**Gift to Agency Report**

**1. Agency Name**
City of Palo Alto

**Division, Department, or Region (if applicable)**
City Manager's Office - 7th Floor

**Street Address**
250 Hamilton Avenue, Palo Alto CA 94301

**Area Code/Phone Number**
650.329.2105

**E-mail**
james.keene@cityofpaloalto.org

**Agency Contact (name and title)**
James Keene

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Linkoping, Sweden Delegation</td>
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<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>Sister City Linkoping, Sweden Delegation Visit</td>
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**If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.**

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<tr>
<th>Name</th>
<th>Amount</th>
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**3. Payment Information**

- **Date and Amount of Payment (other than travel)**
  - (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:**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department/Division</th>
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**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.*

**Signature of Agency Head or Designee**
James Keene

**Print Name**
City Manager

**Title**

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

Linkoping City Flag with Stand, Crystal Bowl in Blue, a Glass Holder, and Plastic Tray with an image on it.

**FPPC Form 801 (June/08)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)