Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

State of California, Managed Risk Medical Insurance Board

Division, Department, or Region *(if applicable)*

Street Address

1000 G Street, Suite 450

Area Code/Phone Number

(916) 324-4695

E-mail

Agency Contact *(name and title)*

Diana Rushton, Filing Officer

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

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

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other State Coverage Initiatives (SCI) — Name

1150 17th St. NW, Suite 600 — Address
Washington — City
DC — State
20036 — Zip Code

SCI works with states to plan, execute, and maintain health insurance expansions, as well as to improve the availability and affordability of health care coverage.

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)* _____ *(month, day, year)* $ _____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Denver, CO

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
July 17-18, 2008	$777.00	$457.10	$54.00	$148.62	$1436.72

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

Attended National Academy for State Health Policy (NASHP), State Coverage Initiatives (SCI) "Section 125 Plan Meeting" in Denver, Colorado.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Brunner	Seth	Senior Staff Counsel	Executive
Lopez	Janette	Chief Deputy Director	Executive

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.

Signature of Agency Head or Designee — Lesley Cummings (Print Name) — Executive Director (Title) — 8-13-08 *(month, day, year)*

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

Gift to Agency Report Instructions

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This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website *www.fppc.ca.gov.*

When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886 E-mail: Form 801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

Part 3. Payment Information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA co-sponsored solar energy seminar held in Washington, D.C."

Part 4. Verification

The agency head or his or her designee must sign the form.

General Information

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other inter-agency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.