

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

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

Agency Contact (name and title)

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

San Diego Unified School District

Name

4100 Normal Street, Room 1202

San Diego

CA

92103

Address

City

State

Zip Code

Education - School District

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

\$

405

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

San Diego, CA

March 1-5, 2009

\$ 94

\$ 248

\$ 54

\$ 9

\$ 405

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:

Conducted formal hearing in case LA-RR-1159-E -- San Diego City Unified School District

Identify the officials for whom the payment was used:

Allen Tom ALJ Administrative Law

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.

Eileen Potter

Signature of Agency Head or Designee

Eileen Potter

Print Name

Chief Admin Officer

Title

4/28/09

(month, day, year)

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

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<b>1. Agency Name</b> Public Employment Relations Board		Date Stamp	<b>California 801</b> Form For Official Use Only
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 type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (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

Education - School District \_\_\_\_\_

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 \$ 405  
 (month, day, year) (Round to whole dollars)

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

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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:**

Conducted formal hearing in 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.

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

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