Attachment "B"

#### Monthly Expenditure Report



Reporting Month: March 2021

Budget Fiscal Year: 2020-2021

NC Name: Bel Air-Beverly Crest Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$20306.15	\$3366.94	\$16939.21	\$2850.90	\$200.00	\$13888.31

Monthly Cash Flow Analysis						
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available	
Office		\$3166.66		\$2850.90		
Outreach	\$34857.00	\$200.28	\$16921.19	\$0.00	\$14070.29	
Elections		\$0.00		\$0.00		
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Neighborhood Purpose Grants	\$550.00	\$0.00	\$17.46	\$0.00	\$17.46	
Funding Requests Unc	ler Review: \$0.00	Encumbranc	ces: \$200.00	Previous Expend	itures: \$15101.41	

	Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	CTS FRONTIER ONLINEPAY	03/01/2021	Frontier Paid Receipt and Statement Due Date 03-11-2021.pdf	General Operations Expenditure	Office	\$60.98
2	GOOGLE GSUITE_babcnc.	03/01/2021	Google 03-01-2021 paidd Receipt & Invoice.pdf	General Operations Expenditure	Office	\$210.00
3	LOGMEIN GoToConnect	03/10/2021	LogMeIn Paid Receipt & Invoice 03-10-2021.pdf	General Operations Expenditure	Office	\$32.36
4	FACEBK BJSK22PLV2	03/10/2021	BJSK22PLV2 Invoice and Receipt 3-9-2021	General Operations Expenditure	Outreach	\$25.00
5	FACEBK XUZ4P3KMV2	03/12/2021	Facebook Ad Acccount Invoice/Receipt 03-12-2021 T09-37 Transaction #38648.pdf	General Operations Expenditure	Outreach	\$25.00
6	FACEBK ASFMUZAMV2	03/15/2021	Facebook 03-14-2021 T17-06 Transaction #3660389804078050-7315816.pdf	General Operations Expenditure	Outreach	\$25.00
7	Twitter Online Ads	03/16/2021	Twitter Receipt/Invoice 3-16-2021 60000006949661.pdf	General Operations Expenditure	Outreach	\$15.62

	Subtotal:					\$3366.94
17	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 5 billing cycles starting 11/09/20 and ending 12/13/20. Dated 12.20.2020. Invoice #417128. Amount:	General Operations Expenditure	Office	\$1062.10
16	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 4 billing cycles starting 01/04/21 and ending 01/31/21. Dated 01.31.2021. Invoice #417524. Amount:	General Operations Expenditure	Office	\$1257.75
15	Lloyd Staffing, Inc.	02/05/2021	Invoice from Lloyd's for Board Administrator services for 3 billing cycles starting 12/14/20 and ending 01/03/21. Dated 01.08.2021. Invoice #417257. Amount:	General Operations Expenditure	Office	\$279.50
14	Robert Schlesinger	02/05/2021	Request for Reimbursement of Out of Pocket Expenses paid by Board Member Robert Schlesinger in the total amount of \$183.00 for 6 months P.O. BOX fees for BABCNC (P.O.BOX already appr	General Operations Expenditure	Office	\$183.00
13	Twitter Online Ads	03/30/2021	Twitter 03-30-2021 Paid Receipt & Invoice.pdf	General Operations Expenditure	Outreach	\$7.96
12	CTS FRONTIER ONLINEPAY	03/29/2021	Frontier Paid Receipt/Invoice and Statement Due Date 04-08-2021.pdf	General Operations Expenditure	Office	\$60.98
11	Twitter Online Ads	03/23/2021	Twitter 03-23-2021 Receipt & Invoice.pdf	General Operations Expenditure	Outreach	\$16.70
10	FACEBK 7WZNC2PLV2	03/22/2021	Facebook 03-22-2021 Receipt/Invoice 2021-03-22T15-29 Transaction 3716484935135198-7361749.pdf	General Operations Expenditure	Outreach	\$50.00
9	GOOGLE Google Storage	03/20/2021	Google Play Invoice/Receipt from Mar 20, 2021.pdf	General Operations Expenditure	Office	\$19.99
8	FACEBK 3F62V23MV2	03/18/2021	Facebook 3-18-2021 Receipt/ Invoice 3-16-2021 18T07-52 Transaction 3773625929421101-7336384.pdf	General Operations Expenditure	Outreach	\$35.00

			Outstanding Expenditure	S		
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LLoyd Staffing Inc	04/06/2021	Payment to Lloyd's for Board Administrator services for the 4 weeks of services starting:02/01/2021 and ending 02/28/2021 Invoice Dated:02/28/2021	General Operations Expenditure	Office	\$1593.15

	Subtotal: Outstanding	]				\$2850.90
2	Lloyd Staffing, Inc.	04/13/2021	Payment to Lloyd's for Board Administrator Services for the 3 weeks of services starting: 03/01/2021 and ending 03/21/2021. Invoice dated: 03/21/2021 Invoice Number: 417956 Amount: \$1,257.75	General Operations Expenditure	Office	\$1257.75

#### Frontier COMMUNICATIONS

#### CITY OF LOS ANGELES Your Monthly Invoice

Account Summary	
New Charges Due Date	3/11/21
Billing Date	2/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 1/30/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	\$60.98



Frontier

P.O. Box 709, South Windsor, CT 06074-9998

----- manifest line ------

DO NOT PAY - You are currently signed up for Auto Pay. To view your Auto Pay, please log in at www.frontier.com

## COMMUNICATIONS

#### CITY OF LOS ANGELES Date of Bill Account Number

٠

Page 3 of 3 2/15/21 310-231-7288-081418-5

	54.99 5.99 <b>60.98</b>
TOTAL	60.98
der Number Effective	Dates
AUTOCH 2/15 Subtotal	5.99 <b>5.99</b>
Subtotal	5.99
	rder Number Effective H AUTOCH 2/15 Subtotal

As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your account, **find out how (https://frontier.com/helpcenter/myguide/online-help?** icid=20apr03\_national\_my-account\_covid-online-help\_link) to sign up for auto pay, manage passwords and more.

Account Summary

#### My Account

Here is your account summary and balance. Click VIEW CURRENT BILL below for more detailed information.

Summary	
New Charges Balance Forward 👻	\$60.98 \$0.00
Current Balance New Charges Due Date Mar 11, 2021	
	\$0.00 <sub>7</sub>
▶ View Current Bill	Feedback
View Payment History	*
▶ Manage Auto Pay	
Your <b>MasterCard2 ending in 9270</b> will be charged 10 day(s) before your due date.	
My Services	
Internet 6 Dynamic IP	
Need help?	
Troubleshooting	
Tool Box	

3/6/2021

https://doc-10-14-payments.googleusercontent.com/efe/doc/fa/48m49rrn7a5vnhhnp40kc5rrtfqrj1ee/nj4faic5go0bo0jpv7t6d2l3ftvioos4/161...



Google LLC 1600 Amphitheatre Pkwy Mountain View, CA 94043 United States

Tax identification number 77-0493581

Bel Air Beverly Crest Neighborhood Council Alan G. Fine PO Box 252007 Los Angeles, CA 90025 United States

#### **Payment Receipt**

Payment dateMar 1, 2021Billing ID7677-2853-5183Payment methodMastercard ••••9270Payment numberP0z1ObscPayment IDGSUITE\_babcnc.org

 Description

 Payment amount

 \$210.00

## Google<sup>\*\*</sup> Invoice

Invoice number: 3872516222

#### Bill to

Alan G. Fine Bel Air Beverly Crest Neighborhood Council PO Box 252007 Los Angeles, CA 90025 United States

#### Details

Invoice number	
Invoice date	Feb 28, 2021
Billing ID	7677-2853-5183
Domain name	babcnc.org

Google Workspace	
Total in USD	\$210.00
Summary for Feb 1, 2021 - Feb 28, 2	021
Subtotal in USD	\$210.00
Tax (0%)	\$0.00
Total in USD	\$210.00

You will be automatically charged for any amount due.

Google LLC 1600 Amphitheatre Pkwy Mountain View, CA 94043 United States Federal Tax ID: 77-0493581

### Google" Invoice

#### Invoice number: 3872516222

Suite Basic	Usage	Feb 1 - Feb 28	35	210.00
Suite Dasic	Usage	Feb 1 - Feb 28	30	210.00
		Subtotal in USD		\$210.00
		Tax (0%)		\$0.00
		Total in USD		\$210.00
		nvoice? Click here for detailed explanations		

1



LogMeIn Communications, Inc PO BOX 412252 BOSTON, MA 02241-2252

#### INVOICE

Invoice Date Invoice # PO # Customer ID Terms Due Date Currency 03/01/2021 IN7100252122

CN-631494-1701 AutoPay Scheduled 03/16/2021 US Dollar

#### **Bill To**

BEL AIR BEVERLY CREST NEIGHBORHOOD COUNCIL PO BOX 252007 LOS ANGELES CA 90025

Billing Group	Description	Quantity	Rate	Amount
Primary	GoToConnect 03/01/2021 - 03/31/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 03/01/2021 - 03/31/2021	1	4.55	\$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.76	\$2.76
Primary	Universal Service Fee (USF)	1	1.33	\$1.33
Primary	Regulatory Recovery Fee	1	1.51	\$1.51

Your automatic payment is scheduled to be processed around the 10th of the month

\$32.36

Total

View and Pay your invoices online: https://my.jive.com/billing Billing Support: https://support.goto.com/jive/billing-user-guide

\*With the recent rebrand of Jive, please note that Jive Communications, Inc. has been renamed LogMeIn Communications, Inc. Please review your payment system and if needed, update it to reflect these changes.

\*Certain audio Services are provided by the applicable LogMeIn affiliate who sets the rates, terms, and conditions for audio services. LogMeIn USA, Inc. presents this invoice and collects on behalf of the applicable LogMeIn affiliate as its agent.

\*Telecom fees (incl. USF and Regulatory Recovery Fees) are only applicable to Jive, GoToConnect, and OpenVoice Services. If you'd like to know more about how LogMeIn currently displays fees on your invoice, please visit <u>here</u>.

\*Connect Bundle is comprised of GoToConnect and GoToMeeting Pro. GoToConnect is provided by LogMeIn Communications, Inc.

Billing

Invoices Payment Options Billed Call Details

Accounts

#### Invoice Details

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

#### Download Invoice Invoice IN7100252122

Date Due March 16, 2021 Date Paid March 10, 2021 Status Paid Payment Method MasterCard \*\* 9270 08/2023

#### Total Due **\$0.00**

Description Qty Rate Total GoToConnect - 03/01/2021 - 03/31/2021 1 \$22.21 \$22.21 Standard Phone Numbers (DID) - 03/01/2021 - 03/31/2021 1 \$4.55 \$4.55 State and Local Regulatory Recovery Fee 1 \$2.76 \$2.76 Universal Service Fee (USF) 1 \$1.3327 \$1.33 **Regulatory Recovery Fee** 1 \$1.5067 \$1.51 \$32.36 Total **Payments & Credits** \$32.36 **Total Due** \$0.00

Invoice/Payment Date Mar 9, 2021, 8:22 PM

Payment Method MasterCard\*9270 Reference Number: BJSK22PLV2

Transaction ID 3681179565332402-7288856

\$25.00 USD You're being billed because you reached your \$25.00 billing threshold.

Product Type Facebook

#### Campaigns

Candidate Recruitment 2021 From Mar 6, 2021, 12:00 AM to Mar 9, 2021, 8:22 PM			
General Recruitment	900 Impressions	\$20.38	
Youth Seat Recruitment	582 Impressions	\$4.62	

Paid

Invoice/Payment Date Mar 12, 2021, 9:37 AM

Payment Method MasterCard\*9270 Reference Number: XUZ4P3KMV2

Transaction ID 3864814600302237-7302809

\$25.00 USD You're being billed because you reached your \$25.00 billing threshold.

Product Type Facebook

#### Campaigns

Candidate Recruitment 2021         \$25           From Mar 9, 2021, 12:00 AM to Mar 12, 2021, 9:37 AM         \$25			
Youth Seat Recruitment	371 Impressions	\$2.31	
General Recruitment	1,448 Impressions	\$22.69	

Paid

Invoice/Payment Date Mar 14, 2021, 5:06 PM

Payment Method MasterCard\*9270 Reference Number: ASFMUZAMV2

Transaction ID 3660389804078050-7315816

You're being billed because you reached your \$25.00 billing threshold.

Product Type Facebook

#### Campaigns

Candidate Recruitment 2021         \$2           From Mar 12, 2021, 12:00 AM to Mar 14, 2021, 5:06 PM         \$2			
General Recruitment	1,607 Impressions	\$22.78	
Youth Seat Recruitment	381 Impressions	\$2.22	



## Paid \$25.00 USD



#### INVOICE

#### Twitter Inc

1355 Market Street, Suite 900 San Francisco, CA 94103

Invoice for		
Robert Ringler		

200 North Spring Street Suite 2005 Los Angeles 90012, CA United States

Invoice number	60000006949661
Invoice date	March 16, 2021
Billing period	March 22, 2019 - March 14, 2021

Date	Description	Total ar	nount in (USD \$)
March 14, 2021	Find Candidates · #25568928		\$15.62
		Total	\$15.62

Invoice/Payment Date Mar 18, 2021, 7:52 AM

Payment Method MasterCard\*9270 Reference Number: 3F62V23MV2

Transaction ID 3773625929421101-7336384

You're being billed because you reached your \$35.00 billing threshold.

\$35.00 USD

Product Type Facebook

#### Campaigns

Candidate Recruitment 2021		\$35.00		
From Mar 14, 2021, 12:00 AM to Mar 18, 2021, 7:52 AM				
General Recruitment	2,754 Impressions	\$32.48		
Youth Seat Recruitment	373 Impressions	\$2.52		



Paid

Sobgle Play	Search	
Apps		nan sena na se Se
Movies & TV		а
Books		
Devices	Total you've spent in March	
Account Payment methods	\$ <b>19.99</b> Your budget only applies to this account, and you can change it at any time.	
Play Points New My subscriptions Redeem	Set budget	
Buy gift card		
My wishlist My Play activity	Order history	Categories $\checkmark$
Parent Guide		

	100 GB	\$19.99	Mar 19, 2021	Apps	a problem
	100 GB	\$19.99	Mar 20, 2020	Apps	Report a problem
0	Google Duo - High Quality Video Calls	SUUU	et 19, Apj 019 Coi	ps mmunicati	on
	Spotify: Listen to podcasts & find music you love	\$0.00	Oct 19, 2019	Apps Music & Audio	
000	SmartThings	\$0.00	Oct 19, 2019	Apps Lifestyle	
 a an					encoder of the second

©2021 Google Site Terms of Service Privacy Developers About Google | Location: United States Language: English

<b>2</b>				
м <u>Т</u> 🔽	to me	100 GB (Goog \$19.99/year Ordered from Google Play Total cost \$19.99/year View order	Your Go	r Gmail
Google Play	Google Play <googleplay-noreply@google.com> to me</googleplay-noreply@google.com>	100 GB (Google Drive) (by Google LLC) \$19.99/year Ordered from Google Play Total cost \$19.99/year View order	ogle Play Order R	Q in:draft
Soogle Play Thank you. Vaur subscription from Google on Google Play continues and varive been	от	0	Your Google Play Order Receipt from Mar 20, 2021	raft X 🔹
nii've heen			0, 2021 Inbox x	0111   MIGI   20, 2021 - COULIDI
		items 100 GB (Goog		Y Second
		Items 100 GB (Google Drive) (by Google LLC)		veriy crest terginorino
	Mar 20, 2021, 3:0			
	Mar 20, 2021, 3:06 PM (4 days ago)		3 of 550	() () () ()

https://mail.google.com/mail/u/0/#drafts/FMfcgxwLswPDPQpNwcpvHsZBNssvztdC

Invoice/Payment Date Mar 22, 2021, 3:29 PM

Payment Method MasterCard · 9270 Reference Number: 7WZNC2PLV2

Transaction ID 3716484935135198-7361749

You're being billed because you reached your \$50.00 billing threshold.

\$50.00 USD

Product Type Facebook

#### Campaigns

Candidate Recruitment 2021				
From Mar 18, 2021, 12:00 AM to Mar 22, 2021, 3:29 PM		\$50.00		
General Recruitment	3,311 Impressions	\$40.79		
Youth Seat Recruitment	114 Impressions	\$0.82		
Public Schools & Commercial	599 Impressions	\$8.39		



Paid

#### INVOICE

#### Twitter Inc

1355 Market Street, Suite 900 San Francisco, CA 94103

#### Invoice for

Robert	Ring	er
--------	------	----

200 North Spring Street Suite 2005 Los Angeles 90012, CA United States

#### Invoice number 60000006964164 Invoice date March 23, 2021 Billing period March 15 - March 21, 2021

Date	Description	Total amount in (USD \$)
March 15, 2021	Find Candidates · #25568928	\$4.70
March 19, 2021	Deadline coming! · #25662058	\$4.00
March 20, 2021	Deadline coming! · #25662058	\$4.00
March 21, 2021	Deadline coming! · #25662058	\$4.00

Total

\$16.70

ř	0	5
ç	,	)
r	3	5
¢	2	)
r	C	)
-	-	۰.

🌱 Ads

Campaigns ~

Creatives < Analytics <

Tools ~

Payment details - Twitter Ads

Help? Bel Air Crest NC ~

# Invoice #60000006964164

Download PDF

	Promoted tweets	Deadline coming!	Find Candidates	<b>Billed to</b> Robert Ringler 200 North Spring Street Suite 2005 Los Angeles, CA 90012 Description
				Amount \$16.70 Status Paid
				Funding source Mastercard ending 9270 Billing period Mar 15, 2021 to Mar 21, 2021
Total Amount	Mar 15, 2021 to Mar 21, 2021	Mar 19, 2021 to Mar 21, 2021	Mar 15, 2021	Billing period
\$16.70	\$16.70	\$12.00	\$4.70	Amount (USD)

https://ads.twitter.com/billing/18ce54uf110/payments/15099854/

## Frontier

#### CITY OF LOS ANGELES Your Monthly Invoice

#### Account Summary

riooodiii ourini y	
New Charges Due Date	4/08/21
Billing Date	3/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 3/02/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
<b>Total Amount Due</b>	\$60.98



Frontier

P.O. Box 709, South Windsor, CT 06074-9998

----- manifest line ------

DO NOT PAY - You are currently signed up for Auto Pay. To view your Auto Pay, please log in at www.frontier.com

## Frontier

#### CURRENT BILLING SUMMARY

Local Service from 03/15/21 to 04/14/21 Qty Description	310/231-7288.0	Charge
Non Basic Charges Internet 6 Dynamic IP		54.99
\$5.00 Discount through 12/08/ Other Charges-Detailed Below Total Non Basic Charges	21	5.99 <b>60.98</b>
	TOTAL	60.98
** ACCOUNT ACTIVITY ** Qty Description	Order Number Effective	Dates

1 Business High Speed Internet Fee	AUTOCH 3/15	5.99
310/231-7288	Subtotal	<b>5.99</b>

Subtotal 5.99

#### CITY OF LOS ANGELES Date of Bill Account Number

Page 3 of 3 3/15/21 310-231-7288-081418-5

#### **CUSTOMER TALK**

We are making improvements to our bill format to make charges easier to understand. Beginning with this bill, you will notice certain charges were moved to the Monthly Service Charges section of your bill. Questions? Please contact customer service.

Frontier is committed to keeping customers connected during this difficult time. California residential and small business customers with voice service that are experiencing a financial hardship as a result of COVID-19 may be qualified to defer Frontier payments through June 30, 2021. Please contact us at 1-800-921-8105 to let us know about your change in financial circumstances due to COVID-19 and discuss payment options for voice service. This protection does not apply to broadband or video services which may be subject to disconnection for non-payment. You can also visit

www.frontier.com/resources/covid-19 to learn more about the customer protections Californians may be entitled to. Questions? Contact customer service 1-800-921-8105.

As the impact of the Coronavirus continues to unfold, calls may result in longer than normal hold times. For fast, easy and secure ways to manage your * account, find out how (https://frantier.com/helpcenter/myguide/online-help?icid=20apr03_national_my-account_covid-online-help_link) to sign up for auto pay, manage passwords and more.
Account Summary
My Account Here is your account summary and balance. Click <i>VIEW CURRENT BILL</i> below for more detailed information.
Summary New Charges Balance Forward • Previous Balance Payments Received Thru Mar 2, 2021
Current Balance New Charges Due Date Apr 8, 2021 \$0.00
<ul> <li>View Current Bill</li> <li>View Payment History</li> <li>Manage Auto Pay</li> </ul>

Your MasterCard2 ending in 9270 will be charged 10 day(s) before your due date.

My Services



Internet
Internet 6 Dynamic IP

#### INVOICE

#### Twitter Inc

.

1355 Market Street, Suite 900 San Francisco, CA 94103

Invoice for Robert Ringler 200 North Spring Street Suite 2005 Los Angeles 90012, CA United States		Invoice number Invoice date Billing period	60000006978766 March 30, 2021 March 22 - March 28, 2021
Date	Description		Total amount in (USD \$)

Date	Description	Total an	nount in (USD \$)
March 22, 2021	Deadline coming! · #25662058		\$4.00
March 23, 2021	Deadline coming! · #25662058		\$3.96
		Total	\$7.96

		18
		18
		250
		152
		288
		682
		588
		1000
		199
		100
		100
		105
		100
		100
		100
		100
		186
		104
		100
		100
		-
		100
		1003
		1008
		100
		183
		1000
		500
5		10
01		100
L V		188
202		States and a second
-		120
N		100
-		
-		
0,		100
-		100
4		-

🔰 Ads Campaigns - Creatives - Analytics -

Tools ~

Payment details - Twitter Ads

Help? Bel Air Crest NC 🗸 🥌 🗸

Invoice #60000006978766

Download PDF

Funding source	Mastercard ending 9270	Billing period	Mar 22, 2021 to Mar 28, 2021
Amount	\$7.96	Status	Paid
Billed to	Robert Ringler	200 North Spring Street Suite 2005	Los Angeles, CA 90012

	Billing period	Amount (USD)
Deadline coming!	Mar 22, 2021 to Mar 23, 2021	\$7.96
Promoted tweets	Mar 22, 2021 to Mar 23, 2021	\$7.96

.

\$7.96

**Total Amount** 

PO.	STAL	SERV	TES /ICE.
LOS ANGELI	ANTA MON	ICA BLVD 0025-999	)
Product	Qty	Unit Price	Price
Box Renewal Zip Code: 90025 Box #: 252007 Rental Start Da		01/2021	\$183.00
Next Renewal Da Customer Name:			R
			R \$183.00

\*\*\*\*\* USPS is experiencing unprecedented volume increases and limited employee availability due to the impacts of COVID-19. We appreciate your patience. 

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

> Preview your Mail Track your Packages Sign up for FREE www.informeddelivery.com

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: https://postalexperience.com/Pos or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 054573-0025 Receipt #: 840-59000029-4-6143658-2 Clerk: 23

DVIE BUILDIA BUID nous; Subies Finance **b**02

8666-92006 YO

#### PO BOX FEE PAYMENT

POSTAGE WILL BE PAID BY ADDRESSEE

City, State Code ( Selle Code)



Return to Local Postmaster It Undeliverable as Addressed,

Address Here

Post Office

Print

POSTAL SERVICE **ONITED STATES** 

#### LAST DAY OF THIS MONTH.

s not paid by the due date. If the fee is not paid te payment charge will apply. You may make ions noted on the inside top portion of this envelope.

e to "U.S. Postal Service." If the bank returns ed by the due date, your PO Box service will be ges are paid.

Annual Semiannual Amount

**Box Number** 

it has been made.

#### ffice Box Service Fee D

90025 Box #252007 BEL AIR BEVERLY CREST NEIGHBORHOOD 6 Months: \$183.00 12 Months: \$366.00 Due Date: 01/31/2021



Office of	of the	City	Clerk
-----------	--------	------	-------

Administrative Services Division Neighborhood Council (NC) Funding Progr	am					y some for	
Board Action Certification (BAC) Form						TG TG	S
NC Name: Bel Air-Beverly Crest NC	Meeting Date: 0	1/27/2021					
Budget Fiscal Year: 2020-2021			Agenda Item No	and the second	ng Agenda Item	#4	
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: Motion: for \$183.00, which he Box 252007 @ USPS	paid with	his personal c	redit card for	one-half a ye	ear of service	for use of PO
Method of Payment: (Select One)		Credit Card		📕 Board	l Member Reimbu	ursement	
Recused Board Member	ote Count Ission and may not	return to the ro	om until after t	he vote is comple	te.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.					X	
Mark Goodman, M.D.	Bel Air District Rep.	Х					
Gail Sroloff	Bel Air District Rep.	Х					
Larry Leisten	Bel Air Glen District Rep.	Х					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	Х					
Wendy Morris	Bel Air Hills Assn. (RVA) Rep	Х					
Andre Stojka	Bel Air Ridge Assn. Rep.	Х					
Robert Schlesinger	Benedict Cyn. Assn. Rep.					Х	
Don Loze	Benedict Cyn. Assn. Rep.				eneral for a spanning mysterio analysi	Х	
Nickie Miner	Benedict Cyn. Assn. Rep.	Х			energiaene al tro		
Mindy Mann	Benedict Cyn. Assn. Rep.	Х					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	Х					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х					
Jackie DeFede	Faith-Based Organizations Rep.				Х		
Maureen Smith	Franklin-Coldwater District Rep.	Х					
Teresa Lee	K-6 Private Schools Rep.	Х					
Jon Wimbish	7-12 Private Schools Rep.	Х					
Kristie Holmes	Public Ed. Institutions Rep.	Х					
Jason Spradlin	Holmby Hills Assn. Rep.	Х					
Jamie Hall	Laurel Cyn. Assn. Rep.	Х					
Stephanie Savage	Laurel Cyn. Assn. Rep.	Х					
Cathy Wayne	Laurel Cyn. Assn. Rep.	Х					
Heather Roy	Laurel Cyn. Assn. Rep.				Х		
Chuck Maginnis	At Large Rep.				Х		
Marcia Hobbs	At Large Rep.				Х		
Shawn Bayliss	At Large Rep.	Х					
Philip Enderwood	At Large: Youth Seat Rep.	Х					
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х					
Board Quorum: 15	Total:	25	0	0	5	3	0
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedur						
Authorized Signature			Authorized Signa	ature: Robe	stA. K	lingler	
Print/Type Name: Nicole Miner, A	Iternate Signer		Print/Type Nam	the second s	. Ringler, S	<i>Cingler</i> Second Sig	natory
<sup>Date:</sup> 01/27/2021			Date: 01/27/2021				

Office of t	he City	Clerk
-------------	---------	-------

Administrative Services Division						a man	A REAL PROPERTY
Neighborhood Council (NC) Funding Progr	am					city of	
Board Action Certification (BAC) Form			T			Quy	and the
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0				
Budget Fiscal Year: 2020-2021 Board Motion and/or Public Benefit	Т		Agenda Item No	: Special Meetin	ig Agenda Item	#4	
Statement (CIP and NPG):	Page 2 of 2: Motion: for \$183.00, which he Box 252007 @ USPS	e paid with	his personal c	redit card for	one-half a ye	ear of service	for use of PO
Method of Payment: (Select One)	Check		Credit Card		Board	Member Reimbu	irsement
Recused Board Member	s must leave the room prior		te Count ssion and may not	return to the ro	om until after tl	he vote is comple	te.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Stella Gray for Yves Mieszala	North of Sunset District Rep.	X		, noordini	Tibbent	mengine	necuseu
Ellen Evans	North of Sunset District Rep.	X					
Patricia Murphy	North of Sunset District Rep.	X					
Robert A. Ringler		X					and the state of the state
	Residents of Beverly Glen Rep.	^					
Dan Palmer	Residents of Beverly Glen Rep				Х		
							_
-							
			1				
		ja na serie a serie de serie de serie de					
		web web and and					
4°							
		al an connaigheannaighe					
Board Quorum: 15	Total:	_					
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and procedur s present.		e was approved b	y the Neighborh	ood Council Bo	ard, at a Brown /	Act compliant public
Authorized Signature			Authorized Signa	ature: Roho	st.A.K	Pinglor	
Authorized Signature	lternate Signer		Print/Type Name	<sup>e:</sup> Robert A.	Ringler, S	Second Sign	atory
<sup>Date:</sup> 01/27/2021	SAROLSHIPPAL PROPERTY AND A DATA SARAN AND		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Date: 01/27/2021				

#### INVOICE

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



PO#



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

BILL TO:

Attention of: Jacqueline Le Kennedy Bel Air Beverly Crest Nc Po Box 252007 Los Angeles, CA 90025

#### Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/08/2021	417257	1	116863	Due Upon Receip		
PERIOD	<b>DESCRIPTION &amp;</b>	EMPLOYEE		HOURS	RATE	AMOUNT
12/14/20-12/20/20	TRANSCRIPT	Palmer, Cath	erine	5.00	27.95	\$139.75
12/21/20-12/27/20	TRANSCRIPT	Palmer, Cath	erine	2.00	27.95	\$55.90
12/28/20-01/03/21	TRANSCRIPT	Palmer, Cath	erine	3.00	27.95	\$83.85
Did you know that LLoyd donat diabetes?	tes a portion of all payments to JDI	RF to help find a cure	e for Type 1 PAY THIS	AMOUNT >	TOTAL	\$279.50
				I		

12 7 S. J. ......

· · ·

BULYUN

Cuetonini referenciedes its understanding that ILOVIDS involues too foi labor and regreas it pay auth invelces upon rescupt. If any involues romain unpaid they (20) days after involue data, Guehaner agness to pay LLOVO after gamman change al the rate of 1=6225 and munual (18% per unitant) on such unpaid armonets. Guehaner after injourse to pay LLOVO its rescondule costs of collection, including its networking the anticurrory frage and oxparised.

1002-01 0AG71

21 IO I MANIMUM

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

CMN-TIAE-JODE SAFERTY 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.

You must complete the Training Orientation every time you go to a new assignment. Ling and the second sec

(iii) (loc), collision, cargo damojo or public fieldity domago aststandor menodo dia netaulti of a LLOYD's empty and and write vehicle(s), or mayor during or public fieldity domago aststandor menodo dia netaulti of a LLOYD's empty and under vehicle(s), or mayor during out of crinvibioly violation by Carstonne of clause (p) above. (c) LLOYD is mattergapendable by claims and euclor inferentity and tallot LLOYD participant (in the comparison of a clause (p) above. (c) LLOYD is mattergapendable by claims and euclor intermity and tallot LLOYD participant (in the comparison statisticant) and the comparison statistican intermised contailed by Castamer and towikin LLOYD's tamparay employees are assigned and (g) under no elementaria (ill LLOYD premised contailed by Castamer and towikin LLOYD's tamparay employees are assigned and (g) under no elementaria (ill LLOYD premised contailed by Castamer and towikin LLOYD's tamparay employees are assigned and (g) under no claimic Caetamer recognises. LLOYD by the Caetamer with any (g) days after itu is parcound and accepta the obligation to allow the colorismus Caetamer recognises. LLOYD by the Caetamer and the will LLOYD's tamparay employees an elevation for the contained recognises. LLOYD by the Caetamer and the matter itu is parcound and accepta the obligation to allow the colorismus Caetamer recognises. LLOYD by the Caetamer and the matter itu is the above and accepta the obligation to allow and the and recognises. LLOYD by the Caetamer and the Mini LLOYD's tamparay tamped to the contained allow and the above contained and the endower and the statistic statistis statistic statistic statistic statistic statistis statisti

H FULLANT B

۰.,

CONSERVIXY KANNE & ABONC	1.1. L. 10401 2	ru 20x 45 200+ 70023	REPORT TO SALA DEPL. JURINIE WEEK ENTING	ary Associatus aust indicate	cocolved the following Ortontation Training on this assignment. (Ploase clack) 🖵 Emergency Evecuation Procedures 🙄 Job Sile & General Safety Autas 🗋 Policy & Preevdure Rovinw	I haraby scelify that the hours shown vero vorked by no during the work ondby shown above, and voce property cortified by an authorized representative of the facility named above and that freecolved the required training. I understand I am to contact the second second	office above completions for Academic to eccentric 1 area of a construction of the academic to the academic to a construction of the academic 1 area of the academic 1 area of the academic 1 area of the acad	catherine talmer Cather	south.secumity'ito.	CLERIT 545HATURE OF ACCEPTATION	ROWN HD 2. and be 1. H. K. Chyb. Dr. 20. a. le 1: 24 manuarity and we wanted of the function constitution of all the 2000, house listed in a constant	were stated, that the veck was performed in a scalation of musice and spectment by the Client to the TERAS and COMPITIOUS as stated, that the veck was performed in a scalation primary and spectrum of the veck was performed in a scalation of a scalar of a scalar of the veck was performed in a scalar of a scalar of the veck was performed in a scalar of a scalar of the veck was performed in a scalar of a scalar of the veck was performed in a scalar of a scalar of the veck was performed in a scalar of the veck was performed in a scalar of a scalar of a scalar of the veck was performed in a scalar of a scalar of a scalar of the veck was performed with the veck was perfor	Bo sure to calt Lloyd Stafflerg humediately viven astigument ends er va vill assume yeu are no funger coullable for work.	
	15	-M.	TOTAL I	1-	-					(	2	THE REAL PROPERTY NAME		
bad 1 tr	20	I a AM or I	LESS LUTION								VI NOUN	ArPanTANEAll Inuus must be approved for each day vienked. Hours	with nat be paid lit nat approvad dalits Mahawns: A hows per employee, per day:	
idhallaw R	Plume: 63 1-777-7600	o to indica	TILLE OUT	NA L	אט ר אט ר	WW CT	era L	MAL	U AM	MAL: MAL:	TO MEAREST I		ı yourself.	
110: 445 Broodhallow Road	Plume: 631-777-7600	PLETE - Bo sure to indicate AM or PML	TIDAE DI	thr c	MALL .	MALE.	WV T	MA LI APR	MAL) MALI	MA L	L NOURS FOR YREEK TO RIEAREST 1/4 NOUN Se write total nours worked nere 53		aler Ihan Fridby night. tain EiltPLOYEE copy for yourself. It payment. hours must be totaleef.	
1		ASE COM		20	2	20	20	2	20	R	F PLEASE	pen. Jich assignment	ry to Llayd, no l A company: rol oturnor withou accepted. All	
Long and	STAFFING	EMPLOYEE PLEASE COMPL	DATE	21	22/10	23	224	8	923	227	2-21	NISTRUCTIDIUS: 1. Pross limity: usa n ball point pen. 2. Use separate limesheet for ench assignment.	thai DillethAL & IPDOICE cory to Llayd, no lafer Leare CLEAT cary with client company. Iolain Uncigned linnchrols will be returned without pa Allevel fimechenes will not be accepted. All heu	
	J.	EMP	MU	C NOW	TUES	VED	SUNUL	1	2	-	VICEN EVOLUS	INSTRUCTIONS: 1. Press firmly; usi 2. Use separate lin	a) ORIGINAL are CLEUT signed thre cred timesh	

NOLLYPPU OAN HEAONINE

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

DVERTINGE

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.

1.00000.0

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

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

CoM-Unlie-Joog SAFETV 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.

You must complete the Training Orientation every time you go DEGINING D

to a new assignment.

terms & conditions for lloyd staffing

able of this threatest necessret, its workwas performed in a satistacity instance, and my signature is anthreasation to fill the neuroed Catabano. We understand that this person is an employee of LLOYD and is intranse, and my signature is anthreasy basis. In the overant we can correlations, we understand that this person is an employee of LLOYD and is intransed in the usual a tenterary basis. In the or carrelations, are any compared to the overant is an employee of LLOYD and is interared to use an a tenterary basis. In the this person's are any compared to the overant we appreciate the overant we can be overand we were were and this person's are are adviced in a consulting or treatment, we appreciate a contractions from a tenter for an under submotive of the employee in the neare of the person's tendprined, we appreciate a contract the folal mutualized compared of the employee in the near or spacely. I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

LLOYD guarances affatedian with the employee's survices by extanding a four (4) hour guarantee parted. It, for any tector, to an ufbautistic dation with the employee assigned to us, LLOYD will not charge for the fart lear (4) hours verticed by such employee, pavolated that LLOYD topfaces the individual assigneed. Unlass we contact LLOYD toffare the ord of the fast four (4) hours, we agree that the employee pavolated by LLOYD toffaces the individual assigneed. Unlass we contact LLOYD toffare the ord of the fast four (4) hours, we agree that the employee pavolated by LLOYD toffarets.

we agree mat the employee program bufferem LLOYD and Crustener with respect to five services performed incential; and any factorisation of the prior agreement by curve use anomatomy.
 Teartiff more prior agreement bufferement LOYD and Crustener with respect to five services performed are nervel or a service and more relations or more valuable service and more manufactorial and more approximation and bufferent LOYD and Crustener and more analyzed are nerved.
 Teartiff more prediction and buffer of the service and more valuable services and more more relation or measure and buffer and more area of a service at the inserved prevention of a service at the inserved more more relation.
 Teartiff of the analyse area below in the service at the service at the respective dimension or the service at the respective dimension or the service at the respective dimension or the service at the service at the respective dimension or the service at the respective dimension or the service at the service at the respective dimension or the service at the respective dimension or the service at the service at the respective dimension or the service at the respective dimension or the service at the service at the respective dimension or the service at the respective dimension or the service at the service at the respective dimension and the service at the respective dimension and the service at the

VIORKERS COMPENSATION HISURANCE.

Cautomer incleare/adjes its understanding that ILOYOS invoicers one for labor and agrees in Fary and invectors upon receipt. If any avoices remain unpaid they (D0 days after invoice data, Gerkonson agrees to pay LLOYO a fair maynent change at the rate of 1-1/27s par meenth (19% per invertan) on such unpaid armanets. Conferent after injects to pay LLOYO fair convertible could of collection, in-chaing its neareable afterings if on such unpaid armanets. Conferent after injects to pay LLOYO fair convertible could of collection, in-chaing its neareable afterings if on such unpaid armanets.

LOVD. 16-2007

· · ·

ffice of the City Clerk						all ()	619 Ma		
dministrative Services Division						ad the			
leighborhood Council (NC) Funding Progr oard Action Certification (BAC) Form	am					TO TH			
			Meeting Date:	19-23-2020			1		
IC Name: Bel Air-Beverly Crest NC	and a second sec								
loard Motion and/or Public Benefit (tatement (CIP and NPG):	Page 1 of 2: Motion: Approv [Previous budget had an est	val of amer imated rol	nded budget show	Agenda Item No: 5.e.ii. ded budget showing rollover funds of \$3,407.56 with total allocation of \$35,407.56. over amount of \$3,300; difference is \$107.56.] (Attachment C)					
Aethod of Payment: (Select One)	Check		Credit Card		🗆 Board	I Member Reimb	ursement		
Perused Board Member	s must leave the room prior to		ote Count ussion and may no	t return to the ro	om until after t	he vote is compl	ete.		
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused		
Irene Sandler	Bel Air Crest Master Assn. Rep.	X							
Mark Goodman, M.D.	Bel Air District Rep.	X							
Gail Sroloff	Bel Air District Rep.	X							
Larry Leisten	Bel Air Glen District Rep.	X							
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	<u>х</u>		1					
Wendy Morris	Bel Air Hills Assn. (RVA) Rep	X	-						
Andre Stojka	Bel Air Ridge Assn. Rep.	X							
	Benedict Cyn. Assn. Rep.	X				1			
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X							
Don Loze	+	X				1			
Nickie Miner	Benedict Cyn. Assn. Rep.	X			<u> </u>				
Mindy Mann	Benedict Cyn. Assn. Rep.								
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X							
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х		+	X				
Jackie DeFede	Faith-Based Organizations Rep.	~			^				
Maureen Smith	Franklin-Coldwater District Rep.	X							
Teresa Lee	K-6 Private Schools Rep.	Х			v	-	1		
Jon Wimbish	7-12 Private Schools Rep.				X				
Kristie Holmes	Public Ed. Institutions Rep.	Χ			V				
Jason Spradlin	Holmby Hills Assn. Rep.				X				
Jamie Hall	Laurel Cyn. Assn. Rep.	X			+				
Stephanie Savage	Laurel Cyn. Assn. Rep.	X							
Cathy Wayne	Laurel Cyn. Assn. Rep.	Х							
Heather Roy	Laurel Cyn. Assn. Rep.	X							
Chuck Maginnis	At Large Rep.	Х		·					
Marcia Hobbs	At Large Rep.				X				
Shawn Bayliss	At Large Rep.	Х					<u></u>		
Philip Enderwood	At Large: Youth Seat Rep.				X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х							
Board Quorum: 15 We, the authorized signers of the abov meeting was held in accordance with a meeting where a quorum of the Board w	II laws, policies, and procedur	28 cil, declare res. The at	0 that the informat	ion presented or by the Neighbo	5 a this form is act orhood Council B	o curate and comp board, at a Brown	lete, and that a pu n Act compliant pu		
Authorized Signature Jacque	direkennedy	/	Authorized Si	<sup>ame:</sup> Robert	obert A	. Ringle	r		
	Kennedy, Treasure	er		Contraction in the second second	A. Ringler,	Second Si	gnatory		
Date: 09/23/2020			Date: 09/23	3/2020					

Office e	of the	City	Clerk
----------	--------	------	-------

Administrative Services Division



Neighborhood Council (NC) Funding Program

**Board Action Certification (BAC) Form** Meeting Date: 09/23/2020 NC Name: Bel Air-Beverly Crest NC Budget Fiscal Year: 2020-2021 Agenda Item No: 5.e.ii Page 2 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of Board Motion and/or Public Benefit Statement (CIP and NPG): \$35,407.56. [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C) Board Member Reimbursement Check - 🗌 Credit Card Method of Payment: (Select One) **Vote Count** Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete. Ineligible Recused Abstain Absent **Board Position** Yes No **Board Member's First and Last Name** Yves Mieszala North of Sunset District Rep. X Х Ellen Evans North of Sunset District Rep. Х Patricia Murphy North of Sunset District Rep. Х Robert A. Ringler Residents of Beverly Glen Rep. X Dan Palmer Residents of Beverly Glen Rep. Board Quorum: 15 Total: We, the authorized signers 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. Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Authorized Signature Print/Type Name: Jacqueline Le Kennedy, Treasurer Date: 09/23/2020 Date: 09/23/2020 NCFP 101 BAC Rev020118

#### NEIGHBORHOOD COUNCIL FUNDING PROGRAM

#### FINANCIAL OFFICERS LETTER OF ACKNOWLEDGEMENT & AGREEMENT

We, the undersigned, do hereby declare that as a result of an official action of the Governing Body of the Neighborhood Council (NC) named below:

(1) we are authorized to request City funding to support NC general operations,

(2) all items or services described or included in any related funding requests are exclusively intended to further the goals and objectives of the Neighborhood Council, and

(3) all reasonable precautions shall be exercised by the undersigned to fully safeguard, control and account for all use of funds. Proper accountability of all City funds is critical to the success of the NC Funding Program.

Therefore, by the signature(s) below, and on behalf of the Neighborhood Council named below, WE HEREBY AGREE to the terms and conditions as set forth in this Letter of Acknowledgement and all related documents as provided by the City, agree to expend funds in accordance with any applicable City rules, policies or procedures, and specifically agree to expend monies received by the Office of the City Clerk solely for public purposes relating to the goals and purposes of the Neighborhood Council named below, consistent with the scope and authority under the City Charter, the Plan for a Citywide System of Neighborhood Councils and any implementing ordinances. We have attended and participated in the City-provided training relating to the NC Funding Program.

WE FURTHER ACKNOWLEDGE and WE AGREE to comply with any requirements regarding use of the NC funds. WE AGREE to provide NC financial reports and/or supporting documentation to the Office of the City Clerk, Neighborhood Council Funding Program as requested and at monthly meetings to the Governing Body and stakeholders of the NC named below. WE AGREE that the Office of the City Clerk and other City representatives may make on-site visits to inspect and review all NC financial records, upon providing reasonable advance notice to the NC Treasurer or designated representatives.

WE ACKNOWLEDGE THAT A NEW LETTER OF ACKNOWLEDGEMENT MUST BE FILED IF THERE IS ANY CHANGE OF FINANCIAL OFFICERS.

#### Neighborhood Council Financial Officers - Names and Signatures:

Treasurer

Please check here if a new Treasurer is being appointed

SIGNATURE OF THE TREASURER

Jacqueline Le Kennedy

PRINT NAME OF THE TREASURER

*l* reasurer

BOARD POSITION

September 25, 2020

DATE

jkennedy@babcnc.org

EMAIL.

310-292-8887

PHONE NUMBER

**CONTINUES OTHER SIDE** 

2nd Signer

Robert A. Ringler

SIGNATURE OF THE 2nd SIGNER

Robert A. Ringler

PRINT NAME OF THE 2<sup>ND</sup> SIGNER

Secretary & Second Signer

BOARD POSITION

Alternate Şigner (If not applicable, please indicate "N/A")

ATURE OF THE ALTERNATE SIGNER

cole Miner

PRINT NAME OF THE ALTERNATE SIGNER

## Assistant Treasurer

BOARD POSITION

1st Bank Cardholder

Robert A. Ringler

SIGNATURE OF THE 1st BANK CARD HOLDER

## Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

Secretary & Second Signer

BOARD POSITION

2<sup>nd</sup> Bank Cardholder

Please check here if a new Cardholder is being appointed

SIGNATURE OF THE 2nd BANK CARD HOLDER

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

## President

BOARD POSITION

\*\*\* Bank Cardholders, please read further next page \*\*\*

Please check here if a new 2<sup>nd</sup> Signer is being appointed

September 25, 2020 DATE raringler@babcnc.org

EMAIL 310-365-5723

PHONE NUMBER

Please check here if a new Alt. Signer is being appointed

September 25, 2020

DATE

nminer@babcnc.org

EMAIL

310-710-8248

PHONE NUMBER

Please check here if a new Cardholder is being appointed

September 25, 2020

DATE raringler@babcnc.org

EMAIL

310-365-5723

PHONE NUMBER

September 25, 2020

DATE

rgreenberg@babcnc.org

EMAIL 310-968-0605

PHONE NUMBER

Page 3 of 12

1<sup>st</sup> Bank Cardholder

Robert A. Ringler SIGNATURE OF THE 1st BANK CARD HOLDER

Robert A. Ringler

September 25, 2020

DATE

PRINT NAME OF THE 1st BANK CARD HOLDER

2<sup>nd</sup> Bank Cardholder

Robin cheenberg SIGNATURE OF THE 2nd BANK CARD HOLDER

**Robin Greenberg** 

PRINT NAME OF THE 2nd BANK CARD HOLDER

September 25, 2020

DATE

Bel Air-Beverly C Annual Budget fo	<b>Crest</b> Neighborhood Council or Fiscal Year 2020-2021
Annual Budget Funds	\$32,000.00
Rollover Funds*	\$ 3,407.56
Encumbered Funds*	
Tota	al Annual Budget Funds \$ 35,407.56

Office/Operational Expenditures Category	
Temporary Staff (Lloyd's Staffing)	\$ 18,750.00
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	\$ 3,000.00
Website Hosting, Maintenance, and Updates (Web Corner)	\$ 2,107.56
Office Internet and Technology Services (Frontier Communications)	\$ 750.00
Google Gsuite	\$ 2,500.00
Phone Answering Services (Jive Communications)	\$ 350.00
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	\$ 2,000.00
Neighborhood Council P.O. Box Rental (USPS)	\$ 400.00
Total Office/Operational Expenditures	\$ 29,857.56

\*The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds and/or approved encumbered funds, if any, on August 1st or next business day. Depending on when an NC submits its Admin Packet/annual budget, the NC may need to revise and resubmit its annual budget to account for any rollover and/or encumbered funds. <u>PLEASE NOTE: Encumbered funds are intended only for earmarked</u> <u>expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</u>

Outreach Expenditures Category	
Mailers, Banners, Swag, Newsletter, Events, etc.	\$ 2,250.00
Social Media Campaigns	\$ 250.00
Total Outreach Expenditures	\$ 2,500.00

.

Election Expenditures Category	
Election Materials, Flyers, Placards, Signage	\$ 2,500.00
Total Election Expenditures	\$ 2,500.00

Neighborhood Purposes Grants (NPG) Expenditures Category	
Neighborhood Purpose Grants	\$ 550.00
	A 550.00
Total NPG Expenditures	\$ 550.00

1

Community Improvement Projects (CIP) Expenditures Categor	у
Community Improvement Projects	\$ 0.00
Total CIP Expenditures	\$ 0.00

TOTAL ANNUAL BUDGET ALLOCATIONS	
Office/Operational Expenditures	\$ 29,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 2,500.00
General and Operational Expenditures	\$ 34,857.56
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,407.56

## INVOICE

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



PO#



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

BILL TO:

Attention of: Jacqueline Le Kennedy Bel Air Beverly Crest Nc Po Box 252007 Los Angeles, CA 90025

## Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	TERMS:			
01/31/2021	417524	1	ACCOUNT NO. 116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & EN		I	HOURS	RATE	AMOUNT
01/04/21-01/10/21	TRANSCRIPT F	almer, Cathe	erine	8.00	27.95	\$223.60
01/11/21-01/17/21		almer, Cathe		7.00	27.95	\$195.65
01/18/21-01/24/21		almer, Cathe		15.00	27.95	\$419.25
01/25/21-01/31/21		almer, Cathe		15.00	27.95	\$419.25
Did you know that LLoyd donate diabetes?	es a portion of all payments to JDRF t	o help find a cure	for Type 1 PAY THIS	AMOUNT >	TOTAL	\$1,257.75

-		HO: 445 Broadhollow Road	hollow Road		COMPANY NAME TO A F. MIL	
		McIville, NY 11747, Suite 119	47, Suite 110		print) Difford	219
	STAFFING	Phone: 631-777-7600	177-7600			1000
	EMPLOYEE PLEASE COMPLETE - Bo suro to indicato AM or PM.	MPLETE - Bo suro	to indiculo	AM or PWI.	PUDUX as wet	01-
	DAY DATE		TIRAE OUT LESS	2 / OR DREAK NOURS	REPORTED IN A VOB A DAM	ut there and the
	Now 1 U 21	MA C	CL PM		Yes D No If yes, Temporary	must indicate they have
		I AM	WVC	1	ng on this assignment. (	
	TUES       5   2	IN IN	Mdr		🗆 🗆 Emergency Evacuation Procedures 🖂 Job Site & General Safety Rules 🛛 🖓	🗆 Policy & Procedure Review
	VED 1 1 1 01M	MA C.	MA LI		I horoby cortify that the hours shown were worked by me during the week onling shown above, and wore properly cortified by an authorized remeentative of the facility named above and that I received the required training. I understand I am to contact the	wore properly cortified by an erstand 1 am to contact the
L' C.t.	91	DAM	MAL		a office after compteding the Assignment to determine if there is other work available for mie. I agree that [] I do not centract the other meno-considering of an assignment they can assume t am not evaliable.	nat if I do not contact the
1		CL PM	Wd T		EMPLOYEE SIGNATURE	6
	FIL 1 21	INNA CC.	MAC		and Colars	
(17)0		LI AM	WYC		10-11-11	-
	SAT 1 9 1 10	LL PM	MA C			
audu	SUN . 5	MALE	MAC			
	2 2	Md C	M III	A MILE	1000	12.00
	WEEK ENUING 1/10/21	PLEASE WRITE TOTAL HOURS WORKED HERE C	IN NORKED RERE	(2) 公	VOUNDED ADD ADD AND AND AND AND AND ADD ADD AD	101. hours listed are correct
	INSTRUCTIONS: 1. Proce fumbr, uso a ball point pon-		IMPO must	IMPORTANTAlt musts must be approved for		ERMIS and CONDITIONS urs per amplayao per day.
	<ol> <li>Use soprate introduction and assignment.</li> <li>Mail Opphale introducts copy to Lloyd, no bler than Friday right.</li> <li>I. A. I. Converting the semisory is relate EMPLOYEE copy for</li> </ol>	a went. , no later than Friday night. r: relain EMPLOYEE copy for yourself.		will not be paid if not approved dally.	1	ar available for work.
	<ol> <li>Unsigned timesheets will be returned via Attered limesheets will not be accepted</li> </ol>	(thout payment.		Mialmum: 4 hours per employeo, per day.	1	
				1	BACK	
	CIGBUD	FRE INFORMATION	ATION			
	To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.	timesheets are co inatures by your	mpletely fil rself and	led out. This authorized	I EMRIS di CUMUS (2000) 2001 2000 2001 2000 2001 2001 2001	tial hours shown on the reverse contraction to bat the named by basis. In the event we or any nent or temporary beats, (it) use
	OVERTIME				Ihis pocteoirs acrivers in a consulting or freelance capacity, or (ii) use this parson's sarvices liveugh another temporary service within one (1) ware after this parson's temporary assignment, we agree to pay LLOYD a fee of 25% of the temporary assignment and	tother temporary service wilhin I annualized compensation rale
	You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by	work overtime on Approval must b	ly with the be obtained	overtime only with the request and roval must be obtained from us by	of the winployee in the new capacity. LCOTO guarantees satisfaction with its employee's services by extending a fear (a) heur guarantee period. It, for any reason, we are destabilised with the omployee assigned to us. LLOYD will not charge for the first fear (a) heurs warked by sech	ur guarantee pariad. It, for any aur (4) hours worked by such
	the client. WORK WEEK: Work in excess of (40) forty nours in a work week (Monday-Sunday) will be paid at one and one-half	-EK: Work in exce	ces or (4U) i baid at one	and one-half	employee, provided that LLOYD toptices the individual assigned. Unlass we contact LLOYD beload we agree that the employee angigned by LLOYD is earlied forth.	o ond of the title four (4) hours. s performed herounder and any
	(1-1/2) your regular rate.	ate.			Leaning the province of the pr	, negotiables or other valuables of LLOYD in each instance and
	LUNCH Your lunch hour will be determined by your supervisor to whom	e determined by yo	oursupervi	sor to whom	will interestive supervision year to be LLOVD hermless from any such etaim analung out of a braact of will interestive supervised to the contract of the treat collicion, cargo damage or other public interfail inter- resculting from bodily injury, preparity damage, fire, their, collicion, cargo damage or other public interfail	o foragoing inclusivo of flability lamago. (b) LLOYD'S insuranco
	you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.	nen working a full of lunch.	day, the la	w requires a	deas not cover loss or damage caused by the operations of upstomers owney or weak- Dutionner theoretie accepts full response billy (or any calme, including the deformer theoret), involvin first, their, callisht, cared demage or public thatility damage austinicat or incurred as a result of a	odily injury, property damage, OYD'S employee driving such
	ABSENCES - LATENE	ENESS Even must he absent or late. To not call	cant or late	Do not call	vehicle(s), er avlang out of or trivolving violation by Custatore of clauze (a) patove, (a) LLOYD is not traporatible for dename andeo trade Its factality bando vinces avait belane ace reported in withing ta it you catanare within lifety (30) days after occurrence, (a) Custanare shall Its factality bando vinces avait belane ace reported in withing ta its variance within lifety (30) days after occurrence, (a) Custanare shall Its factality bando vinces avait belane ace reported in withing ta its variance visit in lifety (30) days after occurrence, (a) Custanare shall Its factality bando vinces avait belane ace reported in sublicit at bando visit of the Occupational School variance variant in the active Indomnity ared had LLOYD farminas functions and damanus, subligit and of the Occupational School variance variance variant in the Active Active active active active active active active and damanus, subligit and of the Occupational School variance variance variant in the Active Active active active active active active active active active active active	ocrutible for claims mode under accurrence, (c) Customer shall r and Health Act as It relates to
	the client. LLOYD STAFFING will call the client.	AFFING will call th	he client.		promises avandor controlled by Custionira and to wition. LCOYO3 engineera and up that on his or his	claims are reported in writing to unit to the Customer. Customer clacues all matters concornion
	のNa.TN底。JOB SAFETV Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the previous office a fill ow fill way	accident or injur ment that has not b	ry was sus been previo	ident or injury was sustained while that has not been previously reported fine at 1 lovd	recognized. LUCUVS compowementary or neuronary must provide the second second second second second resonance of the investmentary or proceedings of the investmentary or propried of the investmentary or methygons and usignated is a constant second se resonance second	cription given and the thoun s stratcrty FORBIDDEN. ANY COVERED UNDER LLOYD'S
	TRAINING TOTAL		;		WORKERS COMPENSION INSUPPRIVE. Customer adepositions the understanding that LLOYD'S liveled at a for labor and agrees to pay such involves upon recoupt. If pay involves contail unput (190, 45ya after unrelet. Customer tage) to put LLOYD the reprodicting at the recoupt. If pay involves contail unput (190, 45ya after unrelet. Customer tage) and use LLOYD the reprodicting costs of the customer and an and an antice and another unrelet. Customer tage and use LLOYD the reprodictions of the resound.	cos lo pay such involces upon D a lato payment charge at the LLOYD its reasonable costs of
	You must complete the Tra	le Training Orientation every time you go	ation every	time you ga	rate of 1-1/2% per month (1929) per unitarian on acta antabata antabata secondar antabata secondar allo antabata and expanses.	10-5002 IT DAD

1 I State State I

DUUC

Prep. ast of Bowld . Could Fr

BACK

## employee information

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

## OVERTIME

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

## LUNCH

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

# OM-THE-JOB SAFETV 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.

## You must complete the Training Orientation every time you go **CNININGT**

to a new assignment.

## TERMS & CONDITIONS FOR LLOVD STAFFING

Learlish that I am authorized to sign on behalf of the named company ("Customer"), the total iteurs shown on the newrae side of his linearhod are correct, the work was performed in a subsisteriory manuer, and my signalure is authorization to bill the named customer who moderated that this percent is an omployed of a subsisteriory manuer, and my signalure is authorization to bill the named of our affiliation, or any company to whom we assign the percent, oilthow if on any permanet or tamportant base, it if use the percent is a new complete the percent is a subsisteriory in the percent on a permanet or tamportant base, it is of our affiliation, or any comparing the percent, oilthow if omplety this percent on a permanet or tamportant base. If it has none (1) ware the percent is an encloared, we agree to pay LLOVD of for of 25% of the total ontucitied compensation to table of the employee in the new capacity.

In the employent in new captured by LLOYD instances statistication with its employed's arvices by activity of the rest new for hear works of the task of the hear works of

Customor advanded as its understanding that LLOYD'S involces are far labor and agrees to pay such involces upon receipt. If may involues remain unpaid thinky (30) doyn after involces date. Customur agrees to pay LLOYD that payment change at the rate of 1-142% per menth (18% per nonturn) can such unpaid amounts. Customur algo apress to pay LLOYD the reasonable costs of exilediton, including the vanocable automore that expenses.

LLOVD 10-2007

2: **医生活的** 

COURPARVE PARSONC	50.7	10.150X XS2007 CA 9002S	TOTAL REPART TO C C M C L DEPT. JUDATE 10 - WEEK FUDATE	A	FIRST TIME AT THIS CLIENT COMPANY? 🗁 465 🗆 No 🛛 II yes, Temporary Associates must indicate they have	) on this assignment. ( Pleaso chock)	🗆 Emergoncy Evacuation Proceduros 🗆 Job Silo & General Safety Kulos 🛛 Policy & Proceduro Review	I hereby cortify that the hours shown were worked by me during the week ending shown above, and were property cortified by an	authorized representative of the facility named above and that I received the required training. I understand I am to contact the	I diffee after completing the Assignment to determine 1f there is other work available for me. I agree that if I do not contact the other way completion of an accitaneous theorem an example I am not available.		EMPLOYEE SIGNATIONE	CARTERING PHIMER / Athink				Outerr signature of Acceptiones     Print Justic /	W Bapil Droomband & On Grow pally	Presentation of training and the second s	and the HALIANT POINT POINT CONCEPTION OF THE DEPENDENCE CONSTITUTES TO FUNCTION TO AN ADDRESS INCOMENT OF THE ADDRESS INCOMENT OF THE ADDRESS INCOMENT OF THE ADDRESS INCOMENT OF THE ADDRESS INCOMENT OF ADDRESS INCOMENTATION ADDRESS		Bo sure to call Lloyd Staffing Inmediatoly when assignment ends or we will assume you are no longer available for work.	
d 10		AM or PWI.	LESS LUNCH TOTA						-						_	1	t	VI UNDH	111	IntronTANT. All burrs	cocti day worked. Hours will not be paid if not	approvad dally.	unnaum: 4 nours per ompleyee, per day.
HQ: 445 Broadhollow Rond Metville, NY 11747, Suite 119	Phone: 631-777-7600	c to indicate	TIME OUT	WV CD	MALD	W	MAL	WV	MI D	MAL	WA C	WVC	M4 C	MA LT	IN DW	MAC	U PM	TO NEAREST 1/4	IN NORVED HE	AINI SUITI	-		
IQ: 445 Broa	Phone: 63	PLETE - Bo sure to indicate All or PMI.	TIMEIN	WV C.	IN A T	IN TO	Wd C	MAL.	Wd L.	WYC	INd FD	INAL	MA L.	MVT	MH CI	WV	MA C	TOTAL HOURS FOR WEEK TO MEANEST 1/4 HOUR	ISE WHILE TOTAL RUC		aL Taler Ihan Friday nicht.	stain EMPLOYEE copy for yourself.	i hours must be totaled.
- S		CON		10	V	10	2	-	7		7		2	-	2		7			pen.	v lo Llovd, no	it company; ru	nccopied. Al
a W		EASE		-	+		)		~										4	=			
Loud"	STAFFING	EMPLOYEE PLEASE COM	DATE	1011	0	10	5	2.	3	101	1	00	11	3	50		3	Would	12	INSTRUCTIONS: 1. Procs firmly; uso a ball point pen	L & INVOICE co	4. Leave CLIENT copy with client company; rel	Vierod limestrates will not be neepled. All

## NOW S

## 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

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

## 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.

## 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. VTHE-JOB SAFETV

You must complete the Training Orientation every time you go **UNIMIART** 

to a new assignment.

## TERMS & CONDITIONS FOR LLOVD STAFFING

I carrily that I am auftorized to sign on turbult of the named company (Customer), the lotal hours shown on the reverse also of this timesheet are correct, the work was performed in a calification manner and my agrature is authorization to bill the named Customer. We understand that this persons is an employee of LCN's and is reformed to use on a temporary basis. In the event we carry of our cultification are any company to whom we assign this persons therein another the persons on a permanent or improvery basis. In our we or explore the person's carry comparaty to whom we can also there in a person's arevices the a consulting or froutemer, we are this person's carvices the a consulting or froutemer, we agree this person's carvices the a consulting or froutemer, we agree this person's carvices the a consulting or froutement, we agree to pay. LCVO a fee of 25% of the total annualized compensation ratio of the employee the new capacity.

Custionior admained fa understanding that LLOYO'S involves are far labor and agrees to pay auch involves uppar receipt. If my involves meah unpaid thirty (30) days after involves due, Customer spress to pay LLOYO a fate payment charge at the rate of 1-1.6% per month (18% per normal) on auch unpaid anneuts. Customer also agrees to pay LLOYD its reasonable costs of collection, including the neuroarbit attentorys' for and expense.

LLOVD 10-2007

Г	1		~	1					-	T	T			1	Г							
	COURPARY NAME S. A.S. C.N. C. 10000 R.G. 200	P.0. Bay 2	REPORTOL 2 LAND L DEPT. JOENT	COVID VECTOR ANY D Yes D No I yes, Temporary Associates must huffcate they have	ng on this:	1 hereby cardify that the hours shown were worked by me during the week ending shown above, and were property cardified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the authorized representative of the facility named above and that I received the required training. I understand I am to contact the	office upon completing the Assignment the quartum in more accurate a construction of an assignment they can assemble if an ord twailable.	action alm later -	SOCIAL SECURITY NO.	CLIERT SIGNLYDYJRE OF ACCEPTANCE	) Kohn Greenbey Nobh Orenhes	TyppoRTANT FOR CLIENT: Execution of this formCP/the client constitutes a confidentian that the TOTAL hours laced are correct as stated, that the work was performed in a sulficiancity manner and agreement by the Client to the TERMS and CONDITIONS orinted on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.	Bo sure to call Lloyd Staffing lannedlatoly when assignment ends or we will ascume yeu are no longer awallable for work.		BACK	terms & conditions for llovd staffing	I contribution to the second to sign on behalf of the named company ("Customer"), the fold hours shown on the reverse side of this timesheet are correct, the work was portioned in a satisfactory memory, may algorithm is autheraction to bill the annual side of this timesheet are correct, the work was portioned in a satisfactory memory and a such according to work we or and the normal port of the second of the over the second of the normal for the over the	Customer, We understand that must pruve in an whycytor of a construction of the predicts and an approximation of temporary backs, (i) use of our affailates, or any company to whom we assign that person, although this persons and an approximation of temporary backs, (ii) use this persons acrifted in a constituting or freekance capacity, or (ii) use this predicts through motion function for any and which are the predicts and the services through the predicts are which the predicts are any approximate to the predict are approximated to the predict	one (1) year taffer this person's temperary assignment, we agree to pay LUOTU and 0123% of the remainded compensation of the semployee in the metapolity. It is an approximately a services by estending a four (9) hear guarantee period. If, for any 1, 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	reason, we are disabilitied with the omployee arsigned to us, LLOYD will not charge for the first four (4) hours worked by such employne, provided that LLOYD replaces the invividual conjunct. Unlace we contact LLOYD before the end of the first four (4) hours.	we agree that the employee assigned by LUCV D sourcesory. I confirm the prior agreement between LLOYD customer with respect to the zervices performed hereunder and any feiture services. that (a) customer shall not customer LLOYD's employees with unaltended premises, creat, negotables endow tables	or autherize such employees to operate maclifnery or motor vehicles without the prior written contexp of LCVY or intervention or autherize and the second of the fore of the f
1.0.2		PMI.	TOTAL	1						(	N	All Thomas	ld if not ly: bours per	r day.			ut. This iorized		lest and	hours in	one-hair	
	01d	ate AM or	LESS LUNCH								HERE C	IMPORTANTAll Trouts must be approved for prob day worked. Henry	will not be paid if not approved dally. Minimum: 4 hours pe	anplayee, por day.		N	ly filled o		the requ	40) forty	one and (	
	1747, Suite	E-Be sure to indicat	TIME OUT	MA C	WNL	MA LI	MALL	WVC	U AM U PM	U PM U PM	( TO NEAREST		lor yourself.	ď.		MATIO	complete ourself a		only with	t be obta	e paid at	
OF AKE RYDS	HC: 445 Broadhollow Road Melville, NY 11747, Suite 119	runne: 03 I-/ // -/ 000 LETE - Bo sure to indicate AW or PWI.	TIME IN	WV C	L AM	MA L	D PM	C AM		MAC	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		INSTRUCTIONS: 1. Press firmly: use a ball point pon. 2. Use soprated interestent for each assignment. 3. Main OfficialAL & MXODE cory to Mark than Friday night. 4. Law CLAPC Force with follar company: rachar Marketurde Cory for yourself.	Allered linesheels will not be accepted. All hours must be totaled.		EMPLOYEE INFORMATION	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 WOERK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/7) vour regular rate.			
	New New York			12	T		5	5	2	17	TOTAL HO		Lloyd, no laler 1 npany, relain E ned without pay	opted. All hour		LOVEE	ure times signatur	client.	to work	ent. App WEEK: \	day-Suno ar rate.	
	ng.	EMPLOVER PLASE COM	DATE	1×s	+ $-$	18tt	1/24	2	12/02	N.	4 12	ball point pon.	VOICE copy to vith dient con	will not be acc		EMPI	lays be st equired	representative of the client	permitted	approval of the client. A the client, WORK WEE!	a work week (Monday-S (1-1/2) your regular rate	
		EMPLOVEE PL				-	-		-		NDING 1	INSTRUCTIONS: 1. Pross firmly, uso a	opticital sumes opticital & IN o client copy	od limesheola			avoid de l	presentat	You are permi	approval the client	a work we (1-1/2) yo	FUNCH
			AND	MON	TUES	WED	THURS	E	SAT	SUN	WEEK ENDING	INSTRI 1, Pros	2. User A. Leav	Aller			우. <u>트</u>		0			El
		·				13 Prost NC	Struthord	1216.04	in lants dry	Asili with	L'ALALA .	J. J. J.	25									

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.

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. ON-THE-JOB SAFETY

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

ada into receive least activation cannot entropy of the control of

Customor indexwoldgos its undertanding that LLOYD'S involces are for labor and agrees to ray such involces upon receipt. If any involces remain unpaid they (30) days after involce date, Castomir spreet to pay LLOYD a late payment charge at the rate of 1-1/2% per modifier for some more unpaid amounts. Customire also agrees to pay LLOYD fits remainible costs of costs of h-hchaller its reasonable attorneys' foos and expension.

LLOYD 10-2007

ffice of the City Clerk						all ()	619 Ma
dministrative Services Division						ad the	
leighborhood Council (NC) Funding Progr oard Action Certification (BAC) Form	am					TO TH	
			Meeting Date:	19-23-2020			1
IC Name: Bel Air-Beverly Crest NC			Agenda Item No				
loard Motion and/or Public Benefit (tatement (CIP and NPG):	Page 1 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of \$3 [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C)					n of \$35,407.56.	
Aethod of Payment: (Select One)	Check		Credit Card		🗆 Board	I Member Reimb	ursement
Perused Board Member	s must leave the room prior to		ote Count ussion and may no	t return to the ro	om until after t	he vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.	X					
Gail Sroloff	Bel Air District Rep.	X					
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	<u>х</u>		1			
Wendy Morris	Bel Air Hills Assn. (RVA) Rep	X	-				
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
	Benedict Cyn. Assn. Rep.	X				1	
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	+	X				1	
Nickie Miner	Benedict Cyn. Assn. Rep.	X			<u> </u>		
Mindy Mann	Benedict Cyn. Assn. Rep.						
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х		+	X		
Jackie DeFede	Faith-Based Organizations Rep.	~			^		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	Х			v	-	1
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.	Χ			V		
Jason Spradlin	Holmby Hills Assn. Rep.				X		
Jamie Hall	Laurel Cyn. Assn. Rep.	X			+		
Stephanie Savage	Laurel Cyn. Assn. Rep.	X					
Cathy Wayne	Laurel Cyn. Assn. Rep.	Х					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	Х		·			
Marcia Hobbs	At Large Rep.				X		
Shawn Bayliss	At Large Rep.	Х					<u></u>
Philip Enderwood	At Large: Youth Seat Rep.				X		
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х					
Board Quorum: 15 We, the authorized signers of the abov meeting was held in accordance with a meeting where a quorum of the Board w	II laws, policies, and procedur	28 cil, declare res. The at	0 that the informat	ion presented or by the Neighbo	5 a this form is act orhood Council B	o curate and comp board, at a Brown	lete, and that a pu n Act compliant pu
Authorized Signature Jacque	direkennedy	/	Authorized Si	ignature: Re	obert A	. Ringle	r
	Kennedy, Treasure	er		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory			
Date: 09/23/2020			Date: 09/23	3/2020			

Office e	of the	City	Clerk
----------	--------	------	-------

Administrative Services Division



Neighborhood Council (NC) Funding Program

**Board Action Certification (BAC) Form** Meeting Date: 09/23/2020 NC Name: Bel Air-Beverly Crest NC Budget Fiscal Year: 2020-2021 Agenda Item No: 5.e.ii Page 2 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of Board Motion and/or Public Benefit Statement (CIP and NPG): \$35,407.56. [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C) Board Member Reimbursement Check - 🗌 Credit Card Method of Payment: (Select One) **Vote Count** Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete. Ineligible Recused Abstain Absent **Board Position** Yes No **Board Member's First and Last Name** Yves Mieszala North of Sunset District Rep. X X Ellen Evans North of Sunset District Rep. Х Patricia Murphy North of Sunset District Rep. Х Robert A. Ringler Residents of Beverly Glen Rep. X Dan Palmer Residents of Beverly Glen Rep. Board Quorum: 15 Total: We, the authorized signers 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. Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Authorized Signature Print/Type Name: Jacqueline Le Kennedy, Treasurer Date: 09/23/2020 Date: 09/23/2020 NCFP 101 BAC Rev020118

## NEIGHBORHOOD COUNCIL FUNDING PROGRAM

## FINANCIAL OFFICERS LETTER OF ACKNOWLEDGEMENT & AGREEMENT

We, the undersigned, do hereby declare that as a result of an official action of the Governing Body of the Neighborhood Council (NC) named below:

(1) we are authorized to request City funding to support NC general operations,

(2) all items or services described or included in any related funding requests are exclusively intended to further the goals and objectives of the Neighborhood Council, and

(3) all reasonable precautions shall be exercised by the undersigned to fully safeguard, control and account for all use of funds. Proper accountability of all City funds is critical to the success of the NC Funding Program.

Therefore, by the signature(s) below, and on behalf of the Neighborhood Council named below, WE HEREBY AGREE to the terms and conditions as set forth in this Letter of Acknowledgement and all related documents as provided by the City, agree to expend funds in accordance with any applicable City rules, policies or procedures, and specifically agree to expend monies received by the Office of the City Clerk solely for public purposes relating to the goals and purposes of the Neighborhood Council named below, consistent with the scope and authority under the City Charter, the Plan for a Citywide System of Neighborhood Councils and any implementing ordinances. We have attended and participated in the City-provided training relating to the NC Funding Program.

WE FURTHER ACKNOWLEDGE and WE AGREE to comply with any requirements regarding use of the NC funds. WE AGREE to provide NC financial reports and/or supporting documentation to the Office of the City Clerk, Neighborhood Council Funding Program as requested and at monthly meetings to the Governing Body and stakeholders of the NC named below. WE AGREE that the Office of the City Clerk and other City representatives may make on-site visits to inspect and review all NC financial records, upon providing reasonable advance notice to the NC Treasurer or designated representatives.

WE ACKNOWLEDGE THAT A NEW LETTER OF ACKNOWLEDGEMENT MUST BE FILED IF THERE IS ANY CHANGE OF FINANCIAL OFFICERS.

## Neighborhood Council Financial Officers - Names and Signatures:

Treasurer

Please check here if a new Treasurer is being appointed

SIGNATURE OF THE TREASURER

Jacqueline Le Kennedy

PRINT NAME OF THE TREASURER

*l* reasurer

BOARD POSITION

September 25, 2020

DATE

jkennedy@babcnc.org

EMAIL.

310-292-8887

PHONE NUMBER

**CONTINUES OTHER SIDE** 

2nd Signer

Robert A. Ringler

SIGNATURE OF THE 2nd SIGNER

Robert A. Ringler

PRINT NAME OF THE 2<sup>ND</sup> SIGNER

Secretary & Second Signer

BOARD POSITION

Alternate Şigner (If not applicable, please indicate "N/A")

ATURE OF THE ALTERNATE SIGNER

cole Miner

PRINT NAME OF THE ALTERNATE SIGNER

## Assistant Treasurer

BOARD POSITION

1st Bank Cardholder

Robert A. Ringler

SIGNATURE OF THE 1st BANK CARD HOLDER

## Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

Secretary & Second Signer

BOARD POSITION

2<sup>nd</sup> Bank Cardholder

Please check here if a new Cardholder is being appointed

SIGNATURE OF THE 2nd BANK CARD HOLDER

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

## President

BOARD POSITION

\*\*\* Bank Cardholders, please read further next page \*\*\*

Please check here if a new 2<sup>nd</sup> Signer is being appointed

September 25, 2020 DATE raringler@babcnc.org

EMAIL 310-365-5723

PHONE NUMBER

Please check here if a new Alt. Signer is being appointed

September 25, 2020

DATE

nminer@babcnc.org

EMAIL

310-710-8248

PHONE NUMBER

Please check here if a new Cardholder is being appointed

September 25, 2020

DATE raringler@babcnc.org

EMAIL

310-365-5723

PHONE NUMBER

September 25, 2020

DATE

rgreenberg@babcnc.org

EMAIL 310-968-0605

PHONE NUMBER

Page 3 of 12

1<sup>st</sup> Bank Cardholder

Robert A. Ringler SIGNATURE OF THE 1st BANK CARD HOLDER

Robert A. Ringler

September 25, 2020

DATE

PRINT NAME OF THE 1st BANK CARD HOLDER

2<sup>nd</sup> Bank Cardholder

Robin cheenberg SIGNATURE OF THE 2nd BANK CARD HOLDER

**Robin Greenberg** 

PRINT NAME OF THE 2nd BANK CARD HOLDER

September 25, 2020

DATE

Bel Air-Beverly C Annual Budget fo	<b>Crest</b> Neighborhood Council or Fiscal Year 2020-2021
Annual Budget Funds	\$32,000.00
Rollover Funds*	\$ 3,407.56
Encumbered Funds*	
Tota	al Annual Budget Funds \$ 35,407.56

Office/Operational Expenditures Category	
Temporary Staff (Lloyd's Staffing)	\$ 18,750.00
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	\$ 3,000.00
Website Hosting, Maintenance, and Updates (Web Corner)	\$ 2,107.56
Office Internet and Technology Services (Frontier Communications)	\$ 750.00
Google Gsuite	\$ 2,500.00
Phone Answering Services (Jive Communications)	\$ 350.00
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	\$ 2,000.00
Neighborhood Council P.O. Box Rental (USPS)	\$ 400.00
Total Office/Operational Expenditures	\$ 29,857.56

\*The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds and/or approved encumbered funds, if any, on August 1st or next business day. Depending on when an NC submits its Admin Packet/annual budget, the NC may need to revise and resubmit its annual budget to account for any rollover and/or encumbered funds. <u>PLEASE NOTE: Encumbered funds are intended only for earmarked</u> <u>expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</u>

Outreach Expenditures Category	
Mailers, Banners, Swag, Newsletter, Events, etc.	\$ 2,250.00
Social Media Campaigns	\$ 250.00
Total Outreach Expenditures	\$ 2,500.00

.

Election Expenditures Category		
Election Materials, Flyers, Placards, Signage	\$ 2,500.00	
Total Election Expenditures	\$ 2,500.00	

Neighborhood Purposes Grants (NPG) Expenditures Category				
Neighborhood Purpose Grants	\$ 550.00			
	A 550.00			
Total NPG Expenditures	\$ 550.00			

1

Community Improvement Projects (CIP) Expenditures Category					
Community Improvement Projects	\$ 0.00				
Total CIP Expenditures	\$ 0.00				

TOTAL ANNUAL BUDGET ALLOCATIONS	
Office/Operational Expenditures	\$ 29,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 2,500.00
General and Operational Expenditures	\$ 34,857.56
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,407.56

## INVOICE

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



PO#



Please remit payment to: LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Billing inquiries: 631.370.7434

BILL TO:

Attention of: Jacqueline Le Kennedy Bel Air Beverly Crest Nc Po Box 252007 Los Angeles, CA 90025

## Thank you for choosing Lloyd Staffing

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
12/20/2020	417128	1	116863	Due Upon Receipt	t	
PERIOD	DESCRIPTION & E		I	HOURS	RATE	AMOUNT
11/09/20-11/15/20	TRANSCRIPT	Palmer, Cathe	erine	15.00	27.95	\$419.25
11/16/20-11/22/20	TRANSCRIPT	Palmer, Cathe	erine	5.00	27.95	\$139.75
11/23/20-11/29/20	TRANSCRIPT	Palmer, Cathe	erine	3.00	27.95	\$83.85
11/30/20-12/06/20	TRANSCRIPT	Palmer, Cathe	erine	5.00	27.95	\$139.75
12/07/20-12/13/20		Palmer, Cathe		10.00	27.95	\$279.50
Did you know that LLoyd donate diabetes?	es a portion of all payments to JDRF	to help find a cure	for Type 1 PAY THIS	AMOUNT >	TOTAL	\$1,062.10

ffice of the City Clerk						all ()	619 Ma
dministrative Services Division						ad the	
leighborhood Council (NC) Funding Progr oard Action Certification (BAC) Form	am					TO TH	
			Meeting Date:	19-23-2020			1
IC Name: Bel Air-Beverly Crest NC			Agenda Item No				
loard Motion and/or Public Benefit (tatement (CIP and NPG):	Page 1 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of \$3 [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C)					n of \$35,407.56.	
Aethod of Payment: (Select One)	Check		Credit Card		🗆 Board	I Member Reimb	ursement
Perused Board Member	s must leave the room prior to		ote Count ussion and may no	t return to the ro	om until after t	he vote is compl	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.	X					
Gail Sroloff	Bel Air District Rep.	X					
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. (RVA) Rep.	<u>х</u>		1			
Wendy Morris	Bel Air Hills Assn. (RVA) Rep	X					
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
	Benedict Cyn. Assn. Rep.	X				1	
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	+	X				1	
Nickie Miner	Benedict Cyn. Assn. Rep.	X			<u> </u>		
Mindy Mann	Benedict Cyn. Assn. Rep.						
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	Х		+	X		
Jackie DeFede	Faith-Based Organizations Rep.	~			^		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	Х			v	-	1
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.	Χ			V		
Jason Spradlin	Holmby Hills Assn. Rep.				X		
Jamie Hall	Laurel Cyn. Assn. Rep.	X			+		
Stephanie Savage	Laurel Cyn. Assn. Rep.	X					
Cathy Wayne	Laurel Cyn. Assn. Rep.	Х					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	Х		·			
Marcia Hobbs	At Large Rep.				X		
Shawn Bayliss	At Large Rep.	Х					<u></u>
Philip Enderwood	At Large: Youth Seat Rep.				X		
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х					
Board Quorum: 15 We, the authorized signers of the abov meeting was held in accordance with a meeting where a quorum of the Board w	II laws, policies, and procedur	28 cil, declare res. The at	0 that the informat	ion presented or by the Neighbo	5 a this form is act orhood Council B	o curate and comp board, at a Brown	lete, and that a pu n Act compliant pu
Authorized Signature Jacque	direkennedy	/	Authorized Si	ignature: Re	obert A	. Ringle	r
	Kennedy, Treasure	er		Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory			
Date: 09/23/2020			Date: 09/23	3/2020			

Office e	of the	City	Clerk
----------	--------	------	-------

Administrative Services Division



Neighborhood Council (NC) Funding Program

**Board Action Certification (BAC) Form** Meeting Date: 09/23/2020 NC Name: Bel Air-Beverly Crest NC Budget Fiscal Year: 2020-2021 Agenda Item No: 5.e.ii Page 2 of 2: Motion: Approval of amended budget showing rollover funds of \$3,407.56 with total allocation of Board Motion and/or Public Benefit Statement (CIP and NPG): \$35,407.56. [Previous budget had an estimated rollover amount of \$3,300; difference is \$107.56.] (Attachment C) Board Member Reimbursement Check - 🗌 Credit Card Method of Payment: (Select One) **Vote Count** Recused Board Members must leave the room prior to any discussion and may not return to the room until after the vote is complete. Ineligible Recused Abstain Absent **Board Position** Yes No **Board Member's First and Last Name** Yves Mieszala North of Sunset District Rep. X X Ellen Evans North of Sunset District Rep. Х Patricia Murphy North of Sunset District Rep. Х Robert A. Ringler Residents of Beverly Glen Rep. X Dan Palmer Residents of Beverly Glen Rep. Board Quorum: 15 Total: We, the authorized signers 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. Authorized Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory Authorized Signature Print/Type Name: Jacqueline Le Kennedy, Treasurer Date: 09/23/2020 Date: 09/23/2020 NCFP 101 BAC Rev020118

## NEIGHBORHOOD COUNCIL FUNDING PROGRAM

## FINANCIAL OFFICERS LETTER OF ACKNOWLEDGEMENT & AGREEMENT

We, the undersigned, do hereby declare that as a result of an official action of the Governing Body of the Neighborhood Council (NC) named below:

(1) we are authorized to request City funding to support NC general operations,

(2) all items or services described or included in any related funding requests are exclusively intended to further the goals and objectives of the Neighborhood Council, and

(3) all reasonable precautions shall be exercised by the undersigned to fully safeguard, control and account for all use of funds. Proper accountability of all City funds is critical to the success of the NC Funding Program.

Therefore, by the signature(s) below, and on behalf of the Neighborhood Council named below, WE HEREBY AGREE to the terms and conditions as set forth in this Letter of Acknowledgement and all related documents as provided by the City, agree to expend funds in accordance with any applicable City rules, policies or procedures, and specifically agree to expend monies received by the Office of the City Clerk solely for public purposes relating to the goals and purposes of the Neighborhood Council named below, consistent with the scope and authority under the City Charter, the Plan for a Citywide System of Neighborhood Councils and any implementing ordinances. We have attended and participated in the City-provided training relating to the NC Funding Program.

WE FURTHER ACKNOWLEDGE and WE AGREE to comply with any requirements regarding use of the NC funds. WE AGREE to provide NC financial reports and/or supporting documentation to the Office of the City Clerk, Neighborhood Council Funding Program as requested and at monthly meetings to the Governing Body and stakeholders of the NC named below. WE AGREE that the Office of the City Clerk and other City representatives may make on-site visits to inspect and review all NC financial records, upon providing reasonable advance notice to the NC Treasurer or designated representatives.

WE ACKNOWLEDGE THAT A NEW LETTER OF ACKNOWLEDGEMENT MUST BE FILED IF THERE IS ANY CHANGE OF FINANCIAL OFFICERS.

## Neighborhood Council Financial Officers - Names and Signatures:

Treasurer

Please check here if a new Treasurer is being appointed

SIGNATURE OF THE TREASURER

Jacqueline Le Kennedy

PRINT NAME OF THE TREASURER

*l* reasurer

BOARD POSITION

September 25, 2020

DATE

jkennedy@babcnc.org

EMAIL.

310-292-8887

PHONE NUMBER

**CONTINUES OTHER SIDE** 

2nd Signer

Robert A. Ringler

SIGNATURE OF THE 2nd SIGNER

Robert A. Ringler

PRINT NAME OF THE 2<sup>ND</sup> SIGNER

Secretary & Second Signer

BOARD POSITION

Alternate Şigner (If not applicable, please indicate "N/A")

ATURE OF THE ALTERNATE SIGNER

cole Miner

PRINT NAME OF THE ALTERNATE SIGNER

## Assistant Treasurer

BOARD POSITION

1st Bank Cardholder

Robert A. Ringler

SIGNATURE OF THE 1st BANK CARD HOLDER

## Robert A. Ringler

PRINT NAME OF THE 1st BANK CARD HOLDER

Secretary & Second Signer

BOARD POSITION

2<sup>nd</sup> Bank Cardholder

Please check here if a new Cardholder is being appointed

SIGNATURE OF THE 2nd BANK CARD HOLDER

Robin Greenberg

PRINT NAME OF THE 2nd BANK CARD HOLDER

## President

BOARD POSITION

\*\*\* Bank Cardholders, please read further next page \*\*\*

Please check here if a new 2<sup>nd</sup> Signer is being appointed

September 25, 2020 DATE raringler@babcnc.org

EMAIL 310-365-5723

PHONE NUMBER

Please check here if a new Alt. Signer is being appointed

September 25, 2020

DATE

nminer@babcnc.org

EMAIL

310-710-8248

PHONE NUMBER

Please check here if a new Cardholder is being appointed

September 25, 2020

DATE raringler@babcnc.org

EMAIL

310-365-5723

PHONE NUMBER

September 25, 2020

DATE

rgreenberg@babcnc.org

EMAIL 310-968-0605

PHONE NUMBER

Page 3 of 12

1<sup>st</sup> Bank Cardholder

Robert A. Ringler SIGNATURE OF THE 1st BANK CARD HOLDER

Robert A. Ringler

September 25, 2020

DATE

PRINT NAME OF THE 1st BANK CARD HOLDER

2<sup>nd</sup> Bank Cardholder

Robin cheenberg SIGNATURE OF THE 2nd BANK CARD HOLDER

**Robin Greenberg** 

PRINT NAME OF THE 2nd BANK CARD HOLDER

September 25, 2020

DATE

Bel Air-Beverly Crest Neighborhood Council Annual Budget for Fiscal Year 2020-2021		
Annual Budget Funds	\$32,000.00	
Rollover Funds*	\$ 3,407.56	
Encumbered Funds*		
Tota	al Annual Budget Funds \$ 35,407.56	

Office/Operational Expenditures Category	
Temporary Staff (Lloyd's Staffing)	\$ 18,750.00
Meeting Facilities & Space Rental, and Ancillary Meeting Expenses (AJU or other)	\$ 3,000.00
Website Hosting, Maintenance, and Updates (Web Corner)	\$ 2,107.56
Office Internet and Technology Services (Frontier Communications)	\$ 750.00
Google Gsuite	\$ 2,500.00
Phone Answering Services (Jive Communications)	\$ 350.00
Office Supplies, Software, Printing, Miscellaneous Expenses, etc.	\$ 2,000.00
Neighborhood Council P.O. Box Rental (USPS)	\$ 400.00
Total Office/Operational Expenditures	\$ 29,857.56

\*The Funding Program will notify each NC of their Fiscal Year closing balance including available rollover funds and/or approved encumbered funds, if any, on August 1st or next business day. Depending on when an NC submits its Admin Packet/annual budget, the NC may need to revise and resubmit its annual budget to account for any rollover and/or encumbered funds. <u>PLEASE NOTE: Encumbered funds are intended only for earmarked</u> <u>expenditures submitted in the "Encumbrance Request Form" and approved by the Funding Program</u>

Outreach Expenditures Category	
Mailers, Banners, Swag, Newsletter, Events, etc.	\$ 2,250.00
Social Media Campaigns	\$ 250.00
Total Outreach Expenditures	\$ 2,500.00

.

Election Expenditures Category	
Election Materials, Flyers, Placards, Signage	\$ 2,500.00
Total Election Expenditures	\$ 2,500.00

Neighborhood Purposes Grants (NPG) Expenditures Category	
Neighborhood Purpose Grants	\$ 550.00
Total NPG Expenditures	\$ 550.00

1

Community Improvement Projects (CIP) Expenditures Category		
Community Improvement Projects	\$ 0.00	
Total CIP Expenditures	\$ 0.00	

TOTAL ANNUAL BUDGET ALLOCATIONS	
Office/Operational Expenditures	\$ 29,857.56
Outreach Expenditures	\$ 2,500.00
Election Expenditures	\$ 2,500.00
General and Operational Expenditures	\$ 34,857.56
Neighborhood Purposes Grants (NPG) Expenditures	\$ 550.00
Community Improvement Projects (CIP) Expenditures	\$ 0.00
TOTAL EXPENDITURES FOR FISCAL YEAR 2020-2021	\$ 35,407.56