Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801

For Official Use Only

COUNTY OF SAN DIEGO
Date Stamp
2014 JAN 17 AM 8 29
CLERK OF THE BOARD OF SUPERVISORS

1. Agency Name

Cajon Valley Union School District

Division, Department, or Region *(if applicable)*

Street Address

750 E Main Street, El Cajon, California 92020

Area Code/Phone Number	E-mail
619.588.3005	arreolal@cajonvalley.net

Agency Contact *(name and title)*

Lisa Arreola, Executive Assistant to the Superintendent

☐ **Amendment** *(explain in comment section)*

Date of Original Filing: _____ *(month, day, year)*

2. Donor Name and Address

☐ Individual _____ Last Name _____ First Name

☒ Other Imagine Learning — Name

191 River Park Drive — Address
Provo — City
UT — State
84604 — Zip Code

Language and literacy 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)* _____ *(month, day, year)* $ _____ *(Round to whole dollars)*

Travel Payment Information *(Round to whole dollars)* **Location of Travel** Provo, UT

Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses
January 2, 2014	$1,046	$	$20.00	$	$1,066

Provide a specific description of the nature and use of the payment for official agency business:

Travel and meal expenses while attending a collaboration meeting with Imagine Learning executives.

Identify the officials for whom the payment was used:

Last Name	First Name	Title	Department/Division
Miyashiro	David	Superintendent	District Office

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.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Lisa Arreola	Executive Assistant to the Supt	01/15/14

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