Agency Name			PR	A C 1 Date St	amp	California <b>201</b>
Fullerton School District				nig MAR 2	PM 2:	Form OUI For Official Use Only
Division, Department, or Re Superintendent's Office	<b>gion</b> (if applicable)			USU FEFTI		RECEIVED
Street Address						CLERK OF THE BDA
1401 W. Valencia Drive Fu	llerton, CA 92833					MAR 2 9 201
Area Code/Phone Number 714-447-7405	Email carmen_serna@r	nyfsd.org		2		comment section)
Agency Contact (name and title Carmen Serna, Executive		erintendent		Date of Origi	nal Filing: _	(month, day, year)
Donor Name and Addr	ess		l			
Individual			Other	Apple		
Last Name	First	Name Cupertino,			CA	ame 95014
Address	1997 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 -	City			State	Zip Code
Technology Sales						
If "Other" is marked, describe the entity	y's business activity (if busine	ess) or its nature and intere	sts.			
If applicable,	identify the name of ea	ach source and the a	mount(s) red	ceived by the	donor for th	nis payment:
	\$					¢
Name	ψ	Amount		Name		Amount
Payment Information (		is 3.1 (a or b), 3.:	2, 3.3)		0/00/10	
3.1 (a) Travel Payment	Cupertino, CA				2/26/19-:	
	L	ocation of Travel			Da	ates (month, day, year)
Southwest Airlines					Courtvar	d by Marriott Can Joan
Southwest Airlines	Rail	Air 🔲 Bus	🗖 Auto	Other		d by Marriott San Jose
Southwest Airlines Transportation Provider 1790.34	🗖 Rail	Check Applicable Boxes	5	Other []		d by Marriott San Jose me of Lodging Facility 3454.74
Transportation Provider		Check Applicable Boxes	5		Na	me of Lodging Facility
Transportation Provider 1790.34 \$	1124.40 Meal Expenses	Check Applicable Boxes	5	40.00 Other Expense	Na	me of Lodging Facility 3454.74 \$
Transportation Provider 1790.34	1124.40 Meal Expenses	Check Applicable Boxes	5	40.00 Other Expense	Na	me of Lodging Facility 3454.74 \$
Transportation Provider 1790.34 \$	1124.40 <sup>¶</sup> <u>Meal Expenses</u> elated to travel: n. Provide a specif t Briefing held on	Check Applicable Boxes 0 S Transportation Expen 0 Transportation Expen 1 Transportation Expen 1 Transportation 1 Transportation 1 Transportation Expen 1 Transportation Expen 1 Transportation Expen 1 Transportation Expen 1 Transportation 1 Transportation 1 Transportation 1 Transportation 1 Transpor	ses 5 ses \$_ ates (month, da he paymer 019, Dinr	40.00 Other Expense y, year) nt and its a her at Font	Na s ≸ gency pui	Total Expenses
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(Use this space or an attachment for any additional information)

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Fundron School District				Date Stam	PM 2:	California	R01
Fullerton School District Division, Department, or Re				2019 MAR 21	FIL C.	Form For Official Us	
Superintendent's Office						CLER	K OF THE
Street Address						M	R 29
1401 W. Valencia Drive Fu							
Area Code/Phone Number 714-447-7405	Email carmen_serna@myfsd.org			Amendment (explain in comment section)			
Agency Contact (name and title) Carmen Serna, Executive		Date of Original Filing:(month, day, year)					
Donor Name and Addre	ess						
☐ Individual			Other	Houghton Miff	lin Harcou	urt	
Last Name 125 High Street	First Name Boston			Name MA 02110			
Address		City		S	State	Zip Code	
Instructional Curriculum Sa	ales						
Name	\$	Amount		Name		\$	unt
Name		Amount		Name		Amo	unt
3.1 (a) Travel Payment	🗖 Rail	Location of Travel	]Bus []Au	— – – to ∏Other _	Hilton Lon	es (month, day, yea g Beaach	
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