

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name California State Treasurer Division, Department, or Region (if applicable) Entire State Treasurer's Office (STO) Street Address P.O. Box 942809, Sacramento, CA 94209-0001 Area Code/Phone Number Email 916-653-2995 Spencer.Walker@sto.ca.gov Agency Contact (name and title) Spencer Walker, Esq - General Counsel		Date Stamp California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

Individual _____ Other Highridge Costa
 Last Name First Name Name
330 W. Victoria Street Gardena CA 90248
 Address City State Zip Code
 Real Estate
 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 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

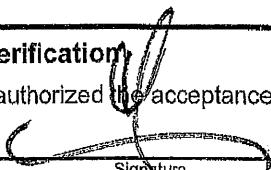
3.1 (b) Payment(s) not related to travel: 03/26/2020 \$ 1,836.53
 Dates (month, day, year) Total Expenses

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 3/27/20.

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

Ma	Fiona	California State Treasurer	Employees working at STO
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
 _____ Fiona Ma _____ California State Treasurer _____ 4/7/20
 Signature Print Name Title (month, day, year)

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