

Gift to Agency Report**A Public Document**

GIFT TO AGENCY REPORT

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

2. Donor Name and Address

Individual Dundas Mary Lynn Other _____
Last Name First Name Name

2194 Louis Road Palo Alto CA 94303
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:

_____ \$ _____ Name Amount
_____ \$ _____ Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12,28,2017 \$ 2,500.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ _____
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

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

Open Space Adopt-a-Park donation for memorial bench at Palo Alto Baylands.

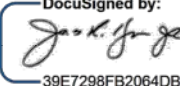
Identify the officials for whom the payment was used:

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:

39E7298FB2064DB... James Keene City Manager 1/17/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

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