| Gift to Agency Report                           | A Public Doc   | ument          |                         | GIFT TO AGENCY REPOR                  |
|---|--|----------------|-------------------------|---------------------------------------|
| 1. Agency Name                                  |  |                | Date Stamp              | California OO4                        |
| City of Calabasas                               |  |                |                         | Form OU                               |
| Division, Department, or Region                 | (if applicable)  |                |                         | For Official Use Only                 |
|   |  |                | •                       |                                       |
| Street Address                                  |  |                |                         |                                       |
| 100 Civic Center Way                            |  |                |                         |                                       |
|   | mail   |                | Amendment (explain      | n in comment section)                 |
| 818/224-1600                                    |  | Do.            | eta of Original Filings |                                       |
| Agency Contact (name and title)                 | •  |                | ate of Original Filing: | (month, day, year)                    |
| Gwen Peirce, City Clerk                         |  |                |                         |                                       |
| 2. Donor Name and Address                       |  |                |                         |                                       |
| ☐ Individual                                    |  | ☐ Other _A2    | 2B Transportation       |                                       |
| 15441 Leadwell Street                           | First Name Van Nuys                                    |                | CA                      | Name 91406                            |
| Address   | City   |                | State                   | Zip Code                              |
| Dial a Ride service provider                    |  |                |                         |                                       |
| If "Other" is marked, describe the entity's bus | iness activity (if business) or its nature and interes | sts.           |                         |                                       |
| If applicable, identify the name of e           | ach source and the amount(s) solicited                 | or received by | v the donor for this    | aift:                                 |
| are committee of the                            |  | ,              | y are derior for time s | g                                     |
| Name  | \$   |                | Name                    | \$                                    |
|   | Anjount  |                | Name                    | Amount                                |
| 3. Payment Information                          |  |                |                         |                                       |
| Date and Amount of Payment                      | (other then travel) 12/20/2010                         | <u> </u>       | oximately 100.00        |                                       |
|   | (month, day, year)                                     | (Ro            | ound to whole dollars)  |                                       |
| Travel Payment Information (F                   | Round to whole dollars) Location of Tra                | ıvel           |                         | · · · · · · · · · · · · · · · · · · · |
|   |  |                |                         |                                       |
| Date(s) of Travel Transport                     | prtation Expenses Lodging Expenses                     | Meal Evnense   | S Other Even            | ses Total Expenses                    |
| ·   | ion of the nature and use of t                         | •              | -                       | •                                     |
|   |  | ·              |                         |                                       |
| Honey Baked Ham and turkey                      | for City employees.                                    |                |                         |                                       |
|   |  |                |                         | •                                     |
| Identify the officials for wh                   | om the payment was used:                               |                |                         |                                       |
|   |  | · .            |                         |                                       |
| All city employees except                       | the City Manager                                       |                |                         |                                       |
| Last Name                                       | First Name   | Title          |                         | Department/Division                   |
|   |  |                |                         |                                       |
| Last Name                                       | First Name   | Title          |                         | Department/Division                   |
| I. Verification                                 |  |                |                         |                                       |
| I have determined that it is in the in          | terests of the agency to accept this gift              | and use it for | the official agency t   | ousiness described above.             |
|   | 7 1/ //  |                |                         | •                                     |
| // W  | - Honor le   | 11             | M.                      | nhal.                                 |
| Signature of Agency Head or Designee            | Print Name   | - Ling         | /'/-6^.<br>Title        | IU/U///o                              |
|   |  |                |                         | (monin, day, year)                    |
| Comment: (Use this space or an atta             | achment for any additional information.)               |                |                         |                                       |
|   |  |                |                         |                                       |
|   |  |                |                         |                                       |

| Gift to Agency Report                              | A Public [                                   | Document                                 | GIFT TO AGENCY REPOR         |
|--|--|--|------------------------------|
| I. Agency Name                                     |  | Date Stamp                               | California OO                |
| City of Calabasas                                  |  |  | Form OU                      |
| Division, Department, or Region (if                | applicable)                                  |  | For Official Use Only        |
|  |  |  |                              |
| Street Address                                     | • .  |  |                              |
| 100 Civic Center Way                               | ·  |  |                              |
| Area Code/Phone Number E-ma                        | ail  | Amendment (ex                            | plain in comment section)    |
| 818/224-1600                                       |  | · · · ·                                  |                              |
| Agency Contact (name and title)                    |  | Date of Original Fili                    | ng:<br>(month, day, year)    |
| Gwen Peirce, City Clerk                            |  |  |                              |
| . Donor Name and Address                           |  |  |                              |
| ☑ Individual Jamie Daugherty ar                    | nd .   | Other Braewood Calab                     | asas HOA                     |
|  | •  | <del>-</del>                             | Name                         |
| 22287 Mulholland Hwy., #244                        | Calabasas<br>City                            | CA<br>State                              | 91302<br>Zip Code            |
| Homeowners Association                             |  | ·  |                              |
| If "Other" is marked, describe the entity's busine | ess activity (if business) or its nature and | interests.                               |                              |
| If applicable, identify the name of each           | th source and the amount(s) soli             | icited or received by the donor for th   | is aiff                      |
| in applicable, identity the flame of eac           | on source and the amount(s) son              | oned of received by the donor for the    | ns gnt.                      |
|  | <u> </u>                                     | -  | \$                           |
| Name   | Amount                                       | Name                                     | Amount                       |
| . Payment Information                              |  |  | • •                          |
| Date and Amount of Payment (o                      | ther than travel) 12/20/2010                 | \$approximately 120.                     |                              |
|  | (month, day, year)                           | (Round to whole dollars)                 |                              |
| Travel Payment Information (Rou                    | and to whole dollars) Location o             | f Travel                                 |                              |
|  |  |  |                              |
| Date(s) of Travel Transports                       | \$ Lodging Expenses                          | \$ \$Other E                             | xpenses Total Expenses       |
| Provide a specific description                     |  |  | •                            |
| Two gift baskets with gourmet co                   |  |  |                              |
| Two gire baskets with gournier oc                  | okies for Oity employees.                    |  |                              |
|  |  |  | •                            |
| Identify the officials for who                     | m the payment was used                       | l <b>:</b>                               |                              |
|  |  | •  |                              |
| All city employees except                          | the City Manager                             |  |                              |
| Last Name  | First Name                                   | Title                                    | Department/Division          |
|  |  |  |                              |
| Last Name  | First Name                                   | Title                                    | Department/Division          |
| . Verification                                     |  |  |                              |
| I have determined that it is in the inter          | rests of the agency to accept thi            | s gift and use it for the official agend | cy business described above. |
|  | 1  |  | ,                            |
| 110'   | A. bornille                                  | Ch M                                     | 12/00/1                      |
| Signature of Agency Head or Designee               | Print Name                                   | Title                                    | (month, day, year)           |
|  |  | •  |                              |
| Comment: (Use this space or an attack              | nment for any additional information.        | )  |                              |
|  |  |  |                              |
|  |  |  |                              |

| ift to Agency Report A Public Docume  | ent                           | GIFT TO AGENCY REPO                      |
|---|-------------------------------|--|
| Agency Name   | Date Stamp                    | California On                            |
| City of Calabasas   |                               | Form OU                                  |
| Division, Department, or Region (if applicable)   |                               | For Official Use Only                    |
|   |                               |  |
| Street Address  |                               |  |
| 100 Civic Center Way  |                               |  |
| Area Code/Phone Number   E-mail   | Amendment (explain            | in comment english                       |
| 818/224-1600  | Attletiditietit (explair      | in comment section                       |
| Agency Contact (name and title)   | Date of Original Filing:      | (month, day, year)                       |
| Gwen Peirce, City Clerk   |                               | (  |
| Donor Name and Address  |                               |  |
| ☐ Individual ☑ Oth  | ner Colantuono & Levin        | , PC                                     |
| Last Name First Name  |                               | Name                                     |
| 300 South Grand Avenue, Suite 2700 Los Angeles Address City   | CA<br>State                   | 90071-313<br>Zip Code                    |
|   | State                         | Zip Gode                                 |
| City Attorney  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) solicited or rec                                      | eived by the donor for this ( | gift:                                    |
|   |                               | \$                                       |
| Name Amount   | Name                          | Amount                                   |
| Travel Payment Information (Round to whole dollars) Location of Travel _  |                               |  |
| \$ \$   | <b>¢</b>                      | ¢  |
|   | Expenses Other Exper          |  |
| Provide a specific description of the nature and use of the pa  | yment for official age        | ency business:                           |
| Gift basket with fruit, candy, nuts, etc. for City employees.   |                               |  |
|   |                               |  |
|   |                               |  |
| Identify the officials for whom the nayment was used:   |                               |  |
| Identify the officials for whom the payment was used:   |                               |  |
|   |                               |  |
| All city employees except the City Manager  Last Name First Name  | Title                         | Department/Division                      |
| All city employees except the City Manager  | Title                         | Department/Division                      |
| All city employees except the City Manager  | Title<br>Title                | Department/Division  Department/Division |
| All city employees except the City Manager  Last Name First Name  Last Name First Name                                  |                               |  |
| All city employees except the City Manager  Last Name First Name  Last Name First Name  Verification                    | Title                         | Department/Division                      |
| Last Name First Name  | Title                         | Department/Division                      |
| All city employees except the City Manager  Last Name First Name  Last Name First Name  Verification                    | Title                         | Department/Division                      |
| All city employees except the City Manager  Last Name First Name  Last Name First Name  Verification                    | Title                         | Department/Division                      |

| Gift to Agency Report                               | A Public Doc                                       | ument                          | GIFT TO AGENCY REPO  |
|---|--|--------------------------------|--|
| 1. Agency Name                                      |  | Date Stamp                     | California 201   |
| City of Calabasas                                   | •  |                                | Form OU  |
| Division, Department, or Region (if a               | pplicable)   |                                | For Official Use Only  |
|   |  | ,                              | . •  |
| Street Address                                      |  |                                |  |
| 100 Civic Center Way                                |  |                                |  |
| Area Code/Phone Number E-mai                        |  | ☐ Amendment (                  | explain in comment section)  |
| 818/224-1600  |  | Data of Original E             |  |
| Agency Contact (name and title)                     |  | Date of Original F             | (month, day, year)   |
| Gwen Peirce, City Clerk                             |  |                                |  |
| 2. Donor Name and Address                           |  |                                |  |
| ☐ Individual  |  | Other Geo Dynamics             |  |
| Last Name<br>777 Eisenhower Way                     | First Name<br>Simi Valley                          | C                              | Name<br>A 93065  |
| Address   | City   | Sta                            |  |
| Geotechnical Services                               |  |                                |  |
| If "Other" is marked, describe the entity's busines | s activity (if business) or its nature and interes | ts.                            |  |
| If applicable, identify the name of each            | source and the amount(s) solicited                 | or received by the donor for   | this gift:   |
|   |  |                                | ·  |
| Name  | \$   | Name                           | \$Amount   |
|   | Amount   | ivalie                         | Amount   |
| B. Payment Information                              |  |                                |  |
| Date and Amount of Payment (oth                     | ner than travel) 12/15/2010                        | \$ 50.00 (Round to whole dolla |  |
|   | (month, day, year)                                 | (Noutio to whole dolla         | 13)  |
| Travel Payment Information (Roun                    | d to whole dollars) Location of Tra                | vel                            |  |
|   |  |                                |  |
| Date(s) of Travel Transportati                      | ion Expenses \$S                                   | Meal Expenses Other            | Expenses Total Expenses  |
| Provide a specific description                      | n of the nature and use of the                     | ne payment for official        | agency business:   |
| Gift basket with cookies, candy, te                 | ea, etc. for City employees.                       |                                |  |
|   |  |                                | •  |
| ,   |  |                                |  |
| Identify the officials for whon                     | n the payment was used:                            |                                |  |
|   |  | ,                              |  |
| All aits amenias and assault                        | the City Mesees                                    |                                | and the second s |
| All city employees except                           | the City Manager                                   | Title                          | Denartment/Division  |
| Last Name   | First Name   | Title                          | Department/Division  |
| Last Name   | First Name   |                                |  |
|   |  | Title<br>Title                 | Department/Division  Department/Division   |
| Last Name<br>Last Name                              | First Name   |                                |  |
| Last Name<br>Last Name                              | First Name   | Title                          | Department/Division  |
| Last Name  Last Name  I. Verification               | First Name   | Title                          | Department/Division  |
| Last Name  Last Name  I. Verification               | First Name   | Title                          | Department/Division  |
| Last Name  Last Name  4. Verification               | First Name   | Title                          | Department/Division  |

| Gift to Agency Report                 | A Public Do  | cument                                  | GIFT TO AGENCY REPO       |
|---------------------------------------|--|---|---------------------------|
| 1. Agency Name                        |  | Date Stamp                              | California 201            |
| City of Calabasas                     |  | Date State                              | Form 807                  |
| Division, Department, or Regio        | n (if applicable)                                      |   | For Official Use Only     |
| Building & Safety                     |  | ·                                       |                           |
| Street Address                        |  |   |                           |
| 100 Civic Center Way                  |  |   |                           |
| Area Code/Phone Number                | E-mail   |   |                           |
| (818) 224-1600                        |  | Amendment (expla                        | in in comment section)    |
| Agency Contact (name and title)       |  | Date of Original Filing                 |                           |
| Gwen Peirce, City Clerk               |  |   | (month, day, year)        |
| 2. Donor Name and Address             | <b>S</b>   |   |                           |
| ☐ Individual                          |  | ☑ Other Edgesoft                        |                           |
| Last Name                             | First Name   | XI Other                                | Name                      |
| 6133 Bristol Parkway                  | Culver City  | С                                       | 90230                     |
|                                       | City   | State                                   | Zip Code                  |
| Software consultant                   |  |   |                           |
|                                       | usiness activity (if business) or its nature and inter |   |                           |
| If applicable, identify the name of   | each source and the amount(s) solicite                 | ed or received by the donor for this    | gift:                     |
|                                       | •  |   |                           |
| Name                                  | Amount   | Name                                    | Amount                    |
| . Payment Information                 |  |   |                           |
| Date and Amount of Paymen             | t (other than travel) 12/14/10                         | s approximately \$50.00                 |                           |
| •                                     | (month, day, year)                                     | (Round to whole dollars)                | <del></del>               |
| Travel Payment Information            | (Round to whole dollars) Location of T                 | ravel                                   |                           |
|                                       |  |   |                           |
| Date(s) of Travel Transi              | portation Expenses Lodging Expenses                    | \$ \$                                   | \$                        |
| Provide a specific descrip            | tion of the notice and real                            | Meal Expenses Other Expe                | nses Total Expenses       |
|                                       | tion of the nature and use of                          |   | ency business:            |
| Holiday gift basket containing        | crackers, cheese and candy for Ci                      | ty employees.                           | •                         |
|                                       |  |   | •                         |
| Identify the officials for wi         | nom the payment was used:                              |   |                           |
|                                       | ioni die payment was used:                             |   |                           |
| All City employees, except            | the City Manager                                       |   |                           |
| Last Name                             | First Name   | Title                                   | Department/Division       |
|                                       |  |   | Department/Division       |
| Last Name                             | First Name   |   |                           |
| Varification                          | 1 sorteane   | Title                                   | Department/Division       |
| . Verification                        |  |   |                           |
| I have determined that it is in the i | aterests of the agency to accept this gi               | ft and use it for the official agency t | ousiness described above. |
|                                       |  |   |                           |
|                                       | - H. homelle   | 66 M/2                                  | nhol.                     |
| Signature of Agency Head or Designee  | Print Name   | Title                                   | (month, day, year)        |
| Comment: // los this seems as as at   | footbass and footbass and green                        |   | ,,,,,                     |
| Commission. (Use this space of an att | tachment for any additional information.)              |   | •                         |
|                                       |  |   |                           |
|                                       |  |   |                           |

|  | A Public Docume   | ent   | GIFT TO AGENCY REPO  |
|--|---|---|--|
| I. Agency Name   |   | Date Stamp  | California Q 🗘 🗸   |
| City of Calabasas  |   |   | Form OU  |
| Division, Department, or Region (i   | f applicable)   |   | For Official Use Only  |
| Street Address   |   |   |  |
|  |   |   |  |
| 100 Civic Center Way  Area Code/Phone Number   E-m   | :<br>:  |   |  |
|  | iali  | Amendment (explain                                | in comment section)  |
| (818) 224-1600 Agency Contact (name and title)   | ·   | Date of Original Filing:                          |  |
| Gwen Peirce, City Clerk  |   |   | (month, day, year)   |
| 2. Donor Name and Address  |   |   |  |
| Donor Name and Address   |   | Manhaura Office 6                                 |  |
| Individual   | First Name  | her Warehouse Office 8                            | Name   |
| 11133 Vanowen Street   | North Hollywood   | CA  | 91605  |
| Address  | City  | State   | Zip Code   |
| Office supply vendor   |   |   |  |
|  | ess activity (if business) or its nature and interests.   | <u> </u>  |  |
| If applicable, identify the name of ea   | ch source and the amount(s) solicited or re   | ceived by the donor for this                      | gift:  |
|  |   |   |  |
| Name   | \$  | Name  | \$Amount   |
| 3. Payment Information   | ,   | 11000   | , and the second |
| Travel Payment Information (Ro   | (month, day, year)  | approximately \$50.00<br>(Round to whole dollars) | <del></del>  |
|  |   |   |  |
|  |   | _   | _  |
| Date(s) of Travel \$   | tation Expenses Lodging Expenses Mea  | al Expenses Other Expe                            | ses Total Expenses   |
|  | tation Expenses \$sMea  |   |  |
| Provide a specific description   | on of the nature and use of the pa  | ayment for official age                           |  |
| Provide a specific description   |   | ayment for official age                           |  |
| Provide a specific description Holiday gift basket containing cr   | on of the nature and use of the parackers, cheese and candy for City emp  | ayment for official age                           |  |
| Provide a specific description   | on of the nature and use of the parackers, cheese and candy for City emp  | ayment for official age                           |  |
| Provide a specific description Holiday gift basket containing or Identify the officials for who  | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:   | ayment for official age                           |  |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who All City employees, except  | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager                                     | ayment for official age                           | ency business:   |
| Provide a specific description Holiday gift basket containing or Identify the officials for who  | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:   | ayment for official age                           |  |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name                         | ayment for official ago                           | ency business:  Department/Division  |
| Provide a specific description Holiday gift basket containing or Identify the officials for who All City employees, except   | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager                                     | ayment for official ago                           | ency business:   |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name                         | ayment for official ago                           | ency business:  Department/Division  |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  Last Name   | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name                         | ayment for official ago                           | Department/Division  Department/Division   |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  Last Name   | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name  First Name             | ayment for official ago                           | Department/Division  Department/Division   |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  Last Name   | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name  First Name             | ayment for official ago                           | Department/Division  Department/Division   |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  Last Name   | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name  First Name             | ayment for official ago                           | Department/Division  Department/Division   |
| Provide a specific description Holiday gift basket containing or  Identify the officials for who  All City employees, except  Last Name  Last Name  I. Verification I have determined that it is in the interpretation | on of the nature and use of the parackers, cheese and candy for City empore the payment was used:  the City Manager  First Name  Print Name  Print Name | ayment for official ago                           | Department/Division  Department/Division   |