

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

**1. Agency Name**  
 City of Westlake Village  
**Division, Department, or Region** (if applicable)  
 Street Address  
 312300 Oak Crest Drive  
**Area Code/Phone Number**  
 818-706-1613  
**Email**  
 beth@wlv.org  
**Agency Contact** (name and title)  
 Beth Schott, City Clerk

**RECEIVED**  
 Date Stamp  
**DEC 10 2014**  
**California Form 801**  
 For Official Use Only  
**CITY OF WESTLAKE VILLAGE**  
**WESTLAKE VILLAGE, CA**  
 **Amendment** (explain in comment section)  
**Date of Original Filing:** \_\_\_\_\_  
 (month, day, year)

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  
 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) received by the donor for this payment:

\_\_\_\_\_ \$ \_\_\_\_\_ 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)  
 \_\_\_\_\_  Rail  Air  Bus  Auto  Other  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

12/8/2015 \$ 2,415.04  
 Dates (month, day, year) Total Expenses

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

Year end event.

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

see page two

\_\_\_\_\_ 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.

 Beth A. Schott City Clerk 12/10/14  
 Signature Print Name Title (month, day, year)

Comment:

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

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 Agency Contact (name and title)  
 Beth Schott, City Clerk

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**CITY OF WESTLAKE VILLAGE**  
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**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) 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  
 Check Applicable Boxes  
 \$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses  
**3.1 (b) Payment(s) not related to travel:** 12/8/2015 \$ 2,415.04  
 Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Year end event.  
**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**  
 see page two  
 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.  
 Signature: *Beth A. Schott* Beth A. Schott City Clerk 12/10/14  
 Print Name Title (month, day, year)

Comment:  
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 Agency Contact (name and title)  
 Beth Schott, City Clerk

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 CITY OF WESTLAKE VILLAGE  
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 Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Interwest Consulting Group  
 Last Name First Name 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) received by the donor for this payment:  
 \_\_\_\_\_ \$ \_\_\_\_\_ 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)  
 \_\_\_\_\_  Rail  Air  Bus  Auto  Other  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ \$ 1,000.00  
 Dates (month, day, year) Total Expenses

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

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

see page two  
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 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.

Beth A. Schott Beth A. Schott City Clerk 12/10/14  
 Signature Print Name Title (month, day, year)

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

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**CALIFORNIA FORM 801**  
**December 8, 2014**

3. Payment Information

Identify the officials for whom the payment was used:

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>
Biery	Robert	City Treasurer
Boga	Terence	City Attorney
Brown	Audrey	Assistant City Manager
Davis	Ned	Mayor
Halpern	Brad	Councilmember
Hughes	Roxanne	Deputy City Engineer
Kallman	Kerry	Senior Administrative Analyst
Klessig	Philippa	Councilmember
Knipe	John	City Engineer
McSweeney	Sue	Mayor Pro Tem
Rutherford	Mark	Councilmember
Schott	Beth	City Clerk
Taylor	Ray	City Manager
Wolfe	Scott	Planning Director