

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name  
 Los Angeles Unified School District  
 Division, Department, or Region (if applicable)  
 Food Services Branch  
 Street Address  
 333 S. Beaudry Ave., L.A. 90017  
 Area Code/Phone Number | E-mail  
 213-241-2977 | deryck.true@lausd.net  
 Agency Contact (name and title)  
 Deryck True, Administrative Analyst

Date Stamp  
 4/22/09  
 California Form 801  
 For Official Use Only  
 Rec'd CK  
 Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Donor Name and Address  
 Individual \_\_\_\_\_  Other FileMaker, Inc.  
 Last Name First Name Name  
 5201 Patrick Henry Dr. Santa Clara, CA 95054  
 Address City State Zip Code

Filemaker is the publisher of database software used in FSB  
 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

3. Payment Information  
 Date and Amount of Payment (other than travel) 4-22-09 \$ 299.00 (retail value)  
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel \_\_\_\_\_  
 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:  
 Filemaker Inc. donated one copy of their primary software application (FileMaker Pro 10) to be offered as a door prize at the inaugural meeting of the Beaudry Filemaker User Group.  
 Identify the officials for whom the payment was used:

Barrett Dennis Director, FSB Business Services Div.  
 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.  
 Dennis H. Barrett Dennis Barrett Director, FSB 4-22-09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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