

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Open Space, Parks & Golf, Community Services Department		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) 3201 East Bayshore Road, Palo Alto CA 94303			
<b>Street Address</b>			
<b>Area Code/Phone Number</b> 650-496-5916	<b>E-mail</b> Jeanette.Serna@CityofPaloAlto.Org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Jeanette Serna, Coordinator of Public Works Projects		<b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

Individual Acosta David  Other \_\_\_\_\_  
Last Name First Name Name

740 Homer Avenue Palo Alto CA 94301  
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

## 3. Payment Information

**Date and Amount of Payment** (other than travel) 8,6,2018 \$ 1,500.00  
(month, day, year) (Round to whole dollars)

**Travel Payment Information** (Round to whole dollars) **Location of Travel** \_\_\_\_\_

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

**Provide a specific description of the nature and use of the payment for official agency business:**

Open Space Adopt-a-Park donation for a memorial bench at Byxbee Park.

**Identify the officials for whom the payment was used:**

<u>Anderson</u>	<u>Daren</u>	<u>Division Manager</u>	<u>Open Space, Parks &amp; Golf</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

DocuSigned by:  
Ed Shikada for James Keene Ed Shikada for James Keene Assistant City Manager 10/15/2018  
F2DCA19CC8D4F9... Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)