

**City Of La Habra  
Wire Transfer Transactions**

Wire Date	Vendor	Description of payment	GL Account #	Amount
11/24/25	PARS	Section 115 Trust Contribution	100000-11101	\$ 373,139.00

**Wire Transfer Total: \$ 373,139.00**

File Total:	\$	<b>373,139.00</b>	(1) Signature: _____
Prepaid Total:	\$	-	(2) Signature: _____
Total Due:	\$	<b>373,139.00</b>	Date Approved: _____

**CITY OF LA HABRA**

Wire / Electronic Transfer of Funds

TODAY'S DATE: November 3, 2025

**ORIGINATING BANK - NAME & ADDRESS:**

BMO  
La Habra Office  
1330 S. Beach  
La Habra, Ca. 90631

REQUESTED DATE OF TRANSFER: November 24, 2025

**ORIGINATING BANK - WIRE FUNDS FROM THE FOLLOWING ACCOUNT:**

Account Name: City of La Habra - General Account  
Account Number: 657018057  
Amount: \$373,139.00  
Amount in Words: Three Hundred and Seventy-three Thousand One Hundred and Thirty-nine Dollars and no cents

**WIRE FUNDS TO THE FOLLOWING:**

Name of Bank: US Bank N.A. Minnesota  
Address: \_\_\_\_\_  
City, State, Zip Code: Saint Paul, MN 55107  
Phone Number: \_\_\_\_\_  
Wire Routing (ABA) Number: 091 000 022 (nine digit #)

**WITH FINAL CREDIT OF FUNDS TO:**

Name: US Bank IT&C  
Account #: 104790895775  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Reference: City of La Habra  
FFC Account number: 6746050100  
PARS Public Agency Post-Employment Benefits Trust

**DESCRIPTION FOR WIRE TRANSFER:**

Wire money to PARS to fund the Post-employment Benefits Trust account in accordance with Section 115 of the Internal Revenue Code.

**WIRE / ELECTRONIC TRANSFER AUTHORIZED BY:**

  
Assistant City Manager



Deputy Director of Finance

For Use by the City of La Habra

Originating / Receiving Bank:	Date & Time Called:	Confirmation #:	Contact Person:	Finance Staff Initials
BMO				
US Bank N.A. Minnesota				

Account Distribution	Amount
To Account # 100000-11101	\$373,139.00
From Account # 999000-10101	(\$373,139.00)

## CONTRIBUTION TRANSMITTAL FORM POST-EMPLOYMENT BENEFITS TRUST

**From:** City of La Habra 6746050100  
Agency Name (hereafter, the "Agency") Trust Account Number  
110 E. La Habra Blvd. La Habra CA 90631  
Address City State Zip Code

**To:** PARS (Public Agency Retirement Services)  
4350 Von Karman Avenue, Suite 100, Newport Beach, CA 92660  
trust@pars.org • (800) 540-6369, ext. 106 • Fax (877) 314-8987  
Phillip Muschetto, Vice President, Accounting

**Date:** 11/3/2025  
**(To be completed by the Agency)**

The following contribution for the Pension account was made to the Plan via check, ACH, or wire as indicated below:

<b>Pension:</b>	
Check/ACH/Wire Date:	Check/ACH/Wire Number:
11/24/2025	
Total Contribution Amount:	\$373,139.00

**PLAN ADMINISTRATOR (OR AUTHORIZED DESIGNEE) APPROVAL:**

As the Agency's appointed Plan Administrator (or Authorized Designee of the Plan Administrator), I hereby acknowledge that these contributions should be invested per the strategy selected as indicated in the Agency's PARS Public Agencies Post-Employment Benefits Trust Adoption Agreement, Section A.4.2. If the Agency would like these contributions to be invested differently, I will contact PARS prior to submitting this Contribution Transmittal Form.

**Signature of Plan Administrator (or Authorized Designee)** **Date**  
Assistant City Manager for Jim Sadro, City Manager 562-383-4012  
**Title** **Phone Number**



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# Wire Details

Value Date	Funding Account	Funding Account Name	Amount	Currency	Beneficiary Name	Beneficiary Account or IBAN	Status	Approvals Received
2025-11-24	657018057	CITY OF LA HABRA	373,139.00	USD	Public Agency Retirement Services	104790895775	Pending Approval	0 of 1

<b>Ordering Customer Account:</b> 657018057	<b>Reason for Failure:</b>	4350 Von Karman Avenue, Suite 100, Newport Beach, CA, 92660, US
<b>Ordering Customer Name:</b> CITY OF LA HABRA	<b>Beneficiary Address:</b>	110 E LA HABRA BLVD LA HABRA, California, 90631-5436, US
<b>Ordering Customer Address:</b> 110 E LA HABRA BLVD LA HABRA, California, 90631-5436, US	<b>Beneficiary Bank ID:</b> 091000022	FED
<b>Primary Contact Number of Ordering Customer:</b>	<b>Beneficiary Bank ID Type:</b>	U.S. Bank National Association
<b>Primary Contact Name of Ordering Customer:</b>	<b>Beneficiary Bank Name:</b>	101 E Broadway, LITTLE FALLS, MN, 56345, US
<b>Wire Type:</b> Commercial	<b>Beneficiary Bank Address:</b>	Account with Institution Bank ID:
<b>Entry Type:</b> Template	<b>Template Name:</b> PARS-Public Agency Retire	Account with Institution Bank ID Type:
<b>Charges:</b> No charges	<b>Exchange Rate:</b> 1.0	Account with Institution Bank Name:
<b>Revised Value Date:</b>	<b>Converted Amount:</b> 373,139.00 USD	Account with Institution Bank Address:
<b>Purpose of wire:</b> FFC6746050100-CityofLaHabra	<b>Reference Number:</b> OLB82025110370068027	<b>Sender To Receiver Information:</b>
<b>Created By:</b> JPONVANIT	<b>Related Reference No:</b>	
<b>Create Date:</b> 2025-11-03 02:13 PM	<b>IMAD Reference Number:</b>	
<b>Last Approved By:</b>		
<b>Last Action Date:</b> 2025-11-03 02:15 PM		