

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

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MAR 03 2021

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Honig Kelly Bennett  
CITY OF WESTLAKE VILLAGE  
WESTLAKE VILLAGE, CA

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Westlake Village  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of Westlake Village  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

**Annual:** The period covered is January 1, 2020, through December 31, 2020.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2020.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2020, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – schedule attached  **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  **None - No reportable interests on any schedule**

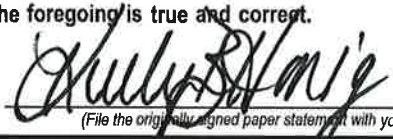
**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
31200 Oak Crest Drive		Westlake Village	CA	91361
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(818 ) 706-1613	kelly@kellyhonig.com			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/2021  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
 Las Virgenes Municipal Water District

ADDRESS *(Business Address Acceptable)*  
 4232 Las Virgenes Road, Calabasas, CA 91302-1994

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Water District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 06 / 202	\$ 35.00	Starbucks card plus sw:
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

Print

Clear