

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Westlake Village		Date Stamp AUG 28 2017 RECEIVED	California 801 Form 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	<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 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: _____ \$ 1,400.00
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.

 Signature Beth Schott Print Name City Clerk Title 08/28/17 (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		Date Stamp RECEIVED AUG 28 2017	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., 40th Floor 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 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)

_____ 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: _____ 7/8/2017 \$ 1,000.00
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 A. Schott Beth Schott City Clerk 08/28/17
Signature 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		<input checked="" type="checkbox"/> RECEIVED Date Stamp AUG 28 2017	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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Beth Schott, City Clerk			

2. Donor Name and Address

Individual _____ Other _____ **Interwest Consulting**

Last Name: _____ First Name: _____ Name: _____
 Address: 9519 Chamberlain St. City: Ventura State: CA Zip Code: 93004
 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

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: _____ 7/8/2017 \$ 773.16

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.

Signature: Beth A. Schott Print Name: Beth Schott Title: City Clerk Date: 08/28/17
 (month, day, year)

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

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CALIFORNIA FORM 801
July 8, 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	Deputy City Engineer
Biery	Robert	City Treasurer
Boga	Terence	City Attorney
Borchard	Cindy	Deputy Finance Officer
Brown	Audrey	Assistant City Manager
Davis	Ned	Councilmember
Eskandar	Philippe	Administrative Analyst
Halpern	Brad	Mayor
Honig	Kelly	Councilmember
Hughes	Roxanne	Deputy City Engineer
McSweeney	Sue	Councilmember
Novi	John	Associate Planner
Rutherford	Mark	Mayor Pro Tem
Schott	Beth	City Clerk
Taylor	Ray	City Manager
Wessel	Mark	City Traffic Engineer
Wolfe	Scott	Planning Director
Young	Sertia	Deputy City Attorney