

# Monthly Expenditure Report



Reporting Month: August 2019

Budget Fiscal Year: 2019-2020

NC Name: Porter Ranch  
Neighborhood Council

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$42858.61	\$4423.05	\$38435.56	\$431.93	\$250.00	\$37753.63

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$30500.00	\$723.05	\$26730.95	\$106.93	\$26299.02
Outreach		\$0.00		\$325.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$9000.00	\$3200.00	\$5800.00	\$0.00	\$5800.00
Neighborhood Purpose Grants	\$2500.00	\$500.00	\$2000.00	\$0.00	\$2000.00
Funding Requests Under Review: \$0.00		Encumbrances: \$250.00		Previous Expenditures: \$3046.00	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	FEDEX OFFIC19000019018	08/13/2019	(Credit card transaction)	General Operations Expenditure	Office	\$79.16
2	FURNSAJ BAKERY & RESTA	08/15/2019	(Credit card transaction)	General Operations Expenditure	Office	\$271.72
3	Your Way Tree Service	08/01/2019	Motion to reaffirm payment up to \$3200 for dead wo...	Community Improvement Project		\$3200.00
4	APPLEONE EMPLOYMENT SERVICES	08/15/2019	Motion to approve administrative packet for FY 201...	General Operations Expenditure	Office	\$69.30
5	WENDY L. MOORE / MOORE BUSINESS RESULTS	08/15/2019	Motion to Approve Administrative Packet for FY 201...	General Operations Expenditure	Office	\$67.85
6	Issam Najm	08/15/2019	Motion to approve BMR to Issam Najm for \$235....	General Operations Expenditure	Office	\$235.02
7	Parents, Teachers/Educators & Students in Action	08/16/2019	Motion to approve \$500 for NPG to Parents, Ed...	Neighborhood Purpose Grants		\$500.00
<b>Subtotal:</b>						<b>\$4423.05</b>

Outstanding Expenditures
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#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Brandii Grace	07/16/2019	Motion to approve BMR to Brandii Grace in the amou...	General Operations Expenditure	Office	\$106.93
2	Mark Hovater	08/28/2019	Motion to re-affirm expenditure up to \$650.00 for ...	General Operations Expenditure	Outreach	\$325.00
<b>Subtotal: Outstanding</b>						<b>\$431.93</b>



FedEx Office is your destination  
for printing and shipping.

9000 Tampa Ave  
Northridge, CA 91324-3523  
Tel: (818) 701-0362

8/13/2019 2:35:52 PM PST  
Team Member: Shreya S.  
Customer: Issam Najm

SALE

<u>_PRNC_Meeting_-_2019</u>	Qty 11	34.21
BW 2S on 20# Wht	121 @	0.2800 T
002456 Reg. Price	0.32	
Machine Stapling	11 @	0.0300 T
000078 Reg. Price	0.03	
Price per piece	3.11	
Regular Total	39.05	

<u>_PRNC_Meeting_-_2019</u>	Qty 30	15.30
BW 1S on 20# Wht	30 @	0.1600 T
002419 Reg. Price	0.16	
BW 2S on 20# Wht	30 @	0.3200 T
002456 Reg. Price	0.32	
Machine Stapling	30 @	0.0300 T
000078 Reg. Price	0.03	
Price per piece	0.51	
Regular Total	15.30	
Discounts	0.00	

<u>_PRNC_Meeting_-_2019</u>	Qty 2	22.78
BW 1S on 20# Wht	2 @	0.1600 T
002419 Reg. Price	0.16	
BW 2S on 20# Wht	80 @	0.2800 T
002456 Reg. Price	0.32	
Machine Stapling	2 @	0.0300 T
000078 Reg. Price	0.03	

Price per piece	11.39
Regular Total	25.98
Discounts	3.20

Sub-Total	72.29
Tax	6.87
Deposit	0.00
<b>Total</b>	<b>79.16</b>

\*\*\*\*\* PURCHASE \*\*\*\*\*  
APPROVED

total: \$79.16

Card Type: MASTERCARD

Card Entry: CHIP

Account #: \*\*\*\*\*6318

Approval Code: 055436

PIN Verified

\*\*\*\*\* EMV PURCHASE \*\*\*\*\*

Card Label: MASTERCARD

Card Issuer:

Card Number: A0000000041010

Card Number: 0000048000

Card Number: 0110A040002A0000000000000000000000000F



FurnSaj Bakery  
 11146 BALBOA BLVD  
 SAN DIEGO, CA 92131  
 619 594 1000



66

PRNCL

BW 2S  
 00:  
 Macr  
 0

	\$11.99
	\$11.99
	\$7.96
1 Cheese Mell (Oven Baked)	\$17.45
1 Tahine Bajine (Oven Baked)	\$14.95
1 Spinach Pie (Oven Baked)	\$19.95
<b>Subtotal</b>	<b>\$215.29</b>
<b>Tax</b>	<b>\$20.99</b>
<b>Total</b>	<b>\$236.28</b>
<b>Tip</b>	<b>\$35.44</b>
CREDIT CARD AUTH	\$271.72
MASTERCARD 6 619	

15 Aug 2019 2:54:16P



12318 Branford St  
 Sun Valley, CA, 91352  
 Jessewithyourway@aol.com  
 www.yourwaytreeserviceinc.com  
 (818) 882-2335  
 License #937069  
 ISA Certified Arborist WE-10423AT

# Your Way Tree Service, Inc.

## Invoice

Bill To: Porter Ranch Neighborhood Council  
 jasonhector@prnc.org  
 Northern Section of Limekiln Canyon Park

Invoice No: 1001174  
 Date: 07/09/2019  
 Terms: Due Upon Completion  
 Due Date: 07/09/2019

Description	Quantity	Amount
Location 1.) Southern section of limekiln Canyon Park	1	\$0.00
Location 2.) Hillside of Wilbur Tampa Park	1	\$3,200.00
- Removal of dead trees and brush -1 Crew for one day @ \$3,200.00		
- Mulching on site-		
		Parts Subtotal \$3,200.00
		Subtotal \$3,200.00
Payment Details		Total \$3,200.00
An advance payment of \$0.00 is due by 07/09/2019.		Paid \$0.00

**Balance Due \$3,200.00**

Deposit due 07/09/2019 \$0.00

**Pay Now**

Invoice2go



### Comments

We thank you for your Business

## Terms and Conditions

Terms: Balance due on completion of job. A charge of one and one-half percent per month will be applied to past accounts (18% per annum). If action be instituted to enforce any provision of this agreement, the customer agrees to pay any collection cost, court costs, and reasonable attorney fees. WE CANNOT BE HELD LIABLE FOR SUBTERRANEAN PIPES AND LINES ON STUMP REMOVAL UNLESS PREARRANGED IN WRITING. We require a 48 hour notice if you are going to cancel this contract.

Payments made with American Express Credit Card will be charged an additional fee.

Contractors are required by law to be licensed and regulated by the Contractor's State License Board which has jurisdiction to investigate complaints against contractors if a complaint regarding a patent act or omission is filed with four years of the date of the alleged violation. A complaint regarding a patent act or omission pertaining to structural defects must be filed within 10 years of the date of the alleged violation. Any questions concerning a contractor may be referred to the Registrar Contractor's State License Board. P.O. Box 25000, Sacramento, CA 95020.

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Your Way Tree Service, Inc.

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Client's signature

BOARD OF COMMISSIONERS

**SYLVIA PATSAOURAS**  
PRESIDENT

**LYNN ALVAREZ**  
VICE PRESIDENT

**NICOLE CHASE**  
**PILAR DIAZ**  
**JOSEPH HALPER**

**IRIS L. DAVIS**  
BOARD SECRETARY (213) 202-2640



**ERIC GARCETTI**  
MAYOR

**MICHAEL A. SHULL**  
GENERAL MANAGER

**ANTHONY-PAUL (AP) DIAZ, ESQ.**  
EXECUTIVE OFFICER &  
CHIEF OF STAFF

**VICKI ISRAEL**  
ASSISTANT GENERAL MANAGER

**SOPHIA PIÑA-CORTEZ**  
ASSISTANT GENERAL MANAGER

**CATHIE SANTO DOMINGO**  
ACTING ASSISTANT GENERAL MANAGER

(213) 202-2633 FAX (213) 202-2614

July 15, 2019

Your Way Tree Service  
Attention: Jesse Montoya  
P.O. Box 570932  
Tarzana, CA 91357

Dear Jesse Montoya:

**RIGHT OF ENTRY PERMIT TO PERFORM TREE RELATED WORK AT LIMEKILN  
CANYON PARK AND WILBUR TAMPA PARK - EXTENSION**

The City of Los Angeles, Department of Recreation and Parks (hereinafter referred to as DEPARTMENT) hereby issues to Your Way Tree Service (hereinafter referred to as PERMITTEE) a revocable Right-of-Entry, PERMIT, to perform tree trimming, removal of dead wood, hauling of tree debris, mulching, weed whacking, and removal of brush at Limekiln Canyon Park, and Wilbur Tampa Park.

**Approval of this Right-of-Entry, PERMIT, is contingent upon for the execution of this PERMIT, as provided in Condition No. 13, and the submission of proof of insurance information, as noted in Condition No. 4. This PERMIT will not become effective until all of the above conditions are met, and the executed PERMIT and insurance forms are returned to the DEPARTMENT representative designated in Condition No. 12.**

This revocable Right-of-Entry permit is issued subject to the following conditions:

1. PERMIT AREA DEFINED

The area to be covered under this PERMIT is within Limekiln Canyon Park, and Wilbur Tampa Park. Please view attached aerial maps (Attachment A and Attachment B). (PERMIT AREA).

2. PERMISSION GRANTED

Permission is granted for Your Way Tree Service to enter the PERMIT AREA in Limekiln Canyon Park and Wilbur Tampa Park (Attachment A and Attachment B) to perform tree trimming, dead wood removal, hauling of debris, mulching, weed whacking, and brush removal.





DEPARTMENT shall be notified of any proposed changes to the plans and shall be provided an opportunity to review and approve any changes prior to the start of related work. Any such proposed modifications shall be forwarded, in writing, to the addressee listed in Condition No. 12.

3. TERM

This PERMIT shall become effective upon receipt by the DEPARTMENT of an executed copy of the PERMIT as required in Condition No.13, and proof of insurance as required in Condition No. 4. This permit shall be effective July 18, 2019 through August 18, 2019. Should additional time be required to complete the specified work PERMITTEE shall submit a written request to the addressee listed in Condition No. 12.

4. INSURANCE

PERMITTEE, at its own cost and expense, and in the name of PERMITTEE, shall, prior to any possession or other use of the PERMIT AREA, obtain insurance and furnish CITY with evidence of such insurance from insurers in a form acceptable to City Risk Management. PERMITTEE shall ensure that all contractors and subcontractors are in compliance with this Condition No. 4; CA No. 2022280.

5. INDEMNIFICATION

Except for the active negligence or willful misconduct of CITY, PERMITTEE undertakes and agrees to defend, indemnify and hold harmless CITY and any and all of CITY'S Boards, Officers, Agents, Employees, Assigns, and Successors in Interest from and against all suits and causes of action, claims, losses, demands and expenses, including, but not limited to, attorney's fees and cost of litigation, damage or liability of any nature whatsoever, for death or injury to any person, including PERMITTEE'S employees and agents, or damage or destruction of any property of either party hereto or of third parties, arising in any manner by reason of, or incidental to, the performance of this permit on the part of PERMITTEE and/or their contractor or sub-contractor of any tier.

6. DEPARTMENT AUTHORITY

PERMITTEE shall at all times abide by the rules and regulations heretofore adopted or that may hereafter be adopted by DEPARTMENT and shall cooperate fully with DEPARTMENT employees in the performance of their duties.

7. LIABILITY

By issuing this PERMIT, the DEPARTMENT nor any of its agents acting in its behalf, accept any liability, express or implied, for the equipment, material, or property, nor damage thereof, belonging to the contractor, Your Way Tree Service, or any of their subcontractors. Further, the issuance of this PERMIT shall not be construed as a promise, commitment, agreement, or contract made by the DEPARTMENT, nor any of its agents acting on its behalf, to purchase, lease, or otherwise obtain any material or service from the contractor or any subcontractors working in conjunction with

Your Way Tree Service for the term of this PERMIT, or in future projects conducted by and for the DEPARTMENT.

8. DEPARTMENT COORDINATION

Mr. Leon Boroditsky or his designee is specifically designated as the DEPARTMENT's representative for this project and is empowered by the DEPARTMENT to conduct inspections of the PERMIT AREA, evaluate progress, and inform the DEPARTMENT fully as to the PERMITTEE'S maintenance of the facility. Mr. Leon Boroditsky, may be contacted, at (213) 485-4826.

**PERMITTEE or its contractor shall contact Mr. Leon Boroditsky at least five (5) working days prior to the initiation of work at the PERMIT AREA and inform him of the starting date and time of said work.**

9. RIGHT OF INSPECTION

Authorized representatives, agents, and employees of the DEPARTMENT and City of Los Angeles shall have the right to enter the PERMIT AREA at any time in case of emergency, and upon reasonable notice for purposes of property inspection.

10. MAINTENANCE OF PROPERTY

PERMITTEE and its contractor(s) or subcontractor(s) shall maintain the PERMIT AREA in an orderly condition during the term of the PERMIT. PERMITTEE hereby guarantees that no park improvements or other natural features will be disturbed due to the permitted access. PERMITTEE will also take whatever measures are necessary to ensure the safety of the Park and its patrons during the term of this PERMIT, including the posting of signs and the placing of barricades to cordon off equipment and the PERMIT AREA if necessary.

Prior to the performance of any work, PERMITTEE or its contractor(s) or subcontractor(s) shall notify DEPARTMENT of such work. Notification shall be made to the DEPARTMENT representative designated in Condition No. 7.

11. RESTORATION AND FINAL INSPECTION

PERMITTEE shall restore all recreation and/or park related improvements that are damaged, moved or altered as a result of the permitted work, to their original condition in accordance with plans approved by DEPARTMENT. Said restoration shall take place immediately upon the conclusion of said work and shall be performed to the satisfaction of the DEPARTMENT. Upon completion of the permitted work, PERMITTEE shall contact Mr. Leon Boroditsky to arrange a final DEPARTMENT inspection of the completed project.

12. REVOCAION OF PERMIT

The DEPARTMENT may revoke this PERMIT if PERMITTEE does not comply with the Conditions contained herein. Upon receipt of the written notice of revocation,

Your Way Tree Service - Extension

July 15, 2019

Page 4

PERMITTEE shall return the property to its original condition and discontinue occupancy.

### 13. PERMIT NOTIFICATIONS

Should PERMITTEE desire modifications or time extensions of the PERMIT, or additional work to be performed, etc., requests for said modifications and/or additions shall be submitted, in writing, to:

Los Angeles City Department of Recreation and Parks  
Attention: Cathie Santo Domingo, Acting Assistant General Manager  
Planning, Maintenance and Construction Branch  
221 N Figueroa Street, 4th Floor  
Los Angeles, California 90012  
Telephone: (213) 202-2668

### 14. ACCEPTANCE

To indicate acceptance of this PERMIT and all Conditions contained herein, please sign this original letter on the signature block below, retain a copy for your files, and return the original to the addressee listed in Condition No. 12.

Sincerely,

MICHAEL A. SHULL  
General Manager



CATHIE M. SANTO DOMINGO, P. E.  
Acting Assistant General Manager  
Planning, Construction, & Maintenance Branch

CSD:jl

### Attachments

cc: Javier Solis, Superintendent of Maintenance Operations  
Therman Calloway, Jr., Principal Grounds Maintenance Supervisor II  
Jorge De Loera, Senior Park Maintenance Supervisor  
Mario Ballin, Park Maintenance Supervisor

SIGNATURE EXECUTION

**RIGHT OF ENTRY PERMIT TO PERFORM TREE RELATED WORK AT LIMEKILN CANYON PARK AND WILBUR TAMPA PARK. (EXTENSION)**

Your Way Tree Service hereby accepts this Right-of-Entry Permit and all conditions therein.

  
\_\_\_\_\_  
Permittee Signature

7-22-2019  
\_\_\_\_\_  
Date

Jesse Maytoys  
\_\_\_\_\_  
Permittee Name (print)

President  
\_\_\_\_\_  
Title

Office of the City Clerk  
 Administrative Services Division  
 Neighborhood Council (NC) Funding Program  
 Board Action Certification Form



NC Name: Porter Ranch Neighborhood Council	Meeting Date: 07/10/2019
Budget Fiscal Year: 2019-20	Agenda Item No: 11(g)
Board Motion and/or Public Benefit Statement (CIP and NPG):	Motion to reaffirm payment up to \$3200 for dead wood / tree and brush removal in Wilbur Tampa and Limekiln Canyon Park

Method of Payment: (Select One)  Check  Credit Card  Board Member Reimbursement

**Vote Count**  
 Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
BRANDII GRACE					X		
HASSAN MEMARIAN		X					
DAVID BALEN	Vice President				X		
JASON HECTOR	Treasurer	X					
MIHRAN KALAYDJIAN		X					
BECKY LEVEQUE					X		
DAVID LASHER		X					
LORI CHOI		X					
ASAAD ALNAJJAR			X				
GABRIEL KHANLIAN	Secretary	X					
ISSAM NAJM	President	X					
Quorum: 6	Total:	7	1		3		

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 Signer's Signature
Print/Type Name: Jason Hector	Print/Type Name: Gabriel Khanlian
Date: 07/10/2019	Date: 07/10/2019



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

City of LA Dept. of Neighborhood Empowerment

Accounts Payable  
200 N. Main Street, Room 2005  
LOS ANGELES, CA 90012

[Invoice](#)

Customer 00950101  
Site No: 0071  
Period 07/13/2019  
Invoice No: S7869653  
Amount Due: \$69.30  
Payment NET 30 DAYS

Contract #	Requestor	Location	Name	Weekend	Invoice Date	Reg Hrs	Reg Rate	OT Hrs	OT Rate	Misc Hrs	Misc Rate	Amount
C-132956	Khanlin, Gabriel	Porter Ranch Nc/Credit	Pollock, Frances		07/13/2019	3.00	\$23.10	0.00	\$0.00	0.00	\$0.00	\$69.30
<b>Sub Total For:</b>						<b>3.00</b>		<b>0.00</b>		<b>0.00</b>		<b>\$69.30</b>
<b>Grand Total Invoice Amount</b>						<b>3.00</b>		<b>0.00</b>		<b>0.00</b>		<b>\$69.30</b>

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

You can now pay electronically through



Visit [www.ApplePay.com](http://www.ApplePay.com) or Call (866)898-7152 for details





Invoice #2019 0801  
Number

Date August 1, 2019

Mr. Issam Najm  
President  
Porter Ranch Neighborhood Council  
P.O. Box 7337  
Porter Ranch, CA 91327-7337

Please remit to:

Wendy L. Moore  
Moore Business Results  
19300 Rinaldi St. #7524  
Northridge, CA 91327

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

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Communications services	67.85
<b>Total Amount Due:</b>	<b>\$67.85</b>

Thank you for your business. We appreciate working with you.

Please pay within 21 days of invoice date. Payments not received by that date may incur a late fee of \$25. We may also assess a 1.5% interest charge per month on late payments. Interest accrues retroactively from the due date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

Date	Details	Hours
7/11/2019	Letter.	0.17
7/18/2019	News article and link.	0.25
8/1/2019	Candidate video on home.	0.17
	Total	0.59





Office of the City Clerk  
 Administrative Services Division  
 Neighborhood Council (NC) Funding Program  
 Board Action Certification Form

NC Name: Porter Ranch Neighborhood Council Meeting Date: June 12, 2019

Budget Fiscal Year: 2018-19 Agenda Item No: 20

Board Motion and/or Public Benefit Statement (CIP and NPG):  
**Motion to authorize the PRNC to complete, approve, and submit the Administrative Packet for FY 2019-2020 per city clerk's requirements.**

Method of Payment: (Select One)  Check  Credit Card  Board Member Reimbursement

**Vote Count**  
 Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
BRANDII GRACE		✓					
Hassan Memarian		✓					
DAVID BALEN	Second Signer	✓					
JASON HECTOR	Treasurer	✓					
MIHRAN KALAYDJIAN		✓					
BECKY LEVEQUE		✓					
DAVID LASHER		✓					
LORI CHOI		✓					
ASAAD ALNAJJAR		✓					
GABRIEL KHANLIAN	Secretary	✓					
ISSAM NAJM	President	✓					
Quorum: 6			Total: 11				

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: <i>[Signature]</i> Print/Type Name: Jason Hector Date: 6/12/19	Second Signer's Signature: <i>[Signature]</i> Print/Type Name: David Balen Date: 6/12/2019
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## Motion for Board Consideration

### PRNC Board Meeting

August 14, 2019

*Issam Najm,  
President*  
*David Balen,  
Vice President*  
*Jason Hector,  
Treasurer*  
*Gabriel Khanlian,  
Secretary*  
*Asaad Alnajjar*  
*Lori Choi*  
*Brandii Grace*  
*Mihran Kalaydjian*  
*David Lasher*  
*Becky Leveque*  
*Hassan Memarian*

**Motion:** Motion to approve a Board Member Reimbursement to Issam Najm in the amount of \$235.02 for Purchases Made for the Legislative Oversight Hearing on August 6, 2019

**Proposed by:** Issam Najm

**Description:** At the July Board meeting, the PRNC approved up to \$500 in expenditures for hosting the Legislative Oversight Hearing on August 6, 2019. Unfortunately, COSTCO does not take MasterCard, which is the type of Bank Card the City provides the NCs. Board member Issam Najm paid for the supplies with his personal Visa Card, which also included Ice for the refreshments on the morning of the event. The total cost was \$235.02.

**Benefits to PR:** The hearing was very well attended by the community, and everyone very much appreciated the refreshments provided by the PRNC.

Is this a Time-Sensitive Motion (Yes/No)? Yes

If the answer is "Yes", please explain: Board members should be reimbursed for Board expenses on their personal credit cards as soon as possible.



19781 Rinaldi St.  
(818) 832-5955  
Your cashier was Marco T

PRNC

ARROWHEAD ICE	4.49 B
ARROWHEAD ICE	4.49 B
ARROWHEAD ICE	4.49 B
ARROWHEAD ICE	4.49 B
5 @ 3.99	
SUPER ICE	19.95 B
4 @ 0.99	
SC Ice 101b 2/\$6	3.96 B
RALPHS rewards CUSTOMER	*****0642
TAX	3.23
**** BALANCE	37.18

Northridge CA 91326  
Visa Credit Purchase  
\*\*\*\*\*0523 - C  
REF#: 006028 TOTAL: 37.18  
AID: A0000000031010  
TC: D02CB369E905F1E6

VISA	37.18
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	9
RALPHS rewards SAVINGS	\$ 3.
TOTAL COUPONS	\$ 3.96

08/06/19 07:31am 127 6 6 351

\*\*\*\*\*

Tell Us How We Are Doing!  
Earn 50 BONUS FUEL POINTS!

Plus, enter our monthly Sweepstakes:  
for ONE OF 100 - \$100 gift cards and  
ONE \$5,000 gift card grand prize!

Go to [www.krogerfeedback.com](http://www.krogerfeedback.com)  
Enter the information below:

Date: 08/06/19

Time: 07:31am

Entry ID: 703-154-6-127-6-12

Limit one 50 fuel pt bonus per 7 days.

No purchase necessary to enter  
sweepstakes. See website for official  
sweepstakes rules.

\*\*\*\*\*

\*\*\*\*\*

JUL FUEL POINTS REMAINING = 506

FUEL POINTS EXPIRE 07/31/19



Northridge #437  
8810 Tampa Ave  
Northridge, CA 91324  
(818) 775-1860

6R Member 322626655000

\*\*\*\*\*Bottom of Basket\*\*\*\*\*

E 931484 KS WATER GAL	4.99
E 9900000000 CA REDEMP VA	0.60
E 931484 KS WATER GAL	4.99
E 9900000000 CA REDEMP VA	0.60
E 1011666 ARROWHEAD **	5.59
E 6900000000 CA REDEMP VA	2.00

\*\*\*\*\*BOB Count 3\*\*\*\*\*

128163 DIXIE 6 7/8"	13.59 A
738392 *KS NAPKINS*	8.99 A
740338 **9 OZ CUP**	11.79 A
E 1011666 ARROWHEAD **	5.59
E 6900000000 CA REDEMP VA	2.00

4 @ 7.99	
E 37220 CHOC CHUNK	31.96
9 @ 7.99	
E 37220 CHOC CHUNK	71.91
3 @ 9.99	
E 334633 LAGNERS OJ	29.97
SUBTOTAL	194.57
TAX	3.27
**** TOTAL	<b>197.84</b>

XXXXXXXXXXXX0523 CHIP Read

AID: A0000000031010

Seq# 11398 App#: 005351

Visa Resp: APPROVED

Tran ID#: 921700011398....

Merchant ID: 990437

APPROVED - Purchase

AMOUNT: \$197.84

08/05/2019 16:59 437 11 244 94

Visa	197.84
CHANGE	0.00

A 9.5% Tax	3.27
TOTAL TAX	3.27

TOTAL NUMBER OF ITEMS SOLD = 23

~~08/05/2019~~ 16:59 437 11 244 94

OP#: 94 Name: JOSE Ma.

Thank You!

Please Come Again

Whse:437 Trn:11 Trn:244 OP:94

Total BOB Item Count = 3





**Neighborhood Council Funding Program**  
**APPLICATION for Neighborhood Purposes Grant (NPG)**



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program

Name of NC from which you are seeking this grant: Porter Ranch Neighborhood Council

**SECTION I - APPLICANT INFORMATION**

- 1a) Parents, Educators/Teachers & Students in Action      46-2694430      California      12/0/13  
*Organization Name*      *Federal I.D. # (EIN#)*      *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      Seymouramster\_pesa@gmail.com  
*Name*      *Phone*      *Email*
- 2) **Type of Organization- Please select one:**  
 Public School (not to include private schools)      or       501(c)(3) Non-Profit (other than religious institutions)  
 Attach Signed letter on School Letterhead      Attach IRS Determination Letter
- 3) \_\_\_\_\_  
*Name / Address of Affiliated Organization (if applicable)*      *City*      *State*      *Zip Code*

**SECTION II - PROJECT DESCRIPTION**

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

LAPD refers minors committing crimes directly to Parents, Educators/Teachers & Students in Action (PESA) through the JADP program (Juvenile Arrest Diversion Program) to address the issues of the minor by having the minor's matter handled in Teen Court. PESA is the non-profit that provides support and funding for Teen Court as well as the minors diverted to the program by LAPD. PESA through this program impacts the community by reducing crime committed by juveniles, as well as addressing the issue of hate crimes and incidents in the City of Los Angeles.

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)

To provide assistance to the minors referred to the program by LAPD who live in the boundaries of this Neighborhood Council. In addition to make presentations to residents of the Neighborhood Council who attend schools or participate in community organizations in the Neighborhood Council area to address issues that would lead them to engage in inappropriate activities such as bullying or criminal activity. Thus the funds will be utilized to be proactive in reducing crime in the Neighborhood Council area and reactive in addressing those minors committing crimes in the Neighborhood Council area. This grant will be used to support the entire Teen Court Program including the Outreach Programs described, as it relates to the boundaries to this Neighborhood Council.

**SECTION III - PROJECT BUDGET OUTLINE**

You may also provide the Budget Outline on a separate sheet if necessary or requested.

6a) Personnel Related Expenses	Requested of NC	Total Projected Cost
Monitoring Youth and Support Services	\$ 5,000.00	\$ 10,000
	\$	\$
	\$	\$

6b) Non-Personnel Related Expenses	Requested of NC	Total Projected Cost
Program Fees not included in above	\$ 0	\$ 17,000
Bus and other transportation not included in above	\$ 0	\$ 7,500
Training materials not included in above	\$ 0	\$ 14,000

7) Have you (applicant) applied to any other Neighborhood Councils requesting funds for this project?  
 No  Yes If Yes, please list names of NCs: Most of the other Neighborhood Councils as it relates to their boundaries

8) Is the implementation of this specific program or purpose described in Question 4 contingent on any other factors or sources or funding? (Including NPG applications to other NCs)  No  Yes If Yes, please describe:

Source of Funding	Amount	Total Projected Cost
	\$	\$
	\$	\$
	\$	\$

9) What is the TOTAL amount of the grant funding requested with this application: \$ 5,000.00

10a) Start date: 09/01/19 10b) Date Funds Required: 09/01/19 10c) Expected Completion Date: 12/31/19  
 (After completion of the project, the applicant should submit a Project Completion Report to the Neighborhood Council)

**SECTION IV - POTENTIAL CONFLICTS OF INTEREST**

11a) Do you (applicant) have a current or former relationship with a Board Member of the NC?  
 No  Yes If Yes, please describe below:

Name of NC Board Member	Relationship to Applicant

11b) If yes, did you request that the board member consult the Office of the City Attorney before filing this application?  
 Yes  No \*(Please note that if a Board Member of the NC has a conflict of interest and completes this form, or participates in the discussion and voting of this NPG, the NC Funding Program will deny the payment of this grant in its entirety.)

**SECTION V - DECLARATION AND SIGNATURE**

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read the documents "What is a Public Benefit," and "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of the Neighborhood Purposes Grant. I affirm that I am not a current Board Member of the Neighborhood Council to whom I am submitting this application. I further affirm that if the grant received is not used in accordance with the terms of the application stated here, said funds shall be returned immediately to the Neighborhood Council.

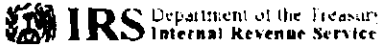
12a) Executive Director of Non-Profit Corporation or School Principal - REQUIRED\*

Seymour I. Amster Executive Director [Signature] 8/04/19  
 PRINT Name Title Signature Date

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

Francine S. Amster Secretary [Signature] 8/04/19  
 PRINT Name Title Signature Date

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or [clerk.ncfunding@lacity.org](mailto: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](http://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.



4077591934  
Oct. 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, EO Rulings & Agreement



**CITY OF LOS ANGELES**

Office of Finance  
P O Box 53200  
Los Angeles CA 90053-0200

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



.....5-DIGIT 91344 139  
PARENTS, EDUCATORS / TEACHERS & AMP STUDENTS IN ACTION  
42397  
18017 CHATSWORTH ST STE 337  
GRANADA HILLS CA 91344-5608

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

**CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE**

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED  
BUSINESS TAX

ISSUED 5/7/2018

ACCOUNT NO	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002893373-0001-4	L049	Professions / Occupations	3/1/2016	ACTIVE

PARENTS, EDUCATORS / TEACHERS & AMP STUDENTS IN  
ACTION  
18017 CHATSWORTH ST STE 337  
GRANADA HILLS CA 91344-5608

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY  
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED TO

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



ISSUED BY

*Clare Bartels*

DIRECTOR OF FINANCE

\*No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC, shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner.\*

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS - Office of Finance, P O Box 53200, Los Angeles CA 90053-0200

IMPORTANT - READ REVERSE SIDE

# W-9

## Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. Specific instructions on page 3.

1. Name of the requester (Do not include title, name, degree, or other designation.)  
 Parents, Educators, Teachers & Students in Action

2. Title of the requester (Do not include title, name, degree, or other designation.)

3. Check the appropriate box that best describes the requester. **one** only.  
 Individual  
 Sole proprietor or single-member LLC  
 Partnership  
 Trust  
 Estate  
 Nonprofit organization  
 Nonprofit Corporation exempt under IRS Code Section 501(c)(3)

**Note:** Check the appropriate box that best describes the requester. Do not check more than one box. An entity that is a sole proprietor or single-member LLC, partnership, trust, estate, or nonprofit organization is not eligible to be a requester. However, a sole proprietor or single-member LLC, partnership, trust, estate, or nonprofit organization may be a requester if it is a nonprofit corporation exempt under IRS Code Section 501(c)(3).

4. If the requester is a sole proprietor, check the appropriate box.  
 Yes  
 No

5. Street address (Do not include P.O. box.)  
 18017 Chatsworth Street, Suite 337

6. City, state, and ZIP code  
 Granada Hills, Ca 91344

7. Mailing address (Do not include P.O. box.)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name of the requester to avoid backup withholding. For individuals, this is generally your Social Security Number (SSN). However, for a requestor that is a partnership, trust, estate, or other entity, see the instructions for Part I for more information. If you are an employer, provide your EIN. If you do not have a TIN, see instructions for getting a TIN later.

**Note:** If the account is in more than one name, see the instructions for line 7. Also see What Name and Number to Give the Requester for guidance on who should enter.

Social security number  
 \_\_\_\_\_

or  
 Employer identification number  
 46 - 2694130

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or, if am awaiting for a number to be issued to me, will be subject to backup withholding because I do not have a TIN that backup withholding will not be notified by the Internal Revenue Service (IRS) that I am subject to backup withholding and that data are to report interest, dividends, or other IRS-notified information that is subject to backup withholding.)

2. I am a U.S. citizen or other U.S. person defined below.

3. The FATCA codes I entered on this form are correct and that I am not reporting any reportable interest.

**Certification instructions.** You must certify that you are a U.S. person as defined in the IRS that you are subject to backup withholding because you have failed to report all interest and dividends or you have failed to report estate transactions, term loans (if applicable), and mortgage interest payments for an applicable amount of secured property, dependent on the type of instrument, that you are subject to backup withholding. If you are not reporting interest and dividends, you are not required to file this certification if you are not reporting interest and dividends. See the instructions for Part I for more information.

**Sign Here** Signature of U.S. person  Date **7/12/18**

### General Instructions

- Section references are to the Internal Revenue Code unless otherwise noted.
- Future developments.** For the latest information about developments that affect this Form W-9 and its instructions, go to [www.irs.gov/form990](http://www.irs.gov/form990). Other developments may be published in the *IRS Bulletin*.
- Purpose of Form**
- An individual or entity (Form W-9 requester) who is required to furnish information return with the IRS must obtain a correct taxpayer identification number (TIN) which may be a Social Security Number (SSN), individual taxpayer identification number (ITIN), address taxpayer identification number (ATIN), or an employer identification number (EIN), to report on an information return the amount payable to the requester. Amounts reportable on an information return (examples of such 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, and gross proceeds)
  - Form 1099-B (stock or mutual fund sales and redemptions, other than tax-exempt brokers)
  - Form 1099-G (various payments from state and local governments)
  - Form 1099-K (merchant card and third-party network transactions)
  - Form 1099-NEC (nonemployee compensation)
  - Form 1099-EB (employee interest)
  - Form 1099-STA (state and local interest)
  - Form 1099-PR (prize or award)
  - Form 1099-SEC (dividend or interest)
  - Form 1099-SS (social security benefits)
  - Form 1099-SP (secured property)
- If you are a U.S. person or a U.S. resident alien, you must provide your correct TIN.
- If you are not a U.S. person or a U.S. resident alien, you may not be required to provide backup withholding. See What's backup withholding.

Office of the City Clerk  
Administrative Services Division  
Neighborhood Council (NC) Funding Program  
Board Action Certification Form



NC Name: Porter Ranch Neighborhood Council Meeting Date: 8/14/19  
Budget Fiscal Year: 2019-20 Agenda Item No: 14

Board Motion and/or Public Benefit Statement (CIP and NPG):  
*Motion to approve \$500 for NPG to Parents, Educators/Teachers + Students in Action*

Method of Payment: (Select One)  Check  Credit Card  Board Member Reimbursement

**Vote Count**

Recused Boardmembers must leave the room prior to any discussion and may not return to the room until after the vote is complete.

Board Member First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
BRANDII GRACE					<input checked="" type="checkbox"/>		
HASSAN MEMARIAN		<input checked="" type="checkbox"/>					
DAVID BALEN	Vice President		<input checked="" type="checkbox"/>				
JASON HECTOR	Treasurer		<input checked="" type="checkbox"/>				
MIHRAN KALAYDJIAN					<input checked="" type="checkbox"/>		
BECKY LEVEQUE							
DAVID LASHER		<input checked="" type="checkbox"/>					
LORI CHOI		<input checked="" type="checkbox"/>					
ASAAD ALNAJJAR		<input checked="" type="checkbox"/>					
GABRIEL KHANLIAN	Secretary	<input checked="" type="checkbox"/>					
ISSAM NAJM	President	<input checked="" type="checkbox"/>					
Quorum:		6	Total:	6	2	2	

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: *[Signature]* Second Signer's Signature: *[Signature]*  
 Print/Type Name: Jason Hector Print/Type Name: David Balen  
 Date: 8/14/19 Date: 8/14/2019