

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Fullerton School District

Division, Department, or Region (if applicable)

Superintendent's Office

Street Address

1401 W. Valencia Drive Fullerton, CA 92833

Area Code/Phone Number

714-447-7405

Email

carmen_serna@myfsd.org

Agency Contact (name and title)

Carmen Serna, Executive Assistant to the Superintendent

Date Stamp
2019 MAR 21 PM 2:

California Form 801

For Official Use Only

RECEIVED
CLERK OF THE BOARD

MAR 29 2019

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Apple

Name

1 Infinite Loop

Cupertino,

CA

95014

Address

City

State

Zip Code

Technology Sales

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

Cupertino, CA

2/26/19-2/27/19

Location of Travel

Dates (month, day, year)

Southwest Airlines

Rail

Air

Bus

Auto

Other

Courtyard by Marriott San Jose

Transportation Provider

Name of Lodging Facility

1790.34

1124.40

0

540.00

3454.74

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. Food and Beverage at Briefing held on February 27, 2019, Dinner at Fontana's on February 26, 2019, and single occupancy at Courtyard Marriott San Jose (6 rooms).

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

Attached List

Table with 4 columns: Last Name, First Name, Position/Title, Department/Division. Two rows are present.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

Robert Pletka

Print Name

Superintendent

Title

March 19, 2019

(month, day, year)

Comment:

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

Clear Page

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Fullerton School District

Division, Department, or Region (if applicable)
Superintendent's Office

Street Address
1401 W. Valencia Drive Fullerton, CA 92833

Area Code/Phone Number | **Email**
714-447-7405 | carmen_serna@myfsd.org

Agency Contact (name and title)
Carmen Serna, Executive Assistant to the Superintendent

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FAIR POLITICAL
PRACTICES COMMISSION

Date Stamp
2019 MAR 21 PM 2:30

California Form 801
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CLERK OF THE BOARD
MAR 29 2019

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual _____ Other Houghton Mifflin Harcourt

Last Name _____ First Name _____ Name _____
125 High Street _____ Boston _____ MA _____ 02110
Address _____ City _____ State _____ Zip Code _____

Instructional Curriculum Sales

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 _____ \$ _____
Name _____ Amount _____ Name _____ Amount _____

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

3.1 (a) Travel Payment Long Beach, CA 3/6/19-3/7/19
Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other Hilton Long Beach
Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ 900.00 \$ 300.00 \$ 0 \$ 600.00 \$ 1800.00
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.
Registration: \$200.00 (total per attendee), Hotel: \$300.00 (total per attendee), Meals: breakfast, lunch & dinner on 3/6/19, and breakfast & lunch on 3/7/19 (\$100.00 total per attendee)

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

① Chi, _____ Sung _____ Director _____ Educational Services
Last Name _____ First Name _____ Position/Title _____ Department/Division _____

② Rynerson _____ Doug _____ Program Specialist _____ Educational Services
Last Name _____ First Name _____ Position/Title _____ Department/Division _____

③ Chong, _____ Jason _____ Program Specialist _____ Educational Services
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] Robert Pletka Superintendent March 19, 2019
Signature _____ Print Name _____ Title _____ (month, day, year) _____

Comment:

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