

# Department of Neighborhood Empowerment

Reporting Month:

AUGUST

MONTHLY EXPENDITURE REPORT

NC Name:

NHWNC

Submitted: 3/16/2015 9:23:03

Budget Fiscal Year:

2014-2015

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	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable
1	NC Election@The Onion-cash pd-Debra Perkins	OPERATIONS	Debra Perkins	22514		
2	Partners In Diversity Temp Agency-Janet Cromier	OPERATIONS	Partners In Diversity	19028	<input checked="" type="checkbox"/>	
3	Partners In Diversity Temp Agency-David Levin	OPERATIONS	Partners In Diversity	19137	<input checked="" type="checkbox"/>	
4	6/25/14 New Horizons - May	OPERATIONS	New Horizon	IN000030060		
5	7/8/14 New Horizons - June	OPERATIONS	New Horizon	IN000030425		
6	7/31/14 New Horizons - July	OPERATIONS	New Horizon	IN000030922		
7	New Horizons - August	OPERATIONS	New Horizon			
8	Roy Alcid-website 11-2013 - 04-2014 @6x\$200	OUTREACH	Roy Alcid	001		
9	Yum Yum Donuts-pd cash-Nancy=SGBM 6-25	OPERATIONS	Nancy Xander	receipt attached		
10	Staples-copies-Nancy pd-SGBM 6-25-14	OPERATIONS	Nancy Xander	receipt attached		
11	Amazon.com-memory cards-Dave pd	OPERATIONS	Dave Brown	receipt attached		
12	Smart & Final-Nat Nite Out-Dave pad-Water	OUTREACH	Dave Brown	receipt attached		
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)						
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS					
C	OUTSTANDING COMMITMENTS					
	C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account)					
	C 2. Rent/Lease					
	C 3. Contractual Services					
	C 4. Large Purchases					
	C 5. Neighborhood Purpose Grants (pending or in process)					
	C 6. Temporary Staffing Services					
	C 7. Storage					
	C 8. Other Outstanding Commitments ==> Description:					
	SUBTOTAL: Outstanding Commitments					
D	Total Expenditures & Commitments					
E	Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc)					
F	Approved Budget 2014-2015					
G	Balance of Budget					

Reporting Month:	AUGUST
NC Name:	NHWNC

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$3,523.80	\$803.70	\$4,327.50	\$3,495.08	\$832.42

MONTHLY BUDGETARY ANALYSIS					
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	Total Spent in Prior Months (C)	Unspent Budget Balance (D) = A - B - C
100	Operations	\$7,300.00	\$1,502.53	\$476.20	\$5,321.27
200	Outreach	\$19,200.00	\$1,992.55	\$0.00	\$17,207.45
300	Community Improvement	\$8,000.00	\$0.00	\$0.00	\$8,000.00
400	NPG	\$2,500.00	\$0.00	\$0.00	\$2,500.00
500	Elections	\$0.00	\$0.00	\$0.00	\$0.00
900	Unallocated	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	\$37,000.00	\$3,495.08	\$476.20	\$33,028.72

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 Department of Neighborhood Empowerment upon request.			
Treasurer Signature			Signer's Signature
Print Name			Print Name
Date			Date
NC Additional Comments			

**Neighborhood Council Funding Program  
FUNDING REQUEST FORM**



Complete this form to request funding

REQUEST DATE: 8/7/2014 Amount Requested: \$ 327.50  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council?  
B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_)  
C. Is this request a payment for services requiring a 1099?  
D. Is this a request for an out-of-state vendor?

☒ Yes ☐ No - If "yes," is this request on behalf of a  
NC Committee? ☐ Yes ☒ No  
Committee:  
Outreach

**Remittance:**

Payable to: Debra Perkins  
16116 Liggett Street  
Address:  
Norh Hills CA 91343  
City State Zip:  
dperkins.nhwnc@gmail.com 818-399-1514  
Email Address Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for North Hills West 2014 Election helde at "The Onion; Site deposit that should have been paid out of 2013-2014 Election Budget which took place on Saturday March 1,2014; Also this amount was paid through "DONE" along with all orignal receipts;Placed this item onm MER due debited from August 2014 Union Bank account.

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidleines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Signature

Date

John McGovern  
2nd Signer's Name

Signature

Date

**Board Action:**

☐ DENIED (date): \_\_\_\_\_

☒ Approved for: \$ \_\_\_\_\_

☐ Amended for: \$ \_\_\_\_\_

NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl |date: \_\_\_\_\_

2nd Lvl |date: \_\_\_\_\_

Department Notes:

Department of Neighborhood Empowerment  
Monthly Expenditure Report for  
North Hilla West NC  
Budget Fiscal Year:

2013-2014

February 2014

Submitted: Debra Perkins

(Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)



A	EXPENDITURES By Line Item (Item/Service Des.)	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	1099 Reportable	Total
1	Board Mtg & Election Forum-Food Dos Arbolitos Restaurant	OUTREACH		Receipt Attached		\$448.05
2	Costco-Veggie tray & Fruit Bowl-Paid for by N.Xander	OUTREACH		Receipt Attached		\$21.98
3	USPS-Election Postcard Postage-Paid for by N.Xander	ELECTION		Receipt Attached		\$846.55
4	Office Depot-Paper NHWNC Election Flyers Pd for by N.Xander	ELECTION		Receipt Attached		\$12.52
5	Staples-Card stock Election Flyers-Paid for by N.Xander	ELECTION		Receipt Attached		\$35.32
6	Printing4Today Printing & Mailing Sys-Nxander Paid	ELECTION		Receipt Attached		\$2,256.30
7	Office Depot-Paper, Ink, raffle tickets	OPERATIONS		Receipt Attached		\$1,242.22
8	High Tech Signs & Banners-20 Neighborhood Watch Signs	CIP		Invoice Attached		\$1,467.75
9	Sepulveda Unitarian Universalist Society	ELECTION		#865113		\$477.50
10	Walmart-items for Egg Hunt & (election)2-150 qt Coolers	OUTREACH		Receipt Attached		\$205.61
11	Smart & Final Election Refreshments	OUTREACH		Receipt Attached		\$475.61
12						
13						
	SUBTOTAL: Expenditures by Line Item					\$7,489.41
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS					\$1,557.94
C	OUTSTANDING COMMITMENTS					
	C. 1. Outstanding Checks					
	C. 2. Outstanding Demand Warrants					
	C. 3. Rent/Lease					
	C. 4. Contractual Services					
	C. 5. Large Purchases					
	C. 6. Neighborhood Purpose Grants in process					
	C. 7. Temporary Staffing Services					
	C. 8. Storage					
	SUBTOTAL: Outstanding Commitments					\$7,489.41
D	Total Expenditures & Commitments					
E	Total Adjustments by Department					
F	Approved Budget 2013-2014					\$37,000.00
G	Balance of Budget					\$23,339.17

original in  
work sent in Feb.  
MER.

Department of Neighborhood Empowerment

Board Vote on Funding Request

NC NAME:

NORTH HILLS WEST

Budget Fiscal Year:

2014/2015

Meeting Date:

02-20-14

Agenda Item:

5-C

Vendor:

N/A

Amount:

\$477.50

☒ One Time Expense

☐ Multiple

Recurrence: ☐ Monthly

(enter # payments)

Description:

DEBRA PERKINS - Board member paid the cont. due to unvariable funds on the NC's P-Covered.

Vote Count

	Board Member Name	Board Position	Yes	No	Abstain	Recused	Absent	Ineligible
1	John McGovern	President	✓					
2	Dan Gibson	Vice President	✓					
3	Debra Perkins	Treasurer	✓					
4	Carol Hart	Secretary						✓
5	David Hyman	General	✓					
6	Garry Fordyce	Residential	✓					
7	Dave Brown	Residential	✓					
8	Nancy Xander	General	✓					
9	Carlos Maya	Residential						✓
10	Ed Serrano	Residential						✓
11	Armando Diaz	Residential						✓
12	Mike khalid	General						✓
13	Punam Gohel	Community Interest						✓
14	TINO JULIAN	Residential	✓					
15	MARINA SAIS	"	✓					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
		TOTALS	9					6

NEIGHBORHOOD COUNCIL CERTIFICATION

We, DEBRA PERKINS (Treasurer Name) and JOHN MCGOVERN (Signer Name), declare that we are the Treasurer and Signer, respectively of the North Hills West Neighborhood Council (NC) and that on 2-20-14 (date adopted), a Brown Act noticed public meeting was held by the North Hills West NC with a quorum of 9 (number) board members present and that by a vote of 9 (number) yes, 0 (number) no, and 0 (number) abstentions the North Hills West NC approved the above indicated Expenditure Request and Authorization Form.

Treasurer Signature

*[Signature]*

Signer's Signature

*[Signature]*

Print Name

Debra Perkins

Print Name

John McGovern

Date

2/25/14

Date

2/25/14

NC Additional Comments

# NEIGHBORHOOD COUNCIL FUNDING PROGRAM

## REQUEST FOR DEMAND WARRANT

Submit via: Mail: 200 N. Spring St., LA, CA 90012; Fax : (213) 978-1751; or Email: [done.funding@lacity.org](mailto:done.funding@lacity.org) [www.empowerla.org](http://www.empowerla.org)

**EMPOWER LA**  
Department of  
NEIGHBORHOOD EMPOWERMENT

**DW**

REQUEST DATE: 02/25/2014

Check Request Amount:

\$ 477.50 327.50<sup>DP</sup>

NEIGHBORHOOD COUNCIL: NORTH HILLS WEST NC

NC MAILING ADDRESS: PO BOX 2091

CITY NORTH HILLS

ZIP 91343

Please select a category. Refer to the checklist for the required supporting documents.

OPERATIONS	OUTREACH	NBHD Improvement	GRANT	OTHER
<input type="checkbox"/> AUD <input type="checkbox"/> OFF <input type="checkbox"/> EDU <input type="checkbox"/> POS <input type="checkbox"/> FAC <input type="checkbox"/> TAC <input type="checkbox"/> MIS <input type="checkbox"/> TRL <input type="checkbox"/> Other _____	<input type="checkbox"/> ADV <input type="checkbox"/> MEE <input checked="" type="checkbox"/> ELE <input type="checkbox"/> NEW <input type="checkbox"/> EVE <input type="checkbox"/> WEB <u>100</u> # Attended <input type="checkbox"/> Other: _____	<input type="checkbox"/> Beautification Project Type: _____ <input type="checkbox"/> Capital Project Facility: _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> 501(c)3 Non-Profit _____ <input type="checkbox"/> Public School _____	<input checked="" type="checkbox"/> Board Member Reimbursement <input type="checkbox"/> Transfer to City Dept. <input type="checkbox"/> NC Joint Payment NC 1: _____ NC 2: _____

### CHECKLIST OF REQUIRED DOCUMENTS:

<input checked="" type="checkbox"/> Invoice # <u>865113</u>	<input type="checkbox"/> W-9 Form	<input type="checkbox"/> Business Tax Registration Certificate
<input checked="" type="checkbox"/> Artwork/Flyer	<input type="checkbox"/> Other _____	
For NPG's only: <input type="checkbox"/> NPG	<input type="checkbox"/> Official School Letter	<input type="checkbox"/> IRS Determination Letter
For Board Member Reimbursements only: <input checked="" type="checkbox"/> Original Receipts <input type="checkbox"/> Copy of Cancelled Check / Bank Statement		

Please complete the information below for the payee:

Make check payable to: DEBRA PERKINS

Remittance Address: 1616 LIGGETT STREET

NORTH HILLS

City

CA

State

91343-3040

Zip Code

### BOARD BENEFIT STATEMENT - Description and Purpose of Expenditure:

PAID FOR NC ELECTION SITE WHICH WAS HELD ON 03/01/2014 AT THE-SEPULVEDA UNITARIAN-UNIVERSALIST SOCIETY "THE ONION";THE BENEFIT WAS TO HAVE A NETURAL SITE TO HOLD NC ELECTION THRU OUR FIRST MAJOR WINTER STORM.

### BOARD APPROVAL

☒ Budget Line Item (provide date of budget approval and vote count)

#### DECLARATION

We, the authorized signatories of the Neighborhood Council listed above, under penalty of perjury, declare that a Brown Act noticed public meeting was held with a quorum of the board present and the expenditure detailed on this demand warrant was approved as an official action of the governing board. We further declare that: (1) the undersigned are authorized to make this request, (2) this funding request is exclusively intended for the Neighborhood Council named above, (3) all reasonable precautions shall be exercised by the undersigned to safeguard and account for use of the funds, and (4) the amount of the check requested will be deducted from the total available balance in my Neighborhood Council Funding Program account.

Date of Board Action: 02 / 20 / 14

Board Vote: 9 yes 0 no 0 abstentions

Treasurer and 2nd Signatory signatures are required.

Treasurer Signature: \_\_\_\_\_

Print Name: DEBRA PERKINS

Phone: 818-399-1514

2nd Signatory Signature: \_\_\_\_\_

Print Name: JOHN MCGOVERN

Phone: 818+426-1956

#### DEPARTMENT USE ONLY

Vendor Code \_\_\_\_\_

APPR Acct. # \_\_\_\_\_

Approval Signature \_\_\_\_\_

Date \_\_\_\_\_

revised 01/16/13

Approval Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Original with Feb 2014 MER (See Memo)

RAMON ALVAREZ  
Office Administrator  
(818) 894-9251

SEPULVEDA UNITARIAN UNIVERSALIST SOCIETY  
A Liberal Religious Organization  
Sunday Service 10:30 A.M.

9550 Haskell Ave.  
North Hills, CA 91343

SUUS

9550 Haskell Ave.  
North Hills, CA 91343

RECEIPT		DATE	No.
RECEIVED FROM <u>Debra Perkins</u>		<u>2/25/14</u>	<u>865117</u>
<u>For hundred seventy seven and 56/100</u>			<u>\$ 477.56</u>
FOR RENT <u>\$150 deposit + \$200 fee + \$127.56 SUUS Reg</u>			DOLLARS
ACCOUNT		<input checked="" type="radio"/> CASH	
PAYMENT	<u>477.56</u>	<input type="radio"/> CHECK	
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
FROM <u>March 1st 2014 usage</u>			
BY <u>[Signature]</u>			

\* Demand Warrant Request Rent.





"The Onion"

# SEPULVEDA UNITARIAN-UNIVERSALIST SOCIETY

9550 Haskell Avenue, North Hills, California 91343

Tel. No. (818) 894-9251 Fax No. (818) 891-2128

Web Page: [www.sepulvedaauu.org](http://www.sepulvedaauu.org) Email: [office@sepulvedaauu.org](mailto:office@sepulvedaauu.org)

Lee Marie Sanchez, Minister

Valerie Thornton, President

February 22, 2014

To the North Hills West Neighborhood Council,

Thank you for considering having your elections here at the Sepulveda UU Society.

I have attached the contract for the event and I have listed below a summary of the fees as well as some of the reminders for your information.

---

## FEES FOR THE USE OF THE FACILITIES

### Rental Fee:

\$ 150.00 Security Deposit – cash or check before the date of the event.

200.00 Usage Donation – cash or check before the date of the event.

127.50 ~~128.00~~ SUUS Representative Fee (\$15.00 x 8.5 hrs.)

*RA* \$477.50 Total

## NOTES AND REMINDERS

- please see the attached list of the rules and regulations of the church. Here are just some hi-lights:
1. The fee must be paid before the event. Checks can all be payable to SUUS.
  2. 10 Tables and 140 Chairs will be available.
  3. Please be informed that the place must be used only on the dates and times stated in the contract and this document.
  4. There is no smoking in the room.
  5. All visible trash must be thrown in the garbage cans.
  6. Any breach of contract or any damage to our facility may result in the forfeiture of your deposit.

If you have any questions please do not hesitate to call me at 818-894-9251 Monday-Friday from 8:30 AM to 12:00 PM. If you find everything in order, please sign the contact and this form.

Thank you.

Ramon Alvarez

Office Administrator, SUUS

If you understood the information stated above, please sign on the space provided.

Renter's Signature

02/25/2014

Date



**Neighborhood Council Funding Program  
FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014 Amount Requested: \$ 142.56  
NEIGHBORHOOD COUNCIL: North Hills West

**Please complete all of the following and answer questions A-D:**

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: Monthly) ☒ Yes ☐ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☒ Yes ☐ No

**Remittance:**

Payable to:

Parnters in Diversity, Inc

NW 6333 P.O. Box

Address:

Minneapolis

MN

55485-6333

City

State

Zip:

626-793-0020

Email Address

Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for Minute Taker-Janet M. Cormier at SGBM-August 2014; Operational Budget item approved within 2014-2015 Budget #100-Operations

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

**Board Action:**

☐ DENIED (date):

☒ Approved for: \$ 142.56

☐ Amended for: \$

NC Budget Category:

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

☐ Approved

☐ Denied

Authorization Code:

1st Lvl |date:

2nd Lvl |date:

Department Notes:

PAGE 1

CUST# 02-0134

DATE 07/07/14

INVOICE# 019028

NEIGHBORHOOD COUNCIL  
ATTN: ACCOUNTS PAYABLE  
NORTH HILLS WEST  
P.O. BOX 2091  
NORTH HILLS, CA 91343

TERMS: DUE UPON RECEIPT

WEEK END	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
07/06	CORMIER, JANET MARIE	6.00	23.76			142.56
	MINUTE TAKER					
		----- 6.00		----- .00		
						-----
					TOTAL DUE:	142.56

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.



Partners In Diversity, Inc.

 P.O. Box 654  
 South Pasadena, CA 91031  
 Pasadena Fax: (626) 793-0022

Your Name <u>Janet Cormier</u>		
Social Security # <u>336-66-8009</u>		
Client Name		
Address <u>924 Enter place Ave</u>	City <u>Tracy, CA</u>	Zip <u>90302</u>

## CUSTOMER AGREEMENT

THE UNDERSIGNED, BEING AN AUTHORIZED REPRESENTATIVE OF COMPANY, HEREBY CERTIFIES THAT THE ABOVE HOURS ARE CORRECT AND THAT THE WORK WAS PERFORMED TO COMPANY'S SATISFACTION. CUSTOMER AGREES THAT IT WILL NOT FIRE THIS EMPLOYEE ON A PERMANENT BASIS OR TRANSFER AND EMPLOYEE TO ITS PAYROLL FOR ANY REASON, WITHIN ONE YEAR FROM DATE OF REFERRAL, WITHOUT FIRST NOTIFYING PARTNERS IN DIVERSITY, INC. AND AT CUSTOMER'S OPTION (1) PAYING PARTNERS IN DIVERSITY, INC. A LIQUIDATION CHARGE, OR (2) CONTINUING TO PAY PARTNERS IN DIVERSITY, INC. A TEMPORARY FEE FOR A PERIOD OF 90 WORKING HOURS FROM DATE OF NOTIFICATION. THE TERMS AND CONDITIONS ON THE REVERSE HEREOF ARE A PART OF THIS AGREEMENT.

Approved Hours <u>4.0</u>	Overtime Hours <u>0</u>	Signature <u>[Signature]</u>
---------------------------	-------------------------	------------------------------

For Office Use Only

Vicinity <u>7/6</u>	Total Hours	OT Hours	OT Hours
---------------------	-------------	----------	----------

## TIME CARD - Report All Time to the Nearest 1/4 Hour - Multiple Copies Press Hard

Day	Date	Time Started	Time Finished	Less Lunch	Hours Worked
Mon.					
Tues.					
Wed.	7-02-2014	6	15	10	4.0
Thurs.	7-03-2014	12	2	2	2.0
Fri.					
Sat.					
Sun.					
Total Hours Worked for this Week					6.0

## EMPLOYEE STATEMENT:

Employee certifies no accident or injury was sustained while working on the assignment unless noted on this time card. Should legal recourse be taken by Partners In Diversity, Inc. to enforce this agreement or any part thereof, employee agrees and accepts that he/she shall be liable for all legal and all court costs. I understand and agree that any unemployment claim made by me may be challenged and disallowed. I do not contact Partners In Diversity, Inc. immediately upon completion of this agreement.

[Signature]  
 Employee Signature

## NOTICE TO EMPLOYEE

This time card slip must be filled in completely and accurately.

Partners In Diversity, Inc. recruits and hires qualified candidates without regard to race, religion, color, sex, sexual orientation, age, national origin, ancestry, citizenship, visa status, or disability status, or any factor prohibited by law, and its each affirms its 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.

GOLD - Mail back copy

WHITE - Client

Neighborhood Council Funding Program  
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 8/27/2014

Amount Requested: \$ 152.63

NEIGHBORHOOD COUNCIL:

North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council?

☒ Yes ☐ No

- If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: Monthly )

☒ Yes ☐ No

NC Committee? ☐ Yes ☒ No

C. Is this request a payment for services requiring a 1099?

☐ Yes ☒ No

Committee:

D. Is this a request for an out-of-state vendor?

☒ Yes ☐ No

Remittance:

Payable to:

Parnters in Diversity, Inc

NW 6333 P.O. Box

Address:

Minneapolis

MN

55485-6333

City

State

Zip:

626-793-0020

Email Address

Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for Minute Taker-David Levin at GBM-August 2014; Operational Budget item approved within 2014-2015 Budget #100-Operations

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

8-27-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date):

☒ Approved for: \$

☐ Amended for: \$

NC Budget Category:

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

☐ NPG

☐ CIP

☐ Contract

☐ Lease

☐ Sponsored Event

☐ > \$2,500

☐ Advanced Payment

☐ Approved

☐ Denied

Authorization Code:

1st Lvl | date:

2nd Lvl | date:

Department Notes:

PAGE 1

CUST# 02-0134

DATE 07/21/14

INVOICE# 019137

TERMS: DUE UPON RECEIPT

WEEK END	EMPLOYEE	HOURS	RATE	OT HOURS	OT RATE	TOTAL
07/20	LEVIN, DAVID L	6.25	24.42			152.63
	ADMIN.ASST/MEETING MIN.					
		-----		-----		
		6.25		.00		
						-----
					TOTAL DUE:	152.63

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

# PARTNERS IN DIVERSITY, INC.

Being duly authorized on behalf of the above Customer, the undersigned hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner; (2) confirms prior agreement between Partners in Diversity, Inc. and Customer, with respect to the services performed hereunder and any future services; that (a) Customer shall not entrust employees of Partners in Diversity, Inc. with unattended premises, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Partners in Diversity, Inc. in each instance. (b) Partners in Diversity, Inc. insurance does not cover loss of damage caused by Partners in Diversity, Inc. employees operating Customer's owned or leased motor vehicle(s), and Customer therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damages sustained or incurred as a result of Partners in Diversity, Inc. employees driving such vehicle(s), or arising out of negligent violation by customer in paragraph (2) (a) above; (c) Partners in Diversity, Inc. is not responsible for claims made under its insurance policies which are reported in writing by customer within thirty (30) days of occurrence; (d) Customer shall indemnify Partners in Diversity, Inc. from and against all claims, damages, costs and expenses, including attorney's fees, incurred by Partners in Diversity, Inc. in connection with the defense of or settlement of any such claim, damages, costs and expenses, including attorney's fees, which are reported in writing by customer within thirty (30) days of occurrence; (e) The Customer recognizes Partners in Diversity, Inc. employer-employee relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with Partners in Diversity, Inc.

Partners in Diversity, Inc. South Pasadena, CA 91031  
Pasadena Fax (626) 793-0022

Order # DAVID LE VIN

City # DAVID LE VIN

City ALHAMBRA Zip 91801

Job # 25 Over Time Hours 25

Job Hours 20-4 Total Hours 20 OT Hours 4 Bonus —

For On the Day

Job Title Partners in Diversity

EMPLOYEE SIGNATURE: [Signature]

DATE: 7-17-14

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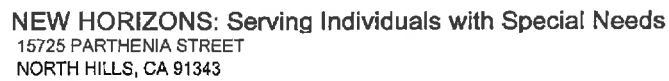
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DATE: 4-25



Number: IN000030060  
Page: 1  
Date: 6/5/2014

Attn: Debra Perkins

Attn: Debra Perkins

Reference - P.O. No.	Customer No.	Salesperson	Ship Via	Terms Code
	C0087	ES		N30

Description/Comments					Amount
Cafe Function RENTAL					180.00
<u>Due Date</u>	<u>Amount Due</u>	<u>Disc. Date</u>	<u>Disc. Amount</u>		
7/5/2014	180.00		0.00		

Comments: Event Date 5/22/2014

Remit To:

Subtotal before taxes	180.00
Total taxes	0.00
Total amount	180.00
Payment received	0.00
Discount taken	0.00
Amount due	180.00

# Invoice



Neighborhood Council Funding Program  
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 8/27/2014

Amount Requested: \$ 180

NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: Monthly ) ☒ Yes ☐ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No

Remittance:

Payable to: New Horizons  
15722 Parthenis Street  
Address:  
North Hills CA 91343  
City State Zip:  
818894-9301  
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for May 2014 Monthly GBM location; Invoice #30060; Operational Budget item approved within 2014-2015 Budget #100-Operations

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

8-27-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Signature

Date

John McGovern  
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date):

☒ Approved for: \$

☐ Amended for: \$

NC Budget Category:

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

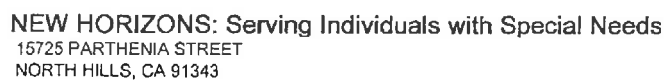
- ☐ Approved  
☐ Denied

Authorization Code:

1st Lvl | date:

2nd Lvl | date:

Department Notes:



Number: IN000030425  
Page: 1  
Date: 7/8/2014

Sold NORTH HILLS WEST NC  
To: Attn: Debra Perkins  
16116 Liggett St  
North Hills, CA 91343

Attn: Debra Perkins

Ship Attn: Debra Perkins  
To: 16116 Liggett St  
North Hills, CA 91343

Attn: Debra Perkins

Reference - P.O. No.	Customer No.	Salesperson	Ship Via	Terms Code
	C0087	ES		N30

Description/Comments				Amount
Cafe Function RENTAL				180.00
<u>Due Date</u>	<u>Amount Due</u>	<u>Disc. Date</u>	<u>Disc. Amount</u>	
8/7/2014	180.00		0.00	

Remit To:

Subtotal before taxes	180.00
Total taxes	0.00
Total amount	180.00
Payment received	0.00
Discount taken	0.00
Amount due	180.00

# Invoice

Neighborhood Council Funding Program  
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 8/27/2014 Amount Requested: \$ 180  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: Monthly) ☒ Yes ☐ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No

Remittance:

Payable to: New Horizons  
15722 Parthenis Street  
Address:  
North Hills CA 91343  
City State Zip:  
818894-9301  
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for June 2014 Monthly GBM location; Invoice #30425: Operational Budget item approved within 2014-2015 Budget #100-Operations

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

8-27-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Signature

Date

John McGovern  
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date):

☒ Approved for: \$

☐ Amended for: \$

NC Budget Category:

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code:

1st Lvl | date:

2nd Lvl | date:

Department Notes:

**NEW HORIZONS: Serving Individuals with Special Needs**15725 PARTHENIA STREET  
NORTH HILLS, CA 91343

Number:	IN000030922
Page:	1
Date:	7/31/2014

Sold NORTH HILLS WEST NC  
To: Attn: Debra Perkins  
16116 Liggett St  
North Hills, CA 91343

Attn: Debra Perkins

Ship Attn: Debra Perkins  
To: 16116 Liggett St  
North Hills, CA 91343

Attn: Debra Perkins

Reference - P.O. No.	Customer No.	Salesperson	Ship Via	Terms Code
EVENT DATE 7/17/14	C0087	ES		N30

				100	
Description/Comments					Amount
Sam's Cafe Main Banquet Hall					180.00
<u>Due Date</u>	<u>Amount Due</u>	<u>Disc. Date</u>	<u>Disc. Amount</u>		
8/30/2014	180.00		0.00		

Comments: Event date 7/17/14

Remit To:

Subtotal before taxes	180.00
Total taxes	0.00
Total amount	180.00
Payment received	0.00
Discount taken	0.00
Amount due	180.00

**Invoice**

**Neighborhood Council Funding Program  
FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014 Amount Requested: \$ 180  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: Monthly) ☒ Yes ☐ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No

**Remittance:**

Payable to: New Horizons  
15722 Parthenis Street  
Address:  
North Hills CA 91343  
City State Zip:  
818894-9301  
Email Address Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for July-2014 Monthly GBM location; Invoice #30922: Operational Budget item approved within 2014-2015 Budget #100-Operations

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

8-27-14  
Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Signature

8-27-14  
Date

John McGovern  
2nd Signer's Name

Signature

Date

**Board Action:**

☐ DENIED (date): \_\_\_\_\_  
☒ Approved for: \$ \_\_\_\_\_  
☐ Amended for: \$ \_\_\_\_\_  
NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:

**Neighborhood Council Funding Program**  
**FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014 Amount Requested: \$ 1200  
 NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
 B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_) ☐ Yes ☒ No NC Committee? ☐ Yes ☒ No  
 C. Is this request a payment for services requiring a 1099? ☒ Yes ☐ No Committee: \_\_\_\_\_  
 D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No \_\_\_\_\_

**Remittance:**

Payable to: Roy Alcidi  
15723 Chase Street  
 Address:  
North Hills CA 91343  
 City State Zip:  
 \_\_\_\_\_  
818-892-8899  
 Email Address Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for Website Development & Maintenance for six months (Nov 2013 thru Apr 2014) @ \$200.00 per month: Invoice #001: Operational Budget item approved within 2014-2015 Budget #200-Outreach

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

[Signature] 8-27-14  
 Requester's Signature Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins [Signature] 8-27-14  
 TREASURER'S Name Signature Date  
John McGovern \_\_\_\_\_  
 2nd Signer's Name Signature Date

Board Action:  
☐ DENIED (date): \_\_\_\_\_  
☒ Approved for: \$ \_\_\_\_\_  
☐ Amended for: \$ \_\_\_\_\_  
 NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:

INVOICE # 001  
DATE: 5/12/2014

**FOR:**  
Website Development and Maintenance

Make all checks payable to Roy Alcid

**THANK YOU FOR YOUR BUSINESS!**



**Neighborhood Council Funding Program  
FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014 Amount Requested: \$ 8.49  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_) ☐ Yes ☒ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No \_\_\_\_\_

**Remittance:**

Payable to: Nancy Xanderr  
16206 Community Court  
Address:  
North Hills CA 91343  
City State Zip:  
nxander.nhwno@gmail.com 818-895-0507  
Email Address Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for Donuts for GBM of 06-24-2014 ; Approved Budget item within 2014-2015 Budget #200-Outreach

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Signature

Date

John McGovern  
2nd Signer's Name

Signature

Date

**Board Action:**

☐ DENIED (date): \_\_\_\_\_

☒ Approved for: \$ \_\_\_\_\_

☐ Amended for: \$ \_\_\_\_\_

NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:

NANCY 3BM  
refreshments

YUM YUM DONUTS NANCY  
Store #9342  
1616 Nordhoff St. XANDER  
North Hills CA.  
(818)892-3511

DATE 06/25/2014 WED TIME 19:40

DZ DONUT T1 \$8.49  
=== TKOUT ===

SBTI \$8.49

TOTAL \$8.49

CASH \$20.00

CHANGE \$11.51

THANK YOU FOR ENJOYING FRESHEST

COFFEE & DONUT IN TOWN!!!

COMING SOON.

470412 000000

**Neighborhood Council Funding Program  
FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014

Amount Requested: \$ 44.15

NEIGHBORHOOD COUNCIL:

North Hills West

**Please complete all of the following and answer questions A-D:**

Name of Requester: Debra Perkins

A. Are you a board member of this Neighborhood Council?

☒ Yes

☐ No

- If "yes," is this request on behalf of a

B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_)

☐ Yes

☒ No

NC Committee? ☐ Yes ☒ No

C. Is this request a payment for services requiring a 1099?

☐ Yes

☒ No

Committee: \_\_\_\_\_

D. Is this a request for an out-of-state vendor?

☐ Yes

☒ No

**Remittance:**

Payable to:

Nancy Xanderr

16206 Community Court

Address:

North Hills

CA

91343

City

State

Zip:

nxander.nhwnc@gmail.com

Email Address

818-895-0507

Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for Zerox copies of By-Laws for SGBM of 07-02-2014 ; Approved Budget item within 2014-2015 Budget #200-Outreach

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature

Date

**NEIGHBORHOOD COUNCIL USE ONLY**

(Board Vote Count Form must accompany this form)

Debra Perkins

TREASURER'S Name

Signature

Date

John McGovern

2nd Signer's Name

Signature

Date

**Board Action:**

☐ DENIED (date): \_\_\_\_\_

☒ Approved for: \$ \_\_\_\_\_

☐ Amended for: \$ \_\_\_\_\_

NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

☐ NPG

☐ CIP

☐ Contract

☐ Lease

☐ Sponsored Event

☐ >\$2,500

☐ Advanced Payment

☐ Approved

☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:

**STAPLES**

Low prices. Every item. Every day.  
17020 CHATSWORTH ST  
GRANADE HILLS, CA 91344  
(818) 831-8095

SALE	1657667 4 005 3777	
	0480 07/02/14 07:20	
ITY SKU		PRICE
	REWARDS NUMBER 3064431962	
50 251-500 BW LTR STD		
736120	0.090ea	40.50
SUBTOTAL		40.50
Standard Tax 9.00%		3.65
TOTAL		\$44.15
cash		44.15

**TOTAL ITEMS 450**

Staples brand products.  
Guaranteed quality. Prices you'll love

THANK YOU FOR SHOPPING AT STAPLES !

Shop online at [www.staples.com](http://www.staples.com)

With our Back to School 110% Price Match Guarantee, we'll beat our competitors' prices all season long. Limited time only. Ask an associate for details or visit [staples.com/pricematch](http://staples.com/pricematch).

NANCY XANDER *36 copies of Billings*



Neighborhood Council Funding Program  
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 8/27/2014 Amount Requested: \$ 107.2  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_) ☐ Yes ☒ No NC Committee? ☐ Yes ☒ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee: \_\_\_\_\_  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No \_\_\_\_\_

Remittance:

Payable to: Dave Brown  
PO Box 7493  
Address:  
Van Nuys CA 91409  
City State Zip:  
dbrown.nhwnc@gmail.com 310-994-2566  
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for Kingston 8 GB Micro Flash Memory Card=20 @ \$4.92each= \$107.20 including tax; Approved Budget item within 2014-2015 Budget #100-Operations

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature [Signature]

Date 8-27-14

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

[Signature]  
Signature

8-27-14  
Date

John McGovern  
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): \_\_\_\_\_

☒ Approved for: \$ \_\_\_\_\_

☐ Amended for: \$ \_\_\_\_\_

NC Budget Category: \_\_\_\_\_

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ > \$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:



DJzKszTYN/-20 of 20-/sss-us/5022956 UPS-  
PHLPA

Your order of July 1, 2014 (Order ID 113-8922279-5669804)

Qty.	Item	Item Price	Total
20	Kingston 8 GB microSDHC Class 4 Flash Memory Card SDC4/8GBET Personal Computers (** 1-C-6 **) B00200K1TS 740617153699	\$4.92	\$98.40

Subtotal	\$98.40
Shipping & Handling	\$8.25
Promotional Certificate	\$-8.25
Tax Collected	\$8.80
Order Total	\$107.20
Paid via credit/debit	\$107.20
Balance due	\$0.00

This shipment completes your order.  
Have feedback on how we packaged your order? Tell us at [www.amazon.com/packaging](http://www.amazon.com/packaging).

amazon.com

[www.amazon.com/  
your-account](http://www.amazon.com/your-account)

For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more - 24 hours a day - at <http://www.amazon.com/your-account>.

### Returns Are Easy!

Most items can be refunded, exchanged, or replaced when returned in original and unopened condition. Visit <http://www.amazon.com/returns> to start your return, or <http://www.amazon.com/help> for more information on return policies.



Gift Cards  
Millions of items. No expiration.

[www.amazon.com/giftcards](http://www.amazon.com/giftcards)



Get Amazon Mobile  
Fast, easy and free access  
to shopping, order tracking  
and more.

[www.amazon.com/app](http://www.amazon.com/app)

8/DJzKszTYN/-20 of 20-/UPS-PHLPA/sss-us/5022956/0707-15:00/0706-08:07 Pack Type : A1



amazon.com

CHASE

P.O. BOX 15123  
WILMINGTON, DE  
19850-5123

AUTOPAY IS ON  
See Your Account  
Messages below  
for details.

Payment Due Date:

09/02/14

New Balance:

Minimum Payment:

Account number: 4388 5430 2998 7784

12665 BEX Z 21714 C

MR D BROWN  
PO BOX 7493  
VAN NUYS CA 91409-7493

\$ Amount Enclosed  
Make your check payable to: Chase Card Services



CARDMEMBER SERVICE  
PO BOX 94014  
PALATINE IL 60094-4014



Your order of July 1, 2014 (Order ID 113-8922279-5669804)

Qty.	Item	Item Price	Total
20	Kingston 8 GB microSDHC Class 4 Flash Memory Card SDC4/8GBET Personal Computers (** 1-C-6 **) B00200K1TS 740617153699	\$4.92	\$98.40

Subtotal	\$98.40
Shipping & Handling	\$8.25
Promotional Certificate	\$-8.25
Tax Collected	\$8.80
Order Total	\$107.20
Paid via credit/debit	\$107.20
Balance due	\$0.00

EACH MEMORY CARD (chip) is  
used to audio record a  
specific meeting. It is  
then used as a backup to  
the meeting minutes

This shipment completes your order.

Have feedback on how we packaged your order? Tell us at [www.amazon.com/packaging](http://www.amazon.com/packaging).

And Archived for future reference  
This is by far the most economical way to  
accomplish this task.

Thanks,  
DAVE

28/DJzKsytYN/-20 of 20-//UPS-PHLPA/sss-us/5022956/0707-15:00/0706-08:07 Pack Type : A1



## PURCHASES

07/08	AT&T*BILL PAYMENT 800-331-0500 TX	105.72
07/07	Amazon.com AMZN.COM/BILL WA	107.20
07/06	OPC CONV FEE NM WGT DIST 866-352-5002 AL	.37
07/06	NM DEPT OF REV WGT DIST 866-352-5002 NM	15.46
07/21	TIV*TIVO SERVICE 877-367-8486 CA	9.95





[See more choices](#)

## Kingston 8 GB microSDHC Class 4 Flash Memory Card SDC4/8GBET

~~\$10.69~~ **\$4.95** Add-on Item

Add it to a qualifying order within **4 hours** to get it by Thursday, May 1

FREE Shipping on orders over \$35

★★★★★ ☒ (4,082)

### Product Description

... SDC4/8GB Flash memory card ( microSDHC to SD adapter included ) - 8 ...

**Neighborhood Council Funding Program**  
**FUNDING REQUEST FORM**



*Complete this form to request funding*

REQUEST DATE: 8/27/2014 Amount Requested: \$ 235.75  
 NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
 B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No  
 C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
 D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Outreach \_\_\_\_\_

**Remittance:**

Payable to: Dave Brown  
PO Box 7493  
 Address:  
Van Nuys CA 91409  
 City State Zip:  
dbrown.nhwnc@gmail.com 310-994-2566  
 Email Address Contact Phone number

**Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):**

Payment for Water for National Night Out at the Los Angeles Police Divisions of Mission Hills & Devonshire divisions including tax= \$5.75 + \$230.00=\$235.75; Approved Budget item within 2014-2015 Budget #200-Outreach

**DECLARATION**

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Requester's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NEIGHBORHOOD COUNCIL USE ONLY**  
 (Board Vote Count Form must accompany this form)

Debra Perkins \_\_\_\_\_  
 TREASURER'S Name Signature Date  
John McGovern \_\_\_\_\_  
 2nd Signer's Name Signature Date

**Board Action:**  
☐ DENIED (date): \_\_\_\_\_  
☒ Approved for: \$ \_\_\_\_\_  
☐ Amended for: \$ \_\_\_\_\_  
 NC Budget Category: \_\_\_\_\_

**DEPARTMENT USE ONLY**

**AUTHORIZATION CATEGORY:**

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:



Welcome To Our Granada Hills Store \*  
Store # 460  
\*\*\*\*\*  
See Us On The WEB WWW.smartandfinal.com  
Client: Melissa

TE 08/03/14 TIME 09:07:48

Crystal Geyser 4.00 F  
Was \$4.99 / YOU SAVED -> \$.99  
+CRV 1.75

SUBTOTAL 5.75  
SALES TAX .00  
TOTAL 5.75

CAS- TENDER 5.75  
CAS- CHANGE .00

TOTAL NUMBER OF ITEMS THIS VISIT--> 1

9:08:05 DPA 8020115 08/03/14  
am:6 Trans # 65 Store # 460

THANK YOU FOR SHOPPING  
YOUR GRANADA HILLS SMART&FINAL  
STORE MANAGER: ERIC OERUM  
1 (318) 892-3338



\* Welcome To Our Granada Hills Store \*

Store # 46C

\*\*\*\*\*

See Us On The WEB [www.smartfinal.com](http://www.smartfinal.com)

Cashier: Melissa

DATE 08/03/14

TIME 08:07:04

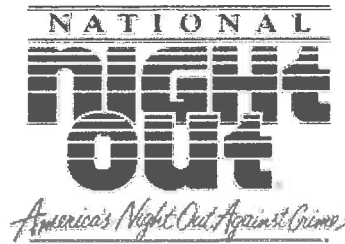
40 @ 4.00  
Crystal Geyser 160.00 F  
Was \$190.00 YOU SAVED --> \$30.00  
40 @ 1.75  
+ORV 70.00  
SUBTOTAL 230.00  
SALES TAX .00  
TOTAL 230.00

CAS- TENDER 230.00  
CAS- CHANGE .00

TAL NUMBER OF ITEMS THIS VISIT--> 40

07:03 JPE 8020115 08/03/14  
mm:6 Trans # 64 Store # 46C

THANK YOU FOR SHOPPING  
YOUR GRANADA HILLS SMART&FINAL  
STORE MANAGER: ERIC OERUM  
1 (818) 892-3338



## Mission Division Night Out Against Crime & Drugs

**Tuesday, August 5, 2014**

**5:00pm to 8:00pm**

**At Brand Park in Mission Hills 91345**

**Off of Sepulveda on Brand Blvd between Columbus Ave & Arleta Ave.**



**Come and join your Neighborhood Watch group, your Neighborhood Council, your Senior Lead Officer, Mission's Community Police Advisory Board members and meet the Captains.**

**It's a huge Block Party with fun for everyone! FREE to the public!**



**Free Food, Entertainment with a DJ, Face Painting, LA Kings puck-shoot, youth groups performing & raffle prizes for kids and adults. And lots of prevention material against crime and drugs.**

**Bring the kids, the family and your neighbors...**

**Bobby Arias our dedicated DJ from Communities in Schools**

**There will be some tables and chairs but feel free to bring picnic blankets.**

**Sorry No Pets within the event area!!!**



CD7



Felipe Fuentes

CD6



Nury Martinez



All Valley Party Rental  
10241 Woodley Ave., North Hills, CA 91343 (818) 891-3676

**Gene Paleno & Steve Zip**



**"Signal"**



**Penny Lane: Eric Ingebrigtsen**

**The Truth About Drugs**

**The Truth About Gangs**

**= K-9: SGT**



Presented by:  
LOS ANGELES POLICE DEPARTMENT  
DEVONSHIRE DIVISION

**When:** Tuesday, August 5th  
6:00pm-10:30pm

**Where:** Northridge Park  
18300 Lemarsh Street  
Northridge, CA

**Who:** Everyone

**Why:** National Night Out is a national effort between law enforcement and local communities to promote community unity and a partnership in fighting crime.

Please come join us for this fun and informative event. We look forward to sharing some good food, crime prevention information and Neighborhood Watch Programs. Also included is a movie night (The Lego Movie) provided by Councilman Mitchell Englander. So please come out to meet your Devonshire community and the Senior Lead Officers! Hope to see you there!

**Featured Festivities:**

- Bicycle Safety Q & A
- Bounce Houses
- Community Safety Information
- Free Movie Night for the kids
- Start-up Neighborhood Watch Programs
- Static Display of Police Vehicles

Sponsored By:



For more Information, Contact Sr. Lead Officers  
John Parker (36560@lapd.lacity.org) or Kate Luna (35589@lapd.lacity.org)  
(818) 363-1726





Neighborhood Council Funding Program  
FUNDING REQUEST FORM



Complete this form to request funding

REQUEST DATE: 8/29/2014 Amount Requested: \$ 556.8  
NEIGHBORHOOD COUNCIL: North Hills West

Please complete all of the following and answer questions A-D:

Name of Requester: Debra Perkins

- A. Are you a board member of this Neighborhood Council? ☒ Yes ☐ No - If "yes," is this request on behalf of a  
B. Is this a request for recurring payment? (if "yes" Term: \_\_\_\_\_) ☐ Yes ☒ No NC Committee? ☒ Yes ☐ No  
C. Is this request a payment for services requiring a 1099? ☐ Yes ☒ No Committee:  
D. Is this a request for an out-of-state vendor? ☐ Yes ☒ No Outreach

Remittance:

Payable to: A Throne Company, Inc  
1850 East 33rd Street  
Address:  
Long Beach, CA 90807  
City State Zip:  
562-981-1197  
Email Address Contact Phone number

Notes and / or Public Benefit Statement (Describe how these funds will benefit the this neighborhood):

Payment for PR's with Sink=3;Waste disposals=4;Prep Pump=4; ADA Compliant Portable Restroom=1;Delivery & Pick-up charges:  
Total of all combine charges=\$556.80 Approved Budget item within 2014-2015 Budget #200-Outreach-Community BBQ held on 09-06-2014

DECLARATION

I, the Requester, understand that I am requesting public funds from the Neighborhood Council and that such funds are restricted under the guidelines set forth by the Department of Neighborhood Empowerment. I declare that this funding request does not pose any potential conflict of interest for any Board Member and will provide any documentation requested by the Department to authorize payment or review the appropriateness of the request.

Debra Perkins  
Requester's Signature

8-29-14  
Date

NEIGHBORHOOD COUNCIL USE ONLY

(Board Vote Count Form must accompany this form)

Debra Perkins  
TREASURER'S Name

Debra Perkins  
Signature

8-29-14  
Date

John McGovern  
2nd Signer's Name

Signature

Date

Board Action:

☐ DENIED (date): \_\_\_\_\_  
☒ Approved for: \$ \_\_\_\_\_  
☐ Amended for: \$ \_\_\_\_\_  
NC Budget Category: \_\_\_\_\_

DEPARTMENT USE ONLY

AUTHORIZATION CATEGORY:

- ☐ NPG ☐ CIP ☐ Contract  
☐ Lease ☐ Sponsored Event  
☐ >\$2,500 ☐ Advanced Payment

- ☐ Approved  
☐ Denied

Authorization Code: \_\_\_\_\_

1st Lvl | date: \_\_\_\_\_

2nd Lvl | date: \_\_\_\_\_

Department Notes:

**A THRONE CO., INC.**

1850 E 33RD ST  
LONG BEACH, CA 90807

Ph: 562-981-1197 Fax: 562-426-9896



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DESCRIPTION	RATE	QTY	TAX%	TAX	AMOUNT
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*Thank You!*

Statement as of 8/29/2014	Future: 556.80	Current: 0.00	30 Day: 0.00	60 Day: 0.00	90 Day: 0.00	Total Due: 556.80
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Please detach here and return the bottom portion with your payment.

Div:A Cust #: NORTHILLS Site #:58352 Invoice #: 435605

**From** NORTH HILLS WEST NEIGHBORHOOD  
COUNCIL  
PO BOX 2091  
NORTH HILLS, CA 91393

Invoice #	435605
Total Pre-Tax	541.50
Total Tax	15.30
Invoice Total	556.80
Paid Amt	0.00
Adjustment Amt	0.00
Balance	556.80

**To** A THRONE CO., INC.  
1850 E 33RD ST  
LONG BEACH, CA 90807

SERVICE IS PROVIDED AT THE OPTION OF THE LESSEE/All invoices more than 30 days old are charged a late fee of 1.5 % per month or 18% per year.

**A THRONE CO., INC.**

1850 E 33RD ST  
LONG BEACH, CA 90807

Ph: 562-981-1197 Fax: 562-426-9896

**Invoice**

Billing Address
NORTH HILLS WEST NEIGHBORHOOD COUNCIL PO BOX 2091 NORTH HILLS, CA 91393

Service Address
VALLEY PARK CHURCH 16514 NORDHOFF ST NORTH HILLS, CA 91343

Phone: (213) 494-4605

Fax: 0

Cust #	Site #	Date	Clerk	Terms	P.O.#	Invoice #	Page
NORTHILLS	58352	9/5/2014	MS	CC		435605	Page 1 / 2

DESCRIPTION	RATE	QTY	TAX%	TAX	AMOUNT
9/5/2014 PR'S with SINK	10.00	3			30.00
9/5/2014 DELIVERY & PICKUP CHARGE	30.00	3	9.0	8.10	98.10
9/5/2014 WASTE DISPOSAL	1.00	3			3.00
9/5/2014 PREP & PUMP	91.70	3			275.10
9/5/2014 ADA COMPLIANT PORTABLE RESTROOM	30.00	1	9.0	2.70	32.70
9/5/2014 DELIVERY & PICKUP CHARGE	50.00	1	9.0	4.50	54.50
9/5/2014 WASTE DISPOSAL	1.00	1			1.00
9/5/2014 PREP & PUMP	62.40	1			62.40
Total					556.80
Total Tax					15.30

SERVICE IS PROVIDED AT THE OPTION OF THE LESSEE



# STATEMENT OF ACCOUNTS

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

Page 1 of 2  
Statement Number: 0063214399  
08/01/14 - 08/29/14

**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](http://unionbank.com)

Thank you for banking with us  
since 2014

**NORTH HILLS WEST NEIGHBORHOOD COUNCIL**  
**200 N SPRING ST FL 20**  
**LOS ANGELES CA 90012-4801**

- Merchant Services has a variety of payment solutions to help manage your payment processing needs. Get up to \$300 in rebates and credits when you apply and are approved for a new Merchant Services account by 9/30/14. Stop by a branch office or see [unionbank.com/merchantrebate](http://unionbank.com/merchantrebate) for details.

## Business Basics Checking Summary

Account Number: 0063214399

Days in statement period: 29

Balance on 8/1	\$	3,523.80
Additions		803.70
Subtractions		-3,495.08
Payments		-3,495.08
Balance on 8/29	\$	832.42

Statement Average Ledger Balance 3,279.62

Your monthly service charge of \$5.00 per month is currently waived for the next 1 month(s). Upon expiration at the end of 09/2014, your monthly service charge will be \$5.00.

You can continue to enjoy a waived monthly service charge after expiration by meeting any one of the following account requirements:

- An average monthly balance of \$3,000
- An average combined balance of \$5,000

## Additions

Date	Description/Location	Reference	Amount
8/19	CITY OF LOS ANGE EFT PAYMT PPD *****0735	53294995 \$	803.70

## Payments online and electronic banking

Date	Description/Location	Reference	Amount
8/7	Debra Perkins BILL PYMT 140807 NHWNC	62193569 \$	327.50 ✓
8/27	Partner in Diver BILL PYMT 140827 02-0134	62390944	142.56 ✓
8/27	Partner in Diver BILL PYMT 140827 02-0134	62395623	152.63 ✓
8/27	New Horizons BILL PYMT 140827 CC0087	62399456	180.00 ✓
8/27	New Horizons BILL PYMT 140827 CC0087	62397000	180.00 ✓
8/27	New Horizons BILL PYMT 140827 CC0087	62391226	180.00 ✓
8/27	New Horizons BILL PYMT 140827 CC0087	62390291	180.00 ✓
8/27	Roy Alcid BILL PYMT 140827 INVOICE 00	62399174	1,200.00 ✓
8/27	Nancy Xander BILL PYMT 140827 YUM YUM DO	62397034	8.49 ✓
8/27	Nancy Xander BILL PYMT 140827 YUM YUM DO	62391881	44.15 ✓
8/27	Dave Brown BILL PYMT 140827 AMAZONORDE	62391386	107.20 ✓
8/27	Dave Brown BILL PYMT 140827 AMAZONORDE	62399651	235.75 ✓

**Payments** *online and electronic banking*

<i>Date</i>	<i>Description/Location</i>	<i>Reference</i>	<i>Amount</i>
8/29	A Throne Co. In BILL PYMT 140829 NORTHHILLS	62418612	556.80
<b>Total</b>			<b>\$ 3,495.08</b>

**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.



## ACCOUNT DETAIL

Account Activity	Search
Business Basics-4399	Download Account Detail
<b>Available Balance</b>	<b>\$4,000.00</b>
Ledger Balance as of 02/27/2015	\$4,000.00

Select Period	7 to 9 Months Ago	Show by	Date	Save this view
Date	Transactions	Category	Withdrawal	Deposit
08/29/2014	A Throne Co. InBILL PYMT 140829NORTHILLS 0106 Memo : Invoice #435605	Electronic debits	-\$556.80	
08/27/2014	Nancy Xander BILL PYMT 140827YUM YUM DO 0104 Memo : Yum Yum Donuts	Electronic debits	-\$8.49	
08/27/2014	Nancy Xander BILL PYMT 140827YUM YUM DO 0104 Memo : Staples	Electronic debits	-\$44.15	
08/27/2014	Dave Brown BILL PYMT 140827AMAZONORDE 0105 Memo : 4 Flash Memory Card	Electronic debits	-\$107.20	
08/27/2014	Partner in DiverBILL PYMT 14082702-0134 0101 Memo : Invoice #019028	Electronic debits	-\$142.56	
08/27/2014	Partner in DiverBILL PYMT 14082702-0134 0101 Memo : Invoice #019137	Electronic debits	-\$152.63	
08/27/2014	New Horizons BILL PYMT 140827CC0087 0102 Memo : Invoice #30425	Electronic debits	-\$180.00	
08/27/2014	New Horizons BILL PYMT 140827CC0087 0102 Memo : Invoice #30922	Electronic debits	-\$180.00	
08/27/2014	New Horizons BILL PYMT 140827CC0087 0102 Memo : Invoice #29793	Electronic debits	-\$180.00	
08/27/2014	New Horizons BILL PYMT 140827CC0087 0102 Memo : Invoice #30060	Electronic debits	-\$180.00	
08/27/2014	Dave Brown BILL PYMT 140827AMAZONORDE 0105 Memo : National Night Out- Water	Electronic debits	-\$235.75	
08/27/2014	Roy Alcid BILL PYMT 140827INVOICE 00 0103 Memo : Invoice #001	Electronic debits	-\$1,200.00	
08/19/2014	CITY OF LOS ANGE EFT PAYMT PPD *****0735	Electronic Credits		\$803.70
08/07/2014	Debra Perkins BILL PYMT 140807NHWNC 0281 Memo : NHWNC-REIM-022514	Electronic debits	-\$327.50	
07/22/2014	PARTNERS IN DIVEBILL PYMT 140722NHWNC 0254 Memo : 018687	Electronic debits	-\$61.05	
07/22/2014	PARTNERS IN DIVEBILL PYMT 140722NHWNC 0254 Memo : 018886	Electronic debits	-\$152.63	
07/15/2014	PARTNERS IN DIVEBILL PYMT 140715NHWNC 0228 Memo : 018688	Electronic debits	-\$262.52	
07/08/2014	CITY OF LOS ANGE EFT PAYMT PPD	Electronic Credits		\$4,000.00

Showing 1 - 18 of 18 transactions

Tip: To nickname your accounts, go to Account Services.