(manning day), youry

Payment to Agency Re	eport A Publi	c Document	t	DAVMENT TO A CENOV DEDO
1. Agency Name			Date Stamp	California O
Covered California	5000 - 50000000000000000000000000000000			Form 80'
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Executive				
Street Address			1	
1601 Exposition Blvd., Sacr	amento, CA 95815			
Area Code/Phone Number	Email		Amondment (evole	in in comment section)
(916)228-8608	allison.pease@covered.ca.go	V		
Agency Contact (name and title)		50	Date of Original Filing	(month, day, year)
Allison Pease, Attorney				(monal, day, year)
2. Donor Name and Addres	SS			
☐ Individual		Ø Other	National Coalition of	n Health Care
Last Name 1111 14th Street, NW, Suite	First Name	47.00m		Name
Address	900 Washingto	on	D.C. State	20005 Zip Code
Non-profit org. dedicated to	bringing together stakeholders	to achieve affor		88
	business activity (if business) or its nature		dable, flight-value flea	aim care system.
If applicable, id	lentify the name of each source an	id the amount(s) re	eceived by the donor fo	r this payment:
	\$			\$
Name	Amount		Name	Amount
	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Los Angeles, CA		3/28/1	
Southwest Airlines, Uber	Location of Travel			Dates (month, day, year)
Transportation Provider		☐ Bus ☐ Auto	Other	
Transportation Frontier	Check Applica			Name of Lodging Facility
\$ \$_ Lodging Expenses	Meal Expenses S 504.81	on Expenses \$_	Other Expenses	\$ 504.81 Total Expenses
3.1 (b) Payment(s) not rela		on Expenses		Total Expenses
o. 1 (b) 1 ayment(s) not rea	ited to traver.	Dates (month, d	\$	Total Expenses
3.2. Payment Description.	Provide a specific description			10
Reimburse travel to spe affordability of high qua health ins. exchange &	eak at Southern CA Health lity care & coverage, whic improve health by assurin	n Care Summi th is directly re ng access to a	it. Topics: strateg elated to CC's fun iffordable, high qu	ies for improving ctions to operate
	ho used the payment in Sect	ion 3.1 (See instruc	ctions)	
Lee	Peter	Executive D	irector Ex	recutive
Last Name	First Name	Posit	tion/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
. Verification				
	of the remarked reservoir			
i authorized the acceptance of	of the reported payment(s) as in			
Cincil	Karen Johnson	Chief	Deputy Director	4/18/18
Signature	Print Name	Walter Comment	Title	(month, day, year)
Comment:				*
(Use this space or an attachment fo	r any additional information)			