

Gift to Agency Report**A Public Document**

GIFT TO AGENCY REPORT

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|---|--|--|---|
| 1. Agency Name Open Space, Parks & Golf, Community Services Department | | Date Stamp | California Form 801 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: _____ (month, day, year) | |

2. Donor Name and Address

Individual Malik Nauman Other _____
Last Name First Name Name

762 Bryant Street Palo Alto CA 94301
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) 6,27,2018 \$ 2,500.00
(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 a memorial bench at Heritage Park.

Identify the officials for whom the payment was used:

Anderson Daren Division Manager Open Space, Parks & Golf
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 for James Keene Ed Shikada for James Keene Assistant City Manager 10/15/2018
F2DCA19CC8D4F9... Signature of Agency Head or Designee Print Name Title (month, day, year)

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