

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

University of California

Division, Department, or Region (if applicable)

Street Address

1111 Franklin Street, Oakland California 94607

Area Code/Phone Number

Email

Agency Contact (name and title)

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 Conway Ron ☐ Other
Last Name First Name Name

Address City State Zip Code

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

Chicago, Illinois

Location of Travel

June 17, 2026 - June 18, 2026

Dates (month, day, year)

FlexJet, Limolink, The Peninsula

Transportation Provider

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Check Applicable Boxes

The Peninsula

Name of Lodging Facility

\$ 1,367.35

Lodging Expenses

\$

Meal Expenses

\$ 6,449.00

Transportation Expenses

\$ 500.00

Other Expenses

\$ 8,316.35

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.

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

Hawgood Sam Chancellor UCSF
Last Name First Name Position/Title Department/Division

Hawgood Jane Associate UCSF
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.

Nathan Brostrom

Print Name

EVP-CFO

Title

7/22/2026

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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