

Monthly Expenditure Report



Reporting Month: August 2020

Budget Fiscal Year: 2020-2021

NC Name: North Hollywood West
Neighborhood Council

| Monthly Cash Reconciliation | | | | | |
|-----------------------------|-------------|-------------------|-------------|-------------|---------------|
| Beginning Balance | Total Spent | Remaining Balance | Outstanding | Commitments | Net Available |
| \$46211.59 | \$1804.07 | \$44407.52 | \$853.38 | \$0.00 | \$43554.14 |

| Monthly Cash Flow Analysis | | | | | |
|---------------------------------------|----------------|------------------------|------------------------|---------------------------------|---------------|
| Budget Category | Adopted Budget | Total Spent this Month | Unspent Budget Balance | Outstanding | Net Available |
| Office | \$14116.00 | \$1054.07 | \$12375.10 | \$478.38 | \$11896.72 |
| Outreach | | \$0.00 | | \$0.00 | |
| Elections | | \$0.00 | | \$0.00 | |
| Community Improvement Project | \$6000.00 | \$750.00 | \$5250.00 | \$375.00 | \$4875.00 |
| Neighborhood Purpose Grants | \$6884.00 | \$0.00 | \$6884.00 | \$0.00 | \$6884.00 |
| Funding Requests Under Review: \$0.00 | | Encumbrances: \$0.00 | | Previous Expenditures: \$686.83 | |

| Expenditures | | | | | | |
|------------------|---|------------|---|--------------------------------|--------------|------------------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |
| 1 | PUBLIC STORAGE 23418 | 08/03/2020 | Monthly Storage Space for NoHoWestNC Community Outreach Needs. | General Operations Expenditure | Office | \$198.00 |
| 2 | Woods Maintenance Services, Inc. | 08/07/2020 | Monthly Maintenance of the Whitsett Slope | Community Improvement Project | | \$375.00 |
| 3 | Woods Maintenance Services, Inc. | 08/07/2020 | Monthly Maintenance of the Whitsett Slope. | Community Improvement Project | | \$375.00 |
| 4 | Carol Ann Rose | 08/05/2020 | Board Member Reimbursement for Payment made to Public Storage for NoHoWestNC's Storage Space. | General Operations Expenditure | Office | \$198.00 |
| 5 | WENDY L. MOORE / MOORE BUSINESS RESULTS | 08/07/2020 | Communication Services for Websites, Media & Community outreach | General Operations Expenditure | Office | \$658.07 |
| Subtotal: | | | | | | \$1804.07 |

| Outstanding Expenditures | | | | | | |
|--------------------------|--------|------|-------------|-----------------|--------------|-------|
| # | Vendor | Date | Description | Budget Category | Sub-category | Total |

| | | | | | | |
|------------------------------|--|------------|--|--------------------------------------|--------|-----------------|
| 1 | WENDY L. MOORE / MOORE BUSINESS RESULTS | 09/02/2020 | Communication Services for the NoHoWestNC | General Operations Expenditure | Office | \$478.38 |
| 2 | Woods Maintenance Services, Inc. | 09/03/2020 | Monthly Maintenance of Whitsett Slope. | Community Improvement Project | | \$375.00 |
| Subtotal: Outstanding | | | | | | \$853.38 |



Your Payment Receipt

12940 Saticoy Street, North Hollywood, CA, 91605, (818) 452-4510

Receipt #: 866704074
08/03/2020 3:24:19 PM

Thank you for using Public Storage! This confirms your payment of **\$198.00** on 08/03/2020 by **Master Card ending in 8776**.

Your Account Details

Carol Rose

| Account Number | Phone | Email | Address |
|----------------|----------------|----------------------------|---|
| 50612187 | (818) 535-5624 | 1senior.nohowest@gmail.com | 12814 Victory Blvd # 101 North Hollywood, CA 91606 |

Storage Payment Details

Location Address: 12510 Raymer Street, North Hollywood, CA, 91605, (818) 643-3105

Space Number: 1032

| | Payment Received | Past Due/Due Now | Due Next 09/01/2020 |
|--------------|------------------|------------------|------------------------|
| Rent | \$187.00 | \$0.00 | \$187.00 |
| Insurance | \$11.00 | \$0.00 | \$11.00 |
| Total | \$198.00 | \$0.00 | \$198.00 |

Payment Method Details

| | Amount |
|----------------------|-----------------|
| Master Card ****8776 | \$198.00 |
| Total | \$198.00 |

Carol Ann Rose

PLEASE SIGN HERE

08/03/2020

DATE

The information contained in this message is confidential and intended only for the recipient to which it was given. ©2017 Public Storage. All rights reserved.

Woods Maintenance Services, Inc.
dba Graffiti Control Systems
7250 Coldwater Canyon Avenue
North Hollywood, CA 91605
818-764-2515



INVOICE

BILL TO

North Hollywood West
Neighborhood Council
12814 Victory Blvd., #101
North Hollywood, CA
91606

INVOICE # 14270

DATE 06/30/2020

DUE DATE 07/30/2020

TERMS Net 30

PROPERTY LOCATION

Whitsett Slope

CONTRACT ADMIN

Carol Rose

| DESCRIPTION | QTY/HRS | RATE | AMOUNT |
|---|---------|--------|-----------------|
| 2x Per month clean-up of the Whitsett Slope: Completed week of June 7 and June 21, 2020 | 1 | 375.00 | 375.00 |
| BALANCE DUE | | | \$375.00 |



July 13, 2020

Ms. Carol Rose:

Please accept Woods Maintenance Services, Inc.'s proposal for landscape maintenance of the green spaces immediately adjacent to the Classic North Hollywood Mural, located on the west side of Whitsett Avenue, south of Saticoy Street.

Services included in the maintenance program are as follows: weeding, pruning, trash removal, and basic irrigation repairs and maintenance.

For regular maintenance, we can offer the NoHo West NC to the following program:

- \$375 for 2x per month maintenance, to include all of the above enumerated services. (24 services, billed monthly at \$375.00 for annual cost of \$4,500.00) THIS IS THE SAME SERVICE WE ARE CURRENTLY PROVIDING.

Major irrigation repairs shall be done by estimate only, based on time and materials. These prices shall remain in effect from July 1, 2020 through June 30, 2021.

Sincerely,

A handwritten signature in blue ink that reads 'Josh Woods'.

Josh Woods
Woods Maintenance Services, Inc.
Director of Operations
818-764-2515 (o)
joshwoods@graffiticontrol.com (e)

encl: W-9, Proof of Insurance

(O) 800.794.7384
(F) 818.764.2516
WWW.GRAFFITICONTROL.COM

7250 COLDWATER CANYON AVENUE
NORTH HOLLYWOOD, CA
91605

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Woods Maintenance Services, Inc.

2 Business name/disregarded entity name, if different from above
Graffiti Control Systems

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
7250 Coldwater Canyon Ave

6 City, state, and ZIP code
North Hollywood, CA 91605

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 9 | 5 | | 4 | 6 | 4 | 3 | 6 | 3 | 7 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶ July 14, 2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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. 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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- 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, later.

Woods Maintenance Services, Inc.
dba Graffiti Control Systems
7250 Coldwater Canyon Avenue
North Hollywood, CA 91605
818-764-2515



INVOICE

BILL TO

North Hollywood West
Neighborhood Council
12814 Victory Blvd., #101
North Hollywood, CA
91606

INVOICE # 14304

DATE 07/31/2020

DUE DATE 08/30/2020

TERMS Net 30

PROPERTY LOCATION

Whitsett Slope

CONTRACT ADMIN

Carol Rose

| DESCRIPTION | QTY/HRS | RATE | AMOUNT |
|---|---------|--------|-----------------|
| 2x Per month clean-up of the Whitsett Slope: Completed week of July 6 and July 20, 2020 | 1 | 375.00 | 375.00 |
| BALANCE DUE | | | \$375.00 |



July 13, 2020

Ms. Carol Rose:

Please accept Woods Maintenance Services, Inc.'s proposal for landscape maintenance of the green spaces immediately adjacent to the Classic North Hollywood Mural, located on the west side of Whitsett Avenue, south of Saticoy Street.

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Major irrigation repairs shall be done by estimate only, based on time and materials. These prices shall remain in effect from July 1, 2020 through June 30, 2021.

Sincerely,

A handwritten signature in blue ink that reads 'Josh Woods'.

Josh Woods
Woods Maintenance Services, Inc.
Director of Operations
818-764-2515 (o)
joshwoods@graffiticontrol.com (e)

encl: W-9, Proof of Insurance

(O) 800.794.7384
(F) 818.764.2516
WWW.GRAFFITICONTROL.COM

7250 COLDWATER CANYON AVENUE
NORTH HOLLYWOOD, CA
91605

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2 Business name/disregarded entity name, if different from above
Graffiti Control Systems

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Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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| | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 9 | 5 | | 4 | 6 | 4 | 3 | 6 | 3 | 7 |

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- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--------------------------------------|
| PRODUCER | | CONTACT NAME: John Tillery | |
| Whiteboard Risk & Insurance Solutions, LLC | | PHONE (A/C, No, Ext): (858) 223-1170 | FAX (A/C, No): (858) 223-1170 |
| 8787 Complex Dr. Suite 202 | | E-MAIL ADDRESS: solutions@whiteboardrisk.com | |
| San Diego CA 92123 | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Hartford Fire Insurance Company | NAIC # 19682 |
| | | INSURER B: Watford Insurance Company | 25585 |
| | | INSURER C: Scottsdale Insurance Company | 41297 |
| | | INSURER D: State Compensation Insurance Fund | 35076 |
| | | INSURER E: Westchester Surplus Lines Insurance Company | 10172 |
| | | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | 72CESQF3834 | 02/01/2020 | 02/01/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | Y | WIC1003920-00 | 02/01/2020 | 02/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | XLS0113079 | 02/01/2020 | 02/01/2021 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y | N/A | 9243684-2019-2 | 09/01/2019 | 09/01/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| E | Pollution Liability | | | G27589911 005 | 05/01/2019 | 05/01/2020 | Limit: 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Los Angeles is included as additional insured in regards to the Commercial Auto policy per the attached endorsement subject to written contract between the Named Insured and Additional Insured. Auto waiver of subrogation applies.

CERTIFICATE HOLDER CANCELLATION

| | |
|--|---|
| City of Los Angeles, Board of Public Works 200 North Springs St, Room 355-City Hall Los Angeles CA 90012 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|---|



Your Payment Receipt

12510 Raymer Street, North Hollywood, CA, 91605, (818) 643-3105

Receipt #: 862624509

07/10/2020 1:49:07 PM

Thank you for using Public Storage! This confirms your payment of **\$198.00** on 07/10/2020 by **Cash**.

Your Account Details

Carol Rose

| Account Number | Phone | Email | Address |
|----------------|----------------|----------------------------|---|
| 50612187 | (818) 535-5624 | 1senior.nohowest@gmail.com | 12814 Victory Blvd # 101 North Hollywood, CA 91606 |

Storage Payment Details

Location Address: 12510 Raymer Street, North Hollywood, CA, 91605, (818) 643-3105

Space Number: 1032

| | Payment Received | Past Due/Due Now | Due Next 08/01/2020 |
|--------------|------------------|------------------|------------------------|
| Rent | \$187.00 | \$0.00 | \$187.00 |
| Insurance | \$11.00 | \$0.00 | \$11.00 |
| Total | \$198.00 | \$0.00 | \$198.00 |

Payment Method Details

| | Amount |
|--------------|-----------------|
| Cash | \$198.00 |
| Total | \$198.00 |

PLEASE SIGN HERE

07/10/2020

DATE



Invoice #NoHoWest 2020 0801
Number

Date August 1, 2020

Ms. Carol Rose
North Hollywood West NC
12814 Victory Blvd.
North Hollywood, CA 91606

Please remit to:

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

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

| | |
|---------------------------------------|-----------------|
| Communications services for NoHoWest. | 658.07 |
| Total Amount Due: | \$658.07 |

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 invoice date. If the invoice is not paid within 90 days, additional collections fees may apply. Returned checks are \$25.

| Date | Task | Hours |
|-----------|---|-------|
| 7/6/2020 | News: School update, library to go, fireworks 911 calls. Eblast. Fb. Nd | 1.17 |
| 7/8/2020 | Minutes, Bridge home on news, Nd, Fb. Update domain registration | 1.17 |
| 7/10/2020 | minutes | 0.17 |
| 7/15/2020 | Calendar: District Noho, Drive thru pantry News: renters subsidy, west nile, police survey. Update hope of valley with virtual tour. Eblast. Fb, Nd | 1.25 |
| 7/17/2020 | Agenda | 0.17 |
| 7/22/2020 | Agenda, bylaws, archive old articles. | 0.34 |
| 7/23/2020 | Longridge Docs | 0.25 |
| 7/27/2020 | Revised agenda | 0.17 |
| 7/28/2020 | Eblast. Fb. Nd | 0.50 |
| 7/30/2020 | Add board member. Add Longridge to news. | 0.34 |
| | Total | 5.53 |

