## Monthly Expenditure Report



Reporting Month: September 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
\$39027.05	\$5131.72	\$33895.33	\$2152.15	\$0.00	\$31743.18

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$5131.72		\$2152.15	
Outreach	\$31450.00	\$0.00	\$24430.21	\$0.00	\$22278.06
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 Unc	der Review: \$0.00	Encumbrar	nces: \$0.00	Previous Expenditures: \$1888.07	

	Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOOGLE GSUITE_babcnc.	09/01/2021	Google Workspace 09-01-2021 Receipt & Invoice Paid.pdf	General Operations Expenditure	Office	\$228.18
2	FRONTIER COMM CORP WEB	09/08/2021	Frontier Paid Receipt/Invoice 09-08-2021.pdf	General Operations Expenditure	Office	\$60.98
3	THE WEB CORNER, INC	09/09/2021	Web Corner Invoices/Receipt #22225, #22379, #22528 9-9-2021.pdf	General Operations Expenditure	Office	\$450.00
4	LOGMEIN GoToConnect	09/10/2021	LogMeIn Receipt/Invoice Paid 09-10-2021.pdf	General Operations Expenditure	Office	\$32.36
5	LLOYD STAFFING /LLOYD STAFFING, INC.	09/01/2021	Payment to Lloyd's for Board Administrator Services for the period of 08/09/21 through 08/22/2021. Invoice Dated: 08/22/2021 Invoice Number: 419371	General Operations Expenditure	Office	\$670.80
6	LLOYD STAFFING /LLOYD STAFFING, INC.	09/01/2021	Payment to Lloyd's for Board Administrator Services for the period of 05/24/21 through 06/06/2021. Invoice Dated: 06/06/2021 Invoice Number: 418642 in the amount of \$698.75	General Operations Expenditure	Office	\$698.75

7	LLOYD STAFFING /LLOYD STAFFING, INC.	09/01/2021	Payment to Lloyd's for Board Administrator Services for the period of 06/28/21 through 08/08/2021. Invoice Dated: 08/15/2021 Invoice Number: 419303	General Operations Expenditure	Office	\$2152.15
8	LLOYD STAFFING /LLOYD STAFFING, INC.	09/09/2021	Payment to Lloyd's for Board Administrator Services for the period of 08/23/21 through 09/05/2021. Invoice Dated: 09/05/2021 Invoice Number: 419501 in the amount of \$838.50	General Operations Expenditure	Office	\$838.50
	Subtotal:			1		\$5131.72

	Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total	
1	LLOYD STAFFING /LLOYD STAFFING, INC.	10/06/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 09/6/21 through 09/19/2021. Invoice Dated: 09/26/2021 Invoice Number: 419706 in the amount of \$1,257.75	General Operations Expenditure	Office	\$1257.75	
2	LLOYD STAFFING /LLOYD STAFFING, INC.	10/21/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 10/4/21 through 10/17/2021. Invoice Dated: 10/17/2021 Invoice Number: 41990	General Operations Expenditure	Office	\$894.40	
Subtotal: Outstanding						\$2152.15	

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

Invoice number: 3965482350

## Bill to

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

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

Details	Google Workspace	
Invoice number	Total in USD	\$228.18
Billing ID7677-2853-5183 Domain namebabcnc.org	Summery for Aug 1 2021, Aug 21 2021	<b>VLU</b> . <b>IU</b>
	Summary for Aug 1, 2021 - Aug 31, 2021	
	Subtotal in USD	\$228.18
	Tax (0%)	\$0.00
	Total in USD	\$228.18

You will be automatically charged for any amount due.

## Google<sup>™</sup> Invoice

Invoice number: 3965482350

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Aug 1 - Aug 30	38	220.64
G Suite Basic	Usage	Aug 31	39	7.54
		Subtotal in USD Tax (0%)		\$228.18 \$0.00
		Total in USD		\$228.18

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

9/2/21, 11:37 AM https://doc-0c-34-payments.googleusercontent.com/efe/doc/fa/mm8aktp5jh8rb5uo5o4aq2sm1eo4tvtp/gbf37krhs8jio11a8rdvhnnbmkinuvkd/1630607775000/epd/0013fmusbd1vq1f46si...



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

Description	
Payment amount	\$228.18

https://doc-0c-34-payments.googleusercontent.com/efe/doc/fa/mm8aktp5jh8rb5uo504aq2sm1eo4tvtp/gbf37krhs8jio1la8rdvhnnbmkinuvkd/1630607775000/epd/0013fnusbd1vq1f46sie582aa0vpft56nof7... 1/1

## Frontier COMMUNICATIONS

## 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.

## CITY OF LOS ANGELES Your Monthly Invoice

## Account Summary

New Charges Due Date	8/09/21
Billing Date	7/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 7/09/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
<b>Total Amount Due</b>	\$60.98

# Go paperless

K	$(\Xi)$
	EU.
1	
	Contraction of the local division of the loc

It's hassle-free, convenient and secure! Receiving your bill electronically is easier than you think.

Simply visit frontier.com/GoPaperlessNow

# Manage Your Account

To Pay Your Bill		
<b>Online:</b> Frontier.com	0 1.800.801.6652	
🔛 By mail		
To Contact Us		1
<b>© Chat:</b> Frontier.com	Online: Frontier.com/helpcenter	NAS.
01800.921.8102	OF Tech support: Frontier.com/helpcenter	
Semail: ContactBusines	s@ftr.com	
	11	



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

Page 1 of 3

# Frontier

## CURRENT BILLING SUMMARY

Local Service from 07/15/21 to 08/14/21 Qty Description	310/231-7288.0	Charge
Non Basic Charges Internet 6 Dynamic IP	01	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 7/15	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 7/15/21 310-231-7288-081418-5

## **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 September 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.

Frontier Auto Pay Payment Confirmation - council@babonc.org - Bel Air/Beverly Crest Neighborhood Council Mait Search all conversations	Frontier Auto Pay Payment Confirmation 💿 Auto Pay Payment Confirmation	to COUNCIL	<b>Dear Frontier Customer,</b> Your Auto Pay payment was successfully processed on 9/8/2021 for: Frontier Account Number ending in: *4185 Payment Account Number ending in: *9270 Confirmation Code: p2167WSM59 Payment Amount: \$60.98 To review your Auto Pay settings, please <u>sign into</u> your account. Thank you,	Frontier Communications <sup>®</sup> Please review Payment <u>Terms and Conditions</u>	Do Not Reply—This email is generated automatically and not monitored for response Legal Notice   Private Privacy All Rights Reserved. ©2021 Frontier Communications Corporation.	Confimación de pago automático de Frontier Estimado/a cliente de Frontier,
9/8/21, 10:22 AM	Ē	2 <b>2</b>				U O

1

1/1

https://mail.google.com/mail/u/0/#inbox/FMfcgzGljjlkzzGBXVVJnfQFFMRBKLzHJG

Transaction Receipt

1

Merchant: The	Web Corner, Inc	
19509 Ventura Blvd. Tarzana, CA 91356 US	8183457443	
Order Information		
Description: 2222	5, 22379, 22528	
Order Number: Customer ID:	P.O. Number: Invoice Number:	
Billing Information Robert Allen Ringler Bel Air-Beverly Crest NC	Shipping Information	
	Shipping:	0.00
	Tax:	0.00
	Total:	USD 450.00
Payment Information		
Date/Time:	09-Sep-2021 13:23:57 MDT	
Transaction ID:	42920774046	
Transaction Type:	Authorization w/ Auto Capture	
Transaction Status:	Captured/Pending Settlement	
Authorization Code:	083382	
Payment Method:	MasterCard XXXX9270	

## The Web Corner, Inc.

15300 Ventura Blvd. Suite 400 Sherman Oaks, CA 91403 818-345-7443

## Bill To

Bel Air-Beverly Crest NC

Date	Invoice #	Terms	
7/1/2021	22225	Due on Receip	
Ship To			

.

QTY	Description		Price Each	Amount
1	Monthly Maintenance: in phone support, web der website adjustments	ncludes up to 1.5 hour for; velopment, requests, &	150.00	150.00
0	Monthly Hosting for bab Maintenance)	cnc.org (included in	15.00	0.00
Please remit convenienc	payment at your earliest e.	Total		\$150.00

 Please remit payment at your earliest convenience.
 Total
 \$150.00

 Thank you for your business!
 Payments/Credits
 \$0.00

 Balance Due
 \$150.00

## Invoice

## The Web Corner, Inc.

15300 Ventura Blvd. Suite 400 Sherman Oaks, CA 91403 818-345-7443

Bill To	
Bel Air-Beverly Crest NC	

8/1/2021	22379	Due on Receipt
Ship To		
Ship To		

1

QTY	Description		Price Each	Amount
0	Monthly Maintenance: inclu phone support, web develo website adjustments Monthly Hosting for babance	opment, requests, &	150.00	0.00
	Maintenance)		15	
Please remit paym convenience.	nent at your earliest	Total		\$150.00
Thank you for you	r business!	Payments/Credits		\$0.00
		Balance Due		\$150.00

## Invoice

## The Web Corner, Inc.

15300 Ventura Blvd. Suite 400 Sherman Oaks, CA 91403 818-345-7443

Bill To	
Bel Air-Beverly Crest NC	

Date	Invoice #	Terms
9/1/2021	22528	Due on Receipt
Ship To		
	2	

1

QTY	Description		Price Each	Amount
1	Monthly Maintenance: inc phone support, web deve website adjustments Monthly Hosting for babon	lopment, requests, &	150.00	0.00
	Maintenance)			
Please remit pay convenience.	rment at your earliest	Total		\$150.00
Thank you for yo	ur business!	Payments/Credits		\$0.00
		Balance Due		\$150.00

## Invoice



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

## INVOICE

Invoice Date Invoice # PO # Customer ID Terms Due Date Currency 09/01/2021 IN7100607392

CN-631494-1701 AutoPay Scheduled 09/16/2021 US Dollar

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

Billing Group	Description	Quantity	Rate	Amount
Primary	GoToConnect 09/01/2021 - 09/30/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 09/01/2021 - 09/30/2021	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

Total

\$32.36

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

9/10/21, 1:40 PM

Acco	
unts	
<	

Image: Payment Options         Billed Call Details         Image: Payment Options         Billed Call Details         Image: Payment Options         Image: Payment Options	Due \$0.00	Total Due					
BILLING     Billed Call Details       Iment Options     Billed Call Details       est Neighborhood Council - CN-631494-1701       O7392       Status     Date Paid       September 10, 2021     Payment Method       On/2021 - 09/30/2021     Payment Method       Imbers (DID) - 09/01/2021 - 09/30/2021     Oty       gulatory Recovery Fee     1       ee (USF)     1       ry Fee     1	dits \$32.36	Payments & Crec					
BILLING   Iment Options Billed Call Details   vment Options Billed Call Details   est Neighborhood Council - CN-631494-1701   (07392   Status Date Paid   September 10, 2021   Paid   September 10, 2021   Orl/2021 - 09/30/2021   Imbers (DID) - 09/01/2021 - 09/30/2021   gulatory Recovery Fee   ee (USF)   ry Fee		о <b>т</b>					c
BILLING       Billed Call Details         vment Options       Billed Call Details         valuest Neighborhood Council - CN-631494-1701         O7392         Status       Date Paid       Payment Method         Status       Date Paid       Payment Method         September 10, 2021       MasterCard ** 9270       08/2023         Imbers (DID) - 09/01/2021 - 09/30/2021       1         gulatory Recovery Fee       1         'ee (USF)       1	\$1.51	\$1.5067	-		Φ	v Recovery Fe	Regulator
BILLING   vment Options Billed Call Details   vment Options Billed Call Details   est Neighborhood Council - CN-631494-1701   o7392   O7392   Status Date Paid September 10, 2021   Paid Payment Method MasterCard ** 9270   Ov   Ov   Over   Imbers (DID) - 09/01/2021 - 09/30/2021   gulatory Recovery Fee	\$1.33	\$1.3327	1		ISF)	Service Fee (L	Universal
BILLING       Billed Call Details         vment Options       Billed Call Details         vment Neighborhood Council - CN-631494-1701         o7392         Status       Date Paid         September 10, 2021       Payment Method         NasterCard ** 9270       08/2023         o1/2021 - 09/30/2021       1         Imbers (DID) - 09/01/2021 - 09/30/2021       1	\$2.76	\$2.76	-		ory Recovery Fee	Local Regulato	State and
BILLING       Billed Call Details         yment Options       Billed Call Details         est Neighborhood Council - CN-631494-1701         O7392         O7392         Status       Date Paid         September 10, 2021       Payment Method         Paid       September 10, 2021         MasterCard ** 9270       08/2023         Oty       Oty	\$4.55	\$4.55	-	)/30/2021	rs (DID) - 09/01/2021 - 09	Phone Numbe	Standard I
BILLING       Billed Call Details         vment Options       Billed Call Details         est Neighborhood Council - CN-631494-1701         07392         Status       Date Paid         Paid       Date Paid         September 10, 2021       Payment Method MasterCard ** 9270         Oty	\$22.21	\$22.21	-		21 - 09/30/2021	1ect - 09/01/20	GoToConr
BILLING       Billed Call Details         vment Options       Billed Call Details         est Neighborhood Council - CN-631494-1701         07392         Status       Date Paid         Paid       Date Paid         September 10, 2021       MasterCard ** 9270         08/2023	Total		0			<b>S</b>	Descriptic
BILLING         Iment Options       Billed Call Details         est Neighborhood Council - CN-631494-1701         07392	PAID		08/2023		S		Date Due <b>September</b>
BILLING Whent Options Billed Call Details est Neighborhood Council - CN-631494-1701	€ \$0.00	Total Due			92	V71006073	Invoice IN
BILLING Payment Options	Iload Invoice	Down		cil - CN-631494-1701	leighborhood Coun	Details verly Crest N	Invoice [ Bel Air Bev
				Call Details		Paymei	Invoices
					LING		LogMe(

•

https://my.jive.com/billing/babcnc/invoice-details/IN7100607392

1/1

# Clloyd

### 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

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: 419371 116863 08/22/2021 1 Due Upon Receipt HOURS PERIOD **DESCRIPTION & EMPLOYEE** RATE AMOUNT 08/09/21-08/15/21 TRANSCRIPT Palmer, Catherine 10.00 27.95 \$279.50 27.95 08/16/21-08/22/21 TRANSCRIPT Palmer, Catherine 14.00 \$391.30 PAY THIS AMOUNT > TOTAL \$670.80 A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

						*			and P. M. R.
			ud	)	HQ: 445 Bro Melvillo, NY		and the second se		(Plense print) BPRCNC
÷		STA	FFING			31-777-760			ADDRESS PROFESS TOWN P.O. ZIP
		EMPLO	VEE PLE	ASE CO	WPLETE - Bo su	uro to Indic	ato AM or	PW.	POBOX 12007 LA 40015
a la	DAY		DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOB TOLE WEEK ENDING
Quillech	MON	8	9	2	ン AM シ PM	U AM U PM			FIRST TIME AT THIS CLIENT COMPANY? 🗆 Yos 🗀 No 🛛 If yes, Temporary Associatos must indicate they have
0/11	-	-0-	<i>l</i>	104	U AM	MA L			received the following Orientation Training on this assignment. ( Please check)
PLU_	TUES	8	10	121	Li PM	J PM			🗆 Emorgency Evacuation Procedures 🖾 Job Site & General Safety Rules 🔹 Policy & Procedure Review
	WED	8	11	1	L) AM	U AM			I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an
		0		14	LI PM	LI PM			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 mo. I agree that if I do not contact the
Fie	THURS	2	17	121	🗀 AM	U AM			office upon completing the Assignment to obtaining it into a solid work available.
Oll.		0	10	4	CI PM	1 PM			EMPLOYEE NAME
	FRI	K.	12	1	AM 🗀	L) AM			Pation Reland Mit
		0	1/	14	□ PM	LI PM			and re allow care
	SAT	XI	IU	1-j	U AM	C) AM C) PM			SOCIAL SECURITY NO.
		-81		-4-					
	SUN	AI	15	121	□ PM	CI PM			CLIENT STRATURE OF ACCEPTANCE PRINT NAME
	WEEK EN	DING	2-15		TAL HOURS FOR WEEK			10	Travis Longcore
	****	1	13				MPORTANT	Il have	IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct
	INSTRUC	limly; use a	ball point p	ion.	100 KG	n	nust be appro	vad for	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.
	2. Use se 3. Mail O	parate lime: RIGINAL & It	sheet for ea	ch assignm / to Lloyd, n	ent. 5 later (han Friday night	. U	ach day work vill not be paid	lifnat	
	4. Leave	CLIENT COP	y with client	company;	o later than Friday night retain EMPLOYEE copy out payment.	for yourself. A	pproved dally Nalmum: 4 ht	5	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.
	Aflerot	I timesheelo	will not be	accopled. /	All hours must be totala		mployeo, por		
1	Introduction divergence			Conception with the second	family Friedfords beyoknowing from particular for participants	and the second se	and the second s		

## BACK

#### 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 aldo of this ilmedited are correct, the work was performed in a satisfactory manuer, 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 aur affiliates, or any company to whom we assign if this person, either () employ this person on a permenent or temporary basis. (ii) use this person's services in a consulting or freelance expacity, or (iii) use this person's services through another temporary basis, (ii) use or the strategies in the 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 disentiafied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such amployee, 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 trantlended premises, cash, negotiables or other valuables or authorize such employees to operate machinery or motor valides without the prior written consent of LLOYD in each instance and will therefore inderninity and hold LLOYD harmless from any custo claim arbing out of a braceh of the foregoing inclusive of liability resulting from bodily injury, preperty damage, time, thet, collician, carge damage or other public liability damage, (b) LLOYD's neurosci and does not cover loss or damage caused by the operation of Customer's owned or leased motor vahicle(a) by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, thet, collision, carge damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such the relations and caused by the operation of clause (a) above, (c) LLOYD is not responsible for claims made under the relative active active active active active active active accepts and accepts the active act

Temporary employees no assigned to Custemer'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 FORBIDDEM, ANY TEMPORARY EMPLOYEE INJURGE WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer reknowledges its understanding that LLOYD'S Invoices are for labor and agress to pay such invoices upon receipt. If may 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 normin (18% per annum) on such unpaid amounts. Customer agrees to pay LLOYD its reasonable costs of collection, including its reasonable altonoys' fees and expenses.

								10 10 104	
		Ille	ud		HQ: 445 Bro Melville, NY 1				(Ploase print) BASCNC
ŕ			FFING		Phone: 63	1-777-760	0		ADDRESS POROX 252007 R.O. 90025
		EMPLOY	VEE PLEA	SE COM	PLETE – Bo su	re to indica	ate AW or	PWI.	10 30× 25 2007 10025
	DAY		DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL	REPORT TO DEPT. JOBATTHE WEEK ENDING
a. trech	MON	8	11	71	ン AM い PM	© AM ⊔ PM			FIRST TIME AT THIS CLIENT COMPANY? Yes No If yes, Temporary Associatos must indicate they have
		- 2	10	oy		MA L		******	received the following Orientation Training on this assignment. ( Please check)
	TUES	X I	1171	21		LI PM			Emergency Evacuation Procedures     Job Site & General Safety Rules     Policy & Procedure Review
	WED	V	11		MAL	LI AM			I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an
	WEU	0	101	2	III PM	LI PM			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 mo. I agree that if I do not contact the
	THURS	2	161	51	🖾 AM	MAL			office after completing the Assignment to orientine is unter is such work available.
	mono	0	11	4	CI PM	:_] PM			EMPLOYEE NAME
ah eo	FRI	X	21	71	MAL	MA C			emilion and the second
			M	9	-J PM	LIPM			allen and little
1	SAT	21	21	21	MAL	MAC			SOCIAL SECURITY YIO.
		- 0							
	SUN	01	24	-211	CI PM	LI PM		A	CLIEVE STONATURE OF AGCEPTANCE PRINT NAME
	WEEK EN	DING 1	1	TOTA	L HOURS FOR WEEK	TO NEAREST	1/4 HOUR	511	Travis Longcore
		X	122	- PLEA	SE WRITE TOTAL HO	URS WORKED		19	IMPORTANT FOR CLIENT: Execution of the form by the client constitutes a certification that the TOTAL hours listed are correct
	INSTRUC		hall usint no			14	MPORTANTA nust be approv	Nours	as stated that the work was performed in a satisfactory manner and adreement by the Client to the TERMS and CONDITIONS
	2. Use so	narate lime:	a ball point per sheet for each	assignmen		e	ach day work	od. Hours	printed on the reverse side of this form. Please do not advance monios to employees. Minimum 4 hours per employee per day,
	4. Leave	CLIENT COD	v with client c	ompany; rel	ater than Friday night ain EMPLOYEE copy f		pproved dally.	11 1101	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume yeu are no longer available for work.
	5. Unsinn	ed timoshe	ets will be reli	urned withou	l payment. houre must be totaled	1 0	Malmum: 4 ha		
1	mujou	- magnetation			Automation and a second second				

## BACK

#### 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 aldo of this timesheat are correct, the work was performed in a satisfactory matrice, 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 difficulties, or any company to whom we assign this person, allor (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance espacity, or (iii) use this person's services through uneither temporary service willhin one (1) year after this person's temporary assignment, we agree to pay LLOYD a feer of 25% of the total annualized compensation rate of the employee in the new capacity.

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

Leadim the prior agreement between LOYD and Customer with respect to the services performed hareunder and any future services, that (a) Customer shall not entrust LLOYD's employees with unattended promises, cnah, negotiables or oliror valuables or authorize such employees to operate machinery or motor valides without the prior written consent of LLOYD in each instance and will therefore indemnity 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, inc, theti, collision, carge damage or othere, public liability damage, (b) LLOYD's insurance does not cover loss or damage caused by the operation of customer's owned or leased motor vehicing by LLOYD's employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bedily injury, property damage, fire, theti, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such therefore accepts full responsibility for any claims, including the defense thereof, involving bedily injury, property damage, fire, theti, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD's employee driving such the Healty Bood unless euch claims and corported in withing to I by Customer within thirty (30) days after eccurrence, (d) Customer shall indermity and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as II related to promises evened or controlled by Customer and to which LLOYD's employees are as aligned and (d) under to claicemstances will LLOYD by the Customer within hinty (40) days after recurrence, claims are used will the claims are also from werk performed by LLOYD's temporary employee's assignment to the Customer function to promises evene or controlled by Customer and to which LLOYD's temporary employees into as auch claims are destoned tocopatize LLOYD's employer

Temporary employees. UNUTHORIZED WORK DEPOSITION INSURANCE.

Customer acknowledges its understanding that LCOYD'S involces are for labor and agrees to pay such involces upon receipt. If any involces remain unpaid thirty (30) days after involce data, Customer agrees to pay LLOYD a late payment charge at the rate of 1-f2% per month (18% per unnum) on such unpaid amounts. Customer agrees to pay LLOYD lis reasonable costs of collection, including its reasonable altoneys' fees and expenses.

## LLoyd Invoicing

From:	Tracy Crocco
Sent:	Monday, August 23, 2021 2:40 PM
То:	LLoyd Invoicing
Cc:	Dawn Viergutz
Subject:	FW: California payroll - BABCNC/Catherine Palmer timesheet
Attachments:	BABCNC Time Sheets WeeksEnding_08-15_&_08-22-2021.pdf
Processed ABD Add-In:	1

From: Luly Santana <LSantana@LloydStaffing.com>
Sent: Monday, August 23, 2021 11:38 AM
To: Tracy Crocco <Tcrocco@LloydStaffing.com>; \*PAYROLL <PAYROLL@LloydStaffing.com>
Subject: California payroll - BABCNC/Catherine Palmer timesheet

```
Hi,
```

Please see attached.

My best,



## www.lloydstaffing.com

All things are possible...

From: Travis Longcore <<u>tlongcore@babcnc.org</u>>
Sent: Sunday, August 22, 2021 11:52 PM
To: Luly Santana <<u>LSantana@LloydStaffing.com</u>>; Hazel Dunham <<u>HDunham@LloydStaffing.com</u>>;
Cc: Catherine Palmer <<u>council@babcnc.org</u>>
Subject: BABCNC/Palmer timesheet

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please see attached.



Travis Longcore, Ph.D. President Bel Air-Beverly Crest Neighborhood Council (310) 247-9719 Sbabcnc.org Ingcore@babcnc.org

Agendas and Minutes

Office of the City Clerk											
Administrative Services Division						a second	Q1105416				
Neighborhood Council (NC) Funding Prog	ram					sity of A					
Board Action Certification (BAC) Form				States Contraction							
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0	6/30/2021			. L sinderstander som				
Budget Fiscal Year: 2021-2022			Agenda Item No								
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachm			2022 Fisca	al Year Ac	lministrativ	e (Budget)				
Method of Payment: (Select One)	Check		Credit Card		🗆 Boar	d Member Reimb	ursement				
Recused Board Member	rs must leave the room prior		ote Count ussion and may not	return to the ro	om until after I	the 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.	Х									
Mark Goodman, M.D.	Bel Air District Rep.					Х					
Gail Sroloff	Bel Air Association Rep				Х						
Larry Leisten	Bel Air Glen District Rep.	Х									
Robin Greenberg	Bel Air Hills Assn. Rep.	Х									
Wendy Morris	Bel Air Hills Assn. Rep					X					
Andre Stojka	Bel Air Ridge Assn. Rep.	Х									
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Х									
Don Loze	Benedict Cyn. Assn. Rep.	Х									
Nickie Miner	Benedict Cyn. Assn. Rep.	Х									
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		- 16 an an Anna							
Jamie Hall	Laurel Cyn. Assn. Rep.			* 15 ***	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									
Maureen Levinson	At Large Rep.	Х									
Shawn Bayliss	At Large Rep.	Х									
Philip Enderwood	At Large: Youth Seat Rep.		X								
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х		-							
Board Quorum: 15	Total:	23	1		6	3					
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and procedure	il, declare t es. The abc	hat the information we was approved b	presented on t y the Neighborh	his form is accu ood Council Bo	arate and comple ard, at a Brown	te, and that a publi Act compliant publi				
4	hner		Authorized Signa	ature: Rol	bert A.	<i>Ringler</i> Second Sig	•				
Print/Type Name: Nicole Miner,	reasurer		and the second	and the second	. Ringler,	Second Sig	natory				
<sup>Date:</sup> 07/02/2021			Date: 07/02/2	021							

Office of the City Clerk					RABINS AND CONTRACTORS OF					
Administrative Services Division						souther ()	of 105 446			
Neighborhood Council (NC) Funding Prog	ram					at at the				
Board Action Certification (BAC) Form	<ul> <li>Bernster</li> </ul>					The The	S State II			
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	06/30/2021			· · · · · ·			
Budget Fiscal Year: 2021-2022				Meeting Date: 06/30/2021 Agenda Item No: 11.b.						
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	oroval o ent "D"	of the 2021-	f the 2021-2022 Fiscal Year Administrative (Budget)						
Method of Payment: (Select One)	Check		Credit Card		🗆 Board	d Member Reimbi	ursement			
Recused Board Membe	rs must leave the room prior		ote Count ussion and may no	ot return to the ro	om until after t	he vote is comple	ete.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х								
Patricia Murphy	North of Sunset District Rep	Х								
Robert A. Ringler	Residents of Beverly Glen Rep.	Х								
Dan Palmer	Residents of Beverly Glen Rep	Х								
							an eesse ar oo aanada waxay ee			
			-							
		×								
		6								
							*****			
							2			
		- 1								
2010-00-00-00-00-00-00-00-00-00-00-00-00-						-				
oard Quorum: 15	Total:									
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board wa	laws, policies, and procedure									
uthorized Signature	Moner		Authorized Sig	<sup>nature:</sup> <i>Robe</i>	rtA. K	ingler				
rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sign	atory			
Date: 07/02/2021			Date: 07/02/	2021						



### Pay by ACH/wire to:

LLoyd Staffing, Inc. PO Box 780994 Philadelphia, PA 19178-0994 Questions: AR@LLoydStaffing.com | Account #: 4060542594

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

	Attention of: Jacqueline Le Kennedy
BILL TO:	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:		
06/06/2021	418642	1	116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & EM	PLOYEE	•	HOURS	RATE	AMOUNT
05/24/21-05/30/21	TRANSCRIPT P	almer, Cathe	erine	15.00	27.95	\$419.25
05/31/21-06/06/21		almer, Cathe		10.00	27.95	\$279.50
		·				
Did you know that LLoyd dona diabetes?	tes a portion of all payments to JDRF to	o help find a cure	for Type 1 PAY THIS	AMOUNT >	TOTAL	\$698.75
41450000						

Office of the City Clerk											
Administrative Services Division						a second	Q1105416				
Neighborhood Council (NC) Funding Prog	ram					sity of A					
Board Action Certification (BAC) Form				States Contraction							
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0	6/30/2021			. L sinderstander som				
Budget Fiscal Year: 2021-2022			Agenda Item No								
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachm			2022 Fisca	al Year Ac	lministrativ	e (Budget)				
Method of Payment: (Select One)	Check		Credit Card		🗆 Boar	d Member Reimb	ursement				
Recused Board Member	rs must leave the room prior		ote Count ussion and may not	return to the ro	om until after I	the 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.	Х									
Mark Goodman, M.D.	Bel Air District Rep.					Х					
Gail Sroloff	Bel Air Association Rep				Х						
Larry Leisten	Bel Air Glen District Rep.	Х									
Robin Greenberg	Bel Air Hills Assn. Rep.	Х									
Wendy Morris	Bel Air Hills Assn. Rep					X					
Andre Stojka	Bel Air Ridge Assn. Rep.	Х									
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Х									
Don Loze	Benedict Cyn. Assn. Rep.	Х									
Nickie Miner	Benedict Cyn. Assn. Rep.	Х									
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		- 16 an an Anna							
Jamie Hall	Laurel Cyn. Assn. Rep.			* 15 ***	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									
Maureen Levinson	At Large Rep.	Х									
Shawn Bayliss	At Large Rep.	Х									
Philip Enderwood	At Large: Youth Seat Rep.		X								
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х		-							
Board Quorum: 15	Total:	23	1		6	3					
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and procedure	il, declare t es. The abc	hat the information we was approved b	) presented on t y the Neighborh	his form is accu ood Council Bo	arate and comple ard, at a Brown	te, and that a publi Act compliant publi				
4	hner		Authorized Signa	ature: Rol	bert A.	<i>Ringler</i> Second Sig	•				
Print/Type Name: Nicole Miner,	reasurer		and the second	and the second	. Ringler,	Second Sig	natory				
<sup>Date:</sup> 07/02/2021			Date: 07/02/2	021							

Office of the City Clerk					RABINS AND CONTRACTORS OF					
Administrative Services Division						souther ()	of 105 446			
Neighborhood Council (NC) Funding Prog	ram					at at the				
Board Action Certification (BAC) Form	<ul> <li>Bernster</li> </ul>					The The	S State II			
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	06/30/2021						
Budget Fiscal Year: 2021-2022				Meeting Date: 06/30/2021 Agenda Item No: 11.b.						
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	oroval o ent "D"	of the 2021-	f the 2021-2022 Fiscal Year Administrative (Budget)						
Method of Payment: (Select One)	Check		Credit Card		🗆 Board	d Member Reimbi	ursement			
Recused Board Membe	rs must leave the room prior		ote Count ussion and may no	ot return to the ro	om until after t	he vote is comple	ete.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х								
Patricia Murphy	North of Sunset District Rep	Х								
Robert A. Ringler	Residents of Beverly Glen Rep.	Х								
Dan Palmer	Residents of Beverly Glen Rep	Х								
							an eesse ar oo aanada waxay ee			
			-							
		×								
		6								
							*****			
							2			
		- 1								
2011-10-10-10-10-10-10-10-10-10-10-10-10-						-				
oard Quorum: 15	Total:									
Ve, the authorized signers of the above neeting was held in accordance with all neeting where a quorum of the Board wa	laws, policies, and procedure									
uthorized Signature	Moner		Authorized Sig	<sup>nature:</sup> <i>Robe</i>	rtA. K	ingler				
rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sign	atory			
Date: 07/02/2021			Date: 07/02/	2021						



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 -	ΓO:
--------	-----

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: 08/15/2021 419303 1 116863 Due Upon Receipt PERIOD **DESCRIPTION & EMPLOYEE** HOURS RATE AMOUNT 06/28/21-07/04/21 TRANSCRIPT Palmer, Catherine 12.00 27.95 \$335.40 07/05/21-07/11/21 8.00 27.95 TRANSCRIPT Palmer, Catherine \$223.60 7.00 07/12/21-07/18/21 TRANSCRIPT Palmer, Catherine 27.95 \$195.65 07/19/21-07/25/21 TRANSCRIPT Palmer, Catherine 20.00 27.95 \$559.00 07/26/21-08/01/21 Palmer, Catherine 20.00 27.95 \$559.00 TRANSCRIPT 08/02/21-08/08/21 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 PAY THIS AMOUNT > TOTAL \$2,152.15 diabetes?

Office of the City Clerk						,			
Administrative Services Division						a second	Q1105416		
Neighborhood Council (NC) Funding Prog	ram					sity of A			
Board Action Certification (BAC) Form						- OG al	and the second		
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0	6/30/2021			. L sinderstander som		
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit			Agenda Item No						
Board Motion and/or Public Benefit Statement (CIP and NPG): Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budg Packet (Attachment "D")									
Method of Payment: (Select One)			Credit Card		d Member Reimbursement				
Recused Board Membe	rs must leave the room prior		ote Count cussion and may not	return to the ro	om until after t	the 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.	Х							
Mark Goodman, M.D.	Bel Air District Rep.					Х			
Gail Sroloff	Bel Air Association Rep				Х				
Larry Leisten	Bel Air Glen District Rep.	Х			And a state of the second s				
Robin Greenberg	Bel Air Hills Assn. Rep.	Х							
Wendy Morris	Bel Air Hills Assn. Rep					X			
Andre Stojka	Bel Air Ridge Assn. Rep.	Х							
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Х							
Don Loze	Benedict Cyn. Assn. Rep.	Х							
Nickie Miner	Benedict Cyn. Assn. Rep.	Х							
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							
Maureen Levinson	At Large Rep.	Х	-						
Shawn Bayliss	At Large Rep.	Х							
Philip Enderwood	At Large: Youth Seat Rep.		X						
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х							
Board Quorum: 15	Total:	23	1		6	3			
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and procedur	cil, declare t es. The abc	that the information ove was approved b	n presented on t y the Neighborh	his form is accu ood Council Bo	arate and comple ard, at a Brown	te, and that a publi Act compliant publi		
4	liner		Authorized Signa	ature: Rol	bert A.	<i>Ringler</i> Second Sig			
Print/Type Name: Nicole Miner,	reasurer		and the second	and the second se	Ringler,	Second Sig	natory		
<sup>Date:</sup> 07/02/2021	Date: 07/02/2	Date: 07/02/2021							

Office of the City Clerk					RABINS AND CONTRACTORS OF		anten en la company en la c			
Administrative Services Division						Surden ()	01 105 Aig			
Neighborhood Council (NC) Funding Prog	ram					als at Po				
Board Action Certification (BAC) Form	<ul> <li>Objectivities</li> </ul>					The the	S NoED TH			
NC Name: Bel Air-Beverly Crest NC		Meeting Date:	06/30/2021			1				
Budget Fiscal Year: 2021-2022		Agenda Item N	all and a second s			nnes contra d				
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	of the 2021-2022 Fiscal Year Administrative (Budget)								
Method of Payment: (Select One)	Check		Credit Card  Credit Card  Board Member Reimbursement  ote Count							
Recused Board Membe	rs must leave the room prior			ot return to the ro	om until after t	he vote is comple	ete.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х								
Patricia Murphy	North of Sunset District Rep	Х								
Robert A. Ringler	Residents of Beverly Glen Rep.	Х								
Dan Palmer	Residents of Beverly Glen Rep	Х								
				1						
		Adam and Adams								
			-							
							1			
		-								
					_					
							-			
in an ann an ann ann ann ann ann ann an a			-							
Board Quorum: 15	Total:						e angio <u>e chine an</u>			
Ve, the authorized signers of the above leeting was held in accordance with all leeting where a quorum of the Board wa	laws, policies, and procedure									
uthorized Signature	empiner		Authorized Sig	<sup>nature:</sup> <i>Robe</i>	rt A. K	lingler				
rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sigr	atory			
<sup>bate:</sup> 07/02/2021		Date: 07/02/2021								

# Clloyd

BILL TO:

### 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

Attention of: Vadim Levotman & Travis Longcore
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: 09/05/2021 419501 116863 1 Due Upon Receipt HOURS PERIOD **DESCRIPTION & EMPLOYEE** RATE AMOUNT 08/23/21-08/29/21 TRANSCRIPT Palmer, Catherine 20.00 27.95 \$559.00 27.95 08/30/21-09/05/21 TRANSCRIPT Palmer, Catherine 10.00 \$279.50 TOTAL PAY THIS AMOUNT > \$838.50 A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

	Prestorialization											
	HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119						(Please print) BABCNC					
		MINISTAFFING			1-777-760	in our beaution of the local division of the		ADDRESS DO ZIP				
		EMPLOYEE PLE	ASE COMPLET	re – Be su	re to indic	ate AM or	PW.	1 POBOX 252007 70025				
	DAY	DATE	Т	IME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOB TITLE WEEK ENDING				
	MON	8 23	21		C AM			FIRST TIME AT THIS CLIENT COMPANY? Ves No If ves, Temporary Associates must indicate they have				
	TUES	Sinu	21	L) AM	MAL			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)				
2 1 atte		0129	01	L] PM	"J PM			🗆 Emergency Evacuation Procedures 🖾 Job Site & General Safety Rules 🔅 🗋 Policy & Procedure Review				
Board attg.	WED.	1 25	21	I AM PM	i Am i Am	1 1		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. Lunderstand I am to contact the				
	THURS	8 261	21	EI AM				office after completing the Assignment to determine if there is other work available for me. Lagree that if I do not contact the office upon completion of an assignment they can assume I am not available.				
	FRI	8 27	21	의 AM 의 PM	CI AM			EMPLOYEE NAME Atherine Palmer EMPLOYEE SIGNATURE				
	SAT	8 26	21		L) AM			SOCIAL SECURITY NO.				
	SUN	8 291	21				-	OLIENT SIGNATURE OF ACCEPTANTE PRINT NAME				
	WEEK EN	DING 8-39		IRS FOR WEEK RITE TOTAL HO		1/4 HOUR	20	Travis Longcore				
	2. Use seg 3. Mail OF	irmly; use a ball point pe parate timesheet for eac RIGINAL & INVOICE copy	h assignment. to Llovd, no later tha	an Friday nicht.	1. 6	MPORTANTAl nust be approv each day worke vill not be paid	ved for ad. Hours I if not	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				
	4. Leave ( 5. Unsigne	CLIENT copy with client ed timesheels will be ret	company; retain EM urned without paym	APLOYEE copy for ment.	or yourself.	approved dally. Winimum: 4 ho		Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.				
	Altered	timeshoots will not be a	ccepted. All hours r	must be totaled		mployee, per a						

## BACK

#### **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 (ii) 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 herounder 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, lire, 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 dalms 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.

#### 近 限度合物 医截 胃

	STAFFING	HQ: 445 Broa Melville, NY 1 Phone: 63		e 119		COMPANY NAME (Plaase print) ADDRESS TOWN P.O. ZIP
	EMPLOYEE PLEASE CON				PM.	POBOX 252007 90025
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOB TITLE WEEK ENDING
MON	8 30 21					FIRST TIME AT THIS CLIENT COMPANY? Ves No If yes, Temporary Associates must indicate they have
TUES	831121	LI AM	LI AM		2	received the following Orientation Training on this assignment. (Please check)
WED	9121	⊃ AM ⊃ PM	i AM D PM			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
THURS	912171		LI AM			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.
FRI	934	D AM D PM	C) AM			EMPLOYEE NAME CATHEGINE PALMER Cathe
SAT	942	LI AM	L) AM			SOCIAL SECURITY NO.
SUN	952	D AM			F	CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME
WEEK EN		AL HOURS FOR WEEK			10	Travis Longcore
INSTRUCTIONS: IMPORTANTAll hours 1. Pross firmly; use a ball point pon. 2. Use separate timesheet for each assignment. 3. Mail ORIGIMAL & INVOICE copy to Lloyd, no later than Friday night. will not be paid if not				nust be approv each day worke vill not be paid	ed for d. Hours	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.
	ned timesheets will be returned with I timesheets will not be accepted. A			Alnimum: 4 ho mployee, per a		

## BACK

#### **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, alther (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (ii) 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 disadisfied 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 tomporary employees unloss 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 unnum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable altorneys' fees and expenses.

Office of the City Clerk						,			
Administrative Services Division						a second	Q1105416		
Neighborhood Council (NC) Funding Prog	ram					sity of A			
Board Action Certification (BAC) Form						- OG al	and the second		
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0	6/30/2021			. L sinderstander som		
Budget Fiscal Year: 2021-2022 Board Motion and/or Public Benefit			Agenda Item No						
Board Motion and/or Public Benefit Statement (CIP and NPG): Page 1 of 2: Approval of the 2021-2022 Fiscal Year Administrative (Budg Packet (Attachment "D")									
Method of Payment: (Select One)			Credit Card		d Member Reimbursement				
Recused Board Membe	rs must leave the room prior		ote Count cussion and may not	return to the ro	om until after t	the 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.	Х							
Mark Goodman, M.D.	Bel Air District Rep.					Х			
Gail Sroloff	Bel Air Association Rep				Х				
Larry Leisten	Bel Air Glen District Rep.	Х			And a state of the second s				
Robin Greenberg	Bel Air Hills Assn. Rep.	Х							
Wendy Morris	Bel Air Hills Assn. Rep					X			
Andre Stojka	Bel Air Ridge Assn. Rep.	Х							
Robert Schlesinger	Benedict Cyn. Assn. Rep.	Х							
Don Loze	Benedict Cyn. Assn. Rep.	Х							
Nickie Miner	Benedict Cyn. Assn. Rep.	Х							
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							
Maureen Levinson	At Large Rep.	Х	-						
Shawn Bayliss	At Large Rep.	Х							
Philip Enderwood	At Large: Youth Seat Rep.		X						
Jacqueline Le Kennedy	Commercial/Office District Rep.	Х							
Board Quorum: 15	Total:	23	1		6	3			
We, the authorized signers of the above meeting was held in accordance with all meeting where a quorum of the Board wa	laws, policies, and procedur	cil, declare t es. The abo	that the information ove was approved b	n presented on t y the Neighborh	his form is accu ood Council Bo	arate and comple ard, at a Brown	te, and that a publi Act compliant publi		
4	liner		Authorized Signa	ature: Rol	bert A.	<i>Ringler</i> Second Sig			
Print/Type Name: Nicole Miner,	reasurer		and the second	and the second se	Ringler,	Second Sig	natory		
<sup>Date:</sup> 07/02/2021	Date: 07/02/2	Date: 07/02/2021							

Office of the City Clerk					RABINS AND CONTRACTORS OF		anten en la company en la c			
Administrative Services Division						Surden ()	01 105 Aig			
Neighborhood Council (NC) Funding Prog	ram					als at Po				
Board Action Certification (BAC) Form	<ul> <li>Objectivities</li> </ul>					The the	S NoED TH			
NC Name: Bel Air-Beverly Crest NC		Meeting Date:	06/30/2021			1				
Budget Fiscal Year: 2021-2022		Agenda Item N	all and a second s			nnes contra d				
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	of the 2021-2022 Fiscal Year Administrative (Budget)								
Method of Payment: (Select One)	Check		Credit Card  Credit Card  Board Member Reimbursement  ote Count							
Recused Board Membe	rs must leave the room prior			ot return to the ro	om until after t	he vote is comple	ete.			
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
Yves Mieszala	North of Sunset District Rep.				Х					
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	Х								
Patricia Murphy	North of Sunset District Rep	Х								
Robert A. Ringler	Residents of Beverly Glen Rep.	Х								
Dan Palmer	Residents of Beverly Glen Rep	Х								
		Adam and Adams								
			-							
							1			
		-								
					_					
							-			
in an ann an ann ann ann ann ann ann an a			-							
Board Quorum: 15	Total:						e angio <u>e chine an</u>			
Ve, the authorized signers of the above leeting was held in accordance with all leeting where a quorum of the Board wa	laws, policies, and procedure									
uthorized Signature	empiner		Authorized Sig	<sup>nature:</sup> <i>Robe</i>	rt A. K	lingler				
rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sigr	atory			
<sup>bate:</sup> 07/02/2021		Date: 07/02/2021								