

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Los Angeles Unified School District

Division, Department, or Region (if applicable)

Local District West

Street Address

333 S. Beaudry Ave., 20th Floor

Area Code/Phone Number

213-241-3330

Email

darlene.vargas@lausd.net

Agency Contact (name and title)

Darlene Vargas, Ethics Advisor

Date Stamp

2018 AUG 23 PM 2:45

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LEGAL SERVICES

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

Great Public Schools Now

Name

1150 S. Olive St. #1325

Los Angeles

CA

90015

Address

City

State

Zip Code

California nonprofit dedicated to ensuring all Los Angeles students receive a high-quality education.

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

Dana Point, CA

June 21-22, 2018

Location of Travel

Dates (month, day, year)

Intermex Transportation

Transportation Provider

☐ Rail

☐ Air

☒ Bus

☐ Auto

☐ Other

Check Applicable Boxes

Laguna Cliffs Marriott

Name of Lodging Facility

\$ 3709.95

\$ 4630.80

\$ 547.03

\$ 78.36

\$ 8966.15

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

June 21-22

\$ 8496.15

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Hosting a Co-located School Leadership Collaboration Summit to foster relationships amongst co-location school leaders in Board District 4.

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

See attached

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.



Austin Beutner

Print Name

Superintendent

Title

8/23/18
(month, day, year)

Comment:

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page

Name	Title	Location	Per Person Cost
Peter Benefiel	Principal	Daniel Webster MS	\$1,164.15
Janet Mack	Principal	Westchester Enriched Studies Magnet	\$1,164.15
Kyle Hunsberger	Principal	Katherine Johnson STEM Academy (New Middle School Pathways)	\$1,164.15
Christina Wantz	Principal	Orville Wright MS	\$1,164.15
Darryl Davis	Assistant Principal	Orville Wright MS	\$1,164.15
Maria Garcia-Haro	Principal	Stoner ES	\$1,164.15
Eduardo Duran	Principal	LeConte MS	\$1,164.15
Glendy Marin-Elias	Principal	Selma ES	\$1,164.15
Nurnisa Kurban	Assistant Principal	Bernstein HS	\$1,164.15
Paul Hirsch	Principal	Bernstein STEM HS	\$1,164.15
Lorraine Machado	Principal	Marina del Rey MS	\$1,164.15
Allison Holdorff	Staff	Office of Board Member Nick Melvoin	\$1,164.15
Sarah Angel	Staff	Office of Board Member Nick Melvoin	\$1,164.15
Cheryl Hildreth	Superintendent	Local District West	\$1,164.15
Darnise Williams	Administrator of Instruction	Local District West	\$1,164.15