

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
California State Transportation Agency
Division, Department, or Region (if applicable)
Street Address
400 Capitol Mall, Suite 2340, Sacramento, CA 95814
Area Code/Phone Number
916-323-5400
Email
contact.us@calsta.ca.gov
Agency Contact (name and title)
Minerva Anguiano, Administration and Finance Manager
Date Stamp
California Form 801 For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other California Diplomacy Foundation
Last Name First Name Name
1215 K Street, Suite 1400 Sacramento CA 95814
Address City State Zip Code

To offset government travel and other expenses connected to promoting trade and investment in California

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
Tokyo & Osaka, Japan
Location of Travel
March 11-18, 2023
Dates (month, day, year)
Multiple
Transportation Provider
Rail Air Bus Auto Other
Hotel Okura & Hilton Osaka
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses
\$ 6,132.73

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.

Trade Mission, California-Japan Climate Summit, California Trade and Investment Forum, Smart Energy Week Exhibit & Conference, and site visits. Expenses covered include ground transportation including Shinkansen tickets, translation/ interpretation costs, forums, summits, site visits, tours, and attendance at the Smart Energy Week trade show plus lunches, receptions, and dinners.

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

Omishakin Toks Secretary State Transportation Agency
Last Name First Name Position/Title Department/Division
Giovinazzi Giles Senior Advisor State Transportation Agency
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.

Minerva Anguiano Minerva Anguiano Admin & Finance Manager 08/01/2023
Signature Print Name Title (month, day, year)

CDF letters and copy of check for travel payment directly to Secretary and deducted from agency payment total attached.

Comment: Have requested specific payment breakdown from CDF and will amend form if/when received.

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

