

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name county of Los Angeles		Date Stamp	California Form 801 For Official Use Only
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	E-mail gplummer@isd.lacounty.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Jim Jones, Director			

2. Donor Name and Address

Individual _____ Other U S Communities

_____ Last Name First Name _____ Name
 2033 N Main St Ste 700 Walnut Creek CA 94596
 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:

_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount
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3. Payment Information

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

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

<u>01/21/14 - 01/23/14</u> Date(s) of Travel	\$ <u>0</u> Transportation Expenses	\$ <u>448.00</u> Lodging Expenses	\$ <u>123.00</u> Meal Expenses	\$ <u>0</u> Other Expenses	\$ <u>571.00</u> Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

<u>Plummer</u> Last Name	<u>Gerald</u> First Name	<u>Division Manager</u> Title	<u>Purchasing</u> Department/Division
_____ Last Name	_____ First Name	_____ Title	_____ Department/Division

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.

 Jim Jones Director, Internal Services MAR 7 0 2014
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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