

Los Feliz #130 2901 Los Feliz Blvd Los Angeles, CA 90039 (323) 644-5201

D3	Member 111713651960	
Ε	12928 ROLLERPLATTR	29.99
Ε	571548 SUNCHIPS	11.99
E	50683 FRUIT TRAY	9. 99
Ε	50683 FRUIT TRAY	9.99
Ε	46721 GRAPE JUICE	6.49
Ε	15567 SVENHARDS 30	13.89
	SUBTOTAL	82.34
	TAX	0.00
	*** TOTAL	

XXXXXXXXXXXX4998 SWIPED
Seq#: 15702 App#: 764991
EFT/Debit Resp: APPROVED
Tran ID#: 703900015702....

Merchant ID: 99013011

APPROVED - Purchase AMOUNT: \$82.34 CASHBACK: \$0.00

> EFT/Debit 82.34 CHANGE 0.00

TOTAL NUMBER OF ITEMS SOLD = 6 <u>OPPLOIN</u> 16:56 130 15 283 120 OP#: 120 Name: Kelsey

Thank You!

Please Come Asain Whse:130 Trm:15 Trn:283 OP:120 2/8/17

182,39
Afreshmests
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Jeneral
Meeters

Department of Neighborhood Empowerment Funding Request Form NC NAME: Elysian Valley Riverside Neighborhood Council **Budget Fiscal Year:** 2016-2017 Requestor: Luis Sanchez Request Date: 10-Aug-16 Vendor: Community Beacon **Meeting Date:** 10-Aug-16 Address: 4900 La Calandria Way Agenda Item: #6 City: Los Angeles Zip Code: 90032 Phone: (323) 272-7184 Operations ☑ Outreach NC Sponsored Event Neighborhood Purpose Grant Amount:Ś \$4,200.00 Contract / Lease Board Member Reimbursement Community Improvement Project Out of State ☐ 1099 Expense One Time Expense Multiple # of payments If a bank card exemption of the daily \$1,000 limit is required for this request, please provide the date(s) and amount needed for the daily limit to be lifted: The Elysian Valley Riverside Neighborhood Council is requesting funding for the Community Beacon for the purpose of advertisement Public Benefit informing the community of the time, dates and locations of their meetings for one year. The issues are bi-monthly and includes home Description delivery. Vote Count (Continued on page 2 if more than 20 Board Members) *Recused-Boardmember must leave the room prior to any discussion and may not return to the room until after the vote is completed. **Board Position Board Member Name** Yes No **Abstain** *Recused Absent Ineligible Roman Gomez President Х Arturo Gomez Vice-President Х Joe Lovelis Secretary Х Lupe Fletes Treasure X Adrianne Benitez At-large Representative X Gloria Mora At-large Representative Luis Rosales At-large Representative X Andrew Wang At-large Representative Х Gary Rogokos At-large Representative Leticia Saldana At-large Representative X Elsa Palomino At-large Representative Х Robert Leyland At-large Representative Х Frank Mendoza At-large Representative X Herrera, Denise At-large Representative Х Grand Total (including page 2): 2 NC Quorum: We, the Treasurer and Signer of the above indicated Council, declare that the information presented on this form is accurate and complete, and that a public meeting was held in accordance with the Brown Act, where with a quorum of Board Members present, the Council approved the above action. Once the Department approves a Funding Request submitted, the Department will transfer the requested amount into the Neighborhood Council's checking account automatically, i.e. no additional Cash Request Form is required. Treasurer's Signature: Signer's Signature: Print/Type name: Print/Type name: Date (mm/dd/yy): re-crated January 30, 2017 Date (mm/dd/yy): re-crated January 30, 2017 Authorization Code 1st Level -Contract CIP Advanced Payment Staff Initials ☐ Approved Department Use Only □ >\$2,500 □ NPG □ Sponsored Event Revised 1-26-15

Pase 16131

212/17

LBLCG-TP

Community Beacon

INVOICE

4900 La Calandria Way Los Angeles, CA 90032

(323)272-7184; (323)245-9408

SOLD TO:

SHIPPED TO:

Elysian Valley-Riverside Neighborhood Council

INVOICE NUMBER 20170129

INVOICE DATE January 29, 2017

OUR ORDER NO. 20170129 YOUR ORDER NO. 20170129

TERMS

SALES REP Luis G. Sanchez

SHIPPED VIA delivery

F.O.B.

PREPAID or COLLECT COLL

Sales Tax Rate:

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
6	1page of space in the Community Beacon newspaper	700.00	\$4,200.00
	5,000 copies; 4,000 copies distributed door to door in EV		
	March, May, July, Sep, Nov 2017; Jan 2018		
	EVRNC to send info / graphics for ad on the 20th of the m		
		SUBTOTAL	4,200.0
		TAX	0.0
		FREIGHT	
ECT ALL G. Sanc		CHECKS PAYABLE TO:	\$4,200.0 PAY THIS AMOUNT

323-272-7184

email: luisgsanchez@sbcglobal.net

4900 La Calandria Way Los Angeles, CA 90032

THANK YOU FOR YOUR BUSINESS!

CONTRACTOR AND A CONTRACTOR AND ASSESSMENT OF THE CONTRACTOR ASSESSMENT OF THE	R-RECEIPT E FARM FIRE AND	CASUALTY COMPANY	☐ R	partment ental Dwelling	⊠ Busines	SS	
STAT		INSURANCE COMPANY NSURANCE COMPANY		ondominium Associatio	n Other		
Last Name Name SANCHEZ					Effective	12-22-2	046
First Name LUIS			***		Date: Middle Name or Init		010
Co-applicant's Name (if applicable)			D/B/A	COMMU	INITY BEAC	ON	
Mailing Number and Street address 4900 LA CALA	City o	or Town					
State CA			Code 2-3336	County			
POLICY/COVERAGE FORM	INSURANCE LIMITS	PROPERTY OR INTERESTS COVERED	LOCATION AND DESCRIPTION OF PROPERTY OR INTERESTS		PREMIUM		
Community Beacon	7500	Business Insurance	4900 La Calandria Way				325
Liability:							
Business Liability NOTE: The Annual Aggregate and products/completed operations aggregate limits are equal to 2	Each Occurrence						325
times the occurrence limit. Personal Liability	Each Occurrence						
☐ Medical Payments	Each Person						
Deductibles: 500	To	tal Premium	\$	325.00			
Name and Address of Mor	Α	mount Paid	\$	325.00			
				Loa	n Number:	~~~~	
		licant and his or her legal re					

State Farm® will provide coverage to the applicant and his or her legal representative on the property described for up to ninety (90) days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the declarations page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

The premium due State Farm for the coverage provided by this Binder will be the full annual premium for the policy for which application has been made, and will be pro-rated for the length of time coverage is provided under this Binder.

If coverage in this Binder replaces coverage in other policies terminating at 12 Noon (Standard Time) on the inception date of this Binder, this Binder will be effective at 12 Noon (Standard Time) instead of 12:01 a.m. Standard Time.

Agent's Code Stamp Angelica Campos 2807 N Broadway Los Angeles,CA,90031-2611 (323)222-9966

AGENT: It is very important that you mail a copy of the Binder and a completed application to this Company on the day issued.