

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		RECEIVED Date Stamp PRACTICES COMMISSION 2020 JUL 22 AM 9:42	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		
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 _____ 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) _____

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:

04/03/2020 \$ 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	<u>4/3/20</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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

Payment to Agency Report

A Public Document

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

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
2020 JUL 22 AM 9:42

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 Sightglass Management, Inc.
Last Name First Name 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) _____
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: 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.

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

Comment:

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

Clear Page

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

RECEIVED FAIR POLITICAL PRACTICES COMMISSION Date Stamp: 22 JUL 22 AM 9:42

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] Hirsch William Other [] 3920 Birch Street, Ste. 103 Newport Beach CA 92660

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

3.1 (b) Payment(s) not related to travel: 04/16/2020 \$ 2,003.91

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)

Ma Fiona California State Treasurer Employees working at STO

4. Verification

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

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

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

Clear Page

Payment to Agency Report

A Public Document

RECEIVED
FAIR POLITICAL
PROMOTIONS COMMISSION
Date Stamp

PAYMENT TO AGENCY REPORT

1. Agency Name

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 916-653-2995
Email spencer.walker@sto.ca.gov
Agency Contact (name and title)
Spencer Walker, Esq. - General Counsel

2020 JUL 22 AM 9:42

Amendment (explain in comment section)

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

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)

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:

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)

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 05/06/20
Signature Print Name Title (month, day, year)

Comment:

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

Clear Page

Payment to Agency Report

A Public Document

RECEIVED FAIR POLITICAL PRACTICES COMMITTEE PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State Treasurer		05/20 JUL 22 AM 9	
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 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 _____ 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
 Check Applicable Boxes

Transportation Provider: _____ 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.

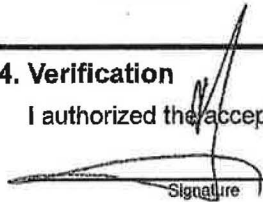
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 05/1/2020.

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.


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

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

Clear Page

Payment to Agency Report

A Public Document

RECEIVED
SAIR POLITICAL
PRACTICES COMMISSION
Date Stamp

PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		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	
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 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:

05/6/2020 \$ 1,980.76
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 05/7/2020.

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.

 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)

Clear Page

Payment to Agency Report

A Public Document

RECEIVED
FPPC POLITICAL
PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		RECEIVED FPPC POLITICAL PAYMENT TO AGENCY REPORT Date Stamp 2020 JUL 22 AM 9:42 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	
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 _____ Other Amcal Multi-Housing, Inc.

Last Name: _____ First Name: _____ Name: _____
 30141 Agoura Road, Suite 100 Agoura Hills CA 91301
 Address City State Zip Code
 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:

_____	\$ _____	_____	\$ _____
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:

_____ 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
_____	_____	_____	_____
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 7/16/20
 Signature Print Name Title (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

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2020 JUL 22 AM 9:42

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 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 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 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
PROCESSED
FAIR POLITICAL
PRACTICES COMMISSION

2020 JUL 22 AM 9:42

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 _____
Last Name First Name
299 Bellefontaine Pasadena CA 91005
Address City State Zip Code

Other Upward Housing LLC
Name
CA 91005
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: 05/28/2020 \$ 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
Print Name Title (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
RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

2020 JUL 22 AM 9:42

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 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:

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
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)

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 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
FAIR POLITICAL PRACTICES COMMISSION
2020 JUL 22 AM 9:42

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 or Other March & Ash
3499 Heatherwood Drive El Cajon CA 92019

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
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 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

RECEIVED FAIR PRACTICES COMMISSION 2020 JUL 22 AM 9:42

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 Czuker Edward & Elissa Other 1421 Marine Way Oxnard CA 93035

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 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

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 Print Name Title (month, day, year)

Comment:

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