

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name East Bay Regional Park District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 2950 Peralta Oaks Court, Oakland, CA 94605			
Area Code/Phone Number 510-544-2000	E-mail	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Pat O'Brien, General Manager		Date of Original Filing: <u>8/30/2010</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Taylor Family Foundation

_____ Last Name First Name _____ Name

5555 Arroyo Road Livermore CA 94550

Address City State Zip Code

Non-profit foundation

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) 8/29/2010 \$ 4,000.00
(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:

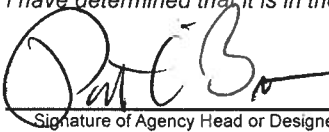
Support partnership with Taylor Family Foundation; promote District' profile; and promote District's facility (Camp Arroyo).

Identify the officials for whom the payment was used:

<u>Parmer</u> Last Name	<u>Rick</u> First Name	<u>Chief of Interpretive Srvc</u> Title	<u>Operations</u> Department/Division
<u>McNally</u> Last Name	<u>Michael</u> First Name	<u>Facilities Supervisor</u> Title	<u>Operations</u> 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.

 PAT O'BRIEN GENERAL MANAGER
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Donor provided District with two "tables" to this event at a per person ticket price of \$200.00

FPPC Form 801 continued

LAST NAME	FIRST NAME	TITLE	DEPARTMENT/DIVISION
Kassebaum	Anne	Recreation Services Manager	Operations
Wilson	Jeff	Chief of Park Operations	Operations
Scheer	Anne	Chief of Maintenance	Operations
Escobar	John	AGM, Operations	Operations