

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|   |                       |  |   |
|---|-----------------------|--|---|
| <b>1. Agency Name</b><br>City of Westlake Village                   |                       | Date Stamp<br><b>RECEIVED</b><br><br>SEP 14 2018<br><br>CITY OF WESTLAKE VILLAGE<br>WESTLAKE VILLAGE, CA | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                     |                       |  |   |
| Street Address<br>31200 Oak Crest Drive, Westlake Village, CA 91361 |                       |  |   |
| Area Code/Phone Number<br>818-706-1613                              | Email<br>beth@wlv.org | <input type="checkbox"/> Amendment (explain in comment section)  |   |
| Agency Contact (name and title)<br>Beth Schott, City Clerk          |                       | Date of Original Filing: _____<br>(month, day, year)   |   |

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Willdan Engineering

\_\_\_\_\_ 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)

\_\_\_\_\_  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:** \_\_\_\_\_ \$ 3,000.00

12/11/2017 \_\_\_\_\_

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)**

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 Schott Beth Schott City Clerk 09/13/18

Signature Print Name Title (month, day, year)

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

Clear Page

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  
 31200 Oak Crest Drive, Westlake Village, CA 91361  
 Area Code/Phone Number 818-706-1613 Email beth@wlv.org  
 Agency Contact (name and title)  
 Beth Schott, City Clerk

**RECEIVED**  
 Date Stamp  
 SEP 14 2018  
 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 \_\_\_\_\_  Other Interwest Consulting  
 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:**  
 \_\_\_\_\_ 12/11/2017 \$ 1,500.00  
 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)**  
 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 Schott City Clerk 09/13/18  
 Signature Print Name Title (month, day, year)

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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|   |                       |   |   |
|---|-----------------------|---|---|
| <b>1. Agency Name</b><br>City of Westlake Village                   |                       | RECEIVED<br>Date Stamp<br>SEP 14 2018<br>CITY OF WESTLAKE VILLAGE<br>WESTLAKE VILLAGE, CA | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                     |                       |   |   |
| Street Address<br>31200 Oak Crest Drive, Westlake Village, CA 91361 |                       |   |   |
| Area Code/Phone Number<br>818-706-1613                              | Email<br>beth@wlv.org | <input type="checkbox"/> Amendment (explain in comment section)                           |   |
| Agency Contact (name and title)<br>Beth Schott, City Clerk          |                       | Date of Original Filing: _____<br>(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 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:

12/11/2017 \$ 3,000.00

Dates (month, day, year) Total Expenses

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

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 Schott Signature Beth Schott Print Name City Clerk Title 09/13/18 (month, day, year)

Comment:

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

Clear Page

**CALIFORNIA FORM 801**  
**December 11, 2017**

3. Payment Information

Identify the officials for whom the payment was used:

| <u>Last Name</u> | <u>First Name</u> | <u>Title</u>               |
|------------------|-------------------|----------------------------|
| Anderson         | Brianne           | Community Services Manager |
| Arden            | Jessica           | City Engineer              |
| Biery            | Robert            | City Treasurer             |
| Boga             | Terence           | City Attorney              |
| Borchard         | Cindy             | Deputy Finance Officer     |
| Brown            | Audrey            | Assistant City Manager     |
| Davis            | Ned               | Mayor Pro Tem              |
| Eskandar         | Philippe          | Administrative Analyst     |
| Halpern          | Brad              | Councilmember              |
| Honig            | Kelly             | Councilmember              |
| Hughes           | Roxanne           | Deputy City Engineer       |
| Jordan           | Dan               | Finance Director           |
| McSweeney        | Sue               | Councilmember              |
| Novi             | John              | Associate Planner          |
| Ogden            | Mike              | Deputy Finance Officer     |
| Rutherford       | Mark              | Mayor                      |
| Schott           | Beth              | City Clerk                 |
| Taylor           | Ray               | City Manager               |
| Wessel           | Mark              | City Traffic Engineer      |
| Wolfe            | Scott             | Planning Director          |
| Young            | Serita            | Assistant City Attorney    |