	A	<b>Public Docume</b>	nt	GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
Los Angeles Unified School D	istrict		50,000,000-00	Form OU
Division, Department, or Region	ı (if applicable)		onin AUG - L AM 9: 0	For Official Use Only
Talent Management Di Street Address	vision		THE PART OF	
333 S. Realdon And	Inc Angelor	CA 90017	BEN. ENSL. UP	
Area Code/Phone Number   E-	-mail	CH 10011	LEGAL SERVICE	g
333 S. Beaudry Ave Area Code/Phone Number E. 213. 241.3444	achel backous	and loust not	Amendment (explain	in comment section)
Agency Contact (name and title)	action words	76.000	Date of Original Filing:	turn the d
Rachel Bonkovsky, Ex	ecutive Director			(month, day, year)
2. Donor Name and Address				
5 MAC AND 2 MACCA 1991 MA 122 M		<b>5</b>	er Truenorthlogic	
Individual Last Name	First Name	Othe	·	Name
8180 South 700 East, Suite 2		andy	UT	84070
Address	Ci	ty	State	Zip Code
PROVIDES K-12 HUMAN CA			-12 EDUCATION CLIEN	TS
If "Other" is marked, describe the entity's bu	siness activity (if business) of	or its nature and interests.		
If applicable, identify the name of	each source and the a	mount(s) solicited or rece	eived by the donor for this g	ift:
	¢			e
Name	Amo	ount	Name	Amount
Travel Payment Information	(Round to whole dollars)	Location of Travel	(Round to whole dollars) Park City, UT (Salt Lake	City airport) 501.76
June 26-28	312.00 S	S	52.78 <u>\$</u> 36.98	
Date(s) of Travel	SECTION OF STREET	Management Control	Expenses St. 98 Other Expen	ses Total Expenses
June 26-28  Date(s) of Travel  Provide a specific descrip  EXPENSES TO PARTICIPAT  TRUENORTHLOGIC ON FUT  Identify the officials for when	tion of the nature E IN TRUENORTHI TURE DIRECTIONS	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age	ncy business:  OVIDE GUIDANCE TO
Provide a specific descrip  EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT	tion of the nature E IN TRUENORTHIFURE DIRECTIONS	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEMI	ncy business:  OVIDE GUIDANCE TO ENT PLATFORM.
Provide a specific descrip  EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT	tion of the nature E IN TRUENORTHI TURE DIRECTIONS	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEMI	ncy business:  OVIDE GUIDANCE TO
Date(s) of Travel Provide a specific descrip EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT  Identify the officials for when the specific descrip  Bonkovsky	tion of the nature E IN TRUENORTHI FURE DIRECTIONS  nom the payment  Rachel	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEMI e Director Ta	Total Expenses ncy business:  DVIDE GUIDANCE TO ENT PLATFORM.
Date(s) of Travel Provide a specific descrip EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT  Identify the officials for when the specific descrip  Bonkovsky	tion of the nature E IN TRUENORTHI FURE DIRECTIONS  nom the payment  Rachel	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEMI e Director Ta	Total Expenses ncy business:  DVIDE GUIDANCE TO ENT PLATFORM.
Date(s) of Travel Provide a specific descrip EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT  Identify the officials for whe Bonkovsky Last Name  Last Name	tion of the nature E IN TRUENORTHIFURE DIRECTIONS Thom the payment  Rachel  First Name	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEM  e Director Ta	ncy business:  DVIDE GUIDANCE TO ENT PLATFORM.  Jent Management  Department/Division
Provide a specific descrip EXPENSES TO PARTICIPAT TRUENORTHLOGIC ON FUT  Identify the officials for wheel the specific descrip  Bonkovsky  Last Name	TE IN TRUENORTHIFURE DIRECTIONS  Thom the payment  Rachel  First Name	e and use of the pay LOGIC CLIENT ADVIS FOR ITS K-12 HUMA was used: Executive	yment for official age SORY COUNCIL TO PRO N CAPITAL MANAGEM  e Director Ta  Title	Total Expenses ncy business: DVIDE GUIDANCE TO ENT PLATFORM.  Lent Management Department/Division  Department/Division