

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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

619.588.3005

E-mail

arreola@cajonvalley.net

Agency Contact (name and title)

Lisa Arreola, Executive Assistant to the Superintendent

COUNTY OF SAN DIEGO Date Stamp

2014 JAN 17 AM 8 29

CLERK OF THE BOARD OF SUPERVISORS

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 or Other Imagine Learning

191 River Park Drive Provo UT 84604

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

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:

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 Lisa Arreola Executive Assistant to the Supt 01/15/14

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