Gift to Agency Report	A Public I	Jocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California Q 0 4
Los Angeles Unified School District				Form OUI
Division, Department, or Region (if applicable)			4410	For Official Use Only
Office of Curriculum, Instruction and School Support				
Street Address			$(\mathfrak{P}W)$	
333 S. Beaudry, Los Angele	s. CA			
	E-mail			
213) 241-5333	susan.tandberg@lausd.net		Amendment (explain	in comment section)
Agency Contact (name and title)	oddan.tanaborg@iadda.not		Date of Original Filing:	
Susan Tandberg, Coordinate	or			(month, day, year)
2. Donor Name and Addres		ALC: NAME OF TAXABLE PARTY.		
2. Dollor Name and Addres	5		Poorson Digital Loo	annon à an ou
☐ Individual	First Name	_ ⊠ Other	Pearson Digital Lea	Name
2331,731113	, not that			
Address	City		State	Zip Code
Curriculum				
	business activity (if business) or its nature and	interests.		
If applicable, identify the name of	f each source and the amount(s) sol	licited or receive	ed by the donor for this o	nift·
in application, latertary are name of	rodon oodioo diid alio diiiddii(o) ool	101000 01 100017	od by the denot for the	,,,,,
	\$			\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Payme	nt (other than travel)	\$	(Round to whole dollars)	
	(month, day, year)			
Travel Payment Information	(Round to whole dollars) Location C	of Travel Sar	n Diego, CA	
5.1 00.04	0.100	4.5		0.50
February 22 - 24  Date(s) of Travel	\$100 \$ 600 Insportation Expenses Lodging Expenses	Meal Exp	Other Exper	\$ 850
	ption of the nature and use			
•	-			moy baomooon
l eam attended professional	development on the use of digital	ai curriculum i	n classrooms	
Identify the officials for v	whom the payment was use	d:		
,				
Pickering	Alison	Specialist,	ELA O	CISS
Last Name	First Name		Title	Department/Division
Takeda	Suzy	Rti Special	ist-FLa O	CISS
Last Name	First Name	Tur Opoolar	Title	Department/Division
4. Verification				
	- ind		14 E 41 EE - 1 - 1	h
i nave determined that it is in the	e interests of the agency to accept th	iis giπ and use i	it for the oπicial agency i	ousiness described above.
Susan Tandberg	Susan Tandberg	Co	ordinator	4/4/12
Signature of Agency Head or Designe			Title	(month, day, year)
Comment: // los this anses areas	attachment for any additional information	n l		
Comment. (Use this space of an	attachment for any additional information	(I.)		