

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

GIFT TO AGENCY REPORT

**1. Agency Name**

Open Space, Parks &amp; Golf, Community Services Department

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

Agency Contact (name and title)

Jeanette Serna, Coordinator of Public Works Projects

Date Stamp

**California 801**  
**Form**

For Official Use Only

 Amendment (explain in comment section)Date of Original Filing: \_\_\_\_\_  
(month, day, year)**2. Donor Name and Address** Individual Longcore Jonathan  Other \_\_\_\_\_  
Last Name First Name Name6 Los Amigos Court Cedar Crest NM 87008  
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) 02,09, 2021 \$ 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 and Parks Adopt-a-Park for a memorial plaque at the Palo Alto Baylands.

**Identify the officials for whom the payment was used:**Do Lam Superintendent 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 ShikadaEd shikadaCity Manager8/5/2021

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or 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](http://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: [Form801@fppc.ca.gov](mailto:Form801@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 co-sponsored 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 inter-agency programs are not reportable.

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

**Certificate Of Completion**

Envelope Id: B5B8AC6ED97544E4B71589C8F2C51D73	Status: Completed
Subject: Please DocuSign: Palo Alto Pickleball Club-3270 -801.pdf, Palo Alto Pickleball Club-3271 -801.p...	
Source Envelope:	
Document Pages: 14	Signatures: 7
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Danielle Kang
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	250 Hamilton Ave
	Palo Alto , CA 94301
	Danielle.Kang@cityofpaloalto.org
	IP Address: 199.33.32.254

**Record Tracking**

Status: Original	Holder: Danielle Kang	Location: DocuSign
8/4/2021 10:25:06 AM	Danielle.Kang@cityofpaloalto.org	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	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)

**Signature**

DocuSigned by:  
  
 Ed Shikada  
 F2DCA19CCC8D4F9...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 199.33.32.254

**Timestamp**

Sent: 8/4/2021 10:47:57 AM  
 Viewed: 8/4/2021 4:36:43 PM  
 Signed: 8/5/2021 3:08:45 PM

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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
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/4/2021 10:47:57 AM
Certified Delivered	Security Checked	8/4/2021 4:36:43 PM
Signing Complete	Security Checked	8/5/2021 3:08:45 PM
Completed	Security Checked	8/5/2021 3:08:45 PM
Payment Events	Status	Timestamps