Date Stamp	ent to Agency Report	A Public D	ocument		GIFT TO AGENCY REPOR
Copen Space, Parks & Golf, Community Services Department Division, Department, or Region (# applicables)	. Agency Name			Date Stamp	California Q 🗸
Area Code/Phone Number E-mail Jeanette.Serna@CityofPaloAlto.Org Agency Contact (name and title) Jeanette.Serna@CityofPaloAlto.Org Date of Original Filing: 12/11/2019 Oate Oate of Original Filing: 12/11/2019 Oate Oate of Oa	Open Space, Parks & Golf, Community Services Department		·	Form OU	
Area Code/Phone Number	Division, Department, or Region (if applicable)				For Official Use Only
Area Code/Phone Number Bernail Jeanette. Serna @ CityofPaloAlto.Org Date of Original Filing: 12/11/2019 Individual Last Name Prist Name Mountain View CA 94043 Address Individual Last Name Amount Name Amount Name Amount Name Amount Name Amount Name Name Amount Name	3201 East Bayshore Road,	Palo Alto CA 94303			
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects Donor Name and Address Individual Last Name Palo Alto Pickleball Club State 2da Walker Drive Mountain View CA 94043 Address 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: Payment Information Date and Amount of Payment (other than travel) Date of Original Filing: Palo Alto Pickleball Club Name	Street Address				
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects Donor Name and Address Individual Last Name Palo Alto Pickleball Club Name 248 Walker Drive Mountain View CA 94043 Address 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: Payment Information Date and Amount of Payment (other than travel) Open Space Adopt-a-Park for a memorial bench at Mitchell Park. Last Name First Name Superintendent Does Lam Last Name First Name First Name First Name Title Department/Division Payment Information It 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. Possusigned by: Ed Shikada City Manager Amount or original Filing: 12/[11/2019] Date of Original Filing: 12/[11/2019] Palo Alto Pickleball Club Date of Original Filing: 12/[11/2019] Date of Original Filing: 12/[11/2					
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects Donor Name and Address Individual	Area Code/Phone Number	E-mail			
Date of Original Filing: 12/11/2019 Individual Last Name First Name Mountain View CA 94043	650-496-5916	 Jeanette.Serna@CitvofPaloAlto.C	Ora	Amendment (explair	in comment section)
Donor Name and Address Individual Last Name First Name Mountain View CA 94043 Address City State Zip Code Palo Alto Pickleball Club Name Palo Address Palo Ad			. 9	Date of Original Filing:	
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Address City State Zip Code Code City State City State City Code	Individual	First Name	Other	Paio Aito Pickiebaii	Name
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If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift: Name					
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Payment Information Date and Amount of Payment (other than travel) 12,11, 2019 (month, day, year) \$ 2,500.00 (Round to whole dollars) Travel Payment Information (Round to whole dollars) Location of Travel Date(s) of Travel 5 Transportation Expenses Lodging Expenses 5 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 for a memorial bench at Mitchell Park. Identify the officials for whom the payment was used: Do Lam Superintendent Open Space, Parks & Goll Department/Division Last Name First Name Title Department/Division 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. By Amount Name Space, Parks & Gold Collars (Round to whole dollars) Location of Travel 2,500.00 Resource Space	If applicable, identify the name	of each source and the amount(s) solic	rited or receive	ad by the donor for this o	nift:
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	Signature of Agency Head or Design				(month, day, year)
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Comment: (Use this space or an attachment for any additional information.)					



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ed.shikada@cityofpaloalto.org Ed Shikada, City Manager

City of Palo Alto

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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/11/2020 4:41:29 PM
Certified Delivered	Security Checked	8/11/2020 9:50:08 PM
Signing Complete	Security Checked	8/11/2020 9:50:20 PM
Completed	Security Checked	8/11/2020 9:50:20 PM
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