

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

CITY OF PALO ALTO, CA
CITY CLERK'S OFFICE

California
Form 801

For Official Use Only

18 MAR 21 PM 5:18

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

Amendment (explain in comment section)

Date of Original Filing: 3/16/2018
(month, day, year)

2. Donor Name and Address

Individual _____ Other Argentina Delegation
Last Name First Name Name

Address City State Zip Code

Argentina Delegation Visit to learn about Smart Cities

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) _____ \$ _____
(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:


Identify the officials for whom the payment was used:

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 off cial agency business described above.

 James Keene City Manager 3.20-18
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

2016 BOTTLE OF WINE FROM ARGENTINA