bift to Agency Report	A Public Docume	ent	GIFT TO AGENCY REPOR
I. Agency Name		Date Stamp	California 801
Open Space, Parks & Golf, Community Services Department			Form OC I
Division, Department, or Reg	<b>jion</b> (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	<del>)</del>	Date of Original Filing:	(month_day_vear)
Jeanette Serna, Coordinat	or of Public Works Projects		(monun, day, year)
. Donor Name and Addre	ess		
	Povorty		
	First Name	ner	Name
	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 each source and the amount(s) solicited or rec	ceived by the donor for this g	gift:
Name	\$	Name	\$Amount
	7.0.100.11		7.11.00.11
. Payment Information	25.25.222	4 000 00	
Date and Amount of Paym	nent (other than travel)	4,000.00 (Round to whole dollars)	
	(monin, day, year)	(Round to whole dollars)	
Travel Payment Information	on (Round to whole dollars) Location of Travel _		
Dato(a) of Travel	ransportation Expenses S Lodging Expenses Mea	S Other Evper	ses Total Expenses
	ription of the nature and use of the pa		
•	•		moy buomicoo.
Open Space and Parks Ad	opt-a-Park donation for a memorial bench at	Bol Park	
Identify the officials for	whom the payment was used:		
identity the officials for	whom the payment was used.		
		Or	pen Space, Parks & Golf
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division
	i list ivalile	Title	Department/Division
. Verification			
I have determined that it is in to	he interests of the agency to accept this gift and u	ise it for the official agency b	ousiness described above.
DocuSigned by:			
Ed Shikada	Ed Shikada C	ity Manager	6/2/2023
Signature of Agency Head or Design		City Manager Title	(month, day, year)
and a series of the series of body	·······································	Tiuo	(onar, day, your)
Comment: (Use this space or a	an 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.

# **DocuSign**

#### **Certificate Of Completion**

Envelope Id: AEB86518E8B346EB952BB0655786F009

Subject: Adopt-a-park donation recognition letter and 801 form submittal

Source Envelope:

Document Pages: 3 Signatures: 1
Certificate Pages: 2 Initials: 0

AutoNav: Enabled

**Envelopeld Stamping: Enabled** 

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

Status: Completed

Envelope Originator:
Jeanette Serna
250 Hamilton Ave

Palo Alto , CA 94301

Jeanette.Serna@CityofPaloAlto.org

IP Address: 199.33.32.254

#### **Record Tracking**

Status: Original

6/1/2023 7:34:13 AM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Jeanette Serna

Jeanette.Serna@CityofPaloAlto.org

Pool: StateLocal Pool: City of Palo Alto

DocuSigned by:

F2DCA19CCC8D4F9..

Signature Adoption: Pre-selected Style

Using IP Address: 199.33.32.254

Ed Shikada

Location: DocuSign

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 Timestamp

Sent: 6/1/2023 8:42:22 AM Viewed: 6/2/2023 2:25:33 PM Signed: 6/2/2023 2:25:40 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

COPIED

COPIED

**Status** 

# Carbon Copy Events

Jeanette Serna

jeanette.serna@cityofpaloalto.org

Coord Pub Wks Proj City of Palo Alto

Security Level: Email, Account Authentication

(None)

#### **Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

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

#### Timestamp

Sent: 6/1/2023 8:42:22 AM Resent: 6/2/2023 2:25:42 PM Viewed: 6/1/2023 8:55:28 AM

Sent: 6/1/2023 8:42:22 AM Viewed: 7/19/2023 3:17:25 PM

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/1/2023 8:42:22 AM
Certified Delivered	Security Checked	6/2/2023 2:25:33 PM
Signing Complete	Security Checked	6/2/2023 2:25:40 PM
Completed	Security Checked	6/2/2023 2:25:40 PM
Payment Events	Status	Timestamps