

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name The Office of the Mayor Division, Department, or Region (if applicable) San Francisco Street Address 1 Dr. Carolton B. Goodlett Place, Rm. 200, San Francisco, CA, 94102 Area Code/Phone Number 415-554-6141 Email dexter.darmali@sfgov.org Agency Contact (name and title) Dexter Darmali, Legislative & Ethics Secretary		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

<input type="checkbox"/> Individual Last Name First Name 26 E. 125th St New York CA 10035 Address City State Zip Code	<input checked="" type="checkbox"/> Other Harlem Children's Zone Name
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learning tour to inform planning the San Francisco Promise City Initiative

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 _____
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Delta Airlines Transportation Provider \$1,276.00 Lodging Expenses \$495.60 Meal Expenses \$1,526.94 Transportation Expenses \$ _____ Other Expenses \$3,298.54 Total Expenses	New York City - Kennedy Location of Travel 11/5/25-11/7/25 Dates (month, day, year) <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes Renaissance Harlem Hotel Name of Lodging Facility
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3.1 (b) Payment(s) not related to travel: _____ Dates (month, day, year)	\$ _____ Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Harlem Children's Zone learning tour to inform planning the San Francisco Promise City Initiative, a public/private cradle to career initiative serving San Francisco's high-poverty children and families

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

Jones Last Name EJ First Name Director Position/Title MYR Department/Division	Moriarty Last Name Peggy First Name Assistant Chief Position/Title MYR Department/Division
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4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

_____ Print Name	Dexter Darmali Title	Legislative & Ethics Secretary Title	11/24/25 (month, day, year)
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Comment:

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