

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	\$31450.00	\$5131.72	\$24430.21	\$2152.15	\$22278.06
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: \$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



Invoice

Invoice number: 3965482350

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 number3965482350
Invoice dateAug 31, 2021
Billing ID7677-2853-5183
Domain namebabnc.org

Google Workspace

Total in USD **\$228.18**

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.

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				\$228.18
Tax (0%)				\$0.00
Total in USD				\$228.18

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



Payment Receipt

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

Payment date Sep 1, 2021
Billing ID 7677-2853-5183
Payment method Mastercard ****9270
Payment number P0DavHqa

Tax identification number
77-0493581

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

Description	
Payment amount	\$228.18



CITY OF LOS ANGELES
Your Monthly Invoice

Page 1 of 3

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
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.

Go paperless



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

- 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



11



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**



CITY OF LOS ANGELES

Date of Bill

Account Number

Page 3 of 3

7/15/21

310-231-7288-081418-5

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		54.99
\$5.00 Discount through 12/08/21		
Other Charges-Detailed Below		5.99
Total Non Basic Charges		60.98

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	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 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.





Search all conversations



Frontier Auto Pay Payment Confirmation

External

Inbox x

DoNotReplyFrontierBillPay@billmatrix.com

to COUNCIL



Dear Frontier Customer,

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 [sign into](#) your account.
Thank you,

Frontier Communications®
Please review Payment [Terms and Conditions](#)

Do Not Reply—This email is generated automatically and not monitored for response

Legal Notice | Private Privacy
All Rights Reserved. ©2021 Frontier Communications Corporation.

Confirmación de pago automático de Frontier

Estimado/a cliente de Frontier,

No
rooms
[Create](#)
or find a
room



Merchant: The Web Corner, Inc

19509 Ventura Blvd.
Tarzana, CA 91356
US

8183457443

Order Information

Description: 22225, 22379, 22528

Order Number:

P.O. Number:

Customer ID:

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

Invoice

Bill To
Bel Air-Beverly Crest NC

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

QTY	Description	Price Each	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00
Please remit payment at your earliest convenience.		Total	\$150.00
Thank you for your business!		Payments/Credits	\$0.00
		Balance Due	\$150.00

The Web Corner, Inc.

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

Invoice

Bill To
Bel Air-Beverly Crest NC

Date	Invoice #	Terms
8/1/2021	22379	Due on Receipt
Ship To		

QTY	Description	Price Each	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00
Please remit payment at your earliest convenience.		Total	\$150.00
Thank you for your business!		Payments/Credits	\$0.00
		Balance Due	\$150.00

The Web Corner, Inc.

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

Invoice

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

Bill To
Bel Air-Beverly Crest NC

QTY	Description	Price Each	Amount
1	Monthly Maintenance: includes up to 1.5 hour for; phone support, web development, requests, & website adjustments	150.00	150.00
0	Monthly Hosting for babcnc.org (included in Maintenance)	15.00	0.00
Please remit payment at your earliest convenience.		Total	\$150.00
Thank you for your business!		Payments/Credits	\$0.00
		Balance Due	\$150.00



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

INVOICE

Invoice Date 09/01/2021
Invoice # IN7100607392
PO #
Customer ID CN-631494-1701
Terms **AutoPay Scheduled**
Due Date 09/16/2021
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 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

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/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 [here](#).

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



BILLING

[Invoices](#) [Payment Options](#) [Billed Call Details](#)

[Accounts](#) ⌵

Invoice Details

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

Invoice IN7100607392

[Download Invoice](#)

Total Due **\$0.00**


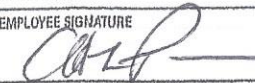

PAID

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

Description	Qty	Rate	Total
GoToConnect - 09/01/2021 - 09/30/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 09/01/2021 - 09/30/2021	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

[illegible]

Outreach
PLU
Exec.

		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) BABSCNC	
ADDRESS PO BOX 252007		TOWN LA		P.O. # 90075	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.		REPORT TO TRAVIS LONGCORE		DEPT. PERMANENT	
WEEK ENDING 8-15		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 10		FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check) <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Job Site & General Safety Rules <input type="checkbox"/> Policy & Procedure Review	
I hereby certify that the hours shown were worked by me during the week ending 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 	
SOCIAL SECURITY NO. - - - - -		CLIENT SIGNATURE OF ACCEPTANCE 		PRINT NAME Travis Longcore	
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. Aftered 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.		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.	

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 (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 Invoicing

From: Tracy Crocco
Sent: Monday, August 23, 2021 2:40 PM
To: 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,



Luly Santana
18000 Studebaker Road, Suite 700
Cerritos, CA 90703
Phone: 562-402-4597
LloydStaffing.com
We excel at identifying, representing and connecting workforce talent.

www.lloydstaffing.com

All things are possible...

From: Travis Longcore <tlongcore@babnc.org>
Sent: Sunday, August 22, 2021 11:52 PM
To: Luly Santana <LSantana@LloydStaffing.com>; Hazel Dunham <HDunham@LloydStaffing.com>
Cc: Catherine Palmer <council@babnc.org>
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
🌐 babcmc.org
✉️ tlongcore@babcmc.org

Agendas and Minutes

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

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

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 >**

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

Authorized Signature:

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:		
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	TRANSCRIPT	Palmer, Catherine		8.00	27.95	\$223.60
07/12/21-07/18/21	TRANSCRIPT	Palmer, Catherine		7.00	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	TRANSCRIPT	Palmer, Catherine		20.00	27.95	\$559.00
08/02/21-08/08/21	TRANSCRIPT	Palmer, Catherine		10.00	27.95	\$279.50

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

Authorized Signature:

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:

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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: Vadim Levotman & Travis Longcore

Bel Air Beverly Crest Nc




Po Box 252007

Los Angeles, CA 90025

Thank you for choosing Lloyd Staffing

PO#

[illegible]

		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME (Please print) BABCNC	
ADDRESS PO Box 252007		TOWN		P.O.	
ZIP 90025		REPORT TO TRAVIS LONGCORE		DEPT.	
JOB TITLE PRESIDENT		WEEK ENDING 8-29		FIRST TIME AT THIS CLIENT COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)	
<input type="checkbox"/> Emergency Evacuation Procedures		<input type="checkbox"/> Job Site & General Safety Rules		<input type="checkbox"/> Policy & Procedure Review	
I hereby certify that the hours shown were worked by me during the week ending 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 			
SOCIAL SECURITY NO.		CLIENT SIGNATURE OF ACCEPTANCE 			
PRINT NAME Travis Longcore		INSTRUCTIONS:			
WEEK ENDING 8-29		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 20		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.	
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 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.			

Board atty.

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 (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 STAFFING		HQ: 445 Broadhollow Road Melville, NY 11747, Suite 119 Phone: 631-777-7600		COMPANY NAME BABSONC (Please print)	
		ADDRESS PO BOX 252007		TOWN 90025 ZIP	
EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.					
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	8/30/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	8/31/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	9/1/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	9/2/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI	9/3/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT	9/4/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN	9/5/21	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING 9-5		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE 40			
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.	
EMPLOYEE NAME CATHERINE PALMER		EMPLOYEE SIGNATURE Catherine Palmer			
SOCIAL SECURITY NO.		CLIENT SIGNATURE OF ACCEPTANCE Travis Longcore			
		PRINT NAME Travis Longcore			
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.					

BACK

<p style="text-align: center;">EMPLOYEE INFORMATION</p> <p>To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.</p> <p>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.</p> <p>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.</p> <p>ABSENCES - LATENESS Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.</p> <p>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.</p> <p>TRAINING You must complete the Training Orientation every time you go to a new assignment.</p>	<p style="text-align: center;">TERMS & CONDITIONS FOR LLOYD STAFFING</p> <p>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.</p> <p>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.</p> <p>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. 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Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.</p> <p style="text-align: right;">LLOYD 10-2007</p>
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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

Authorized Signature:

Print/Type Name:

Nicole Miner, Treasurer

Print/Type Name:

Robert A. Ringler, Second Signatory

Date: 07/02/2021

Date: 07/02/2021

