

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

GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California 801</b> Form For Official Use Only
Open Space, Parks & Golf, Community Services Department			
Division, Department, or Region (if applicable)			
3201 East Bayshore Road, Palo Alto CA 94303			
<b>Street Address</b>			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> Amendment (explain in comment section)	
650-496-5916	Jeanette.Serna@CityofPaloAlto.Org	<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact (name and title)</b>			
Jeanette Serna, Coordinator of Public Works Projects			

**2. Donor Name and Address**

Individual Saadat Mahmoud  Other \_\_\_\_\_  
Last Name First Name Name

5900 3rd Street, Unit 2308 San Francisco CA 94124  
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

**3. Payment Information**

**Date and Amount of Payment** (other than travel) 2,16,2018 \$ 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 donation for memorial bench at Bol Park.

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

<u>Anderson</u>	<u>Daren</u>	<u>Division Manager</u>	<u>Open Space, Parks &amp; Golf</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

**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:  
  
 39E7298FB2064DB... James Keene City Manager 4/17/2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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