

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Hayward		Date Stamp <b>California Form 801</b> For Official Use Only 08/19/24 PM 6:30:49
Division, Department, or Region (if applicable) Office of the Mayor		
Street Address 777 B Street, Hayward, CA 94541		
Area Code/Phone Number 510-583-4340	Email mark.salinas@hayward-ca.gov	
Agency Contact (name and title) Kristoffer Bondoc, Executive Assistant		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Bloomberg Harvard City Leadership Initiative

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

Bloomberg Harvard City Leadership Initiative - Program for Mayors

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 7/15/23 - 7/19/23

Location of Travel Dates (month, day, year)

JetBlue & other shuttles  Rail  Air  Bus  Auto  Other Loews Regency NY Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>1,500.00</u>	\$ <u>1,000.00</u>	\$ <u>1,500.00</u>	\$ <u>13,400.00</u>	\$ <u>17,400.00</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: \$13,400 per participant, Domestic Travel & Hotel: \$3,000 per participant, Meals & Events: \$1,000 per participant

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

<u>Salinas</u>	<u>Mark</u>	<u>Mayor</u>	<u>Office of the Mayor</u>
_____	_____	_____	_____
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.

\_\_\_\_\_ Minam Lens City Clerk 8/19/24

Print Name Title (month, day, year)

Comment:

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