in to Agency Report	A Public	Document		GIFT TO AGENCY REPOR
I. Agency Name		COUNTY	Date Stamp	California 201
Cajon Valley Union School	District		^	Form CC
Division, Department, or Regi	on (if applicable)	.01 1	7 97 8 2	For Official Use Only
		2014 LIBN 1	• •	
Street Address	Market Control of the		pn4	RD
750 E Main Street, El Cajon	California 92020	di FRY	OF THE BOASUPERVISOR	5
Area Code/Phone Number	E-mail	JOF !	20LERAID	
619.588.3005	arreolal@cajonvalley.net	LJ Ar	nendment (explain in	comment section)
Agency Contact (name and title)	1	Date o	f Original Filing:	
* -	istant to the Superintendent			(month, day, year)
2. Donor Name and Addres				
Dollor Name and Addres	55	lmagi	no Loarnina	
Individual	First Name	Other Imagi	Na Learning	ame
191 River Park Drive	Provo		UT	84604
Address	City		State	Zip Code
Language and literacy softw	vare company			
	s business activity (if business) or its nature a	and interests.		
If applicable, identify the name	of each source and the amount(s)	solicited or received by the	e donor for this aif	·
if applicable, identity the flame	of each source and the amount(s)	Sometica of received by the	s donor for time gar	•
	\$	Marie		\$
Name	Amount	Name		Amount
3. Payment Information				
Date and Amount of Paym	ent (other than travel)	\$	to whole dollars)	
•	(month, day, y	ear) (Round	to whole dollars)	
Travel Payment Informatio	n (Round to whole dollars) Location	n of Travel Provo, UT		
-				4.000
January 2, 2014 §	1,046 ansportation Expenses Lodging Expens	\$ 20.00 Meal Expenses	\$Other Expense	\$ 1,066 Total Expenses
	ription of the nature and us		•	· · · · · · · · · · · · · · · · · · ·
•				
Travel and meal expenses	while attending a collaboration	meeting with Imagine L	earning executiv	es.
Identify the officials for	whom the payment was us	sed.		
identity the officials for	Wildin the payment was at	ocu.		
Miyashiro	David	Superintendent	Dist	rict Office
Last Name	First Name	Title		Department/Division
Last Name	First Name	Title		Department/Division
	i itst Name	THE		Dopartition Division
4. Verification				
I have determined that it is in th	ne interests of the agency to accept	t this gift and use it for the	official agency bu	siness described above.
$\sim 10^{-1}$				
All Mull a line Armala		Evocutivo A	ceietant to the S	upt 01/15/14
Signature of Agency Head or Design	Lisa Arreola Print Name	Executive A	ssistant to the S	(month, day, year)
orginature of Agency freat or Design	7 tinchaine			(months; day, jour)
Comment: (Use this space or a	n attachment for any additional informa	ation.)		
•				