Attachment "C"

Monthly Expenditure Report

Reporting Month: July 2021 **Budget Fiscal Year: 2021-2022**

NC Name: Bel Air-Beverly Crest Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	**Total Spent**	**Remaining Balance**	**Outstanding**	**Commitments**	**Net Available**
$32000.00	$1563.84	$30436.16	$0.00	$0.00	$30436.16

Monthly Cash Flow Analysis					
Budget Category	**Adopted Budget**	**Total Spent this Month**	**Unspent Budget Balance**	**Outstanding**	**Net Available**
Office	$31450.00	$1563.84	$29886.16	$0.00	$29886.16
Outreach		$0.00		$0.00	
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	$550.00	$0.00	$550.00
Funding Requests Under Review: $0.00		Encumbrances: $0.00		Previous Expenditures: $0.00	

Expenditures						
#	**Vendor**	**Date**	**Description**	**Budget Category**	**Sub-category**	**Total**
1	GOOGLE GSUITE BABCNC.O	07/02/2021	Google 07-02-2021 Paid Receipt & Invoice.pdf	General Operations Expenditure	Office	$210.00
2	FRONTIER COMM CORP WEB	07/09/2021	Frontier Receipt-Invoice Date 07-09-2021.pdf	General Operations Expenditure	Office	$60.98
3	LOGMEIN GoToConnect	07/10/2021	LogMeIn Receipt/Invoice 07-10-2021.pdf	General Operations Expenditure	Office	$32.36
4	USPS PO BOXES ONLINE	07/15/2021	USPS Receipt/Invoice PO Box 252007 12 months.pdf	General Operations Expenditure	Office	$422.00
5	Lloyd Staffing, Inc.	07/19/2021	Payment to Lloyd's for Board Administrator Services for the week of services starting: 06/14/2021 and ending on 06/20/2021 Invoice Dated: 07/11/202...	General Operations Expenditure	Office	$279.50
6	Lloyd Staffing, Inc.	07/19/2021	Payment to Lloyd's for Board Administrator Services for the week of services starting: 06/07/2021 and ending on 06/13/2021 Invoice Dated: 07/11/202...	General Operations Expenditure	Office	$139.75

7	Lloyd Staffing, Inc.	07/19/2021	Payment to Lloyd's for Board Administrator Services for the week of services starting: 06/21/21 and ending on 06/27/2021 Invoice Dated: 07/11/2021 ...	General Operations Expenditure	Office	$419.25
	Subtotal:					**$1563.84**

Outstanding Expenditures						
#	**Vendor**	**Date**	**Description**	**Budget Category**	**Sub-category**	**Total**
	Subtotal: Outstanding					**$0.00**

Invoice

Invoice number: 3934695253

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

Bill to

Robert Ringler
Bel Air Beverly Crest Neighborhood Council
PO Box 252007
Los Angeles, CA 90025
United States

Details

Invoice number	3934695253
Invoice date	Jun 30, 2021
Billing ID	7677-2853-5183
Domain name	babcnc.org

Google Workspace

Total in USD **$210.00**

Summary for Jun 1, 2021 - Jun 30, 2021

Subtotal in USD	$210.00
Tax (0%)	$0.00
Total in USD	$210.00

You will be automatically charged for any amount due.

Google™ **Invoice**

Invoice number: 3934695253

Subscription	Description	Interval	Quantity	Amount($)
G Suite Basic	Usage	Jun 1 - Jun 30	35	210.00

Subtotal in USD	$210.00
Tax (0%)	$0.00
Total in USD	**$210.00**

Need help understanding the charges on your invoice? Click here for detailed explanations
https://support.google.com/a?p=gsuite-bills-and-charges

Google

Payment Receipt

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

Tax identification number
77-0493581

Bel Air Beverly Crest Neighborhood Council
Robert Ringler
PO Box 252007
Los Angeles, CA 90025
United States

Payment date	Jul 2, 2021
Billing ID	7677-2853-5183
Payment method	Mastercard ••••9270
Payment number	M87533739565
Payment ID	GSUITE_babcnc.org

Description	
Payment amount	$210.00

Frontier COMMUNICATIONS

CITY OF LOS ANGELES

Your Monthly Invoice

Account Summary

New Charges Due Date	**7/09/21**
Billing Date	6/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 5/30/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	**$60.98**

Important Information

Important Information About Your Auto Pay.
Effective with your June 2021 bill, your Auto Pay will be drafted on your bill's due date.
Questions? Please contact customer service.

Manage Your Account

To Pay Your Bill

Online: Frontier.com

1.800.801.6652

By mail

To Contact Us

Chat: Frontier.com

Online: Frontier.com/helpcenter

1.800.921.8102

Tech support: Frontier.com/helpcenter

Email: ContactBusiness@ftr.com

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Frontier COMMUNICATIONS

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

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

CITY OF LOS ANGELES
P O BOX 252007
LOS ANGELES, CA 90025

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

Frontier COMMUNICATIONS

CITY OF LOS ANGELES
Date of Bill 6/15/21
Account Number 310-231-7288-081418-5

CURRENT BILLING SUMMARY

Local Service from 06/15/21 to 07/14/21

Qty	Description	310/231-7288.0	Charge
	Non Basic Charges		
	Internet 6 Dynamic IP		54.99
	$5.00 Discount through 12/08/21		5.99
	Other Charges-Detailed Below		60.98
	Total Non Basic Charges		

TOTAL 60.98

** ACCOUNT ACTIVITY **

Qty	Description	Order Number	Effective Dates	
1	Business High Speed Internet Fee 310/231-7288	AUTOCH	6/15	5.99
			Subtotal	5.99

Subtotal 5.99

CUSTOMER TALK

Important Information About Your Auto Pay.
Effective with your June 2021 bill, your Auto Pay will be drafted on your bill's due date.
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 July 15, 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.

Great news! We've improved your payment experience. Learn More.

(https://frontier.com/helpcenter/categories/billing/updates-to-payments?icid=21jun20_national_myaccount_fiserv_payment_experience_banner)

My Payments

Payment Activity

Scheduled Payments

You have no scheduled payments at this time.

Posted Payments

Payment Applied	Payment method	Confirmation Number	Amount
7/09/2021	Autopay Card	p2166RWLWM	$60.98
5/30/2021	Credit Card	5467423	$60.98
5/01/2021	Credit Card	5438161	$60.98
3/30/2021	Credit Card	5406907	$60.98
3/02/2021	Credit Card	5378190	$60.98
1/30/2021	Credit Card	5347229	$60.98
12/30/2020	Credit Card	5316366	$61.98
12/07/2020	Credit Card	5293939	$131.98
9/20/2020	Credit Card	5215802	$217.62

Feedback

1

Key Account Info

Bill & Payment

Current Balance **$60.98**

New Charges Due Date **Aug 9, 2021**

Your autopayment will be charged the total amount due on Aug 9, 2021

Chat

INVOICE

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

Invoice Date	07/01/2021
Invoice #	IN7100489547
PO #	
Customer ID	CN-631494-1701
Terms	**AutoPay Scheduled**
Due Date	07/16/2021
Currency	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 07/01/2021 - 07/31/2021	1	22.21	$22.21
Primary	Standard Phone Numbers (DID) 07/01/2021 - 07/31/2021	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

Total **$32.36**

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

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 here.

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

LogMeIn BILLING

Invoices Payment Options Billed Call Details Accounts

Invoice Details

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

Download Invoice

Invoice IN7100489547

Total Due **$0.00**

PAID

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

Description	Qty	Rate	Total
GoToConnect - 07/01/2021 - 07/31/2021	1	$22.21	$22.21
Standard Phone Numbers (DID) - 07/01/2021 - 07/31/2021	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
		Total	**$32.36**
		Payments & Credits	**$32.36**
		Total Due	**$0.00**

USPS.COM

Hello Cathy Palmer,

Thank you for your automatic payment to the USPS® in the amount of $422.00. This payment has been applied to your PO Box renewal and your credit card has been charged. This fee renews your PO Box for the next 12 months.

Transaction number:	**91002064835161**
Payment amount:	**$422.00**
Payment period:	**12 months**
Next payment due:	**07/31/2022**
PO Box number:	**252007**
Post Office location:	**11420 SANTA MONICA BLVD LOS ANGELES, CA 90025-9998**

If your credit card or debit card information changes (e.g., card cancellation, card expiration, new card), be sure to update your account prior to your next scheduled automatic renewal payment. Go to your PO Boxes Online account, usps.com/poboxes, and click Manage Account. Then, find your PO Box and click See Details and then Edit Payment Details to update your Billing Information.

Thank you for choosing the United States Postal Service®. We appreciate your business.

Please do not respond to this system-generated email.
If you need assistance with PO Boxes Online, please visit USPS Help or Contact Us.

INVOICE

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Questions: AR@LLoydStaffing.com

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

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

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:
07/11/2021	418972-A	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
06/14/21-06/20/21	TRANSCRIPT	Palmer, Catherine	10.00	27.95	$279.50

Did you know that LLoyd donates a portion of all payments to JDRF to help find a cure for Type 1 diabetes?

PAY THIS AMOUNT > **TOTAL** **$279.50**

Lloyd STAFFING

HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7600

EMPLOYEE PLEASE COMPLETE – Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	6 | 14 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	6 | 15 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	6 | 16 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	6 | 17 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	6 | 18 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	6 | 19 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	6 | 20 | 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 6-2021 | TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 10

INSTRUCTIONS:
1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print): BABCNC

ADDRESS: PO Box 25007 | TOWN: LA | R.O. | ZIP: 90025

REPORT TO	DEPT.	JOB TITLE	WEEK ENDING
Robin Greenberg		President	6-2021

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☐ No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME: CATHERINE PALMER | EMPLOYEE SIGNATURE: Cath

SOCIAL SECURITY NO. | | | | – | | | – | | | | |

CLIENT SIGNATURE OF ACCEPTANCE: Robin Greenberg | PRINT NAME: Robin Greenberg

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

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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES – LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is retained by us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name: Bel Air-Beverly Crest NC	**Meeting Date:** 06/30/2021
Budget Fiscal Year: 2021-2022	**Agenda Item No:** 11.b.
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")
Method of Payment: (Select One)	☐ Check ☐ Credit Card ☐ Board Member Reimbursement

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.

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 Association Rep				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
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.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	**Total:**	23	1		6	3	

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: Nicole Miner	Authorized Signature: Robert A. Ringler
Print/Type Name: Nicole Miner, Treasurer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 07/02/2021	Date: 07/02/2021

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name: Bel Air-Beverly Crest NC	**Meeting Date:** 06/30/2021
Budget Fiscal Year: 2021-2022	**Agenda Item No:** 11.b.
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")
Method of Payment: (Select One)	☐ Check ☐ Credit Card ☐ Board Member Reimbursement

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.

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Yves Mieszala	North of Sunset District Rep.				X		
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	X					
Patricia Murphy	North of Sunset District Rep..	X					
Robert A. Ringler	Residents of Beverly Glen Rep.	X					
Dan Palmer	Residents of Beverly Glen Rep..	X					
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: Nicole Miner	Authorized Signature: Robert A. Ringler
Print/Type Name: Nicole Miner, Treasurer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 07/02/2021	Date: 07/02/2021

INVOICE

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Questions: AR@LLoydStaffing.com

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

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

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:
07/11/2021	418963	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
06/07/21-06/13/21	TRANSCRIPT	Palmer, Catherine	5.00	27.95	$139.75

Did you know that LLoyd donates a portion of all payments to JDRF to help find a cure for Type 1 diabetes?

PAY THIS AMOUNT > **TOTAL** **$139.75**

Lloyd STAFFING

HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 119
Phone: 631-777-7600

EMPLOYEE PLEASE COMPLETE – Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	6 | 7 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	6 | 8 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	6 | 9 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	6 | 10 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	6 | 11 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	6 | 12 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	6 | 13 | 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 6/13/21 — TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 5

INSTRUCTIONS:
1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment. Altered timesheets will not be accepted. All hours must be totaled.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print): BMBCNC

ADDRESS: PO BOX 252007 TOWN: LA P.O. ZIP: 90025

REPORT TO: Robin Greenberg DEPT. JOB TITLE: President WEEK ENDING: 6/13/21

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☐ No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME: Catherine Palmer EMPLOYEE SIGNATURE: Catherine Palmer

SOCIAL SECURITY NO. | | | | – | | – | | | | |

CLIENT SIGNATURE OF ACCEPTANCE: Robin Greenberg PRINT NAME: Robin Greenberg

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

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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES – LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entrust LLOYD'S employees with unattended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoices upon receipt. If any invoices remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name: Bel Air-Beverly Crest NC	**Meeting Date:** 06/30/2021
Budget Fiscal Year: 2021-2022	**Agenda Item No:** 11.b.
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budget) Packet (Attachment "D")
Method of Payment: (Select One)	☐ Check ☐ Credit Card ☐ Board Member Reimbursement

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.

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 Association Rep				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
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.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	**Total:**	23	1		6	3	

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: Nicole Miner	Authorized Signature: Robert A. Ringler
Print/Type Name: Nicole Miner, Treasurer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 07/02/2021	Date: 07/02/2021

Office of the City Clerk

Administrative Services Division

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Yves Mieszala	North of Sunset District Rep.				X		
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	X					
Patricia Murphy	North of Sunset District Rep..	X					
Robert A. Ringler	Residents of Beverly Glen Rep.	X					
Dan Palmer	Residents of Beverly Glen Rep..	X					
Board Quorum: 15	**Total:**						

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Print/Type Name: Nicole Miner, Treasurer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 07/02/2021	Date: 07/02/2021

INVOICE

Please remit payment to:
LLoyd Staffing, Inc.
PO Box 780994
Philadelphia, PA 19178-0994
Questions: AR@LLoydStaffing.com

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

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

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:
07/11/2021	418972-B	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
06/21/21-06/27/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	$419.25

Did you know that LLoyd donates a portion of all payments to JDRF to help find a cure for Type 1 diabetes?

PAY THIS AMOUNT > **TOTAL** **$419.25**

Lloyd STAFFING

HQ: 445 Broadhollow Road
Melville, NY 11747, Suite 110
Phone: 631-777-7600

EMPLOYEE PLEASE COMPLETE – Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & AM BREAK	TOTAL HOURS
MON	6/21/21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	6/22/21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	6/23/21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	6/24/21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	6/25/21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	6/26/21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	6/27/21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 6/27/21 — TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 15

INSTRUCTIONS:
1. Press firmly; use a ball point pen.
2. Use separate timesheet for each assignment.
3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.
4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
5. Unsigned timesheets will be returned without payment.
Altered timesheets will not be accepted. All hours must be totaled.

IMPORTANT: All hours must be approved for each day worked. Hours will not be paid if not approved daily.

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print): BABCNC

ADDRESS: PO Box 752007 — TOWN: L.A. — ZIP: 90025

REPORT TO: Robin Greenberg — DEPT. — JOB TITLE: President — WEEK ENDING: 6/27/21

FIRST TIME AT THIS CLIENT COMPANY? ☐ Yes ☐ No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

☐ Emergency Evacuation Procedures ☐ Job Site & General Safety Rules ☐ Policy & Procedure Review

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EMPLOYEE NAME: Catherine Palmer — EMPLOYEE SIGNATURE: Catherine Palmer

SOCIAL SECURITY NO. ___ - ___ - ____

CLIENT SIGNATURE OF ACCEPTANCE: Robin Greenberg — PRINT NAME: Robin Greenberg.

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LLOYD 10-2007

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Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
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.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	**Total:**	23	1		6	3	

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Authorized Signature: Nicole Miner	Authorized Signature: Robert A. Ringler
Print/Type Name: Nicole Miner, Treasurer	Print/Type Name: Robert A. Ringler, Second Signatory
Date: 07/02/2021	Date: 07/02/2021

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Administrative Services Division

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