

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Joaquin County Office of Education		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) N/A			
Street Address 2922 Transworld Dr Stockton CA 95206		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 209-468-4800	Email jstanton@sjcoe.net		
Agency Contact (name and title) Janai Stanton, Administrative Services Coordinator			

2. Donor Name and Address

Individual N/A Other Microsoft Corporation - Microsoft Ignite 2018

Last Name: _____ First Name: _____ Name: _____
 1950N.StemmonsFwySte5010Lockbox 841639 Dallas TX 75207
 Address City State Zip Code
 Computer and Software Development
 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:
 N/A

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment N/A

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

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 9/24/18-9/28/18 \$ 8,000.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Discounted registration fee of \$1000 made available to 8 COE employees. The standard registration fee is \$2395. Discounted cost is \$1395. The registration fee allows attendance at all conference sessions, keynote presentations, other programs, meals and snacks.


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

Last Name	First Name	Position/Title	Department/Division
Nguyen Orick	My Tyler	Program Manager I Director I	CEDR CEDR
Rongo	Dennis	Senior .net Developer	CEDR
Arguelles	Johnny	Division Director	CEDR
Foley	James	.net Developer	CEDR
Hypolite	Mark	.net Developer	CEDR

4. Verification

Ancheta-Nunez	David	.net developer	CEDR
Perez	Adrian	.net developer	CEDR

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

 Scott Anderson Deputy Superintendent 09/12/2018
 Signature Print Name Title (month, day, year)

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

FPPC Form 801 (Jan/18)
 advice@fppc.ca.gov

Clear Page