

Department of Neighborhood Empowerment

Reporting Month:	MARCH	MONTHLY EXPENDITURE REPORT
NC Name:	Coastal San Pedro	Submitted: 4/12/2017 12:08:06
Budget Fiscal Year:	2016-2017	



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	VENDOR	INVOICE NUMBER	APPROVAL CODE	DATE / DESCRIPTION	BUDGET CATEGORY	OUT OF STATE VENDOR	1099 Reportable	TOTAL
1	FedEx Office	n/a		3/3/2017 / Flyers for Marijuana Reg Forum	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$56.12
2	Phantom Lithography	21156		3/7/2017 / Call for candidates glossy mailer	ELECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$4,637.95
3	Pronto's Mexican	n/a		3/21/2017 / Food for Stakeholder Meeting	OUTREACH	<input type="checkbox"/>	<input type="checkbox"/>	\$172.97
4	Lloyd Staffing	6-614532		03/05/2017 / Transcription Services Feb '17	OPERATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$180.18
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	
11						<input type="checkbox"/>	<input type="checkbox"/>	
12						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Expenditures by Line Item (May include totals on page 3, if entered)								\$5,047.22
B	CUMULATIVE EXPENDITURES FROM PRIOR MONTHS (CURRENT FISCAL YR)							\$7,351.75
C	OUTSTANDING COMMITMENTS (OBLIGATIONS)							
1	Andrew Menzes	n/a		2016/07 - 2017/03 / Meeting Setup & Audio	OPERATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,710.00
2	The Mailroom Virtual Office	CSPNC		2017/02 & 03 / Virtual Office Services 2 mos.	OPERATIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$557.98
3	CIP - Sharefest	n/a		2017/03/21 / Sharefest CIP - Paseo del Mar Rail	CIP	<input type="checkbox"/>	<input type="checkbox"/>	\$10,000.00
4	NPG - Lane Victory	n/a		2017/03/31 / Lane Victory NPG	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$1,700.00
5	NPG - White Point PFO	n/a		2017/03/21 / White Point Elementary PFO NPG	NPG	<input type="checkbox"/>	<input type="checkbox"/>	\$5,800.00
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL: Outstanding Commitments (Includes total on page 3)								\$19,767.98
D	Total Expenditures & Commitments							\$32,166.95
E	Total Adjustments (such as use taxes assessed, prior fiscal years items, etc) (use '-' for credits, '+' for deductions)							\$0.00
F	Approved Budget 2016-2017							\$42,000.00
G	Balance of Budget 2016-2017							\$9,833.05

Reporting Month:	MARCH
NC Name:	Coastal San Pedro

MONTHLY CASH RECONCILIATION				
Beginning Balance (A)	Funds Deposited (B)	Total Available (C) = (A+B)	Cash Spent this Month (D)	Remaining Balance (E) = C - D
\$19,194.20	\$0.00	\$19,194.20	\$5,047.22	\$14,146.98

MONTHLY CASH FLOW ANALYSIS						
Category Identifier	Budget Category	Adopted Budget (A)	Total Spent this Month (B)	FY 2015-16 Expenses Cleared in FY 2016-17 (C)	Total Spent in Prior Months (D)	Unspent Budget Balance (E) = A - B - D
100	Operations	\$7,300.00	\$180.18	\$0.00	\$2,482.91	\$4,636.91
200	Outreach	\$14,700.00	\$229.09	\$0.00	\$3,532.84	\$10,938.07
300	Community Improvement	\$10,000.00	\$0.00	\$0.00		\$10,000.00
400	NPG	\$5,000.00	\$0.00	\$0.00	\$1,336.00	\$3,664.00
500	Elections	\$5,000.00	\$4,637.95	\$0.00		\$362.05
	TOTAL	\$42,000.00	\$5,047.22	\$0.00	\$7,351.75	\$29,601.03

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	Robert Campbell	Print Name	Jeannine Bryant
Date	4/17/2017	Date	4/17/2017
NC Additional Comments			



STATEMENT OF ACCOUNTS

Page 1 of 1
Statement Number: 0071163349
03/01/17 - 03/31/17

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

COASTAL SAN PEDRO NEIGHBORHOOD COUNCIL
200 N SPRING ST FL 20
LOS ANGELES CA 90012

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



Business Basics Checking Summary

Account Number: 0071163349

Days in statement period: 31

Balance on 3/1	\$		19,194.20
Additions			0.00
Subtractions			-5,047.22
		Checks	-180.18
		Purchases	-4,867.04
Balance on 3/31	\$		14,146.98
Statement Average Ledger Balance			16,311.70

We waived your service charge this statement period.

Checks

<u>Number</u>	<u>Date</u>	<u>Reference</u>	<u>Amount</u>	<u>Number</u>	<u>Date</u>	<u>Reference</u>	<u>Amount</u>
5068	3/21	06008130	180.18				

Purchases *ATM card and Debit card™ purchases*

<u>Date</u>	<u>Description/Location</u>	<u>Reference</u>	<u>Amount</u>
3/3	FEDEXOFFIC RANCHO PALOS CA RANCHO PALOS CA	71454703	\$ 56.12
3/13	PHANTOM LI 310-478-7173 CA 310-478-7173 CA	70161583	2,500.00
3/15	PHANTOM LI 310-478-7173 CA 310-478-7173 CA	72487578	2,137.95
3/21	PRONTOS ME 03108324477 CA 03108324477 CA	73049827	172.97
Total			\$ 4,867.04

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.

PHANTOM

Printing • Copies • Graphic Design

PHANTOM LITHOGRAPHY
 11279 SANTA MONICA BOULEVARD
 W. LOS ANGELES, CA 90025
 (310) 478-7173

INVOICE NUMBER: 021156

INVOICE DATE:

COASTAL SAN PEDRO N.C. 00897
 1840 S. GAFFEY STREET
 SUITE 34
 SAN PEDRO
 CA 90731
 (310) 935-7975

ORDER DESCRIPTION:

POSTCARD MAILERS

ATTN: ADELE HEALY

ORDER DATE: 03/07/2017

DUE DATE: 03/08/2017

DUE TIME: N/A

ORIGS	FIN QTY.	UP	SIDES	INK COLORS	IMPRESSIONS	PRESS SIZE	FINISH SIZE	CODE	WGT.	TYPE	COLOR	BINDERY	PRINTING
1	12500					POSTCARDS/6 x 9							1,295.00
2	12500					PRESORT, BUNDLE, DELIVER							595.00
3	12500					EDDM POSTAGE (12500pcs)							2,365.00
4													
5													
6													

BINDERY DETAIL:

PRINTING: 4,255.00
 BINDERY:
 TYPESET:

SUB TOTAL: 4,255.00

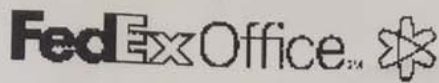
SALES TAX EXEMPT:
 SALES TAX: 382.95

TOTAL: 4,637.95

CASH PAID:
 PAYMENT TYPE:

CUSTOMER'S SIGNATURE

BALANCE DUE: 4,637.95
 Payment Due Date: 03/08/2017



FedEx Office is your destination
for printing and shipping.

28901 S WESTERN AVE
Rancho Palos Verdes, CA 90275
Tel: (310) 221-0380

3/1/2017 4:31:49 PM PST
Team Member: Nicole S.
Customer: ROBERT MILLINGS

SALE

60 sets stpl blk n w	Qty 60	51.60
BW 1S on 24# Wht	360 @	0.1400 T
000330 Reg. Price	0.15	
Machine Stapling	60 @	0.0200 T
000078 Reg. Price	0.02	
Price per piece	0.86	
Regular Total	55.20	
Discounts	3.60	

Sub-Total	51.60
Tax	4.52
Deposit	0.00

Total 56.12

MasterCard (M)	56.12
Account: 6818	
Auth: 014541 (A)	

Total Tender	56.12
Change Due	0.00

Total Discounts 3.60



* 1 0 2 3 0 0 2 4 7 0 6 *

PRONTOS MEXICAN GRILL
2420 S WESTERN AVE
SAN PEDRO, CA 90772

03/20/2017 16:10:29

CREDIT CARD

MC SALE

Card #	XXXXXXXXXXXX6818
SEQ #:	58
Batch #:	97
INVOICE	60
SERVER	0001
Approval Code:	064369
Entry Method:	Manual
Mode:	Online

PRE-TIP AMT \$172.97

TIP _____

TOTAL AMOUNT _____

CUSTOMER COPY



Invoice #	Client #	Invoice Date	Page
6-614532	12336-100	03/05/17	1

ADELE HEALY, PRESIDENT
 LA DEPT NEIGHBORHOOD COUNCIL
 COASTAL SAN PEDRO
 1840 S. GAFFEY STREET, BOX 34
 SAN PEDRO, CA 90731

W/E Date	Employee Name	Job Title	Regular Hours	Regular Rate	OT Hours	OT Rate	Other	Amount
03/05	SHERYLAKERBLOM	TRANSCRIPTION	7.00	25.74	.00	38.61		180.18

TERMS: DUE UPON RECEIPT

PLEASE PAY THIS AMOUNT

180.18

Our Mission: To excel at identifying, representing and connecting workforce talent.

Cut on Dotted Line



Invoice #	Client #	Invoice Date	Amount
6-614532	12336-100	03/05/2017	180.18

Please remit payment to:
 LLoyd Staffing
 445 Broadhollow Road, Suite 119
 Melville, NY 11747

Billing inquiries:
 631-370-7433

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

ADELE HEALY, PRESIDENT
 LA DEPT NEIGHBORHOOD COUNCIL
 COASTAL SAN PEDRO
 1840 S. GAFFEY STREET, BOX 34
 SAN PEDRO, CA 90731

Credit cards accepted:



Coastal transcription CALIFORNIA

Lloyd CORPORATION EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.		18021 Norwalk Boulevard, Suite 205 Arcata, CA 95521 Ph: 562-969-2585 ofrc@coastaltrans.com			
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH (FROM BREAK)	TOTAL HOURS
MON	2/27/17	6:30 AM	12:00 PM	1/2	4 1/2
TUES	2/28/17	8:30 AM	12:00 PM	1/2	4 1/2
WED		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
THURS		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
FRI		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
SAT		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
SUN		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
WEEK ENDING: 3-5-17		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR		PLEASE WRITE TOTAL HOURS WORKED HERE: 7	

RESTRICTIONS: 1. Please Notify us a full night prior. 2. Use of vehicle for each assignment. 3. Mail returned & INVOICE copy to Lloyd, on later than Friday night. 4. LATER CLIENT copy with client company, main EMPLOYEE copy for yourself. 5. Unassigned timesheets will be returned without payment.		APPROVAL: 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.
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COMPANY NAME: Coastal San Pedro Northwood Council (Please print)	ADDRESS: 1536 W. 125th St #223, San Pedro, CA 90732 Adele Healy, President WEEK ENDING: 3/5/17
PHONE: #223, San Pedro, CA 90732	P.O. ZIP:

EMPLOYEE NAME: Cheryl Akersblom EMPLOYEE SIGNATURE: Cheryl Akersblom SOCIAL SECURITY ID:	CLIENT SIGNATURE: Adele Healy CLIENT SIGNATURE: Adele Healy PHONE:
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IMPORTANT FOR CLIENT: Enclosed in 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 indicate minutes 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.

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

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 warrant 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 of our employees, fail to employ this person on a permanent or temporary basis, (B) we the Customer's services are a continuing or temporary assignment, (C) we the Customer's services through another temporary service within one (1) year after the person's temporary assignment, (D) we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in this regard.

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 replace 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 retract LLOYD's employees with unannounced penalties, costs, reimbursements or other penalties or sanctions such as to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance 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 shall be responsible 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(s), or arising out of or resulting from the operation of such vehicle(s), (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 employee 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 employer-employee 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 EMPLOYEES EMPLOYED 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 invoices upon receipt. If 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 amount. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and expenses.

Coastal transcription