| Payment to Agency Ro | eport | A Public D | ocument | | PAYMENT TO AGENCY REPO |
|---|--|---------------------------------|-----------------|-------------------|---|
| 1. Agency Name | | | | Date Stam | Colifornia |
| City of Lawndale | | | | | Form OU |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 14717 Burin Avenue, Lawno | dale, CA 90260 | | | | |
| Area Code/Phone Number | Email | | | ☐ Amendment | t (explain in comment section) |
| 310-973-3213 | yhall@cityoflawnd | alecity.org | | | |
| Agency Contact (name and title) | 72 12 | | | Date of Original | Filing: 01/04/24 (month, day, year) |
| Yvette Hall, Assistant City C | Clerk | | | | |
| 2. Donor Name and Addre | ss | | | | |
| ☐ Individual | | | . 🔳 Other | Aleshire & Wyr | nder, LLP |
| Last Name | First N | | | | Name |
| 3701 Wilshire Boulevard, S | uite 725 | Los Angeles | | | CA 90010 state Zip Code |
| Law Firm | | City | | 3 | tate Zip Code |
| If "Other" is marked, describe the entity's | s business activity (if busine | ess) or its nature and in | nterests | | |
| | • | | | | |
| | dentify the name of ea | | e amount(s) re | eceived by the do | nor for this payment: |
| Monetary donation | \$ <u></u> 50.00 |) | | | \$ |
| Name | | Amount | | Name | Amount |
| 3. Payment Information (C | omplete Section | s 3.1 (a or b), | 3.2, 3.3) | | |
| 3.1 (a) Travel Payment | | | | | |
| | Lo | ocation of Travel | | | Dates (month, day, year) |
| Transportation Provider | | ☐ Air ☐ B Check Applicable B | | o □ Other _ | Name of Lodging Facility |
| \$\$ | Meal Expenses | \$ Transportation Ex | \$_ | Other Expenses | \$ Total Expenses |
| 30 - 1 | 80500C-01080000000-010-010-010-010-010-0 | Transportation Ex | 11/15/23 | | |
| 3.1 (b) Payment(s) not rel | ated to traver: | | Dates (month, d | | 50.00 Total Expenses |
| 3.2. Payment Description. | Provide a specifi | c description | 20 | | • |
| | | | | | noy purpose una ase. |
| Donation to 2023 City I | =mpioyee Holida | ay Recognitio | n Luncneo | on. | |
| | | | | | |
| | | | | | |
| 3.3. Identify the officials v | vho used the paym | nent in Section | 3.1 (See instru | ctions) | |
| Benefited all City Employee | s as it was used | d for | raffle prizes | to foster | employee morale. |
| Last Name | First Name | | Posi | tion/Title | Department/Division |
| Not to exceed \$49.99 for ea | nch individual raffl | le prize. | | | |
| Last Name | First Name | • | Posi | ition/Title | Department/Division |
| | | | | | |
| 4. Verification | | | | | |
| I authorized the acceptance | of the reported pay | ment(s) as in co | omnliance wi | th FPPC regulat | tions |
| 7//24 1/ 1// | Yvette Hall | mont(o) as in o | _ | tant City Clerk | 01/04/23 |
| Signature Signature | | Print Name | A5515 | Title | (month, day, year) |
| - Oignaturo | | | | 1100 | (month, day, year) |
| Comment: | | | | | |
| (Use this space or an attachment for | or any additional informa | ition) | | | FPPC Form 801 (Janl [/] advice@fppc.ca.go |

| Payment to Agency R | eport | A Public I | Documen | t | | PAYMENT TO AGENCY REPORT |
|---|----------------------------------|-------------------------------|--|-------------------|-------------|--|
| 1. Agency Name | | | | Date Sta | mp | California O 0 4 |
| City of Lawndale | | | | | | Form OUI |
| Division, Department, or Reg | jion (if applicable) | | | | | For Official Use Only |
| Street Address | | | | - | | |
| 14717 Burin Avenue, Lawn | dale, CA 90260 | | | | | |
| Area Code/Phone Number | Email | | | □ Amondmo | nt (ovoloin | in comment section) |
| 310-973-3213 | yhall@cityoflawnd | alecity.org | | | | 0 |
| Agency Contact (name and title) | | | | Date of Origina | al Filing: | (month, day, year) |
| Yvette Hall, Assistant City (| Clerk | | | | | (month, day, year) |
| 2. Donor Name and Addre | ess | | | | | |
| ☐ Individual | | | _ Other | Bericom Des | ign | |
| Last Name | First N | | _ Other | | | Name |
| 24424 Neece Avenue | | Torrance | | | CA | 90505 |
| Address | | City | | | State | Zip Code |
| Information Technology Se | | | | | | |
| If "Other" is marked, describe the entity | 's business activity (if busines | ss) or its nature and | interests. | | | |
| If applicable, i | dentify the name of ea | ch source and t | he amount(s) i | received by the o | lonor for | this payment: |
| Monetary donation | \$\$ | | | | | and paymona |
| Name | <u> </u> | Amount | | Name | | \$ |
| 3. Payment Information (C | Complete Sections | s 3 1 (a or h) | 3 2 3 3) | 3000,000,000,000 | | 990,000,000 Pen. 175 |
| 3.1 (a) Travel Payment | ompiete ecotion | 5 0.1 (a 01 b) | , 0.2, 0.0) | | | |
| 3.1 (a) Haver Payment | Lo | cation of Travel | | | | Dates (month, day, year) |
| | | | | | | (,, |
| Transportation Provider | | ☐ Air ☐ [Check Applicable | the country of the co | to □ Other | | Name of Lodging Facility |
| \$ S | Meal Expenses | \$ Transportation E | <u> </u> | Other Expenses | - | \$ Total Expenses |
| | | Transportation | 11/15/23 | , | 100.00 | |
| 3.1 (b) Payment(s) not re | lated to travel: | | Dates (month, | | | Total Expenses |
| 2.2 Payment Description | Drovido o oposifi | a deceriation | | | | • |
| 3.2. Payment Description | | | 24 | _ | епсу р | irpose and use. |
| Donation to 2023 City | Employee Holida | y Recognition | on Lunched | on. | | |
| | | | | | | |
| | | | | | | |
| 3.3. Identify the officials v | who used the paym | ent in Section | 1 3.1 (See instr | uctions) | | |
| Benefited all City Employee | es as it was used | for | raffle prizes | s to foster | em | ployee morale. |
| Last Name | First Name | | | sition/Title | | Department/Division |
| | | | | | | ALL-SCALE AND ALL SCALE AND AL |
| Not to exceed \$49.99 for ea | ach individual raffl | e prize. | | | _ | |
| Last Name | First Name | | Po | sition/Title | | Department/Division |
| | | | | | | |
| 4. Verification | | | | | | |
| I authorized the acceptance | of the reported pay | ment(s) as in c | ompliance w | rith FPPC regul | ations. | |
| Watte Jul | Yvette Hall | | Assi | stant City Clerk | | 01/04/24 |
| Signature | | Print Name | 4 | Title | | (month, day, year) |
| | | | | | | |
| Comment: | for one additional information | lion) | | | | |
| (Use this space or an attachment | or any additional informat | uonj | | | | FPPC Form 801 (Jan/1) |
| | | | | | | advice@fppc.ca.go |

| Payment to Agency F | Report A | Public Dod | ument | | | PAYMENT TO AGENCY REPORT |
|--|---------------------------------------|---------------------------|----------------|-------------------|------------|---|
| 1. Agency Name | | | | Date Star | np | California On4 |
| City of Lawndale | | | | | | Form OUI |
| Division, Department, or Re | gion (if applicable) | | | | | For Official Use Only |
| Street Address | | | | | | |
| 14717 Burin Avenue, Lawr | ndale, CA 90260 | | | | | |
| Area Code/Phone Number | Email | | 1 | ☐ Amondmor | t (ovelein | in comment section) |
| 310-973-3213 | yhall@cityoflawndale | ecity.org | | | | STOP STORY OF THE |
| Agency Contact (name and title) |) | | | Date of Origina | l Filing: | 01/04/24 |
| Yvette Hall, Assistant City | Clerk | | | | | (month, day, year) |
| 2. Donor Name and Addre | ess | | | | | |
| ☐ Individual | | | Other | Colonial Life I | | · · · · · · · · · · · · · · · · · · · |
| Last Name | First Nam | | | | | Name |
| PO Box 1918 Address | | Carmel | | | State | 46082 Zip Code |
| Life Insurance Company | | onty | | | State | Zip Gode |
| If "Other" is marked, describe the entit | u'a husingga activity (if husingga) | or its nature and intere | oto | | | |
| ii Otilei is marked, describe the entity | y a busiliess activity (ii busiliess) | or its flature and intere | 515. | | | |
| If applicable, | identify the name of each | source and the a | mount(s) re | eceived by the de | onor for | this payment: |
| Monetary donation | \$\frac{45.00}{} | | | | | \$ |
| Name | - Ψ | nount | | Name | | Amount |
| 3. Payment Information (| Complete Sections | 3.1 (a or b), 3. | 2, 3.3) | | | |
| 3.1 (a) Travel Payment | | | | | | |
| | Local | tion of Travel | | | | Dates (month, day, year) |
| | | ∃Air ⊟Bus | ☐ Auto | Other | | |
| Transportation Provider | (| Check Applicable Boxes | 5 | - | ١ | lame of Lodging Facility |
| \$ | \$ | \$ | _ \$. | | | \$ |
| Lodging Expenses | Meal Expenses | Transportation Expen | | Other Expenses | 45.00 | Total Expenses |
| 3.1 (b) Payment(s) not re | elated to travel: | | 1/15/23 | | 45.00 | ~ |
| | | | ates (month, d | | | Total Expenses |
| 3.2. Payment Description | Provide a specific of | description of t | he payme | ent and its age | ency pu | irpose and use. |
| Donation to 2023 City | Employee Holiday | Recognition I | _uncheo | n. | | |
| | | | | | | |
| | | | | | | |
| 3.3. Identify the officials | who used the paymer | nt in Section 3. | 1 (See instru | ctions) | | |
| Benefited all City Employe | es as it was used fo | or ra | ffle prizes | to foster | em | oloyee morale. |
| Last Name | First Name | | Posi | tion/Title | - | Department/Division |
| Not to avocad \$40.00 for a | and individual raffla | | | | | |
| Not to exceed \$49.99 for e | | prize | D | ut CEU - | | D |
| Last Name | First Name | | Pos | ition/Title | | Department/Division |
| 4. Verification | | | | | | |
| | a of the remembed way was | | | th EDDC manual | .4: | |
| I authorized the acceptance | 4 | ent(s) as in com | | | AUONS. | 04104104 |
| grette ofal | Yvette Hall | | Assis | tant City Clerk | | 01/04/24 |
| Signature | Prin | t Name | | Title | | (month, day, year) |
| Comment: | | | | | | |
| (Use this space or an attachment | for any additional information | n) | | | | FPPC Form 801 (Jan/18 |
| | | | | | | advice@fppc.ca.go |

| Payment to Agency R | eport A | Public Docu | ıment | | PAYMENT TO AGENCY REPORT |
|---|---|-----------------------------|------------------------|--|---|
| 1. Agency Name | | | | Date Stamp | California O 0 1 |
| City of Lawndale | | | • | Form OUI | |
| Division, Department, or Reg | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 14717 Burin Avenue, Lawn | dale, CA 90260 | | | | |
| Area Code/Phone Number | Email | | | ☐ Amendment (e | xplain in comment section) |
| 310-973-3213 | yhall@cityoflawndale | ecity.org | | 1501 | |
| Agency Contact (name and title) Yvette Hall, Assistant City (| Clerk | | | Date of Original Fil | (month, day, year) |
| 2. Donor Name and Addre | ess | | | | |
| ☐ Individual | | | Other | Delta Dental | |
| Last Name | First Nam | e | Cilici | | Name |
| 1118 E Chestnut Ave. | | Santa Ana | | CA | |
| Address | С | ity | | State | e Zip Code |
| Health Insurance Agency | | | | | |
| If "Other" is marked, describe the entity | 's business activity (if business) | or its nature and interests | S. | | |
| If applicable, i | dentify the name of each | source and the amo | ount(s) re | ceived by the dono | or for this payment: |
| Sonic Electric Toothbrush | \$\frac{40.00}{} | | | | ¢ |
| Name | Φ | ount | | Name | ΦAmount |
| 3. Payment Information (C | Complete Sections 3 | 3.1 (a or b), 3.2, | 3.3) | | |
| 3.1 (a) Travel Payment | | | | | |
| | Locat | ion of Travel | | | Dates (month, day, year) |
| | | ☐ Air ☐ Bus | □Auto | Other | |
| Transportation Provider | | Check Applicable Boxes | _ | | Name of Lodging Facility |
| \$ | S | \$ | \$_ | | \$ |
| Lodging Expenses | Meal Expenses | Transportation Expense | | Other Expenses | Total Expenses |
| 3.1 (b) Payment(s) not re | lated to travel: | | /15/23 es (month, d | \$ 40 | Total Expenses |
| 0.0 D | D | | | A STATE OF THE STA | · - · |
| 3.2. Payment Description | . Provide a specific o | description of the | e payme | ent and its agend | cy purpose and use. |
| Donation to 2023 City | Employee Holiday | Recognition Lu | ıncheo | n. | |
| | | | | | |
| | | | | | |
| 3.3. Identify the officials | who used the paymer | nt in Section 3.1 | (See instruc | etions) | |
| Benefited all City Employee | es as it was used fo | or raffle | e prizes | to foster | employee morale. |
| Last Name | First Name | | Posit | tion/Title | Department/Division |
| Not to exceed \$49.99 for each | ach individual raffle ր | orize | | | |
| Last Name | First Name | | Posi | tion/Title | Department/Division |
| | | | | | |
| 4. Verification | | | | | |
| I authorized the acceptance | e of the reported payme | ent(s) as in compli | ance wit | th FPPC regulation | ons. |
| The state of the decoptance | // Yvette Hall | (0) 40 111 001111111 | | tant City Clerk | 01/04/24 |
| Signature | | t Name | 7100101 | Title | (month, day, year) |
| Commont | | | | | |
| Comment: (Use this space or an attachment | for any additional information | 2) | | | |
| (ose this space of all attachment | or any additional information | יי | | | FPPC Form 801 (Jan/1 advice@fppc.ca.go |

| Payment to Agency Re | eport A P | ublic Docun | nent | PAYMENT TO AGENCY RI |
|---|---|---|--------------------------|----------------------------------|
| 1. Agency Name | | | Date Sta | California O |
| City of Lawndale | | | | Form O |
| Division, Department, or Reg | ion (if applicable) | | | For Official Use Onl |
| Street Address | | | | |
| 14717 Burin Avenue, Lawn | dale, CA 90260 | | | |
| Area Code/Phone Number | Email | | | and (audain in any and anotion) |
| 310-973-3213 | yhall@cityoflawndalecit | ty.org | | ent (explain in comment section) |
| Agency Contact (name and title) | | | Date of Origin | al Filing: 01/04/24 |
| Yvette Hall, Assistant City C | Clerk | | | (month, day, year) |
| 2. Donor Name and Addre | SS | | | |
| | | _ | DeNovo Plar | nning Group |
| ☐ Individual | First Name | | Other | Name |
| 180 E. Main Street, Suite 1 | 08 Tus | stin | | CA 92790 |
| Address | City | | | State Zip Code |
| Consulting Company | | | | |
| If "Other" is marked, describe the entity | s business activity (if business) or it | ts nature and interests. | | |
| If applicable in | dentify the name of each so | urce and the amou | int(e) received by the | donor for this payment |
| Four Amazon Gift Cards at | | uice and the amou | int(s) received by the c | donor for this payment. |
| Name | \$ | | Name | \$Amount |
| 3. Payment Information (C | | | 17002300000 | 7 illouin |
| | ompiete Sections 3. i | i (a or b), 3.2, 3 |) | |
| 3.1 (a) Travel Payment | Location | of Travel | | Dates (month, day, year) |
| | | | | batto (monal, day, your) |
| Transportation Provider | Rail DA | Air □ Bus [ck Applicable Boxes | ☐ Auto ☐ Other | Name of Lodging Facility |
| \$ \$ Lodging Expenses | Meal Expenses Tra | ansportation Expenses | \$Other Expenses | \$Total Expenses |
| 0 0 1 | | 11/1 | | 3 100.00 |
| 3.1 (b) Payment(s) not rel | ated to traver: | 7 | (month, day, year) | Total Expenses |
| 3.2. Payment Description | Drovida a enecific des | , | 5 FIG. 15 | |
| | | | _ | gency purpose and use. |
| Donation to 2023 City | Employee Holiday Re | ecognition Lun | icheon. | |
| | | , k | | |
| | | | | |
| 3.3. Identify the officials v | vho used the payment i | in Section 3.1 (Se | ee instructions) | |
| Benefited all City Employee | es as it was used for | raffle | prizes to foster | employee morale. |
| Last Name | First Name | | Position/Title | Department/Division |
| Not to available \$40.00 for a | ach individual raffla pri- | 70 | | |
| Not to exceed \$49.99 for ea | | | Decision (Title | Department/Division |
| Last Manie | First Name | | Position/Title | Department/Division |
| | | *************************************** | | |
| 4. Verification | | | | |
| I authorized the acceptance | of the reported payment | (s) as in complia | nce with FPPC regu | lations. |
| Wotte Ita | // Yvette Hall | | Assistant City Clerk | k 01/04/24 |
| Signature | Print Na | ame | Title | (month, day, y |
| Comment: | | | | |
| (Use this space or an attachment t | for any additional information) | | | |
| | , | | | FPPC Form 801 (advice@fppc.o |

| Payment to Agency R | eport A Public | Document | : | PAYMENT TO AGENCY REPORT |
|--|---|---------------------|------------------------|---------------------------|
| 1. Agency Name | | | Date Stamp | California On 1 |
| City of Lawndale | | | | Form OUI |
| Division, Department, or Reg | ion (if applicable) | | | For Official Use Only |
| Street Address | 7 | | | |
| 14717 Burin Avenue, Lawn | dale, CA 90260 | | | |
| Area Code/Phone Number | Email | | ☐ Amondment (ev | plain in comment section) |
| 310-973-3213 | yhall@cityoflawndalecity.org | | — | · |
| Agency Contact (name and title) | | | Date of Original Filir | ng:(month, day, year) |
| Yvette Hall, Assistant City (| Clerk | | | (month, day, your) |
| 2. Donor Name and Addre | SS | | | |
| Individual Darren | Doerschel | □ Other | | |
| Last Name | First Name | Other | | Name |
| 2307 32nd Street, #3 | Santa Mo | nica | CA | 90405 |
| Address | City | | State | Zip Code |
| | | | | |
| If "Other" is marked, describe the entity' | s business activity (if business) or its nature a | and interests. | | |
| If applicable, i | dentify the name of each source an | d the amount(s) re | eceived by the donor | for this payment: |
| Monetary donation | 45.00 | , | , | |
| Name | \$ 45.00 Amount | - | Name | \$ |
| 3. Payment Information (C | Complete Sections 3.1 (a or | b), 3.2, 3.3) | | |
| 3.1 (a) Travel Payment | | w,, c.2, c.c, | | |
| orr (a) maverr ayment | Location of Travel | | _ | Dates (month, day, year) |
| | | ∃Bus ⊟Auto | o | |
| Transportation Provider | Check Applica | | o 🗌 Otner | Name of Lodging Facility |
| \$ \$ Lodging Expenses | \$Transportation | on Expenses \$. | Other Expenses | \$Total Expenses |
| 3.1 (b) Payment(s) not rel | | 11/15/23 | \$ 45.0 | |
| 3.1 (b) Fayinent(s) not le | ateu to traver. | Dates (month, o | | Total Expenses |
| 3.2. Payment Description | . Provide a specific description | on of the navmo | ent and its agency | nurnose and use |
| | | | | parpood and door |
| Donation to 2023 City | Employee Holiday Recogn | ition Lunched | on. | |
| | | | | |
| | | DO 500 F48 | | |
| 3.3. Identify the officials v | vho used the payment in Sect | ion 3.1 (See instru | ections) | |
| Benefited all City Employee | s as it was used for | raffle prizes | to foster | employee morale. |
| Last Name | First Name | Posi | ition/Title | Department/Division |
| Not to exceed \$49.99 for ea | ach individual raffle prize. | | | |
| Last Name | First Name | Pos | sition/Title | Department/Division |
| | | | | |
| 4. Verification | | | | |
| | (1) | p. | W EDDO 1 (' | |
| I authorized the acceptance | of the reported payment(s) as i | | | |
| grotte Otal | Yvette Hall | Assis | stant City Clerk | 01/04/24 |
| Signature | Print Name | | Title | (month, day, year) |
| Comment: | | | | |
| (Use this space or an attachment f | or any additional information) | | | FPPC Form 801 (Jan/18) |
| | | | | advice@fppc.ca.gov |

| Payment to Agency | Report A | A Public Docu | ument | | | PAYMENT TO AGENCY REPOR |
|---|--|------------------------------------|---------------|---|------------------|--|
| 1. Agency Name | | | T | Date Stan | np | California OOA |
| City of Lawndale | | | - 1 | | | Form OUI |
| Division, Department, or R | egion (if applicable) | | | | | For Official Use Only |
| Street Address | | | | | | , |
| 14717 Burin Avenue, Lav | vndale, CA 90260 | | | | | |
| Area Code/Phone Number | Email | | | □ Amendmen | t (oveleie | in comment section) |
| 310-973-3213 | yhall@cityoflawndal | ecity.org | | 10 Table 10 | | 850 |
| Agency Contact (name and titl | le) | | | Date of Original | l Filing: | (month, day, year) |
| Yvette Hall, Assistant City | y Clerk | | | | | (month, day, year) |
| 2. Donor Name and Add | ress | | | | | |
| □ Individual | | _ | = Oth | iEEi TV | | |
| ☐ Individual ———————————————————————————————————— | First Nan | ne | Other . | | | Name |
| 110 Agate Avenue | | Newport Beach | | | CA | 92662 |
| Address | (| City | | | State | Zip Code |
| Video and Graphics Prod | | | | | | |
| If "Other" is marked, describe the en | tity's business activity (if business) | or its nature and interest | S. | _ | | |
| If applicable | e, identify the name of each | n source and the am | ount(e) red | reived by the de | onor for | this navment: |
| Monetary donation | , identity the hame of each | i source and the am | ount(s) rec | served by the do | וטו וטווכ | uns payment. |
| Name | \$\frac{45.00}{Art | mount | | Name | | \$Amount |
| 3. Payment Information | | | 2 2) | Hamo | | 7 unount |
| | (Complete Sections | 3.1 (a or b), 3.2, | , 3.3) | | | |
| 3.1 (a) Travel Payment | Loca | tion of Travel | | - | | Dates (month, day, year) |
| | | adon of mayor | | | • | Dates (month, day, year) |
| Transportation Provide | · - | ☐ Air ☐ Bus Check Applicable Boxes | ☐ Auto | Other _ | 1 | lame of Lodging Facility |
| \$Lodging Expenses | \$ Meal Expenses | \$ Transportation Expense | . \$_ | Other Expenses | VZ | \$Total Expenses |
| 33 | | | /15/23 | 877 | 45.00 | Iotal Expenses |
| 3.1 (b) Payment(s) not i | related to travel: | | es (month, da | | 10.00 | Total Expenses |
| 3.2. Payment Description | n Provide a enecific | | • | | | 26.1 1 C.26.C 122000 - Declaration State |
| | | | | _ | ency pu | irpose and use. |
| Donation to 2023 City | y Employee Holiday | Recognition Lu | uncheor | 1. | | |
| | | | | | | |
| | | | | | | |
| 3.3. Identify the officials | s who used the payme | nt in Section 3.1 | (See instruct | ions) | | |
| Benefited all City Employ | ees as it was used fo | or raffl | e prizes t | o foster | emi | oloyee morale. |
| Last Name | First Name | | | on/Title | _ | Department/Division |
| 10000 | | | | | | |
| Not to exceed \$49.99 for | | prize | | | | |
| Last Name | First Name | | Positi | on/Title | | Department/Division |
| | | | | | NO. No. Amplific | |
| 4. Verification | | | | | | |
| I authorized the acceptant | ce of the reported paym | ent(s) as in compl | iance with | n FPPC regula | ations. | |
| Thate Hall | Yvette Hall | | Assista | ant City Clerk | | 01/04/24 |
| Signature | Prir | nt Name | | Title | | (month, day, year) |
| 0 | | | | | | |
| Comment: | of for any additional information | un) | | | | |
| (Use this space or an attachmer | it for any additional informatio | nn) | | | | FPPC Form 801 (Jan/1) |
| | | | | | | advice@fppc.ca.go |

| Payment to Agency F | Report A | Public Doc | ument | | | PAYMENT TO AGENCY REPOR | |
|---|--|-----------------------------|-----------------|--|-------------|--------------------------|--|
| 1. Agency Name | | | | Date Sta | mp | California OO4 | |
| City of Lawndale | | | | | • | Form OUI | |
| Division, Department, or Re | gion (if applicable) | | | | | For Official Use Only | |
| Street Address | | | | | | | |
| 14717 Burin Avenue, Law | ndale, CA 90260 | | | | | | |
| Area Code/Phone Number | Email | | | □ Amendme | nt (evolair | n in comment section) | |
| 310-973-3213 | yhall@cityoflawndaled | city.org | | | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: 01/04/24 (month, day, year) | | | |
| Yvette Hall, Assistant City | Clerk | | | | | (month, day, year) | |
| 2. Donor Name and Addr | ess | | | | | | |
| ■ Individual Murphy Last Name | Gregory | У | ☐ Other | | | | |
| | First Name | | | | | Name | |
| 444 South Flower St., Ste | | os Angeles | | | CA | 90071 | |
| | Cit | у | | | State | Zip Code | |
| City Attorney from a privat | | | | | | | |
| If "Other" is marked, describe the entit | y's business activity (if business) o | r its nature and interes | its. | | | | |
| If applicable, | identify the name of each s | source and the an | nount(s) re | eceived by the d | onor for | this payment: | |
| Monetary donation | \$45.00 | | | | | | |
| Name | ——— Ф————————————————————————————————— | unt | | Name | | Amount | |
| 3. Payment Information (| Complete Sections 3 | .1 (a or b), 3.2 | 2, 3.3) | | | | |
| 3.1 (a) Travel Payment | #1.0° grad ■0.000 Application 16.000 grade 20.000 (Application Application | | | | | | |
| , , | Locatio | n of Travel | | - | | Dates (month, day, year) | |
| 72.00 on the control of the control | | Air □ Bus | ☐ Auto | o □ Other | | | |
| Transportation Provider | | neck Applicable Boxes | 1000 | | | Name of Lodging Facility | |
| \$ | \$ | \$ | \$ | | | \$ | |
| Lodging Expenses | Meal Expenses | \$ Transportation Expens | | Other Expenses | - | Total Expenses | |
| 3.1 (b) Payment(s) not re | elated to travel: | - | 1/15/23 | | 45.00 | | |
| | | | tes (month, d | | | Total Expenses | |
| 3.2. Payment Description | Provide a specific de | escription of th | ne payme | ent and its ag | ency p | urpose and use. | |
| Donation to 2023 City | Employee Holiday F | Recognition L | uncheo | n. | | | |
| | . , | o . | | | | | |
| | | | | | | | |
| 3.3. Identify the officials | who used the payment | in Section 3.1 | (See instru | ctions) | | | |
| Benefited all City Employe | | | ` fle prizes | | am | ployee morale. | |
| Last Name | First Name | | | tion/Title | | Department/Division | |
| | | | 1 001 | don Hao | | Department Division | |
| Not to exceed \$49.99 for e | ach individual raffle pr | rize. | | | | | |
| Last Name | First Name | | Posi | tion/Title | | Department/Division | |
| | | | | | | | |
| 4. Verification | | | | | | | |
| I authorized the acceptance | e of the reported paymer | nt(s) as in comp | liance wi | th FPPC regul | ations. | | |
| Wette Hall | Yvette Hall | | Assis | tant City Clerk | | 01/04/24 | |
| Signature | Print I | Name | - | Title | | (month, day, year) | |
| Commont | | | | | | | |
| Comment: (Use this space or an attachment | for any additional information) | | | | | | |
| (500 this space of all attachillerit | ioi any additional miorination) | | | | | FPPC Form 801 (Jan/1 | |
| | | | | | | advice@fppc.ca.go | |

| Payment to Agency F | Report A Publi | ic Document | | PAYMENT TO AGENCY REPORT |
|--|---|-------------------------|-----------------------|---|
| 1. Agency Name | | | Date Stamp | California O O A |
| City of Lawndale | | | | Form OUT |
| Division, Department, or Re | gion (if applicable) | | | For Official Use Only |
| Street Address | | | | E II |
| 14717 Burin Avenue, Lawı | ndale, CA 90260 | | | |
| Area Code/Phone Number | Email | | ☐ Amendment (ex | plain in comment section) |
| 310-973-3213 | yhall@cityoflawndalecity.org | | | 6200 |
| Agency Contact (name and title |) | | Date of Original Fili | ng: 01/04/24 (month, day, year) |
| Yvette Hall, Assistant City | Clerk | | | (monan, aay, your) |
| 2. Donor Name and Addr | ess | | | |
| □ Individual | | Tother | Vision Service Pla | an (VSP) |
| ☐ Individual Last Name | First Name | Utilei | | Name |
| 1930 9th Street | Sacrame | ento | CA | 95811 |
| Address | City | | State | Zip Code |
| Health Insurance Agency | | | | |
| If "Other" is marked, describe the entit | y's business activity (if business) or its nature | e and interests. | | |
| If applicable | identify the name of each source a | and the amount(s) r | eceived by the donor | for this navment: |
| Sunglasses | | and the amount(5) is | cocived by the donor | ioi tiis payment. |
| Name | \$ <u>49.99</u> | _ | Name | \$Amount |
| | Complete Sections 3.1 (a o | w b\ 2 2 2 2\ | rano | 7 dilodik |
| 75.76 | complete Sections 3.1 (a o | or b), 3.2, 3.3) | | |
| 3.1 (a) Travel Payment | Location of Trave | | _ | Dates (month, day, year) |
| | Location of flave | 51 | | Dates (month, day, year) |
| Transportation Provider | | ☐ Bus ☐ Autocable Boxes | o ☐ Other | Name of Lodging Facility |
| \$Lodging Expenses | \$ \$ Transports | ation Expenses \$. | Other Francis | \$ Total Expenses |
| | | 11/15/23 | Other Expenses | • |
| 3.1 (b) Payment(s) not re | Hated to travel: | Dates (month, o | \$ 49.9 | Total Expenses |
| 2.0. Downsont Description | . Duraida a a a a life da a a dat | | | • |
| 3.2. Payment Description | n. Provide a specific descript | tion of the paym | ent and its agency | purpose and use. |
| Donation to 2023 City | Employee Holiday Recog | nition Lunched | n. | |
| | | | | |
| | | | | |
| 3.3. Identify the officials | who used the payment in Sec | ction 3.1 (See instru | ictions) | |
| Benefited all City Employe | | raffle prizes | | employee morale. |
| Last Name | First Name | | ition/Title | Department/Division |
| | , not realing | | | Boparanone Britolon |
| Not to exceed \$49.99 for 6 | each individual raffle prize. | | | |
| Last Name | First Name | Pos | sition/Title | Department/Division |
| | | | | |
| 4. Verification | | | | |
| | e of the reported payment(s) as | s in compliance wi | ith FPPC regulation | าร |
| Wetter > 1.1 | Yvette Hall | 32.5 | stant City Clerk | 01/04/24 |
| Signature | Print Name | ASSIS | Title | 9000018828940 M28942544773 |
| Signature | riiit iyanle | | Ilue | (month, day, year) |
| Comment: | | | | |
| (Use this space or an attachment | for any additional information) | | | FPPC Form 801 (Jan/18 |
| | | | | advice@fppc.ca.gov |