	partment of Neighborhood Empowerment porting Month: FEBRL	IARY	MONTHLY EXPENDITURE REPORT		E	MPOWER LA			
_		Porter Ranch Submitted: 3/4/2015 12:03:03		Dep	partment of	• • • • • •			
	dget Fiscal Year: 2014-2015				NE	IGHBORHOOD EMPOWERMENT			
	L IN ALL THE UNSHADED (WHITE) FIELDS (Mus	t be submitted to the D	epartment within 10 days of Bo	oard Approval along with	n documentation	and hard copy)			
	EXPENDITURES BY LINE ITEM (for more than 1	2 expenditures, you n	nay continue entering on pa	ge 3 of this worksheet	- see below)				
A	Date / Item / Service Description	BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL		
1	2/24 Newswriting and Webservices	OUTREACH	Moore Business Results	PRNC 022015			\$750.0		
2	2/3 Transcription Services	OPERATIONS	Apple One	PRNC Jan/Feb 2015			\$467.7		
3	2/24 Meeting Advertisment Oil Drilling	OUTREACH	Valley Korean News				\$200.0		
4	2/4 Water	OUTREACH	Ralphs				\$14.7		
5	2/5 Food for Board Meeting	OUTREACH	Ameci's				\$313.0		
6	2/12 web hosting	OUTREACH	Host Gator		\checkmark		\$8.9		
7	2/17 Email Newsletter	OUTREACH	Constant Contact		\checkmark		\$55.0		
8	2/25 Food for Land Use meeting	OUTREACH	Ameci's				\$86.8		
9	2/25 Phone Dialer	OUTREACH	One Call Now				\$372.5		
10									
11									
12									
	SUBTOTAL: Expenditures by Line Item (May include	totals on page 3, if ente	ered)				\$2,268.9		
3	CUMULATIVE EXPENDITURES FROM PRIOR MONTH	IS					\$14,949.5		
:	OUTSTANDING COMMITMENTS								
	C 1. Outstanding Checks (checks that have been iss	ued, but have not yet cl	eared the account)						
	C 2. Rent/Lease								
	C 3. Contractual Services								
	C 4. Large Purchases								
	C 5. Neighborhood Purpose Grants (pending or in p	ocess)							
	C 6. Temporary Staffing Services						\$1,000.0		
	C 7. Storage								
	C 8. Other Outstanding Commitments ==>	Description:	Signs LA - Becky Leveque Motion	n			\$625.0		
	SUBTOTAL: Outstanding Commitments						\$1,625.0		
)	Total Expenditures & Commitments	otal Expenditures & Commitments							
	Total Adjustments by Department (such as use taxes	assessed, credits from	prior fiscal years, etc)						
	Approved Budget 2014-2015						\$37,000.0		
	Balance of Budget						\$18,156.4		

Reporting Month:	FEBRUARY
NC Name:	Porter Ranch

	MONTHLY CASH RECONCILIATION							
Beginning Balance	Funds Deposited	Total Available	Cash Spent this Month	Remaining Balance				
(Å)	(B)	(C) = (A+B)	(D)	(E) = C - D				
\$2,603.33	\$1,396.77	\$4,000.10	\$2,268.97	\$1,731.13				

	М	ONTHLY BUDGET	ARY 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	\$4,250.00	\$467.78	\$1,455.59	\$2,326.63
200	Outreach	\$19,208.00	\$1,801.19	\$10,493.97	\$6,912.84
300	Community				
500	Improvement	\$5,542.00	\$0.00	\$0.00	\$5,542.00
400	NPG	\$8,000.00	\$0.00	\$3,000.00	\$5,000.00
500	Elections	\$0.00	\$0.00	\$0.00	\$0.00
900	Unallocated	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	\$37,000.00	\$2,268.97	\$14,949.56	\$19,781.47

	NEIGHBORHOOD COUNCIL DECLARATION							
Ne, 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	Sean O'Rourke	Print Name	Armando Nunez					

Page 2

Date	3/4/15	Date	3/4/15
NC Additional Comments			
Revision Date 1-26-15			
Reporting Month:	FEBRUARY]	Page 3
NC Name:	Porter Ranch		

NC Name:	Porter Ranch
Reporting Month:	FEBRUARY

	Date / Item / Service Description	ional, do not print p BUDGET CATEGORY	VENDOR	INVOICE NUMBER	OUT OF STATE VENDOR	1099 Reportable	TOTAL
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
0							
31							
32							
33							
34							
35							
6							
	SUBTOTAL: Expenditures by Line Item	•					\$0

03/04/15

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

	Jul '14 – Feb '15	Budget	\$ Over Budget	% of Budget
Income	0.00	0.00	0.00	0.09
Expense				
100 - Operations				
100EDU - Board Retreat	0.00	1,000.00	-1,000.00	0.0%
100MIS – Miscellaneous	179.11			
1000FF – Office Supplies	89.95	500.00	-410.05	18.0%
100POS – Postage	0.00	350.00	-350.00	0.0%
100TRL – Transcription Translat	1,654.31	2,400.00	-745.69	68.9%
Total 100 - Operations	1,923.37	4,250.00	-2,326.63	45.39
200 - Outreach				
200ADV - Graphics/Flyers	677.38	1,400.00	-722.62	48.4%
200ADV1 – Promotional Items	199.35	1,000.00	-800.65	19.9%
200EVE – Holiday Party	1,134.36	2,500.00	-1,365.64	45.4%
200EVE1 - Disaster Preparedness	499.23	500.00	-0.77	99.8%
200EVE2 - NC Alliance Outreach	150.01	1,500.00	-1,349.99	10.0%
200MEE – Meeting Food	1,633.45	1,500.00	133.45	108.9%
200MEE1 - Phone Dialer	760.62	1,158.00	-397.38	65.7%
200NEW - Constant Contact	430.00	450.00	-20.00	95.6%
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	19,208.00	-6,912.84	64.09
300 – Community Improvement				
300CIP - Unallocated Community	0.00	542.00	-542.00	0.0%
300CIP - Trees/Watering	0.00	1,500.00	-1,500.00	0.0%
300CIP1 – LAPD	0.00	2,500.00	-2,500.00	0.0%
300CIP2 – LAFD	0.00	1,000.00	-1,000.00	0.0%
Total 300 - Community Improve	0.00	5,542.00	-5,542.00	0.09
400 - NPG				
400GRT - Senior Dance	0.00	500.00	-500.00	0.0%
400GRT1 - Castlebay Elementary	0.00	2,000.00	-2,000.00	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	500.00	-500.00	0.0%
400GRT7 – July 4th	2,500.00	2,500.00	0.00	100.0%
Total 400 - NPG	3,000.00	8,000.00	-5,000.00	37.59
Total Expense	17,218.53	37,000.00	-19,781.47	46.59
Net Income	-17,218.53	-37,000.00	19,781.47	46.5%



UNION BANK **Telephone Banking** CENTURY CITY 0206 For 24-hour Automated Direct Service PO BOX 512380 800-238-4486 LOS ANGELES CA 90051-0380 800-826-7345(TDD) Representatives are available Monday through Saturday To open additional accounts, or apply for loans, call your banking office at 310-551-8900 PORTER RANCH NEIGHBORHOOD COUNCIL 200 N SPRING ST FL 20 You may also access your account online LOS ANGELES CA 90012-4801 at unionbank.com Thank you for banking with us since 2014

Page 1 of 2

01/31/15 - 02/27/15

Statement Number: 0063214498

Merchant Services has a variety of secure processing solutions that are compliant with cardholder security standards. Get up to \$300 in rebates when you apply and are approved for a new Merchant Services account by 3/31/15. Call or stop by a branch office or see unionbank.com/merchantofferUB for details.

Business Basics Checking Summary Account Number: 0063214498

Days in statement period: 28

0.28			
Balance on 1/31 Additions	\$		2,603.23 1,396.77
Subtractions			-2,268.97
	Checks	-1,417.78	
	Purchases	-851.19	
Balance on 2/27	\$		1,731.03
Statement Average	e Ledger Balance		3,001.10

We waived your service charge this statement period.

Additions

Date	Description/Location	Reference	Amount
2/2	CITY OF LOS ANGE EFT PAYMT PPD *********0735	55351462 \$	1,396.77

Checks

Number	Date	Reference	Amount	Number	Date	Reference		Amount
5013	2/24	07514310	750.00	5017*	2/24	08336976		200.00
<mark>5014</mark>	2/3	06000446	467.78					
Total							\$	1,417.78
* Checks mis	ssing in se	equence. Out of se	quence check numbers may also be	located in the I	Payments	section of your	statement.	

Purchases ATM card and Debit card[™] purchases

Date	Description/Location	Reference	Amount
2/4	RALPHS 19781 RINALDI S NORTHRIDGE CA	70351931	\$ 14.79
2/5	AMECI'S PI 11229 TAMPA AVE NORTHRIDGE CA	70353249	313.02
2/12	HOSTGATOR. 5005 MITCHELLDA 08669642867 TX	70438404	8.95
<mark>2/17</mark>	CTC*CONSTA 1601 Trapelo Ro 855-2295506 MA	70446029	55.00
2/25	AMECI'S PI 11229 TAMPA AVE NORTHRIDGE CA	70555417	86.88
2/25	ONE CALL N 726 GRANT ST. 877-698-3262 OH	70561315	372.55
Total			\$ 851.19

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.



Ms. Paula Cracium

Porter Ranch Neighborhood Council

Porter Ranch, CA 91327-7337

President

P.O. Box 7337

Invoice #2015 0215 Number

Date February 15, 2015

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 February 2015.

\$750

Total Amount Due:

\$750



CITY OF LOS ANGELES



	IIN: 95-2580864		Tel: 818-240-8688 Email: specialbillingvms@ain1.com	Glendale CA 91209-9048	P.O. Box 29048	Approving Fullboy ment og vises	AnaleOne Employment Services	Employment Services
						200 N. Main Street. Room 2005	PORTER RANCH NC	Attn: Accounts Payable
Payment Term:	Amount Due:	Invoice No:	Invoice Date:	Period Ending:	Site No:	Customer No:		
NET 30 DAYS	\$103.95	S2696536	10/08/2014	10/04/2014	0071	00950101		

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

Grand Total Invoice Amount

\$103.95

Please remit payment to: AppleOne Employment Services P.O. Box 29048

P.O. Box 29048 Glendale, CA 91209-9048

Invoice 01-3399984 Line 1

Ritchie, Michelle

PM51236414

Hours & Minutes Conver Corporate Use Only: Office Use Only: **Total Hours & Minutes Worked This Week** Client Signature: 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 satisfactority. Client Name and Title **City of Los Angeles D.O.N.E./Credit | 002** (PleasePrint) Company Name: City of Los Angeles D.O.N.E./Credit Total Hours Worked (In Numbers): Total Hours Worked (In Words): 1. CLENT will not entruet COMPANY employees with the care, custody or control of premises, custody or control of premises, custody or control of premises, custody or control of cash, negotiables, valuables or similar property. If company company of CLENT working entruined cash, the proceed are valuable for an other proceed or CLOMPANY, except when CLERT is a read with the prove villation or control of CLENT is and prove custod and the prove of the approxement of CLENT is and company. If CLENT is a read with the prove villation or control of CLENT is and company of CLENT is and company. If CLENT is a read with a provide in the prove villation or control of the prove villation or control of CLENT is and company. If CLENT is and company of the approxement is control of the prove villation or control of the prove villation or control of CLENT. These manifestions may be evaluable for an other prove villation of the CLENT. These manifestions may be evaluable for an other provemy damage, and customer devaluable for an other provemy damage, and customer devaluable for an other provemy damage, and customer devaluable for an other employment with the approx of the approxement of the body in customer devaluable for an other employment. In control of the CLENT is and customer devaluable for an other employment with the active or explaines and indemity COMPANY for class and the provide of the company of the approxement is control of the company. In compliance, with all have and endower and the provide employees and the provide provide employees and the employment and the provide employees and the provide employee and the provide employees and the provide employee THUR SAT WED TUE MON SUNS CLIENT agrees to NET UPON RECEIPT, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days after the voice due date. Thereafter, a default charge will be imposed at 1.5% per month on any unpaid balance (APR of 18%). CLIENT agrees to pay default charge and attorney's tess for cost of collection of the date. nave read and agreed to the Condition of Service as follows except where a Condition is superseded by a contractual agreement with AppleOne (COMPANY) R lient Name and Title leasePrint) 17+8+710 Hrs Mins Start Time 19 18 0 0 Hrs Mins Hrs Mins Hrs Mins Hrs Mins 21 20 Finish time 15 15 R **Client Verification** Less Lunch Attract Submitted By Associate : Michelle Ritchie|394918 10/3/2014 9:16:27 PM Total Reg 4 N N 30 5 15 Total O.T. 0 0 Total Double Hrs Mins 0 0 OT Approval Learn. I turber certify that I suffered no injunce during the supervised by the subscription of the during the supervised by the previous week. b) time-and the supervised by the previous week, b) time-and is approved by Client and c). It is necessary to the previous week, b) time-and is approved by Client and c). It is necessary to the previous week, b) time-and is approved by Client and c). It is necessary the previous week is approved by Client and c). It is necessary the previous week by the previous week composed that any composed by the previous week composed that any composed by the previous week composed by the previous week composed by the previous week composed the week following the week (composed the transforment and the previous of the previous the transforment and the previous week (composed the transforment and the previous of the previous the transforment and the previous week (composed the transforment and the previous of the previous the transforment and the previous that the transforment and the previous of the measing the transforment and the previous the previous the transforment and the previous of the measing the transforment and the previous the previous the transforment and Employee name (Print): City & State where services were performed Box3 Box1 Dept. / Cost Center Number Week fice Use Only: Total vurs: pervisor's Name unday Month 1 0 0 4 1 4 ٠ . **Ritchie, Michelle** Day . Year Box2 Box4 . Project If yes, call your office. Assignment Yes No Completed * City & State of Residence Supervisor's Phone # ω Reference ID: 3802873 0

Date: 11/6/2014 8:12

Page 2 of 2



CITY OF LOS ANGELES



	TIN: 95-2580864		lei: 818-240-8688 Email: specialbillingvms@ain1.com	Giendale CA 91209-9048	P.O. BOX 29048		AppleOne Employment Services	Employment Services
					LOS ANGELES. CA 90012	200 N. Main Street. Room 2005	PORTER RANCH NC	Attn: Accounts Payable
Payment Term:	Amount Due:	Invoice No:	Invoice Date:	Period Ending:	Site No:	Customer No:		
NET 30 DAYS	\$115.50	S2830104	01/14/2015	01/10/2015	0071	00950101		

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

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

Date: 2/5/2015 12:07

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	and entral COMPA a general to the Co entral entral COMPA is consequences of C informed a consequences of C information of the Company and the information of the Company and the information of the Company and the rest to comply with an extrained company and the company and the company and the company and the compa	SHEFE	se Only:	rffice Use Only: ours & Minutes Converted to Nearest Minute	Total Hours & Minutes Worked This Week		9 0 21	20	20				tTime			e(s) worked the and Title	Total Hours Worked (In Numbers):	ame: City			01-3515050
·	Vity employees are understand and enderstand Lie any confidential Lie and confidential Lie an			arest Minute	ked This Week		0	ę	2				_			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 satisfactority. Client Name and Title City of Los Angeles D.O.N.E./Credit 002	bers): Total H	10	Client Verification		Line 1
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	craneded by a contri regression of the second second second me. (and and second second second second second me. (and and second												OT Approval			tify that				∍ Ritchie 39491	Ritchie, Michelle
Reference ID: 3936669	1 Phave read and agreed to the Cordition of Service as follows except where a Control of annum programmed for province (COMPANY): 1. CLERT with an entrone CLEWT have a clear or control of annum programmed and agreement with AppleChe (COMPANY): provide are not to be informed of my underesting access control of annum programmed any employee and control of annum programmed any unput of the provide and interpret in where the provide and interpret in where the provide any employees are not able formed of the provide any employees are not able formed of the provide any employees are applied within the provide any employees and not be provide any employees are applied within the provide any employees are applied and durg securities or determined and durg securities or advances any function of the present available and multiple and COMPANY clear the control of the present available and and the securities or advances any function of the present available and multiple and COMPANY form any clear the back provides and other available and and durg securities or advances are available for an additional free and multiple and the present available and multiple and clear the present available and the present and clear the present available and the present available available available and the present available and the present available and the present available and the present available available available and the present available and the present available and the present available av	Critice Use Only: Total		Box2	Supervisor's Name Supervisor's Phone #	Employee Signature Date	Was ALLOWIZED TO TAKE MEAL/REST BREAKS IN ACCORDANCE TO STATE LAW IN THE STATE OF MY EMPLOYMENT. (IF DEVIDED ANY MEAL/REST BREAK, CONTACT (800) 270-9320 IMMEDIATELY TO REPORT VIOLATION.)	scheduled pay date. J agree or a period or six (o) mortins are completion or my current assignment with the client identified on this time card, that I will immediately notify AppleOne II provide my services to this client as an employee or contractor or as an employee of a contractor or easily and the service of the service of the service of the service of the services of the service of the services of the	(2) I notify AppleOne that I have resigned and do not wish to be ressigned, in which event will be paid within the time periods specified by applicable law of the state of my employment, if such law requires payment in advance of the next	Loss of the construction of the second se	an employee or Apprechie and it is my responsibility to contact me company or reassignment. Frovided that, a.) I have submitted this timecard for all hours worked in the previous week, b.) timecard is approved by Client and c.) its received by the from the work where resonance in the previous the set of the terms of the set of the terms of terms	I coming instructions involves and consections into come approved by the client. If further certify that I suffered no injuries during this work period. I understand that when this assignment ends, I remain available for reassignment as understand that when this assignment ends, I remain available for reassignment as	Social Security Number • • • • • • 3 0 3 3	(Print): Ritchie, Michelle	n's					Submitted By Associate : Michelle Ritchie 394918 1/9/2015 9:02:30 PM Tc. serial No	PN22614415

Page 2 of 2



VALLEY KOREAN NEWS

17611 Chase Street, Northridge, CA 91325 Tel (818) 344 - 6257 · Fax (818) 344 - 5952

Advertisement

To : Eric Nam	Invoice No.: 0801_201
Attention :	
Address :	Date : 08-15-14
	-

Date	Description	Reg. Price	Discount	Amount	Paid	BALANCE
August-01	Valley Korean News AD-Full Color	\$400	\$200			\$200.00

Thank you very much.....







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

Name of Vendor	Date	Total Amount	Transaction/Ref No	Treasurer							
Ameci's	2/5/15	313.02	70353249	Sean O'Rourke							
Please provide a detailed description and list items on the receipt:											
See attached											
Please explain purpose of expense and attach any additional information (flyer, agenda, minutes) detailing the use of item(s). Food for meeting											
r ood for meeting											

I have (check one):

lost

not received

🖌 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	

PIZZA & PASTA PRESTO TABLE NO. P GUESTS DATE 645167 1 2 3 465 KG 4 Unt 0 64 8 9 R CIC . 10 AIN 11 LB t 12 no COV 13 14 Ca 15 ins C 16 2 9 U 1 17 SUB-TOTAL TAX TOTAL councie DATE 645167 AMOUNT & PASTA PRESTO

Billing (/billing/invoices) » Billing History (/billing/invoices) » Show Invoice

Billed From		Billed To	
HostGator.com 5005 Mitchelldale Suite #1 Houston, TX 77092 United States of America (866) 964-2867	00	Sean O'Rourke 20260 Pienza Lane Porter Ranch, CA 91326 US 8185267044	6
Invoice ID: 38615701	Due Date: 2015-02-16	Date Paid: 2015-02-11	Customer ID: 2189572

Hosting

Expanded Details

Invoice ID: 38615701	Line Item ID: 36688863	Domain: prnc.org	
Package ID: SH-2177556	Package Type: Hatchling	Service Term: \$8.95/mo - 1 Month *	\$8.95
	Coupon Code: 	Coupon Discount: 	
		Service Total:	\$8.95
		Services Subtotal:	\$8.95
		Amount Due:	\$8.95



<u>Print</u>

Billing Activity

Porter Ranch NC Attn: Sean ORourke Today's Date: 03/04/2015 PO Box 7337 User Name: porterranchnc Porter Ranch CA 91326-1810 US P: 818-370-3413 Billing Activity from 02/04/2015 to 03/04/2015 Description **Charge Amount Credit Amount** Date \$55.00 USD 02/13/2015 Payment - Credit Card - 3343 02/13/2015 Invoice #1423829834237 Email Marketing \$55.00 USD

Billing questions? Contact Support

Constant Contact - 1601 Trapelo Road - Waltham, MA 02451 US





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

Name of Vendor	Date	Total Amount	Transaction/Ref No	Treasurer			
Ameci's	2/25/15	86.88	70555417	Sean O'Rourke			
	Please provide a detailed description and list items on the receipt:						
See attached							
Please explain purpose of expense and attach any additional information (flyer, agenda, minutes) detailing the use of item(s).							
Food for meeting							

I have (check one):

	lost
--	------

not received

🖌 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	

PIZZA & PASTA PRESTO FRICK GUESTS TABLE NO DATE 11068**4** 622 5903 31 2 4 1 5 QQ 6 7 P 1 8 Alletes. 9 10 ZUG 11 3343 12 13 5581 36 7 б Et 17 9 O5:50 326 4 260 SUB-TOTAL TAX TOBLE. 110684 DATE AMOUNT PIZZA & PASTA 2 PRESTO



One Call Now: Cash Sale #CS240761

1 message

Billing Department <billing@onecallnow.com>

Mon, Feb 23, 2015 at 8:55 PM Reply-To: Billing Department <transactions.268496.2499498_user_3463182.365927d795@transactions.netsuite.com> To: seanorourke@prnc.org

One Call Now	Cash Sale	
when messages matter	Date	2/23/2015
One Call Now 6450 Poe Avenue Suite 500 Dayton OH 45414	Sale # Group ID Group Name Service From	CS240761 127017 Porter Ranch Neighborhood Council 2/23/2015
United States 877-698-3262 www.onecallnow.com	Service To Memo	2/23/2016
Bill To Sean O'Rourke Porter Ranch Neighborhood Council P.O. Box 7337	Payment Method Check # Credit Card #	Master Card
Porter Ranch CA 91326 United States		
Item Quantity Description		Rate RR Fee Amount

	Quantity	Beschphen			ant
PPCN- 4000	1	Pay Per Call Standard: Reach people anytime on a per-call basis. Purchase a block of 4,000 call deliveries and add more call credits at anytime. Credits expire in 12 months without renewal.	359.95 Ye	es 359	.95

Service begins upon receipt of payment.

Subtotal 359.95

RRF035 - Regulatory Recovery Fee: 3.5% 12.60

Total \$372.55

Invoice - PAID in Full