

**CHARTER SCHOOL
INTERIM FINANCIAL REPORT - ALTERNATIVE FORM
First Interim Report Certification**

Charter School Name: Capitol Collegiate Academy
(continued) _____
CDS #: 34 67439 0123901
Charter Approving Entity: Sacramento City Unified
County: Sacramento
Charter #: 1273
Fiscal Year: 2014/15

(x) To the entity that approved the charter school:
2014/15 CHARTER SCHOOL FIRST INTERIM FINANCIAL REPORT -- ALTERNATIVE FORM: This report has been approved, and is hereby filed by the charter school pursuant to *Education Code* Section 47604.33.

Signed: _____ Date: 12/15/2014
Charter School Official
(Original signature required)
Print Name: Penny Schwinn Title: Executive Director

(x) To the County Superintendent of Schools:
2014/15 CHARTER SCHOOL FIRST INTERIM FINANCIAL REPORT -- ALTERNATIVE FORM: This report is hereby filed with the County Superintendent pursuant to *Education Code* Section 47604.33.

Signed: _____ Date: _____
Authorized Representative of
Charter Approving Entity
(Original signature required)
Print Name: _____ Title: _____

For additional information on the First Interim Report, please contact:

For Approving Entity:

Name

Title

Phone

E-mail

For Charter School:

John Westerlund
Name

Business Manager
Title

510-663-3500 xt. 354
Phone

john@edtec.com
E-mail

This report has been verified for mathematical accuracy by the County Superintendent of Schools, pursuant to *Education Code* Section 47604.33.

ACOE District Advisor

Date