Gift to Agency Report	A Public De	ocument		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
Open Space, Parks & Golf, Community Services Department				Form OUT
Division, Department, or Region (if applicable)				For Official Use Only
3201 East Bayshore Road, Palo Alto CA 94303				
Street Address				
Area Code/Phone Number	E-mail		Amendment (expla	in in comment section)
650-496-5916	Jeanette.Serna@CityofPaloAlto.O	rg		
Agency Contact (name and titl	e)		Date of Original Filing	(month, day, year)
Jeanette Serna, Coordinat	or of Public Works Projects			
2. Donor Name and Addre	255			
Individual Loarie	Constance	□ Other		
Last Name	First Name			Name
Address	City		CA	94027 Zip Code
Address	City		Olale	Zip Gode
If "Other" is marked, describe the entity	's business activity (if business) or its nature and int	erests.		
	of each source and the amount(s) solic		ad by the donor for this	aift:
	of each source and the amount(s) source			gin.
	\$		Name	\$
Name	Amount		Name	Amount
3. Payment Information				
Date and Amount of Payn	nent (other than travel) 06,13, 2023 (month, day, year)	\$	4,000.00 (Round to whole dollars)	
Travel Payment Informati	on (Round to whole dollars) Location of	Travel		
ŕ	Ф	<u></u>	¢	¢
Date(s) of Travel	ransportation Expenses Lodging Expenses	⊅ Meal Exp	enses Other Exp	enses S Total Expenses
Provide a specific desc	ription of the nature and use o	f the paym	ent for official ag	ency business:
Open Space and Parks Ac	lopt-a-Park donation for a memorial	bench at Jol	nnson Park	
Identify the officials for	whom the payment was used:			
Last Name	First Name			Department/Division
Last Name	T instructive		The	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
	the interests of the agency to accept this	aift and use i	t for the official agency	business described above
DocuSigned by:		ynt and door		
Ed Shikada				6/27/2023
in surgana	Ed Shikada	City	Manager	0/21/2023

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

Signature of Agency Head or Designee

(month, day, year)

Title

Gift to Agency Report Instructions

A Public Document

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.

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Certificate Of Completion		
Envelope Id: 1DA7884FC61D4F4B86EA42818303 Subject: City of Palo Alto Adopt-a-park donation pro Source Envelope:		Sta
Document Pages: 3 Certificate Pages: 2 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-08:00) Pacific Time (US & Canad	Signatures: 1 Initials: 0 da)	
Record Tracking		
Status: Original 6/27/2023 2:11:18 PM	Holder: Jeanette Serna Jeanette.Serna@CityofPaloAlto.org Pool: StateLocal	Loc
Security Appliance Status: Connected Storage Appliance Status: Connected	Pool: City of Palo Alto	Loc
Signer Events	Signature	Tiı
Ed Shikada Ed.Shikada@CityofPaloAlto.org Ed Shikada, City Manager City of Palo Alto Security Level: Email, Account Authentication (None)	Docusigned by: EA Shikada F2DCA19CCC8D4F9 Signature Adoption: Pre-selected Style Using IP Address: 166.198.34.9 Signed using mobile	Sei Vie Sig
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Status

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Status: Completed

Envelope Originator: Jeanette Serna 250 Hamilton Ave Palo Alto , CA 94301 Jeanette.Serna@CityofPaloAlto.org IP Address: 199.33.32.254

Location: DocuSign

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Sent: 6/27/2023 2:21:10 PM Viewed: 6/27/2023 3:43:32 PM Signed: 6/27/2023 3:44:11 PM

In Person Signer Events Signature Editor Delivery Events Status Agent Delivery Events Status

Intermediary Delivery Events

Certified Delivery Events

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 COPIED

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Sent: 6/27/2023 2:21:11 PM

Resent: 6/27/2023 3:44:14 PM

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/27/2023 2:21:11 PM
Certified Delivered	Security Checked	6/27/2023 3:43:32 PM
Signing Complete	Security Checked	6/27/2023 3:44:11 PM
Completed	Security Checked	6/27/2023 3:44:11 PM
Payment Events	Status	Timestamps