

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Lawndale		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 14717 Burin Avenue, Lawndale, CA 90260			
Area Code/Phone Number 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Yvette Hall, Assistant City Clerk		Date of Original Filing: 01/04/24 (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> Other	
Last Name	First Name	Name	
3701 Wilshire Boulevard, Suite 725	Los Angeles	CA	90010
Address	City	State	Zip Code
Law Firm			

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:

Monetary donation			
Name	Amount	Name	Amount
	\$ 50.00		

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:

11/15/23	\$ 50.00
Dates (month, day, year)	Total Expenses

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


Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees as it was used for		raffle prizes to foster	employee morale.
Last Name	First Name	Position/Title	Department/Division
Not to exceed \$49.99 for each individual raffle prize.			
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.

	Yvette Hall	Assistant City Clerk	01/04/23
Signature	Print Name	Title	(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
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<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 01/04/24 (month, day, year)		

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name 24424 Neece Avenue Address Information Technology Services	First Name Torrance City CA State 90505 Zip Code	<input checked="" type="checkbox"/> Other Bericom Design Name
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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:

Monetary donation	\$ 100.00		\$	
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)
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes	Name of Lodging Facility
Transportation Provider \$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses	

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

11/15/23	\$ 100.00
Dates (month, day, year)	Total Expenses

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


Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees	as it was used for	raffle prizes to foster	employee morale.
Last Name	First Name	Position/Title	Department/Division
Not to exceed \$49.99 for each	individual raffle prize.		
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.

	Yvette Hall	Assistant City Clerk	01/04/24
Signature	Print Name	Title	(month, day, year)

Comment:

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2. Donor Name and Address

<input type="checkbox"/> Individual Last Name PO Box 1918 Address Life Insurance Company	First Name Carmel City If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	<input checked="" type="checkbox"/> Other Colonial Life Insurance Name IN 46082 State Zip Code
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→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Monetary donation Name \$ 45.00 Amount	Name \$ Amount
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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 <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes Name of Lodging Facility \$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses
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3.1 (b) Payment(s) not related to travel:

11/15/23 Dates (month, day, year)	\$ 45.00 Total Expenses
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3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees Last Name Not to exceed \$49.99 for each individual raffle prize.	as it was used for First Name raffle prizes to foster employee morale.	Position/Title Assistant City Clerk	Department/Division employee morale.
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4. Verification

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

Signature Yvette Hall	Print Name Assistant City Clerk	Title 01/04/24 (month, day, year)
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Comment:

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2. Donor Name and Address

<input type="checkbox"/> Individual Last Name 1118 E Chestnut Ave. Address Health Insurance Agency	First Name Santa Ana City CA State 92701 Zip Code	<input checked="" type="checkbox"/> Other Delta Dental Name
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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:

Sonic Electric Toothbrush Name \$ 40.00 Amount	Name Amount
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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 <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Check Applicable Boxes Name of Lodging Facility \$ Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ Total Expenses
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3.1 (b) Payment(s) not related to travel:

11/15/23 Dates (month, day, year)	\$ 40.00 Total Expenses
--------------------------------------	----------------------------

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

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees Last Name as it was used for First Name raffle prizes to foster Position/Title employee morale. Department/Division
Not to exceed \$49.99 for each individual raffle prize. 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 Yvette Hall Print Name	Assistant City Clerk Title	01/04/24 (month, day, year)
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Comment:

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PAYMENT TO AGENCY REPORT

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 01/04/24 (month, day, year)

2. Donor Name and Address

<input type="checkbox"/> Individual Last Name 180 E. Main Street, Suite 108 Address Consulting Company If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	<input checked="" type="checkbox"/> Other DeNovo Planning Group Name Tustin City CA State 92790 Zip Code
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→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Four Amazon Gift Cards at \$25 each	\$ 100.00		\$	
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 <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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: 11/15/23 Dates (month, day, year) \$ 100.00 Total Expenses

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


Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees	as it was used for	raffle prizes to foster	employee morale.
Last Name	First Name	Position/Title	Department/Division
Not to exceed \$49.99 for each	individual raffle prize.		
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	Yvette Hall Print Name	Assistant City Clerk Title	01/04/24 (month, day, year)
--	---------------------------	-------------------------------	--------------------------------

Comment:

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 01/04/24 (month, day, year)

2. Donor Name and Address

<input checked="" type="checkbox"/> Individual	Darren	Doerschel	<input type="checkbox"/> Other	
	Last Name	First Name		Name
	2307 32nd Street, #3	Santa Monica	CA	90405
	Address	City	State	Zip Code

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:

Monetary donation	\$ 45.00		\$	
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	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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:

11/15/23	\$ 45.00
Dates (month, day, year)	Total Expenses

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

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees	as it was used for	raffle prizes to foster	employee morale.
Last Name	First Name	Position/Title	Department/Division
Not to exceed \$49.99 for each	individual raffle prize.		
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.

	Yvette Hall	Assistant City Clerk	01/04/24
Signature	Print Name	Title	(month, day, year)

Comment:

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PAYMENT TO AGENCY REPORT

1. Agency Name

Date Stamp

California
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For Official Use Only

City of Lawndale

Division, Department, or Region (if applicable)

Street Address

14717 Burin Avenue, Lawndale, CA 90260

Area Code/Phone Number

310-973-3213

Email

yhall@cityoflawndalecity.org

Agency Contact (name and title)

Yvette Hall, Assistant City Clerk

☐ Amendment (explain in comment section)

Date of Original Filing: 01/04/24
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

IEEi TV

Name

110 Agate Avenue

Newport Beach

CA

92662

Address

City

State

Zip Code

Video and Graphics Production Company

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:

Monetary donation

\$ 45.00

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:

11/15/23

Dates (month, day, year)

\$ 45.00

Total Expenses

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

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees

as it was used for

raffle prizes to foster

employee morale.

Last Name

First Name

Position/Title

Department/Division

Not to exceed \$49.99 for each individual raffle prize

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

Yvette Hall

Print Name

Assistant City Clerk

Title

01/04/24

(month, day, year)

Comment:

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 01/04/24 (month, day, year)

2. Donor Name and Address

<input checked="" type="checkbox"/> Individual <div> Last Name: <u>Murphy</u> First Name: <u>Gregory</u> Address: <u>444 South Flower St., Ste 2400</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip Code: <u>90071</u> </div>	<input type="checkbox"/> Other <div> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ </div>
--	---

City Attorney from a private firm

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:

Monetary donation Name: _____ Amount: \$ <u>45.00</u>	Name: _____ Amount: \$ _____
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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: _____ Check Applicable Boxes: <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other Name of Lodging Facility: _____ \$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses
--

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

11/15/23 Dates (month, day, year)	\$ 45.00 Total Expenses
--------------------------------------	----------------------------

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

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees Last Name: _____ First Name: _____ Not to exceed \$49.99 for each individual raffle prize. Last Name: _____ First Name: _____	as it was used for Position/Title: _____ Department/Division: _____	raffle prizes to foster Position/Title: _____ Department/Division: _____	employee morale. 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.

Signature: <u>Yvette Hall</u> Print Name: Yvette Hall	Title: Assistant City Clerk	Date: 01/04/24 (month, day, year)
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Comment:

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2. Donor Name and Address

<input type="checkbox"/> Individual Last Name First Name 1930 9th Street Sacramento CA 95811 Address City State Zip Code		<input checked="" type="checkbox"/> Other Vision Service Plan (VSP) Name
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Health Insurance Agency

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:

Sunglasses	\$ 49.99		
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	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> 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:

11/15/23	\$ 49.99
Dates (month, day, year)	Total Expenses

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

Donation to 2023 City Employee Holiday Recognition Luncheon.

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

Benefited all City Employees	as it was used for	raffle prizes to foster	employee morale.
Last Name	First Name	Position/Title	Department/Division
Not to exceed \$49.99 for each	individual raffle prize.		
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.

	Yvette Hall	Assistant City Clerk	01/04/24
Signature	Print Name	Title	(month, day, year)

Comment:

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