

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 801</b> 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	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>12/27/22</u> (month, day, year)	
310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Transtech Engineers, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 13367 Benson Avenue Chino CA 91710  
 Address City State Zip Code

Engineering 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:

Check \_\_\_\_\_ \$ 500.00 \_\_\_\_\_ \$ \_\_\_\_\_

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) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: \_\_\_\_\_ \$ 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.

Donation to 2022 City Employee Holiday Recognition Luncheon.

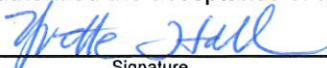
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Benefited all City Employees as it was used for luncheon expenses.

_____	_____	_____	_____
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.

 Yvette Hall Assistant City Clerk 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:

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



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310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Burke, Williams & Sorensen LLP

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

444 South Flower St., Ste 2400 Los Angeles CA 90071

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:

Cash \_\_\_\_\_ \$ 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) \_\_\_\_\_

\_\_\_\_\_  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: \_\_\_\_\_ \$ 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 2022 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 \_\_\_\_\_ luncheon expenses.

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Department/Division \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Department/Division \_\_\_\_\_

4. Verification

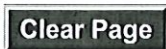
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Yvette Hall Yvette Hall Assistant City Clerk 12/27/22

Signature Print Name Title (month, day, year)

Comment:

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Area Code/Phone Number 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>12/27/22</u> (month, day, year)	
Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other iEEi TV

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 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:

Check	_____	\$ 49.00	_____	\$ _____
	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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

11/22/22 \$ 49.00  
 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 2022 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		luncheon expenses.	
_____	_____	_____	_____
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.

	Yvette Hall	Assistant City Clerk	12/27/22
Signature	Print Name	Title	(month, day, year)

Comment:

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Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other HF&H Consultants, LLC

Last Name First Name Name  
2081 Business Center Dr, Suite 265 Irvine CA 92612  
 Address City State Zip Code

Consultants for solid waste, water and wastewater programs.

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:

Check	Name	Amount	Name	Amount
		\$ 49.00		

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) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 11/22/22 \$ 49.00

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 2022 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 luncheon expenses.

_____	_____	_____	_____
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.

*Yvette Hall* Yvette Hall Assistant City Clerk 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:

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Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Amtec Total Security

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 4075 Schaefer Ave City: Chino State: CA Zip Code: 91710  
 Security 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:

Check \_\_\_\_\_ \$ 49.00 \_\_\_\_\_ \$ \_\_\_\_\_

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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_

\$ \_\_\_\_\_ Lodging Expenses    \$ \_\_\_\_\_ Meal Expenses    \$ \_\_\_\_\_ Transportation Expenses    \$ \_\_\_\_\_ Other Expenses    \$ \_\_\_\_\_ Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ 49.00

Dates (month, day, year): 12/5/22 Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**  
 Donation to 2022 City Employee Holiday Recognition Luncheon.

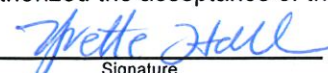
**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

Benefited all City Employees as it was used for \_\_\_\_\_ luncheon expenses.

_____	_____	_____	_____
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.

 Yvette Hall Assistant City Clerk 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:  
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310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other AramSCO

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
11020 Bloomfield Avenue Sante Fe Springs CA 90670  
 Address City State Zip Code

Facility Maintenance, Equipment and Supplies

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:

Target gift card	\$ 49.00		
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) \_\_\_\_\_

\_\_\_\_\_  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:** \_\_\_\_\_ \$ 49.00

\_\_\_\_\_ 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 2022 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 a raffle.

_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

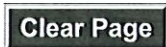
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I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Yvette Hall Yvette Hall Assistant City Clerk 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:

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310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Transtech Engineers, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 13367 Benson Avenue Chino CA 91710  
 Address City State Zip Code  
 Engineering 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:

3 boxes of candy, 10 - \$25 gift cards \$ 250.00

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) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes  
 Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 12/5/22 \$ 250.00

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 2022 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 used for raffle prizes.

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 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:

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Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other CASC Engineering

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1470 E. Cooley Dr. Colton CA 92324  
 Address City State Zip Code

Engineering 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:

\$25 Starbucks gift card & promo item \$ 25.00

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) \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

12/5/22 \$ 25.00  
 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 2022 City Employee Holiday Recognition Luncheon.

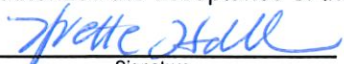
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Benefited all City Employees as it was used for raffle prizes.

_____ 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.

 Yvette Hall Assistant City Clerk 12/27/22  
 Signature Print Name Title (month, day, year)

Comment:

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