

# 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)

Information Technology Division

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

3/2/17  
ba

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

Pink Elephant

Name

1600 Golf Road

Rolling Meadows

IL

60008

Address

City

State

Zip Code

21st Annual IT Services Management Conference & Exhibition-Pink 17 (Cont: Barb MacGillivray (905) 331-5060 ext. 482)

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:

N/A

\$ 0.00

N/A

\$ 0.00

Name

Amount

Name

Amount

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

Las Vegas, NV

Location of Travel

02/19 - 02/22/2017

Dates (month, day, year)

N/A

Transportation Provider

☐ Rail

☐ Air

☐ Bus

☐ Auto

☒ Other

Bellagio

Name of Lodging Facility

\$ 1,100.00

\$ 0.00

\$ 0.00

\$ 2,195.00

\$ 3,295.00

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

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.

Please see the attached addendum titled: Form 801 - Pink Elephant Registration Fee Form Addendum ITD Capital Projects/079301. Was unable to input all information in the text box provided. (Page 2/2)

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

Mori

Ann

IT Project Manager

ITD Capital Projects/079301

Last Name

First Name

Position/Title

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

Shahryar Khazei

Print Name

Chief Information Officer

Title

2/10/17

(month, day, year)

Comment: Please see attached documents

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

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

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