Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

2013 AUG -1 AM 9:08

GEN. CNSL. OFF.
LEGAL SERVICES

1. Agency Name

Los Angeles Unified School District

Division, Department, or Region *(if applicable)*

Human Capital Initiatives

Street Address

333 S. Beaudry Ave, Los Angeles, CA 90017

Area Code/Phone Number	**E-mail**
213-241-3444	drew.furedi@lausd.net

Agency Contact *(name and title)*

Drew Furedi, Executive Director, Human Capital Initiatives

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: 7/16/13 *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☒ Other Truenorthlogic (Name)

8180 South 700 East, Suite 250 (Address) Sandy (City) UT (State) 84070 (Zip Code)

PROVIDES K-12 HUMAN CAPITAL MANAGEMENT PLATFORM TO K-12 EDUCATION CLIENTS

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) solicited or received by the donor for this gift:

_____ (Name) $_____ (Amount) _____ (Name) $_____ (Amount)

3. Payment Information

Date and Amount of Payment *(other than travel)* _____ *(month, day, year)* $_____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Park City, UT (Salt Lake City airport)

June 26-28	$180.00	$321.76	$152.78	$36.98	$691.52
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

EXPENSES TO PARTICIPATE IN TRUENORTHLOGIC CLIENT ADVISORY COUNCIL TO PROVIDE GUIDANCE TO TRUENORTHLOGIC ON FUTURE DIRECTIONS FOR ITS K-12 HUMAN CAPITAL MANAGEMENT PLATFORM.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Furedi	Andrew		

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Donna E Muncey (Signature of Agency Head or Designee) Donna Muncey (Print Name) Chief, Intensive Sup & Intervt. (Title) 7/24/13 *(month, day, year)*

Comment: *(Use this space or an attachment for any additional information.)*