| Gift to Agency Repor         | t /                                | A Public De                     | ocument                  |                                      | GIFT TO AGENCY REPOR     |
|------------------------------|------------------------------------|---------------------------------|--------------------------|--------------------------------------|--------------------------|
| 1. Agency Name               |                                    |                                 |                          | Date Stamp                           | California <b>201</b>    |
| Open Space, Parks & Gol      | •                                  |                                 | Form OUT                 |                                      |                          |
| Division, Department, or Re  | gion (if applicable)               |                                 |                          | ]                                    | For Official Use Only    |
| 3201 East Bayshore Road      | d, Palo Alto CA 94303              |                                 |                          |                                      |                          |
| Street Address               |                                    |                                 |                          |                                      |                          |
| Area Code/Phone Number       | E-mail                             |                                 |                          | Amendment (exp                       | lain in comment section) |
| 650-496-5916                 | Jeanette.Serna@CityofPaloAlto.Org  |                                 | Date of Original Filing: |                                      |                          |
| Agency Contact (name and tit |                                    |                                 |                          |                                      |                          |
| Jeanette Serna, Coordina     | tor of Public Works Pro            | ojects                          |                          |                                      | (month, day, year)       |
| 2. Donor Name and Addr       | ess                                | -                               |                          | I                                    |                          |
|                              | Liz                                |                                 |                          |                                      |                          |
| Individual McCloskey         | First Nan                          | ne                              | Other                    |                                      | Name                     |
| 608 Langston Lane            | F                                  | Falls Church                    |                          | VA                                   | 22046                    |
| Address                      | (                                  | City                            |                          | State                                | Zip Code                 |
| Name                         | \$                                 | nount                           |                          | Name                                 | Amount                   |
| 3. Payment Information       |                                    |                                 |                          |                                      |                          |
| Date and Amount of Payr      | ment (other than travel)           | 3,26,2018<br>(month, day, year) | \$                       | 3,100.00<br>(Round to whole dollars) |                          |
| Travel Payment Informati     | <b>ON</b> (Round to whole dollars) | Location of                     | Travel                   |                                      |                          |
|                              | ф ф                                |                                 | ¢                        | ¢                                    | ¢                        |
| Date(s) of Travel            | Fransportation Expenses            |                                 |                          |                                      |                          |
| Open Space Adopt-a-Parl      | -                                  |                                 |                          |                                      | geney business.          |
|                              |                                    |                                 |                          |                                      |                          |
| Identify the officials fo    | r whom the paymer                  | nt was used:                    |                          |                                      |                          |
| Anderson                     | Daren                              |                                 | Division Manager         |                                      | 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. -DocuSigned by:

| Jar K. Ja-ge<br>39E7298FB2064DB      | James Keene | City Manager | 4/17/2018          |
|--------------------------------------|-------------|--------------|--------------------|
| Signature of Agency Head or Designee | Print Name  | Title        | (month, day, year) |

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