

Gift to Agency Report**A Public Document**

GIFT TO AGENCY REPORT

1. Agency Name

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

650-496-5916

E-mail

Jeanette.Serna@CityofPaloAlto.Org

Agency Contact (name and title)

Jeanette Serna, Coordinator of Public Works Projects

Date Stamp

California
Form 801

For Official Use Only

 Amendment (explain in comment section)Date of Original Filing: 5/13/2020
(month, day, year)**2. Donor Name and Address** Individual Kamhi Alison Other _____
Last Name First Name Name511 Olmstead Road Stanford CA 94305
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) 05,13,2020 \$ 1,500.00
(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 for a memorial bench at Peers Park.

Identify the officials for whom the payment was used:Do _____ Superintendent _____ 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:
Ed Shikada Ed Shikada City Manager 8/11/2020
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Certificate Of Completion

Envelope Id: CCB7B4A86D0B4A0F9710C15798CE4825	Status: Completed
Subject: Please DocuSign: Alison Kamhi-3262-801-2.pdf	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Nelly Baumb
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	250 Hamilton Ave
	Palo Alto , CA 94301
	Nelly.Baumb@CityofPaloAlto.org
	IP Address: 199.33.32.254

Record Tracking

Status: Original 8/11/2020 3:28:27 PM	Holder: Nelly Baumb Nelly.Baumb@CityofPaloAlto.org	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: City of Palo Alto	Location: DocuSign

Signer Events

Ed Shikada
ed.shikada@cityofpaloalto.org
Ed Shikada, City Manager
City of Palo Alto
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

F2DCA19CCC8D4F9...
Signature Adoption: Pre-selected Style
Using IP Address: 73.231.114.73

Timestamp

Sent: 8/11/2020 3:38:27 PM
Viewed: 8/11/2020 9:50:49 PM
Signed: 8/11/2020 9:51:00 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	8/11/2020 3:38:27 PM
Certified Delivered	Security Checked	8/11/2020 9:50:49 PM
Signing Complete	Security Checked	8/11/2020 9:51:00 PM
Completed	Security Checked	8/11/2020 9:51:00 PM

Payment Events

Status

Timestamps