

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Westlake Village		Date Stamp <b>RECEIVED</b> <b>MAY 23 2019</b> CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA	<b>California Form 801</b> For Official Use Only
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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

**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
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**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 \_\_\_\_\_

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:** \_\_\_\_\_

Dates (month, day, year) 12/10/18 Total Expenses \$ 2,849.94

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

\_\_\_\_\_

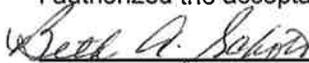
**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

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	05/23/19
Signature	Print Name	Title	(month, day, year)

**Comment:** \_\_\_\_\_

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

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Area Code/Phone Number 818-706-1613	Email beth@wlv.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Beth Schott, City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Richards Watson Gershon

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 355 S. Grand Ave. 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	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  
 Check Applicable Boxes

Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ \$ 2,849.94  
 Dates (month, day, year) 12/10/18 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

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Beth Schott City Clerk 05/23/19  
 Signature Print Name Title (month, day, year)

Comment:

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Street Address 31200 Oak Crest Drive, Westlake Village, CA 91361		CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA	
Area Code/Phone Number 818-706-1613	Email beth@wlv.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Beth Schott, City Clerk		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other \_\_\_\_\_ Interest

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_  
 9519 Chamberlain \_\_\_\_\_ Ventura \_\_\_\_\_ CA \_\_\_\_\_ 93004  
 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:** \_\_\_\_\_ \$ 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 A. Schott* \_\_\_\_\_ Beth Schott \_\_\_\_\_ City Clerk \_\_\_\_\_ 05/23/19 \_\_\_\_\_  
 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 10, 2018**

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
Pearl	Ray	Councilmember
Rutherford	Mark	Mayor
Taylor	Ray	City Manager
Wessel	Mark	City Traffic Engineer
Wolfe	Scott	Planning Director
Young	Serita	Assistant City Attorney