Attachment "B"

Monthly Expenditure Report

Reporting Month: December 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**
$29228.31	$1932.35	$27295.96	$0.00	$0.00	$27295.96

Monthly Cash Flow Analysis					
Budget Category	**Adopted Budget**	**Total Spent this Month**	**Unspent Budget Balance**	**Outstanding**	**Net Available**
Office	$31450.00	$1932.35	$17830.84	$0.00	$17830.84
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: $11686.81	

Expenditures						
#	**Vendor**	**Date**	**Description**	**Budget Category**	**Sub-category**	**Total**
1	GOOGLE GSUITE_babcnc.	12/02/2021	Google Workspace 12-01-2021 Receipt-Invoice.pdf	General Operations Expenditure	Office	$246.00
2	FRONTIER COMM CORP WEB	12/09/2021	Frontier Receipt/Invoice 2-09-2021.pdf	General Operations Expenditure	Office	$60.98
3	LOGMEIN GoToConnect	12/10/2021	LogMeIn Receipt/Invoice Paid 12-10-2021.pdf	General Operations Expenditure	Office	$32.22
4	LLOYD STAFFING / LLOYD STAFFING, INC.	12/08/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 11/1/2021 through 11/21/2021. Invoice Date: 11/28/2021 Invoice Number: 420297 in the amount of $1,034.15	General Operations Expenditure	Office	$1034.15
5	LLOYD STAFFING / LLOYD STAFFING, INC.	12/09/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 11/222021 through 12/05/2021. Invoice Date: 12/05/2021 Invoice Number: 420368 in...	General Operations Expenditure	Office	$559.00
	Subtotal:					**$1932.35**

Outstanding Expenditures

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

Google

Invoice

Invoice number: 4027670694

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

Bill to

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

Details

Invoice number	4027670694
Invoice date	Nov 30, 2021
Billing ID	7677-2853-5183
Domain name	babcnc.org

Google Workspace

Total in USD **$246.00**

Summary for Nov 1, 2021 - Nov 30, 2021

Subtotal in USD	$246.00
Tax (0%)	$0.00
Total in USD	$246.00

You will be automatically charged for any amount due.

Google™ Invoice

Invoice number: 4027670694

Subscription	Description	Interval	Quantity	Amount($)
G Suite Basic	Usage	Nov 1 - Nov 30	41	246.00

Subtotal in USD	$246.00
Tax (0%)	$0.00
Total in USD	**$246.00**

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

Google

Payment Receipt

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

Tax identification number
77-0493581

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

Payment date	Dec 1, 2021
Billing ID	7677-2853-5183
Payment method	Mastercard •••• 9270
Payment number	A31175396992066243

Description	
Payment amount	$246.00

Frontier

CITY OF LOS ANGELES
Your Monthly Invoice

Account Summary

New Charges Due Date	**12/09/21**
Billing Date	11/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 11/08/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	**$60.98**

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

Frontier

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

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

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

You are all set with Auto Pay! To review your account, go to Frontier.com or MyFrontier Mobile App.

CITY OF LOS ANGELES
Date of Bill 11/15/21
Account Number 310-231-7288-081418-5

Frontier

CURRENT BILLING SUMMARY

Local Service from 11/15/21 to 12/14/21

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 310/231-7288	AUTOCH	11/15	5.99
			Subtotal	**5.99**

Subtotal **5.99**

CUSTOMER TALK

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 December 31, 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.

Gmail

Catherine Palmer <council@babcnc.org>

Frontier Auto Pay Payment Confirmation

DoNotReplyFrontierBillPay@billmatrix.com
<DoNotReplyFrontierBillPay@billmatrix.com>
To: COUNCIL@babcnc.org

Wed, Dec 8, 2021 at 11:34 PM

Frontier

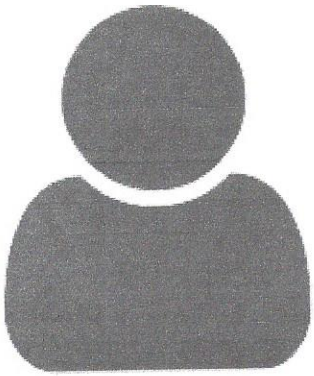
Login

Dear Frontier Customer,
Your Auto Pay payment was successfully processed on 12/9/2021 for:
Frontier® Account Ending in: *4185
Payment Account Ending in: *9270
Confirmation Code: p215C2NFWF
Payment Amount: $60.98
To review your Auto Pay settings, please sign into your account.
Thank you,
Your Frontier Team
Please review Payment Terms and Conditions

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

2 attachments

noname
18K



noname
8K

INVOICE

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

Invoice Date	12/01/2021
Invoice #	IN7100798790
PO #	
Customer ID	CN-631494-1701
Terms	**AutoPay Scheduled**
Due Date	12/16/2021
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 - Monthly Service Charge 12/01/2021 - 12/31/2021	1	22.21	$22.21
Primary	Standard Phone Numbers (DID) 12/01/2021 - 12/31/2021	1	4.55	$4.55
Primary	State and Local Regulatory Recovery Fee	1	2.73	$2.73
Primary	Universal Service Fee (USF)	1	1.22	$1.22
Primary	Regulatory Recovery Fee	1	1.51	$1.51

Total	**$32.22**

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.

LogMeIn BILLING

Invoices | Payment Options | Billed Call Details | Accounts

Invoice Details

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

Download Invoice

Invoice IN7100798790

Date Due
December 16, 2021

Status
Paid

Date Paid
December 10, 2021

Payment Method
MasterCard ** 9270 08/2023

Total Due **$0.00**

PAID

Description	Qty	Rate	Total
GoToConnect - Monthly Service Charge - 12/01/2021 - 12/31/2021	1	$22.21	$22.21
Standard Phone Numbers (DID) - 12/01/2021 - 12/31/2021	1	$4.55	$4.55
State and Local Regulatory Recovery Fee	1	$2.73	$2.73
Universal Service Fee (USF)	1	$1.2195	$1.22
Regulatory Recovery Fee	1	$1.5067	$1.51

Total $32.22

Payments & Credits $32.22

Total Due $0.00

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: Vadim Levotman & Travis Longcore
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:
11/28/2021	420297	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
11/01/21-11/07/21	TRANSCRIPT	Palmer, Catherine	15.00	27.95	$419.25
11/08/21-11/14/21	TRANSCRIPT	Palmer, Catherine	12.00	27.95	$335.40
11/15/21-11/21/21	TRANSCRIPT	Palmer, Catherine	10.00	27.95	$279.50

A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

PAY THIS AMOUNT >

TOTAL **$1,034.15**

Lloyd STAFFING

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	11 | 1 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	11 | 2 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	11 | 3 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	11 | 4 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	11 | 5 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	11 | 6 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	11 | 7 | 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 11-7

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 15

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

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

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print) BASCNC

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

REPORT TO Travis Longcore DEPT. JOB TITLE President WEEK ENDING 11-7

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

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

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

EMPLOYEE NAME Catherine Palmer EMPLOYEE SIGNATURE Catherine Palmer

SOCIAL SECURITY NO. ___ – ___ – ____

AUTHORIZED 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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES – LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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

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

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

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

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

LLOYD 10-2007

Lloyd STAFFING

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	11 | 8 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	11 | 9 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	11 | 10 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	11 | 11 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	11 | 12 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	11 | 13 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	11 | 14 | 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 11-14 | TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 12

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

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

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print): BABCNC

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

REPORT TO: Travis Longcore DEPT. JOB TITLE: President WEEK ENDING: 11-14

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

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

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

EMPLOYEE NAME: Catherine Palmer EMPLOYEE SIGNATURE: Catherine

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

EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES – LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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

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

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

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

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

LLOYD 10-2007

Lloyd STAFFING

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	11 / 15 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	11 / 16 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	11 / 17 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	11 / 18 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	11 / 19 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	11 / 20 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	11 / 21 / 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 11-21

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 10

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

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

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print) BABCNC

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

REPORT TO Travis Longcore DEPT. JOB TITLE President WEEK ENDING 11-21

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

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

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

EMPLOYEE NAME Catherine Palmer EMPLOYEE SIGNATURE Catherine Palmer

SOCIAL SECURITY NO. ___ - ___ - ____

CLIENT SIGNATURE OF ACCEPTANCE 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

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.

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LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

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

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Irene Sandler	Bel Air Crest Master Assn. Rep.	X					
Mark Goodman, M.D.	Bel Air District Rep.					X	
Gail Sroloff	Bel Air Association Rep				X		
Larry Leisten	Bel Air Glen District Rep.	X					
Robin Greenberg	Bel Air Hills Assn. Rep.	X					
Wendy Morris	Bel Air Hills Assn. Rep					X	
Andre Stojka	Bel Air Ridge Assn. Rep.	X					
Robert Schlesinger	Benedict Cyn. Assn. Rep.	X					
Don Loze	Benedict Cyn. Assn. Rep.	X					
Nickie Miner	Benedict Cyn. Assn. Rep.	X					
Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	**Total:**	23	1		6	3	

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

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

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name: Bel Air-Beverly Crest NC	**Meeting Date:** 06/30/2021
Budget Fiscal Year: 2021-2022	**Agenda Item No:** 11.b.
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Vote Count

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Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Yves Mieszala	North of Sunset District Rep.				X		
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	X					
Patricia Murphy	North of Sunset District Rep..	X					
Robert A. Ringler	Residents of Beverly Glen Rep.	X					
Dan Palmer	Residents of Beverly Glen Rep..	X					
Board Quorum: 15	**Total:**						

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

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

INVOICE

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

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

BILL TO:

Attention of: Vadim Levotman & Travis Longcore
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:
12/05/2021	420368	1	116863	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
11/22/21-11/28/21	TRANSCRIPT	Palmer, Catherine	10.00	27.95	$279.50
11/29/21-12/05/21	TRANSCRIPT	Palmer, Catherine	10.00	27.95	$279.50

A 3% surcharge will be applied to any payments processed using a credit card. Thank you.

PAY THIS AMOUNT >

TOTAL **$559.00**

Lloyd STAFFING

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS
MON	11 | 22 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
TUES	11 | 23 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
WED	11 | 24 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
THURS	11 | 25 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	11 | 26 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	11 | 27 | 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	11 | 28 | 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 11/28

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR
PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 10

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

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

Minimum: 4 hours per employee, per day.

COMPANY NAME (Please print) BABCNC

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

REPORT TO Travis Longcore DEPT. JOB TITLE President WEEK ENDING 11/28

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

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

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

EMPLOYEE NAME Catherine Palmer EMPLOYEE SIGNATURE Catherine Palmer

SOCIAL SECURITY NO. ___ – ___ – ____

CLIENT SIGNATURE OF ACCEPTANCE 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.

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

TERMS & CONDITIONS FOR LLOYD STAFFING

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LLOYD 10-2007

Lloyd STAFFING

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

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

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH &/OR BREAK	TOTAL HOURS
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THURS	12 / 2 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
FRI	12 / 3 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
SAT	12 / 4 / 21	☐ AM ☐ PM	☐ AM ☐ PM		
SUN	12 / 5 / 21	☐ AM ☐ PM	☐ AM ☐ PM		

WEEK ENDING 12/5

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR
PLEASE WRITE TOTAL HOURS WORKED HERE ⇨ 10

INSTRUCTIONS:
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COMPANY NAME (Please print): BABCNC

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

REPORT TO: Travis Longcore DEPT. JOB TITLE: President WEEK ENDING: 12/5

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LLOYD 10-2007

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

NC Name: Bel Air-Beverly Crest NC	**Meeting Date:** 06/30/2021
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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					
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Mindy Mann	Benedict Cyn. Assn. Rep.	X					
Dr. Robert Garfield, DDS	Casiano Estates Assn. Rep.	X					
Travis Longcore, Ph.D.	Custodian of Open Spaces Rep.	X					
Jackie DeFede	Faith-Based Organizations Rep.				X		
Maureen Smith	Franklin-Coldwater District Rep.	X					
Teresa Lee	K-6 Private Schools Rep.	X					
Jon Wimbish	7-12 Private Schools Rep.				X		
Kristie Holmes	Public Ed. Institutions Rep.					X	
Jason Spradlin	Holmby Hills Assn. Rep.	X					
Jamie Hall	Laurel Cyn. Assn. Rep.				X		
Stephanie Savage	Laurel Cyn. Assn. Rep.				X		
Cathy Wayne	Laurel Cyn. Assn. Rep.	X					
Heather Roy	Laurel Cyn. Assn. Rep.	X					
Chuck Maginnis	At Large Rep.	X					
Maureen Levinson	At Large Rep.	X					
Shawn Bayliss	At Large Rep.	X					
Philip Enderwood	At Large: Youth Seat Rep.		X				
Jacqueline Le Kennedy	Commercial/Office District Rep.	X					
Board Quorum: 15	**Total:**	23	1		6	3	

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

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form

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

Vote Count

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Yves Mieszala	North of Sunset District Rep.				X		
Ellen Evans	Doheny-Sunset Plaza Neighborhood Assn.	X					
Patricia Murphy	North of Sunset District Rep..	X					
Robert A. Ringler	Residents of Beverly Glen Rep.	X					
Dan Palmer	Residents of Beverly Glen Rep..	X					
Board Quorum: 15	**Total:**						

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

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