

2019 JUL 29 PM 3:25

## 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)

Office of the Superintendent

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 Officer

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

Scholastic

Name

557 Broadway

New York

NY

10012

Address

City

State

Zip Code

Publisher

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

Boston, MA

Location of Travel

July 21-25, 2019

Dates (month, day, year)

United Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

Freemont Hotel Cambridge

Name of Lodging Facility

\$ 1,104.00

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 600.00

Transportation Expenses

\$ 2,500.00

Other Expenses

\$ 4,204.00

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 will cover airfare, accommodations, and tuition for the Family Engagement in Education: Creating Effective Home and School Partnerships for Student Success Institute convened by Dr. Karen Mapp. This scholarship was provided to the Los Angeles Unified for one participant.

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

Plascencia, Jr.

Last Name

Antonio

First Name

Director

Position/Title

Office of the Superintendent

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

Chief of Staff

Title

07/19/19

(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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