SITE to Agency Report	A Public	Document		GIFT TO AGENCY REPORT
. Agency Name		Date Stamp	California 801	
Open Space, Parks & Golf, Community Services Department				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
3201 East Bayshore Road, Palo Alto CA 94303				
Street Address				
Area Code/Phone Number	E-mail		Amendment (explain	in comment section)
650-496-5916	Jeanette.Serna@CityofPaloAlto.Org			
Agency Contact (name and title)		Date of Original Filing: (month, day, year)		
Jeanette Serna, Coordinato	or of Public Works Projects			(monun, day, your)
2. Donor Name and Addres	SS S		•	
☑ Individual Befera Last Name	Vic	□ Other		
Last Name	First Name			Name
2180 High Street	Palo Alto		CA	94301
Address	City		State	Zip Code
If "Other" is marked, describe the entity's	s business activity (if business) or its nature and	d interests.		
If applicable, identify the name	of each source and the amount(s) so	olicited or receive	ed by the donor for this g	jift:
	Φ.			Φ.
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Paym	5,7,2018	¢	1,500.00	
Date and Amount of Fayin	ent (other than travel) 5,7,2018 (month, day, yea	ar)	1,500.00 (Round to whole dollars)	
Travel Payment Informatio	n (Round to whole dollars) Location	of Travel		
maverr ayment imormatio	(Round to whole dollars)	or maver		
\$_	ansportation Expenses \$Lodging Expenses	\$	\$	\$
Provide a specific descr	ription of the nature and use	e of the paym	ient for official age	ency business:
Open Space Adopt-a-Park	donation for a memorial bench a	t the Palo Alto	Baylands.	
Identify the officials for	unde a martina a manuscript und a una	al.		
identity the officials for	whom the payment was use	ea:		
Anderson	Daren	Division Ma	nager Or	oen Space, Parks & Golf
Last Name	First Name	<u> </u>	Title	Department/Division
Last Name	First Name		Title	Department/Division
	r net rame		Title	Department Division
I. Verification				
	e interests of the agency to accept t	his gift and use i	t for the official agency b	ousiness described above.
DocuSigned by:				
39E7298FB2064DB	James Keene	City	Manager	5/29/2018
Signature of Agency Head or Design	ee Print Name		Title	(month, day, year)
Onners to the second	,, , ,,			
Comment: (Use this space or a	n attachment for any additional informatio	on.)		