

Office of the City Clerk			
Reporting Month:	MAY	MONTHLY EXPENDITURE REPORT	
NC Name:	Encino	Submitted:	6/24/2017 16:11:41
Budget Fiscal Year:	2016-2017		



FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)

EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below)								
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	One Generation			5/15/17 Outreach table at Encino Farmen's market	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
2	The Web Corner	14854		5/9/17 Monthly website maintenance	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$99.00
3	Alex Garay			5/22/17 Reimburse outreach supplies	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$38.69
4	The Web Corner	14690		5/18/17 domain registration	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$12.00
5	Partners in Diversity	26812, 26863		5/8/17 weeks ended 4/16/17 & 4/23/17 temp staff	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$397.47
6	Partners in Diversity		see C5, C6	5/19/17 above item inexplicably reversed	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	-\$397.47
7	Friends of Encino/Tarzana Libr		tnc-16926	5/15/17 NPG display equipment	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$850.00
8	City of Los Angeles Rec Park			5/18/17 Permit fee for Americas Healthy Kids Event	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$400.00
9	Partners in Diversity	26919, 26956		5/18/17 weeks ended 4/30/17 & 5/7/17 temp staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$602.98
#	PS Print			5/15/17 window cling signs	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$70.19
#	Vistaprint			5/17/17 Business Cards	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$29.35
#	Vistaprint			5/17/17 Business cards	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$48.93
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)								\$3,140.60
B CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR)								\$24,486.61
C OUTSTANDING COMMITMENTS (OBLIGATIONS)								
1	Time Warner - June			Internet	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$59.99
2	America's healthy kids		enc 17105	Event	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$1,250.00
3	Quality Logo			Hand sanitiser	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$198.31
4	Partners in diversity	27072		w/e 5/21/17 temp. staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$267.94
5	Partners in Diversity	26812		w/e 4/16/17 temp. staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$199.62
6	Partners in Diversity	26863		w/e 4/23/17 temp staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$197.85
7	Partners in Diversity	27013		w/e 5/15/17 temp staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$234.47
8	Los Encinos Docents		ENC 17363	dirt for planter demo	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00
9	Los Encinos Docents		ENC 17365	entrance beautification	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$700.00
10	Lanai Road School		ENC 17365	Special school project materials	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
SUBTOTAL: Outstanding Commitments (Includes total on page 3)								\$10,165.98
D Total Expenditures & Commitments								\$37,793.19
E Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions)								\$0.00
F Approved Budget 2016-2017								\$42,000.00
G Balance of Budget 2016-2017								\$4,206.81

Reporting Month:	MAY
NC Name:	Encino

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$17,513.39	\$0.00	\$17,513.39	\$3,140.60	\$14,372.79

MONTHLY CASH FLOW ANALYSIS						
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D
100	Operations	\$14,300.00	\$613.91	\$0.00	\$8,952.88	\$4,733.21
200	Outreach	\$11,000.00	\$1,676.69	\$0.00	\$8,968.24	\$355.07
300	Community Improvement	\$4,200.00	\$0.00	\$0.00		\$4,200.00
400	NPG	\$12,500.00	\$850.00	\$0.00	\$6,565.49	\$5,084.51
500	Elections		\$0.00	\$0.00		\$0.00
	TOTAL	\$42,000.00	\$3,140.60	\$0.00	\$24,486.61	\$14,372.79

NEIGHBORHOOD COUNCIL DECLARATION			
We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Office of the City Clerk, Neighborhood Council Funding Section upon request.			
Treasurer Signature		Signer's Signature	
Print Name	PATRICIA BATES	Print Name	DEBRA GEORGE
Date		Date	
NC Additional Comments	FINAL 3 ITEMS IN ADDITIONAL OUTSTANDING COMMITMENTS: PARTNERS IN DIVERSITY CHARGES OF \$221.80 , \$243.98, AND ESTIMATED AMOUNT OF \$225. WE HAVE REQUESTED THAT DONE PAY THESE FROM OUR 2016-2017 FUNDS.		

Reporting Month:	MAY
NC Name:	Encino

ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it)								
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
#	twc time warner cable			5/17/17 internet/cable	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$59.99
#	My Cable Mart			5/17/17 Cabling for sound system for meetings	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$135.94
#	All Print	114068		5/18/17 Printing tri-fold brochures	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$350.00
#	Office Depot			5/22/17 Printing for exec meeting	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$10.93
#	Constant contact			5/23/2017 Emailing service	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$20.00
#	Jersey Mike			5/24/17 Food for general meeting	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$260.00
#	Office Depot			5/30/2017 Printing for general meeting	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$13.46
#	Office Depot			5/30/17 folding table for outreach events	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$39.14
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
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#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Expenditures by Line Item								\$889.46

Reporting Month:	MAY
NC Name:	Encino

ADDITIONAL OUTSTANDING COMMITMENTS BY LINE ITEM (Optional, do not print page 3 unless you use it)								
A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
#	Encino Charter School				NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
#	Office Depot				OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$66.64
#	Office Depot			2 toner cartridges	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$408.88
#	Office Depot			supplies	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$129.18
#	Office Depot			1 hi yield catridge	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$181.60
#	Office Depot			glu sticks	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$7.92
#	City of Los Angeles			Permit form community event	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00
#	Bucca di Beppo			Food - June Meeting	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$278.33
#	M.A.R.Y Foundation		ENC-17366	Annual MARY Day event	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$750.00
#	Martin Outdoor Media			Bus Bench ads	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00
#	Partners in Diversity	27180		w/e 6/5/17 temp staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$177.44
#	The Web Corner			Web Site Maintenance	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$99.00
#	City of Los Angeles			Food truck permit for AHK event	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
#	Partners in Diversity	27128		w/e 5/30/17 temp staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$349.58
#	Congress of Neighborhoods			9/9/17 Event	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
#	Office Depot			6/2/2017 Outreach supplies	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$13.01
#	Office Depot			6/2/2017 outreach supplies	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$5.44
#	Partners in Diversity	27283	see below	w/e 6/11/17 staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$221.80
#	Partners in Diversity	27352	see below	w/e 6/18/17 staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$243.98
#	Partners in Diversity		see below	w/e 6/25/17 estimated staffing	OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	\$225.00
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
#						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Expenditures by Line Item								\$5,757.80

Revision Date 10/14/16



STATEMENT OF ACCOUNTS

UNION BANK
CENTURY CITY 0206
PO BOX 512380
LOS ANGELES CA 90051-0380

Telephone Banking

For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

To open additional accounts,
or apply for loans, call your
banking office at 310-551-8900

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

ENCINO NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

Business Basics Checking Summary

Account Number: [REDACTED]

Days in statement period: 33

Balance on 4/29	\$	17,513.39
Additions		397.47
Subtractions		-3,538.07
	Checks	-249.69
	Payments	-2,250.45
	Purchases	-1,037.93
Balance on 5/31	\$	14,372.79
Statement Average Ledger Balance		15,995.91

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
5/19	Partners in Dive PMT REFUND PPD *****0818	59085603 \$	397.47

Checks

Number	Date	Reference	Amount	Number	Date	Reference	Amount
5084	5/15	08370566	100.00	5088*	5/22	07609022	38.69
5086*	5/9	06870192	99.00	5092*	5/18	07531166	12.00
Total						\$	249.69

* Checks missing in sequence. Out of sequence check numbers may also be located in the Payments section of your statement.

Payments *online and electronic banking*

Date	Description/Location	Reference	Amount
5/8	PARTNERS IN DIVE ONLINE PMT WEB UN1682190818POS	56848748 \$	397.47
5/15	FRIENDS OF ENCI ONLINE PMT WEB UN1682190818POS	53591401	850.00
5/18	CITY OF LOS ANGE ONLINE PMT WEB UN1682190818POS	57398043	400.00
5/18	PARTNERS IN DIVE ONLINE PMT WEB UN1682190818POS	57400686	602.98
Total		\$	2,250.45

Purchases ATM card and Debit card™ purchases

<i>Date</i>	<i>Description/Location</i>	<i>Reference</i>	<i>Amount</i>
5/15	DLX*PS PRI 800-511-2009 CA 800-511-2009 CA	73718146	\$ 70.19
5/17	VISTAPR*VI 866-8936743 MA 866-8936743 MA	72100873	29.35
5/17	VISTAPR*VI 866-8936743 MA 866-8936743 MA	72100874	48.93
5/17	TWC*TIME W 888-TWCABLE CA 888-TWCABLE CA	72100875	59.99
5/17	MY CABLE M 09524868736 MN 09524868736 MN	72100876	135.94
5/18	ALL PRINTI 08187830510 CA 08187830510 CA	72802564	350.00
5/22	OFFICE DEP ENCINO CA ENCINO CA	71913553	10.93
5/23	CTC*CONSTA 855-2295506 MA 855-2295506 MA	72597115	20.00
5/24	JERSEY MIK ENCINO CA ENCINO CA	73286284	260.00
5/30	OFFICE DEP ENCINO CA ENCINO CA	72155614	13.46
5/30	OFFICE DEP ENCINO CA ENCINO CA	73006042	39.14
Total			\$ 1,037.93

Information and Banking Office Services**For each monthly statement period your account includes:**

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Encino
Budget Fiscal Year: 2016-2017

Requestor: Patricia Bates

Request Date: 22-Mar-17
Meeting Date: 3/22/2017

Vendor: Encino Farmers' Market
Address: _____

Agenda Item: 6.A.4.

City: _____ State: _____

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

Zip Code: _____ Phone: _____
Amount: \$ _____ Up to \$150
of payments: _____

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Booth at Encino Farmer's Market to promote ENC

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	X					
YOLG KRIEHEL Alex	AT LARGE REP	X					
ELIOT COHEN	PLU	X					
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP					X	
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLANSKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP	X					
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	18				3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: [Signature] Signer's Signature: [Signature]
 Print/Type name: Patricia Bates Print/Type name: Debra George
 Date (mm/dd/yy): 3/22/17 Date (mm/dd/yy): 3/22/17

Department Use Only	<input type="checkbox"/> Contract	<input type="checkbox"/> CIP	<input type="checkbox"/> Advanced Payment	<input type="checkbox"/> Approved	Staff Initials _____	<input type="checkbox"/> 1st Level _____	Authorization Code _____
	<input type="checkbox"/> >\$2,500	<input type="checkbox"/> NPG	<input type="checkbox"/> Sponsored Event	<input type="checkbox"/> Denied		<input type="checkbox"/> 2nd Level _____	



17400 Victory Blvd. Van Nuys, CA 91406
Phone: (818) 708-6625
Fax: (818) 708-6620

Farmers Market Business Vendor INVOICE

Encino Neighborhood Counsel

Date:

4/17/2017

Invoice No.

ENC04172017

Description	Amount
Annual Billing	
	\$ 100.00
Sunday Booth at Farmers Market 8am- 1pm July 9th, 2017	
sub-total	\$ 100.00
Total	\$ 100.00
	\$ -
Net Amount Payable / Owed	\$ 100.00

3/22/17 60 A. 40

Paid 5/3/17

ENCINO NC MAY 2017 MER - ITEM A1

Payment Due Upon Receipt or Per Contract Terms

Please make check payable to ONEgeneration, our TIN is 95-4066979

Cancellations or requests to reschedule must be received the Monday PRIOR to the scheduled Sunday

Mail Payment to:

ONEgeneration
Attn: Jodi Jacobsen
17400 Victory Blvd
Van Nuys, CA 91406

ENCINO NC MAY 2017 MER - ITEM A1

Invoice

The Web Corner, Inc.
 19509 Ventura Blvd.
 Tarzana CA 91356
 (818) 345-7443

Date	Invoice #	Due Date
5/1/2017	14854	5/1/2017

Bill To
 Encino Neighborhood Council
 P.O. Box 260439
 Encino, CA 91426

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Phone Support and General Web Development	99.00	99.00
<i>Paid 5/3/17</i>			

Please remit payment at your earliest convenience.		Total	\$99.00
Thank you for your business!		Payments/Credits	\$0.00
		Balance Due	\$99.00

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 26-Apr-17

Meeting Date: 4/26/2017

Agenda Item: 5.4.

Requestor: Patricia Bates

Vendor: Alex Garay

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount:\$ _____ Up to \$50

of payments _____

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Reimburse printing cost

ENCINO NC MAY 2017 MER - ITEM A3

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP					X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					X	
ALEX GARAY	AT LARGE REP ALT	X					
ELIOT COHEN	PLU					X	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLowsKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	13				8	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>[Signature]</u>	Signer's Signature: <u>[Signature]</u>
Print/Type name: Patricia Bates	Print/Type name: Debra George
Date (mm/dd/yy): <u>4/26/17</u>	Date (mm/dd/yy): <u>4/26/17</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Office DEPOT OfficeMax

OFFICE DEPOT #3320
18211 Ventura Boulevard
Tarzana, CA 91356
(818) 668 9067

04/15/2017 16 9 3 10:34 AM
STR 3320 BFG 1 TRN 613 EMP 880875

SALE

Product ID	Description	Total
163061	Impression, BWS	
180 @ 0.12		21.60

You Pay

839918	HLDG. BADGE, HOH	21.60 SS
754521	BADGE, LANYARD	6.99 SS
		6.99 SS

Subtotal	35.58
Sales Tax	3.11
Total	38.69
Amex 0015	38.69

AUTH CODE 884676

YDS Chip Read

ATD 800000025010801 AMERICAN EXPRESS

IVR 0000008000

CVS No Signature Required

ALELANORO GARAY 1832609901

Please create your online rewards account at officedepot.com/rewards. You must complete your account to claim your rewards and view your status.

4/26/17
5.4

Shop online at www.officedepot.com

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey and receive a coupon for \$10 off your next qualifying purchase of \$50 or more on office supplies, furniture and more.

ENCINO NC MAY 2017 MER - ITEM A3

Invoice

The Web Corner, Inc.
19509 Ventura Blvd. Tarzana CA 91356 (818) 345-7443

Date	Invoice #	Due Date
3/29/2017	14690	3/29/2017

Bill To
Encino Neighborhood Council P.O. Box 260439 Encino, CA 91426

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Domain Name Renewal ENCINONC.COM	12.00	12.00

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$12.00
	Payments/Credits	\$0.00
	Balance Due	\$12.00



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

INVOICE

Invoice Amount
\$197.85

Remit to: Partners In Diversity, Inc.
ASGE Marquette Commercial Finance
NW 6333 P.O. Box 1450
Minneapolis, MN 55485-6333

Payment Terms	Invoice Date
Due On Receipt	04/24/2017
Invoice No.	Customer No.
26863	1510

Neighborhood Council/Encino
4924 Paso Robles Ave
Encino, CA 91316

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 04/23/2017				
Ackerman, Jason E Executive Administrative Assistant	Reg	8.92	\$22.18	\$197.85
Total This Week ending:				\$197.85

Reg: 8.92 OT: 0 DT: 0	Total - This Invoice:	\$197.85
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

W/E
26812 4/16/17 199.62
26863 4/23/17 197.85
397.47

→
Pd 5/3/17
Payment reversed 5/19/17
No Idea Why
Replaced with 2 separate
payments June 2017



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.
 ASGE Marquette Commercial Finance
 NW 6333 P.O. Box 1450
 Minneapolis, MN 55485-6333

Neighborhood Council/Encino
 4924 Paso Robles Ave
 Encino, CA 91316

INVOICE

Invoice Amount
\$199.62

Payment Terms	Invoice Date
Due On Receipt	04/17/2017
Invoice No.	Customer No.
26812	1510

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 04/16/2017				
Ackerman, Jason E Executive Administrative Assistant	Reg	9.00	\$22.18	\$199.62
Total This Week ending:				\$199.62

Reg: 9 OT: 0 DT: 0	Total - This Invoice:	\$199.62
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Encino
 Budget Fiscal Year: 2016-2017
 Request Date: 26-Apr-17
 Meeting Date: 4/26/2017
 Agenda Item: 5.1.

Requestor: Patricia Bates
 Vendor: Friends of the Library (Encino-Tarzana Div.)
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ 850.00
 # of payments: _____

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Grant to cover acquisition of two freestanding multimedia displays and a mobile cart for display of library information and books

1 x The amount of \$ 850

ENCINO NC MAY 2017 MER - ITEM A7

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KUSSEYAN	RELIGIOUS REP					X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					X	
ALEX GARAY	AT LARGE REP ALT	X					
ELIJAH COHEN	PLU					X	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLANSKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP					X	
NC Quorum: 11	Grand Total (including page 2):	12				8	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>[Signature]</u>	Signer's Signature: <u>[Signature]</u>
Print/Type name: <u>Patricia Bates</u>	Print/Type name: <u>Debra George</u>
Date (mm/dd/yy): <u>4/26/17</u>	Date (mm/dd/yy): <u>4/26/17</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input checked="" type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input checked="" type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: <u>JH</u> 1st Level: <u>[Signature]</u> Date: <u>5/9/17</u> Authorization Code: <u>TNC-16926</u>

**Neighborhood Council Funding Program
APPLICATION for Neighborhood Purposes Grant (NPG)**



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

Name of NC from which you are seeking this grant: Encino Neighborhood Council

SECTION I - APPLICANT INFORMATION

1a) Friends of the Encino-Tarzana Branch Library 23-7249/99 na 10/29/76
Organization Name **Federal I.D. # (EIN#)** **State of Incorporation** **Date of 501(c)(3) Status (if applicable)**

1b) 18231 Ventura Blvd. Tarzana CA 91356
Organization Mailing Address **City** **State** **Zip Code**

1c) _____
Business Address (if different) **City** **State** **Zip Code**

1d) **PRIMARY CONTACT INFORMATION:**
Adele Druck (818) 345-8923 druckadele@aol.com
Name **Phone** **Email**

2) **Type of Organization- Please select one:**
 Public School *(not to include private schools)* **or** **501(c)(3) Non-Profit** *(other than religious institutions)*
Attach Grant Request on School Letterhead **Attach IRS Determination Letter**

3) _____
Name / Address of Affiliated Organization **City** **State** **Zip Code**
(if applicable)

SECTION II - PROJECT DESCRIPTION

4) **Please describe the purpose and intent of the grant.**
 Proposed funds of \$850 will be used to purchase the following materials which will assist users of the Encino-Tarzana Library:

 Two Freestanding Multimedia Displays, (shelves adjust to different angles for displaying a variety of library information & materials)

 One 7-shelf Mobile Display Cart (black) (7-shelf cart has shelves that are ideal for displaying paperbacks, Audiobooks on CD's, DVD's, and music CD's)

5) **How will this grant be used to primarily support or serve a public purpose and benefit the public at-large. (Grants cannot be used as rewards or prizes for individuals)**

 On behalf of the Los Angeles Public Library and the Friends of the Library, the Encino-Tarzana Branch Library is privileged to submit a proposal for funds to use towards improving and providing better service to children, students, and our Encino library community. If approved, the funds would be used to serve immediate needs of the library and provide easy access to library information, ideas, and books to our diverse library patrons. We are grateful for your generosity, your trust, and most importantly, your commitment and support to our library's mission.

Address any reply to: P.O. Box 2350, Los Angeles, Calif. 90053

Department of the Treasury

LA-EO:76-1637

District Director
Internal Revenue Service

Date: OCT 29 1976 In reply refer to: J. Jones
L-178, Code ~~421~~ EOG2:D

Determination Section (213) 688-4553

Letter of
Exemption
from
Federal Income Tax

Oct 29, 1976

Friends of the Encino-Tarzana Branch
Library
18231 Ventura Blvd.
Tarzana, California 91356

Purpose: Charitable
Accounting Period Ending: December 31

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, please let us know so we can consider the effect of the change on your exempt status. Also, you should inform us of all changes in your name or address.

ENCINO NC MAY 2017 MER - ITEM A7

If your gross receipts each year are normally more than \$5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,



District Director

ENCINO NC MAY 2017 MER - ITEM A7

April 11, 2017

Encino Neighborhood Council
4933 Balboa Boulevard
Encino, CA 91316
(818) 971-6996
www.encinonc.org

RE: Proposal of funds for the Encino-Tarzana Branch Library

Dear The Encino Neighborhood Council,

On behalf of the Los Angeles Public Library and the Friends of the Library, the Encino-Tarzana Branch Library is privileged to submit a proposal for funds to use towards improving and providing better service to children, students, and our Encino library community. If approved, the funds would be used to serve immediate needs of the library and provide easy access to library information, ideas, and books to our diverse library patrons. We are grateful for your generosity, your trust, and most importantly, your commitment and support to our library's mission. On behalf of the Los Angeles Public Library, the Encino-Tarzana Branch Library thanks you for your time and consideration regarding this proposed opportunity.

Sincerely,

Roman Antonio
Acting Branch Manager
Encino-Tarzana Branch Library
18231 Ventura Blvd.
(818) 343-1983
rantonio@lapl.org

Proposal funds will be used to purchase the following materials:

Vendor: Demco
(800) 356-1200
www.demco.com

- 1: (2) Freestanding Multimedia Display: \$324.99
(shelves adjust to different angles for displaying a variety of library information & materials) Product no. SA136-6163 (55" x 30" x 23½")

- 2: (1) 7-shelf Mobile Display Cart (black): \$389.99
(7-shelf cart has shelves that are ideal for displaying paperbacks, Audiobooks on CD's, DVD's, and music CD's) Product no. SA137-0869 (60" x 14" x 24")

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 22-Mar-17

Meeting Date: 3/22/2017

Agenda Item: 6.A.5.

Requestor: Patricia Bates

Vendor: America's Healthy Kids

Address: L.A. Rec/Parks

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount: \$ _____ Up to \$1,850

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

of payments

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Co sponsor America's Healthy Kids event with Lake Balboa NC. Costs include flyers for promoting ENC, participation/completion ribbons

ENCINO NC MAY 2017 MER - ITEM A8

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	X					
DOUG KRUGEL Alex Gery	AT LARGE REP	X					
ELIOT COHEN	PLU		X				
GERALD SILVER	HOMEOWNERS OF ENCINO		X				
GLENN BAILEY	PUBLIC SAFETY		X				
HENRY ESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP					X	
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLowsky	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.		X				
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP			X			
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	13	4	1		3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: [Signature] Signer's Signature: [Signature]

Print/Type name: Patricia Bates Print/Type name: Debra George

Date (mm/dd/yy): 3/22/17 Date (mm/dd/yy): 3/22/17

Contract CIP Advanced Payment Approved Staff Initials _____ 1st Level _____ Authorization Code _____
 >\$2,500 NPG Sponsored Event Denied 2nd Level _____



City of Los Angeles Department of Recreation & Parks

BALBOA SPORTS CENTER

17015 Burbank Boulevard, Encino, California 91316

Telephone: 818.756-9642 balboa.sportscenter@lacity.org

DATE: Tuesday May 9, 2017
TO: Encino Neighborhood Council
Lake Balboa Neighborhood Council
FROM: Kathryn Penny, Senior Recreation Director I
RE: INVOICE: June 17 Healthy Kids Fitness Challenge

Field Use Fees: \$25 per hour per field
Outfields Diamond 3 & 4 8:00am-4:00p
8 hrs X \$50

FIELD USE FEES \$400.00

Please make check payable to "City of Los Angeles Recreation And Parks"

Possible Additional Fees:
Food Truck Vendors: add \$200 per truck per day

3/22/17
b.A.S.

CA# 102363 (Insurance verification)

PERMIT # _____

City of Los Angeles • Department of Recreation and Parks
APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

PERMITTEE MAY NOT PUBLICIZE THE EVENT UNTIL A PERMIT HAS BEEN ISSUED

PLEASE READ AND COMPLETE ITEMS 1 THRU 13 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Balboa Sports Complex
2. Name Of Organization Encino NC & Lake Balboa NC Representative's Name Alex Garay (Encino NC)
4. Mailing Address 4924 Paso Robles City Encino Zip 91316
5. Contact Evening (818) 262-1716 Cell (818) 262-1716 e-mail alexfgaray@yahoo.com
6. Type of Event America's Healthy Kids

7. Date and Time of Event

Table with 3 columns: Day(s), Month/Date(s), Time(s). Row for Saturday, June 17th, 8am to 4pm.

8. Charging Fee(s)? [] Yes [X] No \$ _____ Will food sales be conducted? [] Yes [X] No No. Participants: Adult _____ Youth 250

9. Facilities/Services Requested (check all that apply):

[] Auditorium [] Kitchen [] Outdoor Area [X] Baseball Diamond # 3&4 [] Other
[] Gymnasium [] Meeting Room [] Utility Hookup [] Picnic Area # _____ [] Field # _____

10. Is this a Fundraiser? [] Yes [X] No Refreshments? [] Yes [X] No Canopies/Tents? [] Yes [X] No

11. Moon Bounce [X] Yes [] No Company Name America's Healthy Kids -

Contact Name David Cain Phone No. 818-500-9800

12. Will you require electrical set-ups? [] Yes [X] No Will you be erecting/assembling any structure? [] Yes [] No

13. There is a possibility that this event may need insurance, please check with the Facility director

HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE

Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

PERMITTEE HERBY REPRESENTS THAT:

Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND AMPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee Alex Garay Date May 1, 2017

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE TWO WEEKS PRIOR TO EVENT. SPECIAL EVENTS WITH 200+ REQUIRES PRIOR APPROVAL BEFORE FEES ARE COLLECTED.

Facility is normally : Open Closed Staff Coverage Required: Yes No

Is Insurance Required : <input type="checkbox"/> Yes <input type="checkbox"/> No Multiple days used, activity involves risk, or large event/number of people.	CAO # / Insurance verification Top of front page
---------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Fees: Regular Permit Fee Generating Permit Group Exempt? Yes No
If yes put group number _____ Proof of Non Profit status attached Yes No

Basic Room Fee (1st 3 hours) = \$ _____

<input type="checkbox"/> No. Staff Needed	x	# of hours requested	=	Total Staff Hrs x Hourly Rate	\$	=	\$ _____
-------------------------------------------	---	----------------------	---	-------------------------------	----	---	----------

Additional Hours Needed (Rates & Fees) X Hourly Rate \$ _____ = \$ _____

Additional Rooms (Rates & Fees) x \$ _____ x \$ _____ = \$ _____

Use of Kitchen (Rates & Fees) = \$ _____

Refreshment Fee (Rates & Fees) = \$ _____

Field / Gymnasium Rental Fee Hours x \$ _____ = \$ _____

Picnic Reservation Fee: 1-50 51-100 101-200 201-400**see note 201-400**see note = \$ _____

Non-Refundable Permit Fee (All picnic reservation and specific facilities) – (deposited into Regional Account) = \$ _____

Picnic Maintenance Fee (MRP # _____) = \$ _____

Moon Bounce Fee (Special Fund) = \$ _____

Rental: Chairs # _____ x \$ _____ Tables # _____ x \$ _____ = \$ _____

Utility Hookup Fee = \$ _____

Clean-up Breakage Refundable Deposit Receipt No. _____ = \$ _____

Other Charges (Explain) _____ = \$ _____

TOTAL CHARGES: = \$ _____

LESS DEPOSIT: Receipt No. _____ Date _____ = \$ _____

Balance Due By: _____ **TOTAL:** = \$ _____

Approval of Director In Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Approval of Principal Recreation Supervisor _____ Date _____

Approval of Principal Maintenance Supervisor _____ Date _____

**Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) notify Principal Supervisor and Superintendent.

Approval of Superintendent _____ Date _____

Comments: _____



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.
ASGE Marquette Commercial Finance
NW 6333 P.O. Box 1450
Minneapolis, MN 55485-6333

Neighborhood Council/Encino
4924 Paso Robles Ave
Encino, CA 91316

INVOICE

Invoice Amount

\$416.43

Payment Term	Invoice Date
Due On Receipt	05/08/2017
Invoice No.	Customer No.
26919	1510

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 04/30/2017				
Ackerman, Jason E Executive Administrative Assistant	Reg	7.75	\$22.18	\$171.90
Ackerman, Jason E Minute Taker	Reg	9.50	\$25.74	\$244.53
Total This Week ending:				\$416.43

Reg: 17.25 OT: 0 DT: 0	Total - This Invoice:	\$416.43
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

4/30/17 26919 416.43
5/7/17 26956 186.55
602.98

ENCINO NC MAY 2017 MER - ITEM A9



PARTNERS IN DIVERSITY, INC.
A Small Business, Women Owned Enterprise

Remit to: Partners In Diversity, Inc.
ASGE Marquette Commercial Finance
NW 6333 P.O. Box 1450
Minneapolis, MN 55485-6333

Neighborhood Council/Encino
4924 Paso Robles Ave
Encino, CA 91316

INVOICE

Invoice Amount
\$186.55

Payment Terms	Invoice Date
Due On Receipt	05/08/2017
Invoice No.	Customer No.
26956	1510

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Due On Receipt

Description	Type	Units	Rate	Amount
Week ending: 05/07/2017				
Ackerman, Jason E Executive Administrative Assistant	Reg	6.67	\$22.18	\$147.94
Ackerman, Jason E Minute Taker	Reg	1.50	\$25.74	\$38.61
Total This Week ending:				\$186.55

Reg: 8.17 OT: 0 DT: 0	Total - This Invoice:	\$186.55
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Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, veteran, or disability status, or any factor prohibited by law, and as such affirms in policy and practice to support and promote the concept of equal employment opportunity and affirmative action, in accordance with all applicable federal, state and municipal laws.

**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 26-Apr-17

Meeting Date: 4/26/2017

Agenda Item: 4-A. 1.

Requestor: Patricia Bates

Vendor: Print House or Similar

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount: \$ Up to \$85

of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Window decals for businesses

ENCINO NC MAY 2017 MER - ITEM A10

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP					X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					X	
ALEX GARAY	AT LARGE REP ALT	X					
ELIOT COHEN	PLU					X	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP					X	
NC Quorum: 11	Grand Total (including page 2):	13				8	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>[Signature]</u>	Signer's Signature: <u>[Signature]</u>
Print/Type name: Patricia Bates	Print/Type name: Debra George
Date (mm/dd/yy): <u>4/26/17</u>	Date (mm/dd/yy): <u>4/26/17</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



Products

Design Templates

Services & Resources

Free Sample Kit

Deals

Stickers > Window Clings

100+ Products

Window Clings

4.6 Stars | 63 Reviews



Product Options

Size

4" x 3"

Paper

White Repositionable Adhesive

Quantity

500

Design & Proofing

Upload Design (Optional)

OR

[Select from My Files](#)

Production & Shipping

Production Time

5 Business Days

Zip Code

91316

Shipping Option

05/18 Ground \$11.22

Job Summary

Printing Cost:	\$133.30
60% Off:	- \$79.98
Shipping:	\$11.22
Tax:	\$5.65
Job Total:	\$70.19

Estimated Arrival Date: 05/18/2017

Need it faster? You can pick up your order for free. [Click here](#) to update your shipping option.

[Email Quote](#)

Print ready files must be submitted by 6 p.m. PST in order to begin production on the next business day.

Orders for will call pickup will be ready for pick up no later than 5 p.m. PST on the day they are due.

[Product Options Details](#)

[Design & Proofing Details](#)

[Delivery Options Details](#)

Paper Choices

Options

Print Guidelines

Tips & Ideas

Window Cling & Decal Layout Guidelines

Download our layout guidelines to ensure your artwork will print correctly.

- 3" x 3"
- 17.5" x 3.75"
- 3.5" x 3"
- 4" x 2"
- 4" x 3"
- 4" x 4"
- 5" x 2"
- 5" x 3"
- 6" x 4"
- 8.5" x 5.5"
- 2" x 2"
- 11" x 8.5"
- 3" x 2"
- 17" x 11"

[See all layout guidelines.](#)

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SATISFACTION GUARANTEE

5 out of 5 stars

Sirre R - CA, United States

January 3, 2017

Great deal

best thing since sliced bread..... [Read More](#)

5 out of 5 stars

danielle - WI, United States

ENCINO NC MAY 2017 MER - ITEM A10

Account # 1746-6585-0485

Order Details | Order # JNPXF-B4A45-2D1

Order Date: 5/16/2017 11:33 PM

Estimated Date of Arrival: 5/24/2017

Order Status: **Shipped**

Shipping Address

Debra George
6006 Babbitt Ave
Encino, CA 91316
United States of America
8189716996

Billing Address

Patricia Bates
200 N Spring St
Los Angeles, CA 90012
United States of America
8189716996

Delivery Speed

Standard

Payment Information



****4209
Exp. 5/2019

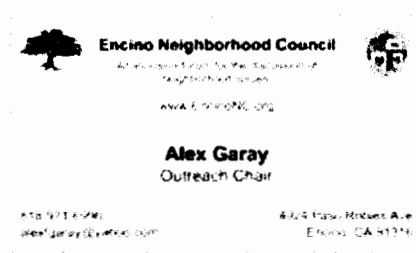
Order Total

Product Total	\$20.00
Shipping & Processing Standard - Est. Arrival May 24	\$6.99
Sales Tax	\$2.36
You Paid:	\$29.35

1 Item(s)

Reorder

R



Standard Business Cards

Standard Business Card

Status: **Shipped**
Track: 1Z7R44E20349198419
Carrier: UPS Ground

Qty 500

Base Price	\$20.00
Blank Back Side	INCLUDED
Matte	INCLUDED



Account # 1746-6585-0485

Order Details | Order # C51ZF-B4A14-305

Order Date: 5/16/2017 11:44 PM

Estimated Date of Arrival: 5/24/2017

Order Status: **Shipped**

Shipping Address

Debra George
6006 Babbitt Ave
Encino, CA 91316
United States of America
8189716996

Billing Address

Patricia Bates
200 N Spring St
Los Angeles, CA 90012
United States of America
8189716996

Delivery Speed

Standard

Payment Information



****4209
Exp. 5/2019

Order Total

Product Total	\$37.00
Shipping & Processing Standard - Est. Arrival May 24	\$7.99
Sales Tax	\$3.94
You Paid:	\$48.93

1 Item(s)

Reorder

R



Small Stickers - Rectangle

Small Sticker - Rectangle

Status: **Shipped**
Track: 1Z7R44E20349198419
Carrier: UPS Ground

Qty 100

Base Price	\$37.00
Matte Sticker Stock	INCLUDED
Item Total *	\$37.00

ENCINO NC MAY 2017 MER - ITEM A12



April 28, 2017

Auto Pay Notice

Account: **8448 20 001 3772834**
Phone Number: (818) 971-6996
Security Code: **6486**
Service At: **4924 PASO ROBLES AVE
ENCINO CA 91316-3458**

Contact Us

Visit us at twc.com/support
Or, call us at 855-70-SPECTRUM (1-855-707-7328)

SPECTRUM NEWS

Service Terms & Conditions Updated. Our standard terms and conditions for Spectrum Residential Services will be updated effective June 15, 2017. To obtain a copy, visit Spectrum.com/newterms or call 1-855-707-7328 to request a paper copy be mailed to your home.

Summary

*Service from 05/01/17 through 05/15/17
details on following pages*

Previous Balance	59.99
Payments Received -Thank You!	-59.99
Remaining Balance	0.00
Internet Services	59.99
Current Charges	59.99
YOUR AUTO PAY WILL BE PROCESSED 05/15/17	
Total Due by Auto Pay	\$59.99

PLANNING A MOVE? WE CAN MAKE IT EASIER. There are plenty of things to worry about during your move. Setting up your TV, Internet and Voice services shouldn't be one of them. Get your Spectrum services connected with no hassles. Our flexible 1-hour service windows respect your time and make installation easy. Plus, the Spectrum Mover Resource Center is your go-to destination for all things moving. Call 1-855-218-1325 or visit spectrum.com/mover to get started.

Thank you for choosing Spectrum.

To avoid a late fee, the BALANCE must be paid by the DUE DATE. We appreciate your prompt payment and value you as a customer.

Auto Pay Thank you for signing up for auto pay. Please note your payment may be drafted and posted to your Spectrum account the day after your transaction is scheduled to be processed by your bank.



9260 TOPANGA CYN BV CHATSWORTH CA 91311-5760
8448 2000 NO RP 28 04292017 NNNNNNNN 01 998097

JOHN ARNSTEIN
ENCINO NEIGHBORHOOD COUNCI
4924 PASO ROBLES AVE
ENCINO CA 91316-3458

April 28, 2017

John Arnstein

Account: 8448 20 001 3772834
Phone Number: (818) 971-6996
Service At: 4924 PASO ROBLES AVE
ENCINO CA 91316-3458

Total Due by Auto Pay \$59.99

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074

ENCINO NC MAY 2017 MER - ITEM A13

844820001377283400059998

Account: John Amstein
8448 20 001 3772834
Security Code: 6486

Contact Us

Visit us at twc.com/support
Or, call us at 855-70-SPECTRUM (1-855-707-7328)
8448 2000 NO RP 28 04282017 NNNNNNNN 01 998097

Charge Details

Previous Balance		59.99
Credit Card Payment	04/15	-59.99
Remaining Balance		\$0.00

Payments received after 04/28/17 will appear on your next bill.
Service from 05/06/17 through 06/05/17

Internet Services

Internet Modem Lease	10.00
Basic Internet	49.99
	\$59.99

Internet Services Total \$59.99

Current Charges	\$59.99
Total Due by Auto Pay	\$59.99

Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice.

Surcharges - Spectrum imposes surcharges to recover costs of complying with its governmental obligations.

Terms & Conditions - Spectrum's detailed standard terms and conditions for service are located at spectrum.com/policies.

Authorization to Convert your Check to an Electronic Funds Transfer Debit - If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

Past Due Fee / Late Fee Reminder - A late fee will be assessed for past due charges for service.

Local Store: 9260 Topanga Canyon Blvd., Chatsworth CA 91311 Store Hours: Mon thru Fri - 8:30am to 6:30pm; Sat - 9:00am to 5:00pm



For questions or concerns, please call 1-855-707-7328.

ENCINO NC MAY 2017 MER - ITEM A13



**Department of Neighborhood Empowerment
Funding Request Form**



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 26-Apr-17

Meeting Date: 4/26/2017

Agenda Item: 5.3.

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

Requestor: Patricia Bates

Vendor: My Cablarmart

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount: \$ _____ Up to \$150

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit Description

Acquire A/V cables, needed for general meetings

ENCINO NC MAY 2017 MER - ITEM A14

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP					X	
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP					X	
ALEX GARAY	AT LARGE REP ALT	X					
ELIOT COHEN	PLU					X	
GERALD SILVER	HOMEOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP					X	
JESS WHITEHILL	AREA 4 REP	X					
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLOWSKY	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE						
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP					X	
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	13				8	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>[Signature]</u>	Signer's Signature: <u>[Signature]</u>
Print/Type name: Patricia Bates	Print/Type name: Debra George
Date (mm/dd/yy): <u>4/26/17</u>	Date (mm/dd/yy): <u>4/26/17</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ Authorization Code _____ 2nd Level _____

SHOPPING CART



FREE SHIPPING (Click for terms and conditions)
 ON ALL ORDERS OVER \$500*

NOTE: All amounts throughout the checkout process are shown in USD\$

PRODUCT	QTY	ITEM PRICE	TOTAL PRICE
6ft SWIVEL High Speed HDMI Cable 10.2Gbps 28AWG Gold Plated FS-HH5W-06 <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	1	\$6.80	\$6.80
3ft High Speed 4K@60Hz HDMI Cable 18Gbps 30AWG Gold Plated HA-HH14-03 <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	2	\$5.19	\$10.38
25Ft XLR 3P Male / Female Microphone / Audio Mixer Cable BE-203104 <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	5	\$4.89	\$24.45
2 IN/2 OUT HDMI Amplified TRUE MATRIX (Video/Audio) 3D Support HA-MX22NN00N <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	1	\$47.50	\$47.50
HDMI Male to VGA Female Video Converter Cable w/Audio Support KE-HCV05 <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	1	\$14.09	\$14.09
25ft 3.5mm 4 Conductor TRRS / 3 Band + Mic or Video Male to Male Cable FE-4CT-25-MM <input checked="" type="checkbox"/> IN-STOCK <input checked="" type="checkbox"/> FREE-SHIP*	1	\$4.42	\$4.42

(Package Wt: 7.12 LBS)

CALCULATE SHIPPING

Discount Qty Savings:	-10.01
Subtotal:	\$107.64
Shipping:	\$28.30
Total:	\$135.94

Approved \rightarrow \$150
 4/26/17 5.3

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 22-Mar-17

Meeting Date: 3/22/2017

Agenda Item: 6.A.2.

Requestor: Patricia Bates

Vendor: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount:\$ _____ Up to \$350

- Operations
 Outreach
 NC Sponsored Event
 Neighborhood Purpose Grant
 Contract / Lease
 Board Member Reimbursement
 Community Improvement Project
 Out of State
 1099 Expense
 One Time Expense
 Monthly
 Multiple # of payments _____

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

Promotional materials for outreach up to \$350 for printing new tri-fold brochures to hand out at evebnts

ENCINO NC MAY 2017 MER - ITEM A15

Vote Count (Continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	X					
DEBRA GEORGE	PARK ADVOCATE	X					
DIANE ROSEN	AREA 5 REP	X					
YOUNG KRIEHEL Alex	AT LARGE REP	X					
LIOT COHEN	PLU		X				
GERALD SILVER	HOMESOWNERS OF ENCINO	X					
GLENN BAILEY	PUBLIC SAFETY	X					
HENRY ESHELMAN	AT-LARGE REP	X					
JESS WHITEHILL	AREA 4 REP					X	
JIM ESTERLE	AREA 7 REP	X					
KENNETH SILK	AREA 3 REP	X					
LAURA SHOVLowsky	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	X					
PATRICIA BATES	VOLUNTEER SERVICE	X					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
VARANT MAJARIAN	BUSINESS REP	X					
VICTORIA MILLER	BUSINESS REP	X					
NC Quorum: 11	Grand Total (including page 2):	17	1			3	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature:	Signer's Signature:
Print/Type name: Patricia Bates	Print/Type name: Debra George
Date (mm/dd/yy): 3/22/17	Date (mm/dd/yy): 3/22/17
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

ALL PRINTING SERVICES, INC.

15616 VENTURA BLVD
ENCINO, CA 91436

Invoice

Date	Invoice #
5/15/2017	114068

Bill To
ENCINO NEIGHBORHOOD COUNCIL 4924 PASEO ROBLES AVE ENCINO, CA 91316 JIM ESTERLE 818-971-6996

Ship To
ENCINO NEIGHBORHOOD COUNCIL

P.O. No.	Terms	Project

Item	Qty	Description	Rate	Amount
TYPESSETTING printing	1 1,000	8.5" BY 11" 4/4 100 LB GLOSS BOOK TRIFOLD	65.00 0.28292	65.00T 282.92T

ALL PRINTING SERVICES
15616 VENTURA BLVD
ENCINO, CA 91436

05/17/2017 12:11:10

CREDIT CARD
MC SALE

CARD # XXXXXXXXXXXX4209
INVOICE 0004
SEQ #: 0001
Batch #: 000700
Approval Code: 083156
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00

SALE AMOUNT \$350.00

CUSTOMER COPY

PAID

Check # _____
 Cash C. Card
Date: 5/17/17
ALL PRINTING SERVICES INC.

Subtotal	\$347.92
Sales Tax (8.75%)	\$30.44
Total	\$378.36
Payments/Credits	\$0.00
Balance Due	\$378.36

work indicated above. I further understand that I
work has been started. Client will be held
responsible for Attorney fees, and collection costs if legal
days will be charged 1.5% interest per month.

Office DEPOT. OfficeMax

In-Store Purchase Details

Receipt # 09490520170047812
Order Placed 05/20/2017

Payment Method
*****4209
Amount \$10.93

Store information
Office DEPOT
Store # 949
16571 VENTURA BLVD.
VENTURA & RUBIO
ENCINO, CA 91436

Rewards
5602066630

Store POS Return
Barcode:



22VT5X3PUY54XCXCW

Item Description	Qty.	Price	Reorder ✓	Current Price	Qty
 Office Depot® Brand Black-And-White Copies, Single-Sided, 8 1/2" x 11", White Item # 167060	100	\$0.02	✓	\$0.00	100
 Office Depot® Brand Black-And-White Copies, Single-Sided, 8 1/2" x 11", White Item # 167060	250	\$0.02	✓	\$0.00	250
 Stapling - Machine Item # 861775	50	\$0.01	✓	\$0.00	50
 SS B&W LTR SS Pastel/Card Item # 167375	100	\$0.01	✓	\$0.00	100
 CUTTING,HORIZONTAL,1/2" Item # 861838	1	\$0.35	✓	\$0.00	1

5 selected

Items (5) Subtotal: \$10.05
Delivery Fee: \$0.00
Taxes: \$0.88
Total \$10.93

ENCINO NC MAY 2017 MER - ITEM A16





Print

Billing Activity - Invoices

Encino Neighborhood Council

Attn: Patricia Bates

200 N. Spring St FL 20

Los Angeles CA 90012-4801

US

P: 818-971-6996

Today's Date: 06/03/2017

User Name: *president@encinonc.org*

Invoices from 03/05/2017 to 06/03/2017

Date	Description	Charge Amount	Credit Amount
05/27/2017	Invoice #170736604	\$20.00 USD	
04/27/2017	Invoice #169032712	\$20.00 USD	
03/27/2017	Invoice #167293675	\$20.00 USD	

Billing questions? Contact Support

Constant Contact - 1601 Trapelo Road - Waltham, MA 02451 US

ENCINO NC MAY 2017 MER - ITEM A17

FAX COVER SHEET

TO _____
COMPANY _____
FAXNUMBER 18183876714
FROM Patricia Bates
DATE 2017-05-23 17:45:31 GMT
RE ticket ...0100077901175939 change to order (Bates)

COVER MESSAGE

Please do 1/2 box of #14 (veggie) instead of a whole box, the other half will be #12 (Cancro) - rest of order is the same - 1 box each #10 Tuna , #7 Turkey etc, #13 Original italian

Call if any questions 818 425 0962 Pat Bates, Encino NC. See you at 6pm tomorrow

Take Out

Jersey Mike's Subs 20116
16350 Ventura Blvd.
Encino, California 91436
Phone: 818.387.6737
Fax: 818.387.6714

Ticket: 01-000779-01-175939

=====
Server: 05/23/17 10:17 AM
=====

SubsByBox	65.00
SubsByBox	65.00
SubsByBox	65.00
SubsByBox	65.00

=====
Sub Total \$260.00
Taxable \$0.00
8.75% Tax \$0.00
Total \$260.00

Paid MASTERCARD 4209 \$260.00

Items sold: 4

ENCINO NC MAY 2017 MER - ITEM A18

Office DEPOT OfficeMax

OFFICE DEPOT #949
16571 Ventura Blvd.
Encino, CA 91436

Phone: (818) 907-1741 Fax: (818) 907-2742
05/24/2017 17.3.2 4:35 PM
STR 949 REG 4 TRN 8240 EMP 640372

SALE

Product ID	Description	Total
167060	BW SS Letter	
552 @ 0.14		77.28
Bulk @0.022		-16.56
Retail After Discounts		60.72
Business Solutions Prc		12.14
You Pay		12.14SS
861775	STAPLING MACHI	
24 @ 0.03		0.72
Business Solutions Prc		0.24
You Pay		0.24SS
Subtotal:		12.38
Sales Tax:		1.08
Total:		13.46
MasterCard 4209:		13.46

*Copying for
general meeting*

AUTH CODE 033344
TDS Chip Read
AID A0000000042203 Debit
TVR 8000088000
CVS Signature Verified

Total Savings:
\$65.62

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Encino

Budget Fiscal Year: 2016-2017

Request Date: 24-May-17

Meeting Date: 5/24/2017

Agenda Item: 5.C.1.

Requestor: Patricia Bates

Vendor: Webstaurant

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Amount:\$ 47.99

of payments

- Operations Outreach NC Sponsored Event Neighborhood Purpose Grant
 Contract / Lease Board Member Reimbursement Community Improvement Project
 Out of State 1099 Expense One Time Expense Monthly Multiple

If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted:

Public Benefit
Description

To purchase folding table for outreach events

ENCINO NC MAY 2017 MER - ITEM A20

Vote Count (continued on page 2 if more than 20 Board Members)

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	X					
CAROL LEVIN	ENCINO PROPERTY OWNERS	↓					
DEBRA GEORGE	PARK ADVOCATE	↓					
DIANE ROSEN	AREA 5 REP	↓					
ALEX GARAY	AT LARGE REP ALT	↓					
ELIOT COHEN	PLU	↓					
GERALD SILVER	HOMEOWNERS OF ENCINO	↓					
GLENN BAILEY	PUBLIC SAFETY	↓					
HENRY ESHELMAN	AT-LARGE REP	↓					
JESS WHITEHILL	AREA 4 REP	↓					
JIM ESTERLE	AREA 7 REP	↓					
KENNETH SILK M DAVIS	AREA 3 REP ALT	↓					
	AREA 1 REP					X	
LAURIE KELSON	AREA 6 REP	X					
MARK LEVINSON	ENCINO CHAMBER OF COMM.	↓					
PATRICIA BATES	VOLUNTEER SERVICE	↓					
SCOTT LINDEN	AREA 2 REP					X	
SHERMAN GAMSON	APARTMENT/CONDO REP	X					
Si. Apakyan	BUSINESS REP	↓					
VICTORIA MILLER	BUSINESS REP	↓					
NC Quorum: 11	Grand Total (including page 2):	19				2	

We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action.

Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required.

Treasurer's Signature: <u>[Signature]</u>	Signer's Signature: <u>[Signature]</u>
Print/Type name: Patricia Bates	Print/Type name: Debra George
Date (mm/dd/yy): <u>5/24/17</u>	Date (mm/dd/yy): <u>5/24/17</u>
Department Use Only <input type="checkbox"/> Contact <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: _____ 1st Level: _____ 2nd Level: _____ Authorization Code: _____

Office DEPOT OfficeMax

OFFICE DEPOT #949
16571 Ventura Blvd.
Encino, CA 91436

Phone: (818) 907-1741 Fax: (818) 907-2742
05/26/2017 17.3.2 1:38 PM
STR 949 REG 4 TRN 8450 EMP 640372

SALE

Product ID	Description	Total
585682	TABLE, PLASTIC	79.99
	Instant Savings	-40.00
	Promotion	-4.00
	Retail After Discounts	35.99
	Business Solutions Prc	62.530
	You Pay	35.99SS
	Subtotal:	35.99
Sales Tax:		3.15
	Total:	39.14
MasterCard 4209:		39.14

Table for Outreach

AUTH CODE 084787
TDS Chip Read
AI

ENCINO NC MAY 2017 MER - ITEM A20