

# Payment to Agency Report

A Public Document

EDUCATIONAL EQUITY COMPLIANCE OFFICE

PAYMENT TO AGENCY REPORT

## 1. Agency Name

Los Angeles Unified School District

Division, Department, or Region (if applicable)

Information Technology Services

Street Address

333 S. Beaudry Ave., 18th Floor

Area Code/Phone Number

213-241-3330

Email

darlene.vargas@lausd.net

Agency Contact (name and title)

Darlene L. Vargas, Ethics Officer

Date Stamp

2025 JAN 17 PM 2:44

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

Last Name

First Name

☒ Other

Epson America, Inc.

Name

3131 Katella Ave

Los Alamitos

CA

90720

Address

City

State

Zip Code

Epson is a manufacturer of printers, projectors and other technology used in schools. www.epson.com

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

Japan

Location of Travel

10/5/24 - 10/12/24

Dates (month, day, year)

Various - Air, Rail, and Bus

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Tokyo Hyatt, Buena Vista Matsui

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$ 1,600.00

\$ 1,000.00

\$ 4,000.00

\$ N/A

\$ 6,600.00

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.

The payment is for travel and related expenses to attend the Epson Education Exchange in Japan. The purpose of the trip is to provide educational information and exchange between US/Japanese schools, discuss audio/visual technologies and learning impact, discuss district technology initiatives, solutions, technology and product demonstrations to enhance knowledge and understanding of Epson's products.

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

Katal

Soheil

CIO

ITS

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.

Signature

Pedro Salcido

Print Name

Deputy Superintendent, Business

Title

1/15/25

(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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