

Monthly Expenditure Report



Reporting Month: May 2019

Budget Fiscal Year: 2018-2019

NC Name: Sherman Oaks
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$20063.40	\$10031.75	\$10031.65	\$2336.60	\$0.00	\$7695.05

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$31000.00	\$1418.50	\$8181.65	\$861.60	\$7045.05
Outreach		\$2813.25		\$275.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$3000.00	\$0.00	\$3000.00	\$0.00	\$3000.00
Neighborhood Purpose Grants	\$8000.00	\$5800.00	-\$1150.00	\$1200.00	-\$2350.00
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$21936.60	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	LA PUBLIC LIBRARY BUSI	05/02/2019	(Credit card transaction)	General Operations Expenditure	Office	\$216.00
2	AMZN Mktp US MN6R703B1	05/08/2019	(Credit card transaction)	General Operations Expenditure	Office	\$34.98
3	Amazon.com MN0ME7PG1	05/14/2019	(Credit card transaction)	General Operations Expenditure	Office	\$54.63
4	GOODWAY PRINT & COPY	05/15/2019	(Credit card transaction)	General Operations Expenditure	Office	\$145.53
5	GOODWAY PRINT & COPY	05/17/2019	(Credit card transaction)	General Operations Expenditure	Office	\$7.67
6	GOODWAY PRINT & COPY	05/18/2019	(Credit card transaction)	General Operations Expenditure	Office	\$7.67
7	GOODWAY PRINT & COPY	05/18/2019	(Credit card transaction)	General Operations Expenditure	Office	-\$15.34
8	GOTPRINT.COM	05/14/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$405.68

9	SUBWAY 03018934	05/14/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00
10	SUBWAY 03018934	05/14/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$144.00
11	ANYPROMO INC	05/15/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$294.71
12	ANYPROMO INC	05/16/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$304.08
13	ANYPROMO INC	05/16/2019	(Credit card transaction)	General Operations Expenditure	Outreach	\$565.78
14	LLOYD Staffing Inc	04/18/2019	A motion to approve up to \$2,500 for payments...	General Operations Expenditure	Office	\$262.20
15	Lloyd Staffing, Inc.	05/03/2019	A motion to approve up to \$2,500 for payments...	General Operations Expenditure	Office	\$602.50
16	THE WEB CORNER, INC.	05/03/2019	A motion to approve up to \$1,500 to pay The W...	General Operations Expenditure	Outreach	\$205.00
17	City of Los Angeles Dept. of Neighborhood Empowerment	05/03/2019	A motion to approve up to \$750 to be transfer...	General Operations Expenditure	Outreach	\$750.00
18	Los Angeles Responsible Pit Bull Owners Inc	05/03/2019	A motion to approve a Neighborhood Purposes grant ...	Neighborhood Purpose Grants		\$2100.00
19	Lloyd	05/13/2019	A motion to approve up to \$2,500 for payments...	General Operations Expenditure	Office	\$87.40
20	AT&T Messaging	05/16/2019	A motion to approve up to \$185 to pay AT&...	General Operations Expenditure	Office	\$15.26
21	Los Angeles Parks Foundation	05/16/2019	A motion to approve a Neighborhood Purposes Grant ...	Neighborhood Purpose Grants		\$3700.00
Subtotal:						\$10031.75

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Los Angeles Responsible Pit Bull Owners	05/21/2019	A motion to approve a Neighborhood Purposes grant ...	Neighborhood Purpose Grants		\$1200.00
2	Lloyd Staffing, Inc.	05/24/2019	A motion to approve up to \$2,500 for payments...	General Operations Expenditure	Office	\$630.60
3	Best Bubbles	05/30/2019	A motion to approve up to \$3,500 for a Summer...	General Operations Expenditure	Outreach	\$275.00
4	Lloyd Staffing, Inc.	05/30/2019	A motion to approve up to \$2,500 for payments...	General Operations Expenditure	Office	\$231.00
Subtotal: Outstanding						\$2336.60

SECURITY STAFF REQUEST FORM

This form is to be used by applicants whose events or meetings will be held outside of normal Library hours of operation. The role of the Security Officer assigned is to ensure the protection of City property and secure the facility after the meeting/event is over.

Your Name: Tom Capps

Organization Name: Sherman Oaks Neighborhood Council
Planning & Land Use Committee

Daytime Phone No: 8186017971 Evening Phone No: SAME

Branch Library: Sherman Oaks

Day and Date of Event: Thursday JUNE 20, 2019

Event Purpose: PLANNING & LAND USE COMMITTEE MEETING

Time of Event: From 6 PM To 10 PM (include set-up time)

No. People Attending: 30

The cost of security is \$216.00 for a period of up to 4 hours and \$54.00 each additional hour, or part thereof.

Officer Assigned

Date Confirmed

LA PUBLIC LIBRARY BU
630 W 5TH STREET
LOS ANGELES, CA, 90071
213-228-7446

Phone Order

XXXXXXXXXX0400
MASTERCARD
Entry Method: Manual
Amount: \$ 216.00
Tax: \$ 0.00
Total: \$ 216.00
05/02/19 15:28:16
Inv #: 000000001 Appr Code: 098528
Approved: Online
AVIS Code: EXAC MATCH Y
CW2 Code: MATCH M
Cust #: 754

Customer Copy
THANK YOU



Final Details for Order #114-9957378-5662665

[Print this page for your records.](#)

Order Placed: May 7, 2019

Amazon.com order number: 114-9957378-5662665

Order Total: \$34.98

Shipped on May 8, 2019

Items Ordered

1 of: *Gavel Engraved with Round Block - Made in USA*
Sold by: gavelsguy ([seller profile](#))

Price

\$29.99

Condition: New

Shipping Address:

Thomas Capps
5101 MAMMOTH AVE
SHERMAN OAKS, CALIFORNIA 91423-1323
United States

Item(s) Subtotal: \$29.99

Shipping & Handling: \$4.99

Total before tax: \$34.98

Sales Tax: \$0.00

Shipping Speed:

Standard Shipping

Total for This Shipment: \$34.98

Payment information

Payment Method:

MasterCard | Last digits: 8480

Item(s) Subtotal: \$29.99

Shipping & Handling: \$4.99

Total before tax: \$34.98

Estimated tax to be collected: \$0.00

Billing address

Thomas Capps
200 N. Spring Street
Los Angeles, CA 90012
United States

Grand Total: \$34.98

Credit Card transactions

MasterCard ending in 8480: May 8, 2019: \$34.98

To view the status of your order, return to [Order Summary](#).



Final Details for Order #114-3207506-8691421

[Print this page for your records.](#)

Order Placed: May 11, 2019

Amazon.com order number: 114-3207506-8691421

Order Total: \$54.63

Shipped on May 13, 2019

Items Ordered

	Price
1 of: HP 74 Black & 75 Tri-color Ink Cartridges, 2 Cartridges (CB335WN, CB337WN) for HP Deskjet D4260 HP Officejet J5788 J6480 HP Photosmart C4342 C4344 C4382 C4384 C4435 C4440 C4524 C4540 C4550 C5540 C5550	\$49.89
Sold by: Amazon.com Services, Inc	

Condition: New

Shipping Address:

Sherman Oaks Neighborhood Council
14930 VENTURA BLVD STE 210
SHERMAN OAKS, CA 91403-3458
United States

Item(s) Subtotal:	\$49.89
Shipping & Handling:	\$7.03
Free Shipping:	-\$7.03

Total before tax:	\$49.89
Sales Tax:	\$4.74

Shipping Speed:

FREE Shipping

Total for This Shipment: \$54.63

Payment information

Payment Method:

MasterCard | Last digits: 8480

Item(s) Subtotal:	\$49.89
Shipping & Handling:	\$7.03
Free Shipping:	-\$7.03

Billing address

Thomas Capps
200 N. Spring Street
Los Angeles, CA 90012
United States

Total before tax:	\$49.89
Estimated tax to be collected:	\$4.74

Grand Total: \$54.63

Credit Card transactions

MasterCard ending in 8480: May 13, 2019: \$54.63

To view the status of your order, return to [Order Summary](#).



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

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

No. **43087**

Date 5/14/2019

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
1	MER March 2019, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 24 sheets, copied on 2 sides	4.80
35	Treasure Report 2019.05.13, 8.5 x 11 White 20# B-Domtar Multi SMOOTH, 7 sheets, copied on 2 sides	50.75
	35 Copy Machine Stapling	
100	Agenda, 8.5 x 11 White 20# B-KP Copy Multipurpose SMOOTH, 3 sheets, copied on 2 sides	53.00
	100 Copy Machine Stapling	
35	Minutes, 8.5 x 11 White 20# B-KP Copy copied on 2 sides	14.35
	35 Copy Machine Stapling	
2	name signs, 8.5 x 11 White 80# CVR-V copied on 1 side	10.00
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p> </div>		
<div style="border: 1px solid black; padding: 5px;"> <p>Transaction : Sale Date : 5/14/2019 Time : 7:57:25 PM(EST) Invoice # : 43087 Customer # : 3 PO / Order # : na</p> </div>		
<div style="border: 1px solid black; padding: 5px;"> <p>Card Type : Master Card Card Number : XXXXXXXXXXXX8480 Entry Method : Keyed Total Amount : 145.53 Authorization : Approved - 097323</p> </div>		<p>132.90 12.63 145.53 145.53</p>
<p>Pay Every Invoice with Credit Card Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		

*Paid
 Credit Card*

Ship Via:

Goodway Print & Copy

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

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Fax: (818) 783-8649
www.goodwayprintcopy.com

Transaction : Sale

Date : 5/16/2019

Time : 6:05:53 PM(EST)

Invoice # : 43104

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 7.67

Authorization : Approved - 016681

Ref Note:

Signature

X _____

I Agree to pay the above amount according to the card issuer agreeme

Thank You !

Transaction : Sale

Date : 5/17/2019

Time : 1:16:49 PM(EST)

Invoice # : ~~43104~~

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 7.67

Authorization : Approved - 030711

Ref Note:

Signature

X _____

I Agree to pay the above amount according to the card issuer agreemen

Thank You !

Transaction : Credit

Date : 5/17/2019

Time : 1:17:45 PM(EST)

Invoice # : 1

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : -15.34

Authorization : Approved - REFUND

Ref Note:

Signature

X _____

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

Thank You !

Same invoice charged twice

Credited Both charges



INVOICE LF

15121 Ventura Boulevard
 Sherman Oaks, California 91403

Changed 2x

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

No. **43104**

EMAIL: goodway@goodwayprintcopy.com

Date 5/16/2019

SHERMAN OAKS HOMEOWNERS
 P.O. BOX 5223
 SHERMAN OAKS CA 91413

Customer P.O. No.

Office Richard Close Home
 310-393-4000 H 818-995-4444
 310-394-4700 H 818-907-9999

QUANTITY	DESCRIPTION	AMOUNT
100	50 sheet cut to 5.5x8.5 emails of officials , 5.5 x 8.5 Pink 20# B-Domtar Colors SMOOTH, copied 2 up on 1 side <i>Credit</i> <i>Paid Credit Card</i>	7.00
Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE. THANK YOU!		Ship: 7.00 TAX 0.67 TOTAL 7.67 AMOUNT DUE 7.67

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

Transaction : Sale
 Date : 5/16/2019
 Time : 6:05:53 PM(EST)
 Invoice # : 43104
 Customer # : 3
 PO / Order # : na
 Card Type : Master Card
 Card Number : XXXXXXXXXXXX8480
 Entry Method : Keyed
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 Authorization : Approved - 016681

This is
~~*SOFT*~~
not
SOME

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Date : 5/17/2019

Time : 1:16:49 PM(EST)

Invoice # : ~~43104~~

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 7.67

Authorization : Approved - 030711

Ref Note:

Signature

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Thank You !

Transaction : Credit

Date : 5/17/2019

Time : 1:17:45 PM(EST)

Invoice # : 1

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : -15.34

Authorization : Approved - REFUND

Ref Note:

Signature

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Credited Both charges



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Changed 2x

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No. **43104**

EMAIL: goodway@goodwayprintcopy.com

Date 5/16/2019

SHERMAN OAKS HOMEOWNERS
P.O. BOX 5223
SHERMAN OAKS CA 91413

Customer P.O. No.

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310-393-4000 H 818-995-4444
310-394-4700 H 818-907-9999

QUANTITY	DESCRIPTION	AMOUNT
100	50 sheet cut to 5.5x8.5 emails of officials , 5.5 x 8.5 Pink 20# B-Domtar Colors SMOOTH, copied 2 up on 1 side	7.00
<p><i>Credit</i></p> <p><i>Paid Credit Card</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Goodway Print & Copy 15121 Ventura Blvd. Sherman Oaks, CA 91403 Phone: (818) 783-5172 Fax: (818) 783-8649 www.goodwayprintcopy.com</p> </div> <p>Transaction : Sale Date : 5/16/2019 Time : 6:05:53 PM(EST) Invoice # : 43104 Customer # : 3 PO / Order # : na Card Type : Master Card Card Number : XXXXXXXXXXXX8480 Entry Method : Keyed Total Amount : 7.67 Authorization : Approved - 016681</p>		<p><i>This is</i></p> <p><i>SOFT</i></p> <p><i>not</i></p> <p><i>SOME</i></p>
<p>Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		<p>Ship: 7.00</p> <p>TAX 0.67</p> <p>TOTAL 7.67</p> <p>AMOUNT DUE 7.67</p>

Goodway Print & Copy

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Transaction : Sale

Date : 5/16/2019

Time : 6:05:53 PM(EST)

Invoice # : 43104

Customer # : 3

PO / Order # : na

Card Type : Master Card

Card Number : XXXXXXXXXXXX8480

Entry Method : Keyed

Total Amount : 7.67

Authorization : Approved - 016681

Ref Note:

Signature

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<p>Taken by: Account Type: Charge Account PLEASE PAY FROM THIS INVOICE.</p> <p>THANK YOU!</p>		<p>Ship</p> <p>ITAL 7.00 TAX 0.67 TOTAL 7.67</p> <p>AMOUNT DUE 7.67</p>

Order Details

Order Number: US-GP-100-23908896

1 Postcards

Color	Full Color Front, No Back
Size	4" x 6" Horizontal (Standard)
Paper	14 pt. Gloss Cover
Production Time	Regular
Quantity	5,000
Tax	Y
Manually Processed, PDF Proof 24 Hrs.	\$3.00
High Gloss UV Coating Front	\$0.00

Product Price **\$149.40**

2 Banners

Color	Full Color Front, No Back
Size	2 ft x 3 ft Horizontal
Material	13 oz. Premium Scrim Glossy Vinyl
Production Time	Regular
Quantity	20
Tax	Y
Grommets - 4 Corners	\$5.20
Hemming - 4 Sides	\$0.00
Manually Processed, PDF Proof 24 Hrs.	\$5.00

Product Price **\$166.46**

Subtotal	\$315.86
Shipping and Handling(Taxable)	\$54.62
Tax	\$35.20 (9.5000%)

Total (Unpaid) **\$405.68**

Billing		Shipping	
Ending in	***8480	Shipping Method	Standard (1-6 business days)
		Shipping Style	Normal (included)

Billing Address		Shipping Address	
First Name	Tom	First Name	Jeffrey
Last Name	Capps	Last Name	Hartsough
Company	Sherman Oaks NC	Company	Sherman Oaks Neighborhood Council
Phone	8186017971	Phone	3106149804
Fax		Fax	
Street Address	200 N Spring Street	Street Address	15624 ROYAL RIDGE RD
Apt/Unit		Apt/Unit	
City	Los Angeles	City	SHERMAN OAKS
State	CA	State	CA
Zip Code	90012	Zip Code	91403
Country	US	Country	US
Email	tcapps@shermanoaksnc.org		

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



Sherman Oaks Neighborhood Council

FREE MOVIES **SONC** **SUMMER SERIES**

6:00 pm - 10:00 pm Movies Start At Dusk



SATURDAY
JUNE 22

SATURDAY
JULY 27

SATURDAY
AUGUST 24

MADAGASCAR

**THE
PRINCESS
BRIDE**

SHAZAM!

Bring Your Blanket
&
PICNIC
DINNER

Van Nuys-Sherman Oaks Park
14201 Huston Street at Hazeltine

**FAMILY
NIGHT
OUT**

DAVID RYU

COUNCILMEMBER • DISTRICT 4



ShermanOaksNC.org

OUR MISSION IS TO BRING GOVERNMENT
CLOSER TO THE PEOPLE



Sherman Oaks Neighborhood Council

FREE MOVIES **SONC** SUMMER SERIES

6:00 pm - 10:00 pm Movies Start At Dusk ★ ★ ★

SATURDAY
JUNE 22

SATURDAY
JULY 27

SATURDAY
AUGUST 24

MADAGASCAR

THE
PRINCESS
BRIDE

SHAZAM!

Bring Your Blanket
&
PICNIC
DINNER

★ **Van Nuys-Sherman Oaks Park** ★
14201 Huston Street at Hazeltine

FAMILY
NIGHT
OUT

DAVID RYU
COUNCILMEMBER • DISTRICT 4



PARK PROUD LA

ShermanOaksNC.org

OUR MISSION IS TO BRING GOVERNMENT
CLOSER TO THE PEOPLE

Missing image



Subway#1893-0 Phone 818-784-9804
15053 Ventura Blvd
Sherman Oaks, CA, 91403
Served by: 9/5/2019 5:47:43 pm
Term ID-Trans# 1/A-228452

Refreshments
BOARD MTG
JUN 10 2019

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: 064320
Reference No: 913400218387
Card Issuer: Mastercard
Account No: *****8480
Acquired: Manual
Amount: \$144.00
Date/Time: 5/13/2019 5:47:43 PM

Signature:

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

CUSTOMER COPY

Host Order ID: 745-203-1287970

Lettuce know how we did today at global.subway.com and we'll send you a sweet offer.

re-ceipt powered by **mobivity**

Missing image



Subway#1893-0 Phone 818-784-9804
15053 Ventura Blvd
Sherman Oaks, CA, 91403
Served by: 9 5/13/2019 5:49:56 pm
Term ID-Trans# 1/A-228453

Qty	Size	Item	Price
1		3FT Giant Sub	48.00
		-2 Tuna GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Turkey GSsect	0.00
1		3FT Giant Sub	48.00
		-2 Roast Beef GSsect	0.00
Sub Total			144.00
Total (Take Out)			144.00
Credit Card			144.00
Change			0.00

Approval No: 030630
Reference No: 913400218901
Card Issuer: Mastercard
Account No: *****8480
Acquired: Manual
Amount: \$144.00
Date/Time: 5/13/2019 5:49:56 PM

Signature:

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

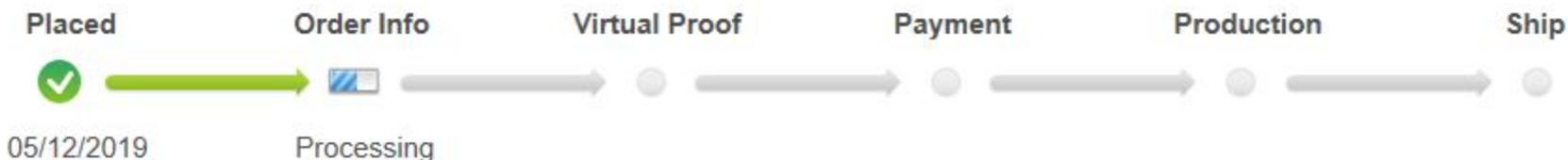
CUSTOMER COPY

Host Order ID: 745-203-1288512

Lettuce know how we did today at
global.subway.com and we'll send
you a sweet offer.

re-ceipt powered by mobility

Refreshments
BOARD MTG
MAY 13 2019



Order Details

Shipping Address

Sherman Oaks Neighborhood Council
 Jeffrey Hartsough
 Tel: [\(310\) 614-9804](tel:3106149804)
 15624 ROYAL RIDGE RD
 SHERMAN OAKS, CA 91403

Billing Information

MasterCard *8480

Billing Address

Thomas R Capps
 Tel: [\(818\) 601-7971](tel:8186017971)
 200 North Spring Street
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 <p>10" Custom Folding Flyer Frisbee Item #: 672733 Color:  Neon Green</p>	300	\$241.25	\$27.89 UPS/FedEx Ground	\$25.57	Details
Order Total: \$294.71					

IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.

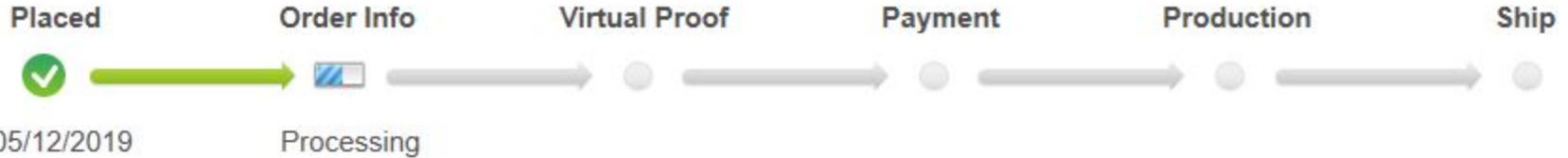
 **ARTWORK WAS RECREATED TO VECTOR FOR PRINTING PURPOSES**

****MAX IMPRINT AREA**
ARTWORK CANNOT EXCEED DOTTED LINE**



ARTWORK SIZE: 6.27"W X 2.18"H

Rectangular Ship



Order Details

Shipping Address

Sherman Oaks Neighborhood Council
 Jeffrey Hartsough
 Tel: [\(310\) 614-9804](tel:3106149804)
 15624 ROYAL RIDGE RD
 SHERMAN OAKS, CA 91403

Billing Information

MasterCard *8480

Billing Address

Thomas R Capps
 Tel: [\(818\) 601-7971](tel:8186017971)
 200 North Spring Street
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 <p>Premium Glow Sticks 4" -Yellow Item #: 749892 Color:  Yellow Attachment: Break Away Lanyard- Loose</p>	300	\$261.50	\$16.20 UPS/FedEx Ground	\$26.38	Details

Order Total: **\$304.08**

IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.

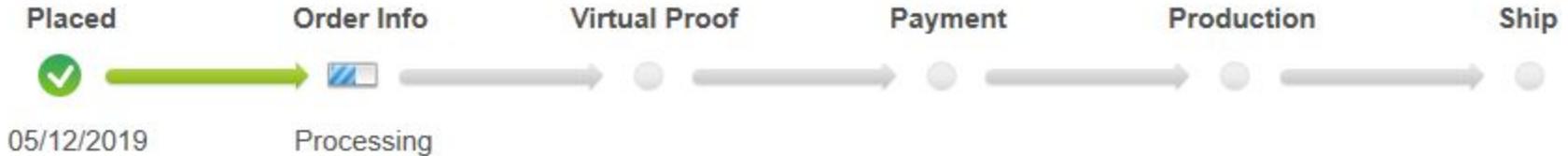
****MAX IMPRINT AREA**
ARTWORK CANNOT
EXCEED DOTTED LINE**

ShermanOaksNC.org

Artwork Size: 2.5"W X 0.23"H

■ Black





Order Details

Shipping Address

Sherman Oaks Neighborhood Council
 Jeffrey Hartsough
 Tel: [\(310\) 614-9804](tel:310-614-9804)
 15624 ROYAL RIDGE RD
 SHERMAN OAKS, CA 91403

Billing Information

MasterCard *8480

Billing Address

Thomas R Capps
 Tel: [\(818\) 601-7971](tel:818-601-7971)
 200 North Spring Street
 LOS ANGELES, CA 90012

Item	Quantity	Product Price	Shipping Cost	Tax	Action
 16" Two-Tone Beach Balls Item #: 673196 Color:  Green & White	300	\$421.00	\$95.69 UPS/FedEx Ground	\$49.09	Details

Order Total: **\$565.78**

IT IS IMPORTANT THAT YOU CHECK SPELLING AND ANY OTHER DESIGN ELEMENTS BEFORE APPROVING. PRODUCTION TIME BEGINS UPON RECEIPT OF ART PROOF APPROVAL.

****MAX IMPRINT AREA**
ARTWORK CANNOT
EXCEED DOTTED LINE**

 **ARTWORK WAS
RECREATED TO VECTOR
FOR PRINTING PURPOSES**



ARTWORK SIZE: 3.41"W X 1.17"H

 **TEAL**



VENDOR: Lloyds Staffing

4/15/2019

CHECK SUMMARY

Item.	Invoice Date	Period	Invoice No.	Hours	Total
1	03/24/19	3/18-3/22/19	409338	2.00	\$43.70
2	03/31/19	3/25-3/31/19	409449	5.00	\$109.25
3	04/07/19	4/1-4/7/19	409571	5.00	\$109.25
4					
TOTAL					\$262.20



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: 631.370.7434

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:			
04/07/2019	409571	1	117247	Due Upon Receipt			
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT	
04/01/19-04/07/19	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.



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: 631.370.7434

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:		
03/31/2019	409449	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
03/25/19-03/31/19	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.



Submission: Timesheet Approved

Employee Name: Salter, Jolie
Client Name: LA Dept Neighborhood Empowerment
Time Card Period Ending: 3/31/2019

Sample: E-Mail Notification: Contact: Message Header

Date	Type	IN 1	OUT 1	IN 2	OUT 2	Total HRS	Expenses	Approval
03/25/2019	Regular	02:00 PM	04:00 PM			2.00	0.00	APPROVED
03/26/2019	Regular	02:00 PM	03:00 PM			1.00	0.00	APPROVED
03/27/2019	Regular					0.00	0.00	
03/29/2019	Regular	02:00 PM	04:00 PM			2.00	0.00	APPROVED
Totals						5:00	0.00	

Hours Totals:

Regular 5.00

Employee Comments:

Client Comments:

Timesheet Approved By: rziff@shermanoaksnc.org



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: 631.370.7434

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:	
03/24/2019	409338	1	117247	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
03/18/19-03/22/19	EXASST	Salter, Jolie A	2.00	21.85	\$43.70
				PAY THIS AMOUNT >	TOTAL
<small>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.</small>					\$43.70

VENDOR: Lloyds Staffing

5/2/2019

CHECK SUMMARY

Item.	Invoice Date	Period	Invoice No.	Hours	Total
1	04/14/19	4/8-4/14/19	409729	8.00	\$224.80
2	04/14/19	4/8-4/14/19	409730	9.00	\$196.65
3	04/21/19	4/15-4/21/19	409830	1.00	\$28.10
4	04/21/19	4/15-4/21/19	409831	4.00	\$87.40
5	4/28/2019	4/22-4/28/19	409967	3.00	\$65.55
TOTAL					\$602.50



INVOICE

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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: 631.370.7434

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:
04/14/2019	409729	1	117247	Net 90 Days

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/08/19-04/14/19	TRANSCRIPT Salter, Jolie A	8.00	28.10	\$224.80

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.

PAY THIS AMOUNT >

TOTAL

\$224.80



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: 631.370.7434

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:	
04/14/2019	409730	1	117247	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
04/08/19-04/14/19	EXASST	Salter, Jolie A	9.00	21.85	\$196.65
				PAY THIS AMOUNT >	TOTAL
					\$196.65

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.



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: 631.370.7434

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:
04/21/2019	409830	1	117247	Net 90 Days

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/15/19-04/21/19	TRANSCRIPT Salter, Jolie A	1.00	28.10	\$28.10

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.

PAY THIS AMOUNT >

TOTAL

\$28.10



INVOICE

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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: 631.370.7434

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 04/21/2019	INVOICE NO. 409831	PAGE 1	ACCOUNT NO. 117247	TERMS: Due Upon Receipt
---------------------------	------------------------------	------------------	------------------------------	-----------------------------------

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/15/19-04/21/19	EXASST Salter, Jolie A	4.00	21.85	\$87.40

<p>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.</p>			PAY THIS AMOUNT >	TOTAL	\$87.40
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-----------------------------	--------------	----------------

Employee Timesheet Submission

Employee Name	Salter, Jolie A	Customer Name	LA Dept Neighborhood Empowerment
Assignment Number	260571	Department	
Period Ending Date	4/21/2019 12:00:00 AM	Report To	Ron Ziff
Timesheet Approved By	rziff@shermanoaksnc.org	Timesheet Approved On	4/22/2019 7:29:46 AM

Date	IN 1	OUT 1	IN 2	OUT 2	IN 3	OUT 3	IN 4	OUT 4	Total Hours	Expenses	Pay Code	Approval
04/15/2019	01:00 PM	02:00 PM							1.00	0.00	R	APPROVED
04/19/2019	02:00 PM	04:00 PM							2.00	0.00	R	APPROVED
04/20/2019	01:00 PM	02:00 PM							1.00	0.00	R	APPROVED
Totals									4.00	0.00		

Employee Comments	
Client Comments	



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: 631.370.7434

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:
04/28/2019	409967	1	117247	Due Upon Receipt

PERIOD	DESCRIPTION & EMPLOYEE	HOURS	RATE	AMOUNT
04/22/19-04/28/19	EXASST Salter, Jolie A	3.00	21.85	\$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.

PAY THIS AMOUNT >

TOTAL

\$65.55

VENDOR: The Web Corner

5/2/2019

CHECK SUMMARY

Item.	Invoice Date	Period	Invoice No.	Hours	Total
1	05/01/19	1-May	18391		\$102.50
2	06/01/19	1-Jun	18392		\$102.50
3					
4					
5					
TOTAL					\$205.00

Invoice

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

Date	Invoice #	Due Date
5/1/2019	18391	5/1/2019

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!	Total	\$102.50
	Payments/Credits	\$0.00
	Balance Due	\$102.50

Invoice

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

Date	Invoice #	Due Date
6/1/2019	18392	6/1/2019

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!	Total	\$102.50
	Payments/Credits	\$0.00
	Balance Due	\$102.50

**Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates
Neighborhood Council Funding Support Statement – Fiscal Year 2018-2019**

I, Ron Ziff (President or Vice-President [VP] name),
declare that I am the President or VP of the Sherman Oaks Neighborhood Council
Neighborhood Council (Neighborhood Council) and that on April 08, 2019 (meeting
date), a Brown Act noticed public meeting was held by the Neighborhood Council with a quorum
of 16 (number) board members present and that by a vote of
16 (number) Yea, 0 (number) Nay, and 0 (number) Abstentions,
the Neighborhood Council approves funding support for the following:

L.A. Congress of Neighborhoods 2019 event in the amount of:

*\$ _____ (A)

and/or

L.A. Congress of Neighborhoods 2019 – Networking/EmpowerLA Awards event in the amount of:

*\$ _____ (B)

and/or

Neighborhood Council Budget Advocates 2019 in the amount of:

*\$ 750.00 (C)

\$ 750 Grand Total (A) + (B) + (C)

Therefore, the Neighborhood Council requests that the Office of the City Clerk Neighborhood Council Funding Program issue payment in the aforementioned Total amount from our checking account to the Department of Neighborhood Empowerment for the Congress and/or Budget Advocates Account(s).

Ronald Ziff
Signature of President ~~VP~~

MAY 2, 2019
Date

To request payment, the Neighborhood Council Treasurer must submit this completed form through the Funding System portal as the "Payment Request Document" and a respective Board Action Certification (BAC) form. Forms must be submitted no later than June 1, 2019 in order to be processed from current Fiscal Year available funds. **Make check payable to:**

**"City of Los Angeles – Dept. of Neighborhood Empowerment"
200 N. Spring St. Suite 224, Los Angeles, CA 90012**

*Please indicate a specific monetary amount, i.e. statements such as "our unused funding for this fiscal year" will not be processed.

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 Responsible Pit Bull Owners 46-2563118 CA 09/22/14
Organization Name *Federal I.D. # (EIN#)* *State of Incorporation* *Date of 501(c)(3) Status (if applicable)*
- 1b) 6320 Canoga Avenue, #1700 Woodland Hills CA 91367
Organization Mailing Address *City* *State* *Zip Code*
- 1c) _____
Business Address (If different) *City* *State* *Zip Code*
- 1d) **PRIMARY CONTACT INFORMATION:**
Sammi Maon 310-382-0079 sammi@LARPBO.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.

1) Training for shelter volunteers, shelter fosters, and shelter dogs for a year.
 2) LARPBO Shelter Intervention & Prevention Program ("SIPP") group training vouchers provided to dog owners to (a) intervene where it is deemed dog training would keep the owner from surrendering a pup and (b) prevent dogs from being returned to the shelter.

- 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)**

The training provides East Valley Animal Shelter volunteers and fosters necessary dog handling skills, as well as obedience training. They will have the tools to consistently train dogs to have a better chance of being adopted/rescued and will boost their confidence to handle all dogs of varying size and temperament. A well-trained dog will likely remain home and not returned.

LARPBO will distribute 100 SIPP vouchers to individuals who live in the area and who meet the program's purpose. 10 class vouchers for each qualified dog owner shows commitment by the dog owner and will provide the dog a better foundation of obedience. This is in alignment to Los Angeles' goal of becoming a no-kill city.

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
		\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	Training for shelter volunteers, shelter fosters, and shelter dogs for a year.	\$ 600	\$ 600
	Shelter Intervention & Prevention Program ("SIPP") group training vouchers	\$ 1500	\$ 1500
		\$	\$

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: \$ 2100

10a) Start date: 03 / 01 / 19 10b) Date Funds Required: 04 / 01 / 19 10c) Expected Completion Date: 03 / 31 / 20
 (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:

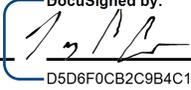
Name of NC Board Member	Relationship to Applicant

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.)**

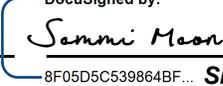
SECTION V - DECLARATION AND SIGNATURE

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*

Troy Smith President  2/5/2019
 PRINT Name Title Signature Date

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

Sammi Maon Secretary  2/5/2019
 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 for instructions on completing this form

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

DEPARTMENT OF THE TREASURY

Date: **SEP 22 2014**

LARPBO LOS ANGELES RESPONSIBLE PIT
BULL OWNERS INC
16633 VENTURA BLVD STE 600
ENCINO, CA 91436

Employer Identification Number:
46-2563118
DLN:
17053128336014
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
February 21, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

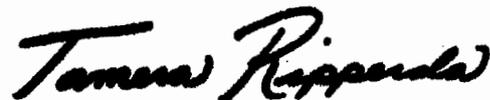
Dear Applicant:

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. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

Sincerely,



Director, Exempt Organizations

Letter 947



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: 631.370.7434

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:		
05/05/2019	410100	1	117247	Due Upon Receipt		
PERIOD	DESCRIPTION & EMPLOYEE			HOURS	RATE	AMOUNT
04/29/19-05/05/19	EXASST	Salter, Jolie A		4.00	21.85	\$87.40
				PAY THIS AMOUNT >	TOTAL	\$87.40

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.

Employee Timesheet Submission

Employee Name	Salter, Jolie A	Customer Name	LA Dept Neighborhood Empowerment
Assignment Number	260571	Department	
Period Ending Date	5/5/2019 12:00:00 AM	Report To	Ron Ziff
Timesheet Approved By	rziff@shermanoaksnc.org	Timesheet Approved On	5/5/2019 9:55:23 PM

Date	IN 1	OUT 1	IN 2	OUT 2	IN 3	OUT 3	IN 4	OUT 4	Total Hours	Expenses	Pay Code	Approval
05/03/2019	01:00 PM	03:00 PM							2.00	0.00	R	APPROVED
05/05/2019	03:00 PM	05:00 PM							2.00	0.00	R	APPROVED
Totals									4.00	0.00		

Employee Comments	
Client Comments	



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

CUSTOMER NUMBER
8607823
INVOICE DATE
05/01/2019

Bill-To Customer:

 SHERMAN OAKS NC 1612
 PO BOX 5721 T7 P1
 SHERMAN OAKS, CA 91413-5721



Customer Number	Billing Period	Date Due	Previous Balance	Payments	Credits	Current Charges	TOTAL DUE
8607823	05/01/2019 05/31/2019	05/30/2019	\$15.26	\$15.26	\$0.00	\$15.26	\$15.26

Payments - Thank You	04/25/2019	\$15.26		
Description of Current Charges & Credits	Qty	Unit Price	Ext. Price	
UM Standard-Discount Rate	May service 1	\$14.00	\$14.00	
8185032399				
City Utility Users Tax				\$1.26

CUSTOMER NUMBER
8607823
INVOICE NUMBER
7455387
DUE DATE
05/30/2019
AMOUNT PAID

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

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 Park 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:** CAROLYN RAMSAY / (310) 472-1990 carolyn@laparksfoundation.org
Chance Kavar / 310-472-1990 / chance@laparksfoundation.org
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) LOS ANGELES PARKS FOUNDATION LOS ANGELES CA 90027
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 Neighborhood Purposes Grant (NPG) funds will be use to purchase quality panel mats suitable for gymnastics, dance, martial arts, and general exercise classes. The mats will be used at the Van Nuys Sherman Oaks Recreation Center (VNSO RC). These new mats will replace old mats that are no longer servicable.

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 mentioned above, the new mats made possible by this NPG will be used for classes made available to the public by the LA Department of Recreation and Parks at the VNSO RC. Classes are offered year-round to Sherman Oaks families. The new mats will provide a safe environment for a wide range of participants--from 3-4 years old in Kinder Ballet classes, Tap Classes for 5-7 years old, Martial Arts classes for both children and adults, as well as Camp Coyote in the summer and other classes. The new mats will give VNSO RC the ability to offer more classes to more members of the Sherman Oaks community. These programs and classes are enjoyed by thousands of children throughout the year.

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
		\$	\$
		\$	\$
		\$	\$

6b)	Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
	5 - 6' x 12' x 2 3/8" Nova Duo Mats - Royal Blue	\$ 3,700.00	\$ 3,700.00
		\$	\$
		\$	\$

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: \$ 3,700.00

10a) Start date: 05 / 01 / 19 10b) Date Funds Required: 05 / 01 / 19 10c) Expected Completion Date: 06 / 01 / 19
 (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*
CAROLYN RAMSAY EXEC. DIR./SEC. [Signature] 9/24/19
 PRINT Name Title Signature Date

12b) Secretary of Non-profit Corporation or Assistant School Principal - REQUIRED*
Chance Kaur Operations Manager [Signature] 9/29/2019
 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 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)

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 black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent "R" and "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

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 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

[Handwritten Signature]

(Signature of Officer, Director, Trustee, or other authorized official)

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

[Handwritten Signature]

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

UPDATECONTINUE SHOPPING

Flyer Code



View Cart **\$2,571.96**

MY CART

PROCEED TO CHECKOUT

Product Name	Flyer	Unit Price	Qty	Subtotal	Remove
 <p>6' x 12' x 2 3/8" Nova Duo Mat - R. Blue SKU: 1041842 Color: Blue In Stock Ships Truck</p>		\$642.99	5	\$3,214.95	

UPDATECONTINUE SHOPPING

Freight Quote

Country

United States

State/Province

Zip/Postal Code 91423

UPDATE TOTAL

Ground Shipping

- Ground Shipping \$437.23

UPDATE TOTAL

CART TOTAL: \$3,214.95

Merchandise Total: \$3,214.95

PROCEED TO CHECKOUT

SHIPPING TOTAL: \$ 437.23

Merchandise Total: \$3,652.18

PROCEED TO CHECKO

