NC NAME: Encino Budget Fiscal Year: 2016-2017				EMPO	WER LA	A CARD			
Budget Fiscal Year: 2016-2017				HEIGHOORH	DOD EMPOWERME	No.	- 1 45		
		USE	THIS FORM F	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner	WING FUNDING	The second second	all all and the s		
Meeting Date: 8/24/2016		☑ APPROVAL OF MONTHLY EXPENDITURE REPORT ☐ BUDGET PACKAGE APPROVAL / AMENDMENT ☐ APPOINTMENT OF FUNDING OFFICER / CARDHOLDER ☐ OTHER NON-FUNDING ACTION ITEM							
Agenda Item: 4 • E • 1									
Description: Approve	2 July 2016 MER								
	Total Marie								
*Recused-Boardmember m	Vo ust leave the room prior to any discu	te Count	y not return	to the room t	until after the v	ote is compk	eted.		
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 KRIEGEL	AT LARGE REP	X							
ELIOT COHEN	PLU			×					
GERALD SILVER	HOMEOWNERS OF ENCINO	X							
GLENN BAILEY	PUBLIC SAFETY	X							
HENRY ESHELMAN	AT-LARGE REP	X							
ESS WHITEHILL	AREA 4 REP	X							
UM ESTERLE	AREA 7 REP	X							
KENNETH SILK	AREA 3 REP					X			
AURA SHOVLOWSKY	AREA 1 REP	-				X			
LAURIE KELSON	AREA 6 REP	X							
MARK LEVINSON	ENCINO CHAMBER OF COMM.	λ							
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							
ADRIOHN RICHARDSON	EDUCATION REP	X							
ALEX GARAY	Area 3 A 1+	X							
				A					
NC Quorum: 11	Totals:	18				3			

De	partment of Neighborhood	Empowermer	nt						
	porting Month:		JULY			ENDITURE REPORT	EMP	OWER LA	
	Name:		Encino		Submitted:	8/15/2016 17:58:12	Department o		
Bu	dget Fiscal Year:	2016-2017					HEIGHEOR		
CII	L IN ALL THE UNSHADED	MUITE) EIEI	DS /Must has	ubmitted to the Dens	ertment within 10 days	of Roard Approval along	with documentation	on and hard conv	
FIL						tinue entering on page 3 of			
A	VENDOR	INVOICE NUMBER	APPROVAL CODE		ESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	The Web Corner	13607		7/18/2016 Monthly main	ntenance-website	OUTREACH			\$99.00
2	Partners in Diversity	24681		7/18/2016 Tempiorary \$	Staffing	OPERATIONS			\$180.99
3	Partners in Diversity	24637		7/28/2016 Temporary S	staffing	OPERATIONS			\$206.06
4	Facebook			7/18/16 Boost post	18/16 Boost post				\$16.00
5	Facebook		-1	7/28/16 Boost post	28/16 Boost post				\$34.05
6	Smart & Final			7/28/2016 Drinks for ge	neral meeting	OUTREACH			\$8.54
7	California Chicken Café			7/28/16 Food for gener	al meeting	OUTREACH			\$218.50
8	Debra George			7/8/2016 Reimburse co	pying cost for gen. mtg.	PRIOR YR OUTREACH			\$82.82
9	So Cal Prep Foundation		14378	7/13/2016 Preparednes	s Fair	PRIOR YR NPG			\$850.00
10	Partners in Diversity	24539 24560		7/6/2016 Temporary sta	affing	PRIOR YR OPERATIONS			\$392.20
11	Los Angeles Fire Dep. Found.		14650	7/13/2016 Station 83 ne	eeds	PRIOR YR NPG			\$2,000.00
12	The So. Cal. Garden Cl;ub		14657	7/29/2016 Hands-Free	microphone syst.	PRIOR YR NPG			\$800.00
	SUBTOTAL: Expenditures b	y Line Item (Ma	y include totals	on page 3, if entered)					\$10,954.56
В	CUMULATIVE EXPENDITUR								\$0.00
	OUTSTANDING COMMITME								
	Partners in Diversity	24589		7/3/2016 temporary sta	ffing	OPERATIONS			\$207.84
	Partners in Diversity	24791		7/31/16 Temporary staf		OPERATIONS			\$343.87
	Time Warner Cable		***************************************	2 months		OUTREACH		0	\$119.98
4								0	
5									
-		_					П	п	

\$671.69

\$11,626.25

(\$10,166.38)

\$37,000.00

\$35,540.13

Revision Date 08/09/16

D Total Expenditures & Commitments

F Approved Budget 2016-2017

G Balance of Budget 2016-2017

SUBTOTAL: Outstanding Commitments (Includes total on page 3)

E Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions)

Reporting Month:	JULY	
NC Name:	Encino	

Maria State Company	MONTHLY CASH RECONCILIATION									
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D						
\$14,107.94	\$939.77	\$15,047.71	\$10,954.56	\$4,093.15						

	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	\$387.05	\$712.88		\$13,912.95						
200	Outreach	\$8,500.00	\$401.13	\$1,117.00		\$8,098.87						
300	Community Improvement	\$4,200.00	\$0.00	\$4,686.50		\$4,200.00						
400	NPG	\$10,000.00		\$3,650.00		\$10,000.00						
500	Elections		\$0.00	\$0.00		\$0.00						
	TOTAL	\$37,000.00	\$788.18	\$10,166.38	\$0.00	\$36,211.82						

	NEIGHBORHOOD COUNCIL DECLARATION ne above indicated Council, declare that the information presented or Iditional documentation to the Department of Neighborhood Empower	
Treasurer Signature	Signer's Signature	
Print Name	Print Name	
Date	Date	
NC Additional Comments		

Revision Date 08/09/16

Reporting Month: JULY NC Name: Encino

A	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
13	Encino Community Center		var	7/1/2016 Blinds, Sound mixer, Mics, phones	PRIOR YR CIP			\$4,686.50
_	Facebook			7/1/2016 Boost fee	PRIOR YR OUTREACH			\$2.03
15	Vistaprint	3XKWX		7/1/2016 Bus Card Linden	PRIOR YR OUTREACH			\$22.88
16	Vistaprint	7HQXX		7/1/16 Bus. Cards Silver	PRIOR YR OUTREACH			\$22.88
17	Vistaprint	WZNXX		7/1/16 Bus. Cards levin	PRIOR YR OUTREACH			\$22.88
18	Vistaprint	98MXX		7/1/2016 Bus. Cards Eshelman	PRIOR YR OUTREACH			\$22.88
-	Vistaprint	19KXX		7/1/2016 Bus. Cards Keusseyan	PRIOR YR OUTREACH			\$22.88
20	Vistaprint	LKHXX		7/1/2016 Bus Cards majarian	PRIOR YR OUTREACH			\$22.88
21	Vistaprint	NRFXX		7/1/2016 Bus. Cards Gamson	PRIOR YR OUTREACH			\$22.88
22	Vistaprint	H8XXx		7/1/2016 Bus. Cards Esterle	PRIOR YR OUTREACH			\$22.88
23	Vistaprint	G67XX		7/1/2016 Bus. Cards Rosen	PRIOR YR OUTREACH			\$22.88
24	Vistaprint	695XX		7/1/2016 Bus. Cards Bailey	PRIOR YR OUTREACH			\$22.88
-	Vistaprint	FCTWX		7/1/12016 Bus. Cards Whitehead	PRIOR YR OUTREACH			\$22.88
26	Vistaprint	4GPWX		7/1/2016 Bus. Cards Shovlosky	PRIOR YR OUTREACH			\$22.88
27	Best Buy			7/1/16 Cover for laptop	PRIOR YR OPERATIONS			\$34.33
-	B & H Photo	1039862576		7/1/2016 Wireless microphones	PRIOR YR OPERATIONS			\$150.71
29	Theodore Payne Foundation			7/1/2016 Nature books for Encino/Tarz library	PRIOR YR OUTREACH			\$488.90
30	Office Depot	848414247		7/7/2016 Speaker Cards	PRIOR YR OUTREACH			\$268.69
_	Office Depot		-	7/5/2016 Stapler, staples, label stock, paper	PRIOR YR OPERATIONS			\$135.64
32	Facebook			7/5/2016 Boost post	OUTREACH			\$1.20
33				7/5/2016 Boost Post	OUTREACH			\$23.84
34								
35								
36								
-	SUBTOTAL: Expenditures b	v Line Item		and the second				\$6,066.40



STATEMENT UnionBank OF ACCOUNTS

UNION BANK CENTURY CITY 0206 PO BOX 512380 LOS ANGELES

CA 90051-0380

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

Page 1 of 2 Statement Number: 07/01/16 - 07/29/16

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

Save time by depositing checks directly from your smartphone or tablet. Easy Usage: It is simple to submit a deposit. Select an account, enter the amount and take a photo of both sides of the check. It's that simple. Quick Confirmation: Check your deposit status online or with your mobile app. For more information, go to: unionbank.com/mobilecheckdeposit

Business Basics Checking Summary

Days in statement period: 29

Balance on 7/1 14,107.94 Additions 939.77 Subtractions -10,954.56 Checks -4,224.02 **Payments** -5.073.55 -1,656.99 **Purchases** Balance on 7/29 4,093.15

Statement Average Ledger 6,512.88 Balance

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
7/12	CITY OF LOS ANGE EFT PAYMT PPD *********0735	54679938 \$	939.77

Checks

	Number	Date	Reference	Amount		Number	Date	Reference	Amount
,	5037	7/8	07512418	82.82	٥	5044	7/13	07556680	2,000.00
٩	5042*	7/13	77146520	850.00	40	5045	7/29	08253848	800.00
9	5043	7/6	08266790	392.20 -		5047*	7/18	07648690	99.00 *
	Total								\$ 4.224.02

^{*} 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
7/1	ENCINO COMMUNITY UN1682190818POS	ONLINE	PMT	WEB	54649169	\$ 4,686.50
7/28	PARTNERS IN DIVE UN1682190818POS	ONLINE	PMT	WEB	58897115	180.99 •

Payments online and electronic ba	anking
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Date	Description/Location			Reference	Amount
7/28	PARTNERS IN DIVE UN1682190818POS	ONLINE PMT	WEB	58897116	206.06 >
Total					\$ 5,073.55

Purchases ATM card and Debit card™ purchases

Date	Description/Location	Reference	Amount
7/1	FACEBOOK R 650-6187714 CA 650-6187714 CA	70702104	\$ 2.03
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702089	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702090	22:88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702091	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702092	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702093	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702095	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702096	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702097	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702098	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702099	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702100	22.88
7/1	VISTAPR*VI 866-8936743 MA 866-8936743 MA	70702102	22.88
7/1	BEST BUY M SHERMAN OAKS CA SHERMAN OAKS CA	70702087	34.33
7/1	B&H PHOTO, 800-2215743 NY 800-2215743 NY	70702103	150.71
7/1	THEODORE P SUN VALLEY CA SUN VALLEY CA	70702088	488.90
7/5	FACEBOOK C 650-6187714 CA 650-6187714 CA	73107931	1.20
7/5	FACEBOOK A 650-6187714 CA 650-6187714 CA	73107930	23.84
7/5	OFFICE DEP ENCINO CA ENCINO CA	72151906	135.64
7/7	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	71268322	268.69
7/18	FACEBOOK M 650-6187714 CA 650-6187714 CA	70732941	16.00#
7/18	FACEBOOK H 650-6187714 CA 650-6187714 CA	70732939	34.05
7/28	SMARTNFINA ENCINO CA ENCINO CA	71145011	8.54
7/28	CALIFORNIA ENCINO CA ENCINO CA	71145012	218.50
Total			\$ 1,656.99

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.

Charges on 6/3	0/16 not processed until July:			~		
7/1/2016	FACEBOOK R 650-6187714 CA 650-6187714 CA	Electronic debits	No	No	2.03	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	•
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	VISTAPR*VI 866-8936743 MA 866-8936743 MA	Electronic debits	No	No	22.88	
7/1/2016	BEST BUY M SHERMAN OAKS CA SHERMAN OAKS CA	Electronic debits	No	No	34.33	
7/1/2016	B&H PHOTO 800-2215743 NY 800-2215743 NY	Electronic debits	No	No	150.71	
7/1/2016	THEODORE P SUN VALLEY CA SUN VALLEY CA	Electronic debits	No	No	488.90	
7/7/2016	OFFICE DEP 800-463-3768 CA 800-463-3768 CA	Electronic debits	No	No	268.69	
7/5/2016	OFFICE DEP ENCINO CA ENCINO CA	Electronic debits	No	No	135.64	
						\$1,354.86
Items on 6/30/2	16 screenshots					
7/6/2016	Check #5043 Partners in Diversity	Checks	No	No	392.20	
7/8/2016	Check #5037 Debra George	Checks	No	No	82.82	
	Sherman Gamson-note - actually cleared bank 6/30/1	.6				
7/1/2016	ENCINO COMMUNITY ONLINE PMT WEB UN16821908	B Electronic debits	No	No	4,686.50	
7/5/2016	Southern California Preparedness foundation				850.00	
	Los Angeles fire Department Foundation				2,000.00	
	Southern California Garden Club				800.00	
						\$8,811.52
TOTAL						\$10,166.38

(4)

Invoice

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

Date	Invoice #	Due Date
7/1/2016	13607	7/1/2016

all 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 Developmen	t	99.00	99.0
	Pd 1/4/1	0		
	. 40			
			Total	\$99.0
			Payments/Credits	\$0.0
			Balance Due	\$99.0



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 \$180.99

Payment Terms	Invoice Date
Due On Receipt	07/18/2016
Invoice No.	Customer No.
24681	1510

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

	Description	Туре	Units	Rate	Amount
Week ending: 07/17/2016 Ackerman, Jason E	Executive Administrative Assistant	Reg	8.16	\$22.18	\$180.99
			Total	This Week ending:	\$180.99

Reg: 8.16 OT: 0 DT: 0	Total - This Invoice:	\$180.99	
			1

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.





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 \$206.06

Payment Terms	Invoice Date
Due Upon Receipt	07/11/2016
Invoice No.	Customer No.
24637	1510

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Net 10 Days

Туре	Units	Rate	Amount
Reg	0.25	\$25.74	\$6.44
Reg	9.00	\$22.18	\$199.62
	Reg	Reg 0.25 Reg 9.00	Reg 0.25 \$25.74

f			
ŀ	3: 9.25 OT: 0 DT: 0	Total - This Invoice:	\$206.06

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.

Pd 7/28/10

A3

Page 1 of 1 Invoice No.: 24637



California Chicken Cafe 15601 Ventura Blvd Encino, CA 91436 (818) 789-8056

Future Order Information

BATES, PAT, (818) 425-0962 Scheduled Date: 7/27/2016 Scheduled Time: 6:00

Notes

Check 1015 15-Vanessa M. CATERING	Tab BATES 7/26/2016 2:32 PM
10 VEGGIE RICE WRAP (7.50) WHITE PITA	75.00D
20 CLASSIC WRAP (7.75) WHITE PITA	155.00D
Subtotal 5% OFF CATERING	230.00
TOTAL	218.50
BALANCE DUE	218.50
\$60 MM NOW WAS MAD AND NOW	
Check 1015	or met hell sjeld slikt liller blek slikt slikt slikt seen van

\$218.50

(818) 425-0962 PAT BATES

NA LOS ANGELES, CA

TOTAL

Smart&Final. Warehouse & Market. Friend & Neighbor.

** We come To Our Engine Store ** Store #47?

See Us On WEB www.smartandfinal.com

Cashier: Selena

1684 Fen 1812 5

DATE 07/27/16	TIME	15:15:09
2 0 .99 ARROWHEAD SPRING 2 0 .10		1.98 F
+CRV		.20
4 @ 1.49 Tejava Tea 4 @ .10		5.96 F
+CRV SUBTOTAL Sales Tax		.40 8.54 .00
TOTAL MasterCard TENDER Cas Ref# 30		8.54 8.54
Cash CHANGE		.00
TOTAL NUMBER OF ITEMS THIS	VISIT-	

A6 A7

Store Hours

M-F: 08:00AM-09:00PM

Sat: 09:00AM-08:00PM

Sun: 10:00AM-07:00PM

Recipient Information

Pickup by: DEBRA GEORGE

Pickup date:

Order date: 05/25/2016

Order	contains these items	QTY	Price	Total
picture.	COPIES, FLYERS	3	\$0.000	\$0.00
Preture Avainble	DRILLING, 1-4 HOLES	1	\$3.500	\$3.50
Picture Andiable	FS B&W LTR DBLSD 20# WHT	906	\$0.080	\$72.48
	is ready for pickup	737-001	Subtotal: Taxes:	\$75.98 \$6.84

Orders that are not picked up within 5 days will be canceled and refunded.

Office Depot popular products



10 reams Hammermill® Copy Plus MP Paper, Letter Size Paper, 20 Lb, 500 Sheets...

\$55 99 / Box, Case



10 reams | letter Office Depot® Brand Copy & Print Paper, Letter Size Paper, 20 Lb ...

\$47 90 Case



USPS FOREVER® STAMPS, Coil of 100 Ct. Postage Stamps, Stamp Design ..



\$82.82

Nestlé® Pure Life™ Purified Bottled Water, 16.9 Oz...

\$699 /CASE

Total:









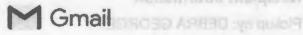












Fwd: Your Order Is Ready For Pick Up

1 message

Debra George <debraleegeorge@gmail.com>
To: Patricia Bates <batesbird@gmail.com>

Wed, May 25, 2016 at 8:56 AM

IF you get a chance to pick up and have Romina make up 3 binders.

Let me know, If you can't, I'll pick up after I'm released at 4:30 today (I'm a juror on a trial)

Debra

From: <OfficeDepotOrders@officedepot.com>
Date: Wednesday, May 25, 2016

Subject: Your Order Is Ready For Pick Up To: DEBRALEEGEORGE@gmail.com

Office DEPOT

800.GO.DEPOT 800-463-3768

Order #841859737-001 is ready for pickup



Head to the store Office DEPOT

16571 VENTURA BLVD. VENTURA & RUBIO ENCINO CA 91436 (818) 907-1741

DIRECTIONS



Order contains these ilems



Look for "Pickup" sign

Look for the sign that says "Online Orders Pickup Here" located at the Copy and Print Services Counter.



Show a valid ID and order

Orders that are not picked up within 5 days will be canceled and refunded.

Pr Name: DEBRA GEORGE le: AngelFest Draft EA

GMIL 141859737-001 Print Center: 00949

Print Ticket Summary

1 of 1 Items in Order Created: 05/25/2016 1:16 AM WARRANCE
LOS ANCILLES CORPTY ERAPPAGE AREA
SENTY VERIA CASE SAME
ANGICE PER PRUSEC AND ARTS
CON Extracted dearmont
Drift Prusing of the Significant Impost
From Extra Control Control
or Co

++ Fonts Corrected ++

Item Summary

Product Type: Copies

Product: COPIESANDFLYERS Impressions: B/W (Double Sided)

Color

Quantity

906 of 906

0 of 0

Recipient

DEBRA GEORGE

6006 BABBITT AVE ENCINO, CA 913161432 attn: DEBRA GEORGE phone: 13102189813

email: DEBRALEEGEORGE@GMAIL.COM

Production and FulFillment

Quantity

3

Print File: AngelFest_DraftEA.pdf

Paper: Letter - Standard_whites_20lb - White (195)

Impressions: Double Sided

B&W

Pages: 302

Original Size: 8.5 x 11

Final Size: 8.500 x 11.000

Finishing: <drilling>DRILLING_3_HOLES

> (portrait)

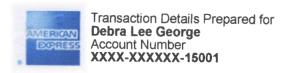
Binding:

2 BIXRS

This order is prepaid

A8

Ship Date:



E DESCRIPTION AMOUNT

MAY 25 2016 OFFICE DEPOT 000949 - ENCINO, CA \$82.82

Doing business as:

OFFICE DEPOT

16571 VENTURA BLVD

STE F

ENCINO

CA

91436-2001

UNITED STATES OF AMERICA (THE)

Additional Information: 84185973700RETAIL 913161

RETAIL 913161

Reference: 320161470754462665

Category: Business Services - Office Supplies



Approved ENC Case# 14378

1 message

Angela Pipkin <angela.pipkin@lacity.org>
To: batesbird@gmail.com

Tue, Jun 28, 2016 at 4:12 PM

ne me mevine unit

I hope this email finds you well. Attached is the Approved funding request in the amount of \$850,00 for the So-Cal Preparedness. Please retain for your records and the completion and submission of your MER.

Note the approval code at the bottom right of the request for your records.

Approval Code: 14378

Please submit a list or a screenshot from Union Bank of all outstanding checks by June 30, 2016.

Best,

Angela Pipkin Project Assistant

IMPORTANT FISCAL YEAR-END DATES:

Cash Replenishments:

4th Qtr Replenishments completed.

June 10, 2016 - Recommended submission day to request additional funds, allows sufficient processing time to transfer funds into NC Checking account. Please be reminded, it takes 3-5 days for Union Bank to process transfer of funds into your account.

Important Fiscal 2015-16 Year-End Funding Dates:

June 17, 2016 - Final submission day for Department Approval of Funding Request

June 17, 2016 - Final submission day NC contributions to Budget Advocacy &NC Congress Fund

June 24, 2016 - Final day to submit payments through Union Bank Online Bill-Pay

June 30, 2016 - Final Spending Day of NC Funds.

June 30, 2016 - All Outstanding (pending / uncleared) bill pay and bankcard transactions must be submitted to Department.

Click here to access all Funding Forms. To help avoid unnecessary delays, attached is the Pre-Approval Checklist to assist you in submitting complete and correct documents to the Department. It is critical, especially a this time of year, your document submissions are correct and complete.

If you submit a Cash Request after June 10th or Funding Requests after June 17th, although we will not reject them, we cannot guarantee that you will get an authorization in time to issue payment and meet the June 24th or 30th deadline.

Department of Neighborhood Empowerment Funding Request Form



NC NAME:	Encino			CHROKHOOD	IMPOWERMENT	No. of Land	10
udget Fiscal Year:	2015-2016		Requestor:		Patricia B	ates	
Request Date: 10-Jun-16			Vendor:	Southern (California Prepa		ndation
Meeting Date: 5/25/2016			Address:		9300 Rinaldo S		illuadoi:
Agenda Item:	6.A.3.		City:	Northr	idge State	e:	CA
Operations Outreach	NC Sponsored Event	ose Grant	Zip Code:	91327-	8818 Phone:	818-835	-5384
☐ Contract / Lease ☐ Board Me	mber Reimbursement Community Improv	ement Project	Amount:	-	850	.00	
Out of State 1099 Expen	se One Time Expense Monthly	☐ Multip	le # of paym	ents			
If a bank card exemption of the	daily \$1,000 limit is required for this re	equest,					
	amount needed for the daily limit to be		10/1/2016 1:				
Description	o support the Emergency and Disaster Prepare Neighborhood council and surrounding com	munities by incr	easing neighbor	rhood awaren	ess, providing ed	fucation and tr	raining, and
en	hancing whole community disaster preparedne	ess. the event is	family-friendly	, open to the	public and free to	attendees. T	he grant mone
	will be used to pr	ocure suppnes,	services and rei	ntais in suppo	rt of the event.		
	Vote Count (Continued of	on page 2 if more th	han 20 Board Mem	bers)			
*Recused-Boardmembe	r must leave the room prior to any discu	ssion and may	not return to	the room	until after the v	ote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	х					
CAROL LEVIN	ENCINO PROPERTY OWNERS	х					
DEBRA GEORGE	PARK ADVOCATE	х					
DIANE ROSEN	AREA 5 REP						x
DOUG KRIEGEL	AT LARGE REP	x					
'LIOT COHEN	PLU	x					
GERALD SILVER	HOMEOWNERS OF ENCINO	x					
GLENN BAILEY	PUBLIC SAFETY	x					
HENRY ESHELMAN	AT-LARGE REP					х	
JESS WHITEHILL	AREA 4 REP	х					
JIM ESTERLE	AREA 7 REP	,					х
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	х		. 1. 1.1.1			
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):	16				1	3
We, the Treasurer and Signer of	the above indicated Council, declare that	the information				d complete,	and that a
	Funding Request submitted, the Depart		sfer the reque	ested amour	nt into the Neig	hborhood Co	ouncil's
	i.e. no additional Cash Request Form is re	equired.	Cionaria Ci-		2/000	000	/
Treasurer's Signature			Signer's Sig		S O EO	ge	***************************************
Print/Type name	1 / /			name: Del	/ (2 / / -		
Date (mm/dd/yy)	Contract CIP Advanced Payment	☐ Approved	Date (mm/		st Level	F Authoriza	ition Code —
Department Use Only	>\$2,500 NPG Sponsored Event	☐ Denied	11/00/15	1	and Level		19

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		
SEC	TION I- APPLICANT INFORMATION			
1a)	Southern California Preparedness Foundation	47-2811120	CA	01/21/15
ia)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
41.5	19300 Rinaldi St. Unit 7333	Northridge	CA	91327-8818
1b)	Organization Mailing Address	City	State	Zip Code
1c)	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:			
	William (Bill) Hopkins	(818) 835-5384	Bill.Hopkins@S	oCalPrep.us
	Name	Phone	Email	
2)	Type of Organization- Please select one: Public School (not to include private schools) Attach Grant Request on School Letterhead	or 501(c)(3) Nor d Attach IRS D	n-Profit (other than religio	ous institutions)
3)	Name Address of Affiliated Organization (If applicable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

Participation in the 9th Annual Valley Disaster Preparedness Fair on October 1, 2016, sponsored by the Southern California Preparedness Foundation, at LAFD Fire Station 87, 10124 Balboa Blvd, Granada Hills, CA, 91343. A 10ft x10ft space will be provided to the neighborhood council for Outreach operations. Neighborhood Council name, meeting location, and website address will appear on the event flyer and Fair website (www.ValleyDisasterFair.com). Neighborhood Council participation and information may also appear on various additional Fair promotional materials. Family registration information is requested of Fair attendees, and to the extent it is obtained, will be provided to participating neighborhood councils. Venue is ADA compliant.

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)

This Emergency and Disaster Preparedness Fair, which regularly draws over 2,000 participants, benefits our Neighborhood Council and surrounding communities by increasing neighborhood awareness, providing education and training, and enhancing whole community disaster preparedness. This event is family-friendly, open to the public, and free to attendees. Free Emergency Preparedness (EP) Starter kits (while supplies last), will be given to registered families attending the Fair. Additionally, a free lunch is offered while supplies last. The grant money will be used to procure supplies, services, and rentals in support of the Annual Valley Disaster Preparedness Fair which provides Family Emergency Preparedness starter kits, informative presentations, displays and basic trainings, in a family-friendly environment. Lunch with attendance (while supplies last).

a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	None		
1		λ	
b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Supplies, services, and rentals for Annual Valley Disaster Preparedness Fair	\$ 850.00	\$ 27,000.0
)	Have you (applicant) applied to any other Neighborhood Cou □ No ■ Yes, please list names of NCs: Various Neighborhood		this project?
	Is the implementation of this specific program or purpose defactors or sources or funding? (Including NPG applications to		ntingent on any other Yes, please describ
	Source of Funding	Amount	Total Projected Cost
)	What is the TOTAL amount of the grant funding requested wi	th this application:	\$ 850.0
	01/07/16	07/01/16	
a)	Start date: 01/27/16 10b) Date Funds Required:	07/01/10	
	Expected completion date: 10/01/16 (After completic	n of the project the appli	cant must submit a
(C)	Expected completion date. (Alter completic	on or the project, the appli	
	follow-up form to the Neighborhood Council and the Depa		
ECT	follow-up form to the Neighborhood Council and the Depa	rtment of Neighborhood E	Empowerment)
a)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below:	rtment of Neighborhood E	Empowerment)
ECT	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with	rtment of Neighborhood E	Empowerment)
a)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below:	rtment of Neighborhood E	Empowerment)
a)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below:	rtment of Neighborhood E	Empowerment)
a) b)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off	a Board Member of the N Relationship ice of the City Attorney be at if a Board Member of the	inpowerment) C? It to Applicant If ore ne NC has a conflict of
b)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No *(Please note the interest and completes this form, or participates in the discuss will deny the payment of this grant in its entirety.)	a Board Member of the N Relationship ice of the City Attorney be at if a Board Member of the	inpowerment) C? It to Applicant If ore ne NC has a conflict of
la)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No (Please note the interest and completes this form, or participates in the discuss	a Board Member of the N Relationship ice of the City Attorney be at if a Board Member of the	inpowerment) C? It to Applicant If ore ne NC has a conflict of
la)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No *(Please note the interest and completes this form, or participates in the discuss will deny the payment of this grant in its entirety.)	a Board Member of the N Relationship ice of the City Attorney be at if a Board Member of the sion and voting of this Ni tion provided herein and a Appendix A, "What is a P rm that the proposed projithat no conflict of interest affirm that I am not a currion. I further affirm that if	inpowerment) C? It of Applicant If ore The NC has a conflict of PG, the Department Communicated otherwise will be benefit," and ect(s) and/or program(s) the exist that would then Board Member of the grant received is no
Ib)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No *(Please note the interest and completes this form, or participates in the discuss will deny the payment of this grant in its entirety.) TION V - DECLARATION AND SIGNATURE I hereby affirm that, to the best of my knowledge, the informatis truly and accurately stated. I further affirm that I have read Appendix B "Conflicts of Interest" of this application and affifall within the criteria of a public benefit project/program and prevent the awarding of the Neighborhood Purposes Grant. I Neighborhood Council to whom I am submitting this application state used in accordance with the the terms of the application state.	Relationship The American Appendix A, "What is a Porm that the proposed project that no conflict of interest affirm that I am not a curried. I further affirm that if ed here, said funds shall the proposed project of the conflict of the curried of the cu	inpowerment) C? It to Applicant If ore The NC has a conflict of PG, the Department Communicated otherwise which be benefit," and lect(s) and/or program(s) at exist that would lent Board Member of the the grant received is not be returned immediately
b)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No *(Please note the interest and completes this form, or participates in the discuss will deny the payment of this grant in its entirety.) TION V - DECLARATION AND SIGNATURE I hereby affirm that, to the best of my knowledge, the informatis truly and accurately stated. I further affirm that I have read Appendix B "Conflicts of Interest" of this application and affifall within the criteria of a public benefit project/program and prevent the awarding of the Neighborhood Purposes Grant. I Neighborhood Council to whom I am submitting this application state to the Neighborhood Council.	Relationship The American Appendix A, "What is a Porm that the proposed project that no conflict of interest affirm that I am not a curried. I further affirm that if ed here, said funds shall the proposed project of the conflict of the curried of the cu	inpowerment) C? It to Applicant If ore The NC has a conflict of PG, the Department Communicated otherwise with the grant received is not program to the returned immediately
b)	TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No (Please note the interest and completes this form, or participates in the discuss will deny the payment of this grant in its entirety.) TION V - DECLARATION AND SIGNATURE I hereby affirm that, to the best of my knowledge, the informatis truly and accurately stated. I further affirm that I have read Appendix B "Conflicts of Interest" of this application and affit fall within the criteria of a public benefit project/program and prevent the awarding of the Neighborhood Purposes Grant. I Neighborhood Council to whom I am submitting this application state to the Neighborhood Council. Executive Director of Non-Profit Corporation or School Prince.	Relationship The American Appendix A, "What is a Porm that the proposed project that no conflict of interest affirm that I am not a curried. I further affirm that if ed here, said funds shall the proposed project of the conflict of the curried of the cu	inpowerment) C? It to Applicant If ore The NC has a conflict of PG, the Department Communicated otherwise with the grant received is not program to the returned immediately
b)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No Yes - Please describe below: Name of NC Board Member If yes, did you request that the board member consult the Off filing this application? Yes No *(Please note the interest and completes this form, or participates in the discussival deny the payment of this grant in its entirety.) TION V - DECLARATION AND SIGNATURE I hereby affirm that, to the best of my knowledge, the informatis truly and accurately stated. I further affirm that I have read Appendix B "Conflicts of Interest" of this application and affifall within the criteria of a public benefit project/program and prevent the awarding of the Neighborhood Purposes Grant. I Neighborhood Council to whom I am submitting this application state to the Neighborhood Council. Executive Director of Non-Profit Corporation or School Princ William J. Hopkins, Jr. President & Director	Relationship ice of the City Attorney be at if a Board Member of the sion and voting of this Ni tion provided herein and a Appendix A, "What is a Prim that the proposed projethat no conflict of interest affirm that I am not a currion. I further affirm that if ed here, said funds shall the signal - REQUIRED* Signature	Empowerment) C? It to Applicant If ore the NC has a conflict of PG, the Department Communicated otherwise ublic Benefit," and ect(s) and/or program(s) the exist that would rent Board Member of the grant received is no one returned immediately 2/13/16 Date
a) b)	follow-up form to the Neighborhood Council and the Depa TION IV - POTENTIAL CONFLICTS OF INTEREST Do you (applicant) have a former or existing relationship with No	Relationship ice of the City Attorney be at if a Board Member of the sion and voting of this Ni tion provided herein and a Appendix A, "What is a Prim that the proposed projethat no conflict of interest affirm that I am not a currion. I further affirm that if ed here, said funds shall the signal - REQUIRED* Signature	impowerment) C? It to Applicant If ore the NC has a conflict of PG, the Department communicated otherwise while Benefit," and ect(s) and/or program(set exist that would tent Board Member of the grant received is not be returned immediately

Revised 012615 - Page 2 of 2

Save The Date

9th Annual

VALLEY DISASTER PREPAREDNESS FAIR



ONLINE REGISTRATION OPENS JULY 1 WWW.VALLEYDISASTERFAIR.COM



QUESTIONS?: INFO@VALLEYDISASTERFAIR.COM Saturday, October 1, 2016 10:00 am - 2:00 pm

Fire Station 87—10124 Balboa Bl. (between Devonshire St. & Lassen St. in Granada Hills)

A FUN AND FREE FAMILY EVENT THAT JUST MIGHT SAVE YOUR LIFE, YOUR PET'S LIFE, OR THE LIFE OF A LOVED ONE.

Some Fair Highlights:

- Family friendly
- Free Family EP Starter Kits*
- Free lunch*
- Free parking
- Disaster response agencies
- Free child ID
- Exhibits
- **Demonstrations**
- Displays
- Special events
- **Speakers Series**
- Pet safety
- American Red Cross
- Children's Safety Puppet Show
- Shakey-Quakey Schoolhouse
- Dutch oven & solar oven cooking
- **Neighborhood Council representatives**
- Drawings for EP and specialty items
- Ham radio station K6D and FCC exams
- ARES meeting (8:00 am, Community Room)
- ADA accessible
- And so much more!

Válley renaredness

products, personnel, or funding, let us hear from you. We are also seeking help from organized groups (Scouts, clubs, associations, school groups, etc.) and

Call for Volunteers,

Contributors, and

If you, your business,

employer, organization,

group, company, agency,

association, or team would

like to contribute services.

Contributions

individuals as volunteers to assist with a diversity of tasks. These tasks include: helping with EP Kit Preparation, EP Kit distribution, Prize Tent, Fundraising, Registration, Information, Speakers Series, Promotion & Publicity, Site Preparation, Fair Day set-up and take-down, and more.

Please contact us at Info@ValleyDisasterFair.com.

For photos, videos, and more, please visit www.ValleyDisasterFair.com

Supported by Los Angeles Neighborhood Councils and Councilmember Mitchell Englander (cd12.org), with various City, County, State, and Federal agency participation. Special thanks to the crews of Fire Station 87

This annual event is sponsored by www.SoCalPrep.us Info@SoCalPrep.us Ph: 818-835-5384



Southern **Preparedness** Foundation



January 22, 2016

To Whom It May Concern:

Re: Neighborhood Purposes Grant Request by Southern California Preparedness Foundation in Support of the 9th Annual Valley Disaster Preparedness Fair

Please be advised that the following persons are on the Board of Directors of the Southern California Preparedness Foundation, a 501(c)(3) nonprofit corporation (EIN: 47-2811120):

Name	Foundation Position	Neighborhood Council
William J. Hopkins, Jr. President and Director		Granada Hills North board
		member
Dave Brown	Director	North Hills West board member
Linda M. Pruett	Corporate Secretary and Director	Lake Balboa board member
Theodore C. Snyder	Treasurer and Director	Not a board member of any Los
		Angeles Neighborhood council

Please direct any questions to Theodore C. Snyder at Ted.Snyder@SoCalPrep.us.

Sincerely,

Theodore C. Snyder Treasurer and Director INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: JAN 2 1 2015

SOUTHERN CALIFORNIA PREPAREDNESS FOUNDATION 19300 RINALDI ST UNIT 7333 NORTHRIDGE, CA 91327-8818 Employer Identification Number: 47-2811120 DLN: 26053420004015 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990/990-EZ/990-N Required: Effective Date of Exemption: December 29, 2014 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

SOUTHERN CALIFORNIA PREPAREDNESS

Sincerely,

Director, Exempt Organizations

Letter 5436



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 \$347.84

Payment Terms	Invoice Date	
Net 10 Days	06/27/2016	
Invoice No.	Customer No.	
24539	1510	

Customer Name	Department	Customer No.	- Payment Terms	AND COLUMN
Neighborhood Council/Encino	Corporate	1510	Net 10 Days	

D	escription	Туре	Units	Rate	Amount
Week ending: 06/26/2016					
Ackerman, Jason E	Executive Administrative Assistant	Reg	10.75	\$22,18	\$238.44
Ackerman, Jason E	Minute Taker	Reg	2.00	\$25.74	\$51.48
Ackerman, Jason E	Minute Taker	ОТ	1.50	\$38.61	\$57.92
			Total '	This Week ending:	\$347.84

Reg: 12.75 OT: 1.5 DT: 0	Total - This Invoice:	\$347.84

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.

5 392.20

A10

Invoice No.: 24539



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
<u>\$4</u> 4	1,36

Payment Terms	Invoice Date
Net 10 Days	06/27/2016
Invoice No.	Customer No.
24560	1510

Customer Name	Department	Customer No.	Payment Terms
Neighborhood Council/Encino	Corporate	1510	Net 10 Days

	Description	Туре	Units	Rate	Amount
Week ending: 06/26/2016 Ackerman, Jason E	Executive Administrative Assistant	Reg	2.00	\$22.18	\$44.36
			Total '	This Week ending:	\$44.36

Reg: 2 OT: 0 DT: 0	Total - This Invoice:	\$44.36	
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Farmers 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 Neighb	orhood Empowerment			747.7217			
Funding Request Form				EWIS O N	11.4		
						-	1.5
NC NAME:	Encino		No.				
Budget Fiscal Year:	2015-2016		Requesto	bet	Patricia I		
Request Date: 22-hm-16		THE CAN	Vendor		eles Fire Depar	and the second second	
Meeting Date: 6/22/2016			Addres		375 Century Pa		
Agenda Item:	8(2)		Lity:	-	geles Stat	-decidency (probayana	CA
	VI. Sponsored Event: Neighborhood Ps.		Zip Cod				4171
	iber Reimbursement		Amoun		2,00	0.00	
Cost of State 1099 Expens			iple # of par	yments	-		
	daily \$1,000 limit is required for this mount needed for the daily limit to !						
Public Benefit Description	To provide proper resources and c		Nighters servin	ng of Stanon R3	in Fanda - die	local fire statio	
*Recased-Boardmember	Vote Count (continued must leave the room prior to any disc				antil after the	vote is somp	leted
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligibl
NNM: KEUSSEYÄN	RELIGIOUS REP	X				Startugal a mily drawn on	
ASINE LEWIN	UNCONO PROPERTY OWNERS	Property of the State of the St		1			X
EBRA GEORGE	PARK ADVOCATE			-		X	
NAME ROSEN	AREA S REP	X	art annit i Turital Adde Aerrarry			- MANY	
KOURT KRIBURL	AT LARGE REP					X	-
LIOT CTHEN	[801]	X					
TRAID SEVEN	HOME WHERE DE ENCINO	X	p	*ABOTOMAN			
THE STANFORM	1030 RESAFETY	Y					
IFNRY ESHELMAN	AT-LARGE REP	X					
ESS/WTEDERELL	AREA FRET	X				de de la constante de la const	
MESERIE	AIGA 7.REP						X
PUNETE SILA	AREA FREP	×					
SUBN SIGNATURE V	PARLA I PAU	A			-	X	
AURID RELSON	IAREA 5 REE	X				-72	
ARK LEVINSON	ENCINO CHAMBER OF COMM	in a state of the				X	
A RECIA BATES	VOI UNITER SERVICE	X				Α	
	AREA 2 REP	X					-
EUT LENDIN							
HERMAN GAMSON	ACARTMENT/CONT/OREP	X					
ARANI MAJARIAN	BUSINESS REP	X				-	
OCTORIA MILLER	BUSINESS REP	X					
C Operum: 11	Grand Total (including page 2):	14				A	4
ublic meeting was held in accorda	e above indicated Council, declare tha ance with the Brown Act, where with a	quorum of Bo	ard Member	s present, the	Council appro	yed the abov	we action.
	funding Request submitted, the Depart s. no additional Cash Request Form is r		ister the regi	ested amoun	anto the Neigh	mernood Co	UPGH 5
Treasurer's Signature:	As de	=	Signer's S	ignature:	Kenn 1	Sail.	,
Print/Type name:	Patricui Bates		Print/Tvr	pe name	Kenn L	lev	***************************************
Date (mm/dd/w):	6/22/2016			n/dd/wl J	1	-	

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.

The Encino Neighborhood Council Name of NC from which you are seeking this grant: SECTION I- APPLICANT INFORMATION 27-2007326 08/06/10 Los Angeles Fire Department Foundation 27-200320 Date of 501(c)(3) Organization Name Federal I.D. # (EIN#) State of Incorporation Status (if applicable) 1875 Century Park East, Suite 200 Los Angeles CA 16) City State Zip Code Organization Malling Address Business Address (If different) City State Zip Code 1d) PRIMARY CONTACT INFORMATION: Diana Soukounian (310) 552-4171 diana@supportlafd org Phone Emall 2) Type of Organization- Please select one: 501(c)(3) Non-Profit (other than religious institutions) ☐ Public School (not to include private schools) OF Attach Grant Request on School Letterhead Attach IRS Determination Letter LAFD Station 83 4960 Balboa Boulevard 91436 Los Angeles 3) Name / Address of Affiliated Organization Zip Code City State (If applicable)

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.
The grant from The Encino Neighbhoood Council will be used towards the purchase of quality of life items for the local fire station in Encino.
Station 83. Examples of quality of life items include, but are not limited to, washer and dryer, furniture, tools, ice machine, workout equipment, appliances and many more. All of these items are not funded by the city budget. The Los Angeles Fire Department Foundation works with local individuals, community organizations, and businesses to provide support of their local stations to insure all 106 fire stations in the city of Los Angeles are well equipped and fully accomodating of the brave men and women who work and live there on 24-hour shifts. This grant will solely serve in the benefit of the firelighters at Station 83.

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)

Station 83 is the local fire station in Encino. The men and women who work and live at the station do so 365 days a year, 24 hours a day, 7 days a week. The Station is always open and serving its community. In the case of a fire or medical emergency Station 83 will respond to your business or dwelling. With 85% of all LAFD incidents being medical in nature, Station 83 provides daily life saving support to constituents in Encino. It is very important that the members of Station 83 are fully equipped with the proper equipment and resources in the station. The grant will be used towards insuring that.

	TION III - PROJECT BUDGET OUTLIN	i E				
6a)	Personnel Related Expenses		Reques	ted of NC	Total Project	ed Cost
6b)	Non-Personnel Related Expenses Quality of Life equipment and/or resources		Reques	ted of NC \$ 2,000.00	Total Projects	ed Cost \$ 2,000.00
1						
7)	Have you (applicant) applied to any on the No Yes, please list name		Councils request	ing funds for	this project?	
B)	is the implementation of this specific factors or sources or funding? (Incli				ntingent on an	
	Source of Funding		Amount		Total Projecte	ed Cost
						-
	What is the TOTAL amount of the gra Start date: 08/10/18 10b) D	ant funding requeste	06/30/16	TANKS THE	cant must sub	\$ 2,000.00
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Revised 012615 - Page 2 of 2

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

MAY 16 2010

LOS ANGELES FIRE DEPARTMENT FOUNDATION C/O CECILIA GLASSMAN 1875 CENTURY PARK E STE 200 LOS ANGELES, CA 90067

Salings and Agreements

Employer Identification Number:
27-2007326

DLN:
17053098320000

Contact Person:
LISA M VAN DER SLUYS

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 25, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

Lection DAT (DO/DR)

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

LOS ANGELES FIRE DEPARTMENT

DEPARTMENT OF THE TREASURY

ABCRE NGI

We have sent a copy of this letter to your representative as indicated in your power of attorney.

sincerely,

Robert Choi Director, Exempt Organizations Rulings and Agreements

45201

Enclosure: Publication 4221-PC

decdur toplies:

February 25, 2010

Public Charlty Status:

Effective Date of Inseption:

Contribution Degactibility:

Determiner 31

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We are pleased to inform you that upon review of your application for teature status we have determined that you are exampt from rederal income texturals status action follows to you are under section 100 (0) of the internal sevenus code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequents, devices, transfers or gifts under section 2055, 2106 or 2013 of the Code. Horause this letter could help resulve any quantions records, regarding your exampt status, you should keep it in your parameter records.

Organizations essapt under section 501(c) (3) of the Code are further classified as mither public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication #321-PC, Compliance Guide for SOL(c) (3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

Department of Neig	hborhood Empowerment						
Funding Request For			MEON				
							7.80
NC NAME:	Ericine						
Budget Fiscal Year:	2015-2016		Requestor		Patricia 9		1977 6-1
Request Date: 22-Jun-16			Vendor		them Californi		ly.
Meeting Date: 6/22/2016			Address		5909 Babbin		
Agenda item:	9(3)		City:	Chris			arda.
	☐ NC Sponsored Event. ☐ Neighbordhood Pur		Zip Cod			818996	
	Member Halmhad sement		Amoun		81/6	100	-
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ARCE LEVES	ENCINO SHOPEICTY OWNERS						X
EBRA OFORGE	PARK ADVECATE					Χ.	
MANE ROSEN	AREA 5 REP	Χ					
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LIGIT COHEN	PU	X					
APRALD SIL YPE	HOMEOWNERS OF ONCHO	X					
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BENCY ESHELMAN	AT-LARGE REP	X					
ISS WHITHUIL	AREA 4 REP	X	- Mary Control of Control				
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CENNE LITSUK	AREA 3 REP	X					
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KC 6/30/16 14 06/30/16

Approval Code ENC14657

6/22/16 B(3)

Revised 1-26-15

Insurance of Neighborhood Empowerment

refine Request Form

NC NAME:	Encino	
Meeting Date:	42543	
Agenda Item:	8(3)	

*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is complete						
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CHAMBER OF COMMERCE ALT						X
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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:
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Encino Neighborhood Council

ideral I.D. # (EIN#)	State of Incorporation	1/29/07
bend an in marken	demonstration and secure	Date of 501(c)(3 Status (if applie
olno	CA	91316-1431
V	State	Zip Code
betterapen graional	State Indiana J	Zip Code
996-3530	hovallens@ett.n	ot an extension
	Complete Com	real answerder
PO Bo	x 75 Grafton CA	95444-0075
	501(c)(3) Non- Attach IRS De	State St

Revised 012815 - Pare I of 2

Please describe the purpose and intent of the grant.

The Southern California Garden Club wishes to purchase a hands-free microphone system to be used at our educational programs, workshops, and Study Schools.

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)

utilive Director or Secret

Our educational programs and workshops are OPEN TO THE PUBLIC AND ARE FREE. We advertise on our Website, in local newspapers, and in multiple public sites. We meet at the Sepulvede Gerden Center in Encino. We are willing to share the microphone system with the other Garden with three other Clubs and Affiliates who also meet at this location for their educational programs.

in brilly and accurately stated. I farther affinis that I have need Approving A. "What is a Public Brookful

* If a current Board Member holds the seamon of B

12b) Everetary of Non-groft Corporation or Assistant School Principal,

Personnel Related Expenses		Requested of NC	Total Projected Cost
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Non-Personnel Related Expens	es	Requested of NC	Total Projected Cost
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is the implementation of this sp			
factors or sources or funding?	(Including NPG application	s to other NCs) No	Yes, please describe
Source of Funding		Amount	Total Projected Cost
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What is the TOTAL amount of the	ne grant funding requested	with this application:	\$ 800
Start date: 06/12/16 10b) Date Funds Required:	06/29/16	PRIMARY CONTACT MER
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^{*} If a current Board Member holds the position of Executive Director or Secretary, please contact the Department at (213) 978-1551 for instructions on completing this form



California Garden Clubs, Inc.

Maryanne Lucas 2nd Vice President Group Exemption Chairman 1986 Channelford Road Westlake Village, CA 91361-3558

Notification of Approval of Group Exemption

January 29, 2007

The application made by California Garden Clubs, Inc. (CGCI) for a group exemption letter recognizing subordinate clubs as organizations of the type described in section 501(c)(3) of the Internal Revenue Code was approved by the Internal Revenue Service on November 15, 2006.

California Garden Clubs, Inc. is thereby authorized by the Internal Revenue Service to include subordinate clubs, who have met all requirements set forth by the Internal Revenue Service under section 501(c)(3) of the code, to be included in the California Garden Clubs, Inc. Group Exemption.

Southern Galifornia Garden Chult has applied to California Garden Clubs, Inc. to be included in the group exemption letter and has been found to comply with all IRS requirements. This being true, California Garden Clubs, Inc. has included Southern California Garden Club under the CGCI Group Exemption.

Donors may deduct contributions to Southern California Garden Club as charitable contributions provided in section 170 of the Code beginning in the 2006 tax year. Bequests, legacies, devises, transfers, or gifts to Southern California Garden Club are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106 and 2522 of the Code.

The CGCI Group Exemption number is 5358. Southern California Garden Club is authorized by CGCI to use this number on all official documents designating Southern California Garden Club as a non-profit, 501(c)(3) organization.

Southern California Garden Club is posted in the list of member clubs approved to be included in the California Garden Clubs, Inc. group exemption. Donors may check the CGCI website at http://www.californiagardenclubs.org/html/501c3Clubs.htm to verify 501(c)(3) status.

This letter serves a formal certification by California Garden Clubs, Inc. that Southern California Garden Club is a legitimate 501(c)(3) organization deserving of all the privileges bestowed upon a nonprofit 501(c)(3) organization.

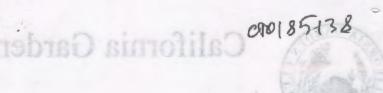
Maryanne Lucas

2nd Vice President & Group Exemption Chairman

California Garden Clubs, Inc.

Attached: Copy of official IRS group exemption letter of approval

916.845.6900 from outside the United States 800.622.6262 for persons with hashing or special if



Entity Status Letter

ESL ID: 3405731992

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 8017112

Entity Name: SOUTHERN CALIFORNIA GARDEN CLUB

The entity is in good standing with the Franchise Tax Board.

The entity is not in good standing with the Franchise Tax Board.

3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701f.

4. We do not have current information about the entity.

The above information does not necessarily reflect:

The entity's status with any other agency of the State of California, or other government agency.

If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity
did business in California at a time when it was not qualified or not registered to do business in California:

 The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).

 For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the United States 916.845.6500 from outside the United States

TTY/TOD: 800.822.6268 for persons with hearing or speech impairments



4935 Balboa Blvd. • Encino, CA 91316 • Phone: (818) 995-1690 Fax: (818) 990-8467



Invoice

BILLTO	aga tan sagan ka sada s	assimilar strains of	de Esperantes de la companya de la c
Encino Neighb	orhood (Council	

INVOICE DATE	
June 24, 2016	

ITEM DESCRIPTION	ITEM PRICE	
Blinds for Auditorium	\$2,536.50	
Sound Mixer (Soundboard)	\$750.00	
Wireless Microphones	\$1,200.00	
Cordless Phones	\$200.00	
TOTAL DUE	\$4,686.50	

NOTES	

Funding Request Form	hood Empowerment						
			13	MPUN	/EX		
							-
NC NAME:	Éncino						
Budget Fiscal Year:	2015-2016		Requestor:		Patricia I		
Request Date: 22-Jun-16 Meeting Date: 6/22/2016			Vendor: Address:		Gultar Ci 19510 Nordh		-
Agenda item:	(MT)		City:	North		-	CA
						ATROG	sittlettellusigned
	Reimburstment		Zip Code Amount:		up to		
Contract / Lease Beard Member Dut of State 1899 Expense	One Time Expense Di Monthly		# of pays		00 10	3130	-
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If a bank card exemption of the dali please provide the date(s) and amo							
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*Recused-Boardmember mu	Vote Count Continued of string Continued				intil after the	ote is comp	letad.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
ANNE KEUSSEYAN	RELIGIOUS REP	X		Make its guess or endpor			
AROULEVIN	ENCINO PROPERTY OWNERS	- Marine					X
Y-BRACIECECTE	PARK ADWATE			and the second second	AND DESCRIPTION OF THE PARTY OF	X	Name and Na
MANE ROSES	ADEA CRID	X				principles singles	
XOUG KRIEGET.	AT LARGICREF					X	
LIOT COHEN	PLU	X	beltigesiest schlödiges			-	
ERALD SILVER	HOMEOWNERS OF ENGINO	X	1	1-10		pater.	
BLENN BAILEY	PUBLIC SAFETY	X					
BINET ESTELMAN	A DE ARUE REF	X					
ESS WHEEFELL	AREA (RE)	X		-			
IM ESTERLE	AREA 7 REP	-			- Townson		X
PARTHSIX	AREA S REP	X	Pavelle II			PRO/**	
KINA SEFMAWSKY	AREATRE					X	
AURIE KELSON	AREA 6-REP	X		-			
	ENCINO CHAMBER OF COMM.	tional expression	-	N THE PROPERTY OF	-	X	
IARK LEVINSON	VOLUNTUER SERVICE	X	-		-		
		-	-			and and a second	
ATRICIA BATES	ARIOA Z REI	1					
ATTROIA BATES COTT UNDEN	ARDA Z REZ	X					
ATRICIA BATES CUTT LINDEN HEDMAN GARSON		X		- Partition Operation			
MARK LEVINSON MATRITA BATES COTT CINDEN GREDMAN GARCON MARANT MAJARIAN MOTORIA MELLER	APARIMETAL CHEXTRE						

Case 14634

06/27/16

NC Quarum:

NC NAME:	Encino
Meeting Date:	42543
Agenda item:	. 8(7)

Meeting Date:	42343	a bout the board					
Agenda item:	8(7)						
		Vote Count					
*Recused-Boardmember mu	ust leave the room prior to ar	ny discussion and ma	ay not return	to the room	intil after the	vote is comp	leted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
HELLEY BILLIK	PARK ALT						X
BRANDON RAFFORT	CHAMBER ALT						X
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	Protection of the Indiana III and an open and applications are an according to						

Totals (this page only):

Department of Neighborhood Empowerment EMPOWER LA **Funding Request Form** NE NAME: ludget Fiscal Year: 2015-2016 Requestor: Patricia Bates Request Date: 22-Jun-16 Vendor: Guitar Center Meeting Date: 6/22/2016 Address: 19510 Northoff Street 8(8) Agenda Hem: Northridge State: 91324 Phone: 8189930286 Designations Detreach M. Spomond Event Thing borland Purpose Caret Zip Code: Contract / Cease [7] Board Member Reimburgement Amount:\$ up to \$1200 Community Improvement Project Dut of State 1099 Expense One Time Expense Monthly ... Marrish # 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 To purchase wireless microritories for Encine Community Center. They do not have weeters microritories, which is an impediment to now Vote Count (Continued on page 2 if more than 20 Board Membars) *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 Abstain "Recused Absent Ineligible ANNIE KEUSSEYAN RELIGIOUS REP ENCINO PROPERTY OWNERS DOLG KRIEGEL X FLIOT COHEN THERE BARREY HENRY ENDELMAN JESS WHITHIULL AREA 4 REP AREA TREP X KENNETH SILK AREA 3 NEP ALTRA SHOVLOWSKY ARFAIRED X AURIE KELSON MARK LEVINSON INCINO CHAMBER OF CUMM PATRICIA BATES VOLUNTEER SERVICE STEPRIMAN GAMSON VARANT MAJARIAN BUSINESS REP X VICTORIA MILLER X Grand Total (including page 2): 14 NC Quorum: 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: (Herry Beckly Print/Type name; Glenn Builey Print/Type name: Patricia Baics Date (mm/dd/yy): 6/ Date (mm/dd/yy): June 24, 20/4 06/27/16

NC NAME:	Encino	
Meeting Date:	42543	
Agenda Item:	767	

Vote Count

*Recused-Boardmember must leave the room prior t	any discussion and may not return to th	e room until after the vote is completed.
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Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligib
SHELL'EA BUTIK	PARKS ALT						X
BRANDON RAPPORT	CHAMBER ALT	-					X
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C Quorum: 11	Totals (this page only):						2

Department of Neighb	orhood Empowerment			T A		4
Funding Request Form				OWER LA	(Tr)	
NC NAME:	Encino					
Budget Fiscal Year:	2015-2016		Requestor:	Patricia I	Bates	
Request Date: 10-Jun-16			Vendor: A-Bri	te Blind and Draper		d Sales
Meeting Date: <u>5/25/2016</u>			Address:	28298 Constell	ation Road	
Agenda Item:	6.A.5.		City:	/alencia Stat	:e:	CA
Operations Outreach	NC Sponsored Event Neighborhood Pur	pose Grant	Zip Code:	91355 Phone:	800-848	-1886
	ember Reimbursement Community Impro		Amount:\$	2,53	36.50	
Out of State 1099 Expe			ttiple # of payments			
	daily \$1,000 limit is required for this rec amount needed for the daily limit to be l					
Public Benefit The Description	the Encino Community Center, which is used for funding. The vertical blinds in the auditorium necessary to block out light during a daytime f	many communication are mostly minction. It als	issing, those remaining ar	bur community. Instal	ts a problem w	henever it is
*Recused-Boardmemb	Vote Count (Continued er must leave the room prior to any discu			om until after the	rote is comple	eted
Board Member Name	Board Position	Yes	No Absta		Absent	Ineligible
ANNIE KEUSSEYAN	RELIGIOUS REP	x				
CAROL LEVIN	ENCINO PROPERTY OWNERS	х				
DEBRA GEORGE	PARK ADVOCATE	х				
DIANE ROSEN	AREA 5 REP					х
DOUG KRIEGEL	AT LARGE REP	х				
ELIOT COHEN	PLU	X.				
GERALD SILVER	HOMEOWNERS OF ENCINO	х				
GLENN BAILEY	PUBLIC SAFETY	х				
HENRY ESHELMAN	AT-LARGE REP				X	
JESS WHITEHILL	AREA 4 REP	х				
JIM ESTERLE	AREA 7 REP					×
KENNETH SILK	AREA 3 REP	х				
LAURA SHOVLOWSKY	AREA 1 REP					х
LAURIE KELSON	AREA 6 REP	х				
MARK LEVINSON	ENCINO CHAMBER OF COMM.	х				
PATRICIA BATES	VOLUNTEER SERVICE	X				
SCOTT LINDEN	AREA 2 REP	х				
SHERMAN GAMSON	APARTMENT/CONDO REP	х				
VARANT MAJARIAN	BUSINESS REP	х				
VICTORIA MILLER	BUSINESS REP	х				
NC Quorum: 11	Grand Total (including page 2):	16			1	3
We, the Treasurer and Signer of t	the above indicated Council, declare that the with the Brown Act, where with a quorum				-	I that a public
	Funding Request submitted, the Departn ditional Cash Request Form is required.	nent will tran	sfer the requested amo	ount into the Neighb	oorhood Coun	cil's checking
Treasurer's Signature			Signer's Signature			
Print/Type name			Print/Type name			
Date (mm/dd/yy			Date (mm/dd/yy)			
Department Use Only	Contract CTP Advanced Payment 2-\$2,500 NPG Sponsored Event	Approved Dienled		10 6/27/16 2nd Level 6/27/16	ENC1	4444

Revised 1-26-15

NC NAME:	Encino						
Meeting Date:	42515						
Agenda Item:	6.A.5.						
*Recused-Boardmen	nber must leave the room prior to a	Vote Count ny discussion and m	ay not return	to the room u	ntil after the v	ote is comple	eted.
Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
				-			

Totals (this page only):

11

NC Quorum:



Order Date: 6/30/2018			View Order
Order Number: LKHXX-W3A58-1K9 Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Track
	Write a review Shere	Processing	Reorder
	Varant Majaras		Cancel
Order Date: 6/30/2016			View Order
Order Number: NRFXX-W3A57-9A2 Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Track
	Sharmon Gameon Approved the four-array Control of the four-array Control	Processing	Reorder
	Share File 100) Sterman Ganson		Cancel
Order Date: 6/30/2016			View Order
Order Number: H8BXX-W3A25-4N3 Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Track
	Distante Amiliano Write a review	Processing	Reorder
	Share FIDE TIME Estede		Cancel
		-	
Order Date: 6/30/2016 Order Number: G67XX-W3A93-3L8			View Order
Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Trock
	Some Superior Su	Processing	Reorder
	Share Fixe Diane Rosen		Cancel
Order Date: 6/30/2016 Order Number: 695XX-W3A24-3X8			View Order
Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Track
	Chora Barry Serger Service Write a review Write a review Write a review	Processing	Reorder
	Share Frem Bailel		Cancel
Order Date: 6/30/2016 Order Number: FCTWX-W3A12-3T4			View Order
Order Total: \$22.88	Name: Standard Business Card Estimated Date of Arrival: 7/13/2016		Track
	Write a review	Processing	Reorder
	Fess Whitehead		Cancel
Order Date: 6/30/2016 Order Number: 4GPWX-W3A71-0S1			View Order
Order Total: \$22.88	Name: Standard Business Card		Track
	Name, Standard Dusmess Card		

WELCOME TO BEST BUY #764 4500 VAN NUYS BLVD SHERMAN OAKS, CA 91403 (818) 501-0933

Keep your receipt!



Val #:000083-888195-739284-954413-426790-872

0764 003 4835 06/30/16 15:12

6130052 98658 31.49 SLEEVE-STUDIO C 16" HOT TO TRO Sales Tax 2.84

> SUBTOTAL 31.49 Sales Tax 2.84 TOTAL 34.33

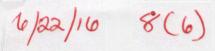
*********4209 ChipRead USD\$ 34.33 Debit - MASTERCARD

BATES/PATRICIA L APPROVAL 099075

MODE: Issuer AID: A0000000042203

MY BEST BUY CORE TIER MEMBER ID 4153694536

PATH THANK HOPPIN A BEST NIV TAIDAY!



✓ YOUR ORDER HAS BEEN PLACED.

Thank you for shopping at B&H. An email confirmation is on its way to: batesbird@gmail.com.

Create an account for easier checkout next time

Password

6-15 Characters

Confirm Password

Create Account

INVOICE

Order # 1039862576

SHIP TO

Patricia Bates

16811 Weddington St ENCINO, CA 91436, US 8184250962 **PAYMENT**

****4209

AMOUNT

\$150.71

ORDER TOTAL

Subtotal: Shipping: **\$150.71** \$0.00

Sales Tax:

\$0.00

You Pay:

\$150.71

Order Details

Tracking information will be emailed as soon as the orders ship

A	SHIP	PPING WITH EXPEDITED DELIVERY FROM B&H	STOCK	PRICE	QTY	SUBTOTAL		
1	1	Pyle Pro Premier Series PDWM2560 Wireless Microphone System	In Stock	150.71	1	150.71		

ORDER PLACED
Thur, Jun 30

PACKED

SHIPPED

Thu, Jul 07 By 11:00 PM

All orders are subject to approval by our Verification Department. We will notify you by phone or email should your order be delayed.

THEODORE PAYNE FOUNDATION 10459 Tuxford Street Sun Valley, CA 91352 818-768-1802 www.theodorepayne.org DATE 06/30/2016 THU TIME 13:27 HOW TO BE A T1 \$19.95 WSTRN BUTTER T1 \$14.00 A BUTTERFLY T1 \$16.99 CAL NATIVE G T1 \$31.95 WEST W/O H20 T1 \$24.95 GARD W/WILD T1 \$31.95 BOOKS T1 \$6.00 SALVIAS T1 \$24.95 #9781452127132 T1 \$16.99 MOTHER GOOSE T1 \$16.95 AESOP IN CA T1 \$16.95 INSECTS OF T1 \$34.95 THERES A HUM T1 \$15.95 BEES BCKYD T1 \$29.95 A DAZZLE OF T1 \$7.95 FMLY BTTRFLY T1 \$16.95 NATV TREASRS T1 \$31.95 CA WILDLIFE T1 \$29.95 BRG NAT HOME T1 \$17.95 SUB PAPER T1 \$16.35 BOOKS \$24,95 TAX1 \$40.37 TOTAL \$488.90 CHARGE \$488.90 TPF, a 501(c)3 non-profit, thanks you for your support. ALL PLANT SALES FINAL Register 2 No.008737 00000 THEODORE PAYNE FOUNDATION 10459 TUXFORD ST SUN VALLEY, CA 91352 818-768-1802

 06/30/2016
 12:38:34

 Merchant ID:
 554135010101723

 Device ID:
 0002

 Terminal ID:
 PPX1.

Credit Sale:

Transaction #: 1
Card Type: MasterCard
Account: *******4209
Entry: Swiped

Amount: \$488.90

 STAN:
 001

 Auth. Code:
 059565

 Response:
 AUTH/TKT

 TRANS ID:
 MDBD002JY0630

CUSTUMER COPY

INVOICE

Page 1 of 1 OFFICE DEPOT OFFICEMAX

1-800-GO-DEPOT 3366 E. WILLOW STREET SIGNAL HILL CA 90755

Order Number

848414247-001

Order Summary

Shipping Address 00002 **DEBRA GEORGE** 6006 BABBITT AVE ENCINO CA 91316-1432

Customer Information

Customer#: 75991131

Contact:

PATRICIA BATES

Phone#:

818-971-6996

Carton Count

Additional Information

Route/Stop/Door: 0404/000/034 Order Date: 29-Jun-2016

Delivery Date:

06-Jul-2016

	Quantity								
Line	Ordered	Shipped	Back Ordered	Item Number	Description	Units	Unit Price	Total	
1	500	500	0	870284	COPIES,FLYERS Speaker Cards	EACH			
2	500	500	0	798644	FS COLOR LTR SGLSD, 24#	EACH	0.490	245.00	
3	2	2	0	903332	CUTTING, MACHINE, PER CUT	EACH	0.750	1.50	
10 mm									

Thank you for your order. If you have any questions about your order please call us toll free at (888) GO-DEPOT. All taxable sales shipped to c ustomers in CA are FOB destina tion and are made by eDepot LL C, a wholly-owned sub of Offi ce Depot Inc.

Merchandise Total 246.50 0.00 **Delivery Charge** 246.50 Subtotal Sales Tax(9.00%) 22.19 268.69 Order Total Charged To: M/C **** **** **** 268 69

Balance Due

Did you know you can shop 24 Hours a day, online at WWW.OFFICEDEPOT.COM?

0.00



Packing Manifest

Ship To:
DEBRA GEORGE
PATRICIA BATES
PATRICIA BATES
6006 BABBITT AVE
ENCINO, CA 913161432 USA

18189716996

Due Date: 7/5/2016

Order Number: 848414247-001

PO Number:

Box	Description					
1	1	500 units	Speaker Cards	500		

Office DEPOT Office Max

OFFICE DEPOT #949 16571 Ventura Blvd. Encino, CA 91436 Phone: (818) 907-1741 Fax: (818) 907-2742 06/30/2016 16.4.2 3:47 PM STR 949 REG 3 TRN 149 EMP 640372 SALE Product IB Description Total 196517 PPR, X-9, 11", 10 55.99 -23.00 Promotion You Pay 32.99SS 432087 STAPLES, STNDRD 6.99 SS 196156 STAPLER, ELECT, 28.49 \$S 327025 LABEL, 8366, 150 29.99 SS 983932 LABEL, 8163, 250 25.98 2 @ 12.99 Promotion 25.98SS You Pay 983932 LABEL, 8163, 250 12.99 -12.99Prumotion 0.0055 You Pay Subtotal: 124.44 11.20 Sales Tax: 135.64 Total: MasterCard 4209: 135.64 AUTH CODE 094713 TDS Chip Read AID A0000000042203 TVR 8000088000 CVS No Signature Required ****** PATRICIA BATES 5576210164 Congratulations! You are eligible for Choice Member rewards next quarter! Select your 5 additional product categories at officedepot.com/rewards

Total Savines: \$35.99

WE WANT TO HEAR FROM YOU!