Monthly Expenditure Report



Reporting Month: June 2018 Budget Fiscal Year: 2017-2018

NC Name: Woodlands Hills-Warner Center Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance Total Spent Remaining Outstanding Commitments Net Available							
\$22379.38	\$15524.38	\$6855.00	\$3000.00	\$0.00	\$3855.00		

Monthly Cash Flow Analysis								
Budget Category Adopted Budget Total Spent this Month Unspent Budget Outstanding Net Av								
Office		\$2686.22		\$0.00				
Outreach	\$41000.00	\$5838.16	\$14030.00	\$0.00	\$14030.00			
Elections		\$0.00		\$0.00				
Community Improvement Project	\$0.00	\$1000.00	\$-1175.00	\$0.00	\$-1175.00			
Neighborhood Purpose Grants	\$1000.00	\$6000.00	\$-6000.00	\$3000.00	\$-9000.00			
Funding Requests Under Review: \$0.00 Encumbrances: \$0.00 Previous Expenditures: \$19620.					tures: \$19620.62			

	Expenditures									
#	Vendor	Date	Description	Budget Category	Sub-category	Total				
1	STORAGE ETC WARNER	06/16/2018	(Credit card transaction)	General Operations Expenditure	Office	\$500.00				
2	SAM ASH MUSIC #39	06/16/2018	(Credit card transaction)	General Operations Expenditure	Office	\$606.71				
3	SAM ASH MUSIC #39	06/16/2018	(Credit card transaction)	General Operations Expenditure	Office	\$393.27				
4	AMAZON.COM AMZN.COM/BI	06/18/2018	(Credit card transaction)	General Operations Expenditure	Office	\$42.65				
5	AMAZON MKTPLACE PMTS W	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$321.93				
6	AMAZON.COM AMZN.COM/BI	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$100.47				
7	ARC 1 ACC	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$28.10				
8	OFFICE DEPOT #661	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$118.22				
	June 18 MER Page 1 of 52 Expenditure									

	Subtotal:					\$15524.38
16	Valley Cultural Center	06/05/2018	Item No. (15) Mercy Alpert and Joyce Fl	Neighborhood Purpose Grants		\$3000.00
15	City of Los Angeles - Department of Neighborhood Empowerment	06/05/2018	[B/L 73] Motion: WHEREAS, the	Community Improvement Project		\$1000.00
14	Parents,Teachers/Educators & Students in Action	06/04/2018	Item No. (10) Joyce Fletcher and Mercy A	Neighborhood Purpose Grants		\$3000.00
13	HALO BRANDED SOLUTIONS	06/19/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$2995.62
12	HALO BRANDED SOLUTIONS	06/19/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$1038.06
11	SINALITEINC	06/18/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$838.68
10	HALO BRANDED SOLUTIONS	06/15/2018	(Credit card transaction)	General Operations Expenditure	Outreach	\$965.80
9	AMAZON MKTPLACE PMTS W	06/19/2018	(Credit card transaction)	General Operations Expenditure	Office	\$574.87

	Outstanding Expenditures								
#	# Vendor Date Description Budget Category Sub-category								
1	1 Prince of Peace Chrch Fscl Agnts Fr 06/29/2018 Item No. (14) Mercy Alpert Alpert Neighborhood Purpose Grants					\$3000.00			
	Subtotal: Outstanding								

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program								
Board Action Certification Form								
NC Name: Woodland Hills Warne	r Center				May 9, 2018			
Budget Fiscal Year: 2017-2018 Board Motion and/or Public	I						rage Unit at Storage Etc Warner	
Benefit Statement (CIP and NPG):	lease at Storage Etc \\$166.00 per month and monthly cost of \$194.00 not prepay in full for the	B/L 17] Motion to approve the WHWCNC to cancel early its current 5'x10' public storage unit case at Storage Etc Warner which is paid through June 30, 2018 at a current monthly cost of 166.00 per month and enter into a new 12- month rental agreement for a 7.5'x10' unit at a current nonthly cost of \$194.00 per month (which is subject to mid-term price increase(s) if the NC does not prepay in full for the lease term). If the NC elects to take this action before the end of the urrent lease term the NC will receive pro-rata credit at the rate the NC prepaid of \$149.00 per						
Method of Payment: (Select One)	□ Check	T LETTIT OF	□X Cred		iat wiii be		lember Reimbursement	
			Count					
	must leave the room prior to a							
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes	
Karen DiBiase	Resid Rep. Area 1,	X	energy.	anner e		er e		
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X						
Vacant	CBO Rep. Area 1							
V.acant (Voies If Absent Above)	Area 1 Alternate			1111111	:4:4:4:4		P. 1. G. (G. 1. 5/0/10)	
Brian Drapkin	Residential Rep. Area 2	Х					Role Swap w/Cole 5/9/18	
8	Business Rep. Area 2	X						
Sean McCarthy	CBO Rep. Area 2	X						
Ray Cole (Votes If Absent Above)	Alternate, Area 2						Role swap w/ Lawler 5/9/18	
Nancy McLean	Residential Rep. Area 3	X						
Herb Madsen	Business Rep. Area 3				X			
Martin Lipkin	CBO Rep. Area 3	X						
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X						
Don Patterson	Residential Rep. Area 4	X						
William Anderson	Business Rep. Area 4	X						
Camaron Gil	CBO Rep. Area 4				X			
Vacant	Alternate, Area 4							
Dorothy Koetz	Residential Rep. Area 5				X			
Vacant	Business Rep. Area 5							
Mercy Alpert	CBO Rep. Area 5				X			
Vacant (Votes If Absent Above)	Alternate, Area 5							
H.D. "Pat" Patton	Residential Rep. Area 6				X			
Gilbert Yablon	Business Rep. Area 6	X						
Heath Kline	CBO Rep. Area 6, Treas	X						
Lauren Coffman (Votes If Absent	Alternate, Area 6	х						
Aaron Williams	Res Rep. Area 7	Х						
Joyce Fletcher	Biz Rep. Area 7, Pres	X						
Peter Fletcher	CBO Rep. Area 7	X						
Marie Pierre (Votes If Absent Above)	Alternate, Area 7							
Sheppard Kaufman	At-Large Rep	Х						
Gina Thornburg (Votes If Absent Above)	At-Large Alt							
Ved Kulkarbi	Youth Rep.					X	Ineligible (Age)	
Totals We, the Treasurer and the Second Signe complete, and that a public meeting wa	s held in accordance with all I	aws, policie	es, and pr	ocedures.				
Board, at a Brown Act compliant public Treasurer's Signature	meetigg where a quorum of t	he Board w	Second	Rener's Sig		200	the s	
Print/Type Name: Heath Kline	Print/Type Name: Heath Kline June 18 MER Page 3 0 52 Lilian Joyce Fletcher, President							
Date:May 9, 2018	Julie 10	IVIEN F		ay 9, 2018	man Joyce	rietther,	riesident	

Storage Etc. - Warner 6030 Canoga Ave Woodland Hills, CA 91367 818-347-7160

Payment Receipt

W.H. W.C. NEIGHBORHOOD COUNCIL c/o: PETER FLETCHER 20929 VENTURA BLVD.STE. 47-535 WOODLAND HILLS CA 91367 Date Printed June 16, 2018

Payment Date June 16, 2018 12:00 PM

Unit

3080

Receipt Number

78721

Paid Thru

September 30, 2018

By AC

Date	Unit	Description	Charge	Discount	Tax	Total	Paymen	t Method
07/01/18	3080	Rent 7/1-7/31	166.00	0.00	0.00	166.00	166.00	Master Card
08/01/18	3080	Rent 8/1-8/31	166.00	0.00	0.00	166.00	166.00	Master Card
09/01/18	3080	Rent 9/1-9/30	166.00	0.00	0.00	166.00	166.00	Master Card
10/01/18	3080	Rent 10/1-10/31	166.00	0.00	0.00	166.00	2.00	Master Card

Taxes	0.00
Payment (less tax)	500.00
Payment Subtotal	500.00
Credits Applied	0.00
Refunds Applied	0.00
Total Applied to Account	500.00

Current Account Balance

0.00

Paid By Paid Thru Date Master Card *****5916 September 30, 2018

Transaction Type Sale Authorization 071978 Reference 1

I agree to pay the above amount according to the card issuer statement.

X _____

Office of the City Clerk Administrative Services Division Neighborhood Council (NC) Funding Program							
Board Action Certification Form	NC Name: Woodland Hills Warner Center Meeting Date: May 9, 2018						
Budget Fiscal Year: 2017-2018	r Center		_			gent Fundin	g item: NC Microphones & Accessories
Board Motion and/or Public	Contingent Funding it	tem shou	L				·
Benefit Statement (CIP and NPG):	2017/2018 Budget. [B/L57] Motion to amer fund up to \$500 \$1000. and other accessories to	contingent Funding item should funds become available from the 2017-2018 WHWCNC 017/2018 Budget. B/L57] Motion to amend and submit to the City Clerk an updated 2017/2018 WHWCNC Budget to und up to \$500 \$1000.00 [Frd Amnd ML] to purchase (3) microphones, as well as stands, cables, nd other accessories to be used by the NC for meetings and events. Vendor to be determined. Total funding request can be adjusted for price variation, taxes and shipping.					
Method of Payment: (Select One)	□ X Check		□ Credit	Card		□ Board M	lember Reimbursement
Recused Boardmembers r	must leave the room prior to		Count on and m	ay not retu	urn to the ro	oon until aft	er the vote is complete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Karen DiBiase	Resid Rep. Area 1,	X					
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X	111111	11111111	11111111	111111111	
Vacant	CBO Rep. Area 1						
Vacant (Votes If Absent Above)	Area 1 Alternate						
Brian Drapkin	Residential Rep. Area 2	Х	2.2.2.2			1.1.1.1.1.1	Role Swap w/Cole 5/9/18
Paul Lawler	Business Rep. Area 2	x			11111111	11111111	
Sean McCarthy	CBO Rep. Area 2	х					
Ray Cole (Votes If Absent Above)	Alternate, Area 2	11111111				11111111	Role swap w/ Lawler 5/9/18
Nancy McLean	Residential Rep. Area 3	х		.11111111			
Herb Madsen	Business Rep. Area 3				x		
Martin Lipkin	CBO Rep. Area 3	х					
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X					
Don Patterson	Residential Rep. Area 4	х		222222			
William Anderson	Business Rep. Area 4	X					
Camaron Gil	CBO Rep. Area 4			(1111111	х		
Vacant	Alternate, Area 4						
Dorothy Koetz	Residential Rep. Area 5				х		
Vacant	Business Rep. Area 5						
Mercy Alpert	CBO Rep. Area 5			2000000	х		
Vacant (Votes If Absent Above)	Alternate, Area 5						
H.D. "Pat" Patton	Residential Rep. Area 6				х		Left Early
Gilbert Yablon	Business Rep. Area 6	x					
Heath Kline	CBO Rep. Area 6, Treas	x					
Lauren Coffman (Votes If Absent	Alternate, Area 6	X					
Aaron Williams	Res Rep. Area 7				х		Left Early
Joyce Fletcher	Biz Rep. Area 7, Pres	X					
Peter Fletcher	CBO Rep. Area 7	х					
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	х					
Sheppard Kaufman	At-Large Rep				х		Left Early
Gina Thornburg (Votes If Absent Above)	At-Large Alt	X					
Ved Kulkarbi	Youth Rep					X	Ineligible (Age)
Totals		17	0	0	7	1	0
We, the Treasurer and the Second Signe complete, and that a public meeting was							
Board, at a Brown Act compliant public		Contract of the Contract of th			me above v	ras approve	d by the Neighborhood Council
Treasurer's Signature Touth This Second Gener's Signature I btohu							
Print/Type Name: Heath Kline			Print/Typ			Fletcher,	President
Date:May 9, 2018	June 18 MER Pagev5v0f252						

39-SAM ASH CANOGA PARK, CA STORE MGR CHRISTIAN LAROCCA 20934 ROSCOE CANOGA PARK CA 91304 818-709-5650

AMOUNT TENDERED: 606.71
CHANGE DUE: .00
BALANCE DUE: .00

See Terms and Conditions On Other Side.

SLSP:RYAN KORKES

OPEN - SPECIAL ORDER
INV#:0616839WNRE

ORDER STATUS 0 1:16 PM

CUSTOMER CODE:8043064327

CUSTOMER NAME:

HEATH KLINE WOODLAND HILLS

QTY MSRP OUR PRC EXT PRC 1.00 499.00 449.99 449.99

SKU:DCOMMANDS

ITEM: COMMANDERSPORTXUS, DENO WATER-RESISTANT PORTABLE PA SP

1.00 .00 71.99 71.99

SKU:XS2RE500X ITEM: SAM ASH

2 YEAR REPLACEMENT UNDER 500

1.00 .00 41.99 41.99

SKU:XS1RE500X ITEM: SAM ASH

1 YEAR REPLACEMENT UNDER 500

SALE

TERMINAL ID 40382828
RESP CD A
INVOICE 0004067189
ENTRY METHOD CHIP
APPROVED 043639
DATE/TIME 06/16/2018 13:16:47

CARD TYPE MasterCard
CARD # XXXXXXXXXXXXX5916

MASTERCARD

ATC 000C
ARQC E8D73E12B9611201
AID A0000000041010
TVR 0000048000
TSI E800

AMOUNT USD \$606.71

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

NO SIGNATURE REQUIRED

CUSTOMER COPY

PLEASE SEE REVERSE SIDE FOR REFUND AND EXCHANGE POLICIES.
THANK YOU FOR SHOPPING AT SAM ASH MUSIC **Serving Musicians "Since 1924"!!!!**
For store locations visit our website WWW.SAMASHMUSIC.COM

*****CUSTOMER COPY****

Invoice# 0616839WNRE

NOTES:

TCR USED: .00
SUBTOTAL: 563.97
SETUP: .00
DELIVERY: .00
TAX: 42.74

TOTAL: 606.71 398 XXXXXXXXXXXXXX5916 MC 606.71

043639



Commander Sport

Water-Resistant Portable P.A. Speaker

Key Features:

- Two-way design / 8-inch woofer & 1-inch tweeter
- IPX4 water-resistant rating sealed box design
- Tempo control
- Battery or AC-powered
- · Handheld wireless microphone transmitter included
- Bluetooth 4.0 playback
- SD/USB media playback
- XLR combo Mic/Line input
- 3.5mm TRS AUX input

Overview:

The Commander Sport is an all-in-one, water-resistant, subcompact PA system. This portable system operates on its internal rechargeable battery or AC power. Because of its IPX4 water-resistant design, it can be used in applications around swimming pools, water parks, and outdoor venues. A handheld UHF wireless microphone is included, along with the capability to play audio from Bluetooth devices, USB, and SD media. There is also an XLR/TRS combo jack for a wired MIC/LINE input. Tempo control is also featured for custom playback during exercise and water aerobics. This two-way speaker has all the features required for professional sound on-the-go, along with a luggage handle and wheels for easy transport and quick set-up.

Specifications:

- Speaker
 - Tweeter: 3" (80mm)
 - Woofer: 8" (203mm)
 - Power: 120W continuous
 - Frequency Response: 20 20 kHz
 - Waterproof: IXP4
- Connectors
 - (1) XLR/1/4" TRS combo jack
 - o (1) 1/4" (6.35mm) output
 - (1) 1/8" (3.5mm) input
 - (2) USB ports
 - (1) IEC AC power input
- · Wireless Microphone
 - Power: 2 x AA alkaline batteries
 - o Operating Frequency: UHF 584 608 MHz
 - Available Channels: 16
- Bluetooth Specifications
 - Version: 4.0
 - Profiles: A2DP, AVRCP
 - Range: Up to 60-feet (20m)*
 - Maximum Transmission Power: +4 dBm
 - Frequency: 2.4 2.48 GHz
- Power
 - Connection: IEC
 - Input Voltage: 100 240 VAC, 50/60 Hz
 - Fuse: T2AL 250V
 - Consumption: 80W

- Battery Life: up to 40 hours
- Battery Recharge Time: 8 hours
- Dimensions (w x d x h): 17.7" x 8.9" x 20.1" (449 x 228 x 510mm)
- Weight: 25.8 lbs (11.7 kg)
- *Bluetooth and wireless reception range are affected by walls, obstructions and movement. For optimal performance, place the product in the center of the room so it is unobstructed by walls, furniture, etc.

Samulah, MUSICS Electronic Product Replacement Plan

It applies only to the following product (the "Product"), which was purchased from Sam Ash on the "Date of Purchase": THIS SERVICE CONTRACT is between SAM ASH MUSIC STORES ("Sam Ash") and the "Customer" only.

Customer: 20imments oumanis Brand: Date Of Purchase Serial Number

SKU:

Model:

Sales Invoice No.

OG 16859WNRE

Sam Ash Branch:

Jennen

EPR 289519

Service Contract Price: \$ Sales Tax: \$ Total: \$

SAM ASHTAUSIC STORES ZED GGNATURE

By:

tinues for a period of one or two years, as indicated on the sales receipt, or until a replacement claim is 1. COVERAGE. The Replacement Plan is an extension of the manufacturer's written warranty and conpaid, whichever occurs first. Actual replacement coverage under this Plan begins upon purchase of the substitute, we will order a replacement unit.

Product and expires one year after the expiration of the shortest portion of the manufacturer's original or

factory-refurbished parts and/or labor warranty. If the Product suffers a mechanical or electrical failure,

not necessarily the same brand. A replacement product may be new or refurbished. The Replacement this Plan will replace the Product with a product of equal or similar features and functionality, though

Plan is limited to one replacement for products purchased for less than \$500 and does not cover trip.

modules, units and/or components, including but not limited to controllers, earphones, remotes, power products where applicable instead of the entire Product when the Product consist of self-contained 2. CERTAIN PARTS NOT COVERED: The Replacement Plan will replace modular components on fails, we may replace only the power adapter and not the rest of the Product if that solves the malfuncadapters, etc. For example, if you buy a product that includes a power adapter, and the power adapter

labor or shipping.

3. OTHER EXCLUSIONS: This Contract does not apply to repair or replacement of Products damaged coverage under paragraph 4 of this Service Contract. drivers with melted or burned voice coils will be presumed to have been abused and will be limited to manufacturer's specifications will be presumed to be damaged from abuse. Loudspeakers and horn heat. Damage involving cracked or bent parts and damage from use of voltage or current different from by misuse, abuse, alteration, bending or dropping, water or other liquids, lightning, fire or excessive

4. DISCOUNT ON NON-COVERED REPAIRS: To the extent Customer purchases from Sam Ash parts and labor to repair the Product which are excluded from coverage under paragraphs 2 and 3, Sam Ash will discount the parts 10% and labor 20% off regular rates

back to your local Sam Ash Music store with this Contract for a replacement. In most cases we should 5. OBTAINING SERVICE: If your covered product falls during the term of this agreement, just bring it

be able to provide you with a replacement on the spot. If not, and if we can't provide a reasonable

days, for any reason, the Customer's sole remedy shall be to extend the term of this Contract by the CONSEQUENTIAL DAMAGES. If the replacement under this Contract is delayed for more than minate this Contract and refund the full original purchase price of the covered product to the Customer length of the delay. If Sam Ash is unable to furnish a replacement under this Contract, Sam Ash will ter-6. LIMITATIONS OF LIABILITY: SAM ASH SHALL HAVE NO LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES If the replacement under this Contract is delayed for more than 21 provided by law, the purchase price for this Contract is not refundable. the original purchase of the covered product. Except as otherwise stated in this Contract or as may be (excluding tax and delivery charges). Sam Ash's liability under this Contract shall in no event exceed

after the Date of Purchase, provided it is in good working order and condition, and (2) to apply 50% of 7. GUARANTEE TRADE-IN: If the Customer desires to trade-in the Product toward any item sold by Sam Ash of equal or greater value, Sam Ash agrees (1) accept the Product during the first 12 months purchased for the new product time remaining in the term of this Service Contract shall be added to the term of any Service Contract the original purchase paid by the Customer for the Product to that purchase. Upon such trade-in, any

8. OPTION TO RENEW: This Service Contract may be extended through the 2nd anniversary of the this Service Contract if the manufacturer of the Product is no longer in business or no longer supplies a replacement for the Product. RENEWAL OF THIS SERVICE CONTRACT DOES NOT EXTEND THE GUARANTEE TRADE-IN REFERRED TO IN PARAGRAPH 8 ABOVE. while this Contract (or a renewal Contract) is in effect. The price for each one-year renewal will be equal Date of Purchase by the purchase of one-year renewal contracts. Each renewal must be purchased to 10% of the original purchase price of the Product. Sam Ash reserves the right to refuse to extend

intended to create or limit any implied warranties concerning your product, which may or may not exist 9. This Plan is not a warranty or insurance policy; it is a Service Contract. This Service Contract is not under applicable law.

Same Ash | MUSIC Electronic Product Replacement Plan

It applies only to the following product (the "Product"), which was purchased from Sam Ash on the "Date of Purchase": THIS SERVICE CONTRACT is between SAM ASH MUSIC STORES ("Sam Ash") and the "Customer" only,

Model: Customer: H.K. Woodland Hills (a Municipal o Brand: Serial Number

Sales Invoice No.

0616839WNRS

Sam Ash Branch:

S

SKU:

Date Of Purchase: 6/16/18

EPR 289518

2018 By Service Contract Price: \$ SAM ASH MUSIC STORES Sales Tax: \$ Total:

labor or shipping. this Plan will replace the Product with a product of equal or similar features and functionality, though tinues for a period of one or two years, as indicated on the sales receipt, or until a replacement claim is COVERAGE. The Replacement Plan is an extension of the manufacturer's written warranty and con-Plan is limited to one replacement for products purchased for less than \$500 and does not cover trip. not necessarily the same brand. A replacement product may be new or refurbished. The Replacement factory-refurbished parts and/or labor warranty. If the Product suffers a mechanical or electrical failure, Product and expires one year after the expiration of the shortest portion of the manufacturer's original or paid, whichever occurs first. Actual replacement coverage under this Plan begins upon purchase of the substitute, we will order a replacement unit.

fails, we may replace only the power adapter and not the rest of the Product if that solves the malfuncproducts where applicable instead of the entire Product when the Product consist of self-contained 2. CERTAIN PARTS NOT COVERED: The Replacement Plan will replace modular components on modules, units and/or components, including but not limited to controllers, earphones, remotes, power adapters, etc. For example, if you buy a product that includes a power adapter, and the power adapter

OTHER EXCLUSIONS: This Contract does not apply to repair or replacement of Products damaged coverage under paragraph 4 of this Service Contract by misuse, abuse, alteration, bending or dropping, water or other liquids, lightning, fire or excessive drivers with melted or burned voice coils will be presumed to have been abused and will be limited to manufacturer's specifications will be presumed to be damaged from abuse. Loudspeakers and horn heat. Damage involving cracked or bent parts and damage from use of voltage or current different from

will discount the parts 10% and labor 20% off regular rates. 4. DISCOUNT ON NON-COVERED REPAIRS: To the extent Customer purchases from Sam Ash parts and labor to repair the Product which are excluded from coverage under paragraphs 2 and 3, Sam Ash

5. OBTAINING SERVICE: If your covered product fails during the term of this agreement, just bring it back to your local Sam Ash Music store with this Contract for a replacement. In most cases we should

> be able to provide you with a replacement on the spot. If not, and if we can't provide a reasonable AUTHORIZED SIGNATURE

6. LIMITATIONS OF LIABILITY: SAM ASH SHALL HAVE NO LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. If the replacement under this Contract is delayed for more than 21 length of the delay. If Sam Ash is unable to furnish a replacement under this Contract, Sam Ash will terprovided by law, the purchase price for this Contract is not refundable. the original purchase of the covered product. Except as otherwise stated in this Contract or as may be minate this Contract and refund the full original purchase price of the covered product to the Customer days, for any reason, the Customer's sole remedy shall be to extend the term of this Contract by the excluding tax and delivery charges). Sam Ash's liability under this Contract shall in no event exceed

Sam Ash of equal or greater value, Sam Ash agrees (1) accept the Product during the first 12 months after the Date of Purchase, provided it is in good working order and condition, and (2) to apply 50% of 7. GUARANTEE TRADE-IN: If the Customer desires to trade-in the Product toward any item sold by purchased for the new product. the original purchase paid by the Customer for the Product to that purchase. Upon such trade-in, any time remaining in the term of this Service Contract shall be added to the term of any Service Contract

Date of Purchase by the purchase of one-year renewal contracts. Each renewal must be purchased 8. OPTION TO RENEW: This Service Contract may be extended through the 2nd anniversary of the replacement for the Product. RENEWAL OF THIS SERVICE CONTRACT DOES NOT EXTEND THE GUARANTEE TRADE-IN REFERRED TO IN PARAGRAPH 8 ABOVE. to 10% of the original purchase price of the Product. Sam Ash reserves the right to refuse to extend this Service Contract if the manufacturer of the Product is no longer in business or no longer supplies a while this Contract (or a renewal Contract) is in effect. The price for each one-year renewal will be equal

under applicable law. intended to create or limit any implied warranties concerning your product, which may or may not exist 9. This Plan is not a warranty or insurance policy; it is a Service Contract. This Service Contract is not

Office of the City Clerk Administrative S	•	od Council	(NC) Fund	ding Progra	am		
Board Action Certification Form			l	D :	0.001-		
NC Name: Woodland Hills Warne	r Center			Date: May	•	mant Front	itana NC Missanhay - 0 A'
Budget Fiscal Year: 2017-2018	Ocation and Franking it						gitem: NC Microphones & Accessories
Board Motion and/or Public Benefit Statement (CIP and NPG):	2017/2018 Budget. [B/L57] Motion to amer fund up to \$500 \$1000. and other accessories t	nd and su 00 [Frd Al o be used	bild funds become available from the 2017-2018 WHWCNC bmit to the City Clerk an updated 2017/2018 WHWCNC Budget to mnd ML] to purchase (3) microphones, as well as stands, cables, d by the NC for meetings and events. Vendor to be determined. usted for price variation, taxes and shipping.				
Method of Payment: (Select One)	□ X Check		□ Credit	Card		□ Board M	lember Reimbursement
ivication of Fayment. (Select One)	- A CHECK	Vote	Count	Cara		- Dould IV	iciniber Reiniburgement
Recused Boardmembers r	must leave the room prior to a	any discussi	on and m	ay not retu	urn to the ro	oon until aft	er the vote is complete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Karen DiBiase	Resid Rep. Area 1,	X					
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X					
Vacant	CBO Rep. Area 1						
Vacant (Votes If Absent Above)	Area 1 Alternate						
Brian Drapkin	Residential Rep. Area 2	х					Role Swap w/Cole 5/9/18
Paul Lawler	Business Rep. Area 2	X					
Sean McCarthy	CBO Rep. Area 2	Х					
Ray Cole (Votes If Absent Above)	Alternate, Area 2						Role swap w/ Lawler 5/9/18
Nancy McLean	Residential Rep. Area 3	Х	21111111				
Herb Madsen	Business Rep. Area 3		1111111		x		
Martin Lipkin	CBO Rep. Area 3	х					
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X					
Don Patterson	Residential Rep. Area 4	Х					
William Anderson	Business Rep. Area 4	X					
Camaron Gil	CBO Rep. Area 4				х		
Vacant	Alternate, Area 4						
Dorothy Koetz	Residential Rep. Area 5				х		
Vacant	Business Rep. Area 5						
Mercy Alpert	CBO Rep. Area 5				х		
Vacant (Votes If Absent Above)	Alternate, Area 5						
H.D. "Pat" Patton	Residential Rep. Area 6				х		Left Early
Gilbert Yablon	Business Rep. Area 6	Х	1111111				
Heath Kline	CBO Rep. Area 6, Treas	Х	2777777				
Lauren Coffman (Votes If Absent	Alternate, Area 6	Х					
Aaron Williams	Res Rep. Area 7				х		Left Early
Joyce Fletcher	Biz Rep. Area 7, Pres	Х					
Peter Fletcher	CBO Rep. Area 7	Х		2000000			
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	Х					
Sheppard Kaufman	At-Large Rep				X		Left Early
Gina Thornburg (Votes If Absent Above)	At-Large Alt	х					
Ved Kulkarbi	Youth Rep					X	Ineligible (Age)
Totals							0
We, the Treasurer and the Second Signe	We, the Treasurer and the Second Signer of the above named Neighborhood Council, declare that the information presented on this form is accurate and						
complete, and that a public meeting was held in accordance with all laws, policies, and procedures. The above was approved by the Neighborhood Council							
Board, at a Brown Act compliant public meeting where a quorum of the Board was present. Treasurer's Signature Second Amer's Signature Successful Successf				70-0			
Print/Type Name: Heath Kline			Print/Typ			e Fletcher,	President
Date:May 9, 2018 June 18 MER Page May of 1052							

39-SAM ASH CANOGA PARK, CA STORE MGR CHRISTIAN LARUCCA 20934 ROSCOE CANOGA PARK CA 91304 818-709-5650

HEATH KLINE WOODLAND HILLS

SKU:SBLX2PG58 ITEM: BLX2/PG58, SHURE

BLX HANDHELD TRANSMITTER W/PG5

1.00 .00 29.99 29.99 SKU:XS2RE200X ITEM: SAM ASH 2 YEAR REPLACEMENT UNDER 200

1.00 124.99 28.00 28.00 SKU:SVP10XMLX ITEM: SAVP10XMI , SAMSON VP10 PAK MIC/XLRCABLE/STAND

1.00 .00 8.49 8.49 SKU:XS2RE50XX ITEM: SAM ASH 2 YEAR REPLACEMENT UNDER 50

1.00 124.99 28.00 28.00 SKU:SVP10XMLX ITEM: SAVP10XMI , SAMSON VP10 PAK MIC/XLRCABLE/STAND

1.00 .00 8.49 8.49 SKU:XS2RE50XX ITEM: SAM ASH 2 YEAR REPLACEMENT UNDER 50

1.00 154.99 109.99 109.99 SKU:MMIX12FXX ITEM: 2044096-00, MACKIE MIX12FX 12CH COMPACT MIXER WIT

1.00 .00 29.99 29.99SKU :XS2RE200X ITEM: SAM ASH 2 YEAR REPLACEMENT UNDER 200

NOTES:REF SO: 0616839WNRE MNGR SPCL/ ONL

TCR USED: .00
SUBTOTAL: 365.83
SETUP: .00
DELIVERY: .00
TAX: 27.44

B/L 57

AMOUNT TENDERED: 393.27 CHANGE DUE: .00 BALANCE DUE: .00

SALE TERMINAL ID 40382828 RESP CD INVOICE 0004067434 ENTRY METHOD CHIP APPROVED 037469 CARD TYPE MasterCard CARD # XXXXXXXXXXXX5916 MASTERCARD ATC 0000 ARQC 6426F8AC7EC3AA49 AID A0000000041010 TVR 0000048000 TSI E800 AMOUNT USD \$393.27

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

NO SIGNATURE REQUIRED

CUSTOMER COPY

PLEASE SEE REVERSE SIDE FOR REFUND AND EXCHANGE POLICIES.
THANK YOU FOR SHOPPING AT SAM ASH MUSIC **Serving Musicians "Since 1924"!!!!**
For store locations visit our website WWW.SAMASHMUSIC.COM

*****CUSTOMER COPY****



Invoice# 0616839W0F0





STORES Electronic Product Replacement Plan

EPR 289514

THIS SERVICE CONTRACT is between SAM ASH MUSIC STORES ("Sam Ash") and the "Customer" only. It applies only to the following product (the "Product"), which was purchased from Sam Ash on the "Date of Purchase":

Sales Invoice No.	SKU:	Model:	Customer:
	Syphonus	SVPIO	H.K. Woodland
06/6 831 WORD	MY		dland Hills
Sam Ash Branch	Serial Number:	Brand:	Date Of Purchase

te Of Purchase 06/

Service Contract Price: \$

ANY SH MUSIC STORES Sales Tax: THORIZED SIGNATURE Total: \$

tinues for a period of one or two years, as indicated on the sales receipt, or until a replacement claim is COVERAGE. The Replacement Plan is an extension of the manufacturer's written warranty and con-Plan is limited to one replacement for products purchased for less than \$500 and does not cover trip. this Plan will replace the Product with a product of equal or similar features and functionality, though paid, whichever occurs first. Actual replacement coverage under this Plan begins upon purchase of the labor or shipping. not necessarily the same brand. A replacement product may be new or refurbished. The Replacement factory-refurbished parts and/or labor warranty. If the Product suffers a mechanical or electrical failure, Product and expires one year after the expiration of the shortest portion of the manufacturer's original or

fails, we may replace only the power adapter and not the rest of the Product if that solves the malfuncadapters, etc. For example, if you buy a product that includes a power adapter, and the power adapter products where applicable instead of the entire Product when the Product consist of self-contained 2. CERTAIN PARTS NOT COVERED: The Replacement Plan will replace modular components on modules, units and/or components, including but not limited to controllers, earphones, remotes, power

coverage under paragraph 4 of this Service Contract. drivers with melted or burned voice coils will be presumed to have been abused and will be limited to heat. Damage involving cracked or bent parts and damage from use of voltage or current different from by misuse, abuse, alteration, bending or dropping, water or other liquids, lightning, fire or excessive 3. OTHER EXCLUSIONS: This Contract does not apply to repair or replacement of Products damaged manufacturer's specifications will be presumed to be damaged from abuse. Loudspeakers and horn

4. **DISCOUNT ON NON-COVERED REPAIRS**: To the extent Customer purchases from Sam Ash parts and labor to repair the Product which are excluded from coverage under paragraphs 2 and 3, Sam Ash will discount the parts 10% and labor 20% off regular rates.

5. OBTAINING SERVICE: If your covered product fails during the term of this agreement, just bring it back to your local Sam Ash Music store with this Contract for a replacement. In most cases we should

> be able to provide you with a replacement on the spot. If not, and if we can't provide a reasonable substitute, we will order a replacement unit.

provided by law, the purchase price for this Contract is not refundable. the original purchase of the covered product. Except as otherwise stated in this Contract or as may be minate this Contract and refund the full original purchase price of the covered product to the Customer length of the delay. If Sam Ash is unable to furnish a replacement under this Contract, Sam Ash will terdays, for any reason, the Customer's sole remedy shall be to extend the term of this Contract by the CONSEQUENTIAL DAMAGES. If the replacement under this Contract is delayed for more than 21 excluding tax and delivery charges). Sam Ash's liability under this Contract shall in no event exceed LIMITATIONS OF LIABILITY: SAM ASH SHALL HAVE NO LIABILITY FOR INCIDENTAL OR

purchased for the new product. 7. GUARANTEE TRADE-IN: If the Customer desires to trade-in the Product toward any item sold by time remaining in the term of this Service Contract shall be added to the term of any Service Contract the original purchase paid by the Customer for the Product to that purchase. Upon such trade-in, any after the Date of Purchase, provided it is in good working order and condition, and (2) to apply 50% of Sam Ash of equal or greater value, Sam Ash agrees (1) accept the Product during the first 12 months

GUARANTEE TRADE-IN REFERRED TO IN PARAGRAPH 8 ABOVE this Service Contract if the manufacturer of the Product is no longer in business or no longer supplies a replacement for the Product. RENEWAL OF THIS SERVICE CONTRACT DOES NOT EXTEND THE to 10% of the original purchase price of the Product. Sam Ash reserves the right to refuse to extend while this Contract (or a renewal Contract) is in effect. The price for each one-year renewal will be equal Date of Purchase by the purchase of one-year renewal contracts. Each renewal must be purchased 8. OPTION TO RENEW: This Service Contract may be extended through the 2nd anniversary of the

intended to create or limit any implied warranties concerning your product, which may or may not exist 9. This Plan is not a warranty or insurance policy; it is a Service Contract. This Service Contract is not

© 2016 Sam Ash Music Corp.

STORES Electronic Product Replacement Plan EPR 289515

It applies only to the following product (the "Product"), which was purchased from Sam Ash on the "Date of Purchase" THIS SERVICE CONTRACT is between SAM ASH MUSIC STORES ("Sam Ash") and the "Customer" only

Sales Invoice No.	SKU:	Model:	Customer:
	859.dzx18	RIX2	H.K Woodland Hills
Sam A	Serial	Brand:	Date C

81/19/18

Service Contract Price:

69

Sales Tax: Total: 69

2

am Ash Branch:

rial Number:

SAM ASH MUSIC STORES

SIGNATURE

By:

substitute, we will order a replacement unit be able to provide you with a replacement on the spot. If not, and if we can't provide a reasonable

provided by law, the purchase price for this Contract is not refundable. the original purchase of the covered product. Except as otherwise stated in this Contract or as may be minate this Contract and refund the full original purchase price of the covered product to the Customer length of the delay. If Sam Ash is unable to furnish a replacement under this Contract, Sam Ash will terdays, for any reason, the Customer's sole remedy shall be to extend the term of this Contract by the 6. LIMITATIONS OF LIABILITY: SAM ASH SHALL HAVE NO LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. If the replacement under this Contract is delayed for more than 21 (excluding tax and delivery charges). Sam Ash's liability under this Contract shall in no event exceed

labor or shipping.

2. CERTAIN PARTS NOT COVERED: The Replacement Plan will replace modular components on

adapters, etc. For example, if you buy a product that includes a power adapter, and the power adapter modules, units and/or components, including but not limited to controllers, earphones, remotes, power products where applicable instead of the entire Product when the Product consist of self-contained

fails, we may replace only the power adapter and not the rest of the Product if that solves the malfunc-

after the Date of Purchase, provided it is in good working order and condition, and (2) to apply 50% of Sam Ash of equal or greater value, Sam Ash agrees (1) accept the Product during the first 12 months 7. GUARANTEE TRADE-IN: If the Customer desires to trade-in the Product toward any item sold by purchased for the new product time remaining in the term of this Service Contract shall be added to the term of any Service Contract the original purchase paid by the Customer for the Product to that purchase. Upon such trade-in, any

GUARANTEE TRADE-IN REFERRED TO IN PARAGRAPH 8 ABOVE. to 10% of the original purchase price of the Product. Sam Ash reserves the right to refuse to extend while this Contract (or a renewal Contract) is in effect. The price for each one-year renewal will be equal Date of Purchase by the purchase of one-year renewal contracts. Each renewal must be purchased 8. OPTION TO RENEW: This Service Contract may be extended through the 2nd anniversary of the replacement for the Product. RENEWAL OF THIS SERVICE CONTRACT DOES NOT EXTEND THE this Service Contract if the manufacturer of the Product is no longer in business or no longer supplies a

under applicable law intended to create or limit any implied warranties concerning your product, which may or may not exist 9. This Plan is not a warranty or insurance policy; it is a Service Contract. This Service Contract is not

back to your local Sam Ash Music store with this Contract for a replacement. In most cases we should 5. OBTAINING SERVICE: If your covered product falls during the term of this agreement, just bring it and labor to repair the Product which are excluded from coverage under paragraphs 2 and 3, Sam Ash 4. DISCOUNT ON NON-COVERED REPAIRS. To the extent Customer purchases from Sam Ash parts

3. OTHER EXCLUSIONS: This Contract does not apply to repair or replacement of Products damaged

by misuse, abuse, alteration, bending or dropping, water or other liquids, lightning, fire or excessive

will discount the parts 10% and labor 20% off regular rates

coverage under paragraph 4 of this Service Contract.

drivers with melted or burned voice coils will be presumed to have been abused and will be limited to

manufacturer's specifications will be presumed to be damaged from abuse. Loudspeakers and hom heat. Damage involving cracked or bent parts and damage from use of voltage or current different from

1. COVERAGE. The Replacement Plan is an extension of the manufacturer's written warranty and con-

000

tinues for a period of one or two years, as indicated on the sales receipt, or until a replacement claim is

this Plan will replace the Product with a product of equal or similar features and functionality, though

Plan is limited to one replacement for products purchased for less than \$500 and does not cover trip not necessarily the same brand. A replacement product may be new or refurbished. The Replacemen factory-refurbished parts and/or labor warranty. If the Product suffers a mechanical or electrical failure Product and expires one year after the expiration of the shortest portion of the manufacturer's original or paid, whichever occurs first. Actual replacement coverage under this Plan begins upon purchase of the

© 2016 Sam Ash Music Corp.

Same Ash STORES Electronic Product Replacement Plan

EPR

289517

It applies only to the following product (the "Product"), which was purchased from Sam Ash on the "Date of Purchase" THIS SERVICE CONTRACT is between SAM ASH MUSIC STORES ("Sam Ash") and the "Customer" only

SKU: Model: Customer: H. Serial Number

Sales Invoice No

0616839 WOFO

Date Of Purchase:

Sam Ash Branch: 50326

By: Service Contract Price: \$ Sales Tax: \$ Total: \$

SAM ASH MUSIC STORES HORIZED SIGNATURE 24.99

1. COVERAGE. The Replacement Plan is an extension of the manufacturer's written warranty and continues for a period of one or two years, as indicated on the sales receipt, or until a replacement claim is paid, whichever occurs first. Actual replacement coverage under this Plan begins upon purchase of the substitute, we will order a replacement unit. be able to provide you with a replacement on the spot. If not, and if we can't provide a reasonable

6. LIMITATIONS OF LIABILITY: SAM ASH SHALL HAVE NO LIABILITY FOR INCIDENTAL OR minate this Contract and refund the full original purchase price of the covered product to the Customer provided by law, the purchase price for this Contract is not refundable. the original purchase of the covered product. Except as otherwise stated in this Contract or as may be length of the delay. If Sam Ash is unable to furnish a replacement under this Contract, Sam Ash will terdays, for any reason, the Customer's sole remedy shall be to extend the term of this Contract by the CONSEQUENTIAL DAMAGES. If the replacement under this Contract is delayed for more than 21 excluding tax and delivery charges). Sam Ash's liability under this Contract shall in no event exceed

Sam Ash of equal or greater value, Sam Ash agrees (1) accept the Product during the first 12 months after the Date of Purchase, provided it is in good working order and condition, and (2) to apply 50% of purchased for the new product. 7. GUARANTEE TRADE-IN: If the Customer desires to trade-in the Product toward any item sold by time remaining in the term of this Service Contract shall be added to the term of any Service Contract the original purchase paid by the Customer for the Product to that purchase. Upon such trade-in, any

while this Contract (or a renewal Contract) is in effect. The price for each one-year renewal will be equal 8. OPTION TO RENEW: This Service Contract may be extended through the 2nd anniversary of the replacement for the Product. RENEWAL OF THIS SERVICE CONTRACT DOES NOT EXTEND THE GUARANTEE TRADE-IN REFERRED TO IN PARAGRAPH 8 ABOVE. to 10% of the original purchase price of the Product. Sam Ash reserves the right to refuse to extend Date of Purchase by the purchase of one-year renewal contracts. Each renewal must be purchased this Service Contract if the manufacturer of the Product is no longer in business or no longer supplies a

4. DISCOUNT ON NON-COVERED REPAIRS: To the extent Customer purchases from Sam Ash parts and labor to repair the Product which are excluded from coverage under paragraphs 2 and 3, Sam Ash

coverage under paragraph 4 of this Service Contract

drivers with melted or burned voice coils will be presumed to have been abused and will be limited to

manufacturer's specifications will be presumed to be damaged from abuse. Loudspeakers and horn heat. Damage involving cracked or bent parts and damage from use of voltage or current different from 3. OTHER EXCLUSIONS: This Contract does not apply to repair or replacement of Products damaged

falls, we may replace only the power adapter and not the rest of the Product if that solves the malfuncmodules, units and/or components, including but not limited to controllers, earphones, remotes, power 2. CERTAIN PARTS NOT COVERED: The Replacement Plan will replace modular components on

adapters, etc. For example, if you buy a product that includes a power adapter, and the power adapter products where applicable instead of the entire Product when the Product consist of self-contained this Plan will replace the Product with a product of equal or similar features and functionality, though

Plan is limited to one replacement for products purchased for less than \$500 and does not cover trip. not necessarily the same brand. A replacement product may be new or refurbished. The Replacement factory-refurbished parts and/or labor warranty. If the Product suffers a mechanical or electrical failure Product and expires one year after the expiration of the shortest portion of the manufacturer's original or

labor or shipping.

by misuse, abuse, alteration, bending or dropping, water or other liquids, lightning, fire or excessive

will discount the parts 10% and labor 20% off regular rates.

back to your local Sam Ash Music store with this Contract for a replacement. In most cases we should 5. OBTAINING SERVICE: If your covered product fails during the term of this agreement, just bring it

intended to create or limit any implied warranties concerning your product, which may or may not exist 9. This Plan is not a warranty or insurance policy; it is a Service Contract. This Service Contract is not

© 2016 Sam Ash Music Corp.



Final Details for Order #114-0940607-2558658

Print this page for your records.

Order Placed: June 17, 2018 PO number: WHWCNC B/L-37

Amazon.com order number: 14-0940607-2558658

Order Total: \$42.65

Shipped on June 18, 2018

Items Ordered Price

1 of: HP 950XL Black Ink Cartridge, High Yield (CN045AN) for HP Officejet Pro 251 276 8100 \$41.89

8600 8610 8620 8625 8630 Sold by: Amazon.com Services, Inc.

Condition: New

Shipping Address:

Heath Kline 4320 Alhama Dr

Woodland Hills, CA 91364-4416

United States

Shipping Speed:

Same-Day Delivery

Item(s) Subtotal: \$41.89 Shipping & Handling: \$5.99

Free Shipping: -\$5.99

HP Ink Promotion: -\$2.94

Total before tax: \$38.95

Sales Tax: \$3.70

Total for This Shipment: \$42.65

Payment information

Payment Method:

MasterCard | Last digits: 5916 Reference number: WHWCNC

Billing address

Heath L Kline 200 N Spring St WHWCNC City of Los Angeles Los Angeles, California 90012

United States

Credit Card transactions

Item(s) Subtotal: \$41.89

Shipping & Handling: \$5.99 Free Shipping: -\$5.99 HP Ink Promotion: -\$2.94

Total before tax: \$38.95 Estimated tax to be collected: \$3.70

Grand Total: \$42.65

MasterCard ending in 5916: June 18, 2018: \$42.65

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2018. Amazon.com, Inc. or its affiliates



Office Supplies & Copies

Total for This Shipment: \$321.93

Final Details for Order #114-3579797-1198614

Print this page for your records.

Order Placed: June 18, 2018 PO number: WHWCNC B/L 37 Ink

Amazon.com order number: 114-3579797-1198614

Order Total: \$321.93

Shipping Speed:

Two-Day Shipping

Shipped on June 18, 2018						
Items Ordered 4 of: Brother Genuine LC1053PKS Super High Yield XXL Ink Cartridges Sold by: Amazon.com Services, Inc.	Price \$42.48					
Condition: New 1 of: HP 972X Cyan High Yield Original PageWide Cartridge (L0R98AN) for HP PageWide Pro 452dn 452dw 477dn 477dw 552dw 577dw 577z Sold by: ToneTech (seller profile) Condition: New	\$135.85					
Shipping Address: Heath Kline 4320 Alhama Dr Woodland Hills, CA 91364-4416 United States Item(s) Subtotal: Shipping & Handling: Total before tax: Sales Tax:	\$0.00 \$305.77					

Payment information						
Payment Method: MasterCard Last digits: 5916 Reference number: WHWCNC	Item(s) Subtotal: \$305.77 Shipping & Handling: \$0.00					
Billing address Heath L Kline	Total before tax: \$305.77 Estimated tax to be collected: \$16.16					
200 N Spring St WHWCNC City of Los Angeles Los Angeles, California 90012 United States	Grand Total: \$321.93					
Credit Card transactions	MasterCard ending in 5916: June 18, 2018: \$321.93					

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2018, Amazon.com, Inc. or its affiliates





June 18 MER Page 19 of 52



Office Supplies & Copies

Final Details for Order #114-7838580-6137836

Print this page for your records.

Order Placed: June 17, 2018 PO number: WHWCNC B/L-37

Amazon.com order number: 114-7838580-6137836

Order Total: \$100.47

Shipped on June 18, 2018

Items Ordered Price

1 of: HP 951XL Ink Cartridge, Magenta High Yield (CN047AN) for HP Officejet Pro 251 276 8100 8600 8610 \$32.89

8620 8625 8630

Sold by: Amazon.com Services, Inc.

Condition: New

1 of: HP 951XL Ink Cartridge, Yellow High Yield (CN048AN) for HP Officejet Pro 251 276 8100 8600 8610 \$32.89

8620 8625 8630

Sold by: Amazon.com Services, Inc.

Condition: New

1 of: HP 951XL Ink Cartridge, Cyan High Yield (CN046AN) for HP Officejet Pro 251 276 8100 8600 8610 8620 \$32.89

8625 8630

Sold by: Amazon.com Services, Inc.

Condition: New

Shipping Address: Item(s) Subtotal: \$98.67
Shipping & Handling: \$0.00

Heath Kline
4320 Alhama Dr
Woodland Hills, CA 91364-4416

Heath Kline
HP Ink Promotion: -\$6.93

United States Total before tax: \$91.74

Sales Tax: \$8.73

Shipping Speed:
Two-Day Shipping

Total for This Shipment: \$100.47

Payment information

Payment Method:Item(s) Subtotal:\$98.67MasterCard | Last digits:5916Shipping & Handling:\$0.00

Reference number: WHWCNC HP Ink Promotion: -\$6.93

Billing address

Total before tax:

Heath L Kline

200 N Spring St

Estimated tax to be collected: \$8.73

WHWCNC City of Los Angeles
Los Angeles, California 90012
Grand Total: \$100.47

United States

Credit Card transactions MasterCard ending in 5916: June 18, 2018: \$100.47

To view the status of your order, return to Order Summary.



Co



otice © 1996-



or its affiliates

June 18 MER Page 20 of 52

\$91.74



Woodland Hills Warner Center Neighborhoo

20929 Ventura Blvd., Ste. 47-535

Woodland Hills, CA 91364

Cust# 417515

SOLD TO:

B/L 141 PLUM Copies

INVOICE NO. 9736098

INVOICE DATE 06/15/18

WORK ORDER# P3433037

Cust# 408014

WILL CALL/WAITER - WOODLAND HILLS

© WILL CALL/WAITER - W 21044 VENTURA BLVD

₩OODLAND HILLS, CA 91367

DUE: 06/13/18 at 05:11PM

CONTACT
Lauren Coffman/Woodland Hills Warner 818.312.5601

JOB#

JOB NAME
WHWCNC

PHONE PURCHASE ORDER#

SALES REP
Mary Schafer

LOC
Jeff Wolkov

506

JOB#	WHWCNC						Jeff	` Wolkov	,	506
OP CODE	DESCRIPTION	TAX	LOC	NO. OF ORIGINALS	COPIES	SIZE	TOTAL QTY	UM	UNIT PRICE	AMOUNT
1900	BW Copies 8.5X11	Т		9			225			21.38
1935	Multiple PDF	T		1			1			0.53
1945 8522	Staple Set Up	T NT		25 1			25 1	EA EA		3.75 0.00
0322	Set op	INI	300	'	'		'	LA		0.00
	T. C.	1	II.	10	1	i .		1		

For Billing Inquiries, please contact your local branch at (818) 224-3557

For Account Inquiries and Payment Information, please call Aileen Wilson at 626-463-2236

SUB TOTAL	DISCOUNT	SALES TAX	TOTAL	DEPOSIT	BALANCE DUE				
25.66		2.44	28.10		28.10				

TERMS: Net 30 Days

Invoices undisputed for 45 days are final. 3433037

Please Remit To: ARC Document Solutions, LLC 3454011eton8510116584188888 24 926282

B/L-37 \$118.22 Office Supplies & Copies

Office DEPOT Office Max

WOODLAND HILLS - (818) 716-7770 06/19/2018 2:06 PM

661-2-231-797822-18.5.2 SALE

678982 PAPER, PREMIUM

4 @ 31.99 127.96 Coupon - 63479891 -20.00

107.96SS You Pay

Coupon Number - 63479891

Subtotal: 107.96 Sales Tax: 10.26 118.22 Total: MasterCard 5916: 118.22

AUTH CODE 053475 TDS Chip Read

AID A0000000041010 MASTERCARD

TVR 0000048000 CVS PIN Verified

> DOCU FORMS 1103851893 Get 2% back in rewards on your favorite supplies & more - including furniture and technology. Plus, next-day rewards on select offers. rewards for recycling and more Visit officedepot.com/rewards

> > Total Savings: \$20.00

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey and receive a coupon for \$10 off your next qualifying purchase of \$50 or more on office supplies, furniture and more. (Excludes Technology. Limit 1 coupon per household/business.)

www.TellOfficeDepot.com and enter the survey code below: C558 5XNP 1J7R



Office Supplies & Copies

Final Details for Order #114-3203574-0805826

Print this page for your records.

Order Placed: June 18, 2018 PO number: WHWCNC B/L 37 Ink

Amazon.com order number: 114-3203574-0805826

Order Total: \$574.87

Shipped on June 19, 2018

Items Ordered Price

4 of: Brother Printer LC1072PKS Ink, 2-Pack \$37.29

Sold by: Amazon.com Services, Inc.

Condition: New

Shipping Address: Item(s) Subtotal: \$149.16

Heath Kline Shipping & Handling: \$0.00

4320 Alhama Dr

Woodland Hills, CA 91364-4416 Total before tax: \$149.16 United States Sales Tax: \$14.16

Shipping Speed: Total for This Shipment: \$163.32

Two-Day Shipping

Shipped on June 18, 2018

Price Items Ordered

1 of: HP 972X Black High Yield Original PageWide Cartridge (F6T84AN) for HP PageWide Pro 452dn 452dw \$139.85

477dn 477dw 552dw 577dw 577z Sold by: ToneTech (seller profile)

Condition: New

1 of: HP 972X Magenta High Yield Original PageWide Cartridge (LOSO1AN) for HP PageWide Pro 452dn \$135.85

452dw 477dn 477dw 552dw 577dw 577z

Sold by: ToneTech (seller profile)

Condition: New

1 of: HP 972X Yellow High Yield Original PageWide Cartridge (L0S04AN) for HP PageWide Pro 452dn 452dw \$135.85

477dn 477dw 552dw 577dw 577z

Sold by: ToneTech (seller profile)

Condition: New

Shipping Address: Item(s) Subtotal: \$411.55

Heath Kline Shipping & Handling: \$0.00 4320 Alhama Dr

Woodland Hills, CA 91364-4416 Total before tax: \$411.55

United States Sales Tax: \$0.00

Total for This Shipment: \$411.55 Shipping Speed:

Two-Day Shipping

Payment information

Payment Method: Item(s) Subtotal: \$560.71

MasterCard | Last digits: 5916 Shipping & Handling: \$0.00 Reference number: WHWCNC

Total before tax: \$560.71

Billing address Estimated tax to be collected:

\$14.16

200 N Spring St WHWCNC City of Los Angeles

Grand Total: \$574.87

Los Angeles, California 90012 June 18 MER Page 23 of 52

United States

Heath L Kline

Credit Card transactions

MasterCard ending in 5916: June 19, 2018: \$574.87

To view the status of your order, return to Order Summary.

Conditions of Use | Privacy Notice © 1996-2018, Amazon.com, Inc. or its affiliates









Office of the City Clerk Administrative S	-	od Council	(NC) Fund	ling Progra	am			
Board Action Certification Form			I.a	D	0.001-			
NC Name: Woodland Hills Warner Budget Fiscal Year: 2017-2018	r Center		Meeting Date: May 9, 2018 Agenda Item No: 11 18-040 Contingent Funding item: Halo Branded Solutions NC Swag					
Board Motion and/or Public Benefit Statement (CIP and NPG):	nd and su ach line it ns from v	Agenda Item No: 11 18-040 Contingent Funding Item: Halo Branded Solutions NC Swag could funds become available from the 2017-2018 WHWCNC submit to the City Clerk an updated 2017/2018 WHWCNC Budget to item for credit card funding up to \$4,000 to purchase the following vendor Halo Branded Solutions: soint Pens with Rubber Grip - Style #: 103415-55327 at \$0.59 each -						
		•			•	-	6115-144 at \$0.85 each - \$	
Method of Payment: (Select One)	□ Check		□ X Cred	it Card		□ Board N	lember Reimbursement	
Recused Boardmembers n	nust leave the room prior to a		Count ion and m	ay not retu	urn to the ro	oon until aft	er the vote is complete.	
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes	
Karen DiBiase	Resid Rep. Area 1,	X						
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	Х						
Vacant	CBO Rep. Area 1							
Vacant (Voies If Absent Above)	Area 1 Alternate							
Brian Drapkin	Residential Rep. Area 2	X					Role Swap w/Cole 5/9/18	
Paul Lawler	Business Rep. Area 2	X		(111111)				
Sean McCarthy	CBO Rep. Area 2		**********	X				
Ray Cole (Votes If Absent Above)	Alternate, Area 2		1111111				Role swap w/ Lawler 5/9/18	
Nancy McLean	Residential Rep. Area 3	Х	0000000					
Herb Madsen	Business Rep. Area 3			777777	x			
Martin Lipkin	CBO Rep. Area 3		X					
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	х		777777				
Don Patterson	Residential Rep. Area 4	X	5000000	NAME OF THE OWNER O				
William Anderson	Business Rep. Area 4	X						
Camaron Gil	CBO Rep. Area 4	7////////	2777777	,,,,,,,,,,	X	,,,,,,,,,,,		
Vacant	Alternate, Area 4							
Dorothy Koetz	Residential Rep. Area 5				X			
Vacant	Business Rep. Area 5							
Mercy Alpert	CBO Rep. Area 5				Х			
Vacant (Votes If Absent Above)	Alternate, Area 5			1414141	1111111			
H.D. "Pat" Patton	Residential Rep. Area 6				X		Left Early	
Gilbert Yablon	Business Rep. Area 6	X						
Heath Kline	CBO Rep. Area 6, Treas	X		2111111111				
Lauren Coffman (Votes If Absent	Alternate, Area 6	X						
Aaron Williams	Res Rep. Area 7		2000000		X			
Joyce Fletcher	Biz Rep. Area 7, Pres	X	1111111	(11111)				
Peter Fletcher	CBO Rep. Area 7	X	MININ					
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X		(111111)				
Sheppard Kaufman	At-Large Rep	X						
Gina Thornburg (Votes If Absent Above)	At-Large Alt							
Ved Kulkarbi	Youth Rep.					X	Ineligible (Age)	
Totals		15	1	1	6		0	
We, the Treasurer and the Second Signe complete, and that a public meeting was Board, at a Brown Act compliant public	s held in accordance with all I	orhood Co aws, policie	es, and pro	ocedures.				
Treasurer's Signature	the This	B	Second	Su	cer	flete	ther	
Print/Type Name: Heath Kline	June 18 N	VIEK P			Lilian Joyce	Fletcher,	President	
Date:May 9, 2018			Date: Ma	ay 9, 2018				



Bill To#: 347384

3182 Momentum Place Chicago, IL 60689-5331 Phone: (815) 625-0980

Tax ID: 03-0509520

Bill To: WOODLAND HILLS/WARNER CENTER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

WOODLAND HILLS, CA 91364-2334

PETER FLETCHER

SUITE 47-535

Invoice

Invoice #	Order Date	Page#
6300878	06/01/18	1

Sold To #: 347384

Sold To: WOODLAND HILLS/WARNER CENTER

PETER FLETCHER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

SUITE 47-535

WOODLAND HILLS, CA 91364-2334

Ship Via: FEG

Ship To: WOODLAND HILLS/WARNER CENTER

PETER FLETCHER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

SUITE 47-535

	- D O N	•	06:- 0-4-		DLAND HILLS		
Customer P.O. Number			Ship Date	Terms			presentative
			06/13/2018	PRE-PAYMENT	PARI	KER, STEVI	<u> </u>
	ty Shippec		ltem	Description/Comments	UM I	Unit Price	Net Line Amount
300	0	CB1121 - CC	LORING BOOKS	3	EA	0.690	207.0
		>ITEM COLOR	R: ASSORTED				
		>IMPRINT CO	DLOR: BLACK				
1	0	SU - SET UE	CHARGE		EA	35.000	35.0
1000	0	HF3300 - ST	OCK SHAPE HA	ND FAN	EA	0.450	450.0
		>ITEM COLOR	R: WHITE				
		>IMPRINT CO	LOR: BLACK				
1	0	SU - SET UP	CHARGE		EA	32.000	32.0
2	0	EPR - BLIND	E-PROOF		EA	0.000	0.0
		1 PER PRODU	CT				
					Item I	otal:	724.0
					Fre	eight:	158.0
						Tax:	83.8
					т	otal:	965.8

IMPORTANT NOTICE: ORDER MUST BE PRE-PAID AS ITEM IS A CUSTOM PRINTED PRODUCT.

×		*		4).144	×	
LEASE MAKE CHECK PAYABL ND SEND TO: 3182 Momentum			FOR CREDIT CARD PA SEND TO: PO BOX 657			
				Discover	Diners	Amex Purchasing Card*
Order Total: Invoice #: Bill To Customer No.:	965.80 6300878 347384	Credit Card	No.:	*P-0	Card Ref#/C	Exp. Date:

Receipt

Halo Branded Solutions 1980 Industrial Drive, Sterling, Illinois 61081 815-625-0980

Cardholder Contact Information

Cardholder Name: Bill To Address: **NEIGHBORHOOD COUNCIL**

Cardholder Phone: 20929 VENTURA BLVD.
WOODLAND HILLS, California 91364

Cardholder Email:

Customer Name: **DEFAULT CUSTOMER**

Transaction Type

Transaction Type: Capture Transaction Status: Submitted

Created Date: 6/15/2018 1:45:29 PM EDT Authorization Date: 6/15/2018 1:45:29 PM EDT

Capture Date: 6/15/2018 1:45:32 PM EDT Authorization Code: 053313

AVS Address: Not Matched AVS Zip: Not Matched

Credit Card Information

Name On Card: **Heath L Kline** Card Brand: **MC**

Card Number: xxxx-xxxx-5916 Security Code Status: Not Provided

Security Code Response: Unavailable

Tracking Information

Customer Ref Value: Order Number:
Invoice Number: 6300878 Invoice Date:

Ship From Postal Code: 61081 Shipping Company: None

Tracking Number:

Transaction Totals						
Product Code	Description	UOM Code	CMDTY Code	QTY	AMT	EXT AMT
promo	charge	ea	5130	1.00	\$965.80	\$965.80

\$965.80	Sub-Total:
\$0.00	Sales Tax:
\$0.00	Freight Amount:
\$0.00	Freight Tax:
\$0.00	Duty Amount:
\$965.80	Total (USD) :



SinaLite.com

335 Steelcase Road, East Toll Free: 1-866-899-2499

Markham, ON L3R 1G3 Support@sinalite.com

HST# 829672146RT0001

Order #CT900031631

Order Date: June 19, 2018

Billing Address

Heath Kline
DocuForms/ WHWCNC
4320 Alhama Dr

Woodland Hills, California, 91364

United States T: 8183125601 **Shipping Address**

Heath Kline DocuForms/ WHWCNC 4320 Alhama Dr Woodland Hills, California, 91364

United States T: 8183125601

Payment Method

Credit Card via Paypal Payflow (Visa, Mastercard, AMEX)

Shipping Method

UPS - UPS Standard

Credit Card Type:

MasterCard

Credit Card Ny ber: xxxx-5916

ITEM NUMBER	ITEM NAME	ITEM DETAILS	SUBTOTAL
We Invite the Public to our Woodland Hills Warner Center Neuthorhood Council Event Happening Now www.whcouncil.org	A-Frame Signs 4mm Coroplast WHWCNC Event Signs	Stock: 4mm Coroplast Printed 1 Sided (4/0) Size: 18 x 24 Qty: 10 Printing: Different Image Each Sign Turnaround: 2 - 4 Business Days	\$372.75

ITEM NUMBER	ITEM NAME	ITEM DETAILS	SUBTOTAL
We Invite the Public to our Woodland Hills Warner Center Verification of Council Event Happening Now www.whcouncil.org	A-Frame Signs 4mm Coroplast WHWCNC Event Signs	Stock: 4mm Coroplast Printed 1 Sided (4/0) Size: 18 x 24 Qty: 10 Printing: Different Image Each Sign Turnaround: 2 - 4 Business Days	\$372.75
		Subtotal	\$745.50
		Shipping & Handling	\$93.18
		Grand Total	\$838.68





Office of the City Clerk Administrative	_	od Council	(NC) Fund	ding Progra	am		
Board Action Certification Form							
NC Name: Woodland Hills Warne Budget Fiscal Year: 2017-2018	r Center		_	Date: Ma		and Fundin	g item: A-Frame Signs
Board Motion and/or Public	Contingent Funding it	em shou	L				he 2017-2018 WHWCNC
Benefit Statement (CIP and NPG):	2017/2018 Budget.						
							017/2018 WHWCNC Budget to
							30 freestanding 24x36" metal community and stakeholders
	•		•				gs and Board meetings.
	Sinalite 2705155 or equ	uivalent.					
Method of Payment: (Select One)	□ Check	Vata	□ X Cred	lit Card		□ Board N	1ember Reimbursement
Recused Boardmembers r	must leave the room prior to a			ay not reti	urn to the ro	oon until aft	er the vote is complete.
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Karen DiBiase	Resid Rep. Area 1,	X					
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	x					
Vacant	CBO Rep. Area 1						
Vacant (Voies If Absent Above)	Area 1 Alternate						
Brian Drapkin	Residential Rep. Area 2	Х					Role Swap w/Cole 5/9/18
Paul Lawler	Business Rep. Area 2	X	777777				
Sean McCarthy	CBO Rep. Area 2	X	*******				
Ray Cole (Votes If Absent Above)	Alternate, Area 2		777777				Role swap w/ Lawler 5/9/18
Nancy McLean	Residential Rep. Area 3	X		.00000000			
Herb Madsen	Business Rep. Area 3				X		
Martin Lipkin	CBO Rep. Area 3		Х				
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	Х					
Don Patterson	Residential Rep. Area 4	Х			(2000)	200000000	
William Anderson	Business Rep. Area 4	X					
Camaron Gil	CBO Rep. Area 4	400000	0111111	annin a	X		
Vacant	Alternate, Area 4						
Dorothy Koetz	Residential Rep. Area 5		*1*1*1*		X	11111111	
Vacant	Business Rep. Area 5						
Mercy Alpert	CBO Rep. Area 5		*********		X	200000000000000000000000000000000000000	
Vacant (Votes If Absent Above)	Alternate, Area 5		-1-1-1-	-1-1-1-	-1-1-1-1	10-10-10-10-	
H.D. "Pat" Patton	Residential Rep. Area 6		1+1+1+1	0-0-0-0	X	+1+1+1+1	Left Early
Gilbert Yablon	Business Rep. Area 6	X			A		Left Larry
Heath Kline	CBO Rep. Area 6, Treas	X					
Lauren Coffman (Votes If Absent	Alternate, Area 6	X	11111111				
Aaron Williams	Res Rep. Area 7	^			X		Left Early
Joyce Fletcher	Biz Rep. Area 7, Pres	X			^		Left Larry
Peter Fletcher	CBO Rep. Area 7	X					
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X	NINNIN	annin	TO THE STATE OF TH		
Sheppard Kaufman	At-Large Rep	00000000					
Gina Thornburg (Votes If Absent Above)	At-Large Alt	X	anna	anana.	anna a		
Ved Kulkarbi					1-1-1-1-	· · · · · · · · · · · · · · · ·	Twicticalled ('Araca)'
	Youth Rep.		etetete.			X	Incligible (Age)
Totals We, the Treasurer and the Second Signe	or of the above named Neighb	16	uncil do-	0	e informati	on precent	ed on this form is accurate and
complete, and that a public meeting wa							
Board, at a Brown Act compliant public							
Treasurer's Signature	1. 7/0.	^	Second	Remer's Sig	nature	1	1
Near	N //w	R	1	Sw	ce	Plete	the
Print/Type Name: Heath Kline	June 18 l	MER P	age/3	Q/of-52	ilian Joyce	Fletcher,	President
Date: May 9, 2018			Date: Ma	ay 9, 2018			



Bill To#: 347384

3182 Momentum Place Chicago, IL 60689-5331 Phone: (815) 625-0980

Tax ID: 03-0509520

Bill To: WOODLAND HILLS/WARNER CENTER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

WOODLAND HILLS, CA 91364-2334

PETER FLETCHER

SUITE 47-535

Invoice

Invoice # Order Date 6300770 06/01/18

Sold To #: 347384

Sold To: WOODLAND HILLS/WARNER CENTER

PETER FLETCHER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

SUITE 47-535

WOODLAND HILLS, CA 91364-2334

Ship Via: UPS

Ship To: WOODLAND HILLS/WARNER CENTER

PETER FLETCHER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

SUITE 47-535

Custo	mer P.O. Numi	oer	Ship Date	Terms		Sales Res	presentative
			06/15/2018	PRE-PAYMENT	PARI	KER, STEVE	
Qty Ordered	Qty Shipped	Item Code	Item	Description/Comments	UM	Unit Price	Net Line Amount
1000	0	144 - RECTA	NGLE LED FLA	ASHLIGHT	EA	0.850	850.00
		AND KEYCHAI	[N				
		>ITEM COLOR	R: GREEN/SILV	/ER			
		>IMPRINT CO	LOR: WHITE				
1	0	SU - SET U	CHARGE		EA	40.000	40.00
1	0	EPR - BLING	E-PROOF		EA	0.000	0.00
			•		Item T	otal:	890,00
					Fre	eight:	58,00
						Tax:	90.06
					r	otal:	1038.06

IMPORTANT NOTICE: ORDER MUST BE PRE-PAID AS ITEM IS A CUSTOM PRINTED PRODUCT.

×	«««///»«««««»»»»»»»»	<u> </u>	***************************************		Ж	
PLEASE MAKE CHECK PAYABL AND SEND TO: 3182 Momentum						ETE THE BELOW AND AX TO: (815) 632-6906
		Master Card Vis	American Express	Discover	Diners	Amex Purchasing Card*
		Name on Credit Ca	ırd:			
Order Total:	1038.06	Credit Card i	ło.:			Exp. Date:
Invoice #: Bill To Customer No.:	6300770 347384	Jameurst Mitte	9 Pag e 31 of 52	*P-C	ard Ref#/C\	VD Code:

Signature required for authorization

Board Action Certification Form NC Name: Woodland Hills Warne			Meeting	Date: May	v 9. 2018		
Budget Fiscal Year: 2017-2018	1 Center				•	ngent Fundin	g item: Halo Branded Solutions NC Swag
Board Motion and/or Public Benefit Statement (CIP and NPG):	2017/2018 Budget. [B/L 79] Motion to ame create a General Outre WHWCNC branded iter 1000 - Storm Retractab	nd and si ach line it ns from v le Ballpo	ubmit to em for d endor H int Pens	the City credit car lalo Bran with Rul	Clerk an d funding ded Solu bber Grip	updated 2 up to \$4, tions: - Style #:	the 2017-2018 WHWCNC 2017/2018 WHWCNC Budget to 000 to purchase the following 103415-55327 at \$0.59 each - 6115-144 at \$0.85 each - \$
Method of Payment: (Select One)	□ Check	guiai LEL	□ X Cred	-	Хеуспант	-	Member Reimbursement
			Count				
Recused Boardmembers r Board Member Name	must leave the room prior to a		on and m No	ay not retu Abstain	urn to the ro		Recused-Notes
Karen DiBiase	Resid Rep. Area 1,	Yes	INO	Abstain	Absent	ineligible	Recused-Notes
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X			11111111	THE STATE OF THE S	
Vacant	CBO Rep. Area 1	^			////////		
Vacant (Votes If Absent Above)	Area 1 Alternate						
Brian Drapkin	Residential Rep. Area 2	X			14111111		Role Swap w/Cole 5/9/18
Paul Lawler	Business Rep. Area 2			mmn			Role Swap W/Cole 3/3/18
Sean McCarthy	CBO Rep. Area 2	X \	/////////	v			
Ray Cole (Votes If Absent Above)	Alternate, Area 2		arranna a	X			Role swap w/ Lawler 5/9/18
Nancy McLean	Residential Rep. Area 3						Kole Swap W/ Lawlet 3/9/16
Herb Madsen	Business Rep. Area 3	X		11111111			
Martin Lipkin	CBO Rep. Area 3		v		X		
Eva Morris Huffman (Votes If Absent	Alternate, Area 3		X				
		X					
Don Patterson	Residential Rep. Area 4	X					
William Anderson	Business Rep. Area 4	(X					
Camaron Gil	CBO Rep. Area 4	1 + 1 + 1 + 1 + 1	*:*:*:		X		
Vacant	Alternate, Area 4						
Dorothy Koetz	Residential Rep. Area 5		20000000		X		
Vacant	Business Rep. Area 5						
Mercy Alpert	CBO Rep. Area 5				X		
Vacant (Votes If Absent Above)	Alternate, Area 5			10000	191919	190919090	T. O.D. 1
H.D. "Pat" Patton	Residential Rep. Area 6	20000000			X		Left Early
Gilbert Yablon	Business Rep. Area 6	X					
Heath Kline	CBO Rep. Area 6, Treas	X					
Lauren Coffman (Votes If Absent	Alternate, Area 6	X					
Aaron Williams	Res Rep. Area 7			*****	X		
Joyce Fletcher	Biz Rep. Area 7, Pres	X					
Peter Fletcher	CBO Rep. Area 7	X	Section 1	eccessor.		OCCUPANT.	
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X					
Sheppard Kaufman	At-Large Rep	X					
Gina Thornburg (Votes If Absent Above)	At-Large Alt						
Ved Kulkarbi	Youth Rep.				{:{:::::::::::::::::::::::::::::::::::	X	Ineligible (Age)
Totals We, the Treasurer and the Second Signe	e of the above age of No.	15	uneil de l	1	6	1	0
complete, and that a public meeting wa							
Board, at a Brown Act compliant public		Contract of the Contract of th					
Treasurer's Signature	the This	R	Second	Per's Sig	nature	Flot	ther
Print/Type Name: Heath Kline	June 18 N	MÉR P	age/3/	2/of 52	ilian Joyce	e Fletcher,	President
Date:May 9, 2018				ay 9, 2018			

NC Name: Woodland Hills Warner	r Center		Meeting	Date: Ma y	, 9, 2018		
Budget Fiscal Year: 2017-2018			Agenda Ite	em No: 17 1	8-046 Contir	gent Fundin	g item: Emergency Prep/First Aid Kits
Board Motion and/or Public Benefit Statement (CIP and NPG):	2017/2018 Budget. [B/L144] Motion to ame to fund a request from t the expenditure of up to Emergency Preparedne	end and s the WHW 5 \$3,000 fess/First /	ubmit to CNC Pu from the Aid Kits t	the City blic Safe amende	Clerk an ety Comm d Budget	updated 2 littee that t for the pu	he 2017-2018 WHWCNC 2017/2018 WHWCNC Budge the WHWCNC Board approv archase of WHWC NC branders at community events in
Method of Payment: (Select One)	which the NC is a spon	sor or pa	rticipant. ⊓X Cred	it Card		□ Board N	Nember Reimbursement
		Vote	Count				
	nust leave the room prior to a	1					·
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes
Karen DiBiase	Resid Rep. Area 1,	X					
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X					
Vacant	CBO Rep. Area 1						
Vacant (Voles If Absent Above)	Area 1 Alternate						
Brian Drapkin	Residential Rep. Area 2	X					Role Swap w/Cole 5/9/18
Paul Lawler	Business Rep. Area 2	X					
Sean McCarthy	CBO Rep. Area 2	X					
Ray Cole (Votes If Absent Above)	Alternate, Area 2						Role swap w/ Lawler 5/9/18
Nancy McLean	Residential Rep. Area 3	X					
Herb Madsen	Business Rep. Area 3				x		
Martin Lipkin	CBO Rep. Area 3	х					
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	х					
Don Patterson	Residential Rep. Area 4	х			200000000		
William Anderson	Business Rep. Area 4	X					
Camaron Gil	CBO Rep. Area 4	(11111111)			X		
Vacant	Alternate, Area 4						
Dorothy Koetz	Residential Rep. Area 5		1,1,1,1		X		
Vacant	Business Rep. Area 5				111111111	111111111	
Mercy Alpert	CBO Rep. Area 5				X		
Vacant (Votes If Absent Above)	Alternate, Area 5		-1-1-1-	-1-1-1-1-	.:.:.:	-1-1-1-1-1-	*1*1*1*1*1*1*1*1*1*1*1*1*1*1
H.D. "Pat" Patton	Residential Rep. Area 6	10101010	1818181	0101010	7 Y	191919191	Left Early
					X		Left Early
Gilbert Yablon Heath Kline	Business Rep. Area 6	X					
	CBO Rep. Area 6, Treas	X			*******		
Lauren Coffman (Votes If Absent	Alternate, Area 6	X					1.05.1
Aaron Williams	Res Rep. Area 7		*****	******	X		Left Early
Joyce Fletcher	Biz Rep. Area 7, Pres	Х					
Peter Fletcher	CBO Rep. Area 7	X					
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X					
Sheppard Kaufman	At-Large Rep				X		Left Early
Gina Thornburg (Votes If Absent Above)	At-Large Alt	X					
Ved Kulkarbi	Youth Rep.					X	Ineligible (Age)
Totals		17	0	0	7	1	0
We, the Treasurer and the Second Signe							
complete, and that a public meeting was Board, at a Brown Act compliant public		The state of the s			rne above	was approve	ed by the Neighborhood Council
Treasurer's Signature	A This	R	Second	Remer's Sig	nature	Flort	Ther
Print/Type Name: Heath Kline	June 18 N	MÉR P	age 3	3/of 52	ilian love	e Fletcher	President



Customer No: 347384

3182 Momentum Place

INVOICE

Invoice # Date Page # WS2684448 6/15/2018

Tax ID: 03-0509520

Customer No: 347384

Sold To: WOODLAND HILLS WARNER CENTER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

WOODLAND HILLS, CA 91364

Ship Via: PICK UP

Ship To: WOODLAND HILLS WARNER CENTER

NEIGHBORHOOD COUNCIL 20929 VENTURA BLVD.

WOODLAND HILLS, CA 91364

JIOZ MOHICHCUM FIBO
Chicago, IL 60689-533
Phone (815) 625-0980

BIII To: WOODLAND HILLS WARNER CENTER NEIGHBORHOOD COUNCIL

WOODLAND HILLS, CA 91364

HEATH KLINE

20929 VENTURA BLVD.

Customer P.O. Number Ship Date Terms Sales Representative 6/28/2018 PRE-PAYMENT STEVE PARKER Back Order Ordered Shipped Item Description/Comments **Extended Price** UM Unit Price 142 142 **EMERGENCY SURVIVAL KIT** \$17.000 0 EΑ \$2,414.00 **COLOR BLUE** 1 1 0 SET UP EΑ \$60,000 \$60.00 1 1 0 **PROOF** EΑ \$0.000

IMPORTANT NOTICE: ORDER MUST BE PRE-PAID AS ITEM IS A CUSTOM PRINTED PRODUCT.

	Credit Memos:	
Please note the amount billed is in US Dollars	Subtotal:	\$2,474.00
	Freight/Handling:	\$261.73
•	Tax:	\$259.89
	Total:	\$2,995.62
Credit Card (last 4 digits)	PAYMENTS / ADJUSTMENTS:	\$0.00
	Balance:	\$2,995.62
ce careful inspection at the factory often results in some imprinted pieces being discarded, it is understood and agreed ees to pay any sales or use tax, & add'l treight charges billed us due to audits per ICC regulations. In some cases, frei		

Sin shipping charges or any applicable taxes. No credit will be issued for returned merchandise without the consentrauthorization of HALO. All claims must be made within 10 days of merchandise receipt. Shipping Liability: This merchandise becomes your property at the time it is accepted by the carrier. Purchaser agrees to pay all charges within be payment terms stated on this invoice. Payments not made within such terms are subject to a late payment tee of 1.5% per month until payment is made. Purchaser also agrees to pay all necessary collection & reasonable legal fees in the event of default or failure to pay for goods sold and delivered.

PLEASE MAKE CHECK PAYABLE TO: HALO AND SEND TO: 3182 Momentum Place, Chica		CARD PAYMENTS PLEASE COMPLETE THE BELOW & O BOX 657 STERLING, IL 61081 OR FAX TO: 815.632.6906
Mastercard Invoice Number: WS2684448	Visa American Express Name on Credit Card:	☐ Discover ☐ Diners ☐ Arnex Purchasing Card*
Invoice Date: 6/15/2018	Credit Card No.:	Exp. Date:
Invoice Total: \$2,995.62	Amount to Charge:	* P-Card Ref#/CVD Code:
Sales Order No: 2684448		
Bill To Customer No.: 347384	·	Signature required for authorization

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.

lame	of NC from which you are seeking this grant:	Woodland Hil	ls-Warner Ce	nter Neighb	orhood Council
SEC	TION I- APPLICANT INFORMATION				
	Parents, Educators/Teachers & Students in Action	46-2694430	Californ	nia	12/0/13
1a)	Organization Name	Federal I.D. # (I	State of	Incorporation	Date of 501(c)(3) Status (if applicable
1b)	18017 Chatsworth Street #337	Granada Hills		Ca.	91344
	Organization Mailing Address	City		State	Zip Code
1c)					
	Business Address (If different)	City		State	Zip Code
1d)	PRIMARY CONTACT INFORMATION:				
	Seymour I. Amster (818)	943-0613 Sey	mourAmster.pes	sa@gmail.con	n
	Name	Phone		Email	
2)	Type of Organization- Please select one: ☐ Public School (not to include private schools) Attach Signed letter on School Letterhead		3) Non-Profit (oth IRS Determinati		institutions)
3)	Name / Address of Affiliated Organization (if applic	able)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The purpose and the intent of this grant is to obtain funding as it relates to this Neighborhood Council so that the Teen Court Program can continue to have a positive impact in the boundaries of this Neighborhood Council. The Teen Court program impacts the community by reducing crime committed by juveniles, as well as addressing the issue of hate crimes in the City of Los Angles. PESA is the non-profit that provides support and funding for the Teen Court Program.

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)

Through school presentations to residents of the Neighborhood Council area minors learn how to be tolerant of each other and why not to commit criminal acts. Also youthful offenders are residents who live in the area the Neighborhood Council encompasses. For a youthful offender is not tried at a school he attends but is located near his residence. Thus one of the public purposes the grant will be used for is to sustain the Teen Court program at a location convenient for the residents in the Neighborhood Council area. The grant would be used to support the entire Teen Court program including the Outreach Programs described as it relates to the boundaries to this Neighborhood Council.

a Project Completio a Board Member of t Relati fice of the City Attorr he NC has a conflic	\$45,000.00 \$55,000.00 \$40,000.00 Total Proj \$17,000 \$7,500 \$14,000 s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	other factors cribe: ected Cos ete: 10 /3 eighborhoo
\$1,000.00 Requested o \$0 \$0 \$0 \$0 \$10 \$10 \$10 \$10 \$10 \$10 \$10	\$40,000.00 of NC Total Proj \$17,000 \$7,500 \$14,000 s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	other factorscribe: ected Cos ate: 10 /3 eighborhoo
Requested o \$0 \$0 \$0 \$0 \$0 \$0 \$1 So \$0 \$0 \$0 \$1 So \$1 So \$2 So \$3 So \$4 So \$4 So \$5 So \$5 So \$6 So \$7 So \$8 So \$8 So \$6 So \$7 So \$8 So \$8 So \$8 So \$8 So \$8 So \$9 So \$1 So \$1 So \$2 So \$3 So \$4 So \$6 So \$6 So \$6 So \$7 So \$6 So \$7 So \$8 So \$8 So \$8 So \$8 So \$9 So \$1 So \$1 So \$2 So \$3 So \$4 So \$6 So \$6 So \$6 So \$6 So \$7 So \$7 So \$8	s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	other factorscribe: ected Cos ate: 10 /3 eighborhoo
\$0 \$0 \$1 \$0 \$0 \$1 \$0 \$1 \$0 \$2 \$1 \$0 \$3 \$0 \$4 \$0 \$4 \$0 \$4 \$0 \$5 \$0 \$6 \$0	\$17,000 \$7,500 \$14,000 s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	other factorscribe: ected Cos ate: 10 /3 eighborhoo
\$0 \$0 \$1 \$0 \$0 \$1 \$0 \$1 \$0 \$2 \$1 \$0 \$3 \$0 \$4 \$0 \$4 \$0 \$4 \$0 \$5 \$0 \$6 \$0	\$17,000 \$7,500 \$14,000 s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	other factorscribe: ected Cos ate: 10 /3 eighborhoo
\$0 \$0 \$ills requesting funds Most of the other NC as it received in Question 4 of Pes Amount \$ \$ Amount \$ \$ th this application: 0_/1810c) Expect a Project Completio Relati Fice of the City Attorn he NC has a conflict	\$7,500 \$14,000 s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ the NC? The New York of Street and Completed and Complete and Comple	other factors cribe: ected Cos ete: 10 /3 eighborhoo
sils requesting funds Most of the other NC as it reibed in Question 4 of the No Yes Amount \$ \$ h this application: 0 / 18 10c) Expect a Project Completion Relation Relation	\$14,000 In for this project? In relates to their boundaric contingent on any of the following of the follow	other factors cribe: ected Cos ete: 10 /3 eighborhoo
ils requesting funds Most of the other NC as it relibed in Question 4 of Amount \$ Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s for this project? relates to their boundari contingent on any If Yes, please de Total Proj \$ \$ \$ \$ 3,000.00 cted Completion Da on Report to the Ne the NC?	other fact escribe: ected Cos ate: 10 /3 eighborhoo
Amount \$ \$ \$ th this application: 0/18 10c) Expect a Project Completio a Board Member of the Relation Rel	\$ 3,000.00 Sted Completion Date on Report to the New Mean Report to the New Mean Report to Applicationship	ate: 10 /3
\$ \$ h this application: \[\frac{18}{2} \] 10c) Expect a Project Completio a Board Member of t Relati fice of the City Attorn he NC has a conflic	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nte: 10 /3 eighborhoo
h this application: 10	\$ 3,000.00 cted Completion Da on Report to the Ne the NC? ctionship to Applicar oney before filing the ct of interest and c	nt nis applica
h this application: 10	\$ 3,000.00 cted Completion Da on Report to the Ne the NC? ctionship to Applicar oney before filing the ct of interest and c	nt nis applica
a Project Completio a Board Member of t Relati fice of the City Attorr he NC has a conflic	the NC?	nt nis applica
he NC has a conflic	ct of interest and c	is applica
he NC has a conflic	ct of interest and c	is applica
he NC has a conflic	ct of interest and c	is applica
the NC has a conflic	et of interest and c	Carrier of the Article Court
THE INT. PHICHING PI	rogram will deny	the paym
the No Fullaling Fr	rogram win deny	the paym
ocuments "What is	a Public Benefit,	," and "C
that would program	interior and within the	f the Nei
r of the Neighborho	ood Council to wh	om I am
ot used in accordar	nce with the term	s of the
eighborhood Counc	;il.	
ncipal - REQUIRED*		
11-		5/
Signa		
	ature	
	ature	
ncipal - REQUIRED*	ature Adml W	
	ocuments "What is oct(s) and/or progra that would preven r of the Neighborho ot used in accorda	on provided herein and communicate ocuments "What is a Public Benefit, oct(s) and/or program(s) fall within the that would prevent the awarding of r of the Neighborhood Council to whot used in accordance with the termelighborhood Council. Incipal - REQUIRED*

* 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



OGDEN UT 84201-0029

In reply refer to: 4077591934 Oct. 28, 2015 LTR 4168C 0 46-2694430 000000 00

00030922

BODC: TE

PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608



007650

Employer Identification Number: 46-2694430
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 05, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 2013.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0ct. 28, 2015 LTR 4168C 0 46-2694430 000000 00 00030923

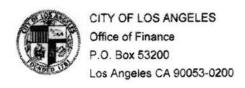
PARENTS EDUCATORS-TEACHERS & STUDENTS IN ACTION 18017 CHATSWORTH ST GRANADA HILLS CA 91344-5608

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

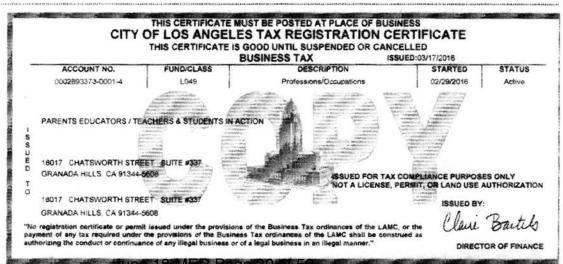
Jeffrey I. Cooper

Director, ED Rulings & Agreement



PARENTS EDUCATORS / TEACHERS & STUDENTS IN ACTION

18017 CHATSWORTH STREET SUITE #337 GRANADA HILLS, CA 91344-5608 18017 CHATSWORTH STREET SHITE #337 GRANADA HILLS, CA 91344-5608



Form W-9 (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

ernal Revenue Service		cion itali		Certific	auo	п			1 5	sen	d to	the I	RS
1 Name (as show)	on your income tax return). Name is re-	quired on this line	e; do not leave thi	s line blank.					L				
Parents, Educa	tors/Teachers & Students in	Action											
2 Business name/	fisregarded entity name, if different from	n above											_
G. Check approprie													
E Greek appropria	te box for federal tax classification; chec	ck only one of the	e following seven	boxes:			4	Exemp	tion	s (cn	dae a	nolu o	oh
Individual/sole single-membe Limited liability Note. For a single that the tax classifi Other (see inst 5 Address (number 18017 Chatswo	proprietor or IVI C Comoration	S Corpo		nership [] Trust	/estate	_ Ce	tain er truction	mue	s, no	at indis	iduals	; 3
Limited liability	company. Enter the tax classification (0	C=C corporation.	S=S composition	P-nortnombi-				empt p				ועוו	
Note. For a sin	Ole-member I I C that is disconnected at	o not check LLC:	check the approx	oriota hav in th			Fx	emptio				-	_
S Constant			, and and approp	bridge box in in	e iine ac	ove to		de (if a		H11 17	AICA	repon	nag
Other (see inst	street, and apt. or suite no.)						- 1	iles to an		s main	tained o	itside th	01.
18017 Chatswo	rth Street, Suite 337			Re	equester	's nam	ne and a	ddress	s (op	otiona	ai)		_
	Prode										- N		
Granada Hills,													
7 List account num	per(s) here (optional)												
	on (o) no o (o) no (o)			450,437,550									_
art I Taxpay	er Identification Number (1	TIM											
r your TIN in the ann	onviote how The TIM		ame chies es liv										_
tup withholding. For	ndividuals, this is generally your so	cial security nu	umber (SSN). He	e 1 to avoid	S	ocial s	ecurity	numb	er				
ies, it is your employ	etor, or disregarded entity, see the r identification number (EIN). If you	Part I instruction	ons on page 3.	For other			١.	. 1		_			
					L								
If the account is in	more than one name, see the instru	uctions for line	1 and the chart	on ness 4 fe	or	nolow	an Idaaa	Mara and a					
elines on whose num	per to enter.		, and the chart	on page 4 fo	W	T	er ident	meatic	או מע	umb	er ,	_	1
					4	6	- 2	6	9	4	4		Ξ
Certific:													
r penalties of perjury e number shown on m not subject to bac rvice (IRS) that I am longer subject to ba	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and	exempt from battering exempt from battering in the control of a failu	mber (or I am wa ackup withholdi ure to report all	niting for a nunning, or (b) I ha	ımber te	been	ssued	to me); an	nd			le
or penalties of perjury the number shown on the number shown on the number shown on the number subject to batter the number subject to batter the number subject to batter the penalties of the number shown the shown instruction	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t	exempt from ba result of a failu nd that I am exem	ackup withholdi ure to report all opt from FATCA	ng, or (b) I ha interest or dir reporting is o	imber to	been i, or (d	ssued notifie c) the II	d by ti); an	nd nteri otifie	nal R	evenu	1 8
er penalties of perjury ne number shown on am not subject to bac ervice (IRS) that I am a longer subject to bac im a U.S. citizen or of e FATCA code(s) ente fication instructions use you have failed to st paid, acquisition of	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or	exempt from batter result of a failund that I am exemple from been your tax return	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estar	ng, or (b) I ha interest or div reporting is one IRS that you te transaction	imber to	been s, or (d	ssued notifie the li	d by ti RS ha); and	nd interiotifie	nal Red me	evenu that	ni ni
er penalties of perjury ne number shown on am not subject to bac ervice (IRS) that I am; longer subject to ba m a U.S. citizen or of a FATCA code(s) enterication instructions is paid, acquisition of ally, payments other citions on page 3.	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding; and kup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above	exempt from batter result of a failund that I am exemple from been your tax return	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estar	ng, or (b) I ha interest or div reporting is one IRS that you	imber to	been s, or (d	ssued notifie the li	d by ti RS ha); and	nd interiotifie	nal Red me	evenu that	ną ną
r penalties of perjury e number shown on m not subject to bac vice (IRS) that I am a longer subject to ba m a U.S. citizen or of FATCA code(s) enter cation instructions se you have failed to t paid, acquisition of illy, payments other tions on page 3.	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or	exempt from batter result of a failund that I am exemple from been your tax return	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estar	ng, or (b) I had interest or distinct or d	ember to	urren 2 do al reti	ssued notifie the li	d by the RS has lect to apply the arrar our co); and	nd interiotifie	nal Red me	evenu that	ni ni
r penalties of perjury re number shown on m not subject to bac rvice (IRS) that I am longer subject to ba m a U.S. citizen or of FATCA code(s) ente cation instructions se you have failed to it paid, acquisition o itly, payments other tions on page 3. Signature of U.S. person >	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are	exempt from batter result of a failund that I am exemple from been your tax return	ackup withholdi ure to report all up trom FATCA en notified by th m. For real estat of debt, contrib to sign the certi	ng, or (b) I had interest or distinct or d	ember to ave not vidends correct. ou are cons, item ndividu you must	urren 2 do al reti st pro	ssued notified the little subject of the lit	lect to apply t arrar	back back back back back back back back	nd nterrifie ckup r month t TII	nal Rid me	that that that the that the that the that the the the the the the the the the th	ni ni
penalties of perjury e number shown on m not subject to bac rvice (IRS) that I am: longer subject to ba m a U.S. citizen or of FATCA code(s) ente cation instructions to you have failed to t paid, acquisition or dily, payments other tions on page 3. Signature of U.S. person >	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding as a kup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are	exempt from bate result of a failured that I am exemplif you have been your tax return, cancellation e not required the requirement of the require	ackup withholdi ure to report all up trom FATCA en notified by th m. For real estat of debt, contrib to sign the certi	ng, or (b) I had interest or distinct or d	ember to ave not vidends correct. ou are cons, item ndividu you must	urren 2 do al reti st pro	ssued notified the little subject of the lit	lect to apply t arrar	back back back back back back back back	nd nterrifie ckup r month t TII	nal Rid me	that that that the that the that the that the the the the the the the the the th	n
repenalties of perjury ne number shown on am not subject to bac ervice (IRS) that I am it longer subject to ba m a U.S. citizen or of e FATCA code(s) ente fication instructions is paid, acquisition of ally, payments other citions on page 3. Signature of U.S. person > eral Instruction references are to the in	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding sa a ckup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are ternal Revenue Code unless attentions	exempt from bar result of a failund that I am exemplif you have been your tax return, cancellation enot required the	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estal of debt, contrib to sign the certi Form 1098 (h (tuition)	ng, or (b) I had interest or distinct or d	imber to ave not vidends correct. Su are cons, item ndividu/ou mus	urren 2 do al reti st pro	ssued notified the little subject of the lit	lect to apply t arrar	back back back back back back back back	nd nterrifie ckup r month t TII	nal Rid me	that that that the that the that the that the the the the the the the the the th	n
er penalties of perjury me number shown on me not subject to bace price (IRS) that I am le longer subject to ba im a U.S. citizen or of the FATCA code(s) enter fication instructions use you have failed to st paid, acquisition of ally, payments other citions on page 3. Signature of U.S. person > Interestication Leferences are to the interestication developments informatic	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are serial Revenue Code unless otherwise in	exempt from bar result of a failund that I am exemplif you have been your tax return, cancellation enot required the	ackup withholdi ure to report all upt from FATCA en notified by the m. For real estai of debt, contrib to sign the certification Form 1098 (h (tuition) Form 1099-C	ng, or (b) I had interest or distributions of the IRS that you te transaction utions to an infication, but you be more mortgage (canceled deb	ember to ave not vidends correct. Su are cons, item ndividu you must interest;	urren 2 do al reti st pro	notifie notifie the li tiy sub es not iremen vide yo	d by the RS has lect to apply the arrar our co	bando	nd nterior months of TII	nal Rid me	that that that the that the that the that the the the the the the the the the th	n
er penalties of perjury ne number shown on am not subject to bac ervice (IRS) that I am it longer subject to ba m a U.S. citizen or of e FATCA code(s) ente fication instructions as paid, acquisition of ally, payments other citions on page 3. Signature of U.S. person eral Instruction references are to the In developments. Informs lation enacted after we	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding sa a ckup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are ternal Revenue Code unless attentions	exempt from bar result of a failund that I am exemplif you have been your tax return, cancellation enot required the	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estai of debt, contrib- to sign the certi Form 1098 (h (tution) Form 1099-C Form 1099-A Use Form W-	ng, or (b) I had interest or different or di	imber to ave not vidends correct. Su are cons, item ndividu/ou mustinterest;	been urren 2 do al reti	notified of the little substitution of security security substitution of security security security substitution of security secu	d by the RS has lead to apply the arrandour co	baan in	ond Interior	nal Rid me p with prortgac t (IRA N. Se	that that that that that that that that	n
repenalties of perjury re number shown on am not subject to bac revice (IRS) that I am: longer subject to ba m a U.S. citizen or of e FATCA code(s) ente rication instructions is you have failed to st paid, acquisition or ally, payments other citions on page 3. Signature of U.S. person eral Instruction developments. Informs lation enacted after we ose of Form idual or entity (Form We-	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are the secured property in the secured property han interest and dividends, you are the secured property is an about developments affacting Form leiease it) is at www.irs.gov/fw9.	exempt from bate result of a failund that I am exempt from bate if you have been your tax return, cancellation at not required the not required the noted.	ackup withholdi ure to report all upt from FATCA en notified by th m. For real estat of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-C Form 1099-A Use Form W- provide your co	ng, or (b) I had interest or different or di	e a U.S.	been is, or (construction of construction of c	sssued notified the little subsets not irrementally subsets not irrementally subsets not of security of security in finction	d by the state of	baar in	od nteriodifie	nal Ridd me p wittle p wittle t (IRA N. Se	that that that that that that that that	n i
repenalties of perjury ne number shown on um not subject to bac revice (IRS) that I am longer subject to ba m a U.S. citizen or of e FATCA code(s) ente ication instructions use you have failed to st paid, acquisition of ally, payments other citions on page 3. Signature of U.S. person > eral Instruction references are to the in developments. Informs lation enacted after we in use of Form didual or entity (Form W- with the IRS must obtain	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are sernal Revenue Code unless otherwise in tion about developments affacting Form elease it) is at www.irs.gov/fw9.	exempt from bairesult of a failund that I am exempt from being the property of	ackup withholdi ure to report all up to report all up to report all up to report all up to real estat of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-C Form 1099-C Use Form 1099-C Use Form User	ng, or (b) I had interest or different or di	correct. Su are cons, item ndividu you mu:	urren 2 do al reti	sssued notified the little substitution of security substitution of sec	d by the state of	bandon ba	nd nterior ckup r moment TIII	nal Rid me p with ortga; t (IRAN. Se	that that that that that that that that	n i
repenalties of perjury re number shown on am not subject to bac revice (IRS) that I am revi	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are tenal Revenue Code unless otherwise in ion about developments affacting Form elease it) is at www.irs.gov/fw9. I requester) who is required to file an inf your correct taxpayer identification numity number (SSN), individual taxpayer identification in the start of the secured property.	exempt from bate result of a failund that I am exempt if you have been nyour tax return, cancellation to enot required to moted. The way is the control of	ackup withholdi ure to report all up to report all up to report all up to report all up to real estat of debt, contrib to sign the certif Form 1098 (h (tution) Form 1099-A Use Form 1099-A Use for your co If you do not to backup withh	ng, or (b) I had interest or different or di	imber to ave not vidends correct. Su are cons, item ndividu you must it abandor e a U.S.	urren 2 do al reti	sssued notified the little substitution of security substitution of sec	d by the state of	bandon ba	nd nterior ckup r moment TIII	nal Rid me p with ortga; t (IRAN. Se	that that that that that that that that	n i
repenalties of perjury re number shown on re number shown on re number shown on re number shown on re number subject to bac revice (IRS) that I am release subject to ba m a U.S. citizen or of references ication instructions rese you have failed to st paid, acquisition of ally, payments other retions on page 3. Signature of U.S. person > eral Instruction references are to the In I	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are serial Revenue Code unless otherwise in ion about developments affacting Form elease it) is at www.irs.gov/fw9. The requester is an inferior or correct taxpayer identification num by number (SSN), individual taxpayer identification number (ATIN), or employ	exempt from barresult of a failund that I am exempt from barresult of a failund that I am exempt from barresult am exempt from the control of	ackup withholdi ure to report all ure to report all upt from FATCA en notified by the m. For real estai of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-A Use Form W- provide your co if you do not to backup withh By signing the 1. Certify that	ng, or (b) I had interest or distinct or d	imber to ave not vidends correct. Su are cons, item ndividu you must interest it abandor e a U.S.	uurren 2 doo al reti	sssued notified the little subject of security subjects. E (studies of security subjects of s	d by the RS has been deep to apply the arrangement for a triangement of the arrangement o	ban in opening of the last of	od onterior of the control of the co	nal Rid me p with prortgacy t (IRA N. Se	that that that that that that that that	n i
r penalties of perjury re number shown on m not subject to bac rivice (IRS) that I am: longer subject to ba m a U.S. citizen or of e FATCA code(s) ente ication instructions is you have failed to st pald, acquisition or ally, payments other tions on page 3. Signature of U.S. person > eral Instruction references are to the in developments. Informa lation enacted after we in the IRS must obtain ally be your social securing (ITIN), adoption taxpaye attion number (EIN), to re where include, but are not limit include, but are not limit in the instruction of the include, but are not limit in the instruction of the include, but are not limit include, but are not limit	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or report all interest and dividends or report all interest and dividends, you are the an interest and dividends, you are to abandonment of secured property han interest and dividends, you are tion about developments affecting Form to a requester) who is required to file an inf your correct taxpayer identification number yournber (SNN), individual taxpayer ide identification number (ATIN), or employ port on an information return the amoun on an information return. Examples of in dit, the following:	exempt from barresult of a failund that I am exempt from barresult of a failund that I am exempt from barresult am exempt from the control of	ackup withholdi ure to report all up to report all up to report all up to read astar and foliation to sign the certification Form 1099-C Form 1099-C Form 1099-C Use Form W- provide your co if you do not it backup withh By signing the 1. Certify that to be issued),	ng, or (b) I had interest or distributions of the IRS that you be transaction utions to an infication, but you are mortgage (canceled deb (acquisition or 9 only if you are mort TIN. The transaction will be transaction or 9 only if you are mortgage (canceled deb (acquisition or 9 only if you are transaction).	imber to ave not vidends correct. Su are cons, item ndividu you must be abandor e a U.S. 9 to the hat is ban, you: e giving	urrent 2 do al reti	ssued notified the little subsets of security subsets not irrementative years. Extract of security in fincture in fincture with hold security in fincture in fincture in fincture in finite security in finite secur	d by til RS har red programme de programme d	baan in open residual was a wai	od onterior of the control of the co	nal Rid me p with prortgacy t (IRA N. Se	that that that that that that that that	ni i
repenalties of perjury ne number shown on am not subject to bace the period (IRS) that I am a longer subject to bace the period (IRS) that I am a longer subject to bace the period of the FATCA code(s) entergraph of the period	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding as a kup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or report all interest and dividends or report all interest and dividends, you are shandonment of secured property han interest and dividends, you are tion about developments affacting Form tion about developments affacting Form elease it) is at www.irs.gov/fw9. I requester) who is required to file an inf your correct taxpayer identification number youmber (SSIN), individual taxpayer ide identification number (ATIN), or employ port on an information return the amoun on an information return. Examples of in d to, the following:	exempt from bate result of a failund that I am exempt if you have been a your tax return, cancellation of e not required to the weak of th	ackup withholdi ure to report all up to report all up to report all up to report all up to real estar of debt, contrib to sign the certif Form 1099-C Form 1099-C Form 1099-C Use Form W- provide your co of you do not a to backup withh By signing that to be issued), 2. Certify that	ng, or (b) I had interest or distributions to an infication, but you are mortgage (canceled deb (acquisition or 9 only if you are most TIN. The time Form Wolding. See Will filled-out form the TIN you are you are not su	imber to ave not vidends correct. Su are cons, item ndividu you must interest the abandor e a U.S. 9 to the hat is ban, you: e giving bject to	urren 2 do al retist pro	ssued notified the little subject of security subject of security security security subject of security securit	d by til RS har red province of the control of the	baar in open residual or	ord internet interest ty) dent interest ty) dent interest ty)	p with programmer of the progr	that that that that that that that that	ne ct
ar penalties of perjury ne number shown on am not subject to back arvice (IRS) that I am a longer subject to back arvice (IRS) that I am a longer subject to back are allowed as possible to be a FATCA code(s) enter a fication instructions are possible to be a fication instruction ally, payments other ctions on page 3. Signature of U.S. person be a first to be a fi	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a ckup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are tion about developments affacting Form elease it) is at www.irs.gov/fw9. I requester) who is required to file an infi- rour correct taxpayer identification numity number (SSN), individual taxpayer ide ridentification number (ATIN), or employ port on an information return the amoun on an information return. Examples of in d to, the following: I or paid) uding those from stocks or mithul find-	exempt from bate result of a failund that I am exempt if you have been nyour tax return, cancellation of enot required to the way of the control of the cont	ackup withholdi ure to report all ure to report all upt from FATCA en notified by the m. For real estai of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-A Use Form W- provide your co if you do not to backup withh By signing the 1. Certify that to be issued), 2. Cleirn exem applicable, your	ng, or (b) I had interest or distributions of the IRS that you be transaction utions to an inflication, but you arrect TIN. The transaction or 9 only if you arrect TIN. The transaction or 9 only if you arrect TIN. The transaction or 19 only if you arrect TIN. The transaction or 19 only if you arrect TIN. The transaction or 19 only if you arrect TIN. The transaction or 19 only if you arrect TIN. The transaction or 19 only if you arrect TIN. The transaction or 19 only if you arrect TIN.	imber to ave not vidends correct. Su are cons, item ndividu you must interest it) abandor e a U.S. 9 to the hat is ban, you: e giving bject to skup with	urren 2 do al reti st pro	notified provided in the state of security subsets not fremen vide your of security state with hold of security withhold freet (or you withhold in your possible provided provided provided in the state of security state with hold in the state of security state of s	d by til RS ha: lect to apply, t arrardour co- dent local and a TIN and a T	o back for the life of the lif	ckupper modern member TIII	nal Rid me p with prortga; t (IRA N. Se st), 10 mpt p	that that that that that that that that	ni i
ar penalties of perjury ne number shown on am not subject to bac arvice (IRS) that I am a longer subject to bac arvice (IRS) that I am a longer subject to bac am a U.S. citizen or of a FATCA code(s) enterication instructions use you have failed to st paid, acquisition of ally, payments other actions on page 3. Signature of U.S. person be references are to the indevelopments. Informal lation enacted after we indevelopments are to the indevelopments of the indevelopments of the indevelopments. Informal lation enacted after we indevelopments of the indevelopments of t	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); ar red on this form (if any) indicating t you must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are sernal Revenue Code unless otherwise in tion about developments affacting Form elease it) is at www.irs.gov/fwg. I requester) who is required to file an infi- rour correct taxpayer identification num by number (SSN), individual taxpayer ide in identification number (ATIN), or employ port on an information return the amoun on an information return. Examples of in d to, the following: I or paid) using those from stocks or mutual funds as of income, prizes, awards, or goes a	exempt from be result of a failund that I am exempt if you have been nyour tax return, cancellation e not required to moted. The way is the company of the	ackup withholdi ure to report all ure to report all up to report all up to report all up to read estar of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-C Form 1099-C Form 1099-C Form 1099-C Use Form W- provide your co if you do not it to backup withh By signing that to be issued), Certify that S Cleirn exem applicable, yeshio	ng, or (b) I had interest or difference to reporting is one IRS that you be transaction utions to an infication, but you are mortgage (canceled debigacquisition or 9 only if you are not supplied in the TIN you are you are not supplied in the transaction or you are not you are not you are not you are you are not you are you are not you are you a	imber to ave not vidends correct. Su are cons, item ndividu you must interest the abandor e a U.S. 9 to the hat is bandor, you: e giving bject to skup with any that is constant.	urren 2 do al retist pro	ssued notified the little subject of security subject of security security states of security states with hold rect (or ye withhold so, s. pers. S. pers.	d by the RS has been deep to apply the arrangement for the apply to a red provided and a rink a rink are a control of the area and are a control of the area area a control of the area area a control of the area a control	ban in bear in	ond interior of the control of the c	nal Rid me p with ortgacy t (IRA N. Se st), 10 alien), for a r	that that that that that that that that	ng i
ar penalties of perjury ne number shown on am not subject to bac arvice (IRS) that I am a longer subject to bac arvice (IRS) that I am a longer subject to bac am a U.S. citizen or of a FATCA code(s) enterication instructions use you have failed to st paid, acquisition of ally, payments other actions on page 3. Signature of U.S. person be references are to the indevelopments. Informal lation enacted after we indevelopments are to the indevelopments of the indevelopments of the indevelopments. Informal lation enacted after we indevelopments of the indevelopments of t	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding because: (a) I am e kup withholding as a kup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or report all interest and dividends or report all interest and dividends, you are shandonment of secured property han interest and dividends, you are tion about developments affacting Form tion about developments affacting Form elease it) is at www.irs.gov/fw9. I requester) who is required to file an inf your correct taxpayer identification number youmber (SSIN), individual taxpayer ide identification number (ATIN), or employ port on an information return the amoun on an information return. Examples of in d to, the following:	exempt from be result of a failund that I am exempt if you have been nyour tax return, cancellation e not required to moted. The way is the company of the	ackup withholdi ure to report all ure to real estat of debt, contrib to sign the certif ure to report to be to report to backup withh By signing the 1. Certify that to be issued), 2. Certify that applicable, you a any partnership i withholding tax of 4. Certify that	ng, or (b) I had interest or different or di	imber to ave not vidends correct. Su are cons, item ndividu you must it abandor e a U.S. 9 to the nat is bain, you: e giving that a U.S. trainers' sha	urren 2 do al retist pro	notified the little substantial to the little substantial substantial to the little substantial to the little substantial	d by the state of	o back is no back is n	ckupir moment title titl	nal Rid me p with provide (IRA N. Se for a r mpt p le ship to the ecome	that that that that that that that that	l a nog
er penalties of perjury ne number shown on am not subject to back arvice (IRS) that I am a bonger subject to back and a U.S. citizen or of the FATCA code(s) enterication instructions are you have failed to st paid, acquisition on ally, payments other citions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3. Signature of U.S. person > Ceral Instructions on page 3.	I certify that: this form is my correct taxpayer ide kup withholding because: (a) I am e subject to backup withholding as a skup withholding; and her U.S. person (defined below); an red on this form (if any) indicating t You must cross out item 2 above report all interest and dividends or abandonment of secured property han interest and dividends, you are seen as the secured property han interest and dividends, you are lion about developments affecting Form elease it) is at www.irs.gov/fwg. I requester) who is required to file an inf your correct taxpayer identification numic y number (SSN), individual taxpayer iden or an information return the amoun on an information return. Examples of in id to, the following: I or paid) uding those from stocks or mutual funds as of income, prizes, awards, or gross pro und sales and certain other transactions	exempt from be result of a failund that I am exempt if you have been nyour tax return, cancellation e not required to moted. The way is the company of the	ackup withholdi ure to report all ure to report all up to report all up to report all up to read estar of debt, contrib to sign the certif Form 1098 (h (tuition) Form 1099-C Form 1099-C Form 1099-C Form 1099-C Use Form W- provide your co if you do not it to backup withh By signing that to be issued), Certify that S Cleirn exem applicable, yeshio	ng, or (b) I ha interest or di reporting is o e IRS that yo te transaction utions to an i fication, but y Date > Ome mortgage (canceled deb (acquisition or 9 only if you ar rect TIN. return Form W. clding. See Wi the filled-out form the TIN you ar you are not su ption from becar- ire also certify; income grant are also certify; FATCA code(s) FATCA code(s) FATCA recort	imber to ave not vidends correct. Su are cons, item ndividu you must it abandor e a U.S. 9 to the nat is bain, you: e giving that a U.S. trainers' sha	urren 2 do al retist pro	notified the little substantial to the little substantial substantial to the little substantial to the little substantial	d by the state of	o back is no back is n	ckupir moment title titl	nal Rid me p with provide (IRA N. Se for a r mpt p le ship to the ecome	that that that that that that that that	l a a a a a a a a a a a a a a a a a a a

Board Action Certification Form NC Name: Woodland Hills Warne			Meeting	Date: Max	, Q 2010						
Budget Fiscal Year: 2017-2018				Meeting Date: May 9, 2018 Agenda Item No: 10 18-039 Contingent Funding item: NPG Teen Court							
				1							
Benefit Statement (CIP and NPG):	2017/2018 Budget.	Contingent Funding item should funds become available from the 2017-2018 WHWCNC 2017/2018 Budget.									
							te a NPG Budget line item and				
							gram. Teen Courts have nts to question their peers,				
	determine guilt and rec										
		S. Wesle			than 5% o		rs tried in teen courts repeat				
Method of Payment: (Select One)	□X Check	Vata	□ Credit Count	Card		□ Board N	1ember Reimbursement				
Recused Boardmembers r	nust leave the room prior to a			ay not retu	urn to the ro	oon until aft	er the vote is complete.				
Board Member Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused-Notes				
Karen DiBiase	Resid Rep. Area 1,	X									
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X									
Vacant	CBO Rep. Area 1										
Vacant (Votes If Absent Above)	Area 1 Alternate										
Brian Drapkin	Residential Rep. Area 2	X					Role Swap w/Cole 5/9/18				
Paul Lawler	Business Rep. Area 2	X	1111111								
Sean McCarthy	CBO Rep. Area 2	Х									
Ray Cole (Votes If Absent Above)	Alternate, Area 2		WWW.				Role swap w/ Lawler 5/9/18				
Nancy McLean	Residential Rep. Area 3	X	2000000	0000000		*********					
Herb Madsen	Business Rep. Area 3				X	111111111					
Martin Lipkin	CBO Rep. Area 3	Х		MINNIN	*********						
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X				11111111					
Don Patterson	Residential Rep. Area 4	Х	0000000	VIII VIII VIII VIII VIII VIII VIII VII	20000000						
William Anderson	Business Rep. Area 4	X									
Camaron Gil	CBO Rep. Area 4	400000	21111111		X						
Vacant	Alternate, Area 4										
Dorothy Koetz	Residential Rep. Area 5		* . * . * . *		X						
Vacant	Business Rep. Area 5										
Mercy Alpert	CBO Rep. Area 5	20000000			X						
Vacant (Votes If Absent Above)	Alternate, Area 5		5151515	10101010	111111111						
H.D. "Pat" Patton	Residential Rep. Area 6		1+1+1+1	11-1-1-1	X	1 + 1 + 1 + 1 + 1	[]+[+[+[+[+[+]+[+]+]+]+]+[+[+[+]+]+]+]+				
Gilbert Yablon	Business Rep. Area 6	X			A						
Heath Kline	CBO Rep. Area 6, Treas	X									
Lauren Coffman (Votes If Absent	Alternate, Area 6	X									
Aaron Williams	Res Rep. Area 7						Left Early				
Joyce Fletcher	Biz Rep. Area 7, Pres	X		11111111			Lon Larry				
Peter Fletcher	CBO Rep. Area 7	X									
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X			((((())))						
Sheppard Kaufman	At-Large Rep	X									
Gina Thornburg (Votes If Absent Above)	At-Large Alt	^									
Ved Kulkarbi	Youth Rep.					X	Incligible (Age)				
	Louin Rep.	47				Λ	nicingione (Age)				
Totals We, the Treasurer and the Second Signe	r of the above named Neighb	17	O uncil. decl	0 are that th	e informati	on presents	ed on this form is accurate and				
complete, and that a public meeting was	s held in accordance with all la	aws, policie	s, and pro	ocedures.							
Board, at a Brown Act compliant public	meeting where a quorum of t	he Board w	as presen	t.							
Treasurer's Signature	1 7/1.	.0	Second	Rener's Sig	nature	21.	. 1				
N-ear	N //ww	R	1	Su	ce	flett	her				
Print/Type Name: Heath Kline	June 18 N	MER P	age/4	€øl-52	ilian Joyce	Fletcher,	President				
Date: May 9, 2018			Date: Ma	y 9, 2018							

2018 Congress of Neighborhoods / EmpowerLA Awards / NC Budget Advocates Neighborhood Council Funding Support Statement

Joyce Fletcher, Presiden	t or Heath Kline, Tre	asurer	on President (VDI name)
Joyce Fletcher, Presiden declare that Ham the Freside Neighborhood Council (Neigh	the Woodla	and Hills Warner Cent	er ,
Neighborhood Council (Neigh	nborhood Council) and	4/11/18 that on	(meeting
date), a Brown Act noticed pu			
of <u>12</u> (numb	er) board members pre	sent and that by a vote	of
			_(number) Abstentions,
the Neighborhood Council ap	proves funding support	for the following:	
L.A. Congress of Neighbo	rhoods 2018 event in th	ne amount of:	
*\$ <u> </u>	_ (A)		
and/or			
L.A. Congress of Neighbo	rhoods 2018 – Network	ing/EmpowerLA Award	s event in the amount of:
*\$0	_(B)		
and/or			
Neighborhood Council Bu	dget Advocates 2018 ir	the amount of:	
* _{\$} 1,000.00	_(C)		
	_ Grand Total (A) + (B)	+ (C)	
Therefore, the Neighborhood Funding Program issue paym Department of Neighborhood	ent in the aforemention	ed Total amount from o	our checking account to the
Signature of President or VP		4/11/18	

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, 2018 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.

Office of the City Clerk Administrative	Services Division Neighborho	od Council	(NC) Fun	ding Progra	am					
Board Action Certification Form	1									
NC Name: Woodland Hills Warne		Meeting Date: April 11, 2018 Agenda Item No:6 18-024 Funding & Support NC Budget Advocate's Group @ FYE								
Budget Fiscal Year: 2017-2018	ID/L 721 Metion: WILEDEAC	the Dudge	_							
Board Motion and/or Public Benefit Statement (CIP and NPG):	and agency	get Advocates have spent hundreds of hours collectively this fiscal year 2017 – 2018 icy General Managers, and senior staff, discussing budget, strategic plans and al year 2018 – 2019;								
	WHEREAS, their collective re Council;	search has	produced	I this year's	White Pape	er and recon	nmendations for the Mayor and City			
	WHEREAS, the Budget Advo	cates depe	nd on fund	ds from the	neighborho	od councils	to support their work and outreach to			
Method of Payment: (Select One)	□ X Check		□ Credit	Card		□ Board N	lember Reimbursement			
Vote Count Recused Boardmembers must leave the room prior to any discussion and may not return to the roon until after the vote is complete.										
Board Member Name	Board Position	Yes	No	Abstain	Absent		Recused-Notes			
Karen DiBiase	Resid Rep. Area 1,	X	NO	Abstain	Absent	mengible	Necused-Notes			
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	\\ X\\\								
Vacant	CBO Rep. Area 1									
Vacant (Voies If Absent Above)	Area 1 Alternate				8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1					
Brian D Drapkin	Residential Rep. Area 2	-0-0-0-0-0-	0+0+0+0	10+0+0+0	X	1+1+1+1+1+1				
Raymond Cole	Business Rep. Area 2		annin	anna a	X					
Sean McCarthy	CBO Rep. Area 2	X			21					
Paul Lawler (Votes If Absent Above)	Alternate, Area 2	X	1111111							
Nancy McLean	Residential Rep. Area 3	X	4111111			71111111111				
Herb Madsen	Business Rep. Area 3		anna a	anner (X	minini				
Martin Lipkin	CBO Rep. Area 3	X			3,					
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X								
Don Patterson	Residential Rep. Area 4	X								
William Anderson	Business Rep. Area 4	X								
Camaron Gil	CBO Rep. Area 4				X					
Vacant	Alternate, Area 4			10404040	11111111	141414141				
Dorothy Koetz	Residential Rep. Area 5		-1-1-1-	1-1-1-1-	X					
Richard Hollander	Business Rep. Area 5				X					
Mercy Alpert	CBO Rep. Area 5	X			A					
Vacant (Votes If Absent Above)	Alternate, Area 5		1-1-1-1-	1 - 1 - 1 - 1 -	-1-1-1-1	-1-1-1-1-1-				
H.D. "Pat" Patton	Residential Rep. Area 6	10101010	1414141	1111111	L-X	141414141	Late Arrival-Early Departure			
Gilbert Yablon	Business Rep. Area 6				X		Late Affivar-Larry Departure			
Heath Kline	CBO Rep. Area 6, Treas	X			Α					
Lauren Coffman (Votes If Absent	Alternate, Area 6	X								
Aaron Williams	Res Rep. Area 7, Parlm	X								
Joyce Fletcher	Biz Rep. Area 7, Pres	X	anna a	annan						
Peter Fletcher	CBO Rep. Area 7	X		(11111111111111111111111111111111111111						
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	A			X					
Sheppard Kaufman	At-Large Rep	X			A					
Ginna Thornburg (Votes If Absent Above)	At-Large Alt	Λ	anna	anna a	X					
Ved Kulkarni	Youth Rep				A	X	Early Departure - Ineligible			
	r.outii kep.					Λ	Early Debartare - Hierigiore			
Totals We, the Treasurer and the Second Signer	er of the above named Neighb	16	Uncil dec	lare that th	ne informati	ion present	ed on this form is accurate and			
complete, and that a public meeting wa	•		-			•				
Board, at a Brown Act compliant public						0				
Treasurer's Signature	the the	10		Signer's Sig	X,	Loye	u Flitcher			
Print/Type Name: Heath Kline	June 18 N	MER P	age/4	3 of 52	ilian Joyc	Fletcher,	President			
Date: April 11, 2018			Date: Ap	oril 11, 201	8					

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. The Neighborhood Council (NC), upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

	Name of NC from which you are seeking this grant:	Woodland Hills Wa	arner Center Neighborho	od Council
SEC	TION I- APPLICANT INFORMATION			
10)	Valley Cultural Center	51-0712702	CA	12/08/1975
ıaj	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
461	21550 Oxnard St, Suite 470	Woodland Hills	CA	91367
10)	Organization Mailing Address	City	State	Zip Code
1c)	Business Address (If different)	City	State	Zip Code
1d)	PRIMARY CONTACT INFORMATION Nora Ross 818-70	4-1358 nora.	ross@valleycultural.org	J
	Name	Phone	Email	
2)	Type of Organization- Please select one:			
	□ Public School (not to include private schools) Attach Grant Request on School Letterhea		Ion-Profit (other than religion Determination Letter	ous institutions)
3)	Name / Address of Affiliated Organization (If applicable)	City	State	Zip Code

SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The funds are to support the Valley Cultural Centers community programs. The programs include Concert and Movies on the Green. Funds from the neighborhood council will assist in promoting arts and culture to the community free of charge.

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)

Funds from the Woodland Hills Warner Center Neighborhood Council will be used to provide outreach at the Concerts and Movies on the Green at Warner Ranch Park. The \$3,000 includes a 10 x 10 booth for ten (10) Sunday Concerts and five (5) Saturday Movies. The booth includes a tent, table, chairs and electrical outlet. Also the Woodland Hills Warner Center Neighborhood Council logos will appear on the Valley Cultural Center's website and sponsorship banners.

E	Personnel Related Expenses		Requested of NC	Total Projected Cost
			The second second	Total Projected Cost
1	Non-Personnel Related Expenses Promotion of performance at a variety events the	rough the Valley Cultural Center	Requested of NG \$3,000.00	\$1,250,000.00
L	Have you (applicant) applied to any ot	her Neighborhood Councils	requesting funds t	for this project?
1	is the implementation of this specific factors or sources or funding? (include	program or purpose describ	ped in box 4 above ther NCs)	contingent on any other o □区 Yes, please describe
I	Source of Funding	(1920)	Amount	Total Projected Cost
Į	Wells Fargo Bank, Farmers Insurance, Gaspar Insurance, A F County Arts, Douglas Emmett, Keyes Motors, US Bank, Sta	Rental Connection, WCN, Daily News, LA te Farm Insurance, MSS Audio, Ruth's Chri	\$1,250,000.00	J1.270,500.00
f				
•	What is the TOTAL amount of the gran	nt funding requested with t	nts application:	\$ 3,000.00
				A TO SAN THE S
	Start date: 6/10/18 10b) Da	TOTAL STREET,	/18	
	Andread Andread Art A	/40 /464	s the project the an	inlicant must submit a
)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF	INTEREST	ent of Neighborhoo	d Empowerment)
)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or ex	d Council and the Departme INTEREST xisting relationship with a E	ent of Neighborhoo	d Empowerment)
)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF	d Council and the Departme INTEREST xisting relationship with a E	ent of Neighborhoo	d Empowerment)
:)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or ex	d Council and the Departme INTEREST xisting relationship with a E	ent of Neighborhoo	e NC?
)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or ex	d Council and the Departme INTEREST xisting relationship with a E	ent of Neighborhoo	e NC?
)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or ex No Yes - Please de Name of NC Board Member	d Council and the Departme INTEREST xisting relationship with a E escribe below:	Board Member of the	e NC?
()	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of No Yes - Please de Name of NC Board Member If yes, did you request that the board	d Council and the Department INTEREST xisting relationship with a Electric below: member consult the Office No *(Please note that participates in the discussion	Board Member of the Relations of the City Attorney if a Board Member of	e NC? ship to Applicant y before of the NC has a conflict of
()	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of No Yes - Please de Name of NC Board Member If yes, did you request that the board filing this application? Yes Interest and completes this form, or process of the North Complete of th	d Council and the Department INTEREST existing relationship with a Exercise below: member consult the Office No *(Please note that participates in the discussion its entirety.)	Board Member of the Relations of the City Attorney if a Board Member of	e NC? ship to Applicant y before of the NC has a conflict of
()	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of the Neighborhoo of NC Board Member If yes, did you request that the board filing this application? If yes interest and completes this form, or provided the payment of this grant in the payment of the payment of the payment of the payment of the prevent that, to the best of my is truly and accurately stated. I further appendix B "Conflicts of interest" of fall within the criteria of a public benches the prevent the awarding of the Neighborhood Council to whom I am used in accordance with the terms.	member consult the Office No *(Please note that participates in the discussion its entirety.) URE knowledge, the information affirm that I have read Apthis application and affirm efit project/program and the property of the project/program and the project/project/program and the project/project/program and the project/proj	of the City Attorney of the City Attorney of a Board Member of an and voting of this n provided herein a pendix A, "What is that the proposed p at no conflict of inte	e NC? ship to Applicant y before of the NC has a conflict of s NPG, the Department a Public Benefit," and project(s) and/or program(s) erest exist that would current Board Member of the at if the grant received is not
()	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of No	MINITEREST Existing relationship with a Exercibe below: member consult the Office No *(Please note that participates in the discussion its entirety.) WRE knowledge, the information ar affirm that I have read Apthis application and affirm efit project/program and that its entirety is application in softhe application stated poration or School Principal	of the City Attorney if a Board Member of the n and voting of this in provided herein a pendix A, "What is that the proposed p at no conflict of inte irm that I am not a conflict of inte	e NC? ship to Applicant y before of the NC has a conflict of s NPG, the Department a Public Benefit," and project(s) and/or program(s) erest exist that would current Board Member of the at if the grant received is not
(1)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of NC Board Member If yes, did you request that the board filing this application? Yes interest and completes this form, or swill deny the payment of this grant in TION V - DECLARATION AND SIGNATION I hereby affirm that, to the best of my is truly and accurately stated. I furthe Appendix B "Conflicts of Interest" of fall within the criteria of a public benefit within the criteria of a public benefit within the criteria of the Neighborhood Council to whom I am used In accordance with the the term to the Neighborhood Council. Executive Director of Non-Profit Corp. Nora Ross	member consult the Office Secribe below: member consult the Office No *(Please note that participates in the discussion its entirety.) URE knowledge, the information or affirm that I have read Apthis application and affirm efit project/program and that submitting this application stated poration or School Principa Exec. Dir	of the City Attorney if a Board Member of the n and voting of this in provided herein a pendix A, "What is that the proposed p at no conflict of inte irm that I am not a conflict of inte	ship to Applicant y before of the NC has a conflict of s NPG, the Department a Public Benefit," and project(s) and/or program(s) erest exist that would current Board Member of the at if the grant received is not all be returned immediately
()	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of No	MINITEREST Existing relationship with a Exercibe below: member consult the Office No *(Please note that participates in the discussion its entirety.) WRE knowledge, the information ar affirm that I have read Apthis application and affirm efit project/program and that its entirety is application in softhe application stated poration or School Principal	of the City Attorney of the City Attorney of a Board Member of an and voting of this that the proposed pat no conflict of inte irm that I am not a conflict of	ship to Applicant y before of the NC has a conflict of s NPG, the Department a Public Benefit," and project(s) and/or program(s) erest exist that would current Board Member of the at if the grant received is not all be returned immediately
(a)	Expected completion date: 8/19 follow-up form to the Neighborhoo TION IV - POTENTIAL CONFLICTS OF Do you (applicant) have a former or expense of NC Board Member If yes, did you request that the board filing this application? Yes interest and completes this form, or swill deny the payment of this grant in TION V - DECLARATION AND SIGNATION I hereby affirm that, to the best of my is truly and accurately stated. I furthe Appendix B "Conflicts of Interest" of fall within the criteria of a public benefit within the criteria of a public benefit within the criteria of the Neighborhood Council to whom I am used In accordance with the the term to the Neighborhood Council. Executive Director of Non-Profit Corp. Nora Ross	member consult the Office scribe below: member consult the Office No *(Please note that participates in the discussion its entirety.) TURE knowledge, the information ar affirm that I have read Apthis application and affirm efit project/program and that have been project/program and the submitting this application stated poration or School Principa Exec. Dir Title	of the City Attorney of the City Attorney if a Board Member of on and voting of this in provided herein a pendix A, "What is that the proposed p at no conflict of inte irm that I am not a it. I further affirm tha here, said funds sh	ship to Applicant y before of the NC has a conflict of s NPG, the Department a Public Benefit," and project(s) and/or program(s) erest exist that would current Board Member of the at if the grant received is not all be returned immediately

VALLEY CULTURAL CENTER Profit & Loss Budget Overview January through December 2018

	Jan - Dec 18
Ordinary Income/Expense	
Income	460,020.00
4000 · Sponsor Income 4040 · Donations	26,000.00
4055 · Auction Revenue	42,878.00
4060 · Membership (Individuals)	30,000.00
4065 · In-Kind Donations	496,676.00
4075 · Ad Sales	16,200.00
4120 · Sponsor Booths (non-sales)	53,250.00
4140 · Food Vendors	48,000.00
4155 · Tickets	81,813.00
4160 · Parking Income	38,000.00
4220 · Scholarship Funds	2,500.00
4500 · Other Income	34,600.00
4620 · Dividends & Interest	140.00
Total Income	1,330,077.00
Expense 5510 · Salaries	105,430.00
5520 · Payroll Taxes	10,000.00
5530 · Medical Insurance	0.00
5540 · Workers Comp Insurance	2,000.00
6040 · Audit & Accounting	6,000.00
6050 · Bad Debts	0.00
6060 · Bank Charges	11,465.00 33,998.00
6080 · Catering, Food & Concessions	13,600.00
6090 · Commissions	16,200.00
6110 · Community Support	1,000.00
6120 · Conference & Education	0.00
6150 · Depreciation Expense	300.00
6160 · Dues & Subscriptions	69,458.00
6200 · Equipment Rental 6190 · Fireworks	26,500.00
6215 · First Aid Booth	2,000.00
6480 · Fundraising Expenses	7,500.00
6225 · Gifts/Prizes	1,350.00
6230 · Interest Expense	2,500.00
6240 · Insurance	17,380.00
6250 · Janitorial Expenses	7,600.00
6310 · Marketing & Public Relations	15,696.00
6320 · Membership Expenses	815.00
6370 · Misc. Expenses	3,704.00
6400 · Office Rent	3,900.00
6410 · Office Supplies & Expenses	3,473.00
6420 · Outside Services	153,141.00
6430 · Parking	25,925.00
6460 · Performers	84,750.00
6465 · Permits & License	19,296.00
6470 · Postage & Delivery	3,525.00
6490 · Printing & Publications	6,738.00
6500 · Production - Co-Production Exp.	0.00
6505 · Production - Expense	8,800.00
6530 · Repairs & Maintenance	4,650.00
6540 · Scholarship	2,500.00
6550 · Security	22,230.00
6560 · Signs & Banners	4,354.00
6570 · Sound & Lights	68,400.00
6700 · Telephone & Internet	4,500.00 496,676.00
6720 · In-Kind Expenses	
Total Expense	1,267,354.00
Net Ordinary Income	62,723.00

11:21 AM 01/02/18 Accrual Basis

VALLEY CULTURAL CENTER Profit & Loss Budget Overview January through December 2018

	Jan - Dec 18
Other Income/Expense	
Other Income	
4680 · Unrealized Gain/Loss	0.00
Total Other Income	0.00
Net Other Income	0.00
Net Income	62,723.00

(Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

te it	4 Exercises	mp						
te it	certair instruc	mp						
te it	certair instruc	mp						
te it	certair instruc	mp	All reserves	100			and the last of the last	
	Exemp	stic	ntitles ons or	s, n	ot in age	3):	Idual	nly to
IOI			VEDROOF IN	m	FAT	CA	repo	ting
				ts m	ointair	ned o	utsida	the U.S
								A PART
				lar.				
			MAL				La la Consti	200
			1000					
		ile.			Des C	VIII E		No.
al secu	urity i	nui	mber					
	-				-			
	_	_		_		115		
Invert	Identi	fire	ation	1 791	umb	er		
auyer	Tuella	T	T			193.0		
1 -	- 0		1	7	2	7	0	2
		L					_	_
						18		
he is	sued	to	me)	: a	nd			
	616		los e èl	ha	Into	arms	I Re	vent
oeen r , or (c)	the	IR	S ha	sn	notif	led	me	hat
				BC.				
		del	ant +		nank	e in	with	hole
2 do	THE COURTS A	ant	Sarra	າກຕ	иепти	enu	HELE	U, W
42	4	1	8					
st), 109	98-E (stu	dent	loa	in int	tere	st), 1	198-
Jan			and.	***	mark	hA		
al distriction of the state of	i seconoyer I sec	Exem code Mappies I security I - 0 De issued een notifior (c) the urrently st 2 does not retirement provide 2 does not provide 3 does not provide 4 does not provide not provide 4 does not provide no	Exemption code (if Mapples to the and address to the issued to the	Exemption for code (if any) Applies to account and address (or code (if any) I security number code (if any) Description for code (if any) I security number code (if any) Description for code (if any) Descriptio	Exemption from code (if any) Moples to accounts in me and address (option in a complete to account in the angle of the complete to account in the complete	Exemption from FAT code (if any) Applies to accounts maintain Applies to back Applies to accounts maintain Applies to back Applies to accounts maintain Applies to back Applies to back Applies to accounts maintain Applies	Exemption from FATCA code (if any) Nopples to accounts maintained a me and address (optional) I security number Over Identification number 1 - 0 1 7 2 7 The issued to me); and seen notified by the Internation (c) the IRS has notified arretirement arrangement at provide your correct Tine	De issued to me); and seen notified by the Internal Report (c) the IRS has notified me to the IRS has not the IRS ha

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9,

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners* share of effectively connected income, and
- Certify that FATGA code(s) entered on this form (if any) indicating that you are exempt from the FATGA reporting, is correct. See What is FATGA reporting? on page 2 for further information.

Address any reply to: P.O. Bux 2050, Los Angeles, Calif. 90053 Department of the Treasury

LA-E0-75-2095

-TAX I.D # 51-0172704 District Director

Internal Ravenue Service

in reply rates to,M. Wendelburg L-391, Code #ENEOG2:D: Determination Section (213) 688-4887

> Valley Cultural Center-Warner Park Corporation 20931 Oxnard Street Woodland Hills, California 91364

Assounting Period Ending: December 31 Form 990 Required: Ty Yes Ao Advance Ruling Period Ends: December 31, 1977

Gentlemen:

FILE 61 1 ACR 1977

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Gode However, we have determined that you can reasonably be expected to be a publicly supported organization of the type described in section 509(a)(2)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(c) or 509(a)(2)organization so long as you continue to meet the requirements of the applicable support test. If, however, you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, in the event you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507 | d1 and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days ufter the end of your advance ruling period. In addition, if you submit the required information

within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(2) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions concerning these taxes please let us know.

If your sources of support, or your purposes, character, or method of operation is changed, you should let us know so we can consider the effect of the change on your status. Also, you should inform us of all changes in your mane or address.

If the yes box at the top of this letter is checked, you are required to file Form 990. Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than 85,000. The return is due by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day up to a maxisum of \$5,000, for failure to file the return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code If you are subject to this tax, you must file an income tax return on Form 993-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees If an employer identification number was not entered on your application a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Sincerely yours.

(V. fl. Grand

June 18 MER Page 50 of 52

Farm L-191 (1-7.

CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED 188UED: 09-18-04 **BUSINESS TAX** STARTED CLASS ACCOUNT NO. PROFS/OCCUPATIONS 08-30-99 972757-35 190 CHICUK VALLEY CULTURAL CENTER-WARNES PARK CORT 21550 DXNARD ST #470 WOODLAND HLS CA 91367-7115 ISSUED BY: antimote D. Christinde DIRECTOR OF PHANCE

MOTHRY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - 200 M. SPRING ST. 7M 101, LOS AMBELES CA. 90072 MOTHRY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - 200 M. SPRING ST. 7M 101, LOS AMBELES CA. 90072 PORMI 2000 (ray. 11/00)

PLEASE READ ALL IMPORMATION CAREFULLY

Sections 21 08(b) / 21.7 3(#) Los Angeles Viunicipal pode
This business tax registration certificate (and/or) Transient: Occupancy Registration Certificate signifies that the person named on the lace hereof has fulfilled the requirements of Anticle 1 of Chapter II of the Los Angeles Municipal Code (and/or) the Uniform Transient Docupancy "ax Ordinance by registering with the Director of Finance for the purpose of paying business tax for the classification of business for which this certificate is issued (and/or) collecting from transients the Transient Docupancy Tax and remitting said tax to the Director of Finance. This certificate does not authorize the person to conduct any unlawful business or to conduct any lawful business in an illegal (or) unlawful manner or to conduct within the City of Los Angeles the business for which this certificate has been issued, nor to coerate a note! without strictly complying with all the provisions of the ordinances of said City (or) all local applicable laws, including but not limited to complying with all the provisions of the ordinances of said City (or) all local applicable laws, including but not limited to inceed requiring a permit from any board, commission, department or office of the City This Fusivizable Tax (and Director) Certificates (and Director)

This certificate is void upon any change of ownership or location. Annual taxes are due and payable January 1st each year and delinquent if not paid on or before the last day of February each year. Quarterly taxes are due and payable on the first day of January, April, July, and October of each year, and delinquent if not paid on or before the last day of the month due.

= STATE BOARD OF EQUALIZATION NOTICE =

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

Board Action Certification Form											
NC Name: Woodland Hills Warner Center				Meeting Date: May 9, 2018							
Budget Fiscal Year: 2017-2018 Board Motion and/or Public					Agenda Item No: 15 18-044 Contingent Funding item: Free Children's Perf Series NPG uld funds become available from the 2017-2018 WHWCNC						
Benefit Statement (CIP and NPG):	em snou	iia iuiia	S DECOII	ie avaiiai	ne monn t	116 2017-2016 WHWCNC					
							2017/2018 WHWCNC Budget				
	_				•		Free Children's Performance				
			•				sic education program for nce Series takes place on				
							AM until 11 AM at the Madrid				
Method of Payment: (Select One)	□ X Check		□ Credit	: Card		□ Board N	Member Reimbursement				
Recused Boardmembers n	nust leave the room prior to a		Count on and m	ay not reti	urn to the ro	oon until aft	er the vote is complete.				
Board Member Name	Board Position	Yes	No	Abstain	Absent		Recused-Notes				
Karen DiBiase	Resid Rep. Area 1,	X									
Linda Kouy-Ghadosh	Biz Rep. Area 1 SEC	X	////////								
Vacant	CBO Rep. Area 1										
Vacant (Voies If Abseni Above)	Area 1 Alternate										
Brian Drapkin	Residential Rep. Area 2	X					Role Swap w/Cole 5/9/18				
Paul Lawler	Business Rep. Area 2	X	1111111		((((())))	(((())))					
Sean McCarthy	CBO Rep. Area 2	Х		********							
Ray Cole (Votes If Absent Above)	Alternate, Area 2		777777				Role swap w/ Lawler 5/9/18				
Nancy McLean	Residential Rep. Area 3	X	300000	COMMO	· · · · · · · · · · · · · · · · · · ·	********					
Herb Madsen	Business Rep. Area 3				X						
Martin Lipkin	CBO Rep. Area 3			X							
Eva Morris Huffman (Votes If Absent	Alternate, Area 3	X									
Don Patterson	Residential Rep. Area 4	Х	0000000			*********					
William Anderson	Business Rep. Area 4	X									
Camaron Gil	CBO Rep. Area 4	7////////	2777777		X						
Vacant	Alternate, Area 4										
Dorothy Koetz	Residential Rep. Area 5				X						
Vacant	Business Rep. Area 5										
Mercy Alpert	CBO Rep. Area 5			311111111	X						
Vacant	Alternate, Area 5				:::::::::						
H.D. "Pat" Patton	Residential Rep. Area 6				X		Left Early				
Gilbert Yablon	Business Rep. Area 6	X									
Heath Kline	CBO Rep. Area 6, Treas	X	*********								
Lauren Coffman (Votes If Absent	Alternate, Area 6	X									
Aaron Williams	Res Rep. Area 7		33333333		X	********	Left Early				
Joyce Fletcher	Biz Rep. Area 7, Pres	X		11111111							
Peter Fletcher	CBO Rep. Area 7	Х		311111111							
Marie Pierre (Votes If Absent Above)	Alternate, Area 7	X	1111111		(111111)	(111111)					
Sheppard Kaufman	At-Large Rep	NAME OF THE PARTY	0000000	MARKET	X						
Gina Thornburg (Votes If Absent Above)	At-Large Alt	X									
Ved Kulkarbi	Youth Rep.					:::X:::	Ineligible (Age)				
Totals		16	0	1	7	1	0				
We, the Treasurer and the Second Signe	r of the above named Neight	_	J	lare that ti	he informat	ion present	ed on this form is accurate and				
complete, and that a public meeting wa		and the same of th			The above v	was approve	ed by the Neighborhood Council				
Board, at a Brown Act compliant public	meeting where a quorum of t	ne Board w	ras preser	it.		2					
Treasurer's Signature	th // //	0	Second	- 1 -	nature	71.1	ah.				
- // -PW	lung 10 M	AED D	S	770	ilian laus	Juli	President				
Print/Type Name: Heath Kline	age/52/of 52 ilian Joyce Fletcher, President										