Gift to Agency Report	A Public D	ocument	DECEN/E	GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
CITY OF WESTLAKE VILL	AGE			Form OUT
Division, Department, or Reg	ion (if applicable)		DEC 7 20	For Official Use Only
				T 100 00 00 00 00 00 00 00 00 00 00 00 00
Street Address			GITY OF WESTLAKE	
31200 OAK CREST DRIVE	i, WESTLAKE VILLAGE, CA 91361		WESTLAKE VILLAC	E, CA
Area Code/Phone Number	E-mail		Amendment (explain in	comment section)
818-706-1613	beth@wlv.org		Date of Original Filing: _	
Agency Contact (name and title			Date of Original I linig.	(month, day, year)
BETH SCHOTT, CITY CLE				
2. Donor Name and Addres	ss			
☐ Individual		Other	WILLDAN	ame
374 POLI ST., #101	First Name VENTURA		CA	93001
Address	City		State	Zip Code
CITY ENGINEER				
	s business activity (if business) or its nature and in	iterests.		
If applicable, identify the name	of each source and the amount(s) solic	cited or receive	ed by the donor for this gif	t:
SEE ATTACHED Name	\$\$Amount	-	Name	\$Amount
3. Payment Information				
•	ont (44 - 44 - 44 - 44 - 44 - 44 - 44 - 4	•	2,050	
Date and Amount of Paym	ent (other than travel) (month, day, year)	_ \$	(Round to whole dollars)	
T 1 D		Tenual		
Travel Payment Information	(Round to whole dollars)	iravei		
\$	\$	\$	\$	\$
	ansportation Expenses Lodging Expenses			
Provide a specific desci	ription of the nature and use o	of the payn	nent for official ager	icy business:
Dinner for City Co	ouncil, staff and contract	t staff.		
Identify the officials for	whom the payment was used			
identity the officials for	Whom the paymont was assu-			
SEE PAGE TWO				
Last Name	First Name		Title	Department/Division
Last Name	First Name	***	Title	Department/Division
4. Verification				
	ne interests of the agency to accept this	s gift and use	it for the official agency bu	siness described above
	3			
Motor (1)	DAVMOND B. TAVLOB	CITY	Y MANAGER	12/7/11
Signature of Agency Head or Design	RAYMOND B. TAYLOR Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information,)		

Gift to Agency Report	A Public Doo	ument	GIFT TO AGENCY REPORT	
1. Agency Name		Date Stamp	California 801	
CITY OF WESTLAKE VILL	AGE		Form For Official Use Only	
Division, Department, or Reg	on (if applicable)		For Official Ose Offig	
Street Address				
	, WESTLAKE VILLAGE, CA 91361			
Area Code/Phone Number	E-mail	Amendment (exp	lain in comment section)	
818-706-1613	beth@wlv.org	Date of Original Filin	a.	
Agency Contact (name and title)		Batto or original ram	(month, day, year)	
BETH SCHOTT, CITY CLE				
2. Donor Name and Addres	3S			
☐ Individual	First Name	☑ Other _RICHARDS, WAT	SON & GERSHON Name	
355 S. GRAND AVE., 40Th		CA	90071-3101	
Address	City	State	Zip Code	
CITY ATTORNEY				
	s business activity (if business) or its nature and interest	ests.		
If applicable, identify the name	of each source and the amount(s) solicite	d or received by the donor for thi	s gift:	
SEE ATTACHED Name	\$2,050	Name	\$Amount	
3. Payment Information				
•	ant (-11-11-11-11-11-11-11-11-11-11-11-11-11	£ 2,050		
Date and Amount of Paym	ent (other than travel) (month, day, year)	\$(Round to whole dollars)		
Town I Day was not be for man of in	and the second of The	avel		
Travel Payment Information	(Round to whole dollars)	avei		
\$	\$	\$\$	\$	
Date(s) of Travel	ansportation Expenses Lodging Expenses	Meal Expenses Other Ex	penses Total Expenses	
Provide a specific desc	ription of the nature and use of	the payment for official a	gency business.	
Dinner for City Co	uncil, staff and contract s	taff.		
,				
Identify the officials for	whom the payment was used:			
racitily the officials for	William the payment that the track			
SEE PAGE TWO				
Last Name	First Name	Title	Department/Division	
Last Name	First Name	Title	Department/Division	
4. Verification				
	he interests of the agency to accept this g	ift and use it for the official agend	cy business described above.	
	3 3 3 3			
Mus. sons	DAVMOND B. TAVLOB	CITY MANAGER	12/7/11	
Signature of Agency Head or Design	RAYMOND B. TAYLOR Print Name	Title	(month, day, year)	
Comment: (Use this space or a	n attachment for any additional information.)			

Gift to Agency Report	A Public Doc	ument	GIFT TO AGENCY REPORT
1. Agency Name		Date Stam	
CITY OF WESTLAKE VILL	AGE		Form OO I
Division, Department, or Reg	on (if applicable)		For Official Use Only
Street Address			
	, WESTLAKE VILLAGE, CA 91361		
Area Code/Phone Number	E-mail	☐ Amendmen	t (explain in comment section)
818-706-1613	beth@wlv.org	Date of Original	Filing
Agency Contact (name and title		Date of Original	(month, day, year)
BETH SCHOTT, CITY CLE			
2. Donor Name and Addres	3S		
☐ Individual		☑ Other <u>INTERWEST</u>	CONSULTING GROUP
9519 CHAMBERLAIN ST.	First Name VENTURA		CA 93004
Address	City		State Zip Code
CITY TRAFFIC ENGINEER	3		
	s business activity (if business) or its nature and intere	sts.	
If applicable, identify the name	of each source and the amount(s) solicited	d or received by the donor fo	or this gift:
			•
SEE ATTACHED Name	\$\$. 1,000	Narne	\$Amount
	7,000		
3. Payment Information	40/4/44	1.000	
Date and Amount of Paym	ent (other than travel) 12/1/11 (month, day, year)	\$	ollars)
Travel Payment Information	on (Round to whole dollars) Location of Tra	avel	
*	0		Q
	ansportation Expenses		
Provide a specific desc	ription of the nature and use of t	he payment for offici	al agency business:
Dinner for City Co	uncil, staff and contract s	taff.	
Identify the officials for	whom the payment was used:		
OFE DAGE TWO			
SEE PAGE TWO Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division
4. Verification		e	
I have determined that it is in ti	he interests of the agency to accept this gi	t and use it for the official a	gency business described above.
ν			
logouts the	RAYMOND B. TAYLOR	CITY MANAGER	12/7/11
Signature of Agency Head or Design	Print Name	Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)		
Service (See and Space of a	, , , , , , , , , , , , , , , , , , , ,		

CALIFORNIA FORM 801 December 1, 2011

3. Payment Information

Identify the officials for whom the payment was used:

Last Name Biery Boga Borchard	First Name Bob Terence Cindy	<u>Title</u> City Treasurer/Finance Officer City Attorney Deputy Finance Officer
Davis Hughes	Ned Roxanne	Mayor Deputy City Engineer
Kaliman	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

Tb1	1/1	Chk Dec01'11	729 08:41PM	Gst	C
	DINE			**************************************	
91	60 GUEST				
1	OPEN HOT	0.		3900.00	
	\$GRATUIT	Υ		858.75	
	DEPOSIT REDM			1000.00	
	SUBTOTAL			3900.00	
SERVICE CHRG			858.75		
TAX			341.25		
	PAYMENT			1000.00	
08:46PM TOTAL DUE		410	0 00		