

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Internal Services Department			
Street Address			
1100 N. Eastern Avenue			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(323) 267-2136	dyamashita@isd.lacounty.gov		
Agency Contact (name and title)			
David Yamashita, Administrative Deputy			

2. Donor Name and Address

Individual _____ Other McAfee

Last Name: _____ First Name: _____ Name: _____
 Address: 2821 Mission College Blvd. City: Santa Clara State: CA Zip Code: 95054

American global computer security software company

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

3. Payment Information

Date and Amount of Payment (other than travel) Sep. 30, 2013 \$ 1,750
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Las Vegas, Nevada

<u>Sep. 30 - Oct. 3, 2013</u>	\$ _____	\$ _____	\$ <u>116.00</u>	\$ _____	\$ <u>116.00</u>
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:


Complimentary passes to McAfee - FOCUS 13 Security Conference for IT professionals. Conference includes two continental breakfasts and two lunches per attendee with an estimated value of \$116.00.

Identify the officials for whom the payment was used:

<u>Corona</u>	<u>Daniel</u>	<u>Section Manager, ISD</u>	<u>ISD - Security Division</u>
Last Name	First Name	Title	Department/Division
<u>Hinton</u>	<u>Catherine</u>	<u>Info Tech Spec, ISD</u>	<u>ISD - Security Division</u>
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 Acting Director, ISD OCT 01 2013
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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