

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 West

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 AUG 23 PM 2:45

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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

Great Public Schools Now

Name

1150 S. Olive St. #1325

Los Angeles

CA

90015

Address

City

State

Zip Code

California nonprofit dedicated to ensuring all Los Angeles students receive a high-quality education.

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

Dana Point, CA

June 21-22, 2018

Location of Travel

Dates (month, day, year)

Intermex Transportation

☐ Rail

☐ Air

☒ Bus

☐ Auto

☐ Other

Laguna Cliffs Marriott

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$0

\$617.44

\$36.47

\$169.75

\$823.66

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

June 21-22

\$1132.82

Dates (month, day, year)

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Hosting a Co-located School Leadership Collaboration Summit to foster relationships amongst co-location school leaders in Board District 4.

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

Melvoin

Nicholas

Board Member

Board District 4

Last Name

First Name

Position/Title

Department/Division

Spicer

Andre

Principal

Bernstein High School

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.

Austin Beutner

Superintendent

Signature

Print Name

Title

8/23/18
(month, day, year)

Comment:

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

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

Clear Page

Name	Title	Location	Per Person Cost
Andre Spicer	Principal	Bernstein HS	\$978.24
Nick Melvoin	Board Member	Local District 4	\$978.24