ayment to Agency R	chair	A Public Do	ocument		PAYMENT TO AGENCY REPORT
. Agency Name				Date Stamp	California RA1
California State Treausrer					Form String Man Only
Division, Department, or Rec			For Official Use Only		
Entire State Treasurer's Off	ice (STO)			·	
Street Address	•				
P.O. Box 942809, Sacrame	nto, CA 94209-000	)1			
Area Code/Phone Number	Email			☐ Amendment (ex	plain in comment section)
916-653-2995	Spencer.Walker	@sto.ca.gov			·
Agency Contact (name and title)				Date of Original Fili	ng:(month, day, year)
Spencer Walker, Esq - Gen	eral Counsel				(month, day, year)
. Donor Name and Addre	SS				
	•	ırquis	فافر سسا		•
☑ Individual Hyatt Last Name		Name	☐ Other	,	Name
230 Newport Center Drive,		Newport Beac	h	CA	
Address ,		City		State	Zip Code
	•				
If "Other" is marked, describe the entity	's business activity (if busin	ness) or its nature and int	erests.		
If applicable, i	identify the name of e	each source and the	amount(s) re	eceived by the donor	r for this payment:
	·	•		•	
Name		Amount		Name	Amount
. Payment Information (C	Complete Sectio	ns 3.1 (a or b),	3.2, 3.3)	<u> </u>	
3.1 (a) Travel Payment			•	•	
		Location of Travel			Dates (month, day, year)
	Rail	∏Air ∏Bı	us ∐ Aut	o 🔲 Other	1
Transportation Provider	LI (0)	Check Applicable Bo		O PLOUISI	Name of Lodging Facility
Φ.	ħ	Φ.			
Lodging Expenses	Meal Expenses	Transportation Ex	penses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel		03/25//202	0 <u>\$</u> 1,9	53,75
are ful a wil mineral along to	**************************************	•	Dates (month,		Total Expenses
3.2. Payment Description	ı. Provide a speci	ific description o			y nurnose and use
Due to COVID-19 stay		•	•		·
STO is an esssential s					
cannot telecommute.	This payment is	for 150 grah	pioyogo k go / hrov	vn bag breakfa	sts on 3/25/2020
				-	VII VIEWIEVEU.
3.3. Identify the officials	who used the pay	ment in Section	3.1 (See instru	uctions)	
Ма	Fiona	•	California S	itate Treasurer	Employees working at STO
Last Name	First Nar			sition/Title	Department/Division
	•	-			,
				•	
Last Name	First Na	me	Pos	sition/Title	Department/Division
		•			•
4. Verification	1		774		
· v /		33 (ma a. m f / = \		W. EDDO	
I authorized the acceptance	•	ayment(s) as in co	•	-	# #. #.
Comment of the second	Fiona Ma		Calif	ornia State Treasu	irer 4/1/2
Signativre		Print Name		Title	(month, day, year)
Commont					
Comment:					

ayment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPORT	
Agency Name			Date Stamp	California O A	
California State Treausrer				Form OUL	
Division, Department, or Rec	ion (If applicable)	**************************************		For Official Use Only	
Entire State Treasurer's Of	fice (STO)				
Street Address		A CONTRACTOR OF THE PARTY OF TH	,		
P.O. Box 942809, Sacrame	ento, CA 94209-0001			1	
Area Code/Phone Number	Email			<u>.</u>	
916-653-2995	Spencer.Walker@sto.ca.gov		Amendment (e)	kplain in comment section)	
Agency Contact (name and title)			Date of Original Filing:		
Spencer Walker, Esq - Ger				(month, day, year)	
Donor Name and Addre	988		1 Balantalana O. I		
Individual	Plus I & I	Ø Other	Highridge Costa		
330 W. Victoria Street	First Name Gardena		CA	Name	
Address	City		State		
Real Estate	·		. State	⊇ Zip Code	
	's business activity (if business) or its nature :	and lubur - 1			
If Other is marked, describe the entity	s business activity (it business) or its nature i	and interesis.		- Westerna	
If applicable,	identify the name of each source ar	nd the amount(s) re	eceived by the dono	r for this payment:	
	Φ				
Name			Name	Amount	
Payment Information (	Complete Sections 3.1 (a or	(b) 32 33)			
3.1 (a) Travel Payment		D), O.L., O.O)			
Transportation Provider	Check Applica	\$		Name of Lodging Facility	
Lodging Expenses	,	ion Expenses	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not re	lated to travel:	03/26/2020	Ψ '	336.53	
	•	Dates (month,		Total Expenses	
Due to COVID-19 stay STO is an esssential s cannot telecommute.	<ul> <li>Provide a specific description of the control of the</li></ul>	irants around e employees ab & go / brov	our office are o who have critic vn bag lunches	closed. However, the all work functions and	
3.3. Identify the officials	who used the payment in Sec	tion 3.1 (See Instru	uctions)		
Ма	Fiona	California S	tate Treasurer	Employees working at STC	
Last Name	First Name		iltion/Title	Department/Division	
		·		·.	
Deck and the second					
Last Name	First Name	Pos	sition/l'Itie	Department/Division	
				•	
Verification //					
# # # #	of the reported neumant(s) as	in			
Tauthorized in acceptance	of the reported payment(s) as	•	=		
THE REAL PROPERTY OF THE PARTY	Fiona Ma	Califo	ornia State Treasu	irer 4/ 7/2	
Signature	Print Name		Title	(mbnth, day, year)	
Comment:					
(Use this space or an attachment	for any additional information)	77, 47	1		
,					

FPPC Form 801 (Jan/18)