ayment to Agency Re	sport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California g n 🗸
California State Treausrer				Form
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Entire State Treasurer's Offi	ce (STO)			
Street Address				
P.O. Box 942809, Sacrame	nto CA 94209-0001			
Area Code/Phone Number	Email			
	Spencer.Walker@sto.ca.gov		Amendment (exp	plain in comment section)
916-653-2995	Spencer.vvalker@sto.ca.gov		Date of Original Filir	ad.
Agency Contact (name and title)		,	Date of Original Fill	(month, day, year)
Spencer Walker, Esq - Gen	eral Counsel			
2. Donor Name and Addre	SS			
		CT Other	ogan Capital Adv	visors
☐ Individual ————————————————————————————————————	First Name	I Other	· · · · · · · · · · · · · · · · · · ·	Name
1927 Adams Avenue	San Diego		CA	92116
Address	City		State	Zip Code
Multifamily investment, dev	elopment and management			
-	's business activity (if business) or its nature ar	nd interests.		
If applicable, i	dentify the name of each source and	d the amount(s) rec	eived by the donor	for this payment:
	<b>¢</b>			\$
Name	Amount		Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	.•			
3.1 (a) Haver Fayment	Location of Travel		<b>EXPERIMENT</b>	Dates (month, day, year)
			<b>=</b> 00	
Transportation Provider		∃Bus □ Auto	Other	Name of Lodging Facility
na leberario	Check Applicab	ole poxes		
\$\$	Meal Expenses \$\\ \text{Transportatio}	\$	Other Expenses	\$ Total Expenses
Lodging Expenses		04/03/2020	£ 1,95	
3.1 (b) Payment(s) not re	lated to travel:	Dates (month, day	Ψ	Total Expenses
		, , ,		•
•	. Provide a specific description			
Due to COVID-19 stay	-at-home orders, all restaur	rants around o	ur office are cl	osed. However, the
STO is an esssential s	ervice agency and we have	e employees w	ho have critica	al work functions and
cannot telecommute.	This payment is for 150 gra	ab & go / browr	n bag lunches	on 4/3/2020.
	who was dath a maximum time Coat	ion 2.1 to the time	<b>.</b>	1
3.3. Identity the officials	who used the payment in Secti			
Ма	Fiona	California Sta		Employees working at STC
Last Name	First Name	Position	on/Title	Department/Division
	First Name	Donition	on/Title	
Last Name	riist Name	FOSILI	on/ rue	<b>Бераннона Билагон</b>
		<u> </u>		
4. Verification				
Lauthorized the acceptance	e of the reported payment(s) as i	n compliance with	n FPPC regulation	ns. // /
, assistant as a second second	Fiona Ma		nia State Treasur	<i>A</i> //—• // •
	Print Name		Title	(month, day year)
Signature	riint indine		TIGO	(ताञ्चाता, वयम् मृज्या)
Comment:				
(Use this space or an attachment	for any additional information)			FPPC Form 801 (Jan/

MATERIAL PROPERTY.

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

California State Treasurers Office (STO)	Payment to Agency Re	port	A Public Do	ocument		PAYMENT TO AGENCY REPO
California State Treasurer's Office (STO) Division, Department, or Region (in applicable) Entire State Treasurer's Office (STO) Streat Address P.O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number   Email   spencer.walker@sto.cs.gov   Date of Original Filling:   (month, day, year)  916-653-2995   Spencer Walker, Esq General Counsel  2. Donor Name and Address   Donor Name and Name   Delete (Name and Name   Delete (Name and Name   Delete (Name and Name   Delete (North, day, year)   Delete					Date Stamp	California Qn
Division, Department, or Region of experiented						Form OU
Entire State Treasurer's Office (STO)  Street Address P.O. Box 942809, Sacramento, CA 94209-0001  Area Codo/Phone Number   Email   spencer.walker@sto.ca.gov   Date of Original Filing:   (morifli, day, year)  Spencer Walker, Esq General Counsel  2. Donor Name and Address   Given   San Leandro   CA   95578   CA   95578   CA   25 Dode  Management Services   Frist Name   San Leandro   CA   95578   CA   95578   CA   25 Dode  Management Services   If applicable, identify the name of each source and the amount(s) received by the donor for this payment.    Name   San Leandro   State   Zep Dode    Name   San Leandro   State   Ca   Ca   Ca   Ca   Ca   Ca   Ca   C		on (if applicable)	······································			For Official Use Only
Street Address   P.O. Box 942809, Sacramento, CA 94209-0001   Area Code/Phone Number   Small   Spencer.walker@sto.ca.gov   Date of Original Filing:   (month, day, year)   Spencer Walker, Esq General Counsel   Date of Original Filing:   (month, day, year)   Date of Original Expenses   (month, day, year)				. · · · · · · · · · · · · · · · · · · ·	at a dec	in the stage of th
P.O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number   Email   Spencer walker@sto.ca.gov   Date of Original Fitting:   (morth, day, yeat)   Agency Contact (name and stile)   Spencer Walker, Esq General Counsel    2. Donor Name and Address   Other   Sightglass Management, Inc.   Name   San Leandro   CA   95578   Agatress   Other   State   Zip Code   Management Services   If applicable, identify the name of each source and the amount(s) received by the donor for this payment.						
Area Code/Phone Number 916-653-2995 Spencer Walker, Esq General Counsel  2. Donor Name and 800 Spencer Walker, Esq General Counsel  2. Donor Name and Address Individual Last Name First Name San Leandro CA 95578 Address CNy State Zip Code Management Services If "Other" is marked, discrible the entity's business activity (if business) or its nature and interests.    Amount Name Name Name Name Name Name Name Name	√ (1) Fig. 1. Control (4) Each	nto, CA 94209-0001	1			
Spencer Walker, Esq General Counsel   Date of Original Filling:						
Agency Contact (name and title) Spencer Walker, Esq General Counsel  2. Donor Name and Address    Individual   Last Name		spencer.walker@s	sto.ca.gov	:	Amendment (e	explain in comment section)
Spencer Walker, Esq General Counsel					Date of Original Fi	iling:
2. Donor Name and Address  □ Individual  □ Last Name 699 Lewelling Blvd, Ste. 146-324  San Leandro CA 95578  Address City State Zip Code  Management Services  If "Other" is marked, describe the critity'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 Name Name Name Name Name Nam		eral Counsel				(month, day, year)
Individual   Last Name   First Name   God Lewelling Blvd, Ste. 146-324   San Leandro   CA   95578	•					
CA   95578	2. Donor Name and Addres	<b>3S</b>			Ciabtalana Mana	acamant Inc
699 Lewelling Blvd, Ste. 146-324 San Leandro CA 95578  Address Management Services  Management Services  If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    Name	☐ Individual	Final		Other	Signiglass Mana	
Management Services   Management   Mame   Management   Mame   Management   Managemen	Last Name				Ċ	
Management Services    Management Services     Managem		J-024				
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    Name						•
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:    Name   Samount   Samount   Samount   Name   Samount   S	A Committee of the Comm	husiness activity (if husine	es) or its nature and int	taracte		
3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment    Coasion of Travel   Dates (month, day, year)	If "Other" is marked, describe the entity s	business activity (ii busines	ss) or its flature and in	icicota,		
3.1 (a) Travel Payment    Cocation of Travel   Dates (month, day, year)	If applicable, ic	dentify the name of ea	ach source and the	e amount(s) re	eceived by the done	or for this payment:
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Comment:   Dates (month, day, year)   Dates (month, day, year)   Dates (month, day, year)     Dates (month, day, year)     Dates (month, day, year)     Name of Lodging Facility	•	•	, ,,	, ,		
Transportation Provider    Check Applicable Boxes   Name of Lodging Facility	3.1 (a) Haverr aymont	Lo	ocation of Travel		<u></u>	Dates (month, day, year)
Transportation Provider  Check Applicable Boxes  \$		□ Poil	□ Air □ D	us 🗀 Aut	o □ Other	
\$\frac{1}{\text{Lodging Expenses}}\$ \$\frac{1}{\text{Lodging Expenses}}\$ \$\frac{1}{\text{Total Expenses}}\$ \$\	Transportation Provider	[] Naii			O Motilei	Name of Lodging Facility
3.1 (b) Payment(s) not related to travel:    O4/10/2020   Dates (month, day, year)   Total Expenses   Total Expenses   Total Expenses			•	•		<b>c</b>
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 an 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 a 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 (month, day year)  Total Expenses  Total Expense	\$ \$.  Lodging Expenses	Meal Expenses	5. Transportation Ex	penses \$	Other Expenses	Total Expenses
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Due to COVID-19 stay-at-home orders, all restaurants around our office are closed. However th STO is an essential service agency and we have employees who have critical work functions an 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 a 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 (month, day Comment:	3.2 Payment Description	. Provide a specifi	ic description o	of the paym	ent and its agen	cy purpose and use.
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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  Comment:	3.3. Identify the officials v	vho used the payn	nent in Section	3.1 (See instru	uctions)	
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  Comment:	Ma	Fiona		California S	State Treasurer	Employees working at S
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  Comment:	Last Name	First Name	e	Pos	sition/Title	Department/Division
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Fiona Ma California State Treasurer Signature Print Name California State Treasurer Title (month, day	Lauthorized be acceptance	of the reported pay	vment(s) as in co	ompliance w	ith FPPC regulati	ions. / /
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ayment to Agency R	eport A Public Docum	ent	PAYMENT TO AGENCY REPORT
. Agency Name		Date Stamp	California 201
California State Treasurer			Form OU I
Division, Department, or Reg	ion (if applicable)		For Official Use Only
Entire State Treasurer's Off	fice (STO)	Andrew magning of the control of the	
Street Address			·
P.O. Box 942809, Sacrame	into CA 94209-0001	·	·
Area Code/Phone Number			
	spencer.walker@sto.ca.gov	Amendment (explain	in comment section)
916-653-2995	spericer.warker@sto.ca.gov	Date of Original Filing:	
Agency Contact (name and title)		2 and an arriginal raining.	(month, day, year)
Spencer Walker, Esq Ger	neral Counsel		
. Donor Name and Addre	SS		
Hirsch	William	ther	
Individual 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.		
	talender alle and the control of the	14/a) magairead har tha adaman t	this normant
If applicable, i	identify the name of each source and the amoun	it(s) received by the donor for	this payment.
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Due to COVID-19 stay	ialeu lo liavei.	SOUTHER EXPENSES  Other Expenses  2,003.  Pointh, day, year)  Payment and its agency pointh our office are close	Total Expenses urpose and use. ed. However the
cannot telecommute.	This payment is for 150 grab & go / t who used the payment in Section 3.1 (Se	brown bag lunches on	04/17/2020.
Ma			nployees working at STO
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
. Verification I authorized the acceptance	e of the reported payment(s) as in complian	nce with FPPC regulations. California State Treasurer	5/4/2
	Fiona Ma	Title	(month, day, year)
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Comment:			
(Use this space or an attachment	for any additional information)		
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Payment to Agency R	choir Yi	ublic Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
California State Treasurer				Form OUI
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Entire State Treasurer's Off	fice (STO)	1		
Street Address			,	
P.O. Box 942809, Sacrame	ento, CA 94209-0001			
Area Code/Phone Number	Email			
916-653-2995	spencer.walker@sto.ca.	gov .	Amendment (explai	n in comment'section)
Agency Contact (name and title)	_ ·	90.	Date of Original Filing	
Spencer Walker, Esq Gel				(month, day, year)
				. "
. Donor Name and Addre	•			
☑ Individual Fayne	Steven	Other		
Last Name	First Name	Francisco	CA	Name 94123
2710 Divisadero Street	City	Francisco	State	Zip Code
Address	Oly			Zip osas
If "Other" is marked, describe the entity	de le colonia de la colonia de	nature and interests		
If "Other" is marked, describe the entity	's business activity (ii business) or its	flature and interests.		
If applicable,	identify the name of each sou	rce and the amount(s) re	eceived by the donor fo	r this payment.
·	Φ.	•		<b>c</b>
Name	Amount		Name	
3. Payment Information (C	Complete Sections 3.1	(a or b), 3.2, 3.3)		
•	omplete dedicate of	(4 0, 2), 512, 513,		
3.1 (a) Travel Payment	Location o	f Travel	<del>-</del>	Dates (month, day, year)
			- CON	
Transportation Provider	Rail A	ir □ Bus □ Auto ∢Applicable Boxes	o	Name of Lodging Facility
•	Chlor	Applicable boxes		_
\$S Lodging Expenses	\$\$ Meal Expenses Tran	\$. nsportation Expenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	·	04/23/2020	0 \$ 1,970	.84
3.1 (b) Payment(s) not re	nated to traver.	Dates (month,	T	Total Expenses
3.2. Payment Description	n Provide a enecific des	crintion of the navm	ent and its agency i	nurnose and use
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cannot telecommute.	This payment is for 15	0 grab & go / brow	n bag lunches or	4/24/2020.
	who used the payment it	- Cootion 2.4 to	ictions)	
3.3. Identify the officials	mile does my payment.	1 Section 3.1 (See instru	icuonaj	
				mplovees working at STO
Ма	Fiona	California S		mployees working at STO
		California S	State Treasurer E	mployees working at STO  Department/Division
Ma	Fiona	California S	State Treasurer E	
Ма	Fiona	California S	State Treasurer E	
Ma Last Name	Fiona First Name	California S	State Treasurer E	Department/Division
Ma  Last Name  Last Name	Fiona First Name	California S	State Treasurer E	Department/Division
Last Name  Last Name  Last Name  4. Verification	Fiona First Name First Name	California S Pos	State Treasurer Eition/Title	Department/Division  Department/Division
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ayment to Agency R	eport A Public L	Jocument	*	PAYMENT TO AGENCY REPORT
I. Agency Name			Date Stamp	California 801
California State Treasurer	·			Form UV
Division, Department, or Reg	Jion (if applicable)			For Official Use Only
Entire State Treasurer's Of	iice (STO)			
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P.O. Box 942809, Sacrame	ento, CA 94209-0001			
Area Code/Phone Number	Email .		Amendment (explai	n in namenant acation)
916-653-2995	spencer.walker@sto.ca.gov		Amendment (explai	n in comment section)
Agency Contact (name and title)			Date of Original Filing:	to a literature of the second
Spencer Walker, Esq Ge	neral Counsel	•		(month, day, year)
. Donor Name and Addre	*SS	· · · · · · · · · · · · · · · · · · ·		
·			USA Properties Fur	nd. Inc.
Individual Last Name	First Name	_ 📝 Other		Name
3200 Douglas Blvd., Ste. 2			CA	95661
Address	City		State	Zip Code
Develop, build, and manag	e multifamily communities.			
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	interests.		
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IT applicable,	identify the name of each source and t	me amount(s) f	acemen by me douot to	rulis payment:
	\$ \$		Name	\$
Name	Complete Sections 3.1 (a or b		Name	Amount
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STO is an essential se cannot telecommute.	ervice agency and we have e This payment is for 150 grab	employees v & go / brow	vho have critical v vn bag lunches or	vork functions and
3.3. Identify the officials	who used the payment in Section			
Ma	Fiona .			mployees working at STO
Last Name	First Name	Pos	sition/Title	Department/Division
Last Name	First Name	Po	sition/Title	Department/Division
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1. Verification				
I authorized the acceptance	e of the reported payment(s) as in			. / سسید
The state of the s	Fiona Ma	Calif	fornia State Treasure	r 05/06/
Signature	Print Name		Title	(month, day, year)
Cammanti			•	
Comment: (Use this space or an attachment	for any additional information			
(nea mie shane or an arraniment	to any additional intolliations			FPPC Form 801 (Jan/18
•				advice@fppc.ca.go

Payment to Agency Re	eport A Publi	ic Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
California State Treasurer			•	Form OU I
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Entire State Treasurer's Off	fice (STO)			
Street Address				
P.O. Box 942809, Sacrame	ento, CA 94209-0001			
Area Code/Phone Number	Email		F	
916-653-2995	spencer.walker@sto.ca.gov		Amendment (ex	xplain in comment section)
Agency Contact (name and title)	·		Date of Original Fil	ing:
Spencer Walker, Esq Ger				(month, day, year)
. Donor Name and Addre				
∏ Individual Keefe	James	Other		Name
Last Name	First Name Orinda		CA	
P.O. Box 648	City		State	
Address	Olly			. <b></b>
		and interests	·	
If "Other" is marked, describe the entity	's business activity (if business) or its nature	e and interests.		
If applicable, i	identify the name of each source a	and the amount(s) re	eceived by the dono	r for this payment:
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Name	Amount		Name	ーー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
Payment Information (	Complete Sections 3.1 (a c	or b), 3.2, 3.3)		
3.1 (a) Travel Payment	Location of Trav	rel		Dates (month, day, year)
Transportation Provider	∏ Rail ☐ Air Check Appli	☐ Bus ☐ Auto	Other	Name of Lodging Facility
· •	\$	\$	·	\$
Lodging Expenses	Meal Expenses Transport	tation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	05/6/2020		980.76
		Dates (month,	day, year)	Total Expenses
3.2. Payment Description	n. Provide a specific descrip	tion of the paym	ent and its agend	cy purpose and use.
STO is an essential se	y-at-home orders, all resta ervice agency and we hav This payment is for 150 g	e employees v	vho have critica	al work functions and
cannot telecommute.	This payment is for 100 g	iab & go / bion	m bag lanonee	
	who used the payment in Se			
3.3. Identify the officials	who used the payment in Se	ection 3.1 (See instru	uctions)	
3.3. Identify the officials		ection 3.1 (See instru California S		
3.3. Identify the officials	who used the payment in Se	ection 3.1 (See instru California S	uctions) State Treasurer	Employees working at ST
3.3. Identify the officials	who used the payment in Se	ection 3.1 (See instru California S	uctions) State Treasurer	Employees working at STO
3.3. Identify the officials	who used the payment in Se	California S	uctions) State Treasurer	Employees working at ST
Ma  Last Name	who used the payment in Se Fiona	California S	octions) State Treasurer Sition/Title	Employees working at ST
Ma  Last Name  Last Name	who used the payment in Se Fiona	California S	octions) State Treasurer Sition/Title	Employees working at ST
3.3. Identify the officials  Ma  Last Name  Last Name	who used the payment in Se Fiona First Name First Name	California S Pos	state Treasurer Sition/Title	Employees working at ST  Department/Division  Department/Division
3.3. Identify the officials  Ma  Last Name  Last Name	who used the payment in Se Fiona First Name  First Name	California S Pos Pos S P	octions) State Treasurer Sition/Title Sition/Title	Employees working at STO Department/Division  Department/Division  Department/Division
3.3. Identify the officials  Ma  Last Name  Last Name	who used the payment in Se  Fiona  First Name  First Name  Pe of the reported payment(s) a  Fiona Ma	California S Pos Pos S P	octions) State Treasurer Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title	Employees working at STO Department/Division  Department/Division  Department/Division  Department/Division
3.3. Identify the officials  Ma  Last Name  Last Name	who used the payment in Se Fiona First Name  First Name	California S Pos Pos S P	octions) State Treasurer Sition/Title Sition/Title	Employees working at STO Department/Division  Department/Division  Department/Division
3.3. Identify the officials  Ma  Last Name  Last Name  1. Verification  I authorized the acceptance	who used the payment in Se  Fiona  First Name  First Name  Pe of the reported payment(s) a  Fiona Ma	California S Pos Pos S P	octions) State Treasurer Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title Sition/Title	Employees working at STO Department/Division  Department/Division  ons.  urer  5 (4)

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advice@fppc.ca.gov

A wan ay Mana					
<b>Agency Name</b> California State Treasurer				Date Stamp	California 801
Division, Department, or Reg	gion (if applicable)	<del> </del>			For Official Use Only
Entire State Treasurer's Off			·		
Street Address	,				
P. O. Box 942809, Sacrame	ento, CA 94209-000	)1			
Area Code/Phone Number	Email				
916-653-2995	Spencer.Walker@	)sto.ca.gov		Amendment (	explain in comment section)
Agency Contact (name and title)	<u> </u>			Date of Original F	(month, day, year)
Spencer Walker, Esq Ger	neral Counsel				(month, day, year)
Donor Name and Addre	ess				
			_ ☑ Other	Amcal Multi-Ho	using, Inc.
Individual		Name			Name
30141 Agoura Road, Suite	100	Agoura Hills		C	
Address	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City		Sta	ate Zip Code
Design, finance, build and				-	
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and	interests.		
→ If applicable,	identify the name of ea	ach source and t	he amount(s) re	ceived by the don	or for this payment:
Name	\$	Amount		Name	\$Amount
Payment Information (			\	Name	Amount
Transportation Provider	Rail	☐ Air ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Bus ☐ Auto Boxes	Other	Name of Lodging Facility
3.2. Payment Description Due to COVID-19 stay-at-hom and we have employees who	n. Provide a specifine order, all restaurant	ts around our offi	05/15/2020  Dates (month, d  of the payme ice are closed.	ay, year)  Int and its agen  However, the STC	is an essential service agency
<ul> <li>3.1 (b) Payment(s) not re</li> <li>3.2. Payment Description</li> <li>Due to COVID-19 stay-at-hom</li> <li>and we have employees who lunches on 5/15/20.</li> <li>3.3. Identify the officials</li> </ul>	elated to travel:  n. Provide a specifine order, all restaurant have critical work fund	ic description ts around our offi ctions and canno	05/15/2020  Dates (month, do not the payme ice are closed. It telecommute.  n 3.1 (See instruction)	\$ 2.  ay, year)  ant and its agen  However, the STC  This payment is fo	Total Expenses  Icy purpose and use. Dis an essential service agency or 150 grab & go /brown bag
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3.1 (b) Payment(s) not re  3.2. Payment Description Due to COVID-19 stay-at-hom and we have employees who lunches on 5/15/20.  3.3. Identify the officials	elated to travel:  n. Provide a specifine order, all restaurant have critical work fund	ic description ts around our offictions and canno	05/15/2020  Dates (month, d  of the payme ice are closed. It t telecommute.  n 3.1 (See instruct California St	ay, year)  Int and its agent However, the STC This payment is for	Total Expenses  Icy purpose and use. Dis an essential service agency or 150 grab & go /brown bag  Employees working at STC
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3.1 (b) Payment(s) not re  3.2. Payment Description Due to COVID-19 stay-at-hom and we have employees who lunches on 5/15/20.  3.3. Identify the officials Ma  Last Name  Verification I authorized the acceptance	Plated to travel:  I. Provide a specificate order, all restaurant have critical work fund  who used the payn  Fiona  First Name  of the reported payn  Fiona Ma	ic description ts around our offictions and canno ment in Section e	05/15/2020  Dates (month, do not the paymerice are closed. It telecommute.  n 3.1 (See instruction of the paymerice are closed. It telecommute.  California Steposition of Position of the paymerical of the payme	ay, year)  Int and its agent However, the STC This payment is for  Itions) Interpretation/Title  In FPPC regulat In State Treas	Total Expenses  Icy purpose and use. Dis an essential service agency or 150 grab & go /brown bag  Employees working at STC  Department/Division  Department/Division
3.1 (b) Payment(s) not re  3.2. Payment Description Due to COVID-19 stay-at-hom and we have employees who lunches on 5/15/20.  3.3. Identify the officials Ma  Last Name  Last Name	Plated to travel:  I. Provide a specificate order, all restaurant have critical work fund  who used the payn  Fiona  First Name  of the reported payn  Fiona Ma	ic description ts around our offictions and canno ment in Section	05/15/2020  Dates (month, d)  of the payme ice are closed. It telecommute.  n 3.1 (See instruction of the payme ice are closed. It telecommute.  Position of the payme ice are closed. It telecommute.	stions) ate Treasurer ion/Title  th FPPC regulat	Total Expenses  Icy purpose and use. Dis an essential service agency or 150 grab & go /brown bag  Employees working at STC  Department/Division  Department/Division

Agency Name California State Treasurer Division, Department, or Region Entire State Treasuer's Office Street Address P.O. Box 942809, Sacrament Area Code/Phone Number						
Division, Department, or Region Entire State Treasuer's Office Street Address P.O. Box 942809, Sacrament				Date Stan	np	California 201
Entire State Treasuer's Office Street Address P.O. Box 942809, Sacrament						Form OU
Street Address P.O. Box 942809, Sacramen	∍ (STO)				İ	For Official Use Only
P.O. Box 942809, Sacrament						,
					ĺ	
Area Code/Phone Number	to, CA 94209-0001					
	Email			☐ Amendmer	it (explain in	comment section)
916-653-2995	Spencer.Walker@st	o.ca.gov				,
Agency Contact (name and title)				Date of Origina	l Filing:	(month, day, year)
Spencer Walker, Esq - Gene	ral Counsel					
Oonor Name and Addres	S					
Individual Hernandez	Jose		☐ Other			
Last Name	First Nan		_		Na <sub>1</sub>	
901 Landis Street		Burbank City			CA State	91504 Zip Code
adress		Olly			State	Zip Code
"Other" is marked, describe the entity's	husinoss activity (if husinoss)	or its nature and in	toroete			
Other is marked, describe the entity's	business activity (ii business)	or its nature and in	terests.			
If applicable, ide	entify the name of each	n source and the	e amount(s) re	eceived by the de	onor for thi	is payment:
	\$					\$
Name	——— Ψ <del>—</del> ——Ar	mount		Name		Amount
		ation of Travel ☐ Air ☐ B	us	o	Dat	tes (month, day, year)
Transportation Provider		Check Applicable B			Nar	ne of Lodging Facility
						no or googing radiity
\$ \$_	Mod Evonese	\$	\$	Other Evnenses	•	\$
Lodging Expenses \$_	Meal Expenses	\$ Transportation Ex		Other Expenses	· ;	\$Total Expenses
	•	\$ Transportation Ex	05/21/2020	\$	2,000.06	\$ Total Expenses
3.1 (b) Payment(s) not rela	ited to travel:		05/21/2020 Dates (month, o	) \$	2,000.06	Total Expenses  Total Expenses
3.1 (b) Payment(s) not rela 3.2. Payment Description. Due to COVID-19 stay-a STO is an essential serv	Provide a specific at-home orders, a	description of all restauran we have em	05/21/2020  Dates (month, of the payments around in ployees with the payments)	) \$  lay, year)  ent and its ago our office are tho have crit	2,000.06 ency pur e closéc ical worl	Total Expenses  Total Expenses  pose and use.  However, the k functions and
3.1 (b) Payment(s) not rela 3.2. Payment Description. Due to COVID-19 stay-a STO is an essential services annot telecommute.	Provide a specific at-home orders, a vice agency and vinis payment is fo	description of all restauran we have em r 150 grab 8	05/21/2020  Dates (month, of the payments around apployees was go / brown	ay, year)  ent and its ago our office are ho have crit yn bag lunch	2,000.06  ency pur e closec ical worl es on 5	Total Expenses  Total Expenses  pose and use.  However, the k functions and /22/2020.
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3.1 (b) Payment(s) not rela 3.2. Payment Description. Due to COVID-19 stay-a STO is an essential services annot telecommute. To 3.3. Identify the officials with	Provide a specific at-home orders, a vice agency and vinis payment is fo	description of all restauran we have em r 150 grab 8	Dates (month, or of the payments around apployees was go / brown 3.1 (See instructional See 1.1)	ay, year)  ent and its ago our office are tho have crit yn bag lunch	2,000.06  ency pur e closec ical worl es on 5	Total Expenses  Total Expenses  pose and use.  However, the k functions and /22/2020.

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

ayment to Agency R	eport A Publi	c Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
California State Treasurer				Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Entire State Treasuer's Office	ce (STO)			
Street Address				
P.O. Box 942809, Sacrame	nto CA 94209-0001			
Area Code/Phone Number	Email			
916-653-2995	Spencer.Walker@sto.ca.gov		Amendment (ex	cplain in comment section)
	Opencer.warker@sto.oa.gov		Date of Original Fili	ina:
Agency Contact (name and title)	and Carring al		g	(month, day, year)
Spencer Walker, Esq - Gen				
. Donor Name and Addre	ss			
☐ Individual		I Other	Upward Housing	LLC
Last Name	First Name			Name
299 Bellefontaine	Pasadena	a	CA	
Address	City		State	e Zip Code
Housing				
If "Other" is marked, describe the entity	's business activity (if business) or its nature	and interests.		· ·
> If applicable i	dentify the name of each source a	nd the amount(s) re	accived by the deno	r for this navment:
II applicable, i	dentity the name of each source at	ild tile amount(s) re	scerved by the donor	Tior tills payment.
	\$Amount		Name	\$Amount
Name	Complete Sections 3.1 (a or		Name	Amount
Transportation Provider	Rail Air Check Applic	☐ Bus ☐ Auto	o □ Other	Name of Lodging Facility
\$\$Lodging Expenses	Meal Expenses \$Transporta	tion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	05/28/2020	) \$ 1,9	89.03
		Dates (month, o	day, year)	Total Expenses
Due to COVID-19 stay STO is an essential se	<ul> <li>Provide a specific descript</li> <li>at-home orders, all restaunce</li> <li>rvice agency and we have</li> <li>This payment is for 150 graph</li> </ul>	urants around e employees w	our office are c ho have critica	losed. However, the I work functions and
3.3. Identify the officials	who used the payment in Sec	ction 3.1 (See instru	ctions)	
Ма	Fiona	California S	tate Treasurer	Employees working at STC
Last Name	First Name	Pos	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
Varification 4				
. Verification	e of the reported payment(s) as	in compliance wi	ith FPPC regulation	ons . M
i autionzed inevacceptance	<b>7</b>			. / /
	Fiona Ma	Califo	ornia State Treasu	1el +/4/2
Signature	Print Name		Title	(m <b>d</b> nth, da <b>y</b> , year)
Comment:				
(Use this space or an attachment	for any additional information)			
(500 tine space of all attachmont				EDDC Form 904 / lon/

ayment to Agency R	eport	A Public Docume	ent	PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California Q 1
California State Treasurer			, in the second second	Form OU I
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Entire State Treasuer's Offi	ce (STO)			
Street Address				
P.O. Box 942809, Sacrame	ento, CA 94209-000	1		
Area Code/Phone Number	Email		☐ Amendment (e)	xplain in comment section)
916-653-2995	Spencer.Walker@	sto.ca.gov		Aprail III common coccony
Agency Contact (name and title)			Date of Original Fil	ing:(month, day, year)
Spencer Walker, Esq - Ger	neral Counsel			(, 223), (223)
Donor Name and Addre				
☑ Individual Kazan	Kyle	110	her	
Last Name	First I	Name —		Name
3645 Long Beach Blvd.		Long Beach	CA State	
Address		City	State	zip code
If "Other" is marked, describe the entity	's husiness activity (if husine	ess) or its nature and interests		
. Other is marked, describe the criticy	3 Dubiness delivity (ii buolin			
If applicable,	identify the name of ea	ach source and the amount	(s) received by the dono	r for this payment:
	\$			\$
Name	Τ	Amount	Name	Amount
Transportation Provider	∏ Rail	☐ Air ☐ Bus ☐ Check Applicable Boxes	Auto ☐ Other	Name of Lodging Facility
\$ Codging Expenses	Meal Expenses	\$ Transportation Expenses	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	06/11/2	2020 <u>\$</u> 2,0	00.00
o.i (b) i ujinoni(o) not io		Dates (me	onth, day, year)	Total Expenses
3.2. Payment Description Due to COVID-19 stay STO is an essential se cannot telecommute.	-at-home orders ervice agency an	, all restaurants arou d we have employee	ind our office are o	closed. However, the larger la
3.3. Identify the officials	who used the payr	nent in Section 3.1 (See	instructions)	
Ма	Fiona	Californ	ia State Treasurer	Employees working at STG
Last Name	First Nam	е	Position/Title	Department/Division
Last Name	First Nam	e	Position/Title	Department/Division
Verification	o of the venewad no	(mant/a) as in compliance	to with EDDC regulation	ane.
l authorized the acceptance	Fiona Ma	, , ,	California State Treasu	- / - / -
Signature		, michanio	THIC	(monut, 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				Date Stamp	California Q 1
California State Treasure	er			·	Form OUI
Division, Department, or	Region (if applicable)				For Official Use Only
Entire State Treasuer's (	Office (STO)				·
Street Address					
P.O. Box 942809, Sacra	mento, CA 94209-000	1			
Area Code/Phone Numbe	r Email			☐ Amendment	(explain in comment section)
916-653-2995	Spencer.Walker@	gsto.ca.gov			(Oxpidin in Common Cookern)
Agency Contact (name and t	title)			Date of Original F	filing: (month, day, year)
Spencer Walker, Esq - 0	General Counsel				
2. Donor Name and Add	dress			,	
☐ Individual	a		_ ☑ Other	March & Ash	
Last Name		Name			Name
3499 Heatherwood Drive	e	El Cajon		C	A 92019 ate Zip Code
Address		City		30	ate Zip Code
Housing  If "Other" is marked, describe the e	(I) I I I I I I I I I I I I I I I I I I				And subapple
If applicab	le, identify the name of e	acn source and t	ne amount(s) re	eceived by the dor	nor for this payment: \$
Name	Ψ	Amount		Name	Amount
Transportation Provi	Rail	☐ Air ☐ Check Applicable	Bus ☐ Auto Boxes	o	Name of Lodging Facility
\$ Lodging Expenses	Meal Expenses	ֆ Transportation	ֆ. Expenses	Other Expenses	Φ Total Expenses
3.1 (b) Payment(s) not	t related to travel:		06/17/2020	\$ 2	,000.00
	•		Dates (month, o	day, year)	Total Expenses
	tay-at-home orders service agency an	, all restaura d we have e	ints around mployees w	our office are ho have critic	closed. However, the all work functions and
3.3. Identify the officia	ıls who used the pay	ment in Sectio	n 3.1 (See instru	ictions)	
Ма	Fiona		California S	tate Treasurer	Employees working at STO
Last Name	First Nan	ie	Pos	ition/Title	Department/Division
Last Name	First Nar	20	Pos	sition/Title	
Last Name	i ii st ivai	ile .	103	SIGOTI/ TIGE	
4. Verification I authorized the scepta	nce of the reported pa	yment(s) as in	· ·	ith FPPC regulat ornia State Treas	7/0/-
Comment:					

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

	Report	A Public L	Document		PAYMENT TO AGENCY REPORT
I. Agency Name				Date Stamp	California 201
California State Treasure	er				Form OUI
Division, Department, or F	Region (if applicable)				For Official Use Only
Entire State Treasuer's C	Office (STO)				
Street Address					
P.O. Box 942809, Sacrai	mento, CA 94209-00	01			
Area Code/Phone Number	r Email			□ Amendment /	explain in comment section)
916-653-2995	Spencer.Walker	@sto.ca.gov		Amendment	explain in comment section)
Agency Contact (name and ti	tle)		-	Date of Original F	iling:(month, day, year)
Spencer Walker, Esq - G	eneral Counsel				(monut, day, year)
2. Donor Name and Add	dress				· · · · · · · · · · · · · · · · · · ·
Czuker	Ed	dward & Elissa	_		
Individual Last Name	Firs	st Name			Name
1421 Marine Way		Oxnard		C	A 93035
Address		City		Sta	te Zip Code
If "Other" is marked, describe the en	ntity's business activity (if bus	iness) or its nature and	interests.		
If applicable	e, identify the name of	each source and t	the amount(s) re	eceived by the done	or for this payment:
паррисави	o, identity the name of	cach course and t	ano amount(o) re	socred by and don	or for and paymona
Name	\$	Amount		Name	\$
	/O 1 4 O 4		\ 0.0.00\		***
3. Payment Information	(Complete Section	ons 3.1 (a or b)	j, s.z, s.sj		
3.1 (a) Travel Payment					
3.1 (a) Travel Payment		Location of Travel			Dates (month, day, year)
			Bus □ Auto	- — o	
3.1 (a) Travel Payment  Transportation Providence	□ Rai		_	o ☐ Other	Dates (month, day, year)  Name of Lodging Facility
	der \$	I Air Check Applicable	Boxes		Name of Lodging Facility
	ler \$ Meal Expenses	l □Air □	Boxes \$	Other Expenses	Name of Lodging Facility  \$  Total Expenses
Transportation Provid	\$ Meal Expenses	I Air Check Applicable	Boxes \$.  Expenses 06/24/2020	Other Expenses ) \$ 1,	Name of Lodging Facility  \$  Total Expenses  954.86
Transportation Provid  Lodging Expenses	\$ Meal Expenses	I Air Check Applicable	Boxes \$	Other Expenses ) \$ 1,	Name of Lodging Facility  \$  Total Expenses
Transportation Provid  Lodging Expenses	\$Meal Expenses related to travel:	Air Check Applicable  \$ Transportation I	Expenses \$	Other Expenses ) \$ 1, day, year)	Name of Lodging Facility  \$ Total Expenses  954.86  Total Expenses
Transportation Provid  \$	\$Meal Expenses related to travel: on. Provide a spec	I Air Check Applicable  \$ Transportation I	Expenses  06/24/2020  Dates (month, or	Other Expenses ) \$ 1, day, year) ent and its agen	Name of Lodging Facility  \$ Total Expenses  954.86  Total Expenses
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