

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California 801</b> Form 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>01/04/24</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 Aleshire & Wynder, LLP

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 \$ 50.00  
 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 \$ 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 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)



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 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>01/04/24</u> (month, day, year)	
Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Bericom Design

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

24424 Neece Avenue \_\_\_\_\_ Torrance \_\_\_\_\_ CA \_\_\_\_\_ 90505

Address City State Zip Code

Information Technology Services

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) \_\_\_\_\_

\_\_\_\_\_  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: \_\_\_\_\_ 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 \_\_\_\_\_ Yvette Hall \_\_\_\_\_ Assistant City Clerk \_\_\_\_\_ 01/04/24 \_\_\_\_\_

Signature Print Name Title (month, day, year)

Comment:

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





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>01/04/24</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 Colonial Life Insurance

Last Name: PO Box 1918      First Name: Carmel      Name: \_\_\_\_\_  
 Address: \_\_\_\_\_      City: \_\_\_\_\_      State: IN      Zip Code: 46082

Life Insurance 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

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



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		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>01/04/24</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 Delta Dental

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1118 E Chestnut Ave. Santa Ana CA 92701  
 Address City State Zip Code

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:

<u>Sonic Electric Toothbrush</u>	\$ <u>40.00</u>	_____	\$ _____
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:

11/15/23 \$ 40.00  
 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)

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

Comment:

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

Clear Page



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California 801</b> Form 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>01/04/24</u> <small>(month, day, year)</small>	
310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other DeNovo Planning Group

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 180 E. Main Street, Suite 108 Tustin CA 92790  
 Address City State Zip Code  
 Consulting 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:

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

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:** \_\_\_\_\_ \$ 100.00

Dates (month, day, year): 11/15/23 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:

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



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 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>01/04/24</u> (month, day, year)	
Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual Darren Doerschel  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	\$ <u>45.00</u>		\$ _____
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: 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)

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

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

Comment:

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





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 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>01/04/24</u> <small>(month, day, year)</small>	
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:

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) \_\_\_\_\_

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

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

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:

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



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 310-973-3213	Email yhall@cityoflawndalecity.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>01/04/24</u> (month, day, year)	
Agency Contact (name and title) Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual Murphy Gregory  Other \_\_\_\_\_  
Last Name First Name Name

444 South Flower St., Ste 2400 Los Angeles CA 90071  
Address City State Zip Code

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:

<u>Monetary donation</u>	\$ <u>45.00</u>	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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: 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)

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

4. Verification

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

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

Comment:

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

Clear Page



Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California 801</b> Form 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>01/04/24</u> <small>(month, day, year)</small>	
310-973-3213	yhall@cityoflawndalecity.org		
Agency Contact (name and title)			
Yvette Hall, Assistant City Clerk			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Vision Service Plan (VSP)

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

1930 9th Street \_\_\_\_\_ Sacramento \_\_\_\_\_ CA \_\_\_\_\_ 95811

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_  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:** \_\_\_\_\_ 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* Yvette Hall Assistant City Clerk 01/04/24

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

Comment: \_\_\_\_\_

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

