

**ORIGINAL**

Claim Number: 2011 - 04  
(City Use Only)

**NOTICE OF CLAIM  
AGAINST THE CITY OF LA HABRA HEIGHTS, CALIFORNIA  
(Government Code § 910, 910.2)**

**RECEIVED**

2011 JUN 27 P 2:56

**INSTRUCTIONS**

CITY OF LA HABRA HEIGHTS

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.

Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered.

TO: City of La Habra Heights  
ATTN: City Clerk  
1245 N. Hacienda Road  
La Habra Heights, CA 90631

  
\_\_\_\_\_  
Date and Time Filed With the City Clerk  
(City Use Only)

1. Claimant's Name: PHILIP LOUGA Date of Birth: 6/23/58 Daytime Phone: (902) 857-2411  
AIDA LOUGA

2. Claimant's Mailing Address:  
1004 PI CAACHO DRIVE LA HABRA HEIGHTS CA 90631  
Street Number - Street - Apt No. - City - State - Zip

Home Phone: (562) 857-3018

3. Date of Loss: 12/27/10 Time of Loss: 9:15 AM

4. Location of Loss:  
LA HABRA HEIGHTS CITY HALL

5. Description of incident/accident that caused you to make this claim:  
ASSISTANT CITY ATTORNEY, CITY MANAGER AND HEARING OFFICER PARTICIPATED IN EX PARTE CONVERSATIONS TO DECIDE OUTCOME OF ADMINISTRATIVE HEARING.

6. What specific injury, damages or other losses did you incur?  
LOSS OF BUSINESS INTERESTS, DUE PROCESS OF HEARING, EMOTIONAL DISTRESS

7. List damages incurred to date (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss):  
INCALCULABLE DUE TO LOSS OF FUTURE REVENUE AND OUTCOME OF FUTURE JUDICIAL REVIEW.

8. What are your total estimated prospective damages?  
OVER \$25,000

Claim Number: \_\_\_\_\_  
(City Use Only)

9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

ASSISTANT CITY ATTORNEY, CITY MANAGER HEARING OFFICER ARE VIEWED 3 TIMES IN EX PARTE CONFERENCE. AUDIO TAPE CAPTURES DISCUSSION OF DECIDING OUTCOME OF HEARING WITHOUT DEFENDANT

10. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

YANA WELINDER, SHAUNA CLARK, YOLANDA AVAPAYA, JOHN VAN DOREN

11. Name, address and phone number of any witnesses who can substantiate your claim:

STEVEN BLAEDEN 2116 CHYRON L.H.H. GEORGE EDWARDZ 1642 FULLERTON ROAD ALTA LOUGH 1004 PICAACHO DR PHILLIP LOUGH 1004 PICAACHO DRIVE GARY DOMINGUEZ DEPUT MAYC

12. Any additional information that you believe might be helpful to the City in considering this claim:

CITY MANAGER CLARK EMAILED TO ADMIT AN EX PARTE HAD OCCURRED AND THEY WANTED TO INVESTIGATE.

13. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: AIDA LOUGH Relationship: WIFE  
Address: 1004 PICAACHO DRIVE State: CA ZIP: 90631  
Daytime Phone: (562) 857-3018 Home Phone: ( ) SAME

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

PHILLIP W. LOUGH [Signature] 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Aida Amalich Lough [Signature] 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."

**ORIGINAL**

Claim Number: 2011 - 05  
(City Use Only)

**NOTICE OF CLAIM  
AGAINST THE CITY OF LA HABRA HEIGHTS, CALIFORNIA  
(Government Code § 910, 910.2)**

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**INSTRUCTIONS**

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Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.

TO: City of La Habra Heights  
ATTN: City Clerk  
1245 N. Hacienda Road  
La Habra Heights, CA 90631

[Signature]  
Date and Time Filled with the City Clerk  
(City Use Only)

1. Claimant's Name: ALEJANDRO CAMACHO Date of Birth: 8/8/96 Daytime Phone: 562 857-3018

2. Claimant's Mailing Address:  
1004 PICACHO DRIVE LA HABRA HEIGHTS CA 90631  
Street Number - Street - Apt No. - City - State - Zip

Home Phone: 562 857-3018

3. Date of Loss: 12/27/10 Time of Loss: 9:05 AM

4. Location of Loss:  
LA HABRA HEIGHTS CITY HALL

5. Description of incident/accident that caused you to make this claim:  
CITY MANAGER SHAUNA CLARK GRABBED AND SHOVED ALEJANDRO AS HE ENTERED THE CONFERENCE ROOM OF WHAT WAS LEGALLY A PUBLIC MEETING.

6. What specific injury, damages or other losses did you incur?  
ALEJANDRO HAS SUFFERED DOCUMENTABLE EMOTIONAL DISTRESS THAT HAS LED TO PHYSICAL WOUNDS SINCE THE INCIDENT.

7. List damages incurred to date (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss):  
DAMAGES ARE NOT EASILY CALCULATED AS THEY ARE EMOTIONAL. THOUGH A PHYSICAL DAMAGE HAS BEEN EVIDENT AND DOCUMENTED SINCE THE INCIDENT.

8. What are your total estimated prospective damages?  
OVER \$25,000

Claim Number: \_\_\_\_\_  
(City Use Only)

9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

THE CITY MANAGER SHAVNA CLARK HARMED AND  
COERCED MINOR CHILDREN, ALEXANDRO AND HIS TWIN  
SIBLINGS ALEXIS TO LEAVE A ROOM THAT CITY CODE VOUCHER  
WAS TO BE A PUBLIC MEETING. HE DID NOTHING TO PERPETRATE

10. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known? INCIDENT

CITY MANAGER SHAVNA CLARK

11. Name, address and phone number of any witnesses who can substantiate your claim:

ALEXANDRIA CAMALICH 1004 PICAYO DRIVE  
STEPHEN BLADEN 2116 CITRON LANE  
CHIEF BART DOMINGUEZ, DEPUTY MAYOR

12. Any additional information that you believe might be helpful to the City in considering this claim:

SHERIFF REPORT FILED. CLAIMANTS RECEIVED  
DETECTIVE REPORTS OR INVESTIGATIVE NOTES

13. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

PHILLIP W. LOUGH 6/23/11 *[Signature]*  
Claimant Printed Name Claimant Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Alex Camalich Lough *[Signature]* 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

**WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."**

**ORIGINAL**

Claim Number: 2011-06  
(City Use Only)

**NOTICE OF CLAIM  
AGAINST THE CITY OF LA HABRA HEIGHTS, CALIFORNIA  
(Government Code § 910, 910.2)**

**RECEIVED**

2011 JUN 27 P 2:56

**INSTRUCTIONS**

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.

CITY OF LA HABRA HEIGHTS

Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered.

TO: City of La Habra Heights  
ATTN: City Clerk  
1245 N. Hacienda Road  
La Habra Heights, CA 90631

  
Date and Time Filed with the City Clerk  
[City Use Only]

1. Claimant's Name: ALEXANDRIA Date of Birth: 8/8/96 Daytime Phone: 563 857-3018  
CAMALICH

2. Claimant's Mailing Address:  
1004 PICACHO DRIVE LA HABRA HEIGHTS, CA 90631  
Street Number - Street - Apt No. - City - State - Zip  
Home Phone: 563 857-3018

3. Date of Loss: 12/27/10 Time of Loss: 9:05 AM

4. Location of Loss:  
LA HABRA HEIGHTS CITY HALL

5. Description of incident/accident that caused you to make this claim:  
CITY MANAGER SHARNA CURIE GRABBED  
AND SHOVED ALEXANDRIA AS SHE ENTERED THE  
DOOR OF WHAT LEGALLY WAS A PUBLIC MEETING.

6. What specific injury, damages or other losses did you incur?  
ALEXANDRIA HAS SUFFERED DOCUMENTABLE  
EMOTIONAL DISTRESS SINCE THE INCIDENT

7. List damages incurred to date (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss):  
LOSSES ARE NOT EASILY CALCULATED AS  
THEY REVOLVE AROUND EMOTIONAL DAMAGE

8. What are your total estimated prospective damages?  
OVER \$25,000

Claim Number: \_\_\_\_\_  
(City Use Only)

9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

THE CITY MANAGER PHYSICALLY HARMED AND  
COERCED MINOR CHILD ALEXANDRIA TO EXIT  
THE ROOM. CITY CODE DEEMS THIS A PUBLIC MEETING.  
ALEXANDRIA DID NOTHING TO PRECIPITATE THE ABUSE

10. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

SHAUNA CLARK; CITY MANAGER

11. Name, address and phone number of any witnesses who can substantiate your claim:

ALEXANDRO CAMALICH 1004 PICAYACHO DRIVE  
STEPHEN BLASDEN 2116 CITRON LANE  
CHIEF GARY DOMINGUEZ DEPUTY MAYOR

12. Any additional information that you believe might be helpful to the City in considering this claim:

CHIEF DOMINGUEZ STATED AT A PUBLIC MEETING  
THAT "IT NEVER HAPPENED". YET LT JOHN MACBRIDE  
AGREED THAT THE ACCOUNT WAS TRUE BUT THAT  
HE FELT THERE WAS NO INTENT. AN AUDIO TAPE OF THE  
EVENT DISPLAYS THE ANGE

13. All notices and communications with regard to this claim will be directed to the claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed: CLARK VOICE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

PHILLIP LOUGH Rightly 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Aida Camalich Lough [Signature] 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."

**ORIGINAL**

Claim Number: 2011-07  
(City Use Only)

**RECEIVED**

**NOTICE OF CLAIM  
AGAINST THE CITY OF LA HABRA HEIGHTS, CALIFORNIA  
(Government Code § 910, 910.2)**

2011 JUN 27 P 2:55

CITY OF LA HABRA HEIGHTS


**INSTRUCTIONS**

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Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered.

TO: City of La Habra Heights  
ATTN: City Clerk  
1245 N. Hacienda Road  
La Habra Heights, CA 90631

  
Date and Time Filed with the City Clerk  
(City Use Only)

1. Claimant's Name: PHILLIP LOUGH Date of Birth: 6/23/58 Daytime Phone: (562) 857-2411  
AIDA LOUGH

2. Claimant's Mailing Address: 1004 PICAACHO DRIVE LA HABRA HEIGHTS, CA 9063  
Street Number - Street - Apt No. - City - State - Zip

Home Phone: 562 857-3018

3. Date of Loss: 12/27/10 Time of Loss: 9:15 AM

4. Location of Loss: CITY OF LA HABRA HEIGHTS

5. Description of incident/accident that caused you to make this claim:

MULTIPLE INCIDENTS OF SPECIFIC, INTENTIONAL  
SELECTIVE ENFORCEMENT FOR THE PURPOSE  
OF INTIMIDATION. REFUSAL TO RENEW BUSINESS LICENSE  
DESPITE PAYING MEMBERSHIP OF CITY BUSINESS  
6. What specific injury, damages or other losses did you incur? ANIMAL RELATED BUSINESS  
LOSS OF INCOME, LOSS OF DUE PROCESS  
UNEQUAL PROTECTION, HARASSMENT, INTENTIONAL TORT

7. List damages incurred to date (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss):

LOSS OF BUSINESS REVENUE, EMOTIONAL DISTRESS  
ARE VARIABLE AND INCALCULABLE YET SIGNIFICANT

8. What are your total estimated prospective damages?

OVER 25,000

Claim Number: \_\_\_\_\_  
(City Use Only)

9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

CITY OFFICIALS AND THEIR FRIENDS OPENLY OPERATE ANIMAL RELATED BUSINESSES FOR PUBLIC EVENTS ETC WHILE SELECTIVELY ENFORCING A REFUSAL TO RENEW BUSINESS LICENSE FOR LEAMA BREW

10. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

CITY MANAGER SHAUNA CLARK, PERMITTECH YOLANDA HUAYANA, ASSISTANT CITY ATTORNEY YANA WAUNDER

11. Name, address and phone number of any witnesses who can substantiate your claim:

EVIDENCE AND DOCUMENTATION IS IN WRITTEN FORM. PHILLIP LOUGH 1004 PICAACHO DRIVE GEORGE BOWMAN 1642 BOWMAN ROAD STEVEN BLAZENBACH TCTRON FULLERTON

12. Any additional information that you believe might be helpful to the City in considering this claim:

ADMINISTRATIVE HEARINGS AND SEARCH WARRANT ALLEGED THAT ANIMAL RELATED BUSINESSES ARE VIOLATIONS OF CODE WHILE THE CITY NOT ONLY ALLOWS CITY OFFICIALS TO RUN THEM, BUT THEY ARE HIRE FOR CIVIC EVENTS

13. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

PHILLIP LOUGH [Signature] 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)  
Alicia Amalich Lough [Signature] 6/23/11  
Claimant Printed Name Claimant Signature Date Signed

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