

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Public Employment Relations Board		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1031 18th Street			
Area Code/Phone Number 916-322-3112	E-mail epotter@perb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Eileen Potter, Chief Administrative Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Carpinteria Unified School District

_____ Last Name _____ First Name _____ Name _____

1400 Linden Ave Carpinteria CA 93013

Address _____ City _____ State _____ Zip Code _____

School District - Education

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) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Santa Barbara

9/20-25/09 \$ 86 \$ 378 \$ 85 \$ 13 \$ 562
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:
To preside over the formal hearing *Carpinteria Assn of United School Employees & Jay Hotchner v. Carpinteria Unified School District. Unfair Practice Charge No. LA-CE-5045 & LA-CE-5135-E.*

Identify the officials for whom the payment was used:

<u>Weinman</u> Last Name	<u>Ann</u> First Name	<u>ALJ</u> Title	<u>PERB</u> 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.

Eileen Potter Eileen Potter Chief Administrative Officer 12/2/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Clear Form

Print Form