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  Email
818-706-1613 carolk@wlv.org

Agency Contact (name and title)
Carol Kramer, Deputy City Clerk

2. Donor Name and Address

   □ Individual        □ Other
   Last Name            Name
   First Name           Richards Watson Gershon
   355 S. Grand Ave.         Los Angeles
   City                     CA         90071
   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

   Transportation Provider
   □ Rail  □ Air  □ Bus  □ Auto  □ Other

   $ Lodging Expenses  $ Meal Expenses  $ Transportation Expenses  $ Other Expenses  $ Total Expenses

   Dates (month, day, year)

3.1 (b) Payment(s) not related to travel:

   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  Print Name  Title

   (month, day, year)

   Comment:

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

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## 2. Donor Name and Address

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
<th>Willdan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Name</td>
</tr>
<tr>
<td>374 Poli St.</td>
<td>Ventura</td>
<td>CA</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>93001</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

---

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

### 3.1 (a) Travel Payment

- **Location of Travel**
- **Transportation Provider**
- **Dates (month, day, year)**
- **Lodging Expenses**
- **Meal Expenses**
- **Transportation Expenses**
- **Other Expenses**
- **Total Expenses**

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### 3.1 (b) Payment(s) not related to travel:

- **Dates (month, day, year)**
- **Total Expenses**

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/14/2021</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

---

### 3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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### 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

- **Last Name**
- **First Name**
- **Position/Title**
- **Department/Division**

see page two

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### 4. Verification

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

**Signature**

Carol Kramer

**Print Name**

Carol Kramer

**Title**

Deputy City Clerk

**Date**

12/20/21

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

2. Donor Name and Address

□ Individual □ Other

Last Name First Name Interwest Name
9519 Chamberlain Ventura CA 93004

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

Transportation Provider

□ Rail □ Air □ Bus □ Auto □ Other

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 $ 1,500.00 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 Carol Kramer Deputy City Clerk 12/20/21

Signature Print Name Title (month, day, year)

Comment:
(Use this space or an attachment for any additional information)
3. Payment Information

Identify the officials for whom the payment was used:

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