Gift to Agency Report	A Public Document		GIFT TO AGENCY REPORT
1. Agency Name		Date Stamp	California 201
Open Space, Parks & Golf,	Community Services Department		Form GO
Division, Department, or Regi	on (if applicable)	1	For Official Use Only
3201 East Bayshore Road,	Palo Alto CA 94303		
Street Address		1	
Area Code/Phone Number	E-mail	Amendment (explain	in comment eastion)
650-496-5916	Jeanette.Serna@CityofPaloAlto.Org	-	,
Agency Contact (name and title)		Date of Original Filing:	(month day year)
Jeanette Serna, Coordinato	r of Public Works Projects		(month, day, year)
2. Donor Name and Addres	·		
	Mork		
	First Name Uther		Name
3492 Bryant Street	Palo Alto	CA	94306
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	of each source and the amount(s) solicited or receive	ed by the donor for this g	ft:
Name	\$ Amount	Name	\$
3. Payment Information			
•	ont (other than travel) 06,30,2022 ¢	3,367.00	
Date and Amount of Payme	ent (other than travel) 00,30,2022 \$	3,367.00 (Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location of Travel		
Φ.	Φ	Ф	Φ.
Date(s) of Travel	nsportation Expenses \$ Lodging Expenses \$ Meal Exp	Denses Other Expens	ses S—Total Expenses
Provide a specific descr	iption of the nature and use of the payn	nent for official age	ncy business:
Open Space and Parks Add	ppt-a-Park donation for a memorial bench at Mi	tchell Park	
	•		
Identify the officials for	whom the payment was used:		
Last Name	First Name	Op_	en Space, Parks & Golf Department/Division
Last Name	i list ivalile	Tiue	Department/Division
Last Name	First Name	Title	Department/Division
4. Verification			
I have determined that it is in the	e interests of the agency to accept this gift and use	it for the official agency b	usiness described above.
DocuSigned by:			
Ed Shikada	Ed Shikada City	Manager	8/22/2022
Signature of Agency Head or Designe	<u> </u>	Manager Title	(month, day, year)
2.g 2			(, waj, j vai)
Comment: (Use this space or ar	attachment for any additional information.)		

Gift to Agency Report Instructions

A Public Document

California Form 801

This form is for use by all state and local government agencies to disclose payments made to the agency when the payments provide a personal benefit to an official of the agency. Examples may include travel, meals or other benefits. Under certain circumstances, these payments will not result in a gift to the official, but will be considered a gift to the agency. The payments must be used for official agency business and must meet other requirements that are set out in FPPC Regulation 18944.2, which is available on the FPPC website www.fppc.ca.gov.

When to File

This form must be filed within 30 days of the use of the payment. Reports may be faxed, mailed, personally delivered or e-mailed.

Where to File

State Agencies: File this form with the Fair Political Practices Commission ("FPPC"), 428 J Street, Suite 620, Sacramento, CA 95814. Fax: 916-322-0886 E-mail: Form 801@fppc.ca.gov

Local Agencies: File this form with the official that maintains the agency's statements of economic interests (Form 700).

Website Posting: Each agency that maintains a website must also post the form or the information contained on the form on its website within 30 days of the use of the payment. Local agencies that do not maintain a website must forward the form to the FPPC for posting on its website.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received payments from other sources that were used in connection with the activity, disclose the name and payment information for each source.

Part 3. Payment Information

Report the date and amount of each payment. For travel payments, also disclose the location(s), and a breakdown of the expenses. Provide a specific description of the use of the payment and the intended purpose. List each agency official for whom the payment was used.

Example: A business entity paid for an agency employee to travel to attend an informational seminar on solar energy projects in Washington D.C. The description should read: "Travel to attend an EPA cosponsored solar energy seminar held in Washington, D.C."

Part 4. Verification

The agency head or his or her designee must sign the form

General Information

Gifts to agencies must meet the following requirements:

- The agency head or designee must determine and control the agency's use of the payment.
- The payment must be used for official agency business.
- The donor may identify a purpose for the gift but may not designate by name, title, class or otherwise, an official who may use the payment.
- The agency official who determines who will use the payment may not select himself or herself.

Travel payments must also meet these requirements:

- A payment for travel may not be used by a state or local elected officer or by the state, county, and city officials who hold positions listed in Government Code Section 87200.
- A payment for travel may not exceed the agency's own reimbursement rates for travel, or the State per diem or IRS reimbursement rates if the agency has no policy.
- The agency head or designee must preapprove travel paid for by a third party before travel commences.

Travel payments made by a federal government agency in connection with education, training, or other interagency programs are not reportable.

For further information on filing this report or for general information, contact the FPPC.

Certificate Of Completion

Envelope Id: 07C8596F2A3644E1BAE788BE501DCA67

Subject: Please DocuSign: Donation recognition letters for the memorial bench program.

Source Envelope:

Document Pages: 9 Signatures: 3 Certificate Pages: 2 Initials: 0

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Envelope Originator: Jeanette Serna

> 250 Hamilton Ave Palo Alto, CA 94301

Location: DocuSign

Status: Completed

Jeanette.Serna@CityofPaloAlto.org

IP Address: 199.33.32.254

Record Tracking

Status: Original

8/22/2022 2:39:03 PM

Security Appliance Status: Connected Storage Appliance Status: Connected Holder: Jeanette Serna

Jeanette.Serna@CityofPaloAlto.org

Pool: StateLocal

DocuSigned by:

F2DCA19CCC8D4F9..

Signature Adoption: Pre-selected Style

Using IP Address: 98.151.164.147

COPIED

Ed Shikada

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)

Timestamp Signature

Sent: 8/22/2022 2:50:12 PM Viewed: 8/22/2022 9:30:13 PM Signed: 8/22/2022 9:31:05 PM

Sent: 8/22/2022 2:50:13 PM

Resent: 8/22/2022 2:50:59 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Danson Cinner France

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

Vinhloc nguyen

vinhloc.nguyen@cityofpaloalto.org

Administrative Associate III

City of Palo Alto

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/22/2022 2:50:13 PM
Certified Delivered	Security Checked	8/22/2022 9:30:13 PM

Envelope Summary Events	Status	Timestamps
Completed	Security Checked	8/22/2022 9:31:05 PM
Payment Events	Status	Timestamps