

**A Public Document**

### PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> University of California		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
<b>Street Address</b> 1111 Franklin Street, Oakland California 94607			
<b>Area Code/Phone Number</b>	<b>Email</b> Form700info@ucop.edu	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) UC Filing Officer		<b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other
Obernodrf		William	
Last Name		First Name	
615 Front Street		San Francisco	
Address		City	
CA		94111	
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)

<b>3.1 (a) Travel Payment</b>  William Obernodrf <small>Transportation Provider</small>		<u>Washington, D.C to Oakland, CA</u> <small>Location of Travel</small>  <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other <small>Check Applicable Boxes</small>		<u>May 12, 2025</u> <small>Dates (month, day, year)</small>
\$ _____ <small>Lodging Expenses</small>	\$ _____ <small>Meal Expenses</small>	<u>7,000.00</u> <small>Transportation Expenses</small>	\$ _____ <small>Other Expenses</small>	<u>7,000.00</u> <small>Total Expenses</small>

**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.

Transportation for the official business of the University of California under very short timeline. More specifically, to allow the UC an opportunity to protect the future of research in discussions with Washington DC officials.

**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
_____	_____	_____	_____
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.

Print Name Nathan Brostrom Title EVP-CFO Date 9/18/2025  
(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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<b>Agency Contact</b> (name and title) UC Filing Officer		<b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

☐ Individual Briger Peter ☐ Other \_\_\_\_\_  
Last Name First Name Name  
2492 Sand Hill Road Menlo Park CA 94025  
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)

<b>3.1 (a) Travel Payment</b>		<u>Washington DC</u>	<u>June 1, 2025</u>	
		Location of Travel	Dates (month, day, year)	
<u>Peter Briger</u>	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto
Transportation Provider	Check Applicable Boxes			<input type="checkbox"/> Other
			Name of Lodging Facility	
\$ _____	\$ _____	\$ <u>12,000.00</u>	\$ _____	\$ <u>12,000.00</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

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Last Name	First Name	Position/Title	Department/Division
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## 4. Verification

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Nathan Brostrom EVP-CFO 2/18/2025  
Print Name Title (month, day, year)

Comment:

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

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