

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Hayward		Date Stamp	California Form 801 For Official Use Only 08/19/24 PM 6:30:40
Division, Department, or Region (if applicable) Office of the City Manager			
Street Address 777 B Street, Hayward, CA 94541		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-583-4340	Email kristoffer.bondoc@hayward-ca.gov		
Agency Contact (name and title) Kristoffer Bondoc, Executive Assistant			

2. Donor Name and Address

Individual _____ Other Bloomberg Harvard City Leadership Initiative

Last Name: _____ First Name: _____ Name: _____
 Address: Bloomberg LP, 731 Lexington Avenue City: New York State: NY Zip Code: 10022

Bloomberg Harvard City Leadership Initiative - Senior Leaders

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 New York City, New York 8/12/23 - 8/17/23

Location of Travel: _____ Dates (month, day, year): _____

Rail Air Bus Auto Other Loews Regency NY Hotel
 Transportation Provider: United & Alaska Airlines Check Applicable Boxes: _____ Name of Lodging Facility: _____

\$ <u>1,600.00</u>	\$ <u>1,100.00</u>	\$ <u>1,600.00</u>	\$ <u>6,700.00</u>	\$ <u>11,000.00</u>
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

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.

Tuition: \$6,700 per participant, Domestic Travel & Hotel: \$3,200 per participant, Meals & Events: \$1,100 per participant

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

<u>McAdoo</u>	<u>Kelly</u>	<u>Former City Manager</u>	<u>Office of the City Manager</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I hereby certify that the reported payment(s) as in compliance with FPPC regulations.

Minam Lens City Clerk 8/19/24
 Print Name Title (month, day, year)

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

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