

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Westlake Village		RECEIVED Date Stamp DEC 20 2021	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 carolk@wlv.org		
Agency Contact (name and title) Carol Kramer, Deputy City Clerk			

2. Donor Name and Address

Individual _____ Last Name First Name Other Richards Watson Gershon 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)

_____ 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:

12/14/2021 \$ 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.

Carol Kramer Signature Carol Kramer Print Name Deputy City Clerk Title 12/20/21 (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)

Street Address

31200 Oak Crest Drive, Westlake Village, CA 91361

Area Code/Phone Number

818-706-1613

Email

carolk@wlv.org

Agency Contact (name and title)

Carol Kramer, Deputy City Clerk

RECEIVED Date Stamp

DEC 20 2021

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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

Last Name

First Name

Other

Willdan

Name

374 Poli St.

Ventura

CA

93001

Address

City

State

Zip Code

City Engineer

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Name Amount Name Amount

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3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

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:

12/14/2021

Dates (month, day, year)

\$ 3,000.00

Total Expenses

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Last Name

First Name

Position/Title

Department/Division

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First Name

Position/Title

Department/Division

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Carol Kramer

Signature

Carol Kramer

Print Name

Deputy City Clerk

Title

12/20/21

(month, day, year)

Comment:

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

9519 Chamberlain

Ventura

Address

City

City Attorney

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Location of Travel

Dates (month, day, year)

Transportation Provider

Rail Air Bus Auto Other

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:

12/14/2021

Dates (month, day, year)

\$ 1,500.00

Total Expenses

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Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

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Carol Kramer

Signature

Carol Kramer

Print Name

Deputy City Clerk

Title

12/20/21

(month, day, year)

Comment:

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

CALIFORNIA FORM 801
December 14, 2021

3. Payment Information

Identify the officials for whom the payment was used:

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>
Biery	Robert	City Treasurer
Boga	Terence	City Attorney
Davis	Ned	Councilmember
de Geus	Rob	City Manager
Eskandar	Philippe	Deputy City Manager
Forbes	Michael	Planning Director
Halpern	Brad	Mayor
Honig	Kelly	Councilmember
Hughes	Roxanne	City Engineer
McSweeney	Sue	Councilmember
Pearl	Ray	Mayor Pro Tem
Sinkula	Megan	Associate Planner
Wilson	Josephine	Administrative Services Director