

1140

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name CITY OF WESTLAKE VILLAGE		Date Stamp RECEIVED DEC 20 2010	California Form 801 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	E-mail	CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA <input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title)		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 90071-3101
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 \$ 2039.66
Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/9/10 \$ 2040
(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:

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 RAYMOND B. TAYLOR CITY MANAGER 12/17/10
Signature of Agency Head or Designee Print Name Title (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		RECEIVED DEC 20 2010 CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 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	E-mail		
Agency Contact (name and title)			

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:

<u>SEE ATTACHED</u>	\$ <u>2039.66</u>	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/9/10 \$ 2040
 (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:

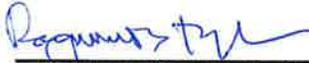
Identify the officials for whom the payment was used:

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 12/17/10
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Gift to Agency Report

A Public Document

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
Agency Contact (name and title)

RECEIVED
Date Stamp
DEC 20 2010

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 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:
SEE ATTACHED \$ 1000
Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/9/10 \$ 1000
(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:

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 12/17/10
Print Name Title (month, day, year)

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

**CALIFORNIA FORM 801
December 9, 2010**

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
Borchard	Cindy	Deputy Finance Officer
Davis	Ned	Mayor Pro Tem
Hughes	Roxanne	Deputy City Engineer
Knipe	John	City Engineer
McSweeney	Sue	Councilmember
Rutherford	Mark	Mayor
Schmitz	Audrey	Assistant City Manager
Slavin	Bob	Councilmember
Taylor	Ray	City Manager
Theobald	Bob	Planning Director
Wessel	Mark	City Traffic Engineer
Wiener	Larry	Assistant City Attorney

Nothing Bundt Cakes
 1610 E. Thousand Oaks Blvd.
 Suite D
 Thousand Oaks, CA 91362
 (805) 446-3082

Work Order

Work Order #: 16715
 Account #: 0187061613
 Date: 12/2/2010 Time: 1:53:29 PM
 Cashier: 2467 Register #: 1

Reference: 120810CITYOFWESTLAKE
 PU

Item	Description	Amount
DD	Due Date	\$0.00
	pu dATE:THURS 120810	
	pu tIME:3:00PM	
	sERVING tIME:KC	
S	-----	\$0.00
CCC020101	Chocolate Chocolate Chi 5 @ \$29.50	\$147.50
D0040101	Deco Options - F & B 5 @ \$0.00	\$0.00
S	-----	\$0.00
CH10	Thousand Oaks \$10.00 Of	(\$10.00)
	=====	
	Sub Total	\$137.50
	Total	\$137.50
	MASTERCARD Credit Card Tendered	\$137.50
	Card: XXXXXXXXXXXX0342	
	Auth: 002006	
	Change Due	\$0.00


 * 1 6 7 1 5 *
 Thank you for shopping

Catering Event Statement

Event Date: 12-9-10
Room: Lakeside Room
Client: City of Westlake Village
Address: 31200 Oak Crest Drive, Westlake Village, CA
Phone: (818) 706-1613

Invoice # E16243
Terms: MC

Manager: CS

Food & Beverage Minimum: \$1,500.00

FOOD	Number	Price Per Person	Total Price
Parmesan Artichoke Heart	59	\$4.00	\$236.00
Bacon-wrapped Scallops	59	\$4.00	\$236.00
NAPA VALLEY BUFFET	59	\$37.00	\$2,183.00
Client bring in own Cake for dessert- Cutting fee	59	\$1.50	\$88.50
			\$0.00
			\$0.00
Food Sub-Total:			\$2,743.50

BEVERAGE	Number	Unit Price	Total Price
Hosted Wine, Assorted Soft drinks & Beer	1	\$938.00	\$938.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Bar Sub-Total:			\$938.00
Minimum Requirement:			\$0.00
Food & Beverage - Total:			\$3,681.50

EQUIPMENT	Number	Price	Total Price
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Equipment Sub-Total:			\$0.00

OTHER	Number	Price	Total Price
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Other Sub-Total:			\$0.00

LABOR / MISC	Number	Price	Total Price
Bartender fee	1	\$85.00	\$85.00
			\$0.00
			\$0.00
Business Group			\$0.00
Labor / Misc Sub-Total:			\$85.00

Credit Card #: ***** 0342	Grand - Sub-Total:	\$3,766.50
Expiration Date: 06-2013	Service Charge 20%	\$736.30
	Sales Tax 9.75%	\$439.02
	Grand Total:	\$4,941.82
	(Less Deposits Paid):	\$5,114.32
	Total Amount Due:	(\$172.50)

Client Signature: _____