

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)

Division of Instruction-Advanced Learning/GEAR UP

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 APR -3 PM 4:17

GEN. CNL. OFF.
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

Texas Instruments

Name

13532 N. Central Expressway

Dallas

Texas

75243

Address

City

State

Zip Code

Education Technology for Math, Science, and STEM

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

March 8th -12th, 2017

Dates (month, day, year)

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☒ Other

Hyatt Regency Chicago

Name of Lodging Facility

\$2,662.62

Lodging Expenses

\$

Meal Expenses

\$

Transportation Expenses

\$

Other Expenses

\$2,662.62

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.

GEAR UP 4 LA has been invited to send classroom teachers, Principals and GEAR UP 4 LA staff to attend the Teachers Teaching with Technology (T3) International Conference.

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

Bramwell

Lois

Specialist

Advanced Learning Options

Last Name

First Name

Position/Title

Department/Division

Jackson

Greg

Former Principal,

LC Central

Last Name

First Name

Position/Title

Department/Division

Smith

Charles

Principal, New Academy LC Central

4. Verification

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

Arrie Galvez

Signature

ARRIE GALVEZ

Print Name

DIRECTOR

Title

04/2/18

(month, day, year)

Comment:

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

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

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