

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
City of Sunnyvale
Division, Department, or Region (if applicable)
Office of the City Manager
Street Address
456 W. Olive Ave., Sunnyvale, CA 94086
Area Code/Phone Number
408-730-7483
Email
cityclerk@sunnyvale.ca.gov
Agency Contact (name and title)
David Carnahan, City Clerk
Date Stamp
Received
Office of the City Clerk
Oct. 3, 2023
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual
Last Name First Name
1400 K St., Suite 205 Sacramento CA 95814
Address City State Zip Code
Other
Institute for Local Government
Name
Promotes good government at the local level through training and guidance for local officials.
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:
Name \$ Amount Name \$ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)
3.1 (a) Travel Payment
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses
3.1 (b) Payment(s) not related to travel:
Oct. 3, 2023 \$ 625.00
Dates (month, day, year) Total Expenses
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Complimentary registration for two-day "Meeting Mastery: Meeting Facilitation & Design Training for Local Governments" training.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Byars Daniel Deputy City Clerk City Manager/City Clerk Div.
Last Name First Name Position/Title Department/Division
Last Name First Name Position/Title Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Kent Steffens City Manager
Signature Print Name Title
Oct 4, 2023
(month, day, year)
Comment:
(Use this space or an attachment for any additional information)







Form 801-Institute for Local Government-Flattened

Final Audit Report

2023-10-04

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