

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Public Employment Relations Board
Division, Department, or Region (if applicable)
1031 18th Street
Street Address
916-322-3112

Date Stamp

California 801 Form For Official Use Only

Area Code/Phone Number E-mail
Eileen Potter epotter@perb.ca.gov
Agency Contact (name and title)

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Other Administrator's 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) 2/13/09 \$ 401
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Diego, CA
1/19-23/2009 \$ 70 \$ 251 \$ 68 \$ 12 \$ 401
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 the case LA-RR-1159-E - San Diego City Unified School District

Identify the officials for whom the payment was used:

Allen Thomas Administrative Law Judge PERB/Admin Law
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 02/13/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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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

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.

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Date and Amount of Payment (other than travel)

2/13/09

(month, day, year)

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401

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

San Diego, CA

1/19-23/2009

Date(s) of Travel

\$

70

Transportation Expenses

\$

251

Lodging Expenses

\$

68

Meal Expenses

\$

12

Other Expenses

\$

401

Total Expenses

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Last Name

Thomas

First Name

Administrative Law Judge

Title

PERB/Admin Law

Department/Division

Last Name

First Name

Title

Department/Division

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Eileen Potter

Signature of Agency Head or Designee

Eileen Potter

Print Name

Chief Admin Officer

Title

02/13/09

(month, day, year)

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