Gift to Agency Rep 1. Agency Name		lic Document	Ī	California
	Golf, Community Services Depar	Date Stamp	For Official Use Only	
Division, Department, or				
	oad, Palo Alto CA 94303			
Street Address				
Area Code/Phone Numbe	er E-mail		Amondmont (avai	lain in comment section)
650-496-5916	Jeanette.Serna@CityofPaloAlto.Org		Amendment (explain in comment section)	
Agency Contact (name an	Agency Contact (name and title)		Date of Original Filing:	
Jeanette Serna, Coord	inator of Public Works Projects			(month, day, year)
2. Donor Name and Ad	dress		•	
Individual Kobrin	David	Other		
Last Name 1340 North Poinsettia			C 4	Name
Address	PL APT#423 Los Ang City	Jeles	CA	90046 Zip Code
				·
If "Other" is marked, describe the	entity's business activity (if business) or its nati	ure and interests.		
			ad by the deper for this	o cift:
	ame of each source and the amount			s giit.
	\$			\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Payment (other than travel) 4,13,2018 (month, day, year)			2,500.00	
	(ποιτη, αε	iy, year)	(Round to whole dollars)	
Travel Payment Inform	nation (Round to whole dollars)	ion of Travel		
Date(s) of Travel	\$ Transportation Expenses Lodging Exp	enses Meal Ex	penses Other Ext	penses Total Expenses
	escription of the nature and			
-	Park donation for a memorial ben			
			Daylands.	
Identify the officials	for whom the payment was	used:		
Anderson	Daren	Division M	anager	Open Space, Parks & Golf
Last Name	First Name		Title	Department/Division
Last Name	First Name		Title	Department/Division

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.

Jark. Jrge 	James Keene	City Manager	5/29/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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