

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)

Instructional Technology Initiative, Division of Instruction

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 L. Vargas, Ethics Officer

Date Stamp

2020 MAR 12 PM 5:21

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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 _____ ☒ Other Google, LLC

1600 Amphitheatre Parkway Mountain View CA 94043
Address City State Zip Code

Technology company specializing in internet-related products and services

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

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

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
Check Applicable Boxes

Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

11/5/2019
Dates (month, day, year)

\$ 100,000.00
Total Expenses

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

The Instructional Technology Initiative ("ITI") expanded its model of professional learning support by launching the Google Educator Program. Level 1 and Level 2 certifications are designed for educators and classroom teachers who wish to demonstrate proficiency in using Google Apps for Education.

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

Lester Elizabeth Facilitator ITI, Division of Instruction
Last Name First Name Position/Title Department/Division

Adams Amy Facilitator ITI, Division of Instruction
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 Austin Beutner Superintendent 3-9-20
(month, day, year)

Comment:

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

