

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name
 City of Westlake Village
 Division, Department, or Region (if applicable)
 Street Address
 31200 Oak Crest Drive
 Area Code/Phone Number | E-mail
 818-706-1613 | beth@wlv.org
 Agency Contact (name and title)
 Beth Schott, City Clerk

RECEIVED
 Date Stamp
 DEC 17 2013
 CITY OF WESTLAKE VILLAGE
 WESTLAKE VILLAGE, CA
 Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

California Form 801
 For Official Use Only

2. Donor Name and Address
 Individual _____ Other Willdan _____
 Last Name First Name Name
 374 Poli St., #101 Ventura CA 93001
 Address City State Zip Code
 City Engineer
 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:
 See Attached \$ 2471.88 _____ \$ _____
 Name Amount Name Amount

3. Payment Information
 Date and Amount of Payment (other than travel) 12/9/13 \$ 2471.88
 (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:
 See page two
 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 official agency business described above.
 Signature of Agency Head or Designee Raymond B. Taylor City Manager 12/17/13
 Print Name Title (month, day, year)

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

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 Street Address
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2. Donor Name and Address

Individual _____ Other Richards, Watson, Gershon
 Last Name First Name Name
 355 S. Grand Ave., 40th Floor Los Angeles CA 90071-3101
 Address City State Zip Code

City Attorney

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:

See Attached \$ 2471.88
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/9/13 \$ 2471.88
 (month, day, year) (Round to whole dollars)

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

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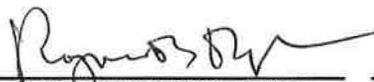
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Identify the officials for whom the payment was used:

See page two
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 Last Name First Name Title Department/Division

4. Verification

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 Signature of Agency Head or Designee Raymond B. Taylor City Manager 12/17/13
 Print Name Title (month, day, year)

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

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GIFT TO AGENCY REPORT

1. Agency Name

City of Westlake Village

Division, Department, or Region (if applicable)

Street Address

31200 Oak Crest Drive

Area Code/Phone Number

818-706-1613

E-mail

beth@wlv.org

Agency Contact (name and title)

Beth Schott, City Clerk

RECEIVED Date Stamp

DEC 17 2013

CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA

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

Other

Interwest Consulting Group

Name

9519 Chamberlain St.

Ventura

CA

93004

Address

City

State

Zip Code

City Traffic Engineer

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:

See Attached

\$ 1000.00

Name

Amount

Name

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

12/9/13

(month, day, year)

\$

1000.00

(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:

See page two

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 official agency business described above.

Signature of Agency Head or Designee

Raymond B. Taylor

Print Name

City Manager

Title

12/17/13

(month, day, year)

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

CALIFORNIA FORM 801
December 9, 2013

3. Payment Information

Identify the officials for whom the payment was used:

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>
Boga	Terence	City Attorney
Borchard	Cindy	Deputy Finance Officer
Brown	Audrey	Assistant City Manager
Casswell	Rick	Assistant Planner
Davis	Ned	Mayor
Halpern	Brad	Councilmember
Hughes	Roxanne	Deputy City Engineer
Kallman	Kerry	Administrative Analyst
Klessig	Philippa	Councilmember
Knipe	John	City Engineer
McSweeney	Sue	Mayor Pro Tem
Rutherford	Mark	Councilmember
Schott	Beth	City Clerk
Slavin	Bob	Councilmember
Taylor	Ray	City Manager
Wolfe	Scott	Planning Director