

# Payment to Agency Report

# A Public Document

PAYMENT 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)

Division of Instruction-Innovation Office

Street Address

333 S. Beaudry Ave., 25th Floor

Area Code/Phone Number

213-241-0357

Email

pedro.rivera@lausd.net

Agency Contact (name and title)

Pedro Rivera, Program and Policy Development Advisor

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LEGAL SERVICES

☒ Amendment (explain in comment section)

Date of Original Filing: 06/18/18  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Verizon Corporate/Digital Promise

2200 W. Airfield Drive

Dallas

TX

75261

Address

City

State

Zip Code

Telecommunications/Foundation (Contact: Jennifer Cooley 415-370-2325)

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

Dallas, Texas

5/20/18-5/23/18

Location of Travel

Dates (month, day, year)

Southwest/American Airlines

☐ Rail

☒ Air

☐ Bus

☐ Auto

☐ Other

Embassy Suites DFW South

Transportation Provider

Check Applicable Boxes

Name of Lodging Facility

\$ 11,400.00

\$ 750.00

\$ 4,500.00

\$ 350.00

\$ 17,000.00

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.

Verizon Innovation Leaders Cohort 5 Summit Conference on integrating technology and instruction.

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

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

Dr. Frances Gipson

Print Name

Chief of Academic

Title

7/9/18  
(month, day, year)

Comment: Includes travel details and Section 3.3 Attachment

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

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

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## SECTION 3.3 ATTACHMENT

LAST NAME	FIRST NAME	POSITION/TITLE	DEPARTMENT/DIVISION
Aguilar	Anthony	Director	Innovation Office-DOI
Sparangis	Themy	Sr. Project Manager	Information Technology Division
Welsh	Kelly	Principal	Sutter Middle School
Velasco	Salvador	Principal	Edison Middle School
Esquivel	Blanca	Principal	Gompers Middle School
Bermeo	Debbie	Instructional Coach	Sutter Middle School
Minkin	Melissa	Instructional Coach	Edison Middle School
Hernandez	Monica	Instructional Coach	Gompers Middle School
Saporito	Helen	Teacher	Sutter Middle School
Burton	Joy	Teacher	Sutter Middle School
Nunez	Russell	Teacher	Gompers Middle School
Booker	Catrisa	Teacher	Gompers Middle School
Dassuncao	Dora	Teacher	Edison Middle School
Alegria	Adelina	Teacher	Edison Middle School
Solorzano	Eduardo	Administrator	Middle School Instruction-DOI