

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Public Employment Relations Board			
Division, Department, or Region (if applicable) PERB			
Street Address 1031 18th Street			
Area Code/Phone Number 916-322-3112	E-mail epotter@perb.ca.gov	<input checked="" type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>3/23/09</u> (month, day, year)	
Agency Contact (name and title)			

2. Donor Name and Address

Individual _____ Other Administration Assn San Diego City School

Last Name: _____ First Name: _____ Name: _____
 3505 Camino Del Rio South, Ste. 236 San Diego CA 92108
 Address City State Zip Code

Represent administrators in the public sector-education arena
 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) 3/19/09 \$ 312
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego, CA

<u>February 16-19, 2009</u>	\$ <u>66</u>	\$ <u>186</u>	\$ <u>51</u>	\$ <u>9</u>	\$ <u>312</u>
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:

This is an amended report as to dates of travel. Original claim listed travel dates as March 2-4, 2009 but the payment received was for travel February 16-19, 2009. The travel was to conduct a formal hearing in the case LA-RR-1159-E - San Diego City Unified School District.

Identify the officials for whom the payment was used:

<u>Allen</u>	<u>Tom</u>	<u>ALJ</u>	<u>Administrative Law</u>
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.

	<u>Eileen Potter</u>	<u>Chief Admin Officer</u>	<u>4/28/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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