

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Fullerton School District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Superintendent's Office			
Street Address 1401 W. Valencia Drive Fullerton, CA 92833			
Area Code/Phone Number 714-447-7405	Email carmen_serna@myfsd.org	<input checked="" type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Carmen Serna, Executive Assistant to the Superintendent		Date of Original Filing: <u>03/19/2019</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Apple

Last Name: _____ First Name: _____ City: Cupertino, State: CA Zip Code: 95014
 Address: 1 Infinite Loop City: _____ State: _____ Zip Code: _____
 Business Activity: Technology Sales

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 Cupertino, CA 2/26/19-2/27/19

Location of Travel: _____ Dates (month, day, year): _____

Transportation Provider: Southwest Airlines Rail Air Bus Auto Other
 Name of Lodging Facility: Courtyard by Marriott San Jose

\$ <u>1790.34</u>	\$ <u>1124.40</u>	\$ <u>0</u>	\$ <u>540.00</u>	\$ <u>3454.74</u>
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.
 Food and Beverage at Briefing held on February 27, 2019, Dinner at Fontana's on February 26, 2019, and single occupancy at Courtyard Marriott San Jose (6 rooms).

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Attached List

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

[Signature] Robert Pletka Superintendent March 19, 2019
 Signature Print Name Title (month, day, year)

Comment: 6/17/19 Additional payment in the amt. of \$295.80 for car rental.
 (Use this space or an attachment for any additional information) Revised total expense: \$3750.54

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