

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Entire State Treasurer's Office (STO)			
Street Address P.O. Box 942809, Sacramento, CA 94209-0001			
Area Code/Phone Number 916-653-2995	Email Spencer.Walker@sto.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Spencer Walker, Esq - General Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Logan Capital Advisors

_____ Last Name First Name _____ Name
 1927 Adams Avenue San Diego CA 92116
 Address City State Zip Code

Multifamily investment, development and management

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

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 1,953.75
 Dates (month, day, year) Total Expenses

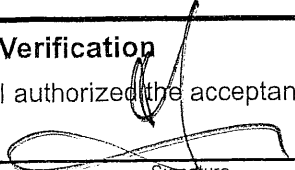
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 4/3/2020.

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

Ma	Fiona	California State Treasurer	Employees working at STO
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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.

 _____ Fiona Ma _____ California State Treasurer _____
 Signature Print Name Title 4/3/20
 (month, day, year)

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

FPPC Form 801 (Jan/18)
 advice@fppc.ca.gov

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PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer Division, Department, or Region (if applicable) Entire State Treasurer's Office (STO) Street Address P.O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number Email 916-653-2995 spencer.walker@sto.ca.gov Agency Contact (name and title) Spencer Walker, Esq. - General Counsel		Date Stamp California 801 Form For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

Individual Last Name _____ First Name _____ Other Sightglass Management, Inc. Name _____
 699 Lewelling Blvd, Ste. 146-324 San Leandro CA 95578
 Address City State Zip Code
 Management Services
 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

_____ Location of Travel _____ Dates (month, day, year) _____

Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility _____

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel:

_____ 04/10/2020 \$ 2,000.00
 _____ Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

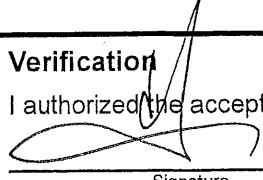
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 04/10/2020.

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

Ma	Fiona	California State Treasurer	Employees working at STO
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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.


 _____ Fiona Ma California State Treasurer _____
 Signature Print Name Title 5/6/20
 (month, day, year)

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

FPPC Form 801 (Jan/18)
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Area Code/Phone Number 916-653-2995	Email spencer.walker@sto.ca.gov		
Agency Contact (name and title) Spencer Walker, Esq. - General Counsel		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Hirsch William Other _____
Last Name First Name Name

3920 Birch Street, Ste. 103 Newport Beach CA 92660
Address City State Zip Code

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

04/16/2020 \$ 2,003.91
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 04/17/2020.

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

<u>Ma</u>	<u>Fiona</u>	<u>California State Treasurer</u>	<u>Employees working at STO</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

[Signature] Fiona Ma California State Treasurer 5/6/20
Signature Print Name Title (month, day, year)

Comment:

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



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1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State Treasurer			
Division, Department, or Region (if applicable)			
Entire State Treasurer's Office (STO)			
Street Address			
P.O. Box 942809, Sacramento, CA 94209-0001			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment's section) Date of Original Filing: _____ (month, day, year)	
916-653-2995	spencer.walker@sto.ca.gov		
Agency Contact (name and title)			
Spencer Walker, Esq. - General Counsel			

2. Donor Name and Address

Individual Fayne Steven Other _____
 Last Name First Name Name

2710 Divisadero Street San Francisco CA 94123
 Address City State Zip Code

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

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 04/23/2020 \$ 1,970.84
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

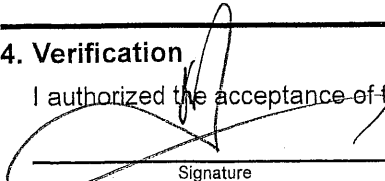
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 4/24/2020.

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

<u>Ma</u>	<u>Fiona</u>	<u>California State Treasurer</u>	<u>Employees working at STO</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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.

 _____ Fiona Ma California State Treasurer 05/06/20
 Signature Print Name Title (month, day, year)

Comment:

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



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California Form 801
For Official Use Only

1. Agency Name

California State Treasurer
 Division, Department, or Region (if applicable)
 Entire State Treasurer's Office (STO)
 Street Address
 P.O. Box 942809, Sacramento, CA 94209-0001
 Area Code/Phone Number Email
 916-653-2995 spencer.walker@sto.ca.gov
 Agency Contact (name and title)
 Spencer Walker, Esq. - General Counsel

Date Stamp

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual _____ Other USA Properties Fund, Inc.
 Last Name First Name Name
 3200 Douglas Blvd., Ste. 200 Roseville CA 95661
 Address City State Zip Code

Develop, build, and manage multifamily communities.
 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

_____ Location of Travel _____ Dates (month, day, year)
 _____ Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

04/30/2020 \$ 1,951.55
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 05/1/2020.

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

Ma	Fiona	California State Treasurer	Employees working at STO
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ 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.

 _____ Fiona Ma California State Treasurer 05/06/20
 Signature Print Name Title (month, day, year)

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

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Division, Department, or Region (if applicable) Entire State Treasurer's Office (STO)			
Street Address P.O. Box 942809, Sacramento, CA 94209-0001			
Area Code/Phone Number 916-653-2995	Email spencer.walker@sto.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Spencer Walker, Esq. - General Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual Keefe James Other _____
Last Name First Name Name

P.O. Box 648 Orinda CA 94563
Address City State Zip Code

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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

05/6/2020 \$ 1,980.76

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 05/7/2020.

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

<u>Ma</u>	<u>Fiona</u>	<u>California State Treasurer</u>	<u>Employees working at STO</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

	<u>Fiona Ma</u>	<u>California State Treasurer</u>	<u>5/6/20</u>
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:
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PAYMENT TO AGENCY REPORT

1. Agency Name
California State Treasurer
Division, Department, or Region (if applicable)
Entire State Treasurer's Office (STO)
Street Address
P. O. Box 942809, Sacramento, CA 94209-0001
Area Code/Phone Number
916-653-2995
Email
Spencer.Walker@sto.ca.gov
Agency Contact (name and title)
Spencer Walker, Esq.- General Counsel
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
Amcal Multi-Housing, Inc.
30141 Agoura Road, Suite 100 Agoura Hills CA 91301
Design, finance, build and manage affordable housing projects
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Location of Travel
Dates (month, day, year)
Transportation Provider
Rail Air Bus Auto Other
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
05/15/2020
\$ 2,000.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Due to COVID-19 stay-at-home order, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go /brown bag lunches on 5/15/20.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Ma Fiona California State Treasurer Employees working at STO
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: Fiona Ma
Print Name: Fiona Ma
Title: California State Treasurer
Date: 7/16/20
(month, day, year)

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



Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name
California State Treasurer
Division, Department, or Region (if applicable)
Entire State Treasurer's Office (STO)
Street Address
P.O. Box 942809, Sacramento, CA 94209-0001
Area Code/Phone Number
916-653-2995
Email
Spencer.Walker@sto.ca.gov
Agency Contact (name and title)
Spencer Walker, Esq - General Counsel
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 Hernandez Jose Other
Last Name First Name Name
1901 Landis Street Burbank CA 91504
Address City State Zip Code

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
Location of Travel
Dates (month, day, year)
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
05/21/2020 \$ 2,000.06
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 5/22/2020.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Ma Fiona California State Treasurer Employees working at STO
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 Fiona Ma California State Treasurer 7/9/20
(month, day, year)

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



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Street Address P.O. Box 942809, Sacramento, CA 94209-0001			
Area Code/Phone Number 916-653-2995	Email Spencer.Walker@sto.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Spencer Walker, Esq - General Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Upward Housing LLC

_____ Last Name First Name _____ Name

299 Bellefontaine Pasadena CA 91005

Address City State Zip Code

Housing

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

_____ Location of Travel _____ Dates (month, day, year)

_____ Transportation Provider Rail Air Bus Auto Other _____ Name of Lodging Facility

Check Applicable Boxes

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 1,989.03

_____ Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 5/28/2020.

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

Ma	Fiona	California State Treasurer	Employees working at STO
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ 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 _____ Fiona Ma _____ California State Treasurer _____ 7/9/20 _____
(month, day, year)

Comment:
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Agency Contact (name and title) Spencer Walker, Esq - General Counsel			

2. Donor Name and Address

Individual Kazan Kyle Other _____
Last Name First Name Name

3645 Long Beach Blvd. Long Beach CA 90807
Address City State Zip Code

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:

_____ \$ _____	_____ \$ _____
<small>Name Amount</small>	<small>Name Amount</small>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

_____ 06/11/2020 \$ 2,000.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 6/11/2020.

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

<u>Ma</u>	<u>Fiona</u>	<u>California State Treasurer</u>	<u>Employees working at STO</u>
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

[Signature] Fiona Ma California State Treasurer 7/9/20
Signature Print Name Title (month, day, year)

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



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1. Agency Name
California State Treasurer
Division, Department, or Region (if applicable)
Entire State Treasurer's Office (STO)
Street Address
P.O. Box 942809, Sacramento, CA 94209-0001
Area Code/Phone Number
916-653-2995
Email
Spencer.Walker@sto.ca.gov
Agency Contact (name and title)
Spencer Walker, Esq - General Counsel
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 March & Ash
3499 Heatherwood Drive
El Cajon
CA
92019
Address
City
State
Zip Code
Housing
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:

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Location of Travel
Dates (month, day, year)
Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses
3.1 (b) Payment(s) not related to travel:
06/17/2020
\$ 2,000.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 6/18/2020.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Ma Fiona California State Treasurer Employees working at STO
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
Fiona Ma California State Treasurer
Print Name Title
7/9/20
(month, day, year)

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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
California State Treasurer
Division, Department, or Region (if applicable)
Entire State Treasurer's Office (STO)
Street Address
P.O. Box 942809, Sacramento, CA 94209-0001
Area Code/Phone Number
916-653-2995
Email
Spencer.Walker@sto.ca.gov
Agency Contact (name and title)
Spencer Walker, Esq - General Counsel
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 [x] Czucker Edward & Elissa Other []
Last Name First Name Name
1421 Marine Way Oxnard CA 93035
Address City State Zip Code

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
Location of Travel
Dates (month, day, year)
Transportation Provider [] Rail [] Air [] Bus [] Auto [] Other
Check Applicable Boxes
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
06/24/2020 \$ 1,954.86
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 6/25/2020.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Ma Fiona California State Treasurer Employees working at STO
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 Fiona Ma California State Treasurer 7/9/20
(month, day, year)

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