

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name EAST BAY REGIONAL PARK DISTRICT Division, Department, or Region (if applicable) 2950 PERALTA OAKS COURT Street Address OAKLAND, CA 94605		Date Stamp	California Form 801 For Official Use Only
Area Code/Phone Number 500-544-2004	E-mail N/A		
Agency Contact (name and title) TED RADOSEVICH, DISTRICT COUNSEL			

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 ORGANIZATION PROVIDING PROGRAMS FOR CHILDREN

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) 8/25/13 \$ \$2,000

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

Provide a specific description of the nature and use of the payment for official agency business:


TFF donated one table at their annual fundraiser, "Day in the Park", which was held at EBRPD facility. Staff's attendance will help promote EBRPD events, activities, programs, and facilities. It will also further enhance the EBRPD's relationship with the TFF.

Identify the officials for whom the payment was used:

<u>SEVERIN</u>	<u>CAROL</u>	<u>BOARD MEMBER</u>	<u>N/A</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
<u>WIESKAMP</u>	<u>AYN</u>	<u>BOARD MEMBER</u>	<u>N/A</u>
<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.

 TED RADOSEVICH DISTRICT COUNSEL 8/26/13

Signature of Agency Head or Designee Print Name Title (month, day, year)

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

FPPC FORM 801

Date of Original Filing: 8/26/2013

OFFICIALS WHO USED PAYMENT, continued....

- Robert Doyle, General Manager
- Jim O'Connor, Assistant General Manager, Operations Division
- Anne Kassebaum, Recreation Manager, Operations Division
- Kelly Barrington, Chief of MAST, Operations Division
- Michael McNally, Facilities Supervisor, Operations Division