

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		RECEIVED FIDUCIARY PRACTICES COMMISSION 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 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

_____	_____	_____
Transportation Provider	Location of Travel	Dates (month, day, year)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	_____
_____	_____	_____
\$ Lodging Expenses	\$ Meal Expenses	\$ Transportation Expenses
_____	_____	_____
_____	_____	_____
_____	_____	\$ Total Expenses

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

_____	\$ _____
Dates (month, day, year)	Total Expenses

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

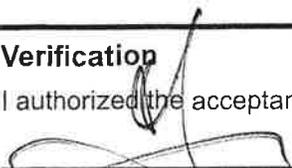
Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However, the STO is an essential service agency and we have employees who have critical work functions and cannot telecommute. This payment is for 150 grab & go / brown bag lunches on 4/3/2020.

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	A/3/20
Signature	Print Name	Title	(month, day, year)

Comment:

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

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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
2020 JUL 22 AM 9:42

California Form 801

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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)

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:

04/10/2020

Dates (month, day, year)

\$ 2,000.00

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

Last Name

Fiona

First Name

California State Treasurer

Position/Title

Employees working at STO

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

Print Name

California State Treasurer

Title

5/6/20
(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

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Agency Contact (name and title)

Spencer Walker, Esq. - General Counsel

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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:

_____ \$ _____ Name \$ _____
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: 04/16/2020 \$ 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)

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 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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Date Stamp

PAYMENT TO AGENCY REPORT

1. Agency Name

California Form 801

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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 _____ \$ _____
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)

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)

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Payment to Agency Report

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RECEIVED FAIR POLITICAL PRACTICES COMMITTEE PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer		Date Stamp 2020 JUL 22 AM 9	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 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) _____

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:

04/30/2020 \$ 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:

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Date Stamp

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

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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:

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:

05/6/2020 \$ 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)

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 5/6/20
Signature Print Name Title (month, day, year)

Comment:
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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			

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

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: _____ \$ 2,000.00
 Dates (month, day, year): 05/15/2020 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.

Signature:  _____
 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)

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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

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Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Hernandez Jose Other 1901 Landis Street Burbank CA 91504

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

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

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

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2020 JUL 22 AM 9:42

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Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Upward Housing LLC

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

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:

05/28/2020

Dates (month, day, year)

\$ 1,989.03

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

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: 7/9/20

Comment:

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

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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

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Email

Spencer.Walker@sto.ca.gov

Agency Contact (name and title)

Spencer Walker, Esq - General Counsel

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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
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)

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
Fiona Ma California State Treasurer
7/9/20 (month, day, year)

Comment:
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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

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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

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Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

March & Ash

Name

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:

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:

06/17/2020

Dates (month, day, year)

\$ 2,000.00

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

Print Name

California State Treasurer

Title

7/9/20 (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

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Amendment (explain in comment section)

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

2. Donor Name and Address

Individual 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) _____
_____ 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: 06/24/2020 \$ 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

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
Signature Print Name Title (month, day, year)

Comment:

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