

**Gift to Agency Report**

**A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Internal Services Department			
Street Address			
1100 N Eastern Ave, Los Angeles, CA 90063			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(323) 267-2102	dchittenden@isd.lacounty.gov		
Agency Contact (name and title)			
Dave Chittenden, Chief Deputy Director			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other U S Communities  
Last Name First Name Name

2999 Oak Rd Ste 710 Walnut Creek CA 94597  
Address City State Zip Code

**National cooperative purchasing program**

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) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

**3. Payment Information**

Date and Amount of Payment (other than travel) 02/02/16 \$ \_\_\_\_\_  
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel La Jolla CA

<u>02/02/16 - 02/04/16</u>	\$ <u>0</u>	\$ <u>943.00</u>	\$ <u>858.00</u>	\$ <u>165.00</u>	\$ <u>1966.00</u>
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

**Provide a specific description of the nature and use of the payment for official agency business:**

Annual conference of U S Communities of which LA County is an Advisory Board Member. The Advisory Board consists of 22 Purchasing Directors/Managers and staff representing counties, cities, and K-12 schools form across the nation. This meeting allows members to meet and network with peers, review the nationwide program, program initiatives, etc.

**Identify the officials for whom the payment was used:**

<u>Plummer</u>	<u>Gerald</u>	<u>Division Manager</u>	<u>Purchasing</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
<u>Diaz</u>	<u>Priscilla</u>	<u>Purchasing Analyst I</u>	<u>Purchasing</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

**4. Verification**

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Dave Chittenden Chief Deputy Director 1/28/16  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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