

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name CITY OF WESTLAKE VILLAGE		RECEIVED Date Stamp DEC 7 2011 CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA	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 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 WILLDAN

Last Name: _____ First Name: _____ Name: _____
 Address: 374 POLI ST., #101 City: VENTURA State: CA Zip Code: 93001

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>2,050</u>		\$	
Name		Amount	Name	Amount	

3. Payment Information

Date and Amount of Payment (other than travel) 12/1/11 \$ 2,050
 (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:

<u>SEE PAGE TWO</u>	_____	_____	_____
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 12/7/11
 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		Date Stamp	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 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 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:

<u>SEE ATTACHED</u>	\$ <u>2,050</u>	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) 12/1/11 \$ 2,050
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

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:

<u>SEE PAGE TWO</u>	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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 12/7/11
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		Date Stamp	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 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 GROUP

_____ Name
 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 \$ 1,000
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12/1/11 \$ 1,000
 (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.

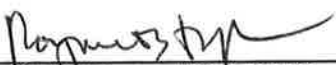
Identify the officials for whom the payment was used:

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 12/7/11
 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 1, 2011**

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
Hughes	Roxanne	Deputy City Engineer
Kallman	Kerry	Administrative Analyst
Klessig	Philippa	Councilmember
Knipe	John	City Engineer
McSweeney	Sue	Mayor Pro Tem
Rutherford	Mark	Councilmember
Schmitz	Audrey	Assistant City Manager
Slavin	Bob	Councilmember
Taylor	Ray	City Manager
Wolfe	Scott	Planning Director

BOCCACCIO'S
32123 WEST LINDERO CANYON ROAD
WESTLAKE VILLAGE CA 91361
818-889-8300

800002 Mike C

Tbl 1/1 Chk 729 Gst 0
Dec01'11 08:41PM

DINE IN
60 GUESTSX65
1 OPEN HOT 3900.00
\$GRATUITY 858.75

DEPOSIT REDM 1000.00

SUBTOTAL 3900.00
SERVICE CHRG 858.75
TAX 341.25
PAYMENT 1000.00
08:46PM TOTAL DUE **4100.00**