

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
County of Los Angeles		MAY - 7 2013	
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)	
(323) 267-2101	ttindall@isd.lacounty.gov	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			
Tom Tindall, 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:

_____ \$ _____ Name \$ _____ Amount

3. Payment Information

Date and Amount of Payment (other than travel) 02/05/2013 \$ 849.00

(month, day, year) (Round to whole dollars)

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

2/5/13 - 2/7/13 \$ 0 \$ 425.26 \$ 123.00 \$ 0 \$ 548.26

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

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> 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.

Tom Tindall Tom Tindall Director, Internal Services _____

Signature of Agency Head or Designee Print Name Title (month, day, year)

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