

Monthly Expenditure Report



Reporting Month: May 2019

Budget Fiscal Year: 2018-2019

**NC Name: Bel Air-Beverly Crest
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$12350.59	\$3651.14	\$8699.45	\$1677.00	\$0.00	\$7022.45

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$39000.00	\$2911.06	\$5699.45	\$1677.00	\$4022.45
Outreach		\$740.08		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$750.00	\$0.00	\$750.00	\$0.00	\$750.00
Neighborhood Purpose Grants	\$2250.00	\$0.00	\$2250.00	\$0.00	\$2250.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$29649.41	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	05/02/2019	(Credit card transaction)	General Operations Expenditure	Office	\$202.86
2	THE WEB CORNER, INC	05/02/2019	(Credit card transaction)	General Operations Expenditure	Office	\$165.00
3	JIVE COMMUNICATIONS	05/10/2019	(Credit card transaction)	General Operations Expenditure	Office	\$28.06
4	L.A. PRESS PRINTING IN	05/14/2019	(Credit card transaction)	General Operations Expenditure	Office	\$9.96
5	CTS FRONTIER ONLINEPAY	05/31/2019	(Credit card transaction)	General Operations Expenditure	Office	\$55.98
6	AMERICAN JEWISH UNIVER	05/06/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$179.75
7	AMERICAN JEWISH UNIVER	05/06/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$219.00
8	L.A. PRESS PRINTING IN	05/22/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$69.00



Invoice

Invoice number: 3583018674

Google LLC

1600 Amphitheatre Pkwy

Mountain View, CA 94043

United States

Federal Tax ID: 77-0493581

Bill to

Alan G. Fine

Bel Air Beverly Crest Neighborhood Council

PO Box 252007

Los Angeles, CA 90025

United States

Details

Invoice number 3583018674

Invoice date Apr 30, 2019

Billing ID 7677-2853-5183

Domain name babcnc.org

Google Cloud - GSuite

Total in USD **\$202.86**

Summary for Apr 1, 2019 - Apr 30, 2019

Subtotal in USD \$202.86

Tax (0%) \$0.00

Total in USD \$202.86

You will be automatically charged for any amount due.

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Apr 1	34	5.66
G Suite Basic	Usage	Apr 2 - Apr 30	34	197.20
Subtotal in USD				\$202.86
Tax (0%)				\$0.00
Total in USD				\$202.86

Invoice

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

Date	Invoice #	Due Date
5/1/2019	18402	5/1/2019

PAID
05/02/2019

Bill To
Bel Air-Beverly Crest NC

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
1	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	15.00

Please remit payment at your earliest convenience.

Thank you for your business!

Total \$165.00

Payments/Credits -\$165.00

Balance Due \$0.00



BILLING



Invoices Payment Options

Accounts ▾

Invoice Details

Bel Air Beverly Crest Neighborhood Council - CN-631494-1701

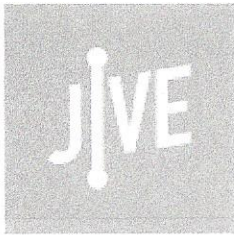
Invoice IN6000214062

Total Due **\$0.00**

Date Due	Status	Date Paid	Payment Method
May 16, 2019	Paid	May 10, 2019	MasterCard ** 5007 7/2020

PAID

Description	Qty	Rate	Total
Handsets - service charge	1	\$19.95	\$19.95
DIDs - service charge, telephone numbers	1	\$1.75	\$1.75
State and Local Regulatory Recovery Fee	1	\$3.36	\$3.36
Regulatory Recovery Fee	1	\$3.00	\$3.00
Total			\$28.06
Payments & Credits			\$28.06
Total Due			\$0.00



Checkout the Billing Portal!

my.jive.com/billing

Invoice

Invoice #: IN6000214062

Invoice Date: 5/1/2019

Customer ID: CN-631494-1701

Jive Communications, Inc.

PO BOX 412252
Boston, MA 02241-2252

Bill To:

Bel Air Beverly Crest Neighborhood Council
PO Box 252007
Los Angeles CA 90025

Memo

Memo			
PO #	Terms	Due Date	
	Net 15	5/16/2019	
Description	Qty	Rate	Total
Handsets - service charge	1	19.95	19.95
DIDs - service charge, telephone numbers	1	1.75	1.75
State and Local Regulatory Recovery Fee	1	3.36	3.36
Regulatory Recovery Fee	1	3.00	3.00

Please direct billing questions to the following:
855-848-0764 | billing@jive.com | <http://www.jive.com>

Total: \$28.06

*GoToMeeting online meeting services are provided by LogMeIn USA, Inc. and its affiliates; LogMeIn sets the rates, terms and conditions for GoToMeeting services. Jive Communications presents this invoice and collects on behalf of LogMeIn as its agent.

*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to the Jive Services.

Customer: ID1219279 Bel Air Beverly Crest Neighborhood ...
Invoice #: IN6000214062

Total Amount Due: Autopay

Your automatic payment will be processed around the 10th of the month.

9.10
86
9.96

Hi Cathy, welcome to Frontier!

My Bills

Compare Bills

Current Bill

Here is a detailed view of your current Frontier bill. Click the plus sign (+) to expand each section and reveal line item charges.

Account

310-231-7288-081418-5 CITY OF LOS ANGELES.

Billing Date: May 15, 2019

Current Bill for 05/15/19 - 06/14/19

View Billing History

+ Non Basic Charges		\$55.98
	Balance Forward	\$0.00
	New Charges	\$55.98
	Total Bill Amount	\$55.98

Hi Cathy, welcome to Frontier!

x

My Payments

Payment History

Here is a record of all your payments. Any payments marked as "Scheduled" can still be changed. Simply click *EDIT*.

Account

310-231-7288-081418-5 CITY OF LOS ANGELES.

You are currently signed up for auto pay

Your MasterCard ending in 5007 will be charged 10 day(s) before your due date.

- ▶ Manage Autopay
- ▶ Download Bill

Feedback

Payment Date	Status	Payment Method	Confirmation Number	Amount
May 31, 2019	Successful	MasterCard ending in 5007 Automatic Payment	96065801	\$55.98
Apr 29, 2019	Successful	MasterCard ending in 5007 Automatic Payment	94388829	\$55.98
Mar 29, 2019	Successful	MasterCard ending in 5007 Automatic Payment	92697195	\$53.98
Mar 1, 2019	Successful	MasterCard ending in 5007 Automatic Payment	90980964	\$53.98

Hi Cathy, welcome to Frontier!

Account Summary

My Account

Here is your account summary and balance. Click [VIEW CURRENT BILL](#) below for more detailed information.

Summary

Account

310-231-7288-081418-5 CITY OF LOS ANGELES .

New Charges

Balance Forward ▲

Previous Balance

Payments Received Thru Apr 30, 2019

\$55.98
\$0.00
\$55.98
-\$55.98
Feed back

Current Balance

New Charges Due Date Jun 10, 2019

\$0.00

▶ View Current Bill

▶ View Payment History

▶ Manage Auto Pay

Your MasterCard ending in 5007 will be charged 10 day(s) before your due date.

My Services



Internet
Internet 25M



American
Jewish
University

American Jewish University

AMERICAN JEWISH UNIV
15600 MULHOLLAND DR
LOS ANGELES, CA. 90077-1519
310-476-9777

Phone Order

Confirmation

Customer	Reservation:	12397
Sam Levitt	Event Name:	Neighborhood Meeting
Neighborhood Council	Status:	Confirmed
	Phone:	Ext. 288
	Event Type:	Meeting
	2nd Contact:	Cathy Palm
	Phone:	323 304 74

xxxxxxxxxxxx5007
MASTERCARD

Entry Method: Manual

Amount: \$ 179.75

Tax: \$ 0.00

Total: \$ 179.75

05/06/19 15:20:30

Inv #: 000000001 Appr Code: 016050

Appr'd: Online

AVS Code: EXAC MATCH Y

CVV2 Code: MATCH M

Cust #: 1111

Customer Copy

THANK YOU!

Bookings / Details

Tuesday, April 09, 2019

6:00 PM - 9:00 PM BABCNC Planning Monthly Meeting (Confirmed) AD LIB 223

Room Charge:	1	\$125.00	\$125.00
Catering:			
5:00 PM - 10:00 PM SEE DESCRIPTION			
TABLE CLOTH (supply budget code)	1		
Catering:			
6:00 PM - 9:00 PM Refreshments			
SPECIAL INSTRUCTIONS:	1	\$54.75	\$54.75
Catering @ \$50.00			
Tax @ \$4.75			
Setup Notes:			
12 white chairs facing the tables.			
3 tables with 4 chairs behind each in a U shape.			
1 8' by slanted wall for materials			
@\$125			

Subtotal	\$179.75
Grand Total	\$179.75

4060 140501 125 —
4090 140550-50 —
TAX - 4.75



American
Jewish
University

American Jewish University

AMERICAN JEWISH UNIV
15600 MULHOLLAND DR
LOS ANGELES, CA. 90077-1519
310-476-9777

Phone Order

Confirmation

xxxxxxxxxxxx5007

MASTERCARD

Entry Method: Manual

Amount: \$ 219.00

Tax: \$ 0.00

Total: \$ 219.00

05/06/19

15:21:10

Inv #: 000000002

Appr Code: 050130

Apprvd: Online

AVS Code: EXAC MATCH Y

CVV2 Code: MATCH M

Cust #: 1111

Customer

Sam Levitt
Neighborhood Council

Reservation: 12397

Event Name: Neighborh
Meeting

Status: Confirmed

Phone: Ext. 288

Event Type: Meeting

2nd Contact: Cathy Palr

Phone: 323 304 7

Bookings / Details

Quantity

Customer Copy

THANK YOU!

Wednesday, April 24, 2019

7:00 PM - 9:00 PM Neighborhood Council Board Meeting (Confirmed) AD LIB 223

Audio Visual:

Microphone

2

standing mike for the audience/speakers and a free hand-held mike at the table

Catering:

5:00 PM - 10:00 PM SEE DESCRIPTION

TABLE CLOTH (supply budget code)

1

Catering:

6:00 PM - 9:00 PM Refreshments

SPECIAL INSTRUCTIONS:

1

\$219.00

\$219.00

Cakes/cookies/sliced fruit/coffee/tea/water

Catering @ \$200

Tax @ \$19.00

Setup Notes:

Set Up

- Front of 223- U Shape of 5 tables with cloths/32 chairs around the U and microphone
- Facing U Shape, 40 white chairs Theatre Style
- 2 8' for catering against the wall

Subtotal

\$219.00

Grand Total

\$219.00

4090140550 200 —
TAX 19 —

Balance

Mailchimp Receipt MC07805093

Issued to	Issued by	Details
Bel Air/Beverly Crest Neighborhood Council	Mailchimp	Order # MC07805093
Bel Air/Beverly Crest Neighborhood Council	c/o The Rocket Science Group, LLC	Date Paid: May 27, 2019 1:04 am Pacific Time
info@babcnc.org	675 Ponce de Leon Ave NE	
Office phone: (310) 479-6247	Suite 5000	
PO Box 252007	Atlanta, GA 30308	
Los Angeles, CA 90025-8907	www.mailchimp.com	
	US EIN 58-2554149	

Billing statement

Monthly plan	501 - 1000 subscribers.	\$15.00
Subtotal		\$15.00
State and Local Tax		\$0.00
Total		\$15.00

Paid via Mast ending in **5007** which expires **07/2020**
on May 27, 2019

\$15.00

Balance as of May 27, 2019

\$0.00

Save 10% for 3 months on future purchases by enabling [two-factor authentication](#)

If a refund is required, it will be issued in the purchase currency for the amount of the original charge.

[Looking for our W-9?](#)

[Looking for our United States Residency Certificate?](#)



Corporate Office
8955 National Blvd
Los Angeles, CA 90034
310-836-3200

PAYMENT RECEIPT

Date **5/28/2019 1:24 pm**

CUSTOMER C200503

Payment Method **Mastercard**
Payment Amount **\$257.33**

Card Number *******5007**
Card Name **Robert Allen Ringler**
Approval Code **003754**

APPLIED TO	TRANSACTION DATE	TRANSACTION TOTAL	AMOUNT APPLIED
SO341024	5/28/2019	\$257.33	\$257.33

DESIGN • PRINT • INSTALL



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

Credit Cards Accepted

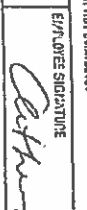



Thank you for choosing Lloyd Staffing

PO#[illegible]

EMPLOYEE PLEASE COMPLETE - Go sure to indicate AM or PM.				
DAY	DATE	TIME IN	TIME OUT	TOTAL LESS BREAK HOURS
MON	11/19	7 AM	3 PM	6 HOURS
TUES	12/15	7 AM	3 PM	6 HOURS
WED	1/3	7 AM	3 PM	6 HOURS
THURS	1/4	7 AM	3 PM	6 HOURS
FRI	1/15	7 AM	3 PM	6 HOURS
SAT	1/16	7 AM	3 PM	6 HOURS
SUN	1/17	7 AM	3 PM	6 HOURS
WEEK ENDING 3/17		TOTAL HOURS FOR WEEK TO MEETINGS 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE: 15		

INSTRUCTIONS: 1. Press hourly, use a ball point pen. 2. Use stopwatch, timecard, or clock assignment. 3. Use stopwatch, a stopwatch, or clock to time, no other than Friday night. 4. Leave clock every with client company, make every effort for yourself. 5. Unapproved time periods will be returned without payment. Absent time periods will not be accepted. All hours must be noted.		REPORTING: All hours must be reported for each day worked. Hours not reported will be deducted from pay. Absent: 2 hours per day.
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COMPANY NAME (Please print) BRAND		ADDRESS PO Box 212007		CITY INDIANAPOLIS	STATE IN	ZIP 46202
REPORT TO John Greenberg		DEPT SALES		ADD TIME 3/17		
FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review						
I hereby certify that the hours shown were worked by me during the week ending above, and were properly certified by me authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.						
EMPLOYEE NAME Catherine Palmer		EMPLOYEE SIGNATURE 				
SOCIAL SECURITY NO. - - - - -		EMPLOYEE SIGNATURE 				
CLIENT SIGNATURE OF ASSOCIATE John Greenberg		PRINT NAME John Greenberg				

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not reference invoices to employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Starling immediately when assignment ends or you will assume you are no longer available for work.

EMPLOYEE INFORMATION

To avoid delays be sure limesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

OFFERTIME

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. **WORK WEEK:** Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

ABSENCES - LATENCIES

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

TRAINING

You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING[illegible]

LOVD guarantees satisfaction when employees are not charged a cent more for the first hour (a) hours worked by such person, we are dissatisfied with the employee assigned to us. LOVD will not charge for the first hour (a) hours worked by such employee, provided that LOVD replaces the individual not charged. Under no contract LOVD before the end of the first hour (a) hours worked by the employee assigned by LOVD is satisfactory.

[illegible]

Temporary employees are assigned to Customer's job and based upon the first assignment, whether the assignment is to a domestic or foreign location, the employee will be assigned to that location for the duration of the assignment. Employees are not to be covered under Workers Compensation Insurance.

[illegible]

[illegible]

EMPLOYEE INFORMATION

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

QUESTIONS

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. **WORK WEEK:** Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

ABSTRACTS - LATINNESS

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

TRAINING

You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

[illegible][illegible][illegible]



HQ: 445 Greenwich Road
Mobile, AL 36607, Suite 119
Phone: 631-777-7600

COMPANY NAME: ARMEDIC
ADDRESS: PO Box 212007 P.O. # 90025
REPORT TO: John J. Ivers DEPT: Security JOB TITLE: Training

EMPLOYEE PLEASE COMPLETE - Go sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (1/2 HOUR)	TOTAL HOURS
MON	4-18-17	7 AM	3 PM		
TUES	4-19-17	7 AM	3 PM		
WED	4-20-17	7 AM	3 PM		
THURS	4-21-17	7 AM	3 PM		
FRI	4-22-17	7 AM	3 PM		
SAT	4-23-17	7 AM	3 PM		
SUN	4-24-17	7 AM	3 PM		
WEEK ENDING	4-24	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR			20
		PLEASE WRITE TOTAL HOURS WORKED HERE			20

EMPLOYEE HAVE: Catherine Palmer EMPLOYEE SIGNATURE: Catherine Palmer
SOCIAL SECURITY NO.: 123-45-6789
I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I can contact the office after completing the assignment to determine if there is other work possible for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.
I am sure to call Lloyd Staffing immediately when assignment ends or I will assume you are no longer available for work.

EMPLOYEE INFORMATION

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

OVERTIME

You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

LUNCH

Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

ABSENCES - LATENESS

Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

ON-THE-JOB SAFETY

Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at Lloyd.

TRAINING

You must complete the Training Orientation every time you go to a new assignment.

TERMS & CONDITIONS FOR LLOYD STAFFING

I hereby certify that I am authorized to sign on behalf of the named company ("Customer"), the individual shown on the reverse side of this timesheet as correct. The work was performed in a satisfactory manner, and my signature is a guarantee of this. In the event any Customer who has not authorized the person in the name of LLOYD is referred to as an unauthorized person, in the event any of our employees, or any person acting in a consulting or advisory capacity, or for any other reason, is shown on this timesheet as having worked on a project, it is not our responsibility to ensure that the person is properly authorized. We agree that the person's name should not appear on this timesheet unless we have received written confirmation from the Customer that the person is properly authorized. We agree that the person's name should not appear on this timesheet unless we have received written confirmation from the Customer that the person is properly authorized.

LLOYD guarantees satisfaction with its employees' services. By submitting a timesheet, the Customer agrees to pay for the services rendered by LLOYD. LLOYD will not accept any timesheet for work done before the end of the last day of the month. LLOYD will not accept any timesheet for work done before the end of the last day of the month. LLOYD will not accept any timesheet for work done before the end of the last day of the month.

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LLOYD guarantees satisfaction with its employees' services. By submitting a timesheet, the Customer agrees to pay for the services rendered by LLOYD. LLOYD will not accept any timesheet for work done before the end of the last day of the month. LLOYD will not accept any timesheet for work done before the end of the last day of the month. LLOYD will not accept any timesheet for work done before the end of the last day of the month.

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification Form



NC Name: BEL AIR-BEVERLY CREST NEIGHBORHOOD COUNCIL

Meeting Date: 06-27-2018

Budget Fiscal Year: 2017-2018

Agenda Item No: 10.c.

Board Motion and/or Public Benefit
Statement (CIP and NPG):Page 1 of 2: To approve the 2018-2019 Budget "Fiscal Year
Administrative Packet" (Attachment C)

Method of Payment: (Select One)

☐ Check☐ Credit Card☐ Board Member Reimbursement

Vote Count

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Board Member	X					
Maureen Levinson	Board Member	X					
Leslie Weisberg	Board Member	X					
Larry Leisten	Bylaws Chair	X					
Robin Greenberg	President	X					
Michael Kemp	Board Member				X		
Andre Stojka	Board Member	X					
Robert Schlesinger	PLUC Chair	X					
Don Loze	Board Member				X		
Nickie Miner	Vice President	X					
Mindy Mann	Board Member	X					
Sam Sanandaji	Board Member				X		
Jacqueline Le Kennedy	Treasurer	X					
Travis Longcore	Board Member	X					
Maureen Smith	Board Member	X					
John Amato	Board Member				X		
Jon Wimbish	Board Member				X		
Kathy Copcutt	Board Member	X					
Jason Spradlin	Board Member				X		
Jamie Hall	Board Member	X					
Stephanie Savage	Board Member	X					
Cathy Wayne	Board Member	X					
Tony Tucci	Board Member				X		
Dan Love	Board Member	X					
Chuck Maginnis	Board Member	X					
Pamela Pierson, M.D.	Board Member	X					
Robinson (Rob) Farber	Board Member	X					
Luis Pardo	Board Member	X					
Quorum: 15	Total:	21	24		8		

We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council Board, at a Brown Act compliant public meeting where a quorum of the Board was present.

Treasurer's Signature

Second Signer's Signature

Print/Type Name: Jacqueline Le Kennedy

Print/Type Name: Robert A. Ringler

Date: June 27, 2018

Date: June 27, 2018



Date: June 27, 2018