Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California OO4
City of Lawndale			Date Stamp	Form 801
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		☐ Amondment/out	ala la comunant continu)
310-973-3213	yhall@cityoflawndalecity.org			ain in comment section)
Agency Contact (name and title))		Date of Original Filing	g: <u>12/27/22</u>
Yvette Hall, Assistant City	Clerk			(month, day, year)
2. Donor Name and Addre	ess			
□ Individual		□ Othor	Transtech Enginee	ers, Inc.
☐ Individual Last Name	First Name	Tother		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 a	and interests.		
If applicable	identify the name of each source an	d the amount(s) re	eceived by the donor fo	or this payment:
Check		a the amount(e) it	societa by the donor it	or this payment.
Name	\$ 500.00		Name	\$Amount
3 Payment Information (Complete Sections 3.1 (a or	h) 3 2 3 3)		7
	somplete Sections 3.1 (a of	10), 3.2, 3.3)		
3.1 (a) Travel Payment	Location of Travel		-	Dates (month, day, year)
				batto (monal, day, your)
Transportation Provider	Rail Air Check Applical	☐ Bus ☐ Auto ble Boxes	Other	Name of Lodging Facility
\$ S	Meal Expenses S Transportation	\$.	Other Expenses	\$ Total Expenses
0 0 1		12/5/22	\$ 500.0	((6))
3.1 (b) Payment(s) not re	lated to travel:	Dates (month, o		Total Expenses
3.2 Payment Description	. Provide a specific description			SACTIONACY UTBOARD A ARTERIAN I - COUNS ON COMPANY (CO.)
			55	purpose and use.
Donation to 2022 City	Employee Holiday Recogn	ition Luncheo	n.	
3.3. Identify the officials	who used the payment in Sect	ion 3.1 (See instru	ctions)	
Benefited all City Employee	es as it was used for	luncheon ex	penses.	
Last Name	First Name		tion/Title	Department/Division
			_	
Last Name	First Name	Posi	ition/Title	Department/Division
4. Verification				
I authorized the acceptance	e of the reported payment(s) as in	n compliance wi	th FPPC regulations	
Throtte 2418	Yvette Hall	Assis	tant City Clerk	12/27/22
Signature	Print Name		Title	(month, day, year)
Comment:	for any addition-tief			
(Use this space or an attachment	or any additional information)			FPPC Form 801 (Jan/18
				advice@fppc.ca.gov

Payment to Agency R	eport	A Public I	Document	t	PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California OOA
City of Lawndale				Date stamp	Form 801
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
24]	
Street Address					
14717 Burin Avenue, Lawn					
Area Code/Phone Number	Email			☐ Amendment (€	explain in comment section)
310-973-3213	yhall@cityoflawno	lalecity.org		Date of Original Fi	12/27/22
Agency Contact (name and title)	N. J.			Date of Original Fi	(month, day, year)
Yvette Hall, Assistant City (211000000000				
2. Donor Name and Addre	ss			D 1 18.000	
☐ Individual	<u> </u>		_ Other	Burke, Williams	& Sorensen LLP
Last Name 444 South Flower St., Ste 2	First N	Los Angeles		C	Name A 90071
Address	.400	City		Stal	LE CONTRACTOR N
Law Firm					
If "Other" is marked, describe the entity'	s business activity (if busine	ess) or its nature and	interests.		
	dentify the name of ea		he amount(s) r	eceived by the done	or for this payment:
Cash	<u> </u>	OO Amount			\$
Name		000 (100 (000 000 000)		Name	Amount
3. Payment Information (C	complete Section	is 3.1 (a or b)	, 3.2, 3.3)		
3.1 (a) Travel Payment				_	
	L	ocation of Travel			Dates (month, day, year)
Transportation Provider	🗌 Rail		Bus □ Aut	o 🗌 Other	Name of Lodging Facility
Halispoliation Floride		Check Applicable	Boxes		Name of Lodging Facility
\$\$	Meal Expenses	\$ Transportation B	\$	Other Expenses	\$ Total Expenses
	50 Sp. 100 Carlot (100 Carlot	Transportation	11/7/22	107-00-00-00-00-00-00-00-00-00-00-00-00-0	0.00
3.1 (b) Payment(s) not rel	ated to traver:		Dates (month,		Total Expenses
3.2. Payment Description	Provide a specifi	ic description	of the navm	ent and its agend	cy nurnose and use
•	2.5	•		•	by purpose and asc.
Donation to 2022 City	Employee Holida	ay Recognition	on Lunched	on.	
``					
3.3. Identify the officials v	vho used the payn	nent in Section	n 3.1 (See instru	ictions)	
Benefited all City Employee	s as it was used	d for	luncheon ex	xpenses.	
Last Name	First Name	•	Pos	ition/Title	Department/Division
Last Name	First Name	9	Pos	sition/Title	
4. Verification					
	-64		P		
I authorized the acceptance		ment(s) as in o	9.50		
Welle Hall	Yvette Hall		Assis	stant City Clerk	12/27/22
Signature		Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment for	or any additional informa	ation)			FPPC Form 801 (Jan/18)
					advice@fppc.ca.gov

Payment to Agency R	eport /	A Public Doc	ument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California OO4
City of Lawndale					Form OU'I
Division, Department, or Re	gion (if applicable)				For Official Use Only
Street Address	*				
14717 Burin Avenue, Lawr	idale CA 90260				
Area Code/Phone Number	Email				
310-973-3213	yhall@cityoflawndal	ecity.ora		Amendment (exp	plain in comment section)
Agency Contact (name and title)				Date of Original Filir	ng: 12/27/22
Yvette Hall, Assistant City			0		(month, day, year)
2. Donor Name and Addre	ess				
☐ Individual			Other	iEEi TV	*
Last Name	First Nan		-	0.4	Name
110 Agate Avenue		Newport Beach		CA State	92662
Video and Graphics Produ		City		State	Zip Code
If "Other" is marked, describe the entity	S) or its nature and interes	s.		
No. 1007	identify the name of each	n source and the am	iount(s) re	sceived by the donor	for this payment:
Check	\$\frac{49.00}{200}	mount		Name of the last o	\$
Name			0.01	Name	Amount
. Payment Information (Complete Sections	3.1 (a or b), 3.2	, 3.3)		
3.1 (a) Travel Payment	Loca	ation of Travel			Dates (results day year)
	Loca	duon or maver			Dates (month, day, year)
Transportation Provider	· · · · · · · · · · · · · · · · · · ·	Air Bus Check Applicable Boxes	☐ Auto	Other	Name of Lodging Facility
\$	B	\$	_ \$_		\$
Lodging Expenses	Meal Expenses	Transportation Expense		Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	20.00	/22/22	\$ 49.0	
			es (month, d	• • •	Total Expenses
3.2. Payment Description	. Provide a specific	description of th	e payme	ent and its agency	purpose and use.
Donation to 2022 City	Employee Holiday	Recognition L	uncheo	'n.	
3.3. Identify the officials	who used the payme	nt in Section 3.1	(See instru	ctions)	
Benefited all City Employee	es as it was used for	or lun	cheon ex	cpenses.	
Last Name	First Name		Posi	ition/Title	Department/Division
Last Name	First Name		Pos	ition/Title	Department/Division
. Verification					
I authorized the acceptance	e of the reported paym	ent(s) as in comp	iance wi	th FPPC regulation	S.
Thethe DUIN	Yvette Hall	(-, 55 5511161		tant City Clerk	12/27/22
Signature		nt Name		Title	(month, day, year)
					S 1 200 TH
Comment:					
(Use this space or an attachment	for any additional informatio	on)			FPPC Form 801 (Jan/ advice@fppc.ca.g

Payment to Agency R	eport	A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O O 4
City of Lawndale					Form OU'I
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			□ Amandmant/	
310-973-3213	yhall@cityoflawno	dalecity.org		_	ain in comment section)
Agency Contact (name and title)				Date of Original Filin	g: 12/27/22
Yvette Hall, Assistant City (Clerk				(month, day, year)
2. Donor Name and Addre	ess				
☐ Individual			_	HF&H Consultants	s, LLC
Last Name	First I				Name
2081 Business Center Dr, S	Suite 265	Irvine		CA	92612
Address		City		State	Zip Code
Consultants for solid waste	W = 200 102 - 100 000				
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature an	d interests.		
If applicable, i	dentify the name of ea	ach source and	the amount(s) re	eceived by the donor f	or this payment:
Check	\$49.0			•	
Name	\$	Amount		Name	\$ Amount
3. Payment Information (C	Complete Section	s 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	omprote Gotton	.o o (a o	,, 0.2, 0.0,		
o.i (a) ilavel rayillelit		ocation of Travel			Dates (month, day, year)
	□ D-:		ID	- -	to the control of the
Transportation Provider	Rail	Air Check Applicable	Bus Auto	o □ Other	Name of Lodging Facility
\$\$ Lodging Expenses	Meal Expenses	\$ Transportation	Expenses \$.	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		11/22/22	\$ 49.0	0
011 (b) 1 b)o(b) 1101 101	acou to travon		Dates (month, o		Total Expenses
3.2. Payment Description	. Provide a specifi	ic description	of the payme	ent and its agency	purpose and use.
					parpood and door
Donation to 2022 City	Employee Holida	ay Recognit	ion Luncheo	on.	
3.3. Identify the officials v	vho used the payn	nent in Section	on 3.1 (See instru	ctions)	
Benefited all City Employee	s as it was used	d for	luncheon ex	rpenses.	
Last Name	First Name	9	Posi	tion/Title	Department/Division
Last Name	First Name		- Dani	ition/Title	December 11D' de les
Last Haille	First Name	e	Pos	ition/Title	Department/Division
4. Vanification					
4. Verification					
I authorized the acceptance	of the reported pay	ment(s) as in	•		5.
grette Hall	Yvette Hall		Assis	tant City Clerk	12/27/22
Signature		Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment f	or any additional informa	ntion)			FDD 4
	**************************************				FPPC Form 801 (Jan/18 advice@fppc.ca.gov

Payment to Agency Report A Publi	ic Document	PAYMENT TO AGENCY REPOR
1. Agency Name	Date Stamp	California OO4
City of Lawndale		Form OU'I
Division, Department, or Region (if applicable)		For Official Use Only
		2
Street Address		
14717 Burin Avenue, Lawndale, CA 90260		
Area Code/Phone Number Email		
310-973-3213 yhall@cityoflawndalecity.org	Amendment (expla	ain in comment section)
Agency Contact (name and title)	Date of Original Filing	12/27/22
Yvette Hall, Assistant City Clerk		(month, day, year)
The state of the s		
2. Donor Name and Address		
☐ Individual	Bericom Design	
Last Name First Name		Name
24424 Neece Avenue Torrance Address City	A	90505
	State	Zip Code
Information Technology Services		
If "Other" is marked, describe the entity's business activity (if business) or its nature	e and interests.	
If applicable, identify the name of each source a	and the amount(s) received by the donor for	or this payment:
Paid by credit card \$49.00		
Name \$	Name	\$
3. Payment Information (Complete Sections 3.1 (a o	w b) 2 2 2 2)	
	π b), 3.2, 3.3)	
3.1 (a) Travel Payment		Detectionally decreased
Location of Trave	31	Dates (month, day, year)
Rail Air	☐ Bus ☐ Auto ☐ Other	
Transportation Provider Check Applic	cable Boxes	Name of Lodging Facility
\$ \$ \$	\$	\$
	ation 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 descript	tion of the payment and its agency p	purpose and use.
Donation to 2022 City Employee Holiday Recog	nition Luncheon.	
_ common to _c conj _mproj co monday modely		
2.2. Identify the officials who used the neumont in Sec	ation 2.4	
3.3. Identify the officials who used the payment in Sec		
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
Last Maille	Position/ fide	Departmenubivision
,		
4. Verification		
I authorized the acceptance of the reported payment(s) as	in compliance with FPPC regulations.	
That Hall Yvette Hall	Assistant City Clerk	12/27/22
Signature Print Name	Title	(month, day, year)
- Intrante	Hao	(month, day, year)
Comment:		
(Use this space or an attachment for any additional information)		

Payment to Agency F	Report A Pul	olic Document	PAYMENT TO AGENCY REPORT
1. Agency Name		Date St.	Colifornia
City of Lawndale			Form OUI
Division, Department, or Re	gion (if applicable)		For Official Use Only
		2-	
Street Address			
14717 Burin Avenue, Lawi			
Area Code/Phone Number	Email	☐ Amendm	ent (explain in comment section)
310-973-3213	yhall@cityoflawndalecity.o	org Data at Oalul	12/27/22
Agency Contact (name and title		Date of Origin	nal Filing: 12/27/22 (month, day, year)
Yvette Hall, Assistant City	AND TO SELECTION OF THE PROPERTY OF THE PROPER		
2. Donor Name and Addr	ess		
☐ Individual	N		
Last Name 4075 Schaefer Ave	First Name Chino	_	Name CA 91710
Address	City		State Zip Code
Security Company	5,		_,p ====
	y's business activity (if business) or its nat	ture and interests	
ii outor to manou, accombe the onte	y o business delivity (ii business) of its flat	tare and interests.	
		e 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			
Autority (• Mile •) (Nagoung Court of) () () () • ()	Location of Tra	avel	Dates (month, day, year)
	Rail Air	☐ Bus ☐ Auto ☐ Other	
Transportation Provider		oplicable Boxes	Name of Lodging Facility
\$	¢ ¢	\$	\$
Lodging Expenses	Meal Expenses Transpo	ortation Expenses Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	12/5/22	49.00
		Dates (month, day, year)	Total Expenses
3.2. Payment Description	n. Provide a specific descri	iption of the payment and its ag	gency purpose and use.
Donation to 2022 City	Employee Holiday Reco	panition Luncheon	
Donation to 2022 Oity	Employee Heliday 11000	ognidon Ednondon.	
2.2 Idoutify the officials	who wood the newword in C	Continue 2.4	
	who used the payment in S		
Benefited all City Employe		luncheon expenses.	
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
			_
4. Verification			
I authorized the acceptance	1	as in compliance with FPPC regu	
Wette Hall	Yvette Hall	Assistant City Cler	k 12/27/22
Signature	Print Name	Title	(month, day, year)
Comment:			
(Use this space or an attachment	for any additional information)		
	5		FPPC Form 801 (Jan/18

advice@fppc.ca.gov

Payment to Agency Re	∍port	A Public Docu	ument			PAYMENT TO AGENCY REPORT
1. Agency Name				Date Star	mp	California OO4
City of Lawndale						Form OUT
Division, Department, or Reg	on (if applicable)					For Official Use Only
Street Address						
14717 Burin Avenue, Lawno	dale, CA 90260					
Area Code/Phone Number	Email					
310-973-3213	yhall@cityoflawno	lalecity.org			1.51	in comment section)
Agency Contact (name and title)				Date of Origina	l Filing:	12/2//22
Yvette Hall, Assistant City C	lerk					(month, day, year)
2. Donor Name and Addres						
☐ Individual			Other	Aramsco		
Last Name	First N	lame	Other			Name
11020 Bloomfield Avenue		Sante Fe Springs			CA	90670
Address		City			State	Zip Code
Facility Maintenance, Equip						
If "Other" is marked, describe the entity's	business activity (if busine	ess) or its nature and interest	s.	ŭ.		
	lentify the name of ea	ach source and the am	ount(s) re	eceived by the d	onor for	this payment:
Target gift card	\$ <u>49.00</u>)				Φ.
Name	Φ	Amount		Name		Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b), 3.2,	3.3)			
3.1 (a) Travel Payment						
	Le	ocation of Travel		-		Dates (month, day, year)
		☐ Air ☐ Bus	☐ Auto	Other		
Transportation Provider		Check Applicable Boxes	-		1	Name of Lodging Facility
\$\$		\$	\$			\$
Lodging Expenses	Meal Expenses	Transportation Expense		Other Expenses		Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	V9	/29/22		49.00	
	98677 52.95		es (month, d			Total Expenses
3.2. Payment Description.	Provide a specifi	c description of the	e payme	ent and its age	ency p	urpose and use.
Donation to 2022 City E	Employee Holida	y Recognition Lu	uncheo	n.		
3.3. Identify the officials w	ho used the paym	ent in Section 3.1	(See instruc	ctions)		
Benefited all City Employees	as it was used	I for a raffle.				
Last Name	First Name	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Posit	tion/Title	-	Department/Division
-						
Last Name	First Name	•	Posi	tion/Title		Department/Division
4. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in compli	ance wit	th FPPC regula	ations.	
Wette Hall	Yvette Hall		Assist	tant City Clerk		12/27/22
Signature		Print Name	-	Title		(month, day, year)
Comment:						
(Use this space or an attachment for	r any additional informa	tion)				
	n san • acceptance	•				FPPC Form 801 (Jan/18) advice@fppc.ca.gov

Payment to Agency R	eport	A Public Do	cument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California OOA
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			□ Amandmant/a	undain in account and in a
310-973-3213	yhall@cityoflawnda	alecity.org		1 10 00 000 000 000 000 000 000 000 000	xplain in comment section)
Agency Contact (name and title)				Date of Original Fi	ling: 12/2//22
Yvette Hall, Assistant City (Clerk				(month, day, year)
2. Donor Name and Addre	:SS				
☐ Individual			Other	Transtech Engin	
Last Name	First N				Name
13367 Benson Avenue		Chino		CA	02 VSS 100 VSU(50)
		City		State	e Zip Code
Engineering Company	la bondana a a proposition de la constanta de				
If "Other" is marked, describe the entity	's business activity (if busines	ss) or its nature and intere	ests.		
If applicable, i	dentify the name of ea	ch source and the a	mount(s) re	eceived by the dono	r for this payment:
3 boxes of candy, 10 - \$25	gift cards \$250.0	00			¢
Name	Φ	Amount		Name	Amount
3. Payment Information (C	omplete Sections	s 3.1 (a or b), 3.	2, 3.3)		
3.1 (a) Travel Payment					
	Lo	cation of Travel		_	Dates (month, day, year)
		☐ Air ☐ Bus	☐ Auto	Other	
Transportation Provider		Check Applicable Boxe	100		Name of Lodging Facility
\$ \$ Lodging Expenses	Meal Expenses	\$ Transportation Expen	\$_	Other Expenses	\$ Total Expenses
	00-00-00-00-00-00-00-00-00-00-00-00-00-	5	2/5/22	\$ 25	
3.1 (b) Payment(s) not rel	ated to travel:		ates (month, d		Total Expenses
3.2. Payment Description	Provide a specific				•
					y purpose and use.
Donation to 2022 City	Employee Holida	y Recognition I	_uncheo	n.	
3.3. Identify the officials v	who used the paym	ent in Section 3.	1 (See instruc	ctions)	
Benefited all City Employee	es as it used for r	affle prizes.			
Last Name	First Name		Posit	tion/Title	Department/Division
Last Name	First Name		Posi	tion/Title	Department/Division
			, 55,	norm rido	Boparunon Birnolon
4. Verification					
	of the repeated never		السمم مسا	h	
I authorized the acceptance	100000 100000 100000	nent(s) as in com		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Thate Hall	Yvette Hall	trint Name	Assis	tant City Clerk	12/27/22
Signature	Р	rint Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment f	or any additional informat	ion)			FPPC Form 801 (Jan/18
					advice@fppc.ca.gov

Payment to Agency F	Report	A Public	Documen	t	PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California O O 4
City of Lawndale		Jako Olamp	Form 801		
Division, Department, or Re	gion (if applicable)	1	For Official Use Only		
Street Address				-	
14717 Burin Avenue, Law	ndale, CA 90260				
Area Code/Phone Number	Email			1	
310-973-3213	yhall@cityoflawnd	alecity.org		-	plain in comment section)
Agency Contact (name and title)			Date of Original Filir	ng:
Yvette Hall, Assistant City	Clerk				(month, day, year)
2. Donor Name and Addr	ess				
☐ Individual			I Othe	CASC Engineerin	g
Last Name	First N				Name
1470 E. Cooley Dr.		Colton		CA	92324
Address		City		State	Zip Code
Engineering Company					
If "Other" is marked, describe the entit	y's business activity (if busine	ss) or its nature and	d interests.		
If applicable,	identify the name of ea	ch source and	the amount(s)	received by the donor	for this payment:
\$25 Starbucks gift card &			•		
Name	4	Amount		Name	\$
3. Payment Information (Complete Section	s 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	omproto occion	0 011 (0 01 1	,,, 0.2, 0.0,		
3.1 (a) Havel Fayinein	Lo	ocation of Travel		_	Dates (month, day, year)
	П D-:1		D		
Transportation Provider	Rail	☐ Air ☐ Check Applicable	Bus Au Boxes	to	Name of Lodging Facility
Lodging Expenses	\$ Meal Expenses	\$ Transportation	Evnenses	Other Expenses	\$ Total Expenses
	1-10-20-14-00-10-00-00-00-00-00-00-00-00-00-00-00-	rransportation	12/5/22	\$ 25.0	98749000 30300 9030040 • 0490000 47,000 apply \$ 107
3.1 (b) Payment(s) not re	elated to travel;		Dates (month,		Total Expenses
3.2. Payment Description	n Provide a specifi	c description			*
					purpose una use.
Donation to 2022 City	Employee Holida	y Recognit	ion Lunche	on.	
3.3. Identify the officials	who used the paym	ent in Section	on 3.1 (See instr	uctions)	
Benefited all City Employe	es as it was used	for raffle	prizes.		
Last Name	First Name		Po	sition/Title	Department/Division
Last Name	First Name		Po	sition/Title	Department/Division
4. Verification					
	a of the reported new	mont/o) oo in		ith EDDO requilation	
I authorized the acceptance	0	ment(s) as in		Service of Service Control of	
Mette Hall	Yvette Hall		Assi	stant City Clerk	12/27/22
Signature	I	Print Name		Title	(month, day, year)
Comment:					
(Use this space or an attachment	for any additional informa	tion)			FPPC Form 801 (Jan/18
					advice@fppc.ca.gov