

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
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
323-267-2670
Email
gplummer@isd.lacounty.gov
Agency Contact (name and title)
Jim Jones - Director
Date Stamp
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 or Other US Communities
2033 N Main St Ste 700
Walnut Creek CA 94596
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) 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
La Jolla CA
1/27/15 - 1/29/15
self
Transportation Provider
Rail Air Bus Auto Other
Hilton La Jolla
\$ 398.00 \$ 378.00 \$ 0.00 \$ 776.00
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.
Lodging and meals to attend annual conference of cooperative for which the County is an Advisory Board member.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Plummer Gerald
Last Name First Name
Division Manager, Purchas ISD - PCS
Position/Title Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature: David Yamashita
Print Name: David Yamashita
Title: Administrative Deputy
Date: 02-09-15 (month, day, year)

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

Clear Page