

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Los Angeles Unified School District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Health and Human Services		11-18-11	
Street Address 333 S. Beaudry Av. 2nd Floor		(DW)	
Area Code/Phone Number 213-241-3844	E-mail Los Angeles, CA 90017 Debra.duvaldo@lausd.net	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Debra Duvaldo, Director, Pupil Services		Date of Original Filing: 11-14-11 (month, day, year)	

2. Donor Name and Address

Individual Other California Public Education Alliance

Last Name: 10451 Mulhall St. #26 First Name: Monte City: CA State: CA Zip Code: 91731

Address: Acts as liason to support Chinese students efforts to study in USA.

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 Vancouver, Canada

5/28/11 - 6/3/11 \$ 841.30 \$ 3822.08 \$ 0 \$ 0 \$ 4,663-
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:
To support and promote the expansion of the LAUSD Office of Foreign Student Admissions, travel provided to the NAFSA conference in Vancouver, CA, where we attended informational sessions and meetings regarding International Students.

Identify the officials for whom the payment was used:

<u>Duvaldo</u> Last Name	<u>Debra</u> First Name	<u>Director</u> Title	<u>Pupil Services</u> Department/Division
<u>Corcoran</u> Last Name	<u>Valerie</u> First Name	<u>PSA Counselor</u> Title	<u>Pupil Services</u> 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.

[Signature] Rene Gonzalez Asst. Superintendent 11/15/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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