

**Gift to Agency Report****A Public Document**

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Open Space, Parks & Golf, Community Services Department		Date Stamp	<b>California 801</b> Form For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jeanette Serna, Coordinator of Public Works Projects		Date of Original Filing: <u>6/30/2020</u> (month, day, year)	

**2. Donor Name and Address**

Individual Lam Tung Maria  Other \_\_\_\_\_  
Last Name First Name Name

3110 Stelling Drive 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) 06,30,2020 \$ 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 Seale Park.

**Identify the officials for whom the payment was used:**

<u>Do</u>	<u>Lam</u>	<u>Superintendent</u>	<u>Open Space, Parks &amp; Golf</u>
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: 4C7AD3F95336495D92B815E1FED3BF71	Status: Completed
Subject: Please DocuSign: Tung Maria Lam-3264-801-2.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 4:42:08 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  
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## Timestamp

Sent: 8/11/2020 4:42:40 PM  
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In Person Signer Events	Signature	Timestamp
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<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	8/11/2020 4:42:40 PM
Certified Delivered	Security Checked	8/11/2020 9:49:01 PM
Signing Complete	Security Checked	8/11/2020 9:49:38 PM
Completed	Security Checked	8/11/2020 9:49:38 PM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>