ayment to Agency Re	eport A	Public Documen	L	PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California 801
City and County of San Francisco				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
Office of Economic and Wo	rkforce Development			
Street Address			1	
1 South Van Ness Ave. 5th	Floor San Francisco, C	CA 94103		
Area Code/Phone Number	Email		Amendment (evo	lain in comment section)
628-652-8400	iowayna.pena@sfgov	v.org	Amendment (exp	iain in comment section)
Agency Contact (name and title)			Date of Original Filin	(month, day, year)
lowayna Peña				(month, day, year)
Donor Name and Addre	ss			
		— 04	Harlem Children Z	one
☐ Individual Last Name	First Name	Other		Name
26 E 125th St	N	lew York	NY	10035
Address	Ci	ty	State	Zip Code
HCZ fights intergenerationa	I poverty by creating yo	outh pathways to mobilit	y and change in com	nmunities nationwide.
f "Other" is marked, describe the entity	s business activity (if business) c	or its nature and interests.		
> If annliaghla :	double the name of each		manajiyad biyatba danami	for this maximum.
	dentity the name of each	source and the amount(s)	received by the donor	for this payment:
	\$		Name	\$
Name	Amo		Name	Amount
Payment Information (C	•		–	
3.1 (a) Travel Payment	New York City - Ke		11/5/	/25-11/7/25
	Location	on of Travel		Dates (month, day, year)
Delta Airlines	🔲 Rail	I Air □ Bus □ Au	to □Other ^{Rena}	aissance Harlem Hotel
Transportation Provider		heck Applicable Boxes		Name of Lodging Facility
\$638.00 \$	247.80 Meal Expenses	\$981.96	0.00	\$
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$	
		Dates (month,	day, year)	Total Expenses
3.2. Payment Description Harlem Children's Zone public/private cradle to 3.3. Identify the officials v	e learning tour to in career initiative se	form planning the Sarving San Francisco	an Francisco Pro 's high poverty ch	mise City Initiative, a
Last Name	First Name		sition/Title	Department/Division
Last Name	First Name		sition/Title	Department/Division
/erification authorized the acceptance			_	
gwar pe tta	<u> </u>		kforce Director	11/24/20 25
Signature	Print	Name	Title	(month, day, year
Comment:				
COHIHEHL.				

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

Payment to Agency Report Instructions

A Public Document

California 801

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest. Form 700.

When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

Website Posting:

State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

Local Agencies

The website posting rules differ for travel and non-travel payments.

Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC.

Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 1102 Q Street, Suite 3050, Sacramento, CA 95811 or faxed to (916) 322-3711.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

Part 3. Payment Information

Expenses may be rounded to whole dollars.

Section 3.1.a. Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

Section 3.3. Identify Officials

Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.