

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Westlake Village		Date Stamp RECEIVED DEC 20 2016	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)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Willdan

374 Poli St. 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: 12/7/2016 \$ 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.

Beth A. Schott Beth A. Schott City Clerk 12/20/16
Signature Print Name Title (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

beth@wlv.org

Agency Contact (name and title)

Date Stamp RECEIVED

DEC 20 2016

CITY OF WESTLAKE VILLAGE WESTLAKE VILLAGE, CA

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Interest Consulting Group

Name

9419 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) 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

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:

12/7/2016 Dates (month, day, year)

\$ 1,250.00 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 Signature

Beth A. Schott Print Name

City Clerk Title

12/20/16 (month, day, year)

Comment:

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

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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
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

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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: _____ \$ 3,000.00
12/7/2016
Dates (month, day, year) Total Expenses

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Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Beth A. Schott Beth A. Schott City Clerk 12/20/16
Signature Print Name Title (month, day, year)

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

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CALIFORNIA FORM 801
December 7, 2016

3. Payment Information

Identify the officials for whom the payment was used:

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>
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
Halpern	Brad	Mayor
Honig	Kelly	Councilmember
Hughes	Roxanne	Deputy City Engineer
Knipe	John	City Engineer
McSweeney	Sue	Councilmember
Ogden	Mike	Deputy Finance Officer
Rutherford	Mark	Mayor Pro Tem
Schott	Beth	City Clerk
Taylor	Ray	City Manager
Wessel	Mark	City Traffic Engineer
Wolfe	Scott	Planning Director