

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Westlake Village		RECEIVED Date Stamp DEC 28 2019	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
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 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
 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:

12/9/2019 \$ 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 City Clerk 12/23/20
 Signature Print Name Title (month, day, year)

Comment:

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

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PAYMENT TO AGENCY REPORT

1. Agency Name City of Westlake Village Division, Department, or Region (if applicable)		Date Stamp DEC 23 2019 CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA	California Form 801 For Official Use Only
Street Address 31200 Oak Crest Drive, Westlake Village, CA 91361			
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 Willdan _____
Last Name First Name Name
 374 Poli St. 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 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:
 _____ 12/9/2019 \$ 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.

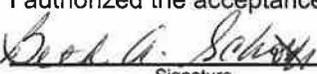
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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 City Clerk 12/23/20
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 <input type="checkbox"/> Amendment (explain in comment section)	
Area Code/Phone Number 818-706-1613	Email beth@wlv.org		
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 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	_____ 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 _____ 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:

12/9/2019 \$ 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 _____ 12/23/20 _____

Signature Print Name Title (month, day, year)

Comment:

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CALIFORNIA FORM 801
December 9, 2019

3. Payment Information

Identify the officials for whom the payment was used:

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>
Arden	Jessica	City Engineer
Biery	Robert	City Treasurer
Boga	Terence	City Attorney
Brown	Audrey	Assistant City Manager
Davis	Ned	Councilmember
de Geus	Rob	City Manager
Eskandar	Philippe	Assistant to the City Manager
Halpern	Brad	Councilmember
Honig	Kelly	Mayor
Hughes	Roxanne	Deputy City Engineer
Jordan	Dan	Finance Director
McSweeney	Sue	Mayor Pro Tem
Pearl	Ray	Councilmember
Sinkula	Megan	Associate Planner
Wessel	Mark	City Traffic Engineer
Young	Serita	Assistant City Attorney