

# Monthly Expenditure Report (Regenerated)



Reporting Month: June 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
\$10344.58	\$10340.41	\$4.17	\$0.00	\$0.00	\$4.17

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31207.00	\$861.36	\$551.17	\$0.00	\$551.17
Outreach		\$5729.05		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Neighborhood Purpose Grants	\$13403.00	\$3750.00	\$-547.00	\$0.00	\$-547.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$34265.42	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	HOMEDEPOT.COM	06/11/2018	(Credit card transaction)	General Operations Expenditure	Office	\$225.13
2	LA PUBLIC LIBRARY	06/14/2018	(Credit card transaction)	General Operations Expenditure	Office	\$216.00
3	GOODWAY PRINT & COPY	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$48.78
4	GOTPRINT.COM	06/01/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$156.29
5	COPY HUB LLC	06/01/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$122.64
6	ANYPROMO INC	06/08/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$684.37
7	SUBWAY 03018934	06/11/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00
8	BEST BUBBLE PARTIES	06/14/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$275.00

9	ANYPROMO INC	06/15/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$485.98
10	ANYPROMO INC	06/15/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$218.13
11	ACTION EVENTS LA	06/15/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$280.00
12	ANYPROMO INC	06/16/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$345.24
13	COPY HUB LLC	06/16/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$156.00
14	DRI PRINTING SERVICES	06/18/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$80.23
15	ANYPROMO INC	06/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$176.30
16	ANYPROMO INC	06/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$269.14
17	ANYPROMO INC	06/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$270.58
18	RALPHS # 0222	06/20/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$46.65
19	Los Angeles Parks Foundation	05/15/2018	A motion to approve a neighborhood purposes grant ...	Neighborhood Purpose Grants		\$1750.00
20	Millikan Middle School - LAUSD	05/22/2018	A motion to approve a neighborhood purposes grant ...	Neighborhood Purpose Grants		\$2000.00
21	Lloyds Staffing	05/31/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$87.40
22	The Web Corner, inc.	05/31/2018	Approve up to \$1,400 to pay The Web Corner fo...	General Operations Expenditure	Outreach	\$102.50
23	Lloyds Staffing	06/01/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$240.35
24	Lloyds Staffing	06/01/2018	Approve up to \$4,500 to pay Lloyd's Sta...	General Operations Expenditure	Office	\$43.70
25	Pro Outdoor Movies, INC	06/01/2018	A motion to approve up to \$4,000 for the annu...	General Operations Expenditure	Outreach	\$1300.00
26	City Of Los Angeles - Dept. Of Recreation and Parks	06/05/2018	A motion to approve up to \$4,000 for the annu...	General Operations Expenditure	Outreach	\$616.00
<b>Subtotal:</b>						<b>\$10340.41</b>

**Outstanding Expenditures**

#	Vendor	Date	Description	Budget Category	Sub-category	Total
	<b>Subtotal: Outstanding</b>					<b>\$0.00</b>



To See Inventory  
Choose A Store

Store Finder Truck & Tool

What can we help you find today?

All Departments Shop by Room DIY Projects & Ideas Home Services Specials & Offers Local Ad

FREE IN-STORE PICKUP Over one million online items eligible >

Home / Track Your Order / Online Orders

## Online Orders

# Order# W830372193

[View Receipt](#) | [Start a Return](#)

Delivery

**Expect it on June 14**

Thomas Capps  
14930 Ventura Blvd. [View Tracking Details](#)



Edsal 72 in. H x 48 in. W x 24 in. D 5-Shelf Steel Commercial Shelvi...

Qty: 2  
\$79.97/item

\$159.94

[Buy Again](#)

[Info & Guides](#)

Subtotal	\$159.94
Shipping	\$50.00
Sales Tax	\$15.19

**Total** **\$225<sup>13</sup>**

Payment Card



\*\*\*\* \* 8480

**LOS ANGELES PUBLIC LIBRARY**

630 W. Fifth Street  
Los Angeles, CA 90071

Tel: (213) 228-7467 Fax: (213) 228-7449

**AUTHORIZATION TO CHARGE CREDIT CARD**

**TO:** Library Business Office

**FROM:** Tom Capps

**NAME OF EVENT** SONC PLUM MTG **LOCATION / BRANCH** Sherman Oaks

**EVENT DATE:** June 21 2018 **TIME:** 6PM - 10 PM

**IN ORDER FOR US TO HANDLE YOUR REQUEST, WE NEED THE FOLLOWING INFORMATION FROM YOUR VISA OR MASTERCARD CHARGE CARD:**

**CARD TYPE** Mastercard

LA PUBLIC LIBRARY  
630 W FIFTH ST 4TH FL  
LOS ANGELES, CA 90071  
06/14/2018  
MID: XXXXXXXXXXXX37  
09:07:36  
TID: XXXX778  
CREDIT CARD  
NC SALE

Card # Token XXXXXXXXXXXX6180  
SEQ #: 1  
Batch #: 127  
INVOICE 008516  
Approval Code: Manual  
Entry Method: Online  
Mode: \$0.00  
Tax Amount: YYY  
Cust Code: M  
Ays Code:  
Card Code:  
**SALE AMOUNT \$216.00**

I agree to pay above total amount  
according to card issuer agreement.  
(Merchant agreement, if Credit Voucher)

X

MERCHANT COPY

4  
# on back of card)

**AMOUNT TO BE CHARGED** 216.00

**CARDHOLDER'S NAME** Thomas Capps

**AUTHORIZED SIGNATURE** Thomas Capps

Digitally signed by Thomas Capps  
DN: cn=Thomas Capps, o=Sherman Oaks Neighborhood Council, ou=emer-tom.capps.sono@gmail.com, c=US  
Date: 2018.05.15 11:58:34 -0700

**DATE** \_\_\_\_\_

Permit #  
51 06 2118 = Security fees

**Goodway Print & Copy**

15121 Ventura Blvd.

Sherman Oaks, CA 91403

Phone: (818) 783-5172

Fax: (818) 783-8649

www.goodwayprintcopy.com

**Transaction :** Sale

**Date :** 6/18/2018

**Time :** 8:05:22 PM(EST)

**Invoice # :** 41203

**Customer # :** 3

**PO / Order # :** na

**Card Type :** Master Card

**Card Number :** XXXXXXXXXXXX8480

**Entry Method :** Keyed

**Total Amount :** 48.78

**Authorization :** Approved - 081415

**Ref Note:**

**Signature**

X \_\_\_\_\_

**I Agree to pay the above amount  
according to the card issuer agreement**

**Thank You !**



# INVOICE LF

15121 Ventura Boulevard  
 Sherman Oaks, California 91403

VOICE: (818) 783-5172 • FAX: (818) 783-8649  
 EMAIL: [goodway@goodwayprintcopy.com](mailto:goodway@goodwayprintcopy.com)

No. **41203**

Date **6/18/2018**

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, 3 sheets, copied on 2 sides 25 Copy Machine Stapling	14.75
40	Agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 2 sides	7.20
40	Agenda re-order (06/11), 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, copied on 2 sides	7.20
20	REF: 2018 SONC Treasure Report, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 4 sheets, copied on 2 sides 20 Copy Machine Stapling	15.40

Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.  THANK YOU!	Ship Via:	SUBTOTAL	44.55
		TAX	4.23
		SHIPPING	
		TOTAL	48.78
		AMOUNT DUE	48.78

## Order Details

Order Number: US-GP-100-22946230

### Postcards

Color	Full Color Front, No Back
Size	4" x 6" Horizontal (Standard)
Paper	14 pt. Gloss Coated Cover (C2S) with High Gloss UV
Production Time	Rush
Quantity	2,500
Instant Online Proof	\$0.00
High Gloss UV Coating Front	\$0.00

<b>Product Price</b>	<b>\$110.04</b>
Subtotal	\$110.04
Shipping and Handling	\$32.69
Tax	\$13.56 (9.50%)

**Total (Unpaid) \$156.29**

### Billing

Ending in \*\*\*\*8480

### Billing Address

First Name Tom  
 Last Name Capps  
 Company Sherman Oaks NC  
 Phone 8186017971  
 Fax  
 Street Address 200 N Spring Street  
 Apt/Unit  
 City Los Angeles  
 State CA  
 Zip Code 90012  
 Country US  
 Email tcapps@shermanoaksnc.org

### Shipping

Shipping Method Next Day AM  
 Shipping Style Normal (included)

### Shipping Address

First Name Jeffrey  
 Last Name Hartsough  
 Company Sherman Oaks Neighborhood Council  
 Phone 3106149804  
 Fax  
 Street Address 15642 ROYAL RIDGE RD  
 Apt/Unit  
 City SHERMAN OAKS  
 State CA  
 Zip Code 91403  
 Country US

### GotPrint.com

**Burbank Airport Center:**  
**7651 N. San Fernando Rd.**  
**Burbank, CA 91505**

# Invoice

## COPYHUB

13270 Moorpark Street  
Sherman Oaks, CA 91423  
818-784-9999

To:  
Sherman Oaks Neighborhood Council

May 31, 2018

	Description	Price per	Total
300	Color copies "Basic Car SLO Map" "One pager"	.29¢	87.00
500	Copies "NW Handout"	.05¢	25.00
COPY HUB LLC 13270 MOORPARK ST SHERMAN OAKS, CA. 91423 818-784-9999			
<b>SALE</b>			
<b>Subtotal</b>			<b>\$112.00</b>
<b>Tax</b>			<b>\$10.64</b>
<b>Total Due</b>			<b>\$122.64</b>

REF#: 00000003

Batch #: 200

06/01/18

10:00:04

APPR CODE: 066154

Trace: 3

MASTERCARD

\*\*\*\*\*8480

Chip

\*\*\*

**THANK YOU FOR YOUR BUSINESS!**

**AMOUNT \$122.64**

**APPROVED**

MASTERCARD

AID: A0000000041010

TVR: 04 00 08 80 00

TS: E8 00

06/07/2018

Review OK

Virtual Proof Confirmed

Paid

ESD(06/14/2018)

EDD(06/21/2018)

TRK#: 1Z69R6E00327710106

Shipped(06/14/2018)

**Order Details**

**Virtual Proof**

**Shipping Address**

SHERMAN OAKS NEIGHBORHOOD COUNCIL  
Tom Capps  
14930 VENTURA BLVD. SUITE 210  
SHERMAN OAKS, CA 91403

**Billing Information**

MasterCard \*8480

**Billing Address**

Thomas Capps  
200 N Spring Street  
LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
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Large Non-Woven Reflective Hit Sports Pack Item #:654187



Color: Yellow  
5-Day Service  
Est. Ship Date (06/14 - 06/15)  
Est. Delivery Date (06/21 - 06/22)  
Need no later than (ASAP)  
*\* excludes weekends & holidays*

**Totals**

QTY	Item	Price	Total
<b>Product Options:</b>			
300	#654187	\$1.77	\$531.00
<b>Front, Screen Print:</b>			
300	Run	\$0.00	
1	Setup - repeat order PO 1324438A	\$25.00	\$25.00
			Subtotal: \$556.00
			Shipping: \$79.15
			CA Sales Tax: \$49.22
			<b>TOTAL: \$684.37</b>

Order Total: **\$684.37**

6/11/18  
BOARD MEETING  
Refreshments

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# SUBWAY

Subway#1893-0 Phone 818-784-9804  
15053 Ventura Blvd  
Sherman Oaks, CA, 91403  
Served by: padmini 6/11/2018 4:45:11 pm  
Term ID-Trans# 1/A-184472

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Tuna GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Roast Beef GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Turkey GSsect	0.00

Sub Total 144.00  
 Total (Take Out) 144.00  
 Credit Card 144.00  
 Change 0.00

Approval No: 051809  
 Reference No: 816223407304  
 Card Issuer: Mastercard  
 Account No: \*\*\*\*\*8480  
 Acquired: Manual  
 Amount: \$144.00  
 Date/Time: 6/11/2018 4:45:10 PM

Signature:

X \_\_\_\_\_  
 I agree to pay above total amount  
 according to the Card Issuer Agreement.

CUSTOMER COPY

Host Order ID: 623-389-3807703

Thanks for visiting Subway. Please let us know how we did today by taking our 1 minute survey at [www.tellsubway.com](http://www.tellsubway.com)



Best Bubble Parties / Best Bubble Learning  
 13654 Victory Blvd #545  
 Van Nuys, CA 91401

(818) 350-2825  
 info@bestbubbleparties.com

Bill to:  
 Tom Capps  
 200 N Spring St.  
 Los Angeles, CA 90012

Party Location (if different):  
 Tom Capps  
 14201 Huston St.  
 Sherman Oaks, CA 91423

## INVOICE / CONTRACT

**Account Number** 14206  
**Invoice Number** 142067538  
**Issue Date** 6/14/2018  
**Due Date** On or before day of event

Date	Service	QTY	Price	Total
6/30/2018	Outdoor Only Bubble Play - 2 hours <b>Hands-on bubble play.</b> Everyone gets to make their own amazing bubbles! (no going inside of bubbles or other specialty bubble tricks in our show that require zero airflow) 6/30/2018 6:15 PM	1 Each	319.00/Each	319.00

Sub-Total:	\$319.00
VIP Discount	-44.00
<b>Total:</b>	<b>\$275.00</b>
6/14/2018: Credit Card Payment Completed (40762334829):	-275.00
Total Payments:	\$275.00
Balance Due:	\$0.00

**\*\*\*\*Important\*\*\*\***

All balances due on the day of your event are due in cash, company check (payable to "Best Bubble Parties"), credit card, or PayPal. For credit card charges, just let your bubblist know you'd like to charge the card on file or give them a new card for the balance.

For PayPal, you can pay right on your phone by going to [paypal.me/bubblefun](https://paypal.me/bubblefun)

Please note that our performers are on a very specific schedule. Please make sure the start time works for you. If it is possible for us to stay longer at your request, additional time is billed at \$30/15 minutes.

\*\*Parking must be provided. Please reimburse your performer directly for any parking payments. Thank you.

[Rain & Refund Policy](#)

Please note that you may take all the still photographs you want, but video recording indoor bubble show is not allowed until the 'Grand Finale.'

You MAY video record kids going in bubbles and/or outdoor bubble play.

Thank you for your cooperation and have an awesome time!

Gratuities for your performers are never required, but always appreciated!



AnyPromo Inc.  
 1511 E Holt Blvd  
 Ontario, California 91761  
 Tel: 877-368-5678

## Order Confirmation

Order#: SA1952020  
 SO Date: 06/13/2018  
 Customer#: 250547  
 Status: Preview Approved

06/13/2018

Review OK

Virtual Proof Confirmed

Paid

Sent To Production

### Order Details

### Virtual Proof

#### Shipping Address

SONC  
 Jeffrey Hartsough  
 15624 ROYAL RIDGE RD  
 SHERMAN OAKS, CA 91403

#### Billing Information

MasterCard \*8480

#### Billing Address

Thomas Capps  
 200 N Spring Street  
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 9 3/4" Flyer With Pouch Item #: 685269 Color: Green Assemble Option: No	300	<b>\$430.00</b>	\$21.03 UPS/FedEx Ground	\$34.95	<a href="#">Details</a>
<b>Order Total: \$485.98</b>					



AnyPromo Inc.  
 1511 E Holt Blvd  
 Ontario, California 91761  
 Tel: 877-368-5678

### Order Confirmation

Order#: SA1952014  
 SO Date: 06/13/2018  
 Customer#: 250547  
 Status: Preview Approved

06/13/2018

Review OK

Virtual Proof Confirmed

Paid

ESD(06/15/2018)

EDD(06/22/2018)

TRK#:1Z3465740341667707

Shipped(06/15/2018)

#### Order Details

#### Virtual Proof

#### Shipping Address

SONC  
 Jeffrey Hartsough  
 15624 ROYAL RIDGE RD  
 SHERMAN OAKS, CA 91403

#### Billing Information

MasterCard \*8480

#### Billing Address

Thomas Capps  
 200 N Spring Street  
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 <p>16" Beach Ball            Item #: 666012            Color:            Yellow/White/Blue/Red/Green</p>	150	<b>\$182.50</b>	\$19.94 UPS/FedEx Ground	\$15.69	<a href="#">Details</a>
<b>Order Total: \$218.13</b>					



**Order Confirmation**

Order#: SA1953430  
 SO Date: 06/14/2018  
 Customer#: 250547  
 Status: Preview Approved

06/14/2018    Review OK    Virtual Proof Confirmed    Paid    ESD(06/20/2018)  
 EDD(06/27/2018)

**Order Details**

**Virtual Proof**

**Shipping Address**

Tom Capps  
 14930 Ventura Boulevard  
 Suite 210  
 LOS ANGELES, CA 91403

**Billing Information**

MasterCard \*8480

**Billing Address**

Thomas Capps  
 200 N Spring Street  
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 <p>Carabiner Flashlight            Item #: 736050            Color: Blue</p>	150	<b>\$306.00</b>	\$14.41 UPS/FedEx Ground	\$24.83	<a href="#">Details</a>
<b>Order Total: \$345.24</b>					

# 93 -  
SONG SUMMER SERIES  
MOVIE IN THE PARK  
20 X 30 4C  
POSTERS MOUNTED  
FOAM CORE

COPY HUB LLC  
13270 MOORPARK ST  
SHERMAN OAKS, CA. 91423  
818-784-9999

5-20X30

SALE

POSTERS  
MOVIE

REF#: 00000006

Batch #: 213  
06/16/18 13:09:47  
APPR CODE: 061592  
Trace: 6  
MASTERCARD Chip  
\*\*\*\*\*8480 \*\*/\*\*

AMOUNT \$156.00

APPROVED

MASTERCARD  
AID: A0000000041010  
TVR: 04 00 08 80 00  
TSI: E8 00

THANK YOU

CUSTOMER COPY

COPYHUB  
SHERMAN OAKS  
THANK YOU

06/16/2018 12:32PM 01  
000000#1772 RAY

2850 @ \$0.05  
DEPT-01 T1 \$142.50  
MDSE ST \$142.50  
TAX1 \$13.54

ITEMS 2850Q  
CASH \$156.04

**Date Created:** 06-18-2018  
**Invoice Date:** 06-21-2018  
**P.O. No.:**  
**Terms:**

**Bill To:**  
Tom Capps

Product Details	Shipping Method & Destination	Quantity	Price
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Item # 7047298 (SONC_STICKERS)  Category: Stickers Size: 2" x 2.75" Paper: 4 mil. White Vinyl High Gloss (UV) Printed Side: Front Only Quantity: 1,000 Die-Cutting: None Turnaround: 4 Business Days	1 Day Transit  Tom Capps Sherman Oaks Neighborhood Council 14930 Ventura Blvd. 201 Sherman Oaks, CA 91403 US  Estimated Delivery Date: Friday, June 22 Tax: \$6.96 (9.50%) Shipping & Handling: \$12.86	1000	\$60.41
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PAID

**Comments**

<b>Subtotal</b>	<b>\$60.41</b>
<b>Discount</b>	<b>\$0.00</b>
<b>Shipping &amp; Handling</b>	<b>\$12.86</b>
<b>Sales Tax Applied</b>	<b>\$6.96</b>
	<b>\$80.23</b>
<b>Balance Due</b>	<b>\$0.00</b>



AnyPromo Inc.  
1511 E Holt Blvd  
Ontario, California 91761  
Tel: [877-368-5678](tel:877-368-5678)

## Order Confirmation

Order#: SA1958530  
SO Date: 06/18/2018  
Customer#: 250547  
Status: Preview Approved

Order Details

Virtual Proof

### Shipping Address

SONC  
Jeffrey Hartough  
15624 ROYAL RIDGE RD  
SHERMAN OAKS, CA 91403

### Billing Information

MasterCard \*8480

### Billing Address

Thomas Cappe  
200 N Spring Street  
LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
Rectangle Magnet 3 x 5 Item #:728635 Color: White 5-Day Service Est. Ship Date (06/26 - 06/27) Est. Delivery Date (07/02 - 07/03) Need no later than (ASAP) * excludes weekends & holidays					
<b>Totals</b>					
	<b>QTY</b>	<b>Item</b>	<b>Price</b>		<b>Total</b>
<b>Product Options:</b>					
	250	0.02 Thickness	\$0.65		\$162.50
<b>Front, 4 Color Process:</b>					
	1	Setup	\$0.00		
	250	Run	\$0.00		\$0.00
				Subtotal:	\$162.50
				Shipping:	\$14.12
				CA Sales Tax:	\$12.68
				<b>TOTAL:</b>	<b>\$189.30</b>
				<b>-\$13.00 Coupon Code Savings</b>	
					<b>Order Total: \$176.30</b>

**Customer Order Notes** Credit Card must be charged by or before Weds. 6/20/2018

Order Details

Virtual Proof

Shipping Address

SONC  
Jeffrey Martough  
15624 ROYAL RIDGE RD  
SHERMAN OAKS, CA 91403

Billing Information

MemberCard \*5480  
**Billing Address**  
Thomas Cappe  
200 N Spring Street  
LOS ANGELES, CA 90012

Rectangular Snip

Item	Quantity	Product Price	Shipping Cost	Tax	Action
3 1/4" x 7 1/2" - White Vinyl Decal - Stock shape Item #:649841					
Color: White 10-Day Service Est. Ship Date (07/03 - 07/05) Est. Delivery Date (07/10 - 07/11) Need no later than (ASAP) * excludes weekends & holidays					
					
<b>Totals</b>					
QTY	Item	Price		Total	
<b>Product Options:</b>					
250	#649841	\$0.80		\$200.00	
<b>Front, 4 Color Process:</b>					
1	Setup	\$50.00			
250	Run	\$0.00		\$50.00	
				Subtotal:	\$250.00
				Shipping:	\$15.78
				CA Sales Tax:	\$19.36
				<b>TOTAL:</b>	<b>\$285.14</b>
<b>-\$16.00 Coupon Code Savings</b>					
Order Total: <b>\$269.14</b>					

Order Details

Virtual Proof

Shipping Address

SONC  
Jeffrey Hartough  
15824 ROYAL RIDGE RD  
SHERMAN OAKS, CA 91403

Billing Information

MasterCard \*5480

Billing Address

Thomas Cappe  
200 N Spring Street  
LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
<b>3" x 11 1/2" - White Vinyl Decal - Stock shape Item #:649842</b>					
Color: White					
10-Day Service					
Est. Ship Date (07/03 - 07/05)					
Est. Delivery Date (07/10 - 07/11)					
Need no later than (ASAP)					
* excludes weekends & holidays					
					
<b>Totals</b>					
<b>QTY</b>	<b>Item</b>	<b>Price</b>		<b>Total</b>	
<b>Product Options:</b>					
250	#649842	\$0.80		\$200.00	
<b>Front, 4 Color Process:</b>					
1	Setup	\$50.00			
250	Run	\$0.00		\$50.00	
				Subtotal:	\$250.00
				Shipping:	\$17.12
				CA Sales Tax:	\$19.46
				<b>TOTAL:</b>	<b>\$286.58</b>
					<b>-\$16.00 Coupon Code Savings</b>
					<b>Order Total: \$270.58</b>

**Customer Order Notes** Credit Card must be charged by or before 08/20/18.

#99 6/20/18  
 Refreshment Supplies  
 & BOTTLE WATER  
 FOR BOARD  
 MEETING



14049 Ventura Blvd.  
 (747) 233-6100  
 Your cashier was ROYCE

	KRO PPR NFKN	3.79	T
	RA WATER 32/16.9Z	3.99	F
	CA REDEM VAL	1.60	F
1 @ 2/3.00			
	KRO CUTLERY	1.50	T
	RA WATER 32/16.9Z	3.99	F
	CA REDEM VAL	1.60	F
1 @ 2/3.00			
	KRO CUTLERY	1.50	T
	KRO PAPER PLATE	9.99	T
	DIXIE PLATES	3.49	T
	TABLE COVER	1.99	T
	TABLE COVER	1.99	T
	TABLE COVER	1.99	T
	TABLE COVER	1.99	T
	TABLE COVER	1.99	T
	TABLE COVER	1.99	T
2 @ 0.10			
MR	BAG FEE	NP	0.20
	RALPHS rewards CUSTOMER	*****6147	
	TAX		3.06
	**** BALANCE		46.65

Sherman Oaks CA 91423  
 MASTERCARD Purchase  
 \*\*\*\*\*8480 - C  
 REF#: 090339 TOTAL: 46.65  
 AID: A000000041010  
 TC: EB5F77007DAE0B2D  
 VERIFIED BY PIN  
 MASTERCARD 46.65  
 CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 15  
 06/20/18 02:15pm 222 5 139 107  
 JUNE FUEL POINTS  
 REDEEM 100PTS TO SAVE .10 PER GAL.

**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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: Sherman Oaks NC

**SECTION I - APPLICANT INFORMATION**

1a) Los Angeles Parks Foundation    26-2358338    CA    8/12/08  
*Organization Name*                      *Federal I.D. # (EIN#)*    *State of Incorporation*                      *Date of 501(c)(3) Status (if applicable)*

1b) 2650 N Commonwealth Ave    Los Angeles                      CA    90027  
*Organization Mailing Address*                      *City*                      *State*                      *Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**  
Emily Williams / 310-472-1990 / emily@laparksfoundation.org  
*Name*                      *Phone*                      *Email*

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

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.**

The grant will be used to provide a more welcoming atmosphere for Seniors attending Sherman Oaks East Valley Adult Center for activities, as well as for the SO Community/general public, who participate in a variety of community meetings/permit groups held there. It is imperative to replace the card tables, as they are on the verge of collapse. Therefore, providing a safe(r) space for all using the center. Bulletin boards & other supplies will provide more beautification of the variety of flyers, to publicly display both center and community activities; 9V batteries will be used for the 4 wireless microphones for Karaoke/Days/Nights (2x/wk and 1X/mth at night).

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)**

As stated above, the requested items are all needed to benefit the public at large, by providing beautification of the center, and a safe(r) space, for all to use. Therefore, the grant would support the community, by the enhancement of improvements to the center, used by the community for a variety of activities/meetings/community events, etc..

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a)	Personnel Related Expenses	Requested of NC	Total Projected Cost
	N/A	\$N/A	\$N/A
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	20 CARD TABLES AND BULLETIN BOARDS	\$1707.70	\$1707.70
	OFFICE SUPPLIES (PAPER; BINDERS; COMPUTER INK; PAPER ROLL; SHEET PROTECTERS)	\$307.97	\$ 307.97
	9V BATTERIES 24 PK	\$32.99	\$ 32.99

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: \_\_\_\_\_

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: ~~\$ 2369.75 (inc. tax)~~ **\$1,750.00**

10a) Start date: 05/10/18 10b) Date Funds Required: 5/10/18 10c) Expected Completion Date: 6/1/18  
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?  
 No  Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?  
 Yes  No \*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

**SECTION V - DECLARATION AND SIGNATURE**

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED\*

Judith Kieffer Exec. Director Judith Kieffer 4-23-18  
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED\*

Emily Whicams Project Manager emwhicams 4/23/18  
 PRINT Name Title Signature Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or [clerk.ncfunding@lacity.org](mailto:clerk.ncfunding@lacity.org) for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **AUG 12 2008**

LOS ANGELES PARKS FOUNDATION  
C/O ERIC CHO  
LATHAM & WATKINS LLP  
633 W 5TH ST STE 4000  
LOS ANGELES, CA 90071

Employer Identification Number:  
26-2358338  
DLN:  
17053155039018  
Contact Person:  
WINNIE W LEE ID# 31208  
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 26, 2008  
Contribution Deductibility:  
Yes  
Advance Ruling Ending Date:  
December 31, 2012  
Addendum Applies:  
No

Dear Applicant:

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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

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.

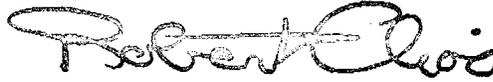
Letter 1045 (DO/CG)

-2-

LOS ANGELES PARKS FOUNDATION

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

Sincerely,

A handwritten signature in cursive script that reads "Robert Choi". The signature is written in dark ink and is positioned above the typed name and title.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC  
Statute Extension

Letter 1045 (DO/CG)

Part X Public Charity Status (Continued)

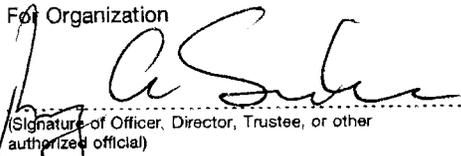
- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization



Barry A. Sanders

(Type or print name of signer)

Chairman, President, Director

(Type or print title or authority of signer)

MAY 23 2008

(Date)

For IRS Use Only



IRS Director, Exempt Organizations

AUG 12 2008

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.  Yes  No

This is a gift [Learn more](#)  
Delete Save for later

SOERAC - pg. 2

10 B



**Office Impressions Economy D-Ring Vinyl View Binder with Two Inside Pockets (80743)** by Office Impressions

\$7.99

2

Only 3 left in stock - order soon.  
Shipped from: GTN OFFICE BASICS  
Gift options not available. [Learn more](#)  
Delete Save for later



**Hammermill Paper Tidal Multipurpose, 20lb, 92 Bright, 8.5 x 11, Letter, 5,000 Sheets /Carton. Made In The USA** by Hammermill

\$51.32

1

In Stock  
Shipped from: Shoplet  
Gift options not available. [Learn more](#)  
Delete Save for later



**Astrobrights Color Paper, 8.5\"/>**

\$9.99

6

In Stock  
Eligible for FREE Shipping  
 This is a gift [Learn more](#)  
Delete Save for later



**950XL/951XL COMBO PACK Black/Cyan/Magenta/Yellow, 4-pack** by CompColor

\$142.50

2

In Stock  
Shipped from: DeluxeDeals  
Gift options not available. [Learn more](#)  
Delete Save for later

\*



**Enclosed Bulletin Board - Cork - Aluminum Frame - 48\"/>**

\$250.00

1

by Global Industrial  
In Stock  
Shipped from: IndustrialSupplies  
Gift options not available. [Learn more](#)  
Delete Save for later

*This doesn't say locking, although looks like has place for keys?*

*(This is more expensive than other ones)*

*I put both so you could see both*



**VIZ-PRO Cork Notice Board, 48 X 36 Inches, Silver Aluminium Frame** by VIZ-PRO

\$49.99

4

In Stock  
Ships in Certified Frustration-Free Packaging  
Eligible for FREE Shipping  
 This is a gift [Learn more](#)  
Delete Save for later

**Subtotal (44 items): \$2,191.16**

The price and availability of items at Amazon.com are subject to change. The Cart is a temporary place to store a list of your items and reflects each item's most recent price. [Learn more](#)  
Do you have a gift card or promotional code? We'll ask you to enter your claim code when it's time to pay.

Try Prime

All

Departments

Your Pickup Location

Browsing History

EN

Hello, Katie

Account & Lists

Orders

Try Prime

44

Cart



Katie, your cart is eligible for **No interest if paid in full within 12 months** with the **Amazon.com Store Card** on any purchase totaling \$599 or more.

Apply now

Part of your order qualifies for **FREE Shipping**. Choose this option at checkout. See details

**Subtotal (44 items): \$2,191.16**

This order contains a gift

Proceed to checkout

or

Sign in to turn on 1-Click ordering.

### Shopping Cart

Price

Quantity



**Displays2go 48 x 36 Inches Enclosed Bulletin Board for Wall Mount with 2 Locking Swing-Open Doors (BBSWNG43SV)** by Displays2go

In Stock

Shipped from: DisplayShops

Gift options not available. [Learn more](#)

Delete Save for later

\$210.00

1

*★ This one says locking (see next pg. for other)*



**Pacon PAC57015 Fadeless Paper Roll, 48" x 50', White** by Pacon

In Stock

Shipped from: AJ Stationers

Gift options not available. [Learn more](#)

Delete Save for later

\$20.25

1



**SH & SON Clear Sheet Protectors - Letter Size (100 Pack)** by SH & SON

In Stock

Eligible for FREE Shipping

This is a gift [Learn more](#)

Delete Save for later

\$8.99

2



**Flash Furniture 34" Square Granite White Plastic Folding Table** by Flash Furniture

In Stock

Eligible for FREE Shipping

This is a gift [Learn more](#)

Delete Save for later

\$49.09

20



**Energizer Max Alkaline 9 Volt, 24 Pack + Free Storage Clam Shell** by Energizer

In Stock

Eligible for FREE Shipping

This is a gift [Learn more](#)

Delete Save for later

\$32.99

1



**Mead Classic Cork Bulletin Board, Cork Board, 3' x 2', Aluminum Frame (85361)** by Mead

Usually ships within 3 to 4 weeks

Eligible for FREE Shipping

\$21.98

3

#### Customers Who Bought Items in Your Recent History Also Bought



Displays2go 2x3 Foot... 8

\$121.93

Add to Cart



AmazonBasics Wood Suit... 524

\$23.99

Add to Cart



Large Decorative Wall... 180

\$11.49

Add to Cart



XBoard Aluminum Frame... 88

\$54.99

Add to Cart



**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. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Name of NC from which you are seeking this grant: \_\_\_\_\_

**SECTION I - APPLICANT INFORMATION**

1a) Millikan Middle School 95-6001908 CA —  
*Organization Name Federal I.D. # (EIN#) State of Incorporation Date of 501(c)(3) Status (if applicable)*

1b) 5041 Sunnyslope Ave Sherman Oaks CA 91423  
*Organization Mailing Address City State Zip Code*

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

1d) **PRIMARY CONTACT INFORMATION:**  
John J. Plevack (818) 528-1601 jplevack@lausd.net  
*Name Phone Email*

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

3) Millikan Middle School 5041 Sunnyslope Sherman Oaks CA 91423  
*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.  
 To provide additional campus security + safety at Millikan M.S. New video cameras would be directed inside + outside the campus.

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 grant would add additional safety for the community + the school.





LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Robert A. Millikan Affiliated Charter & Performing Arts Magnet**  
5041 Sunnyslope Avenue, Sherman Oaks, CA 91423  
(818) 528-1600 Fax: (818) 990-7651  
www.millikanmiddleschool.org

**Michelle King** *Superintendent of Schools*  
**Linda Del Cueto** *Local District – Northeast LDNE Superintendent*  
**John J. Plevack** *Principal*

*“Fifty Years of Distinguished Excellence”*

March 24, 2018

To the Sherman Oaks Neighborhood Council,

Millikan Affiliated Charter Middle School is requesting a Video Surveillance System. In light of the concerns for student safety, this system would provide additional security at Millikan for a reasonable price. It would be located in the Front-Main Office area, along the service road and by the Agricultural Area. The system can be monitored in the Main Office.

Mrs. Takara Adair our Millikan Parent Representative will be at the council to answer your questions.

Thank you.

John J. Plevack  
Principal

Menu Sams Club Search Your club Find a club Your account Sign in Cart 0/1

### AvertX 16-Channel Surveillance System with 4 Megapixel NVR, 6TB Hard Drive and H.264 Video Storage Compression, 10-Weather Resistant, PoE Dome Cameras with 4 Megapixel Recording Resolution and 100ft Night Vision

by AvertX Item #: 939040 Model #: AV70KIT5BSC16106 ★★★★★ 5.0 (3) Write a review Ask a question

Free shipping for Plus

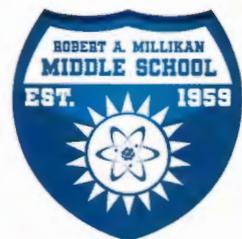
**\$2,999.00**

Qty  **Ship this item**

Max 3 per member

Shipping  Enter ZIP Code for shipping options

**Add to list**



LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Robert A. Millikan Affiliated Charter &  
Performing Arts Magnet**  
5041 Sunnyslope Avenue, Sherman Oaks, CA 91423  
(818) 528-1600 Fax: (818) 990-7651  
www.millikanmiddleschool.org

**Michelle King** *Superintendent of Schools*  
**Linda Del Cueto** *Local District – Northeast  
LDNE Superintendent*  
**John J. Plevack** *Principal*

*“Fifty Years of Distinguished Excellence”*

February 23, 2018

Sherman Oaks Neighborhood Council  
PO Box 5721  
Sherman Oaks, California 91413  
Phone: 818-503-2399

Mrs. Salter,

I would like to request a donation of \$5000 from the Sherman Oaks Neighborhood Council to enhance the security at Millikan Middle School in Sherman Oaks. The funding would be used for security cameras placed at strategic entrances around the campus. Your help in this matter is greatly appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "John J. Plevack", written in a cursive style.

John J. Plevack  
Principal

# 16-Channel Surveillance System with 4 Megapixel NVR, 6TB Drive and H.264 Video Storage Compression, 10-Weather Resistant, PoE Dome Cameras with 4 Megapixel Recording Resolution and 100ft Night Vision

Item #: 939040 | Model #: AVXKIT5BSC16106 | ★★★★★ 5.0 (3) [Write a review](#) [Ask a question](#)

Free shipping for *Plus*



\$ **2,999**<sup>00</sup>

10% non-member fee may apply. [Join now!](#)

Qty  [Ship this item](#)

Max 3 per member

[Shipping](#)   
Free shipping for *Plus*  
Enter ZIP Code for shipping options

[Add to list](#)



Untitled

10 D

john plevack <johnplevack@yahoo.com>

Fri 3/23/2018 8:40 AM

To:Plevack, John <jplevack@lausd.net>;



[Sent from Yahoo Mail on Android](#)

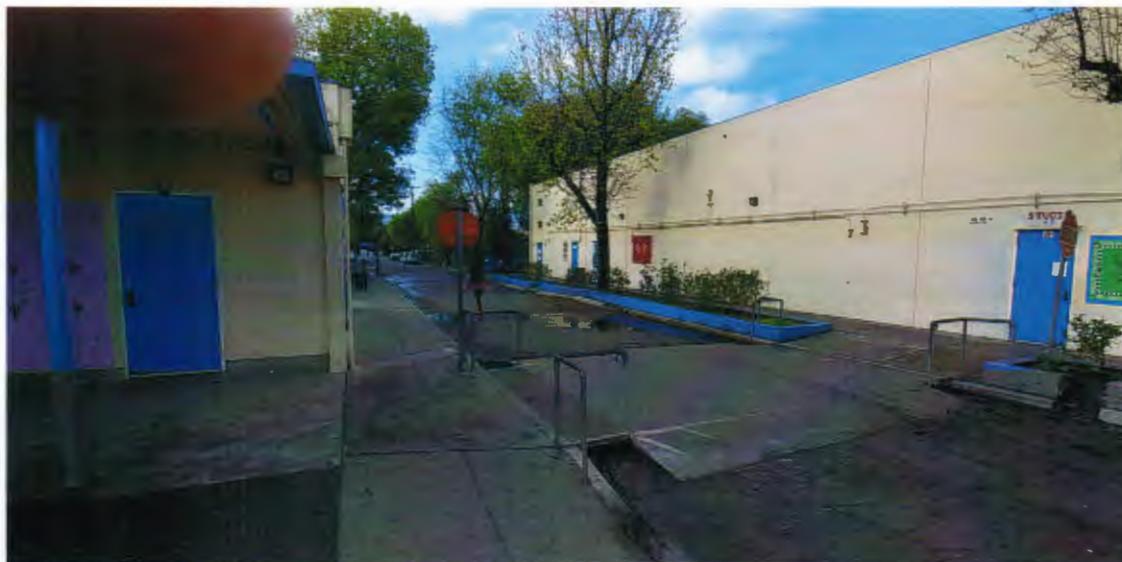
Untitled

10 D

john plevack <johnplevack@yahoo.com>

Fri 3/23/2018 8:54 AM

To:Plevack, John <jplevack@lausd.net>;



[Sent from Yahoo Mail on Android](#)

Untitled

10 D

john plevack <johnplevack@yahoo.com>

Fri 3/23/2018 8:40 AM

To:Plevack, John <jplevack@lausd.net>;



[Sent from Yahoo Mail on Android](#)





**INVOICE**

You may pay by ACH/wire to:  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

Please remit payment to:  
Lloyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
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:		
05/13/2018	403569	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
05/07/18-05/13/18	EXASST	Salter, Jolie A		4.00	21.85	\$87.40
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$87.40</b>

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>	<b>Grand Total (including page 2):</b>	<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>
<b>Department Use Only</b> <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

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

Date	Invoice #	Due Date
6/1/2018	16701	6/1/2018

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
0	Monthly Hosting for shermanoaksnc.org (Included in maintenance)	15.00	0.00

Please remit payment at your earliest convenience.  Thank you for your business!	<b>Total</b>	\$102.50
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$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
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 Interes	✓					
Katchen, Howard	Area 3 Residential	✓					
Lax, Sidonia	Area 4 Community Interest	✓					
Ross, Garrett	Area 1 Residential	✓					
Marciniak, Richard	Area 3 Community Interest	<del>✓</del>				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	<del>✓</del>		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	<b>Grand Total (including page 2):</b>	<b>16</b>		<b>1</b>		<b>3</b>	

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:  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
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

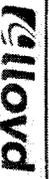
**Thank you for choosing Lloyd Staffing**

**PO#**

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:			
05/20/2018	403674	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
05/14/18-05/20/18	EXASST	Salter, Jolie A		11.00	21.85	\$240.35	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$240.35</b>	

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.

# CALIFORNIA



11060 Artesia Boulevard, Suite A  
 Cerritos, CA 90703  
 Phone: 562-960-2355 Fax: 562-960-0111

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH & OFF BREAK	TOTAL HOURS
MON	5/13/18	3:30 AM	10:30 AM		7
TUES	5/14/18	11 AM	2 AM		1
WED	5/16/18	11 AM	12 PM		1
THURS	5/17/18	3 AM	4 AM		1
FRI	5/18/18	9 AM	10 AM		1
SAT					
SUN					
WEEK ENDING 5/18/18 TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE					11

- INSTRUCTIONS:**
1. Please bring a ball point pen.
  2. Use separate timesheet for each assignment.
  3. Make ORIGINAL & MAKE COPY to Lloyd, no later than Friday night.
  4. Leave CLEAN copy with client company; retain EMPLOYEE copy for yourself.
  5. Unsigned timesheets will be returned without payment.

**IMPORTANT:** All hours must be approved for each day worked. Hours will not be paid if not approved daily.  
 Minimum: 4 hours per employee per day

**COMPANY NAME** S&N  
 (please print)  
**ADDRESS**  
 TOWN R.O. ZIP

**REPORT TO** DON ZIFF  
 DEPT. JOB TITLE WEEK ENDING  
**FIRST TIME AT THIS CLIENT COMPANY?**  Yes  No  
 If Yes, Temporary Associates must indicate they have received the following Orientation training on this assignment. (Please check)  
 Emergency Evacuation Procedures  Job Site & General Safety Rules  Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

**EMPLOYEE NAME** Jolie Salter  
**EMPLOYEE SIGNATURE** Jolie Salter  
**DATE** 5/18/18  
**CLIENT SIGNATURE**  
**SOCIAL SECURITY**

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.  
 Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

## EMPLOYEE INFORMATION

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

### OVERTIME

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

### LUNCH

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

### ABSENCES - LATENESS

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

### ON-THE-JOB SAFETY

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

### TRAINING

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

## TERMS & CONDITIONS FOR LLOYD STAFFING

I hereby certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to as or a temporary basis. In the event we or any other company, or any company to whom we assign this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within one (1) year after the person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any or authorize such employee to operate machinery or motor vehicles without the prior written consent of LLOYD in such instances as will therefore indemnify and hold LLOYD harmless from any such claim arising out of or in connection with the foregoing, including but not limited to bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD's insurance does not cover loss or damage caused by the operator of Customer's owned or leased motor vehicles by LLOYD's employees, and the, theft, collision, cargo damage or public liability damage sustained or stored as a result of a LLOYD's employee driving such vehicle(s), or arising out of or involving violation by Customer of clause (a) above. (c) LLOYD is not responsible for claims made under indemnity and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to penalties assessed or controlled by Customer and to which LLOYD's employees are assigned and (d) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD's temporary employees, unless such claims are reported in writing to recognize LLOYD's employee-Customer relationship with its personnel, and accepts the obligation to disclose all matters concerning their employment, job assignments, pay procedures, etc. with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known demands of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN AND TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges and agrees that LLOYD's employees are for ABC and agree to pay each invoice upon receipt. Any invoice remains unpaid thirty (30) days after invoice date. Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on such unpaid amounts. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney fees and expenses.

# 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)

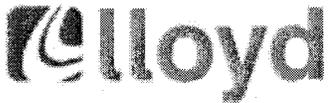
\*Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed.

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>	<b>Grand Total (including page 2):</b>	<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>
<b>Department Use Only</b> <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:  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
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:			
05/27/2018	403823	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
05/21/18-05/27/18	EXASST	Salter, Jolie A		2.00	21.85	\$43.70	
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>	<b>\$43.70</b>	

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.

# CALIFORNIA



11060 Artesia Boulevard, Suite A  
Cerritos, CA 90703  
Phone: 562-860-2885 Fax: 562-860-0111

EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.

DAY	DATE	TIME IN	TIME OUT	LONG LUNCH & FOR BREAK	TOTAL HOURS
MON	5/21/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUE	5/22/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WED	5/23/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
THURS	5/24/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		1
FRI	5/25/18	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		1
SAT		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
WEEK ENDING	5/25/18	TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR PLEASE WRITE TOTAL HOURS WORKED HERE			2

**INSTRUCTIONS:**  
 1. Press firmly; use a ball point pen.  
 2. Use separate timesheet for each assignment.  
 3. Mail ORIGINAL & INVOICE copy to Lloyd, no later than Friday night.  
 4. Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.  
 5. Unsigned timesheets will be returned without payment.

COMPANY NAME (Please print) **SONC** TOWN **P.O.** ZIP **28**

REPORT TO **RON ZIFF** DEPT. **PRES.** WEEK ENDING

FIRST TIME AT THIS CLIENT COMPANY?  Yes  No If Yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

Emergency Evacuation Procedures  Job Site & General Safety Rules  Policy & Procedures Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME **Jolie Selter** EMPLOYEE SIGNATURE *Jolie Selter*

SOCIAL SECURITY NO. **[REDACTED]**

CLIENT SIGNATURE **[REDACTED]** CLIENT SIGNATURE **RON ZIFF**

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Penalties do not infringe monies to employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

### EMPLOYEE INFORMATION

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

### OVERTIME

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

### LUNCH

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

### ABSENCES - LATENESS

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

### ON-THE-JOB SAFETY

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

### TERMS & CONDITIONS FOR LLOYD STAFFING

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is referred to us on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign this person, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service, within one (1) year after this person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned. Unless we contact LLOYD before the end of the first four (4) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not entitle LLOYD'S employees with unattended premises, clubs, nightclubs or other venues or substitute such employees to operate machinery of motor vehicles without the prior written consent of LLOYD in such instances and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage, (b) LLOYD'S insurance does not cover loss or damage caused by the operation of Customer's owned or leased motor vehicle(s) by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability (damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle), or arising out of or involving violation by Customer of clause (a) above, (c) LLOYD is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within thirty (30) days after occurrence, (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within ninety (90) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employee-employer relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employees. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INJURED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S invoices are for labor and agrees to pay such invoice upon

# 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>	<b>Grand Total (including page 2):</b>	<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 _____



May 25, 2018

SONC  
P.O. Box 5721  
Sherman Oaks, CA. 91413

Attn: Tom Capps - Treasurer

**Invoice**

**June 30, 2018** – outdoor movie production/generators “Wonder Woman” - \$1,300.00

Please make check payable to: Pro Outdoor Movies, Inc.  
Fed. Tax I.D.: 46-0930969  
**7024 Middlesbury Ridge Circle**  
**West Hills, CA. 91307**

***Thank You for Your Business!***





# NEIGHBORHOOD COUNCIL EVENT APPROVAL FORM



Office of the City Clerk – Neighborhood Council Funding Program  
200 N. Spring Street, Rm 224, Los Angeles, CA 90012 • (213) 978-1058 or Toll-Free 3-1-1  
E-mail: [Clerk.NCFunding@LACity.org](mailto:Clerk.NCFunding@LACity.org) • [www.Clerk.LACity.org](http://www.Clerk.LACity.org)

Events are great opportunities for Neighborhood Councils to interact with their stakeholders. There are, however, liability and permitting issues that must be handled prior to the event. The Office of the City Clerk, Administrative Services Division, NC Funding Program Section must approve all Neighborhood Council sponsored events before any payments can be processed.

**Please complete, sign, and submit this form at least 30 days prior to your event. Missing or incomplete required information or documents will delay review.**

Neighborhood Council: Sherman Oaks Neighborhood Council

The Neighborhood Council is the  Main Sponsor or  Co-Sponsor for the event.

Main sponsor: Sherman Oaks Neighborhood Council

Contact Person: Jeffrey Hartsough

Phone: (c) 310-614-9804 Email: jeffrey.hartsough.sonc@gmail.com

Co-Sponsor (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information

Event Description (festival, movie night, etc.): 2018 SONC Summer Series - Movie in the Park

Date: Jun 30, 2018 Time Frame: 6:00-10:00pm Est. number of attendees: 300 Event Budget: \$ 4000.00

Venue Name: Van Nuys Sherman Oaks War Memorial Park

Venue Address: 14201 Huston Street, Sherman Oaks, CA 91423

Contact Person: Art Gomez

Phone: 818-783-5121 Email: art.gomez@lacity.org

**Please note:** If the location for the event is at a City facility, e.g. park, the location approval may be easier and at little or no cost. If the location for event is not a City facility, a separate contract may be needed and can take up to 60 days to complete.

**Please scan the following documents and email to [Clerk.NCFunding@lacity.org](mailto:Clerk.NCFunding@lacity.org) for approval PRIOR to event:**

- Neighborhood Council Event Approval Form – Completed and signed by Treasurer, Second Signatory or Event Chair
- Board Action Request (BAC) Form – Completed and signed by Treasurer and Second Signatory
- Itemized Detailed Event Budget – Total budget with funding categories (food, entertainment, flyers, permits, etc.) and with specific vendors if available.

**If a bank card credit limit increase will be necessary to pay for expenditures for this event, please contact your Funding Program Representative to submit a request to increase applicable limits.**

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- LA Fire Department – contact for a permit for use of barbeques or to determine whether a first aid station is necessary

**You may need ADDITIONAL INSURANCE for your event from Vendors if they are providing the following services:**

- Jumper/Bouncer (Inflatables) – the City of Los Angeles will need to be listed as Additional Insured by the company
- Games (e.g. dunk tank, other carnival style games) – City Risk Management will need to review
- Food (purchased, provided, distributed and/or served) – City Risk Management may need to review

**If RENTING a vehicle or truck to transport event materials:**

- Renting and driving of vehicle/truck must be by a board member
- Additional Insurance offered by the rental company must be purchased in full

**ADDITIONAL PERMITS may be required if the event has:**

- Over 500 attendees, which may require LAPD presence - LAPD Special Events
- Street closures for block parties - Bureau of Street Services or LADOT for larger street closures, such as a parade
- Tents/canopies larger than 450 square feet or stages/platforms more than 30 inches above grade - Building and Safety

**CONTACT INFORMATION for possible permits:**

- Street Maintenance - (213) 847-2999
- Building and Safety - (213) 482-0387
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- LADOT (Signs) - (213) 485-2298
- LADOT (Special Operations) - (323) 224-2124
- Risk Management - (213) 978-7475
- LAPD - (213) 486-0410
- LAFD - (213) 978-3650
- Sanitation - (213) 485-3612
- Street Services - <http://bsspermits.lacity.org/spevents/>
- LA County Public Health Dept. - <http://publichealth.lacounty.gov>

**Original documents to be filed for you records and submitted to NC Funding Program If requested:**

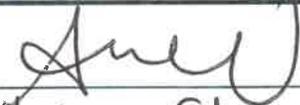
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- Original Invoices and Receipts
- Proof of Sponsorships (e.g. event flyers, webpage copy, etc.)
- Copies of Insurance Certificates (if applicable)
- Copies of Permits (if applicable)
- W-9 (for 1099 Individual Services if applicable)

I have read and understand the requirements set forth in this document and agree to comply with the required paperwork necessary for Neighborhood Council events.

Signature:  Date: 05-16-2018  
Print Name: Jeffrey Hartsough Title: Event Chair  
Email: jeffrey.hartsough.sonc@gmail.com Phone: (c) 310-614-9804

For Staff Use Only:  Approved  Denied

Reviewers Signatures: 1<sup>st</sup> Level   
Reviewers Names: 1<sup>st</sup> Level Janet Hernandez

2<sup>nd</sup> Level   
2<sup>nd</sup> Level Andrew Cho



**Sherman Oaks Neighborhood Council (SONC)  
2018 SONC Summer Series  
June 30, 2018, Movie in the Park**

**Working Budget  
May 14, 2018**

**Scope:** SONC will screen three (3) movies as part of the 2018 SONC Summer Series. Movies will screen on June 30th, July 28th, and August 25th, 2018, at the Van Nuys Sherman Oaks War Memorial Park (VNSO). The SONC mission and programs will be highlighted and community participation invited.

Movies will be open to the community and free. Prior to the movies families are encouraged to have a picnic supper and participate in pre-movie activities.

**Budget:** The budget provided below is for the first movie to be shown on June 30th. Event Forms and budgets for the July 28th and August 25th Movies in the Park will be submitted separately.

**Contact:** Questions should be directed to: Jeffrey Hartsough  
jeffrey.hartsough.SONC@gmail.com

<u>DESCRIPTION</u>	<u>Amount</u>
<b>SONC Expenditures</b>	
Screen and Projection	\$1,400.00
Movie and Licensing Fee	650.00
Park Permit and Facilities Fees	600.00
Entertainment	
On site music, characters, activities, etc	300.00
Movie in the Park Giveaways	200.00
Promotion	300.00
Refreshments (for SONC volunteers)	50.00
SONC Outreach and Branding Materials in anticipation of 2019 Elections	500.00
<b>Total Per Movie Expenditures</b>	<b><u><u>\$4,000.00</u></u></b>





## Van Nuys-Sherman Oaks Recreation Center

14201 Huston St., Sherman Oaks, CA 91423

Phone: (818) 783-5121 Fax: (818) 756-7587

Email: [VANNUYSSHERMANOAKS.RECREATIONCENTER@LACITY.ORG](mailto:VANNUYSSHERMANOAKS.RECREATIONCENTER@LACITY.ORG)

Date: June 1, 2018

To: Sherman Oaks Neighborhood Council – Jeffrey Hartsough, Tom Capps

From: Dan Davis, Recreation Assistant

Subj: Staffing for Movie Night

Time: 4pm – 10pm

Location: Grass Area by Diamond #4

Date: Saturday – June 30th (2018)

4 Recreation Staff @ \$22 per hour x 6 hours = \$528

1 Maintenance staff @ \$22 per hour x 4 hours = \$88

Time: 4pm-10pm

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Total Charges = \$616

Please make check payable to “City of L.A. Dept. of Recreation & Parks.”



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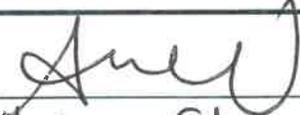
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