Payment to Agency R	eport	A Public I	Document	HECH	VI-1 :	PAYMENT TO AGENCY REPOR
1. Agency Name				A Date St	ampAl	California OO4
California State Treausrer			1	RACTICES C	ON PAISSIO	Form OU
Division, Department, or Reg	jion (if applicable)		77	00 111 00		For Official Use Only
Entire State Treasurer's Off	fice (STO)		4.	20 JUL 22	AFI 9:4	2
Street Address				1		
P.O. Box 942809, Sacrame	nto, CA 94209-000	1				
Area Code/Phone Number	Email					••••••••••••••••••••••••••••••••••••••
916-653-2995	Spencer.Walker@)sto.ca.gov		Amenam	ent (explain li	n comment section)
Agency Contact (name and title)	And the second sec	and the set of the set of the set of the		Date of Origin	nal Filing:	(month, day, year)
Spencer Walker, Esq - Gen	ieral Counsel					(month, day, year)
2. Donor Name and Addre	SS					
			_ 🖸 Other	Logan Capit	al Advisor	°S
Last Name	First N	lame			N	ame
1927 Adams Avenue		San Diego			CA	92116
Address		City			State	Zip Code
Multifamily investment, dev	elopment and mana	gement				
If "Other" is marked, describe the entity	's business activity (if busine	ss) or its nature and	interests,			
• If applicable, i	identify the name of ea	when and t	he amount(c) r	accived by the	donor for t	his novmonti
	dentity the name of ea	ich source and t	ne aniouni(s) n	eceived by the		nis payment.
Name	\$	Amount		Name		\$
				Name	- Income	Amount
3. Payment Information (C	complete Section	s 3.1 (a or b)), 3.2, 3.3)			
3.1 (a) Travel Payment				_		
	Lo	ocation of Travel			D	ates (month, day, year)
	🗖 Rail	🗆 Air 📃	Bus 🗖 Auto	o 🗌 Other		
Transportation Provider		Check Applicable	Boxes		Na	ame of Lodging Facility
\$		\$	\$			\$
Lodging Expenses	Meal Expenses	Transportation I		Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:		04/03/2020) :	\$ 1,953.75	5
			Dates (month, o	day, year)		Total Expenses
3.2. Payment Description	. Provide a specifi	c description	of the payme	ent and its a	gency pu	rpose and use.
Due to COVID-19 stay	-					
STO is an esssential s						
cannot telecommute.						

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

Ма	Fiona	California State Treasurer	Employees working at STO	
Last Name	st Name First Name Position/Title		Department/Division	
Last Name	First Name	Position/Title	Department/Division	
027				
Verification	eptance of the reported payment(s) as	in compliance with EPPC regulat	ions.	

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

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

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I. Agency Name		PR	CTICE Date StampSS	California 201
California State Treasurer				Form OU
Division, Department, or Reg	ion (if applicable)	之刑	JUL 22 AM 9:	For Official Use Only
Entire State Treasurer's Off	ice (STO)	÷		
Street Address				
P.O. Box 942809, Sacrame				
Area Code/Phone Number	Email		Amendment (ex	plain in comment section)
916-653-2995	spencer.walker@sto.ca.gov		Data of Original Fills	10
Agency Contact (name and title)			Date of Original Fili	(month, day, year)
Spencer Walker, Esq Ger	neral Counsel			
Donor Name and Addre	SS	2		
🗋 Individual		Other	Sightglass Manag	
699 Lewelling Blvd, Ste. 14	First Name 6-324 San Leandro		CA	Name 95578
Address	City		State	Zip Code
Management Services				
If "Other" is marked, describe the entity'	s business activity (if business) or its nature and ir	nterests.		
Payment Information (C 3.1 (a) Travel Payment	Complete Sections 3.1 (a or b),	3.2, 3.3)		Dates (month, day, year)
Transportation Provider	Rail Air B Check Applicable B	_	o 🗌 Other	Name of Lodging Facility
Lodging Expenses	Meal Expenses Transportation Ex	\$.	Other Expenses	\$ Total Expenses
		04/10/2020		00.00
3.1 (b) Payment(s) not rel	ated to travel:	Dates (month, o	Ψ.	Total Expenses
3.2. Payment Description.	Provide a specific description of			purpose and use.
		ats around	our office are cl	asad However the
Due to COVID-19 stav-	-at-home orders, all restaurar	no around		
	-at-home orders, all restaurar rvice agency and we have en		ho have critical	
STO is an essential se		nployees w		work functions and
STO is an essential se cannot telecommute. T	rvice agency and we have en	nployees w & go / brow	n bag lunches o	work functions and
STO is an essential se cannot telecommute. T	rvice agency and we have en his payment is for 150 grab &	nployees w & go / brow 3.1 (See instru	n bag lunches c	work functions and
STO is an essential se cannot telecommute. T3.3. Identify the officials v	rvice agency and we have en his payment is for 150 grab & who used the payment in Section	nployees w & go / brow 3.1 (See instru California S	n bag lunches c	work functions and on 04/10/2020.
STO is an essential se cannot telecommute. T 3.3. Identify the officials w Ma	rvice agency and we have en his payment is for 150 grab & who used the payment in Section Fiona	nployees w & go / brow 3.1 (See instru California S	rn bag lunches c ^{ctions)} tate Treasurer	work functions and on 04/10/2020. Employees working at ST(
STO is an essential se cannot telecommute. T 3.3. Identify the officials v Ma	rvice agency and we have en his payment is for 150 grab & who used the payment in Section Fiona	nployees w & go / brow 3.1 (See instru California S	rn bag lunches c ^{ctions)} tate Treasurer	work functions an on 04/10/2020. Employees working a

4. Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. 5 Fiona Ma California State Treasurer 3 Signature Print Name Title

(month, day, year

Comment:

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

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. Agency Name			P	HACTIGate Stamp	ISSIO California 801
California State Treasurer			60.	0 111 00	For Official Use Only
Division, Department, or Reg			f.v.	0 JUL 22 AM	9:42 Por Official Ose Official
Entire State Treasurer's Off	ice (STO)				
Street Address					
P.O. Box 942809, Sacrame		01			
Area Code/Phone Number	Email			Amendment (e	xplain in comment section)
916-653-2995	spencer.walker@)sto.ca.gov		Data at Oslainal Ci	1
Agency Contact (name and title)				Date of Original Fil	(month, day, year)
Spencer Walker, Esq Ger	neral Counsel				
Donor Name and Addre	SS				
☑ Individual	Wi	lliam	C Other		
Last Name	First	Name			Name
3920 Birch Street, Ste. 103 Address		Newport Beach		CA	and the second se
Audiess		Chy		Stat	s zip odde
If "Other" is marked, describe the entity	s husiness activity (if husin	ess) or its nature and inter	acte		
I Other is marked, describe the entity	s business activity (ii busin		6513.		
If applicable, id	dentify the name of e	ach source and the	amount(s) re	eceived by the dono	r for this payment:
	\$				\$
Name	ψ	Amount		Name	Amount
Payment Information (C	omplete Section	ns 3.1 (a or b), 3	.2, 3.3)		
3.1 (a) Travel Payment	-				
	-	Location of Travel			Dates (month, day, year)
	Rail	🗋 Air 📋 Bus	s ∏Auto	O Other	
Transportation Provider		Check Applicable Box	_		Name of Lodging Facility
¢ ¢		\$	\$		s
Lodging Expenses	Meal Expenses	Transportation Expe	nses -	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		04/16/2020	\$ 2,0	003.91
		ī	Dates (month, d	lay, year)	Total Expenses
3.2. Payment Description.	Provide a speci	fic description of	the payme	ent and its agenc	y purpose and use.
Due to COVID-19 stay	-at-home orders	s, all restaurants	around	our office are o	losed. However the
STO is an essential se					
cannot telecommute. T					
3.3. Identify the officials v			-	-	
Ma	Fiona			tate Treasurer	Employees working at STC
Last Name	First Nam	ie	Posi	tion/Title	Department/Division
*					
Last Name	First Nan	ne –	Posi	ition/Title	Department/Division
Varification					
Verification					
I authorized the acceptance		yment(s) as in com	.c.		F/. /2
	Fiona Ma		Califo	mia State Treasu	
				ina etate measa	
Signature		Print Name		Title	(morith, day, year)
Signature Comment:		Print Name			

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



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Payment to Agency R	eport A	Public Doc	ument	SECE FAR FOI	INCO AL	PAYMENT TO AGENCY REPOR
. Agency Name			FH	CHCEDate	Stamp	California on
California State Treasurer		× .				Form OU
Division, Department, or Reg	Jion (if applicable)	•	2020	JUL 22	AM 9:42	For Official Use Only
Entire State Treasurer's Of	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.d			Amen	dment (explain i	n comment'section)
Agency Contact (name and title)				Date of Or	iginal Filing:	
Spencer Walker, Esq Gel	neral Counsel					(month, day, year)
						Р ₁
Donor Name and Addre						
7 Individual	Steven		🗌 Other			
Last Name	First Name	<u>.</u>		£.		lame
2710 Divisadero Street		an Francisco			CA	94123
Address	Cit	1			State	Zip Code
f "Other" is marked, describe the entity	s business activity (if business) or	its nature and interes	sts,			
	1	1.11				I for more concerned a
It applicable, I	dentify the name of each s	ource and the ar	nount(s) re	eceived by t	ne donor for t	his payment:
						\$
Name	Amo	unt		Name		Amount
Payment Information (C	omplete Sections 3	.1 (a or b), 3.2	2, 3.3)			5 E
3.1 (a) Travel Payment						
··· (•/ ·····	Locatic	n of Travel		-2	D	ates (month, day, year)
					~ r	
Transportation Provider		Air 🔲 Bus eck Applicable Boxes	🗋 Auto	o ∏ Oth		ame of Lodging Facility
		eek Applicable boxes				
\$\$ Lodging Expenses	Meal Expenses	Sansportation Expension	\$.	Other Expe	DSBS	\$ Total Expenses
			4/23/2020		s 1,970.8	
3.1 (b) Payment(s) not rel	ated to travel:		ites (month, c		\$ 1,970.0	Total Expenses
3.2. Payment Description	. Provide a specific de	escription of the	ne payme	ent and its	agency pu	rpose and use.
Due to COVID-19 stay	-at-home orders, all	restaurants	around	our office	are close	d. However the
STO is an essential se	and the second s					
cannot telecommute. T	o ,	The providence of the second proversion of the				
		• •		-		
3.3. Identify the officials w	vho used the payment	in Section 3.1	(See instru	ctions)		
Ма	Fiona	Ca	lifornia S	tate Treas	urer Emp	oloyees working at STC
Last Name	First Name		Posi	tion/Title		Department/Division
Last Name	First Name		Pos	tion/Title		Department/Division
\wedge						
Verification /						
V/ I						
authorized the acceptance	of the reported paymer	it(s) as in comp	liance wi	th FPPC re	egulations.	
X	Fiona Ma		Califo	ornia State	Treasurer	05/06/2
Signature	Print l	Vame		Ti	tie	(month, day, year)

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

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

Payment to Agency R		A Public		I		AGENCY REPORT
Agency Name		x	*	Date Stamp	the second s	
California State Treasurer Division, Department, or Re	alon (Konstantia			1920 JUL 22	HII James and a second	cial Use Only
FIGE 1 IN THE REPORT OF THE REPORT OF THE	CT 2 8 (2 1 C - 2)					
Entire State Treasurer's O Street Address				-		
The stands of a stand stand stand stand stands	anta CA 0420	0.0001			2 C 1	
P.O. Box 942809, Sacram Area Code/Phone Number	Email	19-0007				
916-653-2995	spencer.wa	lker@sto.ca.gov			(explain in comment sec	tion)
Agency Contact (name and title) Spencer Walker, Esq Ge			0	Date of Original I	(month, day	r, year)
. Donor Name and Addre	ess					
🗌 Individual			Other	USA Properties	s Fund, Inc.	
Last Name	000	First Name Roseville		-	Name A 95661	
3200 Douglas Blvd., Ste. 2	.00	City			A 95661 ate Zip Code	
Develop, build, and manag	e multifamily	•				
If "Other" is marked, describe the entit	· · · · · · · · · · · · · · · · · · ·		id interests,			and the second second
				a tata gang gan		•
If applicable,	identify the nam	ne of each source and	the amount(s) r	eceived by the dor	or for this payment	t:
		\$			\$	
. Payment Information (Amount		Name	and the second second second	Amount
3.1 (a) Travel Payment	C]Bus []Áut	 :oOther	Dates (month, d	
	\$Meal Expenses	Rail 📋 Air 📄 Check Applicab	le Boxes n Expenses	Other Expenses	Name of Lodging \$ Total Exp) Facility
Transportation Provider	\$ Meal Expenses	Rail Air Check Applicab	le Boxes	Other Expenses	Name of Lodging	g Facility penses
Transportation Provider Lodging Expenses	\$Meal Expenses	Rail Air Check Applicab Check Applicab 5 Transportation	te Boxes n Expenses 04/30/202 Dates (month,	Other Expenses 0 \$ 1 day, year)	Name of Lodging \$,951.55 Total Exper) Facility penses nses
Transportation Provider Lodging Expenses 3.1 (b) Payment(s) not re	Meal Expenses elated to trave n. Provide a s y-at-home o ervice ageno This payme	Rail Air Check Applicab Check Applicab Transportation ol: specific description rders, all restaur cy and we have nt is for 150 grat	n Expenses 04/30/202 Dates (month, n of the paym rants around employees v o & go / brov	Other Expenses 0 \$ 1 day, year) ent and its ager our office are who have critic vn bag lunches	Name of Lodging Total Exp ,951.55 Total Exper ncy purpose and closed. Howe cal work functio	pensos nsos I use. ever the ons and
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Transportation Provider	\$	Rail Air Check Applicable Check Applicable Transportation specific description rders, all restaur cy and we have not is for 150 grat a payment in Section Irst Name	The Boxes 04/30/202 Dates (month, n of the paymer rants around employees w o & go / brow on 3.1 (See Instri- California S Por	Other Expenses O \$ 1 day, year) eent and its ager our office are who have critic who have critic who bag lunches uctions) State Treasurer sition/Title	Name of Lodging Total Exp 70tal Exp Total Exper ncy purpose and closed. Howe cal work functions on 05/1/2020 Employees wo Departmen	pensos nses I use. ever the ons and). orking at STO
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Transportation Provider	Meal Expenses elated to trave n. Provide a s y-at-home o ervice agend This payme who used the Fiona Fiona	Rail Air Check Applicable Check Applicable Transportation Specific description rders, all restaur cy and we have not is for 150 grad a payment in Section Irst Name	te Boxes 04/30/202 Dates (month, n of the paymer rants around employees w o & go / brow on 3.1 (See Instru- California S Por Por Por	Other Expenses O \$ 1 day, year) ent and its ager our office are who have critic who have critic who bag lunches uctions) State Treasurer sition/Title	Name of Lodging Total Exp Total Expen- Total Expen- To	pensos nses I use. ever the ons and). orking at STO
Transportation Provider	Meal Expenses elated to trave at-home o ervice agend This payme who used the Fiona F F e of the report	Rail Air Check Applicable Check Applicable Transportation Specific description rders, all restaur cy and we have not is for 150 grad e payment in Section irst Name	te Boxes 04/30/202 Dates (month, n of the paymer rants around employees w o & go / brow on 3.1 (See Instru- California S Por Por Por	Other Expenses O \$ 1 day, year) ent and its ager our office are who have critic who have critic who have critic who have critic who have critic who have critic who have critic stion/Title sition/Title	Name of Lodging Total Exp Total Expen- Total Expen- To	pensos nses I use. ever the ons and). orking at STO

1. Agency Name		P	R/ CTICE Date Stamp	SION California o
California State Treasurer				Form O
Division, Department, or Re	gion (if applicable)	20.	MJUL 22 AM	9:42 For Official Use Or
Entire State Treasurer's O	ffice (STO)			
Street Address				
P.O. Box 942809, Sacram	ento, CA 94209-0001			
Area Code/Phone Number 916-653-2995	spencer.walker@sto.ca.go	0V		(explain in comment section)
Agency Contact (name and title Spencer Walker, Esq Ge			Date of Original F	(month, day, year)
2. Donor Name and Addr	ess			
🖸 Individual	James	🗇 Othe	er	
Last Name P.O. Box 648	First Name Orinda			Name CA 94563
Address	City	a	and the second se	ate Zip Code
Name	identify the name of each source Amount Complete Sections 3.1 (a Location of Tr	or b), 3.2, 3.3)	Name	Dates (month, day, year)
Name 3. Payment Information (S & Amount Complete Sections 3.1 (a Location of Tr Location of Tr Check Ap S \$	a or b), 3.2, 3.3) Tavel Bus And Alexandree Boxes Ortation Expenses	Name uto □ Other \$	Amount Dates (month, day, year) Name of Lodging Facility \$ Total Expenses
Name 3. Payment Information (3.1 (a) Travel Payment Transportation Provider \$	S Rail Air Check Ap Meal Expenses Arount	a or b), 3.2, 3.3) Tavel Bus An Deplicable Boxes ortation Expenses 05/6/202		Amount Dates (month, day, year) Name of Lodging Facility \$ Total Expenses ,980.76
Name 3. Payment Information (3.1 (a) Travel Payment Transportation Provider \$ Lodging Expenses 3.1 (b) Payment(s) not re	S Amount Complete Sections 3.1 (a Location of Tr Location of Tr Check Ap S Rail Air Check Ap S Kall Expenses elated to travel:	a or b), 3.2, 3.3) Travel Bus An Opplicable Boxes Ortation Expenses 05/6/202 Dates (month	Name uto ☐ Other \$ Other Expenses 20 \$ 1 h, day, year)	Amount Dates (month, day, year) Dates (construction of Lodging Facility \$
Name 3. Payment Information (r 3.1 (a) Travel Payment Transportation Provider * Lodging Expenses 3.1 (b) Payment(s) not re 3.1 (b) Payment(s) not re 3.2. Payment Description Due to COVID-19 stay STO is an essential se cannot telecommute.	Amount Complete Sections 3.1 (a Location of Tr Location of Tr Location of Tr Check Ap Meal Expenses Meal Expenses Plated to travel: D. Provide a specific descri y-at-home orders, all res ervice agency and we ha This payment is for 150 g	a or b), 3.2, 3.3) Tavel Tavel Tavel Table Boxes Totation Expenses Totation Expenses Totation of the paye Taurants aroun Tave employees Taub & go / bro	Name uto ☐ Other \$Other Expenses 20 \$ 1 h, day, year) ment and its agen d our office are who have critic who bag lunches	Amount Dates (month, day, year) Dates (month, day, year) Name of Lodging Facility \$
Name 3. Payment Information (r 3.1 (a) Travel Payment Transportation Provider Transportation Provider \$	Amount Amount Complete Sections 3.1 (a Location of Tr Location	a or b), 3.2, 3.3) Tavel Bus And Deplicable Boxes O5/6/202 Dates (month Dates (month Dates aroun Date employees grab & go / bro Section 3.1 (See ins	Name	Amount Dates (month, day, year) Dates (month, day, year) Name of Lodging Facility \$
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Comment:

	ADD DOLINGA PAYMENT TO AGENCY REP
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 Agency Contact (name and title) Spencer: Walker, Esq General Counsel Donor Name and Address Individual Last Name Spencer, Walker, Esq General Counsel Donor Name and Address Other 30141 Agoura Road, Suite 100 Adress City 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) response to the amount of Travel Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Transportation Provider \$mail Clair Check Applicable Boxes \$Lodging Expenses \$mail Clair Check Applicable Boxes \$Lodging Expenses \$mail Clair Check Applicable Boxes \$Lodging Expenses \$mail Clair Check Applicable Boxes <td< th=""><th>PRAPARE Stame Charles California 80</th></td<>	PRAPARE Stame Charles California 80
Entire State Treasurer's Office (STO) Street Address P. O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number Spencer Walker@sto.ca.gov Agency Contact (name and title) Spencer Walker, Esq General Counsel Donor Name and Address I Individual Last Name First Name Other Solution Oth	For Official Use Only
Street Address P. O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number Email 916-653-2995 Spencer.Walker@sto.ca.gov Agency Contact (name and title) Spencer.Walker@sto.ca.gov Spencer Walker, Esq General Counsel Donor Name and Address Individual	2020 JUL 22 AM 9: 42 Onicial Use Only
P. O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number 916-653-2995 Agency Contact (name and title) Spencer Walker, Esq General Counsel Donor Name and Address I Individual Last Name First Name Other 30141 Agoura Road, Suite 100 Agoura Hills Address City Design, finance, build and manage affordable housing projects If "Other' is marked, describe the entity's business activity (Ir business) or its nature and interests. If "Other' is marked, describe the entity's business activity (Ir business) or its nature and interests. If "Other' is marked, describe the entity's business activity (Ir business) or its nature and interests. If applicable, identify the name of each source and the amount(s) re Name Samount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Itransportation Provider State Sta	4 1
Area Code/Phone Number 916-653-2995 Email Spencer. Walker@sto.ca.gov Agency Contact (name and title) Spencer. Walker@sto.ca.gov Spencer Walker, Esq General Counsel Other Donor Name and Address Other Individual Last Name First Name 30141 Agoura Road, Suite 100 Agoura Hills Address City 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. Image: Spencer Walker Payment Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Image: Spencer Specific description Provider Spencer Specific description of the payme Spencer Meal Expenses Spencer Context (a cor b), 3.2, 3.3) 3.1 (b) Payment(s) not related to travel: 05/15/2020 Dates (month, d 3.2. Payment Description. Provide a specific description of the payme Due to COVID-19 stay-at-home order, all restaurants around our office are closed. 1 and we have employees who have critical work functions and cannot telecommute. 1 Unches on 5/15/20. 3.3. Identify the officials who used the payment in Se	
916-653-2995 Spencer.Walker@sto.ca.gov Agency Contact (name and title) Spencer Walker, Esq General Counsel Donor Name and Address Individual	
Agency Contact (name and title) Spencer Walker, Esq General Counse! Donor Name and Address Individual	Amendment (explain in comment section)
Spencer Walker, Esq General Counsel Donor Name and Address Individual	Date of Original Filing:
□ Individual	(month, day, year)
□ Individual	
Last Name First Name 30141 Agoura Road, Suite 100 Agoura Hills Address City 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) re Name \$	Amcal Multi-Housing, Inc.
Address City 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) response to the amount of th	Name
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) re Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Transportation Provider Rail Air Location of Travel Stansportation Expenses Autor Transportation Provider Rail Air Bus Autor Transportation Provider Rail Air Bus Autor Lodging Expenses Sections Section Site Section Site Section Site 3.1 (b) Payment(s) not related to travel: 05/15/2020 Dates (month, d) 3.2. Payment Description. Provide a specific description of the paymen Due to COVID-19 stay-at-home order, all restaurants around our office are closed. If and we have employees who have critical work functions and cannot telecommute. Junches on 5/15/20. 3.3. Identify the officials who used the payment in Section 3.1 (See instruct Ma Last Name First Name Posit Last Name First Name Posit	CA 91301
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If applicable, identify the name of each source and the amount(s) re Name Samount Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) (a) Travel Payment Location of Travel Transportation Provider Check Applicable Boxes Lodging Expenses Meal Expenses Check Applicable Boxes Lodging Expenses Meal Expenses Check Applicable Boxes Check Applicable Chec	
Name \$	
Name \$	eceived by the donor for this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Transportation Provider Rail Air Bus Auto Transportation Provider Lodging Expenses \$	<u>^</u>
3.1 (a) Travel Payment Location of Travel	Name \$
Transportation Provider Check Applicable Boxes \$_Lodging Expenses \$_Meal Expenses \$_Transportation Expenses \$_S 3.1 (b) Payment(s) not related to travel: 05/15/2020 Dates (month, d 3.2. Payment Description. Provide a specific description of the payme Due to COVID-19 stay-at-home order, all restaurants around our office are closed. If and we have employees who have critical work functions and cannot telecommute. Iunches on 5/15/20. 3.3. Identify the officials who used the payment in Section 3.1 (See instructed Mathematication First Name California State Last Name First Name Posit Last Name First Name Posit	Dates (month, day, year)
3.1 (b) Payment(s) not related to travel: 05/15/2020 Dates (month, d) 3.2. Payment Description. Provide a specific description of the payment Due to COVID-19 stay-at-home order, all restaurants around our office are closed. If and we have employees who have critical work functions and cannot telecommute. Junches on 5/15/20. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Ma Fiona Last Name First Name Verification	Name of Lodging Facility
3.1 (b) Payment(s) not related to travel: 05/15/2020 Dates (month, d) 3.2. Payment Description. Provide a specific description of the payment Due to COVID-19 stay-at-home order, all restaurants around our office are closed. If and we have employees who have critical work functions and cannot telecommute. Junches on 5/15/20. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Ma Fiona Last Name First Name Verification First Name	Other Expenses Total Expenses
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Due to COVID-19 stay-at-home order, all restaurants around our office are closed. If and we have employees who have critical work functions and cannot telecommute. Iunches on 5/15/20. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Ma Fiona Last Name First Name Verification	day, year) Total Expenses
Ma Fiona California Sta Last Name First Name Posit	However, the STO is an essential service agency This payment is for 150 grab & go /brown bag
Last Name First Name Posit Last Name First Name Posit Verification	
Last Name First Name Posit	tion/Title Department/Division
Verification	our nue Departmentorision
	ition/Title Department/Division
I authorized the acceptance of the reported payment(s) as in compliance with	
Signature Fiona Ma Califor	Title (month, day, year

Co	mme	ent:

Clear Page

2

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

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

Payment to Agency R	eport	A Public D	ocument			PAYMENT TO AGENCY REPOR
1. Agency Name				HECENT	mp	California OO1
California State Treasurer				FAIR POLIT		Form OUI
Division, Department, or Reg	jion (if applicable)		ŕŕ	ACTICES COM		For Official Use Only
Entire State Treasuer's Offi	ce (STO)					
Street Address			2020	JUL 22 A	₫ 9:42	
P.O. Box 942809, Sacrame	ento, CA 94209-000	1				
Area Code/Phone Number	Email			C Amonda	mt (austain i	n comment section)
916-653-2995	Spencer.Walker@)sto.ca.gov			nt (explain l	n comment section)
Agency Contact (name and title)				Date of Origin	al Filing:	(month, day, year)
Spencer Walker, Esq - General Counsel						(monan, day, year)
2. Donor Name and Addre	SS					
Individual Hernandez	Jos	e	Other			
Last Name	First	Name			N	lame
1901 Landis Street		Burbank			CA	91504
Address		City			State	Zip Code
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and inf	erests.			
If applicable, i	dentify the name of ea	ach source and the	e amount(s) re	eceived by the o	lonor for t	his payment:
5 C	\$					\$
Name	- Ψ	Amount		Name	e	Amount
3. Payment Information (C	complete Section	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	•		, ,			
o.r (u) haven ayment		ocation of Travel		-0	D	ates (month, day, year)
Transportation Provider	🗖 Rail	Check Applicable Bo		Other	N	ame of Lodging Facility
		Check Applicable DC	1763			20
Lodging Expenses	Meal Expenses	\$ Transportation Exportation	S_	Other Expenses	-	\$
3.1 (b) Payment(s) not rel		- 1,	05/21/2020	the second s	2,000.06	6
S. (b) Faymend(s) hot rel			Dates (month, d			Total Expenses
3.2. Payment Description	Provide a specifi	c description o			ency pu	rnose and use
sin i ajmont booonption			, she puyine	in and no dy	and pu	

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)

Ма	Fiona	California State Treasurer	Employees working at STO
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
. Verification	nce of the reported payment(s) a	as in compliance with FPPC regulat	tions.
(A'	Fiona Ma	California State Treas	surer 7/9/20
Signature	Print Name	Title	(month, day, year)
Commont:			

Comment:

Payment to Agency Report

A Public Document

					FATMENT TO AGENCT REPORT
1. Agency Name				Date Stamp	California 801
California State Treasurer				FAIR POLITICA	Form OUT
Division, Department, or Regio	on (if applicable)			FINDIUES (ADV.)	SION For Official Use Only
Entire State Treasuer's Office	e (STO)			2020 JUL 22 AM	9: 42
Street Address				and other to be filled	- Y 4.
P.O. Box 942809, Sacrament	to, CA 94209-000	1			7
Area Code/Phone Number	Email			Amendment (explain	in comment section)
916-653-2995	Spencer.Walker@)sto.ca.gov		_	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Spencer Walker, Esq - Gener	ral Counsel				(monun, day, year)
2. Donor Name and Address	S				
				Upward Housing LLC	C
Last Name	First 1	Name	Other		Name
299 Bellefontaine		Pasadena		CA	91005
Address		City		State	Zip Code
Housing					
If "Other" is marked, describe the entity's b	ousiness activity (if busine	ess) or its nature and inte	erests.		
	entify the name of e	ach source and the	amount(s) re	eceived by the donor for	this payment.
	any no hame of ea		Sinouni(s) ie		and paymont.
Name	\$	Amount		Name	\$
3. Payment Information (Co	molete Section		2 2 2 2 2		,
	mpiere Section	is 3.1 (a or D), 3	J.Z, J.J)		
3.1 (a) Travel Payment	. <u> </u>	ocation of Travel		- 5	Dates (month, day, year)
					Saco (nonin, uay, year)
Transportation Provider	🗖 Rail	Air 🛛 Bu		Other	Name of Lodging Facility
Tanoportation (Towae)		Check Applicable Box	kes		or Longing I donity
Lodging Expenses \$	Meal Expenses	\$ Transportation Exp	\$_	Other Expenses	\$
		25 B	05/28/2020		8 500 · (1995) / (1995)
3.1 (b) Payment(s) not relat	led to travel:		Dates (month, d	Ψ'	Total Expenses
3.2 Downont Description	Provide e enselfi				•
3.2. Payment Description.	Frovide a specifi	c description of	the payme	and its agency p	urpose 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)

Ма	Fiona California State Treasurer		Employees working at STO	
Last Name	First Name	Position/Title	Department/Division	
Last Name	First Name	Position/Title	Department/Division	
Verification	eptance of the reported payment(s) as Fiona Ma	in compliance with FPPC regulat California State Treas		
Signature		Title	(mdnth, day, year)	

Comment:

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

DAVMENT TO ACCNOV DEDODT

Payment to Agency Re	eport	A Public Do	ocument		P	AYMENT TO AGENCY REPORT
1. Agency Name				Date Sta	imp	California Q1
California State Treasurer			FAIR FOUTCAL BACTICES COMULSSIC		Form OUI	
Division, Department, or Reg	ion (if applicable)			NACTIONS IN	2001 (11 6 3405-0	For Official Use Only
Entire State Treasuer's Offic	ce (STO)		20	20 JUL 22	AM 9:4	2
Street Address						
P.O. Box 942809, Sacrame	nto, CA 94209-000 ²	1				
Area Code/Phone Number	Email				nt (ovelain in	comment section)
916-653-2995	Spencer.Walker@	sto.ca.gov				comment sectiony
Agency Contact (name and title)				Date of Origin	al Filing:	(month, day, year)
Spencer Walker, Esq - Gene	eral Counsel					(monun, day, year)
2. Donor Name and Addres	SS					
☑ Individual Kazan	Kyle	•	C Other			
Last Name	First N			•	Na	me
3645 Long Beach Blvd.		Long Beach			CA	90807
Address		City			State	Zip Code
If "Other" is marked, describe the entity's	s business activity (if busine	ss) or its nature and inte	erests.			
If applicable, in	lentify the name of ea	ch source and the	amount(s) re	ceived by the d	donor for th	is payment:
	¢			nero-serence (1990) 1990		^
Name		Amount		Name		\$ Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b), 3	3.2, 3.3)			
3.1 (a) Travel Payment	•	· //	, ,			
	Lo	ocation of Travel		8	Da	tes (month, day, year)
	🗌 Rail	🗖 Air 🗖 Bu	s 🗖 Auto	Other		
Transportation Provider		Check Applicable Bo			Nar	me of Lodging Facility
Lodging Expenses	Meal Expenses	\$ Transportation Exp	enses \$_	Other Expenses	_	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		06/11/2020	\$	2,000.00	
			Dates (month, da	ay, 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)

Ма	Fiona	California State Treasurer	Employees working at STO		
Last Name	First Name	Position/Title	Department/Division		
Last Name	First Name	Position/Title	Department/Division		
. Verification	nce of the reported payment(s)	as in compliance with FPPC regulat			
Signature	Fiona Ma Print Name	California State Treas	surer 7,9,20 (month, day, lyear)		
Commont					

Comment:

Payment to Agency Re	eport	A Public D	ocument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California QO1
California State Treasurer			(et	FAIR POLITICAL	Form OUI
Division, Department, or Regi	on (if applicable)		11	ACTICES CONSIISSIC	For Official Use Only
Entire State Treasuer's Offic	e (STO)		202	JUL 22 AM 9: 6	2
Street Address			le Xhi		
P.O. Box 942809, Sacramer	nto, CA 94209-000	1			
Area Code/Phone Number	Email			Amendment (explain	n in comment eastion)
916-653-2995	Spencer.Walker@	sto.ca.gov			i in comment section)
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Spencer Walker, Esq - Gene	eral Counsel				(month, day, year)
2. Donor Name and Addres	SS				
🗖 Individual			Other	March & Ash	
Last Name	First		O Other		Name
3499 Heatherwood Drive		El Cajon		CA	92019
Address		City		State	Zip Code
Housing		*			
If "Other" is marked, describe the entity's If applicable, id				ceived by the donor for	this payment:
	\$				\$
Name		Amount	100	Name	Amount
3. Payment Information (Co	omplete Section	s 3.1 (a or b),	3.2, 3.3)		
3.1 (a) Travel Payment					
	Lr	ocation of Travel			Dates (month, day, year)
	🗖 Rail	🗖 Air 🔲 Bu	us 🗖 Auto	Other	
Transportation Provider		Check Applicable Bo			Name of Lodging Facility
Lodging Expenses	Meal Expenses	\$ Transportation Exp	s	Other Expenses	\$ Total Expenses
0 0 1	•		06/17/2020	and a state of the	
3.1 (b) Payment(s) not rela	iteu to travel.		Dates (month, d	φ	Total Expenses
3.2. Payment Description.	Provide a specifi	c description o			and the former provements

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)

Ма	Fiona	California State Treasurer	Employees working at STO		
Last Name	First Name	Position/Title	Department/Division		
Last Name	First Name	Position/Title	Department/Division		
. Verification	nce of the reported payment(s)	as in compliance with FPPC regulat	ions.		

Comment:

Payment to Agency R	eport	A Public D	ocument	A STATISTICS	F. F	PAYMENT TO AGENCY REPORT
1. Agency Name				FAI Date Star	mp	California 001
California State Treasurer			1=	RACTICES COI	4 G W. 16	Form OUI
Division, Department, or Reg	ion (if applicable)					For Official Use Only
Entire State Treasuer's Offic	ce (STO)		20.	A SSJUL C	月 9:42	
Street Address						
P.O. Box 942809, Sacrame	nto, CA 94209-0001					
Area Code/Phone Number	Email				nt (ovalain in	
916-653-2995	Spencer.Walker@s	sto.ca.gov			nt (explain in	comment section)
Agency Contact (name and title)				Date of Origina	l Filing: _	(month, day, year)
Spencer Walker, Esq - Gen	eral Counsel					(monin, day, year)
2. Donor Name and Addre	SS			1		
✓ Individual	Edwa	ard & Elissa	C Other			
Last Name	First N	ame			Na	ame
1421 Marine Way		Oxnard			CA	93035
Address		City		T.	State	Zip Code
If "Other" is marked, describe the entity's	s business activity (if busines dentify the name of eac			ceived by the d	onor for th	is payment:
	\$					¢
Name	······	Amount		Name		Amount
3. Payment Information (C	omplete Sections	s 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment						
	Lo	cation of Travel		-	Da	ates (month, day, year)
Transportation Provider	🗖 Rail	Check Applicable Bo		o ☐ Other .	Na	me of Lodging Facility
Lodging Expenses \$	Meal Expenses	\$ Transportation Exp	penses \$_	Other Expenses		\$ Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		06/24/2020 Dates (month, da		1,954.86	Total Expenses
			20 - 20			2

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)

Fiona	California State Treasurer	Employees working at STO	
First Name	Position/Title	Department/Division	
First Name	Position/Title	Department/Division	
ice of the reported payment(s) as	s in compliance with FPPC regulat	ions.	
	California State Treas	surer 2 9 20	
Print Name	Title	(month, day, year)	
	First Name nce of the reported payment(s) as Fiona Ma	First Name Position/Title The reported payment(s) as in compliance with FPPC regulat Fiona Ma California State Treas	

