Payment 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
Email
650/329-2105 Ed.Shikada@cityofpaloalto.org

Agency Contact (name and title)
Ed Shikada

2. Donor Name and Address
   □ Individual
   □ Other
   Palo Alto Sikh Foundation
   Address
   City
   State
   Zip Code

The Palo Alto Sikh Foundation received a Proclamation for Sikh Awareness Month and gave educational books to share.

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) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

<table>
<thead>
<tr>
<th>Location of Travel</th>
<th>Dates (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation Provider</td>
<td>□ Rail □ Air □ Bus □ Auto □ Other</td>
</tr>
<tr>
<td>Name of Lodging Facility</td>
<td></td>
</tr>
<tr>
<td>Lodging Expenses</td>
<td>Meal Expenses</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:

| Dates (month, day, year) | Total Expenses |

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position/Title</th>
</tr>
</thead>
</table>

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: Ed Shikada
Print Name: City Manager
City: Title
Date: (month, day, year)

Comment: Educational Books of the Sikh Heritage.