



Gift Form

To be completed and filed in accordance with the
Employee and District Gift Procedure (PR - Adm 005).

> NAME OF SOURCE
West Yost

ADDRESS
2020 Research Park Dr

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/19</u>	<u>\$ 30</u>	<u>nuts & roll</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
ICM Group, Inc

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/19</u>	<u>\$ 30</u>	<u>cookies</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
Domenichelli & Assoc.

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE
12-19-19

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/19/19</u>	<u>\$ 60</u>	<u>Large tower of boxes w/ candy & crackers etc.</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____


> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

I have used all reasonable diligence in preparing this form and to the best of my knowledge the information contained herein is true and complete.


Employee Signature



Gift Form

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> NAME OF SOURCE
Forsgren Associates Inc

ADDRESS
3110 Gold Canal Dr. RC CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/5/19	\$ 60	bucket of cheeses and crackers
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
Doug Veerkamp

ADDRESS
Coherent Engineering

BUSINESS ACTIVITY, IF ANY, OF SOURCE
2585 Cold Springs Road

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/11/19	\$ 150	4 ^{boxes} cookies
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
West Vost Associates

ADDRESS
2020 Research Park Dr.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/5/19	\$ 60	Cutting board
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
Tesco Controls

ADDRESS
8040 Florn Rd

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Contractor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/12/19	\$ 30	Mandarin
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
Tee Janitorial & maintenance

ADDRESS
Janitorial Svc.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
12/10/19

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/10/19	\$ 20	cookies
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____


> NAME OF SOURCE
Stantec

ADDRESS
Contractor

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/13/19	\$ 40	cookies
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

I have used all reasonable diligence in preparing this form and to the best of my knowledge the information contained herein is true and complete.



Employee Signature