

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Los Angeles Unified School District		Date Stamp 5/16/12 (P)	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Information Technology Division			
Street Address 333 S. Beaudry Ave., Los Angeles, CA 90017			
Area Code/Phone Number 213-241-4906	E-mail dean.parker@lausd.net	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Dean Parker, 213-241-2881, Strategic Planning Systems Engineer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other _____ SAS _____

Last Name First Name Name

100 SAS Campus Drive Cary NC 27513-2414

Address City State Zip Code

Software company - Business analytics

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) April 22-25, 2012 \$ 425.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel N/A

April 22-25, 2012 \$ 0 \$ 0 \$ 0 \$ 425.00 \$ 0
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

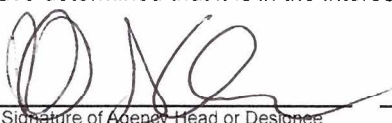
Provide a specific description of the nature and use of the payment for official agency business:
Registration pass to attend the 2012 SAS Global Forum

Identify the officials for whom the payment was used:

Parker	Dean	Strategic Plang Sys Eng.	ITD - ISIS
_____ Last Name	_____ First Name	_____ Title	_____ 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.

 Ronald S. Chandler Chief Information Officer 05/09/12
Signature of Agency Head or Designee Print Name Title (month, day, year)

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