

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
DW

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

Lodging Expenses

\$ 0.00

Meal Expenses

\$ 0.00

Transportation Expenses

\$ 2,195.00

Other Expenses

\$ 3,295.00

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.

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 1/2)

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

Alther

James

Senior Director, IT

ITD Capital Projects/079301

Last Name

First Name

Position/Title

Department/Division

Castle

Dan

IT Infrastructure PM

ITD Capital Projects/079301

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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