

Department of Neighborhood Empowerment

| | | |
|---------------------|--------------|------------------------------|
| Reporting Month: | MARCH | MONTHLY EXPENDITURE REPORT |
| NC Name: | Porter Ranch | Submitted: 4/1/2015 11:27:23 |
| Budget Fiscal Year: | 2014-2015 | |



FILL IN ALL THE UNSHADED (WHITE) FIELDS (Must be submitted to the Department within 10 days of Board Approval along with documentation and hard copy)

| EXPENDITURES BY LINE ITEM (for more than 12 expenditures, you may continue entering on page 3 of this worksheet - see below) | | | | | | | |
|--|--|-----------------|------------|----------------|--------------------------|-----------------|-------------|
| A | Date / Item / Service Description | BUDGET CATEGORY | VENDOR | INVOICE NUMBER | OUT OF STATE VENDOR | 1099 Reportable | TOTAL |
| 1 | Transcription Services | OPERATIONS | Apple One | | <input type="checkbox"/> | | \$219.45 |
| 2 | Meeting Food | OUTREACH | Ameci's | | <input type="checkbox"/> | | \$276.99 |
| 3 | Checking Account Fees | OPERATIONS | Union Bank | | <input type="checkbox"/> | | \$8.95 |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered) | | | | | | | \$505.39 |
| B | CUMULATIVE EXPENDITURES FROM PRIOR MONTHS | | | | | | \$17,218.53 |
| C | OUTSTANDING COMMITMENTS | | | | | | |
| | C 1. Outstanding Checks (checks that have been issued, but have not yet cleared the account) | | | | | | \$1,350.00 |
| | C 2. Rent/Lease | | | | | | |
| | C 3. Contractual Services | | | | | | |
| | C 4. Large Purchases | | | | | | |
| | C 5. Neighborhood Purpose Grants (pending or in process) | | | | | | \$6,000.00 |
| | C 6. Temporary Staffing Services | | | | | | |
| | C 7. Storage | | | | | | |
| | C 8. Other Outstanding Commitments ==> Description: | | | | | | |
| SUBTOTAL: Outstanding Commitments | | | | | | | \$7,350.00 |
| D | Total Expenditures & Commitments | | | | | | \$25,073.92 |
| E | Total Adjustments by Department (such as use taxes assessed, credits from prior fiscal years, etc) | | | | | | |
| F | Approved Budget 2014-2015 | | | | | | \$37,000.00 |
| G | Balance of Budget | | | | | | \$11,926.08 |

Revision Date 1-26-15

| | |
|------------------|--------------|
| Reporting Month: | MARCH |
| NC Name: | Porter Ranch |

| MONTHLY CASH RECONCILIATION | | | | |
|-----------------------------|---------------------|-----------------------------|---------------------------|-------------------------------|
| Beginning Balance (A) | Funds Deposited (B) | Total Available (C) = (A+B) | Cash Spent this Month (D) | Remaining Balance (E) = C - D |
| \$1,731.03 | \$859.54 | \$2,590.57 | \$505.39 | \$2,085.18 |

| MONTHLY BUDGETARY ANALYSIS | | | | | |
|----------------------------|-----------------------|--------------------|----------------------------|---------------------------------|--|
| Category Identifier | Budget Category | Adopted Budget (A) | Total Spent this Month (B) | Total Spent in Prior Months (C) | Unspent Budget Balance (D) = A - B - C |
| 100 | Operations | \$4,350.00 | \$228.40 | \$1,923.37 | \$2,198.23 |
| 200 | Outreach | \$18,207.36 | \$276.99 | \$12,295.16 | \$5,635.21 |
| 300 | Community Improvement | \$3,942.64 | \$0.00 | \$0.00 | \$3,942.64 |
| 400 | NPG | \$10,500.00 | \$0.00 | \$3,000.00 | \$7,500.00 |
| 500 | Elections | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 900 | Unallocated | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | TOTAL | \$37,000.00 | \$505.39 | \$17,218.53 | \$19,276.08 |

| NEIGHBORHOOD COUNCIL DECLARATION | | | |
|--|--|--------------------|--|
| We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and will furnish additional documentation to the Department of Neighborhood Empowerment upon request. | | | |
| Treasurer Signature | | Signer's Signature | |
| Print Name | | Print Name | |

| | | | |
|------------------------|--|------|--|
| Date | | Date | |
| NC Additional Comments | | | |

Revision Date 1-26-15

| | |
|------------------|--------------|
| Reporting Month: | MARCH |
| NC Name: | Porter Ranch |

| ADDITIONAL EXPENDITURES BY LINE ITEM (Optional, do not print page 3 unless you use it) | | | | | | | |
|--|-----------------------------------|-----------------|--------|----------------|---------------------|-----------------|---------------|
| A | Date / Item / Service Description | BUDGET CATEGORY | VENDOR | INVOICE NUMBER | OUT OF STATE VENDOR | 1099 Reportable | TOTAL |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
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| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |
| 35 | | | | | | | |
| 36 | | | | | | | |
| SUBTOTAL: Expenditures by Line Item | | | | | | | \$0.00 |

Revision Date 1-26-15



STATEMENT OF ACCOUNTS

Page 1 of 2
Statement Number: 0063214498
02/28/15 - 03/31/15

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

Telephone Banking
For 24-hour Automated Direct Service
800-238-4486
800-826-7345(TDD)
Representatives are available
Monday through Saturday

PORTER RANCH NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012-4801

To open additional accounts,
or apply for loans, call your
banking office at 310-551-8900

You may also access your account online
at unionbank.com

Thank you for banking with us
since 2014

- *The Union Bank Small Business Resource Center is another way we're helping small businesses prosper. You'll find tips and insights to help you run your business; manage your business finances; grow your business; and protect it from fraud. As you set a course for your business in the months ahead, count on Union Bank for the resources and advice you need to succeed long term. Visit unionbank.sbresources.com.*

Business Basics Checking Summary

Account Number: 0063214498

Days in statement period: 32

| | | |
|----------------------------------|-------------------|-----------------|
| Balance on 2/28 | \$ | 1,731.03 |
| Additions | | 859.54 |
| Subtractions | | -505.39 |
| | Checks | -219.45 |
| | Purchases | -276.99 |
| | Other Withdrawals | -8.95 |
| Balance on 3/31 | \$ | 2,085.18 |
| Statement Average Ledger Balance | | 1,984.36 |

We waived your service charge this statement period.

Additions

| Date | Description/Location | Reference | Amount |
|------|--|-------------|--------|
| 3/6 | CITY OF LOS ANGE EFT PAYMT PPD *****0735 | 59300359 \$ | 859.54 |

Checks

| Number | Date | Reference | Amount | Number | Date | Reference | Amount |
|--------------|------|-----------|--------|--------|------|-----------|---------------|
| 5016 | 3/2 | 08253028 | 115.50 | 5018* | 3/2 | 08253026 | 103.95 |
| Total | | | | | | \$ | 219.45 |

Purchases ATM card and Debit card™ purchases

| Date | Description/Location | Reference | Amount |
|------|--|-------------|--------|
| 3/5 | AMECI'S PI 08183684228 CA 08183684228 CA | 70902960 \$ | 276.99 |

Other Withdrawals including fees and adjustments

| Date | Description/Location | Reference | Amount |
|------|----------------------|-------------|--------|
| 3/12 | CHECK OR OTHER DEBIT | 70109196 \$ | 8.95 |

Information and Banking Office Services

For each monthly statement period your account includes:

- Unlimited free Information Services calls to 24-hour Automated Direct Service
- Banking office Information Services calls are \$0.00
- Banking office deposits are \$0.00

Your account was not charged for information and banking office services during the statement period.

04/01/15

PORTER RANCH NC
Profit and Loss Budget vs. Actual
July 2014 through June 2015

| | Jul '14 – Jun '15 | Budget | \$ Over Budget | % of Budget |
|---|-------------------|-------------------|-------------------|--------------|
| Income | 0.00 | 0.00 | 0.00 | 0.0% |
| Expense | | | | |
| 100 – Operations | | | | |
| 100EDU – Board Retreat | 0.00 | 500.00 | -500.00 | 0.0% |
| 100MIS – Miscellaneous | 8.95 | | | |
| 100OFF – Office Supplies | 269.06 | 500.00 | -230.94 | 53.8% |
| 100POS – Postage | 0.00 | 350.00 | -350.00 | 0.0% |
| 100TRL – Transcription Translat | 1,873.76 | 3,000.00 | -1,126.24 | 62.5% |
| Total 100 – Operations | 2,151.77 | 4,350.00 | -2,198.23 | 49.5% |
| 200 – Outreach | | | | |
| 200ADV – Graphics/Flyers | 677.38 | 1,000.00 | -322.62 | 67.7% |
| 200ADV1 – Promotional Items | 199.35 | 1,000.00 | -800.65 | 19.9% |
| 200EVE – Holiday Party | 1,134.36 | 1,134.36 | 0.00 | 100.0% |
| 200EVE1 – Disaster Preparedness | 499.23 | 500.00 | -0.77 | 99.8% |
| 200EVE2 – NC Alliance Outreach | 150.01 | 500.00 | -349.99 | 30.0% |
| 200MEE – Meeting Food | 1,633.45 | 2,865.00 | -1,231.55 | 57.0% |
| 200MEE1 – Phone Dialer | 760.62 | 1,358.00 | -597.38 | 56.0% |
| 200NEW – Constant Contact | 430.00 | 650.00 | -220.00 | 66.2% |
| 200WEB – prnc.org | 6,667.00 | 9,000.00 | -2,333.00 | 74.1% |
| 200WEB1 – Web Hosting | 143.76 | 200.00 | -56.24 | 71.9% |
| Total 200 – Outreach | 12,295.16 | 18,207.36 | -5,912.20 | 67.5% |
| 300 – Community Improvement | | | | |
| 300CIP – Citrus Sunday | 0.00 | 100.00 | -100.00 | 0.0% |
| 300CIP – Unallocated Community | 0.00 | 1,142.64 | -1,142.64 | 0.0% |
| 300CIP – Trees/Watering | 0.00 | 0.00 | 0.00 | 0.0% |
| 300CIP1 – LAPD | 0.00 | 1,700.00 | -1,700.00 | 0.0% |
| 300CIP2 – LAFD | 0.00 | 1,000.00 | -1,000.00 | 0.0% |
| Total 300 – Community Improve... | 0.00 | 3,942.64 | -3,942.64 | 0.0% |
| 400 – NPG | | | | |
| 400GRT – Senior Dance | 0.00 | 500.00 | -500.00 | 0.0% |
| 400GRT1 – Castlebay Elementary | 0.00 | 5,000.00 | -5,000.00 | 0.0% |
| 400GRT2 – PRCS | 0.00 | 2,000.00 | -2,000.00 | 0.0% |
| 400GRT3 – YMCA Thanksgiving | 500.00 | 500.00 | 0.00 | 100.0% |
| 400GRT4 – Chatsworth Family | 0.00 | 0.00 | 0.00 | 0.0% |
| 400GRT7 – July 4th | 2,500.00 | 2,500.00 | 0.00 | 100.0% |
| Total 400 – NPG | 3,000.00 | 10,500.00 | -7,500.00 | 28.6% |
| Total Expense | 17,446.93 | 37,000.00 | -19,553.07 | 47.2% |
| Net Income | -17,446.93 | -37,000.00 | 19,553.07 | 47.2% |

City of Los Angeles – Department of Neighborhood Empowerment



*Neighborhood Council
Funding Program*

Missing Receipt Affidavit
(One per Receipt)

| | | |
|--|---|-----------------------------------|
| Name of Authorized Neighborhood Council Member (Requestor) | Title of Authorized Neighborhood Council Member | Name of Neighborhood Council |
| Sean O'Rourke | Treasurer | Porter Ranch Neighborhood Council |

| | | | | |
|----------------|--------|--------------|--------------------|---------------|
| Name of Vendor | Date | Total Amount | Transaction/Ref No | Treasurer |
| Ameci's | 3/5/15 | 276.99 | 70902960 | Sean O'Rourke |

Please provide a **detailed description** and **list items** on the receipt:

12 pizzas
5 sandwiches
case of water

Please **explain purpose of expense** and attach any additional information (flyer, agenda, minutes) detailing the use of item(s).

The purpose of this expense is to provide incentive for stakeholders to attend our meeting during prime meal time.

I have (check one):

- not received
 lost
 misplaced
 a copy of

the receipt documenting payment for the expense described above. I certify that the amount shown above was expended for official Neighborhood Council business purposes.

The Neighborhood Council is submitting this affidavit in lieu of original receipt.

| | |
|--------------------------------|------|
| Neighborhood Council Signature | Date |
| X | |

APPROVAL

| | |
|-----------------|------|
| Department Head | Date |
| X | |



CITY OF LOS ANGELES

Attn: Accounts Payable

PORTER RANCH NC
 200 N. Main Street, Room 2005
 LOS ANGELES, CA 90012

Invoice

AppleOne Employment Services
 P.O. Box 29048
 Glendale CA 91209-9048
 Tel: 818-240-8688
 Email: specialbillingvms@ain1.com
 TIN: 95-2580864

Customer No: 00950101
 Site No: 0071
 Period Ending: 01/10/2015
 Invoice Date: 01/14/2015
 Invoice No: S2830104
 Amount Due: \$115.50
 Payment Term: NET 30 DAYS

| Supervisor | Name | Weekend | Inv Date | Ref Inv No | Reg Hr | Reg Rate | OT Hr | OT Rate | DT Hr | DT Rate | Misc Hr | Misc Rate | Tax | Amount | State | Office | |
|-----------------------------------|----------------------|------------|------------|------------|--------|----------|-------|---------|-------|---------|---------|-----------|--------|----------|-----------------|--------|--|
| | RITCHIE, MICHELLE | 01/10/2015 | 01/14/2015 | 01-3515050 | 5.00 | \$23.10 | 0.00 | \$0.00 | 0.00 | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$115.50 | CA | 1002 | |
| Grand Total Invoice Amount | | | | | | | | | | | | | | | \$115.50 | | |

Please remit payment to: **AppleOne Employment Services**
 P.O. Box 29048
 Glendale, CA 91209-9048



Employment Services

AppleOne Employment Services

P.O. Box 29048

Glendale CA 91209-9048

Tel: 818-240-8688

Email: specialbillings@ain1.com

TIN: 95-2580864

CITY OF LOS ANGELES

Attn: Accounts Payable

PORTER RANCH NC

200 N. Main Street, Room 2005

LOS ANGELES, CA 90012

Invoice

Customer No: 00950101

Site No: 0071

Period Ending: 10/04/2014

Invoice Date: 10/08/2014

Invoice No: S2696536

Amount Due: \$103.95

Payment Term: NET 30 DAYS

| Supervisor | Name | Weekend | Inv Date | Ref Inv No | Reg Hr | Reg Rate | OT Hr | OT Rate | DT Hr | DT Rate | Misc Hr | Misc Rate | Tax | Amount | State | Office |
|-----------------------------------|----------------------|------------|------------|------------|--------|----------|-------|---------|-------|---------|---------|-----------|--------|-----------------|-------|--------|
| | RITCHIE, MICHELLE | 10/04/2014 | 10/08/2014 | 01-3399984 | 4.50 | \$23.10 | 0.00 | \$0.00 | 0.00 | \$0.00 | 0.00 | \$0.00 | \$0.00 | \$103.95 | CA | 1002 |
| Grand Total Invoice Amount | | | | | | | | | | | | | | \$103.95 | | |

Please remit payment to: **AppleOne Employment Services**

P.O. Box 29048

Glendale, CA 91209-9048

Submitted By Associate : Michelle Ritchie|394918 10/3/2014 9:16:27 PM

Client Verification
 Company Name: **City of Los Angeles D.O.N.E./Credit**
 Total Hours Worked (in Numbers): Total Hours Worked (in Words):
 I am an authorized representative of City of Los Angeles D.O.N.E./Credit and certify that the employee(s) worked the hours indicated with services performed satisfactorily.
 Client Name and Title: **City of Los Angeles D.O.N.E./Credit | 002**
 (Please Print)
 Client Signature: *Michelle Ritchie*



| Week Ending | 1 | 0 | 0 | 4 | 1 | 4 | Assignment Completed | Yes | No |
|---------------|-------------------------|---|---|---|---|---|---------------------------|-----|----|
| Saturday | | | | | | | If yes, call your office. | | |
| Employee name | Richie, Michelle | | | | | | | | |
| (Print) | | | | | | | | | |

| Start Time | Finish time | Less Lunch | Total Reg | Total O.T. | Total | OT |
|---|-------------|------------|-----------|------------|----------|----------|
| Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs |
| SUN | | | | | | |
| MON | | | | | | |
| TUE | | | | | | |
| WED | 18 | 0 | 15 | 2 | 15 | |
| THUR | | | | | | |
| FRI | 19 | 0 | 15 | 2 | 15 | |
| SAT | | | | | | |
| Total Hours & Minutes Worked This Week | 4 | 30 | 0 | 0 | 0 | 0 |
| Office Use Only: | | | | | | |
| Corporate Use Only: | | | | | | |

| Dept. / Cost Center | Project | Supervisor's Phone # |
|--|---------|---------------------------|
| Box1 | Box2 | |
| Box3 | Box4 | |
| Office Use Only: Total | | |
| Hours: | | |
| City & State where services were performed | | City & State of Residence |

I have read and agreed to the Condition of Service as follows except where a contractual agreement with AppleOne (COMPANY):

- CLIENT will not entrust COMPANY employees with the care, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If computer work is involved, employees are not to be informed of any confidential access codes, or be permitted unsupervised access to confidential information, unless authorized in writing by COMPANY. COMPANY shall incur no liability, as a consequence of CLIENT having entrusted cash, negotiable securities or other items of value to any employee of COMPANY, except where the employee has been specifically advised by COMPANY that the employee shall not pay COMPANY employees directly or advance any funds to them.
- COMPANY employees are not permitted to operate machinery or drive any motorized vehicle (including their personal vehicle), while working for CLIENT. These restrictions may be waived only if agreed to in writing by COMPANY. COMPANY shall not be held liable for any injury, including death, or property damage, arising out of the use or operation of CLIENT's owned, non-owned or leased vehicles, machinery or equipment by COMPANY employees, and other employment-related laws, including meal/rest/break periods per wage and hour laws and indemnify COMPANY from any claims as a result of any violation of such laws resulting from CLIENT's conduct.
- CLIENT agrees to comply with all laws and ordinances relating to work site health and safety, and agrees to provide employees of COMPANY a safe and healthful workplace. CLIENT agrees that it shall be responsible for providing the necessary safety equipment for all employees of COMPANY. CLIENT shall be responsible for providing the necessary safety equipment for all employees of COMPANY. CLIENT shall be responsible for providing the necessary safety equipment for all employees of COMPANY. CLIENT shall be responsible for providing the necessary safety equipment for all employees of COMPANY.
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Invoice #2015 0315
Number

Date March 15, 2015

Ms. Paula Cracium
President
Porter Ranch Neighborhood Council
P.O. Box 7337
Porter Ranch, CA 91327-7337

Please remit to:

Wendy L. Moore
Moore Business Results
19300 Rinaldi St. #7164
Northridge, CA 91327

818 252-9399
<http://www.moorebusinessresults.com/>
City of LA Tax #549794-29

| | |
|--|--------------|
| Professional Fees for stakeholder communications services: website, PR, and email for March 2015. | \$750 |
|--|--------------|

| | |
|-------------------|--------------|
| Total Amount Due: | \$750 |
|-------------------|--------------|