Attachment "B"

Monthly Expenditure Report



Reporting Month: November 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
\$32308.78	\$3080.47	\$29228.31	\$1593.15	\$0.00	\$27635.16

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office		\$3046.02		\$1593.15	
Outreach	\$31450.00	\$34.45	\$19763.19	\$0.00	\$18170.04
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 Expend	litures: \$8606.34

	Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Google LLC GSUITE_babc	11/02/2021	Google Workspace 11-01-2021 Receipt/Invoice.pdf	General Operations Expenditure	Office	\$240.77
2	THE WEB CORNER, INC	11/04/2021	The Web Corner Receipt/Invoice 11-1-20021 # 22846.pdf	General Operations Expenditure	Office	\$150.00
3	FRONTIER COMM CORP WEB	11/08/2021	Frontier Paid Receipt/Invoice 11-08-2021.pdf	General Operations Expenditure	Office	\$60.98
4	LOGMEIN GoToConnect	11/10/2021	LogMeIn Receipt-Invoice 11-10-2021.pdf	General Operations Expenditure	Office	\$32.22
5	USPS PO 0545040048	11/12/2021	USPS Mailing Business Cards x5 Receipt/Invoice 11-12-2021.pdf	General Operations Expenditure	Outreach	\$34.45
6	THE WEB CORNER, INC	11/22/2021	The Web Corner BABCNC Transaction Invoice/Receipt 11-22-2021.pdf	General Operations Expenditure	Office	\$150.00
7	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

8	City of LA Publishing Services	11/02/2021	Payment to the City of Los Angeles - Publishing Services for the business cards printing. Invoice Dated: 10/31/2021 Invoice Number: 2200816 in the amount of \$204.00	General Operations Expenditure	Office	\$204.00
9	LLOYD STAFFING /LLOYD STAFFING, INC.	11/16/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 9/20/21 through 10/03/2021. Invoice Dated: 10/10/2021 Invoice Number: 41984	General Operations Expenditure	Office	\$614.90
10	LLOYD STAFFING /LLOYD STAFFING, INC.	11/16/2021	Payment to Lloyd Staffing for Board Administrator Services for the period of 10/18/21 through 10/31/2021. Invoice Dated: 11/07/2021 Invoice Number: 4201	General Operations Expenditure	Office	\$698.75
	Subtotal:		1			\$3080.47

	Outstanding Expenditures					
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	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
2	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: Outstanding	g				\$1593.15

Google[™] Invoice

Invoice number: 4005153516

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	\$240.77	
Billing ID	Summary for Oct 1, 2021 - Oct 31, 2021		
	Subtotal in USD	\$240.77	
	Tax (0%)	\$0.00	
	Total in USD	\$240.77	

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You will be automatically charged for any amount due.

Google[™] Invoice

Invoice number: 4005153516

Subscription	Description	Interval	Quantity	Amount(\$)
G Suite Basic	Usage	Oct 1 - Oct 27	40	209.03
G Suite Basic	Usage	Oct 28 - Oct 31	41	31.74
		Subtotal in USD Tax (0%)		\$240.77 \$0.00
		Total in USD		\$240.77

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

Google

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

Description		
Payment amount	\$240.77	

Payment Receipt

Payment date Billing ID Payment method Payment number Nov 1, 2021 7677-2853-5183 Mastercard ••••9270 A65936678673671092 .

The Web Corner, Inc.

15300 Ventura Blvd. Suite 400

Invoice

Sherman Oaks, CA 91403 818-345-7443		Date	Invoice #	Terms
	••••••••••••••••••••••••••••••••••••••	1/1/2021	22846	Due on Receipt
Bill To	A19A	Ship To		
Bel Air-Beverly Crest NC				

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

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Gr
Δ.

Catherine Palmer <council@babcnc.org>

Frontier Auto Pay Payment Confirmation

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



Mon, Nov 8, 2021 at 2:30

AM

Frontier Customer,

Payment Account Ending in: *9270 Frontier[®] Account Ending in: *4185 Your Auto Pay payment was successfully processed on 11/8/2021 for:

Confirmation Code: p21692KN84 Payment Amount: \$60.98 To review your Auto Pay settings, please <u>sign into</u> your account. Thank you, Your Frontier Team Please review Payment <u>Terms and Conditions</u>

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

Legal Notice | Privacy Policy

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2 attachments

CITY OF LOS ANGELES Your Monthly Invoice

Account Summary

rooodiii	
New Charges Due Date	11/08/21
Billing Date	10/15/21
Account Number	310-231-7288-081418-5
PIN	8389
Previous Balance	60.98
Payments Received Thru 10/12/21	-60.98
Thank you for your payment!	
Balance Forward	.00
New Charges	60.98
Total Amount Due	\$60.98



Frontier

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

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

Connect to your customers with confidence

Frontier OneVoice plans answer your calls with:

- ✓ Reliable connection and crystal-clear voice quality
- ✓ Bundled savings

Frontier

✔ Voice mail, caller ID, call forwarding and more

1.844.232.3943 | business.frontier.com/phone

Services subject to availability and oil opplicable Frantier terms and conditions. Frantier reserves the right to withdraw this offer at any time

Page 1 of 3

Frontier

CURRENT BILLING SUMMARY

ocal Service from 10/15/21 to 11/14/21 Qty Description	310/231-7288.0	Charge
Non Basic Charges Internet 6 Dynamic IP \$5.00 Discount through 12/08/21		54.99
Other Charges-Detailed Below		5.99
Total Non Basic Charges		60.98
	TOTAL	60.98
** ACCOUNT ACTIVITY **		
Qty Description Or	der Number Effective	Dates
1 Business High Speed Internet Fee	AUTOCH 10/15	5.99
310/231-7288	Subtotal	5.99

Subtotal

5.99

CITY OF LOS ANGELES Date of Bill Account Number

Page 3 of 3 10/15/21 310-231-7288-081418-5

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.

My Services Internet Internet 6 Dynamic IP	 View Current Bill View Payment History Manage Auto Pay 	Current Balance New Charges Due Date Nov 8, 2021	Billing New Charges Balance Forward • Previous Balance Payments Received Thru Oct 12, 2021	Stream faster. Watch more. Frontier makes great TV even better. <u>Check it out</u> (https://frontier.com/shop/tv?icid=21jul22_national_myaccount_shoptv_banner) Account Summary
Chat		0 0 0 0 0	86.09\$ 86.09\$ 86.09\$	

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Feedback



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

INVOICE

Invoice Date Invoice # PO # Customer ID Terms Due Date Currency 11/01/2021 IN7100741343

CN-631494-1701 AutoPay Scheduled 11/16/2021 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 - Monthly Service Charge 11/01/2021 - 11/30/2021	1	22.21	\$22.21
Primary	Standard Phone Numbers (DID) 11/01/2021 - 11/30/2021	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
Primary	Regulatory Recovery Fee	1	1.5	1

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 <u>here</u>.

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

LogMe(n) BILLING			
Invoices Payment Options Billed Call Details		A	ccounts ~
Invoice Details Bel Air Beverly Crest Neighborhood Council - CN-631494-1701		Download	Invoice
Invoice IN7100741343		Total Due	\$0.00
Date DueStatusDate PaidPayment MethodNovember 16, 2021PaidNovember 10, 2021MasterCard ** 927008/2023			PAID
Description	Qty	Rate	Total
GoToConnect - Monthly Service Charge - 11/01/2021 - 11/30/2021	1	\$22.21	\$22.21
Standard Phone Numbers (DID) - 11/01/2021 - 11/30/2021	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
	Payr	nents & Credits	1228 Th. 12 807
		Total Due	\$0.00

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BICENTENNIAL 7610 BEVERLY BLVD LOS ANGELES, CA 90048-9998 (800)275-8777

11/12/2021	(000)2/5-8		02:46 PM
Product	Qty	Unit Price	Price
Mailer 6 x 10	5	\$1.79	\$8.95
First-Class Mail Package Los Angeles, Weight: O lk Estimated De Mon 11/1 Tracking #: 9500 116	CA 90077 8.00 oz elivery Data		\$5.10
First-Class Mail Package Beverly Hill Weight: O lb Estimated De Mon 11/1 Tracking #:	0 1 s, CA 9021(8.00 oz elivery Date) e	\$5.10 A
First-Class Mail Package Los Angeles, Weight: O lb Estimated De Mon 11/1 Tracking #:	© 1 CA 90024 8.00 oz livery Date	9	\$5.10
First-Class Mail Package Los Angeles, Weight: O lb Estimated De Mon 11/1 Tracking #: 9500 116	CA 90077 8.00 oz livery Date		\$5.10
	CA 90077 8.00 oz Livery Date 5/2021 2 1419 1316	7143 89	\$5.10 A
Grand Total:			\$34.45
Credit Card Remit Card Name: Ma Account #: X) Approval #: C Transaction # AID: A000000C AL: MASTERCAF PIN: Not Requ	tted asterCard (XXXXXXXXXXXX) 093102 #: 914 0041010 RD		\$34.45 ip

Merchant: 7	The Web Corner, Inc		
Tarzana, CA 91356 US	8183457443		
Order Information			
Description:	22686		
Order Number:	P.O. Number:		
Customer ID:	Invoice Number:		
Billing Information	Shipping Information		
Robert Allen Ringler	NC		
Bel Air Beverly Crest			
	Shi	ipping:	0.00
		Tax:	0.00
		Total:	USD 150.00
Payment Information			
Date/Time:	22-Nov-2021 11:03:49 MST		
Transaction ID:	63376836119		
Transaction Type:	Authorization w/ Auto Capture		
Transaction Status:	Captured/Pending Settlement		
Authorization Code:	026282		
Payment Method:	MasterCard XXXX9270		

PO#

Please remit payment to:

BILL TO:

Pay by ACH/wire to:

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

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:		
					ot	
	1					AMOUNT
10/17/2021 PERIOD 10/04/21-10/10/21 10/11/21-10/17/21		1 Palmer, Cathe Palmer, Cathe		Due Upon Receip HOURS 20.00 12.00	RATE 27.95 27.95	AMOUNT \$559.00 \$335.40
A 3% surcharge will be applied	to any payments processed using a	credit card. Thank	you. PAY THIS	AMOUNT >	TOTAL	\$894.40

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	STAFFING		HQ: 445 Bro Melville, NY 1 Phone: 63		e 119		(Plaase print) BABCAC
	EMPLOYEE PLEAS	E COMPI	LETE – Be su	re to indic	ate AM or	PWI.	P-0 130x 252007 LA 90025
DAY	DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOB WILE WEEK ENDING
MON	10 VI	7.	D AM	L) AM			Trans Longure Meridat 10/0
	10 11	21	□ PM	LI PM			FIRST TIME AT THIS CLIENT COMPANY? 🖸 Yes 🖾 No 🛛 If yes, Temporary Associates must indicate they have
TUES	DITI.	21	LI AM	1 AM			received the following Orientation Training on this assignment. (Please check)
	101310	H	LI PM	_1 PM			🗌 🗆 Emergency Evacuation Procedures 🔅 🗔 Job Site & General Safety Rules 🔅 🗔 Policy & Procedure Review
WED	106	21	C AM	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 authorized representative of the facility named above and that I received the required training. I understand I am to contact the
710100	20171	2.	() AM	LIAM	Carlo Car		office after completing the Assignment to determine if there is other work available for me. Lagree that if I do not contact the
THURS	IN F	2	D PM				office upon completion of an assignment they can assume I am not available.
FRI	10.7.	2	MA 🗆	C) AM			EMPLOYEE NAME A PEMPLOYEE SIGNATURE
	101 8 1-	1	S PM	LI PM		-	alpenname Cathert -
SAT	in al		LI AM	🖾 AM			SOCIAL SECURITY NO.
	0	21	D PM	🗆 PM			
SUN	1010	211	AM 🗆	D AM			
	1010	FI	O PM	LI PM			CUERT SKINATURE OF ACCEPTANCE PRINT NAME
WEEK EN	IDING iolo		HOURS FOR WEEK WRITE TOTAL HO			20	Travis Longcore
MOTO	1010				× 1		IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct
2. Use so	firmly; use a ball point pen. parate limesheet for each a			1.6	MPORTANTA nust be appro each day work	ed for ed. Hours	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.
4. Leave 5. Unsign	3. Mail ORIGINAL & INVOICE copy to Lleyd, no later than Friday right. 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself. 5. Unsigned Timosheels with be returned without payment. 6. Main Childrey Copy of the returned without payment. 6. Main Childrey Ch				approved dally.		Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.
Altered	f timeshoots will not be acco	opted. All ho	urs must be totaled		mployee, per i		

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 namod 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 diffilates, 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 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 Fidality 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 involces are for labor and agrees to pay such involces upon receipt. If any involces remain unpaid thirty (30) days after involce date, Customer agrees to pay LLOVD 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 LLOVD its reasonable costs of collection, including its reasonable attorneys' fees and expenses.

行 医罗伊勒氏组织

	STAFFING	HQ: 445 Bro Melville, NY 1 Phone: 63		e 119		(Plaase print) ADDRESS O D D TOWN / P.O. 21P
	EMPLOYEE PLEASE COM	PLETE - Be su	re to indic	ate AM or	PM.	1 1.0.130X 252007 -17 9005
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. DEPT. WEEK ENDING
MON	10 1/21		D AM	1 1		FIRST TIME AT THIS CLIENT COMPANY? Q Yes No If yes, Temporary Associates must indicate they have
TUES	10112121	L) AM	LI AM	1		received the following Orientation Training on this assignment. (Please check)
WED	10 13 21	I AM PM	i Am Pm	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. I understand I am to contact the
THURS	10/14/21	ii Am ii Pm	Li AM Li PM			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	101521	CI AM	ii AM Ii PM			attrine talme
SAT	10/16/21	LI AM LI PM	c) AM C) PM			SOCIAL SECURITY NO.
SUN	1011721	D AM D PM	I AM		6	CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME
WEEK EN		L HOURS FOR WEEK SE WRITE TOTAL HO	TO NEAREST	1/4 HOUR	12	Travis Longcore
INSTRUCTIONS: 1. Press firmly; use a ball point pen. 2. Use separate limesheet for each assignment. 3. Mail ORIGINAL & IMVOICE copy to Lloyd, no later than Friday night. Will not be pair if not				must be approv	ed for d. Hours	IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed aro 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.
4. Leave 5. Unsign	CLIENT copy with client company; ret red limesheets will be returned without d timesheets will not be accepted. All I	ain EMPLOYEE copy i payment.	or yourself.	approved dally. Minimum: 4 ho amployee, por c	urs per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

BACK

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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 parformed 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 artifiates, 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 empty end to the end of the origine.

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.

Loonfirm 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 islain 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, (b) LLOYD's employee driving such reliability Bond unless such alams 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 temporary employees unless such dams are reported in writing to be responsible for claims arising form driving by the Customer within thirty (30) days after no currence, (d) Customer. CuLOYD by the Customer within ninety (90) days after the last date of the temporary employees used safet mare reported in writing to their employment, lob 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 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						<u>TG</u> q4	and the second		
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			f the 2021-2022 Fiscal Year Administrative (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		
^{Date:} 07/02/2021			Date: 07/02/2	021					

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Neighborhood Council (NC) Funding Prog	ram					at at the			
Board Action Certification (BAC) Form	 Bernster 					The The	S State II		
NC Name: Bel Air-Beverly Crest NC			Meeting Date:	06/30/2021			· · · · · ·		
Budget Fiscal Year: 2021-2022				all and a second s			ana in t		
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	oroval o ent "D"	of the 2021-	Agenda Item No: ^{11.b.} of the 2021-2022 Fiscal Year Administrative (Budget))					
Method of Payment: (Select One)	Check		Credit Card Board Member Reimbursement						
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							
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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 Signature: Robert A. Ringler Print/Type Name: Robert A. Ringler, Second Signatory						
rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sign	atory		
Date: 07/02/2021			Date: 07/02/2021						

CITY OF LOS ANGELES Publishing	City of Los Angeles - Publishing Services DEPT. 40, FUND 706, APPR 40000A	INV	DICE
Services General Services Department	REVENUE SOURCE 4591 555 Ramirez St. Space 200	Invoice #	2200816
General services Department	Los Angeles, CA 90012 Phone: (213) 473-8400	Invoice Date	10/31/21
	Fax: (213) 473-8416	Date Shipped	
		Ship Via	Will Call
Bel A	r Beverly Crest Neighborhood Council	Fund Number	DIRECT PAY
	rine Palmer Corinth Ave. Room 103-4	Terms	Net 30 Days
	ngeles, CA 90025	P.O. Number	22BABC01

Quantity	Description	Unit Price	UM	Amount
1,600	Business Cards : 2/C CITY SEALS - BEL AIR BEVERLY CREST NC BUS CARDS 2/C 8UP W/BLACK NC LOGO 1 SIDED 8 NAMES 1 LOT EA C/O CATHERINE PALMER 310-479-6247	\$204.00		\$204.00
Thank you for y	our Business!!	Subtotal Sales Tax		\$204.00 \$0.00
		Total Due		\$204.00

Customer	Code :	NC-BABC
0401011101	0040.	

- Invoice Number: 2200816
 - Invoice Date : 10/31/21
- Invoice Amount : \$204.00

Amount Paid :

Job Number

22BABC01

Remit To:

City of Los Angeles - Publishing Services DEPT. 40, FUND 706, APPR 40000A REVENUE SOURCE 4591 555 Ramirez St. Space 200 Los Angeles, CA 90012

Remitter:

Bel Air Beverly Crest Neighborhood Council Catherine Palmer 1645 Corinth Ave. Room 103-4 Los Angeles, CA 90025

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						<u>TG</u> q4	and the second		
NC Name: Bel Air-Beverly Crest NC			Meeting Date: 0	6/30/2021			. L sinderstander som		
Budget Fiscal Year: 2021-2022			Agenda Item No: 11.b.						
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		
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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		
^{Date:} 07/02/2021			Date: 07/02/2	021					

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Neighborhood Council (NC) Funding Prog	ram					at at the				
Board Action Certification (BAC) Form	 Bernster 					The The	S State II			
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Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 2 of 2: App Packet (Attachm	oroval o ent "D"								
Method of Payment: (Select One)	Check		Credit Card Board Member Reimbursement							
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Board Member's First and Last Name						Ineligible Recused				
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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								
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uthorized Signature	Moner		Authorized Sig	^{nature:} <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							

PO#

Please remit payment to:

BILL TO:

Pay by ACH/wire to:

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

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:		
10/10/2021	419842	1	116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & EM	IPLOYEE	I	HOURS	RATE	AMOUNT
09/20/21-09/26/21	TRANSCRIPT F	almer, Cathe	erine	15.00	27.95	\$419.25
		almer, Cathe		7.00	27.95	\$195.65
A 3% surcharge will be applied to	any payments processed using a c	redit card. Thank y	you. PAY THIS	AMOUNT >	TOTAL	\$614.90

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		Nith cilent company; in t will be returned withon nil not be accepted. At	tain ENFLOYEE copy for yours A payment. Noune must be letaled.	_	hura per day:	sura to call Llayd Statijng inmediately whon ascign

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EMPLOYEE INFORMATION

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

OVERTIME

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

LUNCH

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

ABSENCES - LATENESS

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

ON-THE-JOB SAFETY

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

TRAINING

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

Terms a conditions for Lloyd Staffing

sito of this linexised are correct, the work was performed in a satisfactory mainer, and my algorithes is authorization to bit it a narried Curborner. We indectand that this percent is an employee of LLOVD and is stored to its on a temporary basis. In the event we create of air allocations, we undectand that this percent is an employee of LLOVD and is stored to its on a temporary basis. In the event we create of air allocations and any approximation of medicate capters allowed by any service and personances or temporary basis. (I are that percent as invited in a consulting or freeduce capters proved to the person's survices intercipies and an event within one (1) year after this person's temporary satisfarmers, we agree to pay LLOVD is fee of 25% of the forth banuak zed compensation rate of the environment in the new capacity. I conflip that (on "exhibitized to sign on behalf of the named company ("Customer"), the futal hours shown on the reverse

LLOYD guarantees satisfaction with its unployee's services by extending a four (4) hour guarantee period. It, for any reason, we are dissatisticd with the employee assigned to us. LLOYD will not charge for the first four (4) hours worked by such umphoyee, provided that LLOYD tectors the end of the first four (4) hours. we sprey that the unployue assigned by LLOYD is satisfactory

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WORKERS COMPENSATION INSURANCE.

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Your lunch hour

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 fate. 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 carity lind; i an outhorized to sign on behalf of the named company ("Customer"). The total hours shown on the reverse adde of this (lineshed) are correct, the work was performed in patibilization participation by subject to ball the reverse Customes. We understand that this person is an employee of LLOYD and is national to us on a temporary basis, in the event was of our allitudes, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (i) use this person's services in a consulting or instance copacity, or (ii) use the person's services itmough sorbins temporary basis, (i) use this person's services in a consulting or instance copacity, or (ii) use the person's services itmough sorbins temporary service, within one (1) year of the that person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compareation rate of the employee in the next opacity.

LLOYD guarantees satisfaction with its employee's services by estending a faur (4) hour guarantee period. It, for any reason, we are dissulfated with the employee astered to us, LLOYD with fast that of the fast four (4) hours worked by such employee, provide that LLOYD in piperse the tarkhous asterord. Unless we contact LLOYD before the end of the frat four (4) hours, we agree that the employee satured by LLOYD is astigned.

I confirm the price approximate to the service provides the service performed herounder and any future services, that is Customer shall not animate LCOYD and Customer with unstandard performed herounder and any future services, that is Customer shall not animate LCOYD is compleyees with unstandard performance. Cash, regolables or other valuables or utilivity such employees to openia motivation of customer without the poler written consent of LCOYD is each haltone and unlivity from todard held until the openiation customer and the poler written consent of the design in the services in the service is the service as a second with unstandard performance of the service of the service testermity and held LCOYD is marked from any such datang the damage or allower public liables to the service and the second by the openiation of Customer and any second or based mate valuable liable by LLOYD's means and the poler any calmes is a result of a LOYD's employee and the poler and the second of the second o

that employment, job basignments, pay procedures, etc., with LLOYD. Temporary employees are assigned to Customer's job sits based upon the job description given and the known quadications of the employees. UNAUTHORIZED WORK FERFORMED BY LLOYD'S EMPLOYEES to STRYCTLY FORBIDDEN, ANY TEMPORATIV EMPLOYEE. UNAUTHORIZED WORK FERFORMED BY LLOYD'S EMPLOYEES to STRYCTLY FORBIDDEN, ANY TEMPORATIV EMPLOYEE. UNAUTHORIZED WORK FERFORMED BY LLOYD'S EMPLOYEES to STRYCTLY FORBIDDEN, ANY TEMPORATIV EMPLOYEE. UNAUTHORIZED WORK OF A UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURATIVE.

Contract Count is contracted and the standard of that LLOYD'S involves and for labor and agrees to pay such involves upon receipt. It any invades remain separate likely (30) days after involve date, Casioner agrees to pay LLOYD a lab payment a trange at the rate of 1-1/25, her moush (1815) por service or such variable amounts. Casioner also agrees to pay LLOYD is useonable costs of collection, including its justamable attorneys, feas and expenses.

LOVD 10-2007

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	STAFFING		HQ: 445 Bro Melville, NY 1 Phone: 63		e 119	a ta ya kata kata kata ya	(Plaase print) BABCNC ADDRESS TOWN P.O. ZIP
	EMPLOYEE PLEAS	SE COM	PLETE - Be su	re to indic	ate AM or	PM.	PO BOX 252007 LA 90021
DAY	DATE		TIME IN	TIME OUT	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOB TITLE WEEK ENDING
MON	a 201	n.	D AM	C) AM			TRAVID LONGERE ALCOIDENT 1/21
more	7 0	4	D PM	LI PM			FIRST TIME AT THIS CLIENT COMPANY? 🗆 Yes 🗆 No 🛛 If yes, Temporary Associates must indicate they have
TUES	ani	21	MA C	L AM			received the following Orientation Training on this assignment. (Please check)
	121	-	LI PM	_1 PM			🗆 Emergency Evacuation Procedures 🗋 Job Site & General Safety Rules 🔅 Policy & Procedure Review
WED	9 22	21		C) 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
			D AM	MAL			office after completing the Assignment to dotermine if there is other work available for me. Tagree that if I do not contact the
THURS	923	21		D PM			office upon completion of an assignment they can assume I am not available.
		-+	CI AM	L) AM			EMPLOYEE NAME EMPLOYEE SIGNATURE
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VEEK ENI	DING 9/20		HOURS FOR WEEK SE WRITE TOTAL HO			15	Travis Longcore
2. Use set	CTIONS: irmly; use a ball point pen parate limesheet for each PIGINAL & INVOICE copy to	assignment.			IMPORTANN A must be approved each day workd will not be paid	ll hours Ved for ed. Hours	IMPORTANT FOR CLIENT: Execution with 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.
1. Leave C 5. Unsigno	CLIENT copy with client co ed timesheets will be retu timesheets will not be ac	mpany; retained without	ain EMPLOYEE copy fi payment.	or yourself.	approved daily. Minimum: 4 ho amployee, per d	urs per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

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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 evant we or any of aur affiliates, or any company to whom we assign this person, either (t) 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.

Loonfirm the prior agreement between LLOYD and Customer with respect to the services performed heraunder 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 herefore indemnify and hold LLOYD harmless from any such claim arising out of a braach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theti, collision, cargo damage or other public liability damage, go, (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 defonse thereof, involving bodily 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 vehicle(s), or arising out of or involving violation by Customer of clause (a) above, (b) 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 I relates to premises owned or controlled by Customer and to which LLOYD'S tempoloyee and essued claims are reported in writing to LLOYD by the Customer within ninety (90) days after the tas date of the temporary employee's asignment to the Customer. Customer recognizes LLOYD'S employee relationship with its personnol and accepts the obligation to discuss all matters concerning their employment, Job assignments, pay proceduees, elc., 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 data, 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	HQ: 445 Broadho Melville, NY 1174 Phone: 631-77	7, Suite 119		(Please print) BABCAC
Petersen	EMPLOYEE PLEASE	COMPLETE ~ Be sure to		PM.	ADDRESS BOX 252597 IN 9072
DAY	DATE	TIME IN TIM	LESS LUNCH & /OR BREAK	TOTAL HOURS	REPORT TO DEPT. JOBATTLE WEEK ENDING
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TUES	912812		LI AM LI PM		FIRST TIME AT THIS CLIENT COMPANY? Yes Yes Yes Yes Here following Orientation Training on this assignment. (Please check)
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THURS	9 30 2	AM D PM	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.
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2. Use se	CTIONS: firmly; use a ball point pen. eparate limesheet for each ass RIGINAL & INVOICE copy to Lic		IMPORTANT. A must be approv each day workd will not be paid	ed lor d. Hours	IMPORTANT FOR CLIENT: Execution of the firm 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.
4. Leave 5. Unsign	CLIENT copy with client comp ted timesheels will be returned t timesheets will not be accept	any; retain EMPLOYEE copy for your I without payment.		urs per	Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

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LLOYD 10-2007

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			Agenda Item No						
Board Motion and/or Public Benefit Statement (CIP and NPG):	Page 1 of 2: App Packet (Attachm		f the 2021-2022 Fiscal Year Administrative (Budge						
Method of Payment: (Select One)			Credit Card		🗆 Board	d Member Reimb	ursement		
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.					X			
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.		Х						
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		
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^{Date:} 07/02/2021			Date: 07/02/2	2021					

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NC Name: Bel Air-Beverly Crest NC			Meeting Date: 06/30/2021							
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	oroval o ent "D"	of the 2021-2022 Fiscal Year Administrative (Budget							
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Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused			
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Patricia Murphy	North of Sunset District Rep	Х								
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rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sigr	atory			
^{bate:} 07/02/2021	Date: 07/02/2021									

PO#

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:		
11/07/2021	420107	1	116863	Due Upon Receip	ot	
PERIOD	DESCRIPTION & E	MPLOYEE		HOURS	RATE	AMOUNT
10/18/21-10/24/21	TRANSCRIPT	Palmer, Cathe	erine	10.00	27.95	\$279.50
10/25/21-10/31/21		Palmer, Cathe		15.00	27.95	\$419.25
A 3% surcharge will be applied	to any payments processed using a	credit card. Thank	you. PAY THIS	AMOUNT >	TOTAL	\$698.75

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approved daily. Malmum: 4 heurs per employee, per day:	INPORTANT)											& JOR BREAK HOURS	ate AM or PW.	Road te 119 00
Be sure to call Lloyd Staffing immediatoly when assignment ends or we will essume you are no longer available for work.	IMPURIANT FUR ULENT: Execution of pristorin by the client constitutes a certileation that the 10 JAL notes 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.	Iravis Longcore		1	SOCIAL SECURITY NO.	CHIERNET HART CONTIN	EMPLOYEE ANNA	npleting the Assignment to covernine it there is o npletion of an assignment they can assume 1 am	I have by cartily that the hours shown were worked by me during the week ending shown above, and were property cortilled by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the	🗆 Emergency Evacuation Procedurae 🔅 Job Site & General Safety Rules 💭 Policy & Procedure Review	received the following Orientation Training on this assignment. (Please check)	FIRST TIME AT THIS CLIENT COMPANY? 🗋 Yos 🖨 No 🛛 II yas, Temporary Associates must indicate they have	TIMUL MIDUNICE POULDINI INDICA	A DEL DO LION THE	VOBOX 25 2001 LAT YOURS	2

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EMPLOYEE INFORMATION

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

OVERTIME

(1-1/2) your regular rate. 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 approval of the client. Approval must be obtained from us by You are permitted to work overtime only with the request and

LUNCH

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

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

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

TRAINING

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

> of the employee in the new capacity side of this limeshoet are correct, the work was performed in a subfactory mathematic and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is reterred to use on a trenporary basis. In the overtiwe or any of our atfillates, are nany company to whom we assign this person, oither () employ this person on a permonent or temporary basis. (I) use this person's services in a consulting or freelence ceptoly, or (0) use this person's services through enother temporary basis, there this person's services in a consulting or freelence ceptoly, or (0) use this person's services through enother temporary service within one (1) year after this person's temporary assignment, we agree to pay LLCYD a fee of 25% of the total annualized compensation rate I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse TERMS & CONDITIONS FOR LLOVD STAFFING

LLOYD guarantee ported. If, for any reason, we are disaution with its employee's services by extending a four (4) hour guarantee ported. If, for any reason, we are dissatistical 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 and of the first four (4) hours.

be responsible (or claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within nhety (30) days after the fast date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and ucceptu its obligation to discuss all matters concerning Customer therefore accepts full responsibility for any datins, including the dotares thereof, involving bodily hipry, properly damage, fine, thet, solitiston, carego damage or public liability damage sustained or incrured as a result of a LLOYD's employee driving such vohice(s), or attains put of or involving violation by Customer of clease (b) above, (b) LLOYD is not responsible for obtains inded under lis reliably Bond unless sub-redams are reported in writing to it by Customer within hithy 200 days after socurrence, (d) Customer shall indermyly and hold LLOYD is more sub-reliants and reported in writing to it by Customer within hithy 200 days after socurrence, (d) Customer shall indermyly and hold LLOYD is more similar and to which LLOYD'S employees are assigned and (s) under no chownalances will LLOYD pranitises owned or conflictied by Customer and to which LLOYD'S employees are assigned and (s) under no chownalances will LLOYD and the second second controlled by Customer and to which LLOYD'S employees are assigned and (s) under no chownalances will LLOYD and the second se I confirm the prior agreement bolwean LLOYD amployees with unallonded premises, crash, negotiables or other work of any titute services, that (a) Customer which mail or control to any titute services, that (a) Customer which are not services to control to any titute services, that (a) Customer which are not services to control to any the control to any titute services and not entuted to the top of the services that not entute the top of the mail of the services of the servi we agree that the employee assigned by LLOYD is satisfactory.

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collection, including its reasonable attorneys' fees and expenses.

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IMPORTANTAir hours must be approved for each day worked. Hours will not be paid if not approved daily. Minimum: 4 heurs per employee, per day.	14 HOUR								& /ON BREAK	ite AM or P	nad 119
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Dear

BACK

EMPLOYEE INFORMATION

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

OVERTIME

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LUNCH .

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ON-THE-JOB SAFETY

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

TRAINING

to a new assignment.

You must complete the Training Orientation every time you go

sido of this timestreet are correct, the work was performed in a satisfactory mixinar, and my signature is authorization to bill the named Cuctomer, We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the over two or any of our crititates, or any company to whom we assign this person, either (i) amploy this person on a permanent or temporary basis. (I) use this person's services in a consulting or freetance capacity, or (ii) use this person's services ittrauging monitor temporary service within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fac of 25% of the total annualized componsation rate I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse

TERMS & CONDITIONS FOR LLOYD STAFFING

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LLOYD by the Customer willsh inkely (B) days after the last date of the temporary employees assignment to the Customer recognizes LLOYD is employee-employee individually with its personnal and accepts the obligation to discuss all matters concerning their employment, play sectors and the performance of the temporary employees's assignment to the customer their employment, play sectors are assigned to Customer's to bit to the other the play description given and the qualifications of the employees. UNAUTHORIZED WORK REFERENCED SYLLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN, ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S Customer therefore accepts full responsibility for any claims, heutding the defense thereof, involving bodfly hipsy, progetry damage, fror, then, collision, cargo clamage or public liability damage sustained or incurred as a result of a LLOYD'S employee diving such vehicle(s), or straining out of or involving vehicles to be a substance of the unred of a result of a LLOYD'S employee diving such the Fidelity Bond unless such claims are reported in writing to it by Customer within hirty gold obys filer excurrence, (d) Customer shall be premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will LLOYD premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no obsumstances will customer as a set of the customer and to which and the set of the customer and to which the customer as a set of the customer and the set of the customer as a set of the customer and the set of the customer as a set of the customer and the I confirm his price agreement between LLOVD and Clastomer with respect to the services performed heraveder and any truture services, that (a) Customer shall not entuel LLOVD is omployees with unattended permises, crash, negotiables or other valuebles or utilizate such employees to operate machinery or motor varifieds without the prior written constant of LLOVD in anch instance and will herefore indemnity and hold LLOVD is marked from any such claim arbitrary damage, b) LLOVD's fixeware resulting from bodily inlaw, property damage is the thore operation or obtained and and the prior written and the second of the fixeware does not cover bees or damage caused by the operation of Clustomer's owned or based motor vehicle(b) by LLOVD'S employees, and does not cover bees or damage caused by the operation of Clustomer's owned or based motor vehicle(b) by LLOVD'S employees, and does not cover bees or damage caused by the operation of Clustomer's owned or based motor vehicle(b) by LLOVD's employees, and does not cover bees or damage caused by the operation of Clustomer's owned or based motor vehicle(b) by LLOVD's employees, and does not cover bees or damage caused by the operation of Clustomer's owned or based motor vehicle(b) by LLOVD's employees. we agree that the employee assigned by LLOYD is satisfactory. sa responsible for claims ansing from work porformed by LLOYD'S tomporary employees unless such claims are reported in witting to

Customer advantishings its understanding that LLOYD'S involces are for labor and agrees to pay such involces upon raceipt. If any involces renain unpaid thirly (30) days after involce date. Customer agrees to pay LLOYD a tet payment charge at the rate of 1-1/226, for month (18% per minum) on such unpaid amenuts. Customer after agrees to pay LLOYD its reasonable costs of collection, including its reasonable altorneys' see and expenses. NORKERS COMPENSATION INSURANCE.

LLOVD 10-2007

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			Agenda Item No						
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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.					X			
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							
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Print/Type Name: Nicole Miner,	reasurer		and the second	and the second se	Ringler,	Second Sig	natory		
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Office of the City Clerk					RABINS AND CONTRACTORS OF		anten en la company en la c			
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rint/Type Name: Nicole Miner, T	reasurer				Ringler, S	Second Sigr	atory			
^{bate:} 07/02/2021	Date: 07/02/2021									