

Gift to Agency Report

A Public Document

RECEIVED

GIFT 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  
 E-mail  
 beth@wlv.org  
 Agency Contact (name and title)  
 Beth Schott, City Clerk

Date Stamp  
 DEC 10 2009  
 CITY OF WESTLAKE VILLAGE  
 WESTLAKE VILLAGE, CA  
 Amendment (explain in comment section)  
 Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

**California 801**  
 Form  
 For Official Use Only

**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) solicited or received by the donor for this gift:  
 \_\_\_\_\_ \$ \_\_\_\_\_ Name \$ \_\_\_\_\_ Amount

**3. Payment Information**

Date and Amount of Payment (other than travel) 12/3/09 \$ 1000.00  
 (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:**  
 DINNER FOR CITY COUNCIL, STAFF AND CONTRACT STAFF

**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  
 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

Date Stamp

California Form 801

DEC 10 2009

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CITY OF WESTLAKE VILLAGE

Division, Department, or Region (if applicable)

CITY OF WESTLAKE VILLAGE
WESTLAKE VILLAGE, CA

Street Address

31200 OAK CREST DRIVE, WESTLAKE VILLAGE, CA 91361

Area Code/Phone Number

818-706-1613

E-mail

beth@wlv.org

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

Last Name

First Name

Other

RICHARDS, WATSON & GERSHON

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

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

12/3/09

(month, day, year)

\$

2330.12

(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:

DINNER FOR CITY COUNCIL, STAFF AND CONTRACT STAFF

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

12/10/09 (month, day, year)

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

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**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 | E-mail  
 818-706-1613 | beth@wlv.org  
 Agency Contact (name and title)  
 Beth Schott, City Clerk

Date Stamp  
 DEC 10 2009  
 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 \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/3/09 \$ 2330.12  
 (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:

DINNER FOR CITY COUNCIL, STAFF AND CONTRACT STAFF

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.

 Raymond B. Taylor City Manager 12/10/09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**CALIFORNIA FORM 801**  
**December 3, 2009**

3. Payment Information

Identify the officials for whom the payment was used:

| <u>Last Name</u> | <u>First Name</u> | <u>Title</u>  |
|------------------|-------------------|---|
| Biery            | Bob               | City Treasurer/Finance Officer                                |
| Boga             | Terence           | City Attorney   |
| Brown            | Audrey            | Assistant City Manager  |
| Davis            | Ned               | Mayor Pro Tem   |
| Kallman          | Kerry             | Administrative Analyst  |
| Klessig          | Philippa          | Councilmember   |
| Knipe            | John              | City Engineer   |
| Martin           | Tom               | Captain - LA County Sheriff's Department - Lost Hills Station |
| McSweeney        | Sue               | Councilmember   |
| Rutherford       | Mark              | Mayor   |
| Slavin           | Bob               | Councilmember   |
| Taylor           | Ray               | City Manager  |
| Theobald         | Bob               | Planning Director   |
| Wessel           | Mark              | City Traffic Engineer   |
| Wiener           | Larry             | Assistant City Attorney                                       |
| Wolfe            | Scott             | Senior Planner  |