

# 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 Central

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

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

13832 N. Central Expressway Dallas

Texas 75243

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

San Antonio, Texas

Location of Travel

3/1/18 - 3/3/18

Dates (month, day, year)

Transportation Provider

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Check Applicable Boxes

San Antonio Marriott

Name of Lodging Facility

\$ 732.03

Lodging Expenses

\$ Meal Expenses

\$ Transportation Expenses

\$ 195

Other Expenses

\$ 927.03

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.

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

AHN, Hong

Last Name

First Name

STEAM Coordinator

Position/Title

LD Central

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.

Natividad Rozga Natividad Rozga Admin. of Inst.

Signature

Print Name

Title

4-2-19

(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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