# **Monthly Expenditure Report**



Reporting Month: May 2019 Budget Fiscal Year: 2018-2019

NC Name: Sherman Oaks Neighborhood Council

| Monthly Cash Reconciliation |             |                      |             |             |               |
|-----------------------------|-------------|----------------------|-------------|-------------|---------------|
| Beginning Balance           | Total Spent | Remaining<br>Balance | Outstanding | Commitments | Net Available |
| \$20063.40                  | \$10031.75  | \$10031.65           | \$2336.60   | \$0.00      | \$7695.05     |

| Monthly Cash Flow Analysis            |                |                           |                           |                  |                   |
|---------------------------------------|----------------|---------------------------|---------------------------|------------------|-------------------|
| Budget Category                       | Adopted Budget | Total Spent this<br>Month | Unspent Budget<br>Balance | Outstanding      | Net Available     |
| Office                                |                | \$1418.50                 |                           | \$861.60         |                   |
| Outreach                              | \$31000.00     | \$2813.25                 | \$8181.65                 | \$275.00         | \$7045.05         |
| Elections                             |                | \$0.00                    |                           | \$0.00           |                   |
| Community<br>Improvement Project      | \$3000.00      | \$0.00                    | \$3000.00                 | \$0.00           | \$3000.00         |
| Neighborhood Purpose<br>Grants        | \$8000.00      | \$5800.00                 | \$-1150.00                | \$1200.00        | \$-2350.00        |
| Funding Requests Under Review: \$0.00 |                | Encumbrar                 | nces: \$0.00              | Previous Expendi | tures: \$21936.60 |

|   | Expenditures              |            |                           |                                      |              |          |  |
|---|---------------------------|------------|---------------------------|--------------------------------------|--------------|----------|--|
| # | Vendor                    | Date       | Description               | Budget Category                      | Sub-category | Total    |  |
| 1 | LA PUBLIC<br>LIBRARY BUSI | 05/02/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$216.00 |  |
| 2 | AMZN Mktp US<br>MN6R703B1 | 05/08/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$34.98  |  |
| 3 | Amazon.com<br>MN0ME7PG1   | 05/14/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$54.63  |  |
| 4 | GOODWAY PRINT<br>& COPY   | 05/15/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$145.53 |  |
| 5 | GOODWAY PRINT<br>& COPY   | 05/17/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$7.67   |  |
| 6 | GOODWAY PRINT<br>& COPY   | 05/18/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$7.67   |  |
| 7 | GOODWAY PRINT<br>& COPY   | 05/18/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Office       | \$-15.34 |  |
| 8 | GOTPRINT.COM              | 05/14/2019 | (Credit card transaction) | General<br>Operations<br>Expenditure | Outreach     | \$405.68 |  |

| 9  | SUBWAY 03018934  | 05/14/2019 | (Credit card transaction)                                | General<br>Operations<br>Expenditure | Outreach | \$144.00   |
|----|--|------------|--|--------------------------------------|----------|------------|
| 10 | SUBWAY 03018934  | 05/14/2019 | (Credit card transaction)                                | General<br>Operations<br>Expenditure | Outreach | \$144.00   |
| 11 | ANYPROMO INC   | 05/15/2019 | (Credit card transaction)                                | General<br>Operations<br>Expenditure | Outreach | \$294.71   |
| 12 | ANYPROMO INC   | 05/16/2019 | (Credit card transaction)                                | General<br>Operations<br>Expenditure | Outreach | \$304.08   |
| 13 | ANYPROMO INC   | 05/16/2019 | (Credit card transaction)                                | General<br>Operations<br>Expenditure | Outreach | \$565.78   |
| 14 | LLOYD Staffing Inc   | 04/18/2019 | A motion to approve up to \$2,500 for payments           | General<br>Operations<br>Expenditure | Office   | \$262.20   |
| 15 | Lloyd Staffing, Inc.   | 05/03/2019 | A motion to approve up to \$2,500 for payments           | General<br>Operations<br>Expenditure | Office   | \$602.50   |
| 16 | THE WEB<br>CORNER, INC.  | 05/03/2019 | A motion to approve up to \$1,500 to pay The W           | General<br>Operations<br>Expenditure | Outreach | \$205.00   |
| 17 | City of Los Angeles<br>Dept. of<br>Neighborhood<br>Empowerment | 05/03/2019 | A motion to approve up to \$750 to be transfer           | General<br>Operations<br>Expenditure | Outreach | \$750.00   |
| 18 | Los Angeles<br>Responsible Pit Bull<br>Owners Inc              | 05/03/2019 | A motion to approve a<br>Neighborhood Purposes grant<br> | Neighborhood<br>Purpose Grants       |          | \$2100.00  |
| 19 | Lloyd  | 05/13/2019 | A motion to approve up to \$2,500 for payments           | General<br>Operations<br>Expenditure | Office   | \$87.40    |
| 20 | AT&T Messaging   | 05/16/2019 | A motion to approve up to \$185 to pay AT&               | General<br>Operations<br>Expenditure | Office   | \$15.26    |
| 21 | Los Angeles Parks<br>Foundation                                | 05/16/2019 | A motion to approve a<br>Neighborhood Purposes Grant<br> | Neighborhood<br>Purpose Grants       |          | \$3700.00  |
|    | Subtotal:  |            |  |                                      |          | \$10031.75 |

|   | Outstanding Expenditures                      |            |  |                                      |              |           |  |
|---|---|------------|--|--------------------------------------|--------------|-----------|--|
| # | Vendor  | Date       | Description  | <b>Budget Category</b>               | Sub-category | Total     |  |
| 1 | Los Angeles<br>Responsible Pit Bull<br>Owners | 05/21/2019 | A motion to approve a<br>Neighborhood Purposes grant<br> | Neighborhood<br>Purpose Grants       |              | \$1200.00 |  |
| 2 | Lloyd Staffing, Inc.                          | 05/24/2019 | A motion to approve up to \$2,500 for payments           | General<br>Operations<br>Expenditure | Office       | \$630.60  |  |
| 3 | Best Bubbles                                  | 05/30/2019 | A motion to approve up to \$3,500 for a Summer           | General<br>Operations<br>Expenditure | Outreach     | \$275.00  |  |
| 4 | Lloyd Staffing, Inc.                          | 05/30/2019 | A motion to approve up to \$2,500 for payments           | General<br>Operations<br>Expenditure | Office       | \$231.00  |  |
|   | Subtotal: Outstanding                         |            |  |                                      |              | \$2336.60 |  |

### SECURITY STAFF REQUEST FORM

This form is to be used by applicants whose events or meetings will be held outside of normal Library hours of operation. The role of the Security Officer assigned is to ensure the protection of City property and secure the facility after the meeting/event is over.

| Your Name:                       | Tom C  | apps  |
|----------------------------------|--|---|
| Organization N                   | ame: S   | Sherman Oaks Neighborhood Council   |
|                                  | F  | Planning & Land Use Committee   |
| Daytime Phone                    | No: 81   | 86017971 Evening Phone No: SAME   |
| Branch Library:                  | Sher   | man Oaks  |
| Day and Date o                   | f Event:   | Thursday JUNE 20, 2019  |
| Event Purpose:                   | PLANI  | NING & LAND USE COMMITTEE MEETING   |
| Time of Event:                   | From   | 6 PM To 10 PM (include set-up time)   |
| No. People Atte                  | nding:   | 30  |
| The cost of secue ach additional | ırity is \$2<br>hour, or   | 216.00 for a period of up to 4 hours and \$54.00 part thereof.  |
| Officer Assig: e                 | LA PUBLIC LIBRARY BU<br>630 W 5TH STREFT<br>LOS ANGELES, CA. 59071<br>213-228-7446 | Phone Order  xx8488  it:\$ 216.00  \$ 0.00  it:\$ 216.00  is:\$ 216.00  is:\$ 216.00  is:\$ 216.00  is:\$ 15:28:16  Customer Copy  THANK YOU!           |
| Date Confirme {                  | LA PUBLIC<br>630 W 5T<br>LOS ANGELES<br>213-22                                     | Phone Mistercan Mistercan Mistercan Mistercan Total: \$ Total: \$ Total: \$ Es.02.19 Inv #: 00000001 Inv #: 00000001 Inv #: 754 Cust #: 754 Cust #: 754 |
|                                  |  | SÆ 열년 는 영단물들으로  |

(Security Staff Request Form.doc)



#### Final Details for Order #114-9957378-5662665

Print this page for your records.

Order Placed: May 7, 2019

**Amazon.com order number:** 114-9957378-5662665

Order Total: \$34.98

#### Shipped on May 8, 2019

Items Ordered Price

1 of: Gavel Engraved with Round Block - Made in USA \$29.99

Sold by: gavelsguy (seller profile)

Condition: New

Shipping Address: Item(s) Subtotal: \$29.99

Thomas Capps Shipping & Handling: \$4.99 5101 MAMMOTH AVE -----

SHERMAN OAKS, CALIFORNIA 91423-1323 Total before tax: \$34.98

United States Sales Tax: \$0.00

Shipping Speed: Total for This Shipment: \$34.98

Standard Shipping -----

#### **Payment information**

Payment Method:Item(s) Subtotal: \$29.99MasterCard | Last digits: 8480Shipping & Handling: \$4.99

lling address

Billing address

Total before tax: \$34.98
Thomas Capps

200 N. Spring Street Estimated tax to be collected: \$0.00

Los Angeles, CA 90012 United States Grand Total: \$34.98

**Credit Card transactions** MasterCard ending in 8480: May 8, 2019: \$34.98

To view the status of your order, return to Order Summary.

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#### Final Details for Order #114-3207506-8691421

Print this page for your records.

Order Placed: May 11, 2019

**Amazon.com order number:** 114-3207506-8691421

Order Total: \$54.63

#### Shipped on May 13, 2019

Items Ordered Price

1 of: HP 74 Black & 75 Tri-color Ink Cartridges, 2 Cartridges (CB335WN, \$49.89 CB337WN) for HP Deskjet D4260 HP Officejet J5788 J6480 HP Photosmart C4342 C4344 C4382 C4384 C4435 C4440 C4524 C4540 C4550 C5540 C5550

Sold by: Amazon.com Services, Inc

Condition: New

Shipping Address:

Sherman Oaks Neighborhood Council

Item(s) Subtotal: \$49.89
Shipping & Handling: \$7.03

14930 VENTURA BLVD STE 210 Free Shipping: -\$7.03

SHERMAN OAKS, CA 91403-3458
United States
Total before tax: \$49.89

Sales Tax: \$4.74

uχ. ψ1.71

Shipping Speed: Total for This Shipment: \$54.63
FREE Shipping

----

#### **Payment information**

Payment Method:Item(s) Subtotal: \$49.89MasterCard | Last digits: 8480Shipping & Handling: \$7.03

**Billing address** Free Shipping: -\$7.03

Thomas Capps

200 N. Spring Street

Total before tax: \$49.89

Los Angeles, CA 90012 Estimated tax to be collected: \$4.74

United States Grand Total:\$54.63

**Credit Card transactions** MasterCard ending in 8480: May 13, 2019: \$54.63

To view the status of your order, return to <u>Order Summary</u>.

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#### 15121 Ventura Boulevard

Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649

EMA!L: goodway@goodwayprintcopy.com

No. 43087

Date 5/14/2019

Customer P.O. No.

SHERMAN OAKS
NEIGHBORHOOD COUNCIL/Tom
Capps
P.O. Box 5721
Sherman Oaks Ca 91413

Jolie Salter (818) 699-2922

| QUANTITY                     | DESCR  | AMOUNT  |                                     |   |
|------------------------------|--|---|-------------------------------------|---|
| 1                            | MER March 2019, 8.5 x 11 White 20# Basheets, copied on 2 sides                             | -KP Copy Multipurpose SMOOTH, 24  | 4.80                                |   |
| 35                           | Treasure Report 2019.05.13, 8.5 x 11 W sheets, copied on 2 sides  35 Copy Machine Stapling | hite 20# B-Domtar Multi SMOOTH, 7   | 50.75                               | 4 |
| 100                          | Agenda, 8.5 x 11 White 20# B-KP Copy copied on 2 sides  100 Copy Machine Stapling          | Multipurpose SMOOTH, 3 sheets,  | 53.00                               |   |
| 35                           | Minutes, 8.5 x 11 White 20# B-KP Copy copied on 2 sides                                    | Goodway Print & Copy  | 14.35                               |   |
| 2                            | 35 Copy Machine Stapling<br>name signs, 8.5 x 11 White 80# CVR-W<br>copied on 1 side       | 15121 Ventura Blvd.  Sherman Oaks, CA 91403  Phone: (818) 783-5172  Fax: (818) 783-8649  www.goodwayprintcopy.com                 | 10.00                               |   |
|                              | Pard Card<br>Credit Card   | Transaction: Sale  Date: 5/14/2019  Time: 7:57:25 PM(EST)  Invoice #: 43087  Customer #: 3  PO / Order #: na                      |                                     |   |
| Taken by:<br>Account Type: C | ce with Credit Card Ship Via:<br>Charge Account<br>ROM THIS INVOICE.                       | Card Type: Master Card  Card Number: XXXXXXXXXXX8480  Entry Method: Keyed  Total Amount: 145.53  Authorization: Approved - 097323 | 132.90<br>12.63<br>145.53<br>145.53 |   |

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#### Goodway Print & Copy

15121 Ventura Blvd.

Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com

Transaction: Sale

Date: 5/16/2019

Time: 6:05:53 PM(EST)

Invoice #: 43104

Customer #:3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 016681

Ref Note:

Signature

Transaction: Sale

Date: 5/17/2019

Time: 1:16:49 PM(EST)

Invoice #: 4/3/04

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 030711

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreeme according to the card issuer agreemen

Thank You!

Some invoice charged twice

I Agree to pay the above amount

Thank You!

Transaction: Credit

Date: 5/17/2019

Time: 1:17:45 PM(EST)

Invoice #:1

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: -15.34

Authorization: Approved - REFUND

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreement

Thank You!

Credited Both charges

## **INVOICE LF**



VOICE: (818) 783-5172 \* FAX: (818) 783-8649

Charged 2X

Date 5/16/2019

Customer P.O. No.

SHERMAN OAKS HOMEOWNERS P.O.BOX 5223 SHERMAN OAKS CA 91413

Office Richard Close Home 310-393-4000 H 818-995-4444 310-394-4700 818-907-9999 X

| QUANTITY   | DE   | SCRIPTION  | W  | AMOUNT               |
|--|--|--|--|----------------------|
| 100  | SMOOTH, copied 2 up on 1 side  Raid Card  Value  Control  Raid Card  Control  Contro | Coodway Print & C  15121 Ventura Blvd  Sherman Oaks, CA 91  Phone: (818) 783-517  Fax: (818) 783-8645  www.goodwayprintcopy  Transaction: Sale  Date: 5/16/2019  Time: 6:05:53 PM(ES)  Invoice #: 43104  Customer #: 3  PO / Order #: na  Card Type: Master Card | (a) (a) (b) (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | 7.00<br>S A A C      |
| Taken by: Account Type; C PLEASE PAY FI THANK YOU! | Ship<br>Charge Account<br>ROM THIS INVOICE.  | Entry Method : Keyed  Total Amount : 7.67  Authorization : Approved - 0166   | TAX  | 7.00<br>0.67<br>7.67 |
|  |  |  | AMOUNT DUE   | 7.67                 |

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Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com

Transaction: Sale

Date: 5/16/2019

Time: 6:05:53 PM(EST)

Invoice #: 43104

Customer #:3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 016681

Ref Note:

Signature

Transaction: Sale

Date: 5/17/2019

Time: 1:16:49 PM(EST)

Invoice #: 4/3/04

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 030711

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreeme according to the card issuer agreemen

Thank You!

Some invoice charged twice

I Agree to pay the above amount

Thank You!

Transaction: Credit

Date: 5/17/2019

Time: 1:17:45 PM(EST)

Invoice #:1

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: -15.34

Authorization: Approved - REFUND

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreement

Thank You!

Credited Both charges

## **INVOICE LF**



VOICE: (818) 783-5172 \* FAX: (818) 783-8649

Charged 2X

Date 5/16/2019

Customer P.O. No.

SHERMAN OAKS HOMEOWNERS P.O.BOX 5223 SHERMAN OAKS CA 91413

Office Richard Close Home 310-393-4000 H 818-995-4444 310-394-4700 818-907-9999 X

| QUANTITY   | DE   | SCRIPTION  | W  | AMOUNT               |
|--|--|--|--|----------------------|
| 100  | SMOOTH, copied 2 up on 1 side  Raid Card  Value  Control  Raid Card  Control  Contro | Coodway Print & C  15121 Ventura Blvd  Sherman Oaks, CA 91  Phone: (818) 783-517  Fax: (818) 783-8645  www.goodwayprintcopy  Transaction: Sale  Date: 5/16/2019  Time: 6:05:53 PM(ES)  Invoice #: 43104  Customer #: 3  PO / Order #: na  Card Type: Master Card | (a) (a) (b) (a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | 7.00<br>S A A C      |
| Taken by: Account Type; C PLEASE PAY FI THANK YOU! | Ship<br>Charge Account<br>ROM THIS INVOICE.  | Entry Method : Keyed  Total Amount : 7.67  Authorization : Approved - 0166   | TAX  | 7.00<br>0.67<br>7.67 |
|  |  |  | AMOUNT DUE   | 7.67                 |

#### Goodway Print & Copy

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Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com

Transaction: Sale

Date: 5/16/2019

Time: 6:05:53 PM(EST)

Invoice #: 43104

Customer #:3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 016681

Ref Note:

Signature

Transaction: Sale

Date: 5/17/2019

Time: 1:16:49 PM(EST)

Invoice #: 4/3/04

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: 7.67

Authorization: Approved - 030711

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreeme according to the card issuer agreemen

Thank You!

Some invoice charged twice

I Agree to pay the above amount

Thank You!

Transaction: Credit

Date: 5/17/2019

Time: 1:17:45 PM(EST)

Invoice #:1

Customer #: 3

PO / Order #: na

Card Type: Master Card

Card Number: XXXXXXXXXXXX8480

Entry Method: Keyed

Total Amount: -15.34

Authorization: Approved - REFUND

Ref Note:

Signature

I Agree to pay the above amount according to the card issuer agreement

Thank You!

Credited Both charges

## INVOICE LF



VOICE: (818) 783-5172 \* FAX: (818) 783-8649

Charged 2X

No 43104

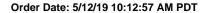
Date 5/16/2019

SHERMAN OAKS HOMEOWNERS P.O.BOX 5223 SHERMAN OAKS CA 91413

Customer P.O. No.

Office Richard Close Home 310-393-4000 H 818-995-4444 310-394-4700 818-907-9999 Yandisan

| QUANTITY   | DESCRIPTION  | AMOUNT  |
|--|--|---|
| 100  | Shooth, copied 2 up on 1 side  Goodway Print & Copy  15121 Ventura Blvd.  Sherman Oaks, CA 91403  Phone: (818) 783-5172  Fax: (818) 783-8649  www.goodwayprintcopy.com  Transaction: Sale  Date: 5/16/2019  Time: 6:05:53 PM(EST)  Invoice #: 43104  Customer #: 3  PO / Order #: na  Card Type: Master Card | 7.00<br>30<br>50<br>50<br>50<br>50<br>50<br>50<br>50<br>50<br>50<br>5 |
| Taken by: Account Type: C PLEASE PAY FI THANK YOU! | harge Account ROM THIS INVOICE.  Card Number: XXXXXXXXXXXX8480 Entry Method: Keyed Total Amount: 7.67 Authorization: Approved - 016681   | 7.00<br>0.67  |
|  | AMOUNT DUE   | 7.67<br>7.67  |





#### **Order Details**

Order Number: US-GP-100-23908896

#### 1 Postcards

Color Full Color Front, No Back
Size 4" x 6" Horizontal (Standard)

Paper 14 pt. Gloss Cover

Production Time Regular
Quantity 5,000

Tax Y

Manually Processed, PDF Proof 24 Hrs. \$3.00

High Gloss UV Coating Front \$0.00

Product Price \$149.40

#### 2 Banners

Color Full Color Front, No Back Size 2 ft x 3 ft Horizontal

Material 13 oz. Premium Scrim Glossy Vinyl

Production Time Regular
Quantity 20
Tax Y
Grommets - 4 Corners \$5.20
Hemming - 4 Sides \$0.00
Manually Processed, PDF Proof 24 Hrs. \$5.00

 Product Price
 \$166.46

 Subtotal
 \$315.86

 Shipping and Handling(Taxable)
 \$54.62

 Tax
 \$35.20 (9.5000%)

Total (Unpaid) \$405.68

Billing Shipping

Ending in \*\*\*8480 Shipping Method Standard (1-6 business days)

Shipping Style Normal (included)

Billing Address Shipping Address

First Name Tom First Name Jeffrey
Last Name Capps Last Name Hartsough

Company Sherman Oaks NC Company Sherman Oaks Neighborhood Council

Phone 8186017971 Phone 3106149804

Fax Fax

Street Address 200 N Spring Street Street Address 15624 ROYAL RIDGE RD

Apt/Unit Apt/Unit

City Los Angeles City SHERMAN OAKS

 State
 CA
 State
 CA

 Zip Code
 90012
 Zip Code
 91403

 Country
 US
 Country
 US

Email tcapps@shermanoaksnc.org

GotPrint.com

Burbank Airport Center: 7651 N. San Fernando Rd. Burbank, CA 91505



# Sherman Oaks Neighborhood Council

# FREE MOVIES SUMMER SERIES

6:00 pm - 10:00 pm Movies Start At Dusk





SATURDAY **JUNE 22** 

SATURDAY **JULY 27** 

SATURDAY **AUGUST 24** 

THE

MADAGASCAR

PRINCESS

SHAZAM!

BRIDE

Bring Your Blanker

Van Nuys-Sherman Oaks Park 14201 Huston Street at Hazeltine

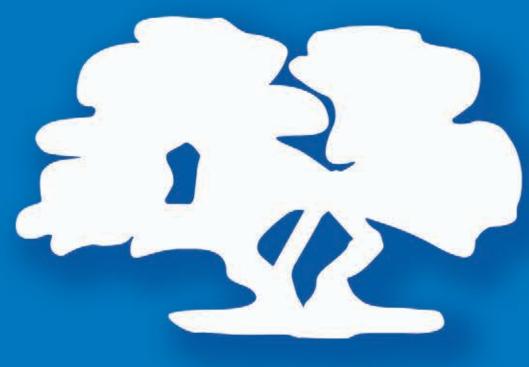
DAVID RYU COUNCILMEMBER \*DISTRICT 4







ShermanOaksNC.org



# Sherman Oaks Neighborhood Council FREE MOVIES SUMMER SERIES

6:00 pm - 10:00 pm Movies Start At Dusk







SATURDAY JULY 27

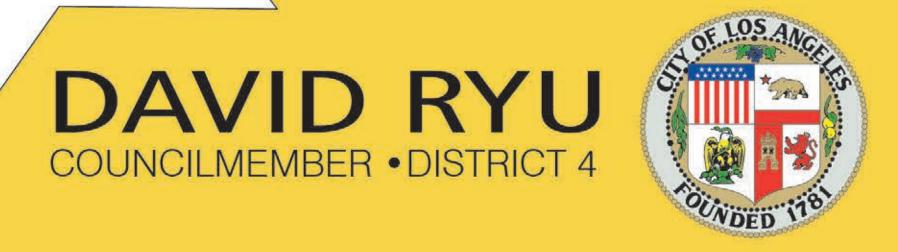
SATURDAY AUGUST 24

PRINCESS MADAGASCAR

SHAZAM

BRIDE

🙀 Van Nuys-Sherman Oaks Park 🖊 14201 Huston Street at Hazeltine







# ShermanOaksNC.org

OUR MISSION IS TO BRING GOVERNMENT CLOSER TO THE PEOPLE

Missing image

# SUBWAY!

Subway#1893-0 Phone 818-784-9804 15053 Ventura Blvd Sherman Oaks, CA, 91403 Served by: 9 5/13/2019 5:47:43 pm Term ID-Trans# 1/A-228452

| Oty Size Item       | Price  |
|---------------------|--------|
|                     | ***    |
| 1 3FT Grant Sub     | 48.00  |
| -2 Tuna GSSect      | 0.00   |
| 1 3FT Glant Sub     | 48.00  |
| -2 Roast Beef GSSec | t 0.00 |
| 1 3FT Giant Sub     | 48.00  |
| -2 Turkey GSSect    | 0.00   |
| Sub Total           | 144.00 |
| Total (Take Out)    | 144.00 |
| Credit Card         | 144.00 |
| Change              | 0.00   |
| 3 14 00 4000        |        |

Acquired: Manual Amount: \$144.00

Date/Time: 5/13/2019 5:47:43 PM

Signature:

I agree to pay above total amount according to the Card Issuer Agreement.

CUSTOMER COPY

Host Order ID: 745-203-1287970

Lettuce know how we did today at global.subway.com and we'll send you a sweet offer.

re-ceipt powered by mobivity

Refreshments BOARD MTG JUN 10 2019 Missing image

# SUBWAY!

Subway#1893-0 Phone 818-784-9804 15053 Ventura Blvd Sherman Oaks, CA, 91403 Served by: 9 5/13/2019 5:49:56 pm Term ID-Trans# 1/A-228453

| Qty  | Size Item  | Price  |
|------|--|--------|
|      |  |        |
| 1    | 3FT Giant Sub  | 48.00  |
|      | -2 Tuna GSSect   | 0.00   |
| 1    | 3FT Giant Sub  | 48.00  |
|      | -2 Turkey GSSect   | 0.00   |
| 1    | 3FT Giant Sub  | 48.00  |
|      | -2 Roast Beef GSSect                                     | 0.00   |
|      |  |        |
| Sub  | Total  | 144.00 |
| Tota | 1 (Take Out)   | 144.00 |
| Cred | it Card  | 144.00 |
| Chan | ge   | 0.00   |
|      | Approval No: 030630                                      |        |
|      | Reference No: 913400218901                               |        |
|      | Card Issuer: Mastercard                                  |        |
|      | Account No: *********                                    | 8480   |
|      |  |        |
|      | •  |        |
|      | Account No: ********** Acquired: Manual Amount: \$144.00 | 8480   |

Signature:

I agree to pay above total amount according to the Card Issuer Agreement.

Date/Time: 5/13/2019 5:49:56 PM

CUSTOMER COPY

Host Order ID: 745-203-1288512

Lettuce know how we did today at global.subway.com and we'll send you a sweet offer.

re-ceipt powered by mobivity

Refreshments BOARD MTG-MAY 13 2019



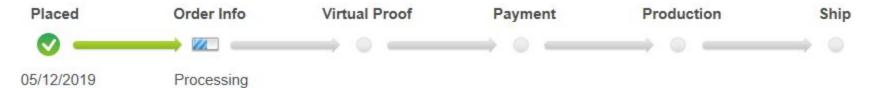
1511 E Holt Blvd Ontario, California 91761

Tel: 877-368-5678

**Order Confirmation** 

Order#: SA2576140 SO Date: 05/12/2019

Customer#: 250521



#### **Order Details**

#### Shipping Address

Sherman Oaks Neighborhood Council Jeffrey Hartsough

Tel: (310) 614-9804

15624 ROYAL RIDGE RD SHERMAN OAKS, CA 91403

#### Billing Information

MasterCard \*8480

#### **Billing Address**

Thomas R Capps

Tel: (818) 601-7971

200 North Spring Street LOS ANGELES, CA 90012

| Item |   | Quantity | Product Price | Shipping Cost               | Tax     | Action         |
|------|---|----------|---------------|-----------------------------|---------|----------------|
|      | 10" Custom Folding Flyer Frisbee Item #: 672733 Color: Neon Green | 300      | \$241.25      | \$27.89<br>UPS/FedEx Ground | \$25.57 | Q Details      |
|      |   |          |               |                             | Order   | Total: \$294.7 |



# IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.



\*\*MAX IMPRINT AREA\*\*
ARTWORK CANNOT
EXCEED DOTTED LINE







**Order Confirmation** 

Order#: SA2576128 SO Date: 05/12/2019

Customer#: 250521

Tel: 877-368-5678



#### **Order Details**

#### Shipping Address

Sherman Oaks Neighborhood Council Jeffrey Hartsough

Tel: (310) 614-9804 15624 ROYAL RIDGE RD SHERMAN OAKS, CA 91403

#### **Billing Information**

MasterCard \*8480

#### Billing Address

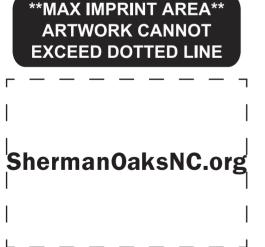
Thomas R Capps
Tel: (818) 601-7971
200 North Spring Street

LOS ANGELES, CA 90012

| Quantity | Product Price | Shipping Cost               | Tax                         | Action                              |
|----------|---------------|-----------------------------|-----------------------------|-------------------------------------|
| 300      | \$261.50      | \$16.20<br>UPS/FedEx Ground | \$26.38                     | Q Details                           |
|          |               |                             | 300 <b>\$261.50</b> \$16.20 | 300 <b>\$261.50</b> \$16.20 \$26.38 |



# IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.



Artwork Size: 2.5"W X 0.23"H







**Order Confirmation** 

Order#: SA2576134 SO Date: 05/12/2019

Customer#: 250521

Tel: 877-368-5678



#### **Order Details**

#### Shipping Address

Sherman Oaks Neighborhood Council Jeffrey Hartsough

Tel: (310) 614-9804

15624 ROYAL RIDGE RD SHERMAN OAKS, CA 91403

#### Billing Information

MasterCard \*8480

#### Billing Address

Thomas R Capps

Tel: (818) 601-7971

200 North Spring Street

LOS ANGELES, CA 90012

| 16" Two-Tone Beach Balls            |     |          |                             |         |           |
|-------------------------------------|-----|----------|-----------------------------|---------|-----------|
| Item #: 673196 Color: Green & White | 300 | \$421.00 | \$95.69<br>UPS/FedEx Ground | \$49.09 | Q Details |
|                                     |     |          |                             |         |           |



# IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.

**ARTWORK WAS** 

RECREATED TO VECTOR

\*\*MAX IMPRINT AREA\*\*
ARTWORK CANNOT
EXCEED DOTTED LINE



TEAL



**VENDOR:** Lloyds Staffing 4/15/2019

#### **CHECK SUMMARY**

| Item. | Invoice Da | te       | Period       | Invoice No. | Hours | 1    | Total    |
|-------|------------|----------|--------------|-------------|-------|------|----------|
|       | 1          | 03/24/19 | 3/18-3/22/19 | 409338      |       | 2.00 | \$43.70  |
|       | 2          | 03/31/19 | 3/25-3/31/19 | 409449      |       | 5.00 | \$109.25 |
|       | 3          | 04/07/19 | 4/1-4/7/19   | 409571      |       | 5.00 | \$109.25 |
|       | 4          |          |              |             |       |      |          |
|       | TOTAL      |          |              |             |       |      | \$262.20 |

#### INVOICE

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 







Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

generated by LLoyd supports JDRF with a donation to help fight diabetes.

DO#

| DATE  | Thank you for cho            | osing Lloyd Staffing              |                     |             | PO#              |       |          |  |  |
|---|------------------------------|-----------------------------------|---------------------|-------------|------------------|-------|----------|--|--|
| 04/07/2019   409571   1   117247   Due Upon Receipt   |                              | -                                 | PAGE                | ACCOUNT NO. | TERMS:           |       |          |  |  |
| 04/01/19-04/07/19 EXASST Salter, Jolie A 5.00 21.85   | 04/07/2019                   | 409571                            | 1                   | 117247      | Due Upon Receipt |       |          |  |  |
|   | PERIOD                       | DESCRIPTION &                     | EMPLOYEE            |             | HOURS            | RATE  | AMOUNT   |  |  |
|   | 04/01/19-04/07/19            | EXASST                            | Salter, Jolie       | A           | 5.00             | 21.85 | \$109.25 |  |  |
|   |                              |                                   |                     |             |                  |       |          |  |  |
|   |                              |                                   |                     |             |                  |       |          |  |  |
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|   |                              |                                   |                     |             |                  |       |          |  |  |
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|   |                              |                                   |                     |             |                  |       |          |  |  |
|   |                              |                                   |                     |             |                  |       |          |  |  |
|   |                              |                                   |                     |             |                  |       |          |  |  |
| Thank you for your part in our Placements with a Purpose program. Every placement PAY THIS AMOUNT > TOTAL | Thank you for your part in o | ur Placements with a Purpose prog | ram. Every placemer | nt PAY THIS | S AMOUNT >       | TOTAL | \$109.25 |  |  |

# **Employee Timesheet Submission**

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 260571                  | Department            |                                  |
| Period Ending Date    | 4/7/2019 12:00:00 AM    | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/7/2019 9:25:52 AM              |

| Date       | IN 1     | OUT 1    | IN 2  | OUT 2 | IN 3 | OUT 3 | IN 4    | OUT 4 | Total<br>Hours | Expenses | Pay<br>Code | Approval |
|------------|----------|----------|-------|-------|------|-------|---------|-------|----------------|----------|-------------|----------|
| 04/04/2019 | 01:00 PM | 02:00 PM |       |       |      |       |         |       | 1.00           | 0.00     | R           | APPROVED |
| 04/05/2019 | 01:00 PM | 03:00 PM | 1     |       |      |       |         |       | 2.00           | 0.00     | R           | APPROVED |
| 04/06/2019 | 11:00 AM | 01:00 PM |       |       |      |       |         |       | 2.00           | 0.00     | R           | APPROVED |
|            |          |          |       | -     |      |       | +       |       |                |          |             |          |
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| Employee Comments |  |
|-------------------|--|
| Client Comments   |  |

#### INVOICE

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 **Credit Cards Accepted** 

Routing #: 121000248 Account #: 4060542594





You may pay by ACH/wire to: Wells Fargo Bank, N.A.



Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

generated by LLoyd supports JDRF with a donation to help fight diabetes

PO#

| mank you for cho               | osing Libya Starring          |                       |             |                  |       |          |  |  |
|--------------------------------|-------------------------------|-----------------------|-------------|------------------|-------|----------|--|--|
| DATE                           | INVOICE NO.                   | PAGE                  | ACCOUNT NO. | TERMS:           | -     |          |  |  |
| 03/31/2019                     | 409449                        | 1                     | 117247      | Due Upon Receipt | t     |          |  |  |
| PERIOD                         | DESCRIPTION                   | & EMPLOYEE            |             | HOURS            | RATE  | AMOUNT   |  |  |
| 03/25/19-03/31/19              | EXASST                        | Salter, Jolie A       | 1           | 5.00             | 21.85 | \$109.25 |  |  |
|                                |                               |                       |             |                  |       |          |  |  |
|                                |                               |                       |             |                  |       |          |  |  |
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|                                |                               |                       |             |                  |       |          |  |  |
|                                |                               |                       |             |                  |       |          |  |  |
| Thank you for your part in our | Placements with a Purpose pro | gram. Every placement | PAY THIS    | AMOUNT >         | TOTAL | \$109.25 |  |  |



## **Submission: Timesheet Approved**

Employee Name:

Salter, Jolie

Client Name:

LA Dept Neighborhood Empowerment

Time Card Period Ending: 3/31/2019

Sample: E-Mail Notification: Contact: Message Header

| Date       | Туре    | IN 1        | OUT 1       | IN 2 | OUT 2 | Total<br>HRS | Expenses | Approval |
|------------|---------|-------------|-------------|------|-------|--------------|----------|----------|
| 03/25/2019 | Regular | 02:00<br>PM | 04:00<br>PM |      |       | 2.00         | 0.00     | APPROVED |
| 03/26/2019 | Regular | 02:00<br>PM | 03:00<br>PM |      |       | 1.00         | 0.00     | APPROVED |
| 03/27/2019 | Regular |             |             |      |       | 0.00         | 0.00     |          |
| 03/29/2019 | Regular | 02:00<br>PM | 04:00<br>PM |      |       | 2.00         | 0.00     | APPROVED |
| Totals     |         |             |             |      |       | 5:00         | 0.00     |          |

Hours Totals:

Regular

5.00

Employee Comments: Client Comments:

Timesheet Approved By: rziff@shermanoaksnc.org

#### INVOICE

Clloyd

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994

Billing inquiries: 631.370.7434

You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 

VISA

oncayta .



Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

| DATE   | INVOICE NO.  | PAGE                         | ACCOUNT NO. | NT NO. TERMS:    |       |         |  |  |
|--|--|------------------------------|-------------|------------------|-------|---------|--|--|
| 03/24/2019   | 409338   | 1                            | 117247      | Due Upon Receipt | t     |         |  |  |
| PERIOD   | DESCRIPTION &  |                              | <u> </u>    | HOURS            | RATE  | AMOUNT  |  |  |
| 03/18/19-03/22/19  | EXASST   | Salter, Jolie A              |             | 2.00             | 21.85 | \$43.70 |  |  |
|  |  |                              |             |                  |       |         |  |  |
|  |  |                              |             |                  |       |         |  |  |
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|  | <del></del>  |                              |             |                  |       |         |  |  |
| hank you for your part in our<br>generated by LLoyd supports | Placements with a Purpose progra<br>JDRF with a donation to help fight | m. Every placement diabetes. | PAY IHIS    | AMOUNT >         | TOTAL | \$43.70 |  |  |

# **Employee Timesheet Submission**

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 251697                  | Department            |                                  |
| Period Ending Date    | 3/24/2019 12:00:00 AM   | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 3/24/2019 8:34:31 AM             |

| Date       | IN 1        | OUT 1    | IN 2         | OUT 2 | IN 3                      | OUT 3        | IN 4 | OUT 4        | Total<br>Hours                                   | Expenses | Pay<br>Code | Approval |
|------------|-------------|----------|--------------|-------|---------------------------|--------------|------|--------------|--|----------|-------------|----------|
| 03/22/2019 | 12:00 PM    | 02:00 PM |              |       |                           |              |      |              | 2.00   | 0.00     | R           | APPROVED |
|            |             |          |              |       |                           |              | ļ    |              |  | <u> </u> |             |          |
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| Totals     | W. L. T. S. |          |              |       |                           | 44 /84       |      |              | 2.00   | 0.00     |             |          |

| Employee Comments |  |  |
|-------------------|--|--|
| Client Comments   |  |  |

|  |                                       |                            |   | . 15                                  |                                       |                                      |                                |
|--|---------------------------------------|----------------------------|---|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------|
| Office of the City Clerk   |                                       |                            |   | 14                                    |                                       |                                      | and the A                      |
| Administrative Services Division   |                                       |                            |   |                                       |                                       |                                      |                                |
| Neighborhood Council (NC) Funding Prog   | ram                                   |                            |   |                                       |                                       | ,                                    | THETER                         |
| Board Action Certification Form  NC Name: Sherman Oaks   |                                       |                            | Meeting Date: N                           | Mar 11. 2019                          |                                       |                                      |                                |
| Budget Fiscal Year: 2018-2019  |                                       |                            | Agenda Item No                            |                                       |                                       |                                      |                                |
| Board Motion and/or Public Benefit   | A                                     |                            |   |                                       | o to I law-                           | o Ctoffine                           | for                            |
| Statement (CIP and NPG):   | A motion to apparent administrative a |                            |   |                                       | s to Lloyd                            | s Starring                           | tor                            |
| Method of Payment: (Select One)  | ☐ Check                               |                            | ☐ Credit Card                             |                                       | ☐ Board                               | Member Reimb                         | ursement                       |
| Recused Boardmembers n   | nust leave the room prior t           | Vote C<br>to any discussio |   | turn to the roon                      | until after the v                     | ote is complete                      | •                              |
| Board Member First and Last Name   | Board Position                        | Yes                        | No  | Abstain                               | Absent                                | Ineligible                           | Recused                        |
| Babian, Avo  | Area 5 Business                       | 1                          |   |                                       |                                       |                                      |                                |
| Banks-Barad, Jill  | Area 6 Residential                    | 1                          |   |                                       |                                       |                                      |                                |
| Vacant   | Area 1 Business                       | -                          | - ½                                       | -                                     | -                                     | -                                    | -                              |
| Binkow, Michael  | Area 7 Residential                    | ~                          |   |                                       |                                       |                                      |                                |
| Capps, Tom   | Area 2 Residential                    | ~                          |   |                                       |                                       |                                      |                                |
| Hartsough, Jeffrey   | Area 2 Community                      | 1                          |   |                                       |                                       |                                      |                                |
| Kalban, Jeffrey  | Area 7 Community                      | 1                          |   |                                       |                                       |                                      |                                |
| Katchen, Howard  | Area 3 Residential                    | V                          |   |                                       |                                       |                                      |                                |
| Lax, Sidonia   | Area 4 Community                      | 1                          |   |                                       |                                       |                                      |                                |
| Vacant   | Area 5 Community                      | -                          | -   | -                                     | -                                     | -                                    | -                              |
| Mernard, Melissa   | Area 6 Community                      | 1/                         |   |                                       |                                       |                                      |                                |
| Kerzner, Fran  | Area 3 Business                       | 1                          |   |                                       |                                       |                                      |                                |
| Petrus, Lisa   | Area 4 Residential                    | 1/                         |   |                                       |                                       |                                      |                                |
| Roden, Neal  | Area 7 Business                       | 1/                         |   |                                       |                                       |                                      |                                |
| Sales, Kristin   | Area 1 Community                      |                            |   |                                       |                                       | - V                                  |                                |
| Steinberg, Sue   | Area 4 Business                       | 1                          |   |                                       |                                       |                                      |                                |
| Williams, Candy  | Area 1 Residential                    |                            |   |                                       |                                       |                                      |                                |
| Yatman, Deatra   | Area 3 Community                      | 7/                         |   |                                       |                                       |                                      |                                |
| Ziff, Ron  | Area 6 Business                       |                            | 6   |                                       |                                       |                                      |                                |
| VACANT   | Area 2 Business                       |                            | -   |                                       | _                                     |                                      | -                              |
|  |                                       | 1/                         | -   | -                                     |                                       |                                      | -                              |
| Olds, Sarah  | Area 5 Residential                    |                            |   |                                       | ·                                     |                                      |                                |
|  |                                       |                            |   |                                       |                                       |                                      |                                |
| <u> </u>   |                                       |                            | 1, 4                                      |                                       |                                       |                                      |                                |
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| ,  |                                       |                            |   | ,                                     |                                       |                                      |                                |
|  |                                       |                            |   |                                       |                                       |                                      |                                |
| Quorum: 11   | Total:                                | 18                         |   | ري_                                   |                                       |                                      |                                |
| We, the Treasurer and the Second Signer<br>and that a public meeting was held in acc<br>compliant public meeting where | ordance with all laws, polici         | es, and procedu            | f, declare that the<br>ires. The above wa | information pres<br>as approved by th | sented on this for<br>ne Neighborhood | rm is accurate a<br>d Council Board, | nd complete,<br>at a Brown Act |
| Treasurer's Signature  | K Cass                                | 12                         | Second Signer's                           | Signature                             | Man                                   | took.                                | ,,,,,,,,,,,                    |
| Print/Type Name: Tom Capps   |                                       |                            | Print/Type Name                           | _                                     | sough                                 |                                      |                                |
|  | 18                                    |                            | Date:                                     |                                       |                                       | 1-2019                               |                                |
|  |                                       |                            |   |                                       |                                       |                                      |                                |

!

**VENDOR:** Lloyds Staffing 5/2/2019

#### **CHECK SUMMARY**

| Item. | Invoice Da | ate       | Period       | Invoice No. | Hours | -    | Total    |
|-------|------------|-----------|--------------|-------------|-------|------|----------|
|       | 1          | 04/14/19  | 4/8-4/14/19  | 409729      | :     | 8.00 | \$224.80 |
|       | 2          | 04/14/19  | 4/8-4/14/19  | 409730      | 9     | 9.00 | \$196.65 |
|       | 3          | 04/21/19  | 4/15-4/21/19 | 409830      | :     | 1.00 | \$28.10  |
|       | 4          | 04/21/19  | 4/15-4/21/19 | 409831      | •     | 4.00 | \$87.40  |
|       | 5          | 4/28/2019 | 4/22-4/28/19 | 409967      | :     | 3.00 | \$65.55  |
|       | TOTAL      |           |              |             |       |      | \$602.50 |

#### **INVOICE**

**Celloyd** 

Please remit payment to:

LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 

VISA







Attention of: Tom Capps

**BILL TO:** 

Sherman Oaks Neighborhood Council

P.O. Box 5721

Sherman Oaks, CA 91413

Thank you for choosing Lloyd Staffing

PO#

| Thank you for cho              | osing Lioya Starring                 |                |             |             |       |          |
|--------------------------------|--------------------------------------|----------------|-------------|-------------|-------|----------|
| DATE                           | INVOICE NO.                          | PAGE           | ACCOUNT NO. | TERMS:      |       |          |
| 04/14/2019                     | 409729                               | 1              | 117247      | Net 90 Days |       |          |
| PERIOD                         | DESCRIPTION & EM                     | IPLOYEE        |             | HOURS       | RATE  | AMOUNT   |
| 04/08/19-04/14/19              | TRANSCRIPT S                         | alter, Jolie A |             | 8.00        | 28.10 | \$224.80 |
|                                |                                      |                |             | ]           |       |          |
|                                |                                      |                |             |             |       |          |
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|                                |                                      |                |             | <u> </u>    |       |          |
| Thank you for your part in our | Placements with a Purpose program. E | very placement | PAY THIS    | AMOUNT >    | TOTAL | \$224.80 |

# **Employee Timesheet Submission**

| Employee Name         | Salter, Jolie A         | <b>Customer Name</b>  | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 260572                  | Department            |                                  |
| Period Ending Date    | 4/14/2019 12:00:00 AM   | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/14/2019 4:06:55 PM             |

| Date       | IN 1     | OUT 1    | IN 2 | OUT 2 | IN 3  | OUT 3 | IN 4     | OUT 4 | Total<br>Hours | Expenses | Pay<br>Code | Approval   |
|------------|----------|----------|------|-------|-------|-------|----------|-------|----------------|----------|-------------|--|
| 04/08/2019 | 06:00 PM | 10:00 PM |      |       |       |       |          |       | 4.00           | 0.00     | R           | APPROVED   |
| 04/11/2019 | 12:00 PM | 03:00 PM |      |       |       |       |          |       | 3.00           | 0.00     | R           | APPROVED   |
| 04/12/2019 | 02:00 PM | 03:00 PM |      |       |       |       |          |       | 1.00           | 0.00     | R           | APPROVED   |
|            |          |          |      |       |       |       |          |       |                |          |             |  |
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| A17-70-1   |          |          |      |       |       |       |          |       |                |          |             |  |
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| Totals     |          |          |      | 1     | 185/9 |       |          |       | 8.00           | 0.00     | Marie B     |  |

| Employee Comments | 12 to 110 |  |
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| Client Comments   |           |  |
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#### **INVOICE**

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 

VISA





Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

generated by LLoyd supports JDRF with a donation to help fight diabetes.

PO#

| DATE              | INVOICE NO. | PAGE          | ACCOUNT NO. | TERMS:           |             |          |  |  |
|-------------------|-------------|---------------|-------------|------------------|-------------|----------|--|--|
| 04/14/2019        | 409730      | 1             | 117247      | Due Upon Receipt |             |          |  |  |
| PERIOD            | DESCRIPTION | R EMPLOYEE    |             | HOURS            | RATE AMOUNT |          |  |  |
| 04/08/19-04/14/19 | EXASST      | Salter, Jolie | A           | 9.00             | 21.85       | \$196.65 |  |  |
|                   |             |               |             |                  |             |          |  |  |
|                   |             |               |             |                  |             |          |  |  |
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|                   |             |               |             |                  |             |          |  |  |

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |  |  |
|-----------------------|-------------------------|-----------------------|----------------------------------|--|--|
| Assignment Number     | 260571                  | Department            |                                  |  |  |
| Period Ending Date    | 4/14/2019 12:00:00 AM   | Report To             | Ron Ziff                         |  |  |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/14/2019 4:06:36 PM             |  |  |

| Date       | IN 1     | OUT 1       | IN 2             | OUT 2 | IN 3         | OUT 3       | IN 4     | OUT 4   | Total<br>Hours | Expenses | Pay<br>Code | Approval   |
|------------|----------|-------------|------------------|-------|--------------|-------------|----------|---------|----------------|----------|-------------|------------|
| 04/08/2019 | 12:00 PM | 06:00 PM    |                  |       |              |             |          |         | 6.00           | 0.00     | R           | APPROVED   |
| 04/09/2019 | 02:00 PM | 03:00 PM    |                  |       |              |             |          |         | 1.00           | 0.00     | R           | APPROVED   |
| 04/12/2019 | 12:00 PM | 02:00 PM    |                  |       |              |             |          |         | 2.00           | 0.00     | R           | APPROVED   |
|            |          |             |                  |       |              |             |          |         |                |          |             |            |
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| Employee Comments | 7.9.2 | , |  |
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| Client Comments   |       |   |  |

#### INVOICE

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 **Billing inquiries: 631.370.7434** 

Attention of: Tom Capps

**BILL TO:** 

Sherman Oaks Neighborhood Council

P.O. Box 5721

Sherman Oaks, CA 91413

You may pay by ACH/wire to:

Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** DESCRIPTION

| Thank you for choo | osing Lloyd Staffing |               |             | PO#         |       |                                       |  |  |
|--------------------|----------------------|---------------|-------------|-------------|-------|---------------------------------------|--|--|
| DATE               | INVOICE NO.          | PAGE          | ACCOUNT NO. | TERMS:      |       | · · · · · · · · · · · · · · · · · · · |  |  |
| 04/21/2019         | 409830               | 1             | 117247      | Net 90 Days |       |                                       |  |  |
| PERIOD             | DESCRIPTION          | & EMPLOYEE    |             | HOURS       | RATE  | AMOUNT                                |  |  |
| 04/15/19-04/21/19  | TRANSCRIPT           | Salter, Jolie | A           | 1.00        | 28.10 | \$28.10                               |  |  |

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 260572                  | Department            |                                  |
| Period Ending Date    | 4/21/2019 12:00:00 AM   | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/22/2019 7:28:07 AM             |

| Date       | IN 1     | OUT 1   | IN 2    | OUT 2 | IN 3      | OUT 3 | IN 4         | OUT 4    | Total<br>Hours | Expenses | Pay<br>Code | Approval     |
|------------|----------|---|---------|-------|-----------|-------|--------------|----------|----------------|----------|-------------|--------------|
| 04/16/2019 | 01:00 PM | 02:00 PM  |         |       |           |       |              |          | 1.00           | 0.00     | R           | APPROVED     |
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| Employee Comments |  |
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| Client Comments   |  |

#### INVOICE

**Celloyd** 

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

Thank you for choosing Lloyd Staffing

Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

PO#

You may pay by ACH/wire to: Wells Fargo Bank, N.A.

Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 

DESCRIPTION

| DATE                          | INVOICE NO.   |                         | ACCOUNT NO. | TERMS:          |       |         |
|-------------------------------|---|-------------------------|-------------|-----------------|-------|---------|
| 04/21/2019                    | 409831  | 1                       | 117247      | Due Upon Receip | t     |         |
| PERIOD                        | DESCRIPTIO  | N & EMPLOYEE            |             | HOURS           | RATE  | AMOUNT  |
| 94/15/19-04/21/19             | EXASST  | Salter, Jolie A         |             | 4.00            | 21.85 | \$87.40 |
|                               |   |                         |             |                 |       |         |
|                               |   |                         |             |                 |       |         |
|                               |   |                         |             |                 |       |         |
|                               |   |                         |             |                 |       |         |
| nank you for your part in our | Placements with a Purpose p<br>JDRF with a donation to help | rogram. Every placement | PAY THIS    | AMOUNT >        | TOTAL | \$87.40 |

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |  |  |
|-----------------------|-------------------------|-----------------------|----------------------------------|--|--|
| Assignment Number     | 260571                  | Department            |                                  |  |  |
| Period Ending Date    | 4/21/2019 12:00:00 AM   | Report To             | Ron Ziff                         |  |  |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/22/2019 7:29:46 AM             |  |  |

| Date       | IN 1         | OUT 1    | IN 2 | OUT 2 | IN 3 | OUT 3 | IN 4 | OUT 4        | Total<br>Hours | Expenses     | Pay<br>Code | Approval |
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| 04/15/2019 | 01:00 PM     | 02:00 PM |      |       |      |       |      |              | 1.00           | 0.00         | R           | APPROVED |
| 04/19/2019 | 02:00 PM     | 04:00 PM |      |       |      |       |      |              | 2.00           | 0.00         | R           | APPROVED |
| 04/20/2019 | 01:00 PM     | 02:00 PM |      |       |      |       |      |              | 1.00           | 0.00         | R           | APPROVED |
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| Employee Comments |      |  |  |
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#### INVOICE

Celloyd

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994

Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248

Account #: 4060542594







Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

| DATE   | INVOICE NO.  | PAGE                  | ACCOUNT NO. | NO. TERMS:     |       |         |  |
|--|--|-----------------------|-------------|----------------|-------|---------|--|
| 04/28/2019   | 409967   | 1                     | 117247      | Due Upon Recei | pt    |         |  |
| PERIOD   | DESCRIPTION & EN   | IPLOYEE               |             | HOURS          | RATE  | AMOUNT  |  |
| 04/22/19-04/28/19  | EXASST S   | alter, Jolie A        |             | 3.00           | 21.85 | \$65.55 |  |
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|  |  |                       |             |                |       |         |  |
| Thank you for your part in our F generated by LLoyd supports J | Placements with a Purpose program. I<br>DRF with a donation to help fight diab | Every placement etes. | PAY THIS    | AMOUNT >       | TOTAL | \$65.55 |  |

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 260571                  | Department            |                                  |
| Period Ending Date    | 4/28/2019 12:00:00 AM   | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 4/28/2019 4:17:06 PM             |

| Date       | IN 1     | OUT 1    | IN 2 | OUT 2 | IN 3 | OUT 3 | IN 4  | OUT 4 | Total<br>Hours | Expenses | Pay<br>Code | Approval |
|------------|----------|----------|------|-------|------|-------|-------|-------|----------------|----------|-------------|----------|
| 04/26/2019 | 12:00 PM | 03:00 PM |      |       |      |       |       |       | 3.00           | 0.00     | R           | APPROVED |
|            |          |          |      |       |      |       |       |       |                |          |             |          |
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| Totals     |          |          | STRU |       |      | 1     | 18 18 |       | 3.00           | 0.00     | 3398        |          |

| Employee Comments |  |  |
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| Client Comments   |  |  |
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|  |  |                            |   | . 15                                  |                                       |                                      |   |
|--|--|----------------------------|---|---------------------------------------|---------------------------------------|--------------------------------------|---|
| Office of the City Clerk   |  |                            |   | 14                                    |                                       |                                      | gentru (1                               |
| Administrative Services Division   |  |                            |   |                                       |                                       |                                      |   |
| Neighborhood Council (NC) Funding Prog   | ram  |                            |   |                                       |                                       | ,                                    | THETE                                   |
| Board Action Certification Form  NC Name: Sherman Oaks   |  |                            | Meeting Date: N                           | Mar 11. 2019                          |                                       |                                      | 62                                      |
| Budget Fiscal Year: 2018-2019  |  |                            | Agenda Item No                            |                                       |                                       |                                      |   |
| Board Motion and/or Public Benefit   | A  |                            |   |                                       | o to I law-                           | o Ctoffine                           | for                                     |
| Statement (CIP and NPG):   | A motion to approve up to \$2,500 for payments to Lloyds Staffing for administrative and minute taking services. |                            |   |                                       |                                       |                                      |   |
| Method of Payment: (Select One)  | ☐ Check  |                            | ☐ Credit Card                             |                                       | ☐ Board                               | Member Reimb                         | ursement                                |
| Recused Boardmembers n   | nust leave the room prior t  | Vote C<br>to any discussio |   | turn to the roon                      | until after the v                     | ote is complete                      | •                                       |
| Board Member First and Last Name   | Board Position   | Yes                        | No  | Abstain                               | Absent                                | Ineligible                           | Recused                                 |
| Babian, Avo  | Area 5 Business  | 15                         |   |                                       |                                       |                                      |   |
| Banks-Barad, Jill  | Area 6 Residential   | 1                          |   |                                       |                                       |                                      |   |
| Vacant   | Area 1 Business  | -                          | - <sub>n</sub> .*                         | -                                     | -                                     | -                                    | -                                       |
| Binkow, Michael  | Area 7 Residential   | ~                          |   |                                       |                                       |                                      |   |
| Capps, Tom   | Area 2 Residential   | V.                         |   |                                       |                                       |                                      |   |
| Hartsough, Jeffrey   | Area 2 Community   | 1                          |   |                                       |                                       |                                      |   |
| Kalban, Jeffrey  | Area 7 Community   | 1                          |   |                                       |                                       |                                      |   |
| Katchen, Howard  | Area 3 Residential   | V                          |   |                                       |                                       |                                      |   |
| Lax, Sidonia   | Area 4 Community   | 1                          |   |                                       |                                       |                                      |   |
| Vacant   | Area 5 Community   | -                          | -   | -                                     | -                                     | -                                    | -                                       |
| Mernard, Melissa   | Area 6 Community   | 1/                         |   |                                       |                                       |                                      |   |
| Kerzner, Fran  | Area 3 Business  | 1                          |   |                                       |                                       |                                      |   |
| Petrus, Lisa   | Area 4 Residential   | 1/                         |   |                                       |                                       |                                      |   |
| Roden, Neal  | Area 7 Business  | 1/                         |   |                                       |                                       |                                      |   |
| Sales, Kristin   | Area 1 Community   |                            |   |                                       |                                       | - V                                  |   |
| Steinberg, Sue   | Area 4 Business  | 1                          |   |                                       |                                       |                                      |   |
| Williams, Candy  | Area 1 Residential   |                            |   |                                       |                                       |                                      |   |
| Yatman, Deatra   | Area 3 Community   | 7/                         |   |                                       |                                       |                                      |   |
| Ziff, Ron  | Area 6 Business  |                            | 6   |                                       |                                       |                                      |   |
| VACANT   | Area 2 Business  |                            | -   |                                       | _                                     |                                      | -                                       |
|  |  | 1/                         | -   | -                                     |                                       |                                      |   |
| Olds, Sarah  | Area 5 Residential   |                            |   |                                       | ·                                     |                                      |   |
|  |  |                            |   |                                       |                                       |                                      |   |
| <del>2</del>   |  |                            | 1, 4                                      |                                       |                                       |                                      |   |
|  |  |                            |   |                                       |                                       |                                      |   |
|  |  |                            |   |                                       |                                       |                                      |   |
|  |  |                            |   |                                       |                                       | <del></del>                          |   |
|  |  |                            |   | ,                                     |                                       |                                      |   |
|  |  |                            |   |                                       |                                       |                                      |   |
| Quorum: 11   | Total:   |                            |   | ري_                                   |                                       |                                      |   |
| We, the Treasurer and the Second Signer<br>and that a public meeting was held in acc<br>compliant public meeting where a group | ordance with all laws, polici  | es, and procedu            | f, declare that the<br>ires. The above wa | information pres<br>as approved by th | sented on this for<br>ne Neighborhood | rm is accurate a<br>d Council Board, | nd complete,<br>at a Brown Act          |
| Treasurer's Signature  | K Cass   | 12                         | Second Signer's                           | Signature                             | Man                                   | took.                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Print/Type Name: Tom Capps   |  |                            | Print/Type Name                           | _                                     | sough                                 |                                      |   |
|  | 18   |                            | Date:                                     |                                       |                                       | 1-2019                               |   |
|  |  |                            |   |                                       |                                       |                                      |   |

!

**VENDOR:** The Web Corner 5/2/2019

#### **CHECK SUMMARY**

| Item. | Invoice Da | te       | Period | Invoice No. | Hours | Total    |
|-------|------------|----------|--------|-------------|-------|----------|
|       | 1          | 05/01/19 | 1-May  | 18391       |       | \$102.50 |
|       | 2          | 06/01/19 | 1-Jun  | 18392       |       | \$102.50 |
|       | 3          |          |        |             |       |          |
|       | 4          |          |        |             |       |          |
|       | 5          |          |        |             |       |          |
|       | TOTAL      |          |        |             |       | \$205.00 |

### Invoice

The Web Corner, Inc.
19509 Ventura Blvd.
Tarzana CA 91356
(818) 345-7443

| Date     | Invoice # | Due Date |
|----------|-----------|----------|
| 5/1/2019 | 18391     | 5/1/2019 |

Bill To
Sherman Oaks NC
Tom Capps
PO Box 5721
Sherman Oaks, CA 91413

|                |   | P.O. No. | Terms        | Project     |
|----------------|---|----------|--------------|-------------|
|                |   |          |              |             |
| Quantity       | Description   |          | Rate         | Amount      |
| 1              | Monthly Maintenance: includes up to 1 hour for; web development, requests, & website adjustme |          | 99.00        | 99.00       |
| 1              |   |          | 3.50         | 3.50        |
| 0              | Monthly Hosting for shermanoaksnc.org (Included in maintenance)                               |          | 15.00        | 0.00        |
|                |   |          |              |             |
|                |   |          |              |             |
|                |   |          |              |             |
|                |   |          |              |             |
|                |   |          |              |             |
| Please remit p | payment at your earliest convenience.   |          | Total        | \$102.50    |
|                | 755. 2550.1555  |          | Payments/Cre | dits \$0.00 |
|                |   |          | Balance Due  | \$102.50    |

### Invoice

The Web Corner, Inc.
19509 Ventura Blvd.
Tarzana CA 91356
(818) 345-7443

| Date     | Invoice # | Due Date |  |  |
|----------|-----------|----------|--|--|
| 6/1/2019 | 18392     | 6/1/2019 |  |  |

Bill To
Sherman Oaks NC
Tom Capps
PO Box 5721
Sherman Oaks, CA 91413

|                               |   | P.O. No. | Terms        | Project      |
|-------------------------------|---|----------|--------------|--------------|
|                               |   |          |              |              |
|                               |   |          |              |              |
| Quantity                      | Description   |          | Rate         | Amount       |
| 1                             | 1 Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments |          | 99.00        | 99.00        |
| 1                             | Email accounts (2 included) Total 3 for shermanoaksnc.org   |          | 3.50         | 3.50         |
| 0                             | Monthly Hosting for shermanoaksnc.org (Included in maintenance)   |          | 15.00        | 0.00         |
|                               | ,   |          |              |              |
|                               |   |          |              |              |
|                               |   |          |              |              |
|                               |   |          |              |              |
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|                               |   |          |              |              |
|                               |   |          |              |              |
| DI .:                         |   |          |              |              |
| Please remit p  Thank you for | payment at your earliest convenience.   |          | Total        | \$102.50     |
| THATIK YOU TOI                | , 001 503H1033:   |          | Payments/Cre | edits \$0.00 |
|                               |   |          | Balance Due  | \$102.50     |

|   |   |               |                             | .4               |                   |                   |                |
|---|---|---------------|-----------------------------|------------------|-------------------|-------------------|----------------|
| Office of the City Clerk  |   |               |                             | × 5,             |                   |                   | seeden 1       |
| Administrative Services Division  |   |               |                             |                  |                   | T, bu dip         |                |
| Neighborhood Council (NC) Funding Prog  | ;ram                                    |               |                             |                  |                   | 79                | TOTAL S        |
| Board Action Certification Form NC Name: Sherman Oaks                               |   |               | Meeting Date: J             | uly 09 2018      |                   |                   |                |
| Budget Fiscal Year: 2018-2019   |   |               | Agenda Item No              |                  |                   |                   |                |
| Board Motion and/or Public Benefit  | A motion to appro                       | ve un to      | •                           |                  | Corner for        | SONC web          | nsite          |
| Statement (CIP and NPG):  | hosting and maint 2018-2019             |               |                             |                  |                   |                   |                |
| Method of Payment: (Select One)   | ☐ Check                                 |               | ☐ Credit Card               |                  | ☐ Board           | d Member Reimb    | ursement       |
| Recused Boardmembers r  | must leave the room prior to            |               | Count<br>ion and may not re | turn to the roor | until after the   | vote is complete  |                |
| Board Member First and Last Name  | Board Position                          | Yes           | No                          | Abstain          | Absent            | Ineligible        | Recused        |
| Babian, Avo   | Area 5 Business                         | <u> </u>      |                             |                  |                   |                   |                |
| Banks-Barad, Jill   | Area 6 Residential                      |               | *,7.                        |                  |                   |                   |                |
| Baronian, Levon   | Area 1 Business                         |               | . A                         |                  | ×                 |                   |                |
| Binkow, Michael   | Area 7 Residential                      |               |                             |                  |                   |                   |                |
| Capps, Tom  | Area 2 Residential                      |               |                             |                  |                   |                   |                |
| Hartsough, Jeffrey  | Area 2 Community                        | X             |                             |                  |                   |                   |                |
| Kalban, Jeffrey   | Area 7 Community                        | ×             |                             |                  |                   |                   |                |
| Katchen, Howard   | Area 3 Residential                      | X             | . 4                         |                  |                   |                   | ;              |
| Lax, Sidonia  | Area 4 Community                        | ×             |                             |                  |                   |                   |                |
| Marciniak, Richard  | Area 3 Community                        |               |                             |                  | X                 |                   |                |
| Mernard, Melissa  | Area 6 Community                        | X             |                             |                  |                   |                   |                |
| Morozov, Rafael   | Area 3 Business                         |               |                             |                  | X                 |                   |                |
| Petrus, Lisa  | Area 4 Residential                      | X             |                             |                  |                   |                   |                |
| Revord, Sherri  | Area 5 Community                        | X             |                             |                  |                   |                   | ,              |
| Roden, Neal   | Area 7 Business                         | X             |                             |                  |                   |                   |                |
| Ross, Garrett   | Area 1 Residential                      | 1             |                             |                  | X                 |                   |                |
| Sales, Kristin  | Area 1 Community                        | : .           |                             |                  | X                 |                   |                |
| Steinberg, Sue  | Area 4 Business                         | 3X.           | *                           |                  |                   |                   | , , , , , ,    |
| Ziff, Ron   | Area 6 Business                         | ×             |                             |                  |                   |                   |                |
| VACANT  | Area 2 Business                         |               |                             |                  |                   |                   |                |
| VACANT  | Area 2 Residential                      | : "           |                             |                  |                   |                   |                |
|   |   |               |                             |                  |                   |                   |                |
| 4   |   |               |                             |                  |                   |                   |                |
| •   |   |               |                             |                  |                   |                   |                |
|   |   |               |                             |                  |                   |                   |                |
|   |   |               |                             |                  |                   |                   |                |
|   | · , , , , , , , , , , , , , , , , , , , |               |                             |                  |                   |                   |                |
| , , <u> </u>  |   |               |                             |                  |                   |                   |                |
| À.4   |   | 14            | 0                           | ව                | -                 |                   | <u></u>        |
| Quorum: 11 We, the Treasurer and the Second Signer                                  | Total:                                  |               |                             |                  | esented on this f | orm is accurate a | nd complete.   |
| and that a public meeting was held in acc<br>compliant public meeting where a quoru | cordance with all laws, policie         | es, and proce | dures. The above w          | as approved by   | the Neighborho    | od Council Board, | at a Brown Act |
| Treasurer's Signature from C  | apas                                    |               | Second Signer's             | Signature        | What              | south             |                |
| Print/Type Name: Tom Capps  |   |               | Print/Type Nam              | Jeff Har         | tsough            | 0                 |                |
|   | . 70 . 2                                |               | Print/Type Nam              | e                |                   |                   |                |
| Date:   | 2018                                    |               | Date:                       |                  | 01-               | 09-2018           |                |

# Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement – Fiscal Year 2018-2019

| I, Ron Ziff  | (President or Vice-President           | dent [VP] name),    |
|--|--|---------------------|
| declare that I am the President or VP of the Sh  | nerman Oaks Neighborhood               | d Council           |
| Neighborhood Council (Neighborhood Council)  | and that on April 08, 2019             | (meeting            |
| date), a Brown Act noticed public meeting was I  | neld by the Neighborhood Council wi    | th a quorum         |
| of 16 (number) board member  |  |                     |
| 16 (number) Yea, 0 (no   | umber) Nay, and $\underline{0}$ (numbe | er) Abstentions,    |
| the Neighborhood Council approves funding su   | pport for the following:               |                     |
| ☐ L.A. Congress of Neighborhoods 2019 even   | t in the amount of:                    |                     |
| *\$(A)   |  |                     |
| and/or   |  | •                   |
| ☐ L.A. Congress of Neighborhoods 2019 – Ne   | tworking/EmpowerLA Awards event i      | n the amount of:    |
| *\$(B)   |  |                     |
| and/or   |  |                     |
| ✓ Neighborhood Council Budget Advocates 20   | 19 in the amount of:                   |                     |
| *\$750.00 (C)  |  |                     |
| \$750 Grand Total (A)  | + (B) + (C)                            |                     |
|  |  |                     |
| Therefore, the Neighborhood Council requests<br>Funding Program issue payment in the aforement<br>Department of Neighborhood Empowerment for | entioned Total amount from our check   | king account to the |
| Ronald Stiff   | MAy 2, a                               | 2019                |
| Signature of President   | Date /                                 |                     |

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2019 in order to be processed from current Fiscal Year available funds. **Make check payable to**:

"City of Los Angeles – Dept. of Neighborhood Empowerment" 200 N. Spring St. Suite 224, Los Angeles, CA 90012

<sup>\*</sup>Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

| Office of the City Clerk   |  |             |                       |  |                   |                    | 1                                |  |
|--|--|-------------|-----------------------|--|-------------------|--------------------|----------------------------------|--|
| Administrative Services Division   |  |             |                       |  |                   |                    |                                  |  |
| Neighborhood Council (NC) Funding Prog<br>Board Action Certification Form  | gram                                       |             |                       |  |                   |                    | Theybe                           |  |
| IC Name: Sherman Oaks  |  |             | Meeting Date: A       | pril 08, 2019                                      |                   |                    |                                  |  |
| Judget Fiscal Year: 2018-19  |  |             | Agenda Item No        |  |                   |                    |                                  |  |
| Board Motion and/or Public Benefit tatement (CIP and NPG):   | A motion to appro-<br>funding their activi |             |                       | \$750 to be transferred to the budget advocate for |                   |                    |                                  |  |
| Method of Payment: (Select One)  | ☐ Check                                    | Vete        | ☐ Credit Card         |  | ☐ Board           | Member Reimb       | ursement                         |  |
| Recused Boardmembers   | must leave the room prior to               |             |                       | turn to the room                                   | until after the   | vote is complete   |                                  |  |
| Board Member First and Last Name   | Board Position                             | Yes         | No                    | Abstain  | Absent            | Ineligible         | Recused                          |  |
| Babian, Avo  | Area 5 Business                            |             |                       |  |                   |                    |                                  |  |
| Banks-Barad, Jill  | Area 6 Residential                         |             |                       |  |                   |                    |                                  |  |
| Vacant   | Area 1 Business                            | -           | -                     | -  | -                 | -                  | -                                |  |
| Binkow, Michael  | Area 7 Residential                         | /           |                       |  |                   |                    |                                  |  |
| Capps, Tom   | Area 2 Residential                         | ~           |                       |  |                   |                    |                                  |  |
| Hartsough, Jeffrey   | Area 2 Community                           | V           |                       |  |                   |                    |                                  |  |
| Kalban, Jeffrey  | Area 7 Community                           | /           |                       |  |                   |                    |                                  |  |
| Katchen, Howard  | Area 3 Residential                         | 1           |                       |  |                   |                    |                                  |  |
| Lax, Sidonia   | Area 4 Community                           | /           |                       |  |                   |                    |                                  |  |
| Vacant   | Area 5 Community                           | -           | -                     | -  | -                 | -                  | -                                |  |
| Mernard, Melissa   | Area 6 Community                           | /           |                       |  |                   |                    |                                  |  |
| Kerzner, Fran  | Area 3 Business                            | /           |                       |  |                   |                    |                                  |  |
| Petrus, Lisa   | Area 4 Residential                         | /           |                       |  |                   |                    |                                  |  |
| Roden, Neal  | Area 7 Business                            |             |                       |  |                   |                    |                                  |  |
| Sales, Kristin   | Area 1 Community                           | /           |                       |  |                   |                    |                                  |  |
| Steinberg, Sue   | Area 4 Business                            | /           |                       | -  |                   |                    |                                  |  |
| Williams, Candy  | Area 1 Residential                         | -/          |                       |  |                   |                    | -                                |  |
| Yatman, Deatra   | Area 3 Community                           | 1           |                       |  |                   |                    |                                  |  |
| Ziff, Ron  | Area 6 Business                            | 1           |                       |  |                   |                    |                                  |  |
| VACANT   | Area 2 Business                            | V           |                       | -  | -                 | -                  | _                                |  |
| Olds, Sarah  | Area 5 Residential                         | 1/          |                       |  |                   |                    |                                  |  |
| Olus, Sarari   | Alea 5 Nesiderillar                        |             |                       |  |                   |                    |                                  |  |
|  |  | -           |                       |  |                   |                    |                                  |  |
|  |  |             |                       |  |                   |                    |                                  |  |
|  |  |             |                       |  |                   |                    |                                  |  |
|  |  |             |                       |  |                   |                    |                                  |  |
|  |  | 4           |                       |  |                   |                    |                                  |  |
|  |  |             |                       |  |                   |                    | 1                                |  |
| 11   |  | 11          | 6                     | 0  | 1                 | 0                  | 1-                               |  |
| Quorum: 11  We, the Treasurer and the Second Signe and that a public meeting was held in accompliant public meeting where a quorus | cordance with all laws, policie            | orhood Coun | cil, declare that the | information pre                                    | esented on this f | form is accurate a | and complete,<br>, at a Brown Ad |  |
| Treasurer Signature (  | ops  |             | Second Signer's       |  | MA                | Mark               |                                  |  |
| Print/Type Name: Tom Capps   | //   |             | Print/Type Nam        | e: Jeff Har  | tsough            |                    |                                  |  |
| Date: 4.8.   | 2014                                       |             | Date:                 |  | 04-08-            | 2019               |                                  |  |

#### **APPLICATION for Neighborhood Purposes Grant (NPG)**





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

| lame | of NC from which you are seeking this grant:  | Snerman Oak           |  |  |
|------|---|-----------------------|--|--|
| SEC  | TION I- APPLICANT INFORMATION   |                       |  |  |
|      | Los Angeles Responsible Pit Bull Owners   | 46-2563118            | CA   | 09/22/14                                 |
| 1a)  | Organization Name   | Federal I.D. # (EIN#) | State of Incorporation                                       | Date of 501(c)(3) Status (if applicable) |
| 1b)  | 6320 Canoga Avenue, #1700   | Woodland F            | Hills CA   | 91367                                    |
|      | Organization Mailing Address  | City                  | State  | Zip Code                                 |
| 1c)  |   |                       |  |  |
|      | Business Address (If different)   | City                  | State  | Zip Code                                 |
| 1d)  | PRIMARY CONTACT INFORMATION:  |                       |  |  |
|      | Sammi Maon  | 310-382-0079          | sammi@   | LARPBO.org                               |
|      | Name  | Phone                 | Email  |  |
| 2)   | Type of Organization- Please select one:  Public School (not to include private schools)  Attach Signed letter on School Letterhead |                       | n-Profit <i>(other than religiou</i><br>Determination Letter | s institutions)                          |
| 3)   | Name / Address of Affiliated Organization (if application   | able) City            | / State  | e Zip Code                               |

#### SECTION II - PROJECT DESCRIPTION

- 4) Please describe the purpose and intent of the grant.
  - 1) Training for shelter volunteers, shelter fosters, and shelter dogs for a year.
  - 2) LARPBO Shelter Intervention & Prevention Program ("SIPP") group training vouchers provided to dog owners to (a) intervene where it is deemed dog training would keep the owner from surrendering a pup and (b) prevent dogs from being returned to the shelter.
- 5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

The training provides East Valley Animal Shelter volunteers and fosters necessary dog handling skills, as well as obedience training. They will have the tools to consistently train dogs to have a better chance of being adopted/rescued and will boost their confidence to handle all dogs of varying size and temperament. A well-trained dog will likely remain home and not returned.

LARPBO will distribute 100 SIPP vouchers to individuals who live in the area and who meet the program's purpose. 10 class vouchers for each qualified dog owner shows commitment by the dog owner and will provide the dog a better foundation of obedience. This is in alignment to Los Angeles' goal of becoming a no-kill city.

PAGE 1 NCFP 107

|   | ne on a separate sheet if necessary  | or requested   | l.  |  |
|---|--|--|---|--|
| Personnel Related Expenses  | ·  | Requeste   |   | Total Projected Cost   |
|   |  | \$   |   | \$   |
|   |  | \$   |   | \$   |
|   |  | \$   |   | \$   |
| Non-Personnel Related Expens  | ses  | Requeste   | d of NC   | Total Projected Cost   |
| Training for shelter volunteers, she  | elter fosters, and shelter dogs for a year.  | \$600  |   | \$600  |
|   | Program ("SIPP") group training vouchers   | \$ 1500  |   | \$ 1500  |
|   |  | \$   |   | \$   |
| Have you (applicant) applied to any  No Yes If Yes s the implementation of this speci   | s, please list names of NCs:   |  |   |  |
| sources or funding? (Including NP   |  |  | _   | s, please describe:  |
| Source of Funding   |  | Amount   |   | Total Projected Cost   |
|   |  | \$   |   | \$   |
|   |  | \$   |   | \$   |
|   |  | \$   |   | \$   |
| CTION IV - POTENTIAL CONFLICT   |  |  | (4) NO  | •  |
| a) Do you (applicant) have a curren<br>■ No □ Yes If Yes  | -  | ard Member   | of the NC   | ?  |
| Name of NC Board Member   | s, please describe below:  | IR4  | lationshir  | to Applicant   |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
| b) If yes, did you request that the b   |  | •  | •   | •  |
| ☐ Yes ☐ No <u>*(Please note</u>   | that if a Board Member of the N  | IC has a con   | flict of int  | terest and completes   |
| ☐ Yes ☐ No *(Please note or participates in the discussion  |  | IC has a con   | flict of int  | terest and completes   |
| ☐ Yes ☐ No *(Please note or participates in the discussion grant in its entirety.)  | that if a Board Member of the Non and voting of this NPG, the  | IC has a con   | flict of int  | terest and completes   |
| ☐ Yes ☐ No *(Please note<br>or participates in the discussion<br>grant in its entirety.)<br>ECTION V - DECLARATION AND SIG  | that if a Board Member of the Non and voting of this NPG, the  | IC has a con<br>NC Funding   | flict of int<br>Program   | terest and completes and will deny the payme   |
| ☐ Yes ☐ No *(Please note or participates in the discussion of grant in its entirety.)  ECTION V - DECLARATION AND SIGN of the best of metals and the second of the second of the best of metals are second or second of the secon | that if a Board Member of the Non and voting of this NPG, the  GNATURE  By knowledge, the information p  | IC has a con<br>NC Funding<br>rovided here   | flict of int<br>Program   | erest and completes  will deny the payme  mmunicated otherwis  |
| ☐ Yes ☐ No *(Please note or participates in the discussion of participates in the discussion of the d | that if a Board Member of the Non and voting of this NPG, the  ENATURE  by knowledge, the information poirm that I have read the document of the document of the the proposed project(s)   | NC Funding rovided here nents "What and/or prog  | flict of int<br>Program<br>ein and co<br>t is a Pub<br>gram(s) fa                       | erest and completes in will deny the payment of the |
| ☐ Yes ☐ No *(Please note or participates in the discussion grant in its entirety.)  ECTION V - DECLARATION AND SIGN of the best of moderately stated. I further afficerest" of this application and affinefit project/program and that n  | that if a Board Member of the Non and voting of this NPG, the  CNATURE  by knowledge, the information poirm that I have read the document of the thick the proposed project(s) to conflict of interest exist that  | rovided here nents "What and/or prog   | flict of int<br>program<br>ein and co<br>t is a Pub<br>gram(s) fa<br>vent the a         | erest and completes of will deny the payment of the Neigle of the Ne |
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PAGE 2 NCFP 107

<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

| Office of the City Clerk  |   |          |                        |  |                 |                 |                  | m/1  |
|---|---|----------|------------------------|--|-----------------|-----------------|------------------|--|
| Administrative Services Division  |   |          |                        |  |                 |                 |                  |  |
| Neighborhood Council (NC) Funding Prog  | ram   |          |                        |  |                 |                 |                  | CACE   |
| Board Action Certification Form   |   |          |                        |  |                 |                 |                  | The state of the s |
| NC Name: Sherman Oaks   |   |          |                        | Meeting Date: A  |                 |                 |                  |  |
| Budget Fiscal Year: 2018-2019  Board Motion and/or Public Benefit   | T   |          |                        | Agenda Item No:  |                 | -               |                  |  |
| Statement (CIP and NPG):  | \$2,100 for Training for sh<br>& Prevention Program ("S | elter vo | olunteers<br>group tra | urposes grant to the Los Angeles Responsible Pit Bull Owners, a 501-3C of up to<br>s, shelter fosters, and shelter dogs for a year and a LARPBO Shelter Intervention<br>aining vouchers provided to dog owners to (a) intervene where it is deemed dog<br>endering a pup and (b) prevent dogs from being returned to the shelter |                 |                 |                  |  |
| Method of Payment: (Select One)   | ☐ Check   |          |                        | ☐ Credit Card  |                 | ☐ Board         | Member Reimb     | ursement   |
| Recused Boardmembers n  | nust leave the room prior t                             | o any d  | Vote Co                |  | urn to the roon | until after the | vote is complete |  |
| Board Member First and Last Name  | Board Position  | Y        | es                     | No   | Abstain         | Absent          | Ineligible       | Recused  |
| Babian, Avo   | Area 5 Business   |          |                        |  |                 | X               |                  |  |
| Banks-Barad, Jill   | Area 6 Residential                                      |          |                        |  |                 | ×               |                  |  |
| Vacant  | Area 1 Business   |          | -                      | -  | -               | -               | -                | -  |
| Binkow, Michael   | Area 7 Residential                                      | V        |                        |  |                 |                 |                  |  |
| Capps, Tom  | Area 2 Residential                                      | V        |                        |  |                 |                 |                  |  |
| Hartsough, Jeffrey  | Area 2 Community  | V        | /                      |  |                 |                 |                  |  |
| Kalban, Jeffrey   | Area 7 Community  | -        |                        |  |                 |                 |                  |  |
| Katchen, Howard   | Area 3 Residential                                      | V        | •                      |  |                 |                 |                  |  |
| Lax, Sidonia  | Area 4 Community  | -        | /                      |  |                 |                 |                  |  |
| Vacant  | Area 5 Community  |          | -                      | -  | -               | -               | -                | -  |
| Mernard, Melissa  | Area 6 Community  |          | /                      |  |                 |                 |                  |  |
| Kerzner, Fran   | Area 3 Business   |          | /                      |  |                 | -               |                  |  |
| Petrus, Lisa  | Area 4 Residential                                      | ~        | /                      |  |                 |                 |                  |  |
| Roden, Neal   | Area 7 Business   | 2/       | /                      |  |                 |                 |                  |  |
| Sales, Kristin  | Area 1 Community  |          |                        |  |                 |                 |                  |  |
| Steinberg, Sue  | Area 4 Business   |          |                        |  |                 |                 |                  |  |
| Williams, Candy   | Area 1 Residential                                      | ~        | /                      |  |                 |                 |                  |  |
|   |   | Y        |                        |  |                 |                 |                  |  |
| Yatman, Deatra  | Area 6 Business   | ~        |                        |  |                 |                 |                  |  |
| Ziff, Ron   | Area 6 Business   | -        |                        |  |                 |                 |                  |  |
| VACANT  | Area 2 Business   | L        | ,                      | -  | -               | -               | -                | -  |
| Olds, Sarah   | Area 5 Residential                                      | -        |                        |  |                 |                 |                  |  |
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| Quorum: 11  | Total:  |          | 6                      | 0  | 0               | 2               | 0                | 0  |
| We, the Treasurer and the Second Signer<br>and that a public meeting was held in acc<br>compliant public meeting where a quorur | ordance with all laws, polici                           | es, and  |                        |  |                 |                 |                  |  |
|   |   |          |                        | Second Signer's  | Signature       | Wantso          | 4                |  |
| Print/Type Name. Tom Capps  |   |          |                        | Print/Type Name  | Jeff Har        | tsough          |                  |  |
| Print/Type Name: Tom Capps Date: # 9  | .19   |          |                        | Date:  |                 | 04-08-24        | 019              |  |

Date: SEP 2 2 2014

LARPBO LOS ANGELES RESPONSIBLE PIT BULL OWNERS INC 16633 VENTURA BLVD STE 600 ENCINO, CA 91436 Employer Identification Number: 46-2563118 DT.N. 17053128336014 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990 Required: Yes Effective Date of Exemption: February 21, 2013 Contribution Deductibility: Yes Addendum Applies: No

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

#### **INVOICE**

Celloyd

Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434 You may pay by ACH/wire to: Wells Fargo Bank, N.A. Routing #: 121000248 Account #: 4060542594

**Credit Cards Accepted** 







Attention of: Tom Capps,

**BILL TO:** 

SHERMAN OAKS NEIGHBORHOOD COUNCIL

P.O. BOX 5721

SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

| DATE                           | INVOICE NO.  | PAGE            | ACCOUNT NO. | TERMS:           |       | <u> </u> |  |
|--------------------------------|--|-----------------|-------------|------------------|-------|----------|--|
| 05/05/2019                     | 410100   | 1               | 117247      | Due Upon Receipt |       |          |  |
| PERIOD                         | DESCRIPTION & I  | EMPLOYEE        | <u> </u>    | HOURS            | RATE  | AMOUNT   |  |
| 04/29/19-05/05/19              | EXASST   | Salter, Jolie A |             | 4.00             | 21.85 | \$87.40  |  |
|                                |  |                 |             |                  |       | φο, , το |  |
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|                                |  |                 |             |                  |       |          |  |
| ank you for your part in our l | Placements with a Purpose program<br>IDRF with a donation to help fight di | Every placement | PAY THIS A  | AMOUNT >         | TOTAL | \$87.40  |  |

| Employee Name         | Salter, Jolie A         | Customer Name         | LA Dept Neighborhood Empowerment |
|-----------------------|-------------------------|-----------------------|----------------------------------|
| Assignment Number     | 260571                  | Department            |                                  |
| Period Ending Date    | 5/5/2019 12:00:00 AM    | Report To             | Ron Ziff                         |
| Timesheet Approved By | rziff@shermanoaksnc.org | Timesheet Approved On | 5/5/2019 9:55:23 PM              |

| Date       | IN 1     | OUT 1    | IN 2      | OUT 2   | IN 3   | OUT 3         | IN 4   | OUT 4 | Total<br>Hours | Expenses | Pay<br>Code | Approval |
|------------|----------|----------|-----------|---------|--|---------------|--|-------|----------------|----------|-------------|----------|
| 05/03/2019 | 01:00 PM | 03:00 PM |           |         |  |               |  |       | 2.00           | 0.00     | R           | APPROVED |
| 05/05/2019 | 03:00 PM | 05:00 PM | :         |         |  |               |  |       | 2.00           | 0.00     | R           | APPROVED |
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| Totals     | 10.40    | - 11.00  | 15 . 12 . | W = 020 | BIZIN  | 10 NO 100     | T. P. L. |       | 4.00           | 0.00     |             |          |

| Employee Comments |  |  |      |
|-------------------|--|--|------|
| Client Comments   |  |  | <br> |

|  |                               |                            |  | . 15                                  |                                       |                                      |   |  |
|--|-------------------------------|----------------------------|--|---------------------------------------|---------------------------------------|--------------------------------------|---|--|
| Office of the City Clerk   |                               |                            |  | 14                                    |                                       |                                      | gentru (1                               |  |
| Administrative Services Division   |                               |                            |  |                                       |                                       |                                      |   |  |
| Neighborhood Council (NC) Funding Prog   | ram                           |                            |  |                                       |                                       | ,                                    | THETE                                   |  |
| Board Action Certification Form  NC Name: Sherman Oaks   |                               |                            | Meeting Date: N  | Mar 11. 2019                          |                                       |                                      | 62                                      |  |
| Budget Fiscal Year: 2018-2019  |                               |                            | Agenda Item No   |                                       |                                       |                                      |   |  |
| Board Motion and/or Public Benefit   | A                             |                            |  |                                       | o to I law-                           | o Ctoffine                           | for                                     |  |
| Statement (CIP and NPG):   |                               |                            | to \$2,500 for payments to Lloyds Staffing for te taking services. |                                       |                                       |                                      |   |  |
| Method of Payment: (Select One)  | ☐ Check                       |                            | ☐ Credit Card  |                                       | ☐ Board                               | Member Reimb                         | ursement                                |  |
| Recused Boardmembers n   | nust leave the room prior t   | Vote C<br>to any discussio |  | turn to the roon                      | until after the v                     | ote is complete                      | •                                       |  |
| Board Member First and Last Name   | Board Position                | Yes                        | No   | Abstain                               | Absent                                | Ineligible                           | Recused                                 |  |
| Babian, Avo  | Area 5 Business               | 15                         |  |                                       |                                       |                                      |   |  |
| Banks-Barad, Jill  | Area 6 Residential            | 1                          |  |                                       |                                       |                                      |   |  |
| Vacant   | Area 1 Business               | -                          | - <sub>n</sub> .*  | -                                     | -                                     | -                                    | -                                       |  |
| Binkow, Michael  | Area 7 Residential            | ~                          |  |                                       |                                       |                                      |   |  |
| Capps, Tom   | Area 2 Residential            | V.                         |  |                                       |                                       |                                      |   |  |
| Hartsough, Jeffrey   | Area 2 Community              | 1                          |  |                                       |                                       |                                      |   |  |
| Kalban, Jeffrey  | Area 7 Community              | 1                          |  |                                       |                                       |                                      |   |  |
| Katchen, Howard  | Area 3 Residential            | V                          |  |                                       |                                       |                                      |   |  |
| Lax, Sidonia   | Area 4 Community              | 1                          |  |                                       |                                       |                                      |   |  |
| Vacant   | Area 5 Community              | -                          | -  | -                                     | -                                     | -                                    | -                                       |  |
| Mernard, Melissa   | Area 6 Community              | 1/                         |  |                                       |                                       |                                      |   |  |
| Kerzner, Fran  | Area 3 Business               | 1                          |  |                                       |                                       |                                      |   |  |
| Petrus, Lisa   | Area 4 Residential            | 1/                         |  |                                       |                                       |                                      |   |  |
| Roden, Neal  | Area 7 Business               | 1/                         |  |                                       |                                       |                                      |   |  |
| Sales, Kristin   | Area 1 Community              |                            |  |                                       |                                       | - V                                  |   |  |
| Steinberg, Sue   | Area 4 Business               | 1                          |  |                                       |                                       |                                      |   |  |
| Williams, Candy  | Area 1 Residential            |                            |  |                                       |                                       |                                      |   |  |
| Yatman, Deatra   | Area 3 Community              | 7/                         |  |                                       |                                       |                                      |   |  |
| Ziff, Ron  | Area 6 Business               |                            | 6  |                                       |                                       |                                      |   |  |
| VACANT   | Area 2 Business               |                            | -  |                                       | _                                     |                                      | -                                       |  |
|  |                               | 1/                         | -  | -                                     |                                       |                                      |   |  |
| Olds, Sarah  | Area 5 Residential            |                            |  |                                       | ·                                     |                                      |   |  |
|  |                               |                            |  |                                       |                                       |                                      |   |  |
| <del>2</del>   |                               |                            | 1, 4   |                                       |                                       |                                      |   |  |
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|  |                               |                            |  |                                       |                                       |                                      |   |  |
| Quorum: 11   | Total:                        |                            |  | ري_                                   |                                       |                                      |   |  |
| We, the Treasurer and the Second Signer<br>and that a public meeting was held in acc<br>compliant public meeting where | ordance with all laws, polici | es, and procedu            | f, declare that the<br>ires. The above wa                          | information pres<br>as approved by th | sented on this for<br>ne Neighborhood | rm is accurate a<br>d Council Board, | nd complete,<br>at a Brown Act          |  |
| Treasurer's Signature  | K Cass                        | 12                         | Second Signer's  | Signature                             | Man                                   | took.                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Print/Type Name: Tom Capps   |                               |                            | Print/Type Name  | _                                     | sough                                 |                                      |   |  |
|  | 18                            |                            | Date:  |                                       |                                       | 1-2019                               |   |  |
|  |                               |                            |  |                                       |                                       |                                      |   |  |

!



8607823
INVOICE DATE
05/01/2019

Page 1 of 1

#### **Bill-To Customer:**

SHERMAN OAKS NC PO BOX 5721 SHERMAN OAKS, CA 91413-5721

1612 T7 P1

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| Customer Number | Billing Period           | Date Due   | Previous Balance | Payments | Credits | Current Charges | TOTAL DUE |
|-----------------|--------------------------|------------|------------------|----------|---------|-----------------|-----------|
| 8607823         | 05/01/2019<br>05/31/2019 | 05/30/2019 | \$15.26          | \$15.26  | \$.00   | \$15.26         | \$15.26   |

Payments - Thank You

04/25/2019

\$15.26

Description of Current Charges & Credits

1

Unit Price

Ext. Price

UM Standard-Discount Rate

May service

\$14.00

\$14.00

8185032399

City Utility Users Tax

\$1.26

| R NUMBER    |
|-------------|
| <b>'823</b> |
| NUMBER      |
| 387         |
| AMOUNT PAID |
|             |
|             |

SHERMAN OAKS NC

PO BOX 5721

Please detach & enclose with payment



**REMIT TO:** 

AT&T MESSAGING PO BOX 840486 DALLAS, TX 75284-0486

01001 860782300000000001526

SHERMAN OAKS, CA 91413-5721

|  |                                   |                                |   | 75                                |                                     |                                     | />                               |  |
|--|-----------------------------------|--------------------------------|---|-----------------------------------|-------------------------------------|-------------------------------------|----------------------------------|--|
| Office of the City Clerk   |                                   |                                |   | ÷.                                |                                     |                                     | Branches (                       |  |
| Administrative Services Division  Neighborhood Council (NC) Funding Prog   | zram                              |                                |   |                                   |                                     |                                     |                                  |  |
| Board Action Certification Form  | , u                               |                                |   |                                   |                                     |                                     | The Tlore                        |  |
| NC Name: Sherman Oaks  |                                   |                                | Meeting Date: July 09 2018                |                                   |                                     |                                     |                                  |  |
| Budget Fiscal Year: 2018-2019  |                                   |                                | Agenda Item No                            | :9-D                              |                                     |                                     |                                  |  |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):   | A motion to app<br>messaging serv | rove up t<br>ice durin         | to \$185 to p<br>g Fiscal Ye              | ay AT&T<br>ar 2018-2              | for SONC<br>019                     | Voice Ma                            | il                               |  |
| Method of Payment: (Select One)  | ☐ Check                           |                                | ☐ Credit Card                             |                                   | ☐ Board                             | d Member Reim                       | bursement                        |  |
| Recused Boardmembers (   | must leave the room prior to      |                                | Count<br>on and may not re                | turn to the roo                   | n until after the                   | vote is complet                     |                                  |  |
| Board Member First and Last Name   | Board Position                    | Yes                            | No  | Abstain                           | Absent                              | Ineligible                          | Recused                          |  |
| Babian, Avo  | Area 5 Business                   | <u>`X</u>                      |   |                                   |                                     |                                     |                                  |  |
| Banks-Barad, Jill  | Area 6 Residential                | *                              | 5/4                                       |                                   |                                     |                                     |                                  |  |
| Baronian, Levon  | Area 1 Business                   |                                |   |                                   | · ×                                 |                                     |                                  |  |
| Binkow, Michael  | Area 7 Residential                | X                              | 7 7                                       |                                   |                                     |                                     |                                  |  |
| Capps, Tom   | Area 2 Residential                | Х                              |   |                                   |                                     |                                     |                                  |  |
| Hartsough, Jeffrey   | Area 2 Community                  | ×                              |   |                                   |                                     |                                     |                                  |  |
| Kalban, Jeffrey  | Area 7 Community                  | X                              |   |                                   | 7                                   |                                     |                                  |  |
| Katchen, Howard  | Area 3 Residential                | X                              |   | ***                               |                                     |                                     |                                  |  |
| Lax, Sidonia   | Area 4 Community                  | ×                              |   |                                   |                                     |                                     |                                  |  |
| Marciniak, Richard   | Area 3 Community                  |                                |   |                                   | ×                                   |                                     |                                  |  |
| Mernard, Melissa   | Àrea 6 Community                  | ×                              |   |                                   |                                     |                                     |                                  |  |
| Morozov, Rafael  | Area 3 Business                   |                                |   |                                   | X                                   |                                     |                                  |  |
| Petrus, Lisa   | Area 4 Residential                | ×                              |   |                                   |                                     |                                     |                                  |  |
| Revord, Sherri   | Area 5 Community                  | ×                              |   |                                   |                                     |                                     |                                  |  |
| Roden, Neal  | Area 7 Business                   | <u> </u>                       |   |                                   |                                     |                                     |                                  |  |
| Ross, Garrett  | Area 1 Residential                |                                |   |                                   | X                                   |                                     |                                  |  |
| Sales, Kristin   | Area 1 Community                  | ×                              |   |                                   | X                                   |                                     |                                  |  |
| Steinberg, Sue   | Area 4 Business                   | ×                              | *, "                                      |                                   |                                     |                                     |                                  |  |
| Ziff, Ron  | Area 6 Business                   | ×                              |   |                                   |                                     |                                     |                                  |  |
| VACANT   | Area 2 Business                   |                                |   |                                   |                                     |                                     |                                  |  |
| VACANT   | Area 2 Residential                | -                              | :   |                                   |                                     |                                     |                                  |  |
|  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
|  |                                   | 11.61 (8.1                     | 2.0                                       |                                   |                                     |                                     |                                  |  |
|  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
| •  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
|  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
| , .  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
|  |                                   |                                |   |                                   |                                     |                                     |                                  |  |
| Quorum: 11   | Total:                            | 14                             | 0   | 0                                 | 5                                   |                                     | 0                                |  |
| We, the Treasurer and the Second Signer<br>and that a public meeting was held in acc<br>compliant public meeting where a quoru | cordance with all laws, policie   | orhood Counc<br>es, and proced | il, declare that the<br>ures. The above w | information pro<br>as approved by | esented on this f<br>the Neighborho | orm is accurate<br>od Council Board | and complete,<br>i, at a Brown A |  |
| Treasurer's Signature  | anno                              | ,                              | Second Signer's                           | Signature                         | Wort                                | sough                               |                                  |  |
| Print/Type Name: Tom Capps  Date: 7.9.   | July                              |                                | Print/Type Nam                            |                                   | rtsough                             |                                     |                                  |  |
| 7.9.   | 2018                              |                                | Date:                                     |                                   |                                     | 4-2018                              |                                  |  |

#### **Neighborhood Council Funding Program**

#### **APPLICATION for Neighborhood Purposes Grant (NPG)**





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

| Name | of NC from which you are seeking this grant:  | SHERMAN               | I OAKS NC   |  |
|------|---|-----------------------|---|--|
| SEC  | TION I- APPLICANT INFORMATION   |                       |   |  |
| 4 \  | Los Angeles Park Foundation  Organization Name  | 26-2358338            | CA  | 8/12/08                                  |
| 1a)  | Organization Name   | Federal I.D. # (EIN#) | State of Incorporation                                | Date of 501(c)(3) Status (if applicable) |
| 1b)  | 2650 N Commonwealth Ave   | Los Angeles           | CA  | 90027                                    |
|      | Organization Mailing Address  | City                  | State   | Zip Code                                 |
| 1c)  |   |                       |   |  |
|      | Business Address (If different)   | City                  | State   | Zip Code                                 |
| 1d)  |   |                       |   | carolyn@lapuksfor                        |
|      | Ghance Kawar / 310-472-1990 /   | chance@laparks        | sfoundation.org                                       |  |
|      | Name  | Phone                 | Email   |  |
| 2)   | Type of Organization- Please select one:  ☐ Public School (not to include private schools)  Attach Signed letter on School Letterhead |                       | n-Profit (other than religious<br>etermination Letter | s institutions)                          |
| 3)   | LOS ANGELES PARKS FOUNDATION  Name / Address of Affiliated Organization (if application)  | LOS ANO able) City    | GELES CA<br>State                                     | SOOZ]<br>Zip Code                        |

#### SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The Neighborhood Purposes Grant (NPG) funds will be use to purchase quality panel mats suitable for gymnastics, dance, martial arts, and general exercise classes. The mats will be used at the Van Nuys Sherman Oaks Recreation Center (VNSO RC). These new mats will replace old mats that are no longer servicable.

5) How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)

As mentioned above, the new mats made possible by this NPG will be used for classes made available to the public by the LA Department of Recreation and Parks at the VNSO RC. Classes are offered year-round to Sherman Oaks families. The new mats will provide a safe environment for a wide range of participants--from 3-4 years old in Kinder Ballet classes, Tap Classes for 5-7 years old, Martial Arts classes for both children and adults, as well as Camp Coyote in the summer and other classes. The new mats will give VNSO RC the ability to offer more classes to more members of the Sherman Oaks community. These programs and classes are enjoyed by thousands of children throughout the year.

|  | sary or requested.   | NO Total Basis de Co   |
|--|--|--|
| Personnel Related Expenses   | Requested of   |  |
|  | \$   | \$   |
|  | \$   | \$   |
|  | \$   | \$   |
| Non-Personnel Related Expenses   | Requested of   | NC Total Projected Cos   |
| 5 - 6' x 12' x 2 3/8" Nova Duo Mats - Royal Blue   | \$ 3,700.00  | \$ 3,700.00  |
|  | \$   | \$   |
|  | \$   | \$   |
| ave you (applicant) applied to any other Neighborhood Counce  No Yes If Yes, please list names of NCs: _ the implementation of this specific program or purpose descriptions.  | ribed in Question 4 co   | ontingent on any other factor  |
| cources or funding? (Including NPG applications to other NCs)  |  | If Yes, please describe:   |
| Source of Funding  | Amount   | Total Projected Cos  |
|  | \$   | 9  |
|  | \$   | s  |
| Start date: $\frac{05}{}$ / $\frac{01}{}$ / $\frac{19}{}$ 10b) Date Funds Required: $\frac{05}{}$ / $\frac{0}{}$   | 1 / 19 10c) Expecte  | ed Completion Date: 06   |
| (After completion of the project, the applicant should submit  | a Project Completion   | Report to the Neighborhoo  |
| CTION IV - POTENTIAL CONFLICTS OF INTEREST   |  |  |
| Do you (applicant) have a current or former relationship with a  | a Board Member of th   | e NC?  |
|  |  | e NC?  |
| Do you (applicant) have a current or former relationship with a  ■ No □ Yes If Yes, please describe below:   |  |  |
| Do you (applicant) have a current or former relationship with a  ■ No □ Yes If Yes, please describe below:   |  |  |
| Do you (applicant) have a current or former relationship with a  No ☐ Yes If Yes, please describe below:  Name of NC Board Member  | Relatio  | nship to Applicant   |
| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Offi   | Relatio  | nship to Applicant  ey before filing this applicat   |
| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Officury Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG,  | Relatio  | ey before filing this applicat   |
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| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Off Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG, grant in its entirety.)   | ice of the City Attorne<br>ne NC has a conflict<br>the NC Funding Pro  | ey before filing this applicate of interest and completes ogram will deny the payments.  |
| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Office Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG, grant in its entirety.)  TION V - DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information   | Relation Rel | ey before filing this applicate of interest and completes ogram will deny the payment of communicated otherwind communicated otherwine.  |
| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Office Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG, grant in its entirety.)  CTION V - DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information accurately stated. I further affirm that I have read the do  | Relation Rel | ey before filing this applicate of interest and completes gram will deny the payment of communicated otherwise Public Benefit," and "Communicated otherwise Public Benefit," and "Communicated otherwise Public Benefit,"  |
| Do you (applicant) have a current or former relationship with a No Yes If Yes, please describe below:  Name of NC Board Member  If yes, did you request that the board member consult the Office Yes No *(Please note that if a Board Member of the or participates in the discussion and voting of this NPG, grant in its entirety.)  TION V - DECLARATION AND SIGNATURE reby affirm that, to the best of my knowledge, the information accurately stated. I further affirm that I have read the dorest" of this application and affirm that the proposed project.  | Relation Rel | ey before filing this applicate of interest and completes gram will deny the payment communicated otherwise Public Benefit," and "Coto) fall within the criteria of  |
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<sup>\*</sup> If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

Date: AUG 12 2008

LOS ANGELES PARKS FOUNDATION C/O ERIC CHO LATHAM & WATKINS LLP 633 W 5TH ST STE 4000 LOS ANGELES, CA 90071 Employer Identification Number: 26-2358338 DLN: 17053155039018 Contact Person: WINNIE W LEE ID# 31208 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: February 26, 2008 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2012 Addendum Applies:

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

#### LOS ANGELES PARKS FOUNDATION

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension

| 1023 (Rev. 6-2006)  | Name: Los Ang  | jeles Parks Four  | ndation  | EIN:   | 26 _ 2358338  | Page 11       |
|---|--|---|--|--|---|---------------|
|   | Charity Status (Cor  | ntinued)  |  |  |   |               |
| 509(a)(4)—and 509(a)(1) and operated by a   | organization organized a<br>170(b)(1)(A)(iv)—an orga<br>governmental unit.   | and operated exc<br>nization operated   | clusively for testing for pub<br>If for the benefit of a colleg-   | e or university  |   |               |
| 509(a)(1) and of contribution   | 170(b)(1)(A)(ví)—an organs from publicly suppor  | ted organizations   | eives a substantial part of it<br>s, from a governmental unit  | , or morn the  | general public.   | $\square$     |
| 509(a)(2)—an investment in fees, and gros   | organization that normancome and receives moss receipts from activities  | ally receives not rore than one-third<br>es related to its e  | more than one-third of its fi<br>d of its financial support fro<br>exempt functions (subject to  | inancial suppo<br>im contributio<br>o certain exce   | ort from gross<br>ns, membership<br>eptions).   |               |
| decide the co   | rrect status.  |   | lescribed in 5g or 5h. The o   |  |   |               |
| selecting one   | of the boxes below. Refe   | er to the instruction   | ust request either an <b>advan</b> d<br>ns to determine which type o   | or runing you a  | e eligible to receive.  | 1770          |
| the Code you excise tax un at the end of years to 8 ye the extension Assessment you make. Yo toll-free 1-80 otherwise be ruling.  | request an advance ruider section 4940 of the the 5-year advance ruiders, 4 months, and 15 on to a mutually agreed-theriod, provides a more ou may obtain Publication-829-3676. Signing this entitled. If you decide   | ling and agree to<br>e Code. The tax was<br>ing period. The a<br>days beyond the<br>upon period of the<br>e detailed explana-<br>tion 1035 free of o<br>is consent will no<br>not to extend the | and signing the consent, pure extend the statute of limit of extend the statute of limit of limit or extend the statute of limit of limit or extend of the first year. You have or issue(s). Publication ation of your rights and the charge from the IRS web significant of limitations, you  | ations of the care and care the right ave the right 1035, Extendia consequence at www.irs ai rights to whare not eligib  | assissant of blic support status no 5 advance ruling to refuse or limit ng the Tax es of the choices gov or by calling ich you would ie for an advance                | <b>∑</b> 1    |
| Consent Fi  | xing Period of Limitation  | ns Upon Assess  | sment of Tax Under Section   | on 4940 of the   | internal Hevenue C  | ode           |
| For Orga  | of Officer, Director, Trustee, or  | other   | Barry A. Sanders (Type or print name of signer) Chairman, President, Dir   |  | MAY 23  | ) 2 <b>9E</b> |
|   |  |   | (Type or print title or authority of   | signer)  |   |               |
|   | Use Only or, Exempt Organizations  | - Do  | (Type or print title or authority of   | signer)  | AUG 12  | 2008          |
| b Request fo<br>you are req<br>g in line 5 a<br>answer both   | or, Exempt Organizations or Definitive Ruling: Chauesting a definitive rulinabove. Answer line 6b(ii) in lines 6b(i) and (ii).   | ig. To confirm you if you checked to  | ou have completed one tax<br>ur public support status, ar<br>pox h in line 5 above. If you   | year of at lea<br>nswer line 6b<br>u checked bo  | st 8 full months and  i) if you checked box  x i in line 5 above,   |               |
| b Request fo<br>you are req<br>g in line 5 a<br>answer both<br>(i) (a) Ente<br>(b) Atta   | or, Exempt Organizations  or Definitive Ruling: Chauesting a definitive rulinabove. Answer line 6b(ii) in lines 6b(i) and (ii).  or 2% of line 8, column cha list showing the national column that is totaled more than the  | ig. To confirm you if you checked to get the confirm it.  (e) on Part IX-A. It is ame and amount 2% amount. If the  | bu have completed one tax ur public support status, at box h in line 5 above. If you statement of Revenues and contributed by each persone answer is "None," check   | year of at leanswer line 6big checked bood Expenses.  n, company, of this box.   | st 8 full months and i) if you checked box x i in line 5 above, or organization whose   |               |
| b Request fo<br>you are req<br>g in line 5 a<br>answer both<br>(i) (a) Ente<br>(b) Attac<br>gifts<br>(II) (a) For<br>Exp.   | or, Exempt Organizations  or Definitive Ruling: Chapesting a definitive rulinabove. Answer line 6b(ii) the lines 6b(i) and (ii).  or 2% of line 8, column chapes a list showing the national totaled more than the each year amounts are enses, attach a list shower is "None," check the  | g. To confirm you if you checked be (e) on Part IX-A. ame and amount 2% amount. If the included on lines wing the name of its box.  | ou have completed one tax<br>ur public support status, at<br>pox h in line 5 above. If you<br>Statement of Revenues and<br>contributed by each person<br>e answer is "None," check<br>a 1, 2, and 9 of Part IX-A. So<br>f and amount received from   | year of at lea<br>nswer line 6bi<br>u checked bo<br>d Expenses.<br>n, company, o<br>this box.<br>Statement of F<br>n each disqua   | (Date) st 8 full months and i) if you checked box x i in line 5 above, or organization whose Revenues and diffied person. If the                                      |               |
| b Request fo you are request for you are request for you are request for you are request for your answer both (i) (a) Enter (b) Attangifts (ii) (a) For answer both for a list point for your answer you are your for the your factorial for your factorial factorial for your factorial | or, Exempt Organizations or, Exempt Organizations or Definitive Ruling: Chauesting a definitive rulinabove. Answer line 6b(ii) the lines 6b(i) and (ii). Or 2% of line 8, column cha list showing the national totaled more than the seach year amounts are each year amounts are wer is "None," check the each year amounts are | g. To confirm you if you checked be seen and amount 2% amount. If the included on lines wing the name of its box.  Included on line and amount receive larger of (1) 1                          | ou have completed one tax ur public support status, at box h in line 5 above. If you statement of Revenues and contributed by each persone answer is "None," check a 1, 2, and 9 of Part IX-A. Statement of the st | year of at leanswer line 6blu checked bood Expenses. In, company, of this box. Statement of For each disquare of Revenues agor than a disquare | st 8 full months and i) if you checked box x i in line 5 above, or organization whose Revenues and alified person. If the and Expenses, attach ualifled person, whose |               |

# UPDATECONTINUE SHOPPING Flyer Code.



View Cart\$2,571.964

### **MY CART**

#### PROCEED TO CHECKOUT

|   |   | 70.00    |   |            |  |
|---|---|----------|---|------------|--|
|   | 6' x 12' x 2 3/8" Nova Duo Mat<br>- R. Blue | \$642.99 | 5 | \$3,214.95 |  |
|   | SKU: 1041842                                |          |   |            |  |
| 0 | Color:<br>Blue                              |          |   |            |  |
|   | In Stock Ships Truck                        |          |   |            |  |
|   | TINUE SHOPPING                              |          |   |            |  |

# State/Province Zip/Postal Code 91423

#### **UPDATE TOTAL** Ground Shipping

Ground Shipping \$437.23
UPDATE TOTAL

**CART TOTAL:** 

\$3,214.95

**Merchandise Total:** 

\$3,214.95

PROCEED TO CHECKOUT

**SHIPPING TOTAL:** 

\$ 437.23

**Merchandise Total:** 

\$3,652.18

PROCEED TO CHECKO

|   |                                  |                            |  | , · ·                 |                    |                        |              |  |  |
|---|----------------------------------|----------------------------|--|-----------------------|--------------------|------------------------|--------------|--|--|
| Office of the City Clerk  |                                  |                            |  | ive                   |                    |                        | surper ()    |  |  |
| Administrative Services Division  |                                  |                            |  |                       |                    |                        |              |  |  |
| Neighborhood Council (NC) Funding Prog<br>Board Action Certification Form       | ram                              |                            |  |                       |                    |                        | Theres       |  |  |
| NC Name: Sherman Oaks   |                                  |                            | Meeting Date:  | May 13, 2019          |                    |                        |              |  |  |
| Budget Fiscal Year: 2018-19   |                                  |                            | Agenda Item No   |                       |                    |                        |              |  |  |
| Board Motion and/or Public Benefit<br>Statement (CIP and NPG):                  |                                  |                            | ghborhood Purposes Grant to the Los Angeles Park<br>oor mats at Van Nuys Sherman Oaks Park |                       |                    |                        |              |  |  |
|   |                                  | ,,                         |  |                       | 9                  | ,                      |              |  |  |
| Method of Payment: (Select One)   | ☐ Check                          |                            | ☐ Credit Card  |                       | ☐ Board            | d Member Reimb         | ursement     |  |  |
| Recused Boardmembers n  | nust leave the room prior        | Vote C<br>to any discussio |  | turn to the roo       | n until after the  | vote is complete       |              |  |  |
| Board Member First and Last Name  | Board Position                   | Yes                        | No   | Abstain               | Absent             | Ineligible             | Recused      |  |  |
| Babian, Avo   | Area 5 Business                  |                            |  |                       | X                  |                        |              |  |  |
| Banks-Barad, Jill   | Area 6 Residential               | ×                          |  |                       |                    |                        |              |  |  |
| Vacant  | Area 1 Business                  | -                          | - ,  | -                     | -                  | -                      | -            |  |  |
| Binkow, Michael   | Area 7 Residential               | ×                          |  |                       |                    |                        |              |  |  |
| Capps, Tom  | Area 2 Residential               | X                          |  |                       |                    |                        |              |  |  |
| Hartsough, Jeffrey  | Area 2 Community                 | X                          |  |                       |                    |                        |              |  |  |
| Kalban, Jeffrey   | Area 7 Community                 | X                          |  |                       |                    |                        |              |  |  |
| Katchen, Howard   | Area 3 Residential               | X                          |  |                       |                    |                        |              |  |  |
| Lax, Sidonia  | Area 4 Community                 | X                          |  |                       | ×                  |                        |              |  |  |
| Vacant  | Area 5 Community                 | _                          | -  | -                     | -                  | -                      | -            |  |  |
| Mernard, Melissa  | Area 6 Community                 |                            |  |                       | ×                  |                        |              |  |  |
| Kerzner, Fran   | Area 3 Business                  | ×                          |  | •                     |                    |                        |              |  |  |
| Petrus, Lisa  | Area 4 Residential               | X                          |  |                       |                    |                        |              |  |  |
| Roden, Neal   | Area 7 Business                  | X                          |  |                       |                    |                        |              |  |  |
| Sales, Kristin  | Area 1 Community                 | X                          |  |                       |                    |                        |              |  |  |
| Steinberg, Sue  | Area 4 Business                  | ×                          |  |                       |                    |                        |              |  |  |
| Williams, Candy   | Area 1 Residential               | ×                          |  |                       |                    |                        |              |  |  |
| Yatman, Deatra  | Area 3 Community                 | V                          |  |                       |                    |                        |              |  |  |
| Ziff, Ron   | Area 6 Business                  | ~                          | 6  |                       |                    |                        |              |  |  |
| VACANT  | Area 2 Business                  |                            | -  | _                     | -                  | -                      | _            |  |  |
| Olds, Sarah   | Area 5 Residential               | ~                          |  |                       |                    |                        |              |  |  |
|   |                                  |                            |  |                       |                    |                        |              |  |  |
|   |                                  | ,                          | 1000   |                       |                    |                        |              |  |  |
| =   |                                  |                            | 1  |                       |                    |                        |              |  |  |
|   |                                  |                            | ļ  |                       |                    |                        |              |  |  |
|   |                                  |                            |  |                       |                    | <del> </del>           |              |  |  |
| ·   |                                  |                            |  |                       |                    |                        |              |  |  |
|   |                                  |                            |  |                       | <u> </u>           |                        |              |  |  |
| 11  |                                  | 15                         |  | $\sim$                | 、ス                 | $\vdash \alpha \vdash$ | 6            |  |  |
| Quorum: 11 We, the Treasurer and the Second Signer                              | Total: of the above named Neighl | borhood Counci             | I, declare that the  | information pr        | esented on this fo | orm is accurate a      | nd complete, |  |  |
| and that a public meeting was held in accompliant public meeting where a quorun | ordance with all laws, polici    | ies, and procedu           |  |                       |                    |                        |              |  |  |
| Theasurer's Signature Mass  | Copps                            |                            | Second Signer's  | _                     | Wartso             | 1                      |              |  |  |
| Print/Type Name: Tom Capps  | - / /-                           |                            | Print/Type Nam   | <sub>e:</sub> Jeff Ha | rtsough            |                        |              |  |  |
| Print/Type Name: Tom Capps  Date: MM 13   | Date: 05-13-2019                 |                            |  |                       |                    |                        |              |  |  |