

Monthly Expenditure Report



Reporting Month: February 2018

Budget Fiscal Year: 2017-2018

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$27948.42	\$1700.08	\$26248.34	\$2340.88	\$0.00	\$23907.46

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$36360.00	\$482.24	\$22748.34	\$963.38	\$20407.46
Outreach		\$1217.84		\$1377.50	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3500.00	\$0.00	\$3500.00	\$0.00	\$3500.00
Neighborhood Purpose Grants	\$4750.00	\$0.00	\$0.00	\$0.00	\$0.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$16661.58	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	GOODWAY PRINT & COPY	02/08/2018	(Credit card transaction)	General Operations Expenditure	Office	\$69.53
2	ULINE SHIP SUPPLIES	02/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$137.93
3	STEVES BIGGER SUBS	02/13/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$150.25
4	SOS SURVIVAL PRODUCT	02/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$827.16
5	Lloyd Staffing	01/31/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$152.95
6	AT&T Messaging	02/12/2018	Approve up to \$200 to pay AT&T for SONC V...	General Operations Expenditure	Office	\$15.26
7	Lloyd Staffing	02/12/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$109.25
8	The Web Corner, inc.	02/12/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50

9	Lloyd Staffing	02/13/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$65.55
10	Ron Ziff	02/13/2018	Motion to approve a board member reimbursement of ...	General Operations Expenditure	Office	\$69.70
Subtotal:						\$1700.08

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	JCS Catering Company	01/10/2018	Approve up to \$750 to pay JCS Catering at CBS...	General Operations Expenditure	Outreach	\$325.00
2	Lloyd Staffing	02/22/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
3	Sherman Oaks Chamber of Commerce	02/22/2018	Approve up to \$950 for up to two pole banners...	General Operations Expenditure	Outreach	\$950.00
4	LAUSD - Civic Center Permit Office	03/02/2018	Approve up to \$1,020 to pay Los Angeles Unifi...	General Operations Expenditure	Office	\$657.48
5	Lloyd Staffing	03/02/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$218.50
6	The Web Corner, inc.	03/02/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
Subtotal: Outstanding						\$2340.88



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649

EMAIL: goodway@goodwayprintcopy.com

No. **40486**

Date 2/7/2018

Customer P.O. No.

SHERMAN OAKS
 NEIGHBORHOOD COUNCIL/Tom
 Capps
 P.O. Box 5721
 Sherman Oaks Ca 91413

Jolie Salter
 (818) 699-2922

QUANTITY	DESCRIPTION	AMOUNT
25	Minutes, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 25 Copy Machine Stapling	10.25
50	agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 2 sheets, copied on 2 sides 50 Copy Machine Stapling	20.50
25	treas report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 7 sheets, copied on 2 sides 25 Copy Machine Stapling	32.75

XtraExport
Goodway Print & Copy
 15121 Ventura Blvd.
 Sherman Oaks, CA 91403
 Phone: (818) 783-5172
 Fax: (818) 783-8649
www.goodwayprintcopy.com

Transaction : Sale
 Date : 2/7/2018
 Time : 5:57:25 PM(EST)
 Invoice # : 40486
 Customer # : 3
 PO / Order # : na
 Card Type : Master Card
 Card Number : XXXXXXXXXXXXX8480
 Entry Method : Keyed
 Total Amount : 69.53
 Authorization : Approved - 071383

Ref Note:
 Signature

Pay Every Invoice
 Taken by:
 Account Type: Charge Account
 PLEASE PAY FROM THIS INVOICE.

THANK YOU!

SUBTOTAL	63.50
TAX	6.03
SHIPPING	
TOTAL	69.53
AMOUNT DUE	69.53



4533 Sepulveda Blvd.
Sherman Oaks, CA 91403
Phone: 818-728-6954
Fax: 818-728-4214

Store Hours
Monday - Friday 9am-7pm
Saturday 10am-7pm
Sunday Closed
www.biggersubs.com

Check 12050

Owner: Steve	Guests 0
FRI 2/09/18	12:20pm
=====	
3 18" Platter Subs	128.97
1 Service Charge	10.00
=====	
Sub/Ttl	138.97
Tax	11.28
Total	150.25
=====	
CASH	150.25

Order Number 0
We Deliver All Day
with a \$20.00 Minimum Order
1-150021

STEVES BIGGER SUBS

4533 SEPULVEDA BLVD
SHERMAN OAKS, CA 91403
8187286954

Cashier: ESTEBAN L XOCHITLA

Transaction **116173**

Total **\$150.25**
CREDIT CARD AUTH **\$150.25**
MASTERCARD 8480

Tip _____
Total _____

Retain this copy for statement
validation

12-Feb-2018 4:28:11P
\$150.25 | Method: KEYED
MASTERCARD
XXXXXXXXXXXX8480
Ref #: 804400583891
Auth #: 050591
MID: *****8882
AthNtwkNm: MASTERCARD
SIGNATURE VERIFIED

Online: <https://clover.com/p/A6YYJDNEEWP78>



SOS SURVIVAL PRODUCTS

15705 Strathern St #11 • Van Nuys, CA 91406
Phone: 800 479-7998 • Fax: 818 909-0360
www.sosproducts.com

INVOICE

819044



Invoice Date: 02/20/2018
Customer #: 2399
Open ID: R9-009214
Terms: PAID
PO: PHONE ORDER

BILL TO

SHERMAN OAKS NC
THOMAS CAPPS
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

SHIP TO

SHERMAN OAKS NC
KRISTIN SALES
200 N SPRING ST
Los Angeles, CA 90012
U.S.A.

BILL TO: (818)-503-2399 | tom.capps.sonc@gmail.com

SHIP TO: (818)-503-2399 | KRISTIN.SALES.SONC@GMAIL.COM

#	SKU	DESCRIPTION	QTY	PRICE	EXT	TAX
1	21206	Leather Palm Gloves, LG	60	1.66	99.60	Y
2	21217	Safety Goggles ANSI Z87.1	60	1.15	69.00	Y
3	22380A	Safety Vest Vinyl LIME	60	0.75	45.00	Y
4	54045	Flashlight	60 EACH	1.29	77.40	Y
5	54255	Battery D 2pk	60	0.90	54.00	Y
6	20864	Dust Mask EACH	60	0.09	5.40	Y
7	22410	Whistle w/Lanyard METAL	60	0.75	45.00	Y
8	CERT27	CERT Hard Hat GREEN	60	6.00	360.00	Y

WILL CALL

Credit Card Payment Summary

Trans: 1872903678 | Auth: 006432 | Card: XX8480

#	SKU	DESCRIPTION	QTY	PRICE	EXT	TAX
SUBTOTALS:			480		755.40	

Freight

SALESPERSON: LILIANA

Tax	71.76
Deposit	0.00
TOTAL	827.16
MC	827.16
TOTAL	827.16

I agree to pay the above amount according to the card issuer agreement (merchant agreement if credit voucher)

SIGNATURE _____



INVOICE

You may pay by ACH/wire to:
Sterling National Bank
Routing # - 026007773
Account # - 3852541548

Please remit payment to:
LLoyd Staffing
445 Broadhollow Road, Suite 119
Melville, NY 11747
Billing inquiries:
631-370-7433

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
SHERMAN OAKS NEIGHBORHOOD COUNCIL
P.O. BOX 5721
SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/14/2018	401677	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/08/18-01/14/18	EXASST	Salter, Jolie A		7.00	21.85	\$152.95
				PAY THIS AMOUNT >	TOTAL	\$152.95

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

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

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

Public Benefit Description: Approve up to \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked during Fiscal Year 2017-2018

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials: _____ 1st Level: _____ 2nd Level: _____ Authorization Code: _____



AT&T MESSAGING
 PO BOX 480010
 CHARLOTTE, NC 28269-5300

CUSTOMER NUMBER

8607823

INVOICE DATE

02/01/2018

Page 1 of 1

Bill-To Customer:

 SHERMAN OAKS NC 455
 PO BOX 5721 T3 P1
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	02/01/2018 02/28/2018	02/28/2018	\$15.26	\$15.26	\$0.00	\$15.26	\$15.26

Payments - Thank You	01/30/2018	\$15.26		
Description of Current Charges & Credits	Qty	Unit Price	Ext. Price	
UM Standard-Discourt Rate	February service	1	\$14.00	\$14.00
8185032399				
City Utility Users Tax				\$1.26

CUSTOMER NUMBER	
8607823	
INVOICE NUMBER	
7348555	
DUE DATE	AMOUNT PAID
02/28/2018	

Please detach & enclose with payment



SHERMAN OAKS NC
 PO BOX 5721
 SHERMAN OAKS, CA 91413-5721

REMIT TO:

AT&T MESSAGING
 PO BOX 840486
 DALLAS, TX 75284-0486

01001 8607823000000000001526

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8F

Requestor: Tom Capps Treasurer
 Vendor: A.T.&T.
 Address: _____
 City: _____ State: CA
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$200.00
 # of payments

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

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

Public Benefit
Description

Approve up to \$200 to pay AT&T for SONC Voice Mail messaging service during Fiscal Year 2017-2018

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>10</u>		<u>1</u>		<u>3</u>	

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



INVOICE

You may pay by ACH/wire to:
Sterling National Bank
Routing # - 026007773
Account # - 3852541548

Please remit payment to:
Lloyd Staffing
445 Broadhollow Road, Suite 119
Melville, NY 11747
Billing inquiries:
631-370-7433

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
SHERMAN OAKS NEIGHBORHOOD COUNCIL
P.O. BOX 5721
SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
01/28/2018	401872	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/22/18-01/28/18	EXASST Salter, Jolie A			5.00	21.85	\$109.25
				PAY THIS AMOUNT >	TOTAL	\$109.25

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

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

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

Public Benefit Description: Approve up to \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked during Fiscal Year 2017-2018

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____

Invoice

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

Date	Invoice #	Due Date
2/1/2018	16123	2/1/2018

Bill To
Sherman Oaks NC Tom Capps PO Box 5721 Sherman Oaks, CA 91413

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Monthly Maintenance: includes up to 1 hour for; phone support, web development, requests, & website adjustments	99.00	99.00
1	Email accounts (2 included) Total 3 for shermanoaksnc.org	3.50	3.50

Please remit payment at your earliest convenience. Thank you for your business!	Total	\$102.50
	Payments/Credits	\$0.00
	Balance Due	\$102.50

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017
 Agenda Item: Item 8E

Requestor: Tom Capps Treasurer
 Vendor: The Web Corner
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$1,400.00
 # of payments

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

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

Public Benefit Description

Approve up to \$1,400 to pay The Web Corner for SONC website hosting and maintenance and one extra SONC domain email during Fiscal Year 2017-2018

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
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Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	✓				X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business	✓		X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: 11	Grand Total (including page 2):	16		1		3	

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Print/Type name: Tom Capps	Print/Type name: Jeff Harsough
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



Please remit payment to:
 LLoyd Staffing
 445 Broadhollow Road, Suite 119
 Melville, NY 11747
 Billing inquiries:
 631-370-7433

INVOICE

You may pay by ACH/wire to:
 Sterling National Bank
 Routing # - 026007773
 Account # - 3852541548

Credit cards accepted:



BILL TO: Attention of: Tom Capps,
 SHERMAN OAKS NEIGHBORHOOD COUNCIL
 P.O. BOX 5721
 SHERMAN OAKS, CA 91413

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:		
02/04/2018	402002	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
01/29/18-02/04/18	EXASST	Salter, Jolie A		3.00	21.85	\$65.55
PAY THIS AMOUNT >					TOTAL	\$65.55

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

Department of Neighborhood Empowerment Funding Request Form



NC NAME: Sherman Oaks
 Budget Fiscal Year: 2017-18
 Request Date: 10-Jul-17
 Meeting Date: 7/10/2017

Requestor: Tom Capps Treasurer
 Vendor: Lloyd's Staffing
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Amount: \$ Up to \$4,500.00
 # of payments

Agenda Item: Item 8J

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

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

Public Benefit Description: Approve up to \$4,500 to pay Lloyd's Staffing for SONC Administrative Assistant hours worked during Fiscal Year 2017-2018

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

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

Board Member Name	Board Position	Yes	No	Abstain	*Recused	Absent	Ineligible
Babian, Avo	Area 5 Business	✓					
Banks Barad, Jill	Area 6 Residential	✓					
Baronian, Levon	Area 1 Business	✓					
Binkow, Michael	Area 7 Residential	✓					
Capps, Tom	Area 2 Residential	✓					
Harsough, Jeff	Area 2 Community Interest	✓					
Kalban, Jeff	Area 7 Community Interest	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest					X	
Menard, Melissa	Area 6 Community Interest	✓					
Morozov, Rafael	Area 3 Business	✓					
Petrus, Lisa	Area 4 Residential	✓					
Revord, Sherri	Area 5 Community Interest	✓					
Roden, Neal	Area 7 Business			X			
Sales, Kristin	Area 1 Community Interest	✓					
Lawrence, Tish	Area 2 Business					X	
Steinberg, Sue	Area 4 Business					X	
Ziff, Ron	Area 6 Business	✓					
NC Quorum: <u>11</u>	Grand Total (including page 2):	<u>16</u>		<u>1</u>		<u>3</u>	

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

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

Treasurer's Signature: <u>Tom Capps</u>	Signer's Signature: <u>Jeff Harsough</u>
Print/Type name: <u>Tom Capps</u>	Print/Type name: <u>Jeff Harsough</u>
Date (mm/dd/yy): <u>7.10.17</u>	Date (mm/dd/yy): <u>07-10-2017</u>
Department Use Only <input type="checkbox"/> Contract <input type="checkbox"/> CIP <input type="checkbox"/> Advanced Payment <input type="checkbox"/> Approved <input type="checkbox"/> >\$2,500 <input type="checkbox"/> NPG <input type="checkbox"/> Sponsored Event <input type="checkbox"/> Denied	Staff Initials _____ 1st Level _____ 2nd Level _____ Authorization Code _____



Tom Capps <tom.capps.sonc@gmail.com>

Receipt for keys made for new office

Tom Capps <tom.capps.sonc@gmail.com>

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

On Tue, Jan 9, 2018 at 4:47 PM, <rziff@shermanoaksnc.org> wrote:

Tom-

The receipt I sent you a copy is for keys to the new CD4 office. There are 2 keys to a set (Exterior building doors and office door) I had 4 sets made. 1 set each for myself, Jeff Hartsough, Jolie Salter, and you. The keys were for a special lock and cost \$4 each.

There will also be a need for keys to the garage gate lock to be able to get into the garage after 6pm & on weekends. I don't know the cost. The key given to staff by the landlord is no good and doesn't work.

-Ron

-----Original Message-----

From: "Tom Capps" <tom.capps.sonc@gmail.com>

Sent: Tuesday, January 9, 2018 6:56pm

To: "Ron Ziff" <rziff@shermanoaksnc.org>

Subject: Re: Receipt for keys made for new office

?? was this for copies of keys? Or something else?
How many sets?

On Tue, Jan 9, 2018 at 3:27 PM, <rziff@shermanoaksnc.org> wrote:



EXPO LOCKSMITH

Follow

14445 MOORPARK ST
5632 van nuys blvd unit 126
91401, sherman oaks ca
SHERMAN OAKS, CA 91423
8187475678

\$48.35
Custom Item

- Subtotal \$48.35
 - Tax \$0.00

\$48 35
Date January 09, 2018
1:12 PM
VISA CREDIT



3579

Payment ID: Y2C3Z30VK04NE Cashier: yochi

[Show Details](#)



46891

CUSTOMER'S ORDER NO.		DATE	
		01-18-18	
NAME			
ADDRESS			
EXPO LOCKSMITH			
CITY, STATE, ZIP			
14445 Moorpark st 818-747-5678			
SOLD BY	CASH/COD/DEBIT	MDSE	PAID OUT
Sherman Oaks, CA 91423		RETD	
QUAN.	DESCRIPTION	AMOUNT	
1			
2	3 DND copies	21.00	
3	SINC office		
4	KEYS		
5			
6			
7			
8			
9			
10			
11			
12		35	
		21.35	
RECEIVED BY			

paid by VISA

KEEP THIS SLIP FOR REFERENCE
IC3705

