Gift to Agency Report	A Public !	Document		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
Los Angeles Unified School District			'	Form OUI
Division, Department, or Region (if applicable)			دارادا	For Official Use Only
Office of Curriculum, Instruction and School Support			714116	
Street Address			1 ' (pw)	
333 S. Beaudry, Los Angele	es, CA			
Area Code/Phone Number	E-mail		Amendment (explain	in comment pastion)
213) 241-5333	susan.tandberg@lausd.net		Amendment (explain)	in comment section)
Agency Contact (name and title			Date of Original Filing:	(month, day, year)
Susan Tandberg, Coordina	tor			(monus, day, year)
2. Donor Name and Addres	SS			
☐ Individual		_ ⊠ Other	Pearson Digital Lear	ning
Last Name	First Name			Name
Address	City		State	7:- Cada
	City		State	Zip Code
Curriculum If "Other" is marked, describe the entity's	s business activity (if business) or its nature and	1 interests		

If applicable, identify the name	of each source and the amount(s) so	licited or receive	ed by the donor for this g	itt:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Paym	ent (other than travel)	\$		
,	(month, day, year		(Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location	of Travel Sar	n Diego, CA	
February 22 - 24\$_	\$100 c 600	a 15	0 •	e 850
Date(s) of Travel	\$100 \$ Lodging Expenses	_ \$15	Denses Other Expens	
Provide a specific descr	ription of the nature and use	of the paym	nent for official age	ncy business:
Team attended professiona	al development on the use of digit	al curriculum i	n classrooms.	
·				
		_		
Identify the officials for	whom the payment was use	ed:		
Valedez Dadolo	Lillian	Considiat	Salanaa OC	100
Valadez-Rodela Last Name	Lillian First Name	Specialist,	Title OC	Department/Division
OID !		E. 0		•
O'Brien Last Name	Geisla First Name	EL Speciali	Title OC	Department/Division
4 V				S O PARTITION OF THE STATE OF T
4. Verification				
I have determined that it is in th	ne interests of the agency to accept the	his gift and use i	it for the official agency b	usiness described above.
Sugan Tandberg	_ Susan Tandberg	Coc	ordinator	4/4/12
Signature of Agency Head or Design	nee Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional informatio	nn.)		
		,		