

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California **801**
Form
For Official Use Only

Los Angeles Unified School District

Division, Department, or Region (if applicable)

Office of the Superintendent

Street Address

333 S. Beaudry Ave. 24th Floor, Los Angeles, CA 90017

Area Code/Phone Number

213.241.7000

E-mail

matt.hill@lausd.net

Agency Contact (name and title)

Matt Hill, Administrative Officer

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Apple Corporation

Name

1 Infinite Loop

Cupertino

CA

95014

Address

City

State

Zip Code

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:

See attached

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

7/23/09

(month, day, year)

\$

\$1,864.07

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Apple Corp., Cupertino, CA

7/23/09

Date(s) of Travel

\$ \$1,674.30

Transportation Expenses

\$

Lodging Expenses

\$ \$189.77

Meal Expenses

\$

Other Expenses

\$ \$1,864.07

Total Expenses

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

To share the instructional vision of LAUSD and to discuss how Apple could partner with us to apply for 'Innovation Funds' from the US Department of Education.

Identify the officials for whom the payment was used:

See attached

Last Name

First Name

Title

Department/Division

Last Name

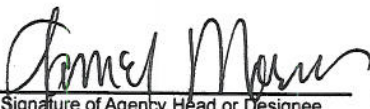
First Name

Title

Department/Division

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.



James Morris

Print Name

Chief of Staff

Title

8/20/09

(month, day, year)

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

Because the expenses were not the same for each person, a breakdown of the total gift of \$1,864.07 is attached.

Gift to Agency Report Instructions

A Public Document

California
Form **801**

This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website www.fppc.ca.gov.

When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886
E-mail: Form801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

Part 3. Payment Information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA co-sponsored solar energy seminar held in Washington, D.C."

Part 4. Verification

The agency head or his or her designee must sign the form.

General Information

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other inter-agency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.

229326

Check One:

Expenses (Complete Travel Expense Claim Form for reimbursement)
No Expense

LOS ANGELES UNIFIED SCHOOL DISTRICT
REQUEST FOR TRAVEL AND ATTENDANCE AT CONFERENCE, CONVENTION OR MEETING

Name (First) See List Attached (MI) _____ (Last) _____
 _____ District Employee _____ District Parent _____ Contractor/Consultant
 Employee Number: _____ Job Class Code: _____ Title: _____ Local District Office: _____
 School/Office Name: _____ Location/Organization Code: _____
 Work Telephone No.: (_____) _____ Fax No.: (_____) _____ Email: _____

Travelers must meet the guidelines of Bulletin 4037.1 – District Policy for Travel and Attendance at Conferences, Conventions, or Meetings. For information regarding per diem, please see section VIII. Reimbursable Expenditures Guidelines, section E. Per Diem. Only conference registration fees may be paid on the P-Card. No other travel related expenses may be paid on the P-Card. The travel account may only be used with River City Travel. Reconciliation for conference registration fees on the P-Card and travel account is to object code 5202.

TRAVEL & CONFERENCE ATTENDANCE INFORMATION

(✓) Check appropriate box describing the travel and/or conference attendance:

- ☒ 1. Requested by Superintendent
☐ 2. Requested by School/Office
☐ 3. Requested by Local District Office
☐ 4. Self-Initiated (Include rationale for this request with attached documentation.)
☐ 5. Collective Bargaining Unit
☐ 6. Other: _____

Number of workdays requested: _____

Do you have an additional assignment with LAUSD? ☐ Yes ☒ No

If yes, requestor must submit a copy of this form to the appropriate administrator at the other site.

Will a paid substitute be required? ☐ Yes ☒ No

If yes, indicate the funds for the substitute:

| Fund | Area | Location/Organization | Program |
|------|------|-----------------------|---------|
| | | | |

LOCATION OF TRAVEL/CONFERENCE ATTENDANCE:
 (Attach documentation)

Name: Apple Corporation
 Address: 1 Infinite Loop
 City: Cupertino State: CA Zip: 95014

Within 45 miles of principal place of work or home: ☐ Yes ☒ No

TOTAL ESTIMATED EXPENSES: \$ 0.00 300.00

Meals provided in conference? ☒ Yes ☐ No

ESTIMATED EXPENSES:

| Airfare | Lodging | Phone Calls | Conf. Fee | Car Rental |
|----------|----------|-------------|-----------|------------|
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

CONFERENCE REGISTRATION FEES:

\$ _____ (P-Card may be used & must reconcile to Object 5202)

(✓) Method of Payment: ☐ P-Card ☐ Imprest ☐ PO # _____ ☐ Other: _____

(✓) Check appropriate box describing expenses to be paid by:

- ☐ 1. School/Division ☐ 2. Local District Office ☐ 3. Individual/Self ☐ 4. Other:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone No.: (_____) _____ Email: _____

AUTHORIZED TRAVEL DATES: (FAX to River City Travel to 877-644-0333)

Departure:

Date: 07/23/09 Time: _____ ☒ AM ☐ PM

Begin Date of Activity: 07/23/09

Return:

Date: 07/23/09 Time: _____ ☒ AM ☐ PM

End Date of Activity: 07/23/09

(✓) Method of Payment: ☐ Travel Account ☐ Other*: _____
 (*Pre-approval required.)

HOTEL:

(If requesting hotel preference, provide hotel information and include rationale with attached documentation.)

RENTAL CAR: ☐ Yes (Pre-approval required.) ☐ No

FUNDS ENCUMBRANCE: Funds must be available at time of travel for encumbrance. The correct source of funds must be utilized for travel and conference attendance.

Encumber funds from Expense Budget Line:

| Fund | Area | Loc./Org. | Program | 5202 Object |
|------|------|-----------|---------|----------------|
| | | | | |

Travel Coverage: The District provides accidental death and dismemberment insurance coverage to supplement workers' compensation benefits for all employees when traveling on the business of the District as a passenger in any aircraft and while being transported to and from the airport by any vehicle licensed for transportation for hire. The beneficiary will be the individual that is on record in the employee file with Personnel Commission.

Submission/Agreement: I have read and understand the guidelines of Bulletin 4037.1 and declare under penalty of perjury that the foregoing is true and correct.

Traveler: See Attached

(Signature)

7/15/09

(Date)

Approved by: _____

(Print Name/Title)

Approved: ☐ Yes ☐ No

(Signature)

(Date)

Approved by: _____

August 18, 2009



Sharon L. Thomas
Assistant General Counsel
Office of General Counsel
Los Angeles Unified School District
333 South Beaudry Avenue, 20th Floor
Los Angeles, California 90017

DELIVERED VIA ELECTRONIC MAIL

RE: Gift to Agency

Dear Ms. Thomas:

Apple is pleased that LAUSD accepted the invitation to attend a July 23, 2009 Apple Solutions and Product Briefing at our Cupertino, California headquarters, and accepted the associated airfare and food and beverage costs for a majority of the attendees as a "Gift to an Agency" under Fair Political Practices Commission ("FPPC") Regulations (2 CCR §18944.2). It is my understanding that the Office of the General Counsel received approval of this gift from the LAUSD Ethics Office, and that LAUSD will be filing a Form 801, notifying the public of the gift to agency.

To ensure that you are able to file an accurate report, a detailed gift notification of expenditures made by Apple on the district's behalf is below. Because the expenses were not the same for each person, a breakdown of the total gift of \$1864.07 is below:

- **Judy Elliott, Chief Academic Officer**
Food and beverage at briefing \$20.00
Airfare \$198.90
TOTAL: \$218.90
- **Sharon Robinson, Office of the Superintendent**
Food and beverage at briefing \$20.00
Airfare \$297.20
TOTAL: \$317.20
- **Matt Hill, Special Assistant to Superintendent Ramon C. Cortines**
Food and beverage at briefing \$20.00
Dinner \$16.59
Airfare \$297.20
TOTAL: \$333.79
- **Shahryar Khazei, Interim Chief Information Officer**
Food and beverage at briefing \$20.00
Dinner \$16.59
Airfare \$138.00
TOTAL: \$174.59

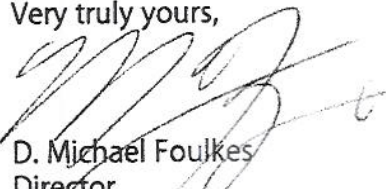
Apple
1 Infinite Loop
Cupertino, CA 95014
1-800-MY-APPLE
1-408-996-0910
1-408-996-0270
www.apple.com

- **Anne Kim, Office of the Chief Academic Officer**
 Food and beverage at briefing \$20.00
Airfare \$148.60
 TOTAL: \$168.60
- **Vickie G. Ramos, Chief of Staff to LAUSD School Board Vice President**
 Food and beverage at briefing \$20.00
 Dinner \$16.59
Airfare \$297.20
 TOTAL: \$333.79
- **Themy Sparangis, Director of Instructional Technology**
 Food and beverage at briefing \$20.00
Airfare \$297.20
 TOTAL: \$317.20

Total gift to LAUSD: \$1864.07

Do not hesitate to contact Genevieve Lewis at 408.974.6550 or me at 408.974.2503 with any questions or for further information.

Very truly yours,



D. Michael Foulkes
 Director
 State and Local Government Affairs
 and Political Compliance

cc: Jaime Perez, Ritz Sherman