

Monthly Expenditure Report



Reporting Month: December 2025 Budget Fiscal Year: 2025-2026

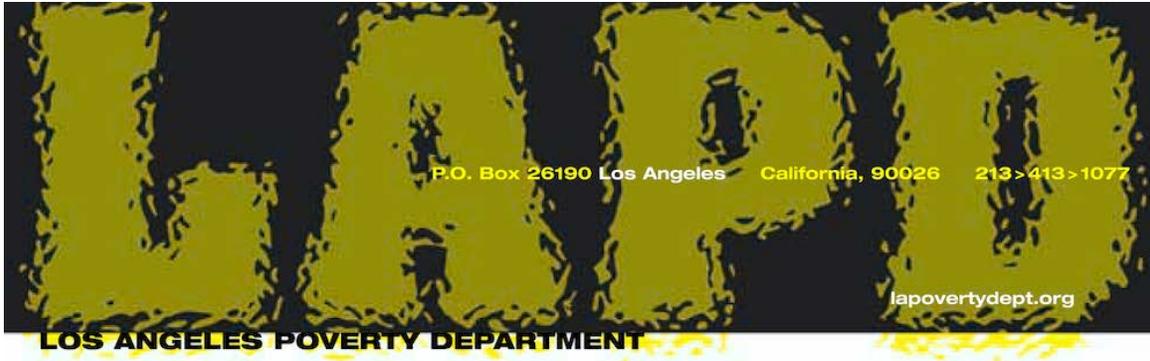
**NC Name: Downtown Los Angeles
Neighborhood Council**

Monthly Cash Reconciliation					
Beginning Balance	Total Spent	Remaining Balance	Outstanding	Commitments	Net Available
\$33881.67	\$2480.71	\$31400.96	\$0.00	\$0.00	\$31400.96

Monthly Cash Flow Analysis					
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available
Office	\$28900.20	\$1480.71	\$25741.18	\$0.00	\$25741.18
Outreach		\$1000.00		\$0.00	
Elections		\$0.00		\$0.00	
Community Improvement Project	\$5171.26	\$0.00	\$5171.26	\$0.00	\$5171.26
Neighborhood Purpose Grants	\$2726.30	\$0.00	\$2726.30	\$0.00	\$2726.30
Funding Requests Under Review: \$0.00		Encumbrances: \$0.00		Previous Expenditures: \$678.31	

Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
1	Los Angeles Poverty Department	11/20/2025	Discussion and possible action to approve sponsorship and table Festival For All Skid Row Artists October 24 and 25. Amount not to exceed \$1000. Monies to come from Outreach line item.	General Operations Expenditure	Outreach	\$1000.00
2	City of Los Angeles -Los Angeles Police Dept. - FOC	11/20/2025	Discussion and possible action to approve a monthly expenditure for meeting space security services. Vendor is LAPD. Monies to come from the Office budget.	General Operations Expenditure	Office	\$1480.71
Subtotal:						\$2480.71

Outstanding Expenditures						
#	Vendor	Date	Description	Budget Category	Sub-category	Total
Subtotal: Outstanding						\$0.00



INVOICE

Date: November 7, 2025

To: Downtown Los Angeles Neighborhood Council

DESCRIPTION:

Sponsorship Deck 2 for the 16th Festival For All Skid Row Artists 2025

Los Angeles Poverty Department: \$1,000

PLEASE REMIT Check payable to:

Los Angeles Poverty Department
POB 26190
Los Angeles, CA 90026

Tel. 213-413-1077

Thank You,

John Malpede

Director, Los Angeles Poverty Department

Office of the City Clerk

Administrative Services Division

Neighborhood Council (NC) Funding Program

Board Action Certification (BAC) Form



NC Name: Meeting Date:

Budget Fiscal Year: Agenda Item No:

Board Motion and/or Public Benefit Statement (CIP and NPG):

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

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

Table with 8 columns: Board Member's First and Last Name, Board Position, Yes, No, Abstain, Absent, Ineligible, Recused. Multiple empty rows for data entry.

Board Quorum: Total:

We, the authorized signers 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.

Authorized Signature: [Signature]
Print/Type Name:
Date:

Authorized Signature: [Signature]
Print/Type Name:
Date:

LOS ANGELES POLICE DEPARTMENT

JIM McDONNELL
Chief of Police



KAREN BASS
Mayor

P.O. Box 30158
Los Angeles, CA 90030
Telephone: (213) 486-8590
TTY: (877) 275-5273
Ref #: 3.5

July 17, 2025

Department of Neighborhood Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012
Attention: Jose Galdamez

Invoice No: 24SECS33

Dear Mr. Galdamez:

The Los Angeles Police Department (LAPD) has completed the billing for the overtime costs associated with the security services provided for the Downtown Los Angeles Neighborhood Council events held on February 13, 2024, March 12, 2024, May 14, 2024, and June 11, 2024. The total amount being billed is \$1,480.71.

Enclosed is a summary of overtime hours worked by each officer and a copy of your correspondence requesting for the assistance of police officers for your event. Please make your check payable to City of Los Angeles, indicate the invoice number documented above on the remittance advice, and forward to:

Los Angeles Police Department - FG
Attn: Micaela Cabral
100 W. 1st St., Rm. 774
Los Angeles, CA 90012

If you have any questions regarding this matter, please contact Management Aide Mayenne Manahan, Fiscal Group, Revenue and Cost Recovery Section, at (213) 486-8591.

Respectfully,

JIM McDONNELL
Chief of Police

A handwritten signature in blue ink that reads "Trina Unzicker".

ne TRINA UNZICKER, Police Administrator II
Commanding Officer
Fiscal Group

Enclosures

Los Angeles Police Department
Report: SECSD - DLANC MEETING
Invoice#: 24SECSD33
Period: 2/13/2024 - 6/11/2024

Dept	Div	EmployeeName	Serial#	Class	Varcode	Vardate	Hours	OT	HourlyRate	Amount	CAP Rate	Total	ActCode
4301	310	GRACIANO, FELIPE	41885	POLICE OFFICER II	PA	03/12/2024	4.0		\$98.94	\$395.76	\$43.14	\$438.90	77
							<i>Sub-Total</i>	4.0				\$438.90	
4302	310	MCGOWAN, TIFFANY	N5623	SECURITY OFFICER	PA	06/11/2024	4.0		\$47.97	\$191.88	\$11.95	\$203.83	77
							<i>Sub-Total</i>	4.0				\$203.83	
4301	310	SARABIA, FRANCISCO	41891	POLICE OFFICER II	PA	05/14/2024	4.0		\$94.04	\$376.14	\$41.00	\$417.14	77
							<i>Sub-Total</i>	4.0				\$417.14	
4301	310	VASQUEZ, JOSE	37666	POLICE OFFICER II	PA	02/13/2024	4.0		\$94.87	\$379.48	\$41.36	\$420.84	77
							<i>Sub-Total</i>	4.0				\$420.84	
							<i>Grand Total</i>	16.0				\$1,480.71	

CITY OF LOS ANGELES

CALIFORNIA



BOARD OF NEIGHBORHOOD COMMISSIONERS

VACANT
PRESIDENT

JOY ATKINSON
VICE PRESIDENT

LEONARD
SHAFFER DEBBIE
WEHBE
MAGGIE QUIROZ
KEREN WATERS
RANDELL ERVING

Email: commission@empowerla.org



KAREN BASS
MAYOR

20- FLOOR, CITY HALL
200 NORTH SPRING STREET LOS
ANGELES, CA 90012

TELEPHONE (213) 978-1551
TOLL-FREE 3-1-1
FAX: (213) 978-1751
E-MAIL: EmpowerL.A@lacity.org

VANESSA SERRANO
INTERIM GENERAL MANAGER

ERICK MUÑOZ
COMMISSION EXECUTIVE
ASSISTANT

www.EmpowerLA.org

DATE: January 19, 2024

TO: Alexander K. Chogyoji, Captain II
Commanding Officer, Security Services Division
Los Angeles Police Department

Attention: Sergeant Dennis Clark Reyes

FROM: Jose Galdamez
Neighborhood Empowerment Advocate
Department of Neighborhood Empowerment

SUBJECT: Letter of Agreement - Request for Additional Services

Description of Service:

The **Downtown Los Angeles Neighborhood Council**, is requesting additional security services for **after hours event** at East City Hall (200 N Main St, Room 351 Controller'on for every 2nd Tuesday of the month of the Fiscal Year 2023-2024.

LAPD Security Services Division uniformed officers are requested as follows:

- 1 officer from 6:00 PM to 10:00 PM (4.0 hours x 1 officers total 4 hours)

The officer shall be specifically assigned to the event and assist in facilitating access control and overall public safety.

Downtown Los Angeles Neighborhood Council Meeting

Date: Tuesdays, 2/13/24, 3/12/24, 4/9/24, 5/14/24, 6/11/24

Time: 6:30 pm – 9:30 pm
Location: City Hall East, Controller’s Conference Room 351
200 N. Main Street
Los Angeles, CA 90012

Schedule of Fees:

The **Downtown Los Angeles Neighborhood Council**, agrees to reimburse the Los Angeles Police Department for the services described above. We understand that the top step cost per officer is \$102.00 per hour, however, this may vary depending on the officer used and actual hours worked. The total cost for our event is estimated to be \$408.00 (4.0 total hrs. x 115.00). It is also agreed that any extension beyond the estimated time would be automatically added at this same rate.

Payment:

The cost of deploying officers to the Downtown Los Angeles Neighborhood Council Board Meeting will be covered by the **Downtown Los Angeles Neighborhood Council**. Please send invoice to the following address:

Department of Neighborhood Empowerment
200 N. Spring Street, 20th Floor
Los Angeles, CA 90012
Attn: Jose Galdamez

You may also email the invoice to jose.galdamez@lacity.org, who will coordinate with the Neighborhood Council and City Clerk’s Office to ensure timely payment.

Thank you for your attention to this matter. If you have any questions, please contact me at (818) 374-9895.

Sincerely,

Jose Galdamez

Neighborhood Empowerment Advocate
Department of Neighborhood Empowerment

CC: Vanessa Serrano, Interim General Manager
Gibson Nyambura, Director of Innovation
Melvin Canas, Neighborhood Council Funding Program Manager
Janet Hernandez, Neighborhood Council Funding Program Supervisor
Mariel Camilo, City Clerk Funding Representative

WHITE - DIVISION COPY
 YELLOW - EMPLOYEE COPY
 PINK - OT PROGRAM ADMINISTRATOR

OVERTIME REPORT

TYPE OR PRINT LEGIBLY IN INK

FOR OFFICE USE ONLY	
PAY PERIOD ENDING 02/24/24	CODE 6077

DATE REPORTED 2-13-24	EMPLOYEE ID (EID) 101145	RANK/PG P-11	NAME (LAST, FIRST, MIDDLE INITIAL) VASO JEZ JOSE L
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RECORD TO NEAREST TENTH OT WORKED OR TAKEN OFF	TOTAL HOURS WORKED		TYPE OF COMPENSATION REQUESTED				HOURS TAKEN OFF			
	TIME & 1/2	ST. TIME	CASH		TIME		NEW BANK		OLD BANK	
	4.0 hrs		TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME

DATE AND TIME WORKED				TOTAL BANK:			
FROM		TO		2.0 +			
Date	Time	Date	Time	Division	Assignment	Watch	
2-13-24	1800	2-13-24	2200	SES SA	CATROL	WS	

REASON FOR OVERTIME (CHECK ONE)	<input type="checkbox"/> Court or Admin. Hearing	<input type="checkbox"/> Unscheduled Activity	<input checked="" type="checkbox"/> Prescheduled Activity	<input type="checkbox"/> Unusual Major Events	<input type="checkbox"/> Worked on Day Off in Lieu of a Holiday
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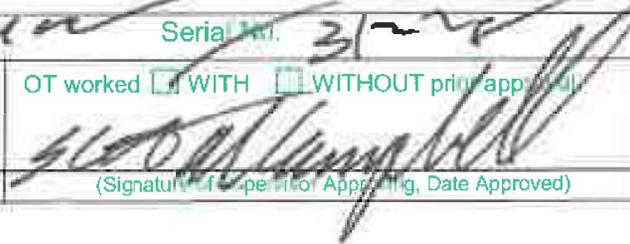
EMP STATUS	<input checked="" type="checkbox"/> EOW	<input type="checkbox"/> DO	<input type="checkbox"/> HO	<input type="checkbox"/> VC/TO	<input type="checkbox"/> PPH	<input type="checkbox"/> OTHER
TYPE OF CRIME/REPORT/CHARGE	DR. NO.	BOOKING NO.	COURT CASE NO.	<input type="checkbox"/> On Call	<input type="checkbox"/> Be There	

DESCRIPTION OF ACTIVITY

DTLA NEIGHBORHOOD COUNCIL MEETING CHE

RM 351 WORK ORDER # 24 COS - 007

ASSIGNED 36Q21

Rec'd/Reviewed	Date	Initial	Serial No.	<input type="checkbox"/> KICKBACK
	2/13/24	JA	3122	
I certify the above to be true			OT worked <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT prior approval	Above is in compliance with LAAC 4.169
(Signature of Employee) # 37666 <small>Check if Telephonic</small>			(Signature of Supervisor/Approving, Date Approved) 	(Signature of Commanding Officer) Captain A. Chogyoji #35794

WHITE - DIVISION COPY
YELLOW - EMPLOYEE COPY
PINK - OT PROGRAM ADMINISTRATOR

OVERTIME REPORT

TYPE OR PRINT LEGIBLY IN INK

FOR OFFICE USE ONLY	
PAY PERIOD ENDING	CODE
3/23/24	4077

DATE REPORTED	EMPLOYEE ID (EID)	RANK/PS	NAME (LAST, FIRST, MIDDLE INITIAL)
3-12-24	27057	PII	GRACIANO JR, FELIPE

RECORD TO NEAREST TENTH OT WORKED OR TAKEN OFF	TOTAL HOURS WORKED		TYPE OF COMPENSATION REQUESTED				HOURS TAKEN OFF			
	TIME & 1/2	ST. TIME	CASH TIME & 1/2	ST. TIME	TIME TIME & 1/2	ST. TIME	NEW BANK TIME & 1/2	ST. TIME	OLD BANK TIME & 1/2	ST. TIME
	4.0 hrs	—	4.0 hrs	—	—	—	—	—	—	—

DATE AND TIME WORKED		TOTAL BANK
FROM	TO	72.60

DATE	TIME	DATE	TIME	DIVISION	ASSIGNMENT	WATCH
3-12-24	1800	3-12-24	2200	SECSO	COS	2

REASON FOR OVERTIME (CHECK ONE)	<input type="checkbox"/> Court or Admin. Hearing	<input type="checkbox"/> Unscheduled Activity	<input type="checkbox"/> Prescheduled Activity	<input type="checkbox"/> Unusual Major Events	<input type="checkbox"/> Worked on Day Off in Lieu of a Holiday
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EMP STATUS	<input checked="" type="checkbox"/> EOW	<input type="checkbox"/> DO	<input type="checkbox"/> HO	<input type="checkbox"/> VC/TO	<input type="checkbox"/> PPH	<input type="checkbox"/> OTHER
TYPE OF CRIME/REPORT/CHARGE	DR. NO.	BOOKING NO.	COURT CASE NO.	<input type="checkbox"/> On Call	<input type="checkbox"/> Be There	

DESCRIPTION OF ACTIVITY
CENTRAL AREA NEIGHBORHOOD COMMISSION W/O # 24 COS-007 OHE #351

Timekeeper use only. Initial and date when entered
3/10/24

Rec'd/Reviewed	Date	Initial	Serial No.	<input type="checkbox"/> KICKBACK
	3/12/24	uo	39450	

I certify the above to be true.	<input type="checkbox"/> Telephonic	OT worked <input checked="" type="checkbox"/> WITH <input type="checkbox"/> WITHOUT prior approval	Above is in compliance with LAAC 4.169
Graciano Jr 41885		Olivier #39450 3/12/24	Captain A. Chogyoji #35794
(Signature of Employee)		(Signature of Supervisor Approving, Date Approved)	(Signature of Commanding Officer)

WHITE - DIVISION COPY
 YELLOW - EMPLOYEE COPY
 PINK - OT PROGRAM ADMINISTRATOR

OVERTIME REPORT

TYPE OR PRINT LEGIBLY IN INK

FOR OFFICE USE ONLY	
PERIOD ENDING 5/18/24	CODE W077

DATE REPORTED 5/14/24	EMPLOYEE ID (EID) 103651	RANK/PG P2	NAME (LAST, FIRST, MIDDLE INITIAL) Sarabia, Francisco R.								
RECORD TO NEAREST TENTH OF WORKED OR TAKEN OFF	TOTAL HOURS WORKED		TYPE OF COMPENSATION REQUESTED				HOURS TAKEN OFF				
	TIME & 1/2	ST. TIME	CASH		TIME		NEW BANK		OLD BANK		
	4.0 hrs	hrs	TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME	TIME & 1/2	ST. TIME	
DATE AND TIME WORKED						TOTAL BANK: 7.50					
FROM		TO		Division		Assignment		Watch			
Date 5/14/24	Time 1800	Date 5/14/24	Time 2200	SECSD		COS		2			
REASON FOR OVERTIME (CHECK ONE)	<input type="checkbox"/> Court or Admin. Hearing	<input type="checkbox"/> Unscheduled Activity	<input checked="" type="checkbox"/> Prescheduled Activity		<input type="checkbox"/> Unusual Major Events		<input type="checkbox"/> Worked on Day Off in Lieu of a Holiday				
EMP STATUS	<input checked="" type="checkbox"/> EOW	<input type="checkbox"/> DO	<input type="checkbox"/> HO	<input type="checkbox"/> VC/TO	<input type="checkbox"/> PPH	<input type="checkbox"/> OTHER _____					
TYPE OF CRIME/REPORT/CHARGE			DR. NO.	BOOKING NO.		COURT CASE NO. <input type="checkbox"/> On Call <input type="checkbox"/> Be There					
DESCRIPTION OF ACTIVITY											
work(10) DNLAAC meeting @											
CHL. After EOW											
w/o # 24 COS-007											
						Timekeeper use only. Initial and date when entered 5/14/24					
Rec'd/Reviewed	Date 5/14/24	Initial bc	Serial No. 38837		<input type="checkbox"/> KICKBACK						
I certify the above to be true		<input type="checkbox"/> Check if Telephonic	Worked <input checked="" type="checkbox"/> WITH <input type="checkbox"/> WITHOUT prior approval		Above is in compliance with LAAC 4.169						
[Signature] Signature of Employee		[Signature] Signature of Supervisor Approving, Date Approved 5/14/24			[Signature] Signature of Commanding Officer Chogyoji #35794						

WHITE - DIVISION COPY
 YELLOW - EMPLOYEE COPY
 PINK - OT PROGRAM ADMINISTRATOR

OVERTIME REPORT

TYPE OR PRINT LEGIBLY IN INK

FOR OFFICE USE ONLY	
PAY PERIOD ENDING 6/15/24	CODE 0077

DATE REPORTED 6/11/24	EMPLOYEE ID (EID) 385502	RANK/PG SO	NAME (LAST, FIRST, MIDDLE INITIAL) MCGOWAN, TIFFANY, R								
RECORD TO NEAREST TENTH OF WORKED OR TAKEN OFF	TOTAL HOURS WORKED		TYPE OF COMPENSATION REQUESTED				HOURS TAKEN OFF				
	TIME & 1/2 4.0 hrs	ST. TIME .	CASH TIME & 1/2 4.0 hrs	ST. TIME .	TIME TIME & 1/2 .	ST. TIME .	NEW BANK TIME & 1/2 .	ST. TIME .	OLD BANK TIME & 1/2 .	ST. TIME .	
DATE AND TIME WORKED						TOTAL BANK:					
FROM Date 6/11/24 Time 1800		TO Date 6/11/24 Time 2200		Division SECSU		Assignment COS		Watch 2			
REASON FOR OVERTIME (CHECK ONE)	<input type="checkbox"/> Court or Admin. Hearing	<input type="checkbox"/> Unscheduled Activity	<input checked="" type="checkbox"/> Prescheduled Activity		<input type="checkbox"/> Unusual Major Events			<input type="checkbox"/> Worked on Day Off in Lieu of a Holiday			
EMP STATUS	<input checked="" type="checkbox"/> EOW	<input type="checkbox"/> DO	<input type="checkbox"/> HO	<input type="checkbox"/> VC/TO	<input type="checkbox"/> PPH	<input type="checkbox"/> OTHER					
TYPE OF CRIME/REPORT/CHARGE			DR. NO.		BOOKING NO.		COURT CASE NO. <input type="checkbox"/> On Call <input type="checkbox"/> Be There				
DESCRIPTION OF ACTIVITY											
NEIGHBORHOOD COMMISSION MEETING											
WORK ORDER #24COS-007 DLANC MEETING - PH											
Timekeeper use only. Initial and date [Signature] 6/18/24											
Rec'd/Reviewed	Date 6/11/24	Initial CS	Serial No. 31327			<input type="checkbox"/> KICKBACK					
I certify the above to be true.		<input type="checkbox"/> Check if Telephonic	OT worked <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT prior approval			Above is in compliance with LAAC 4.169					
[Signature] NSU023 (Signature of Employee)		[Signature] 5/8/24 (Signature of Supervisor Approving, Date Approved)			Captain A. Chogyoji #35794 (Signature of Commanding Officer)						



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

NC Name: DLANC **Meeting Date:** July 9, 2024

Budget Fiscal Year: 2024 - 2025 **Agenda Item No:**10, b, x

Board Motion and/or Public Benefit Statement (CIP and NPG): Discussion and possible action to approve a monthly expenditure for meeting space security services. Vendor is LAPD. Monies to come from the Office budget.

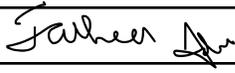
Method of Payment: (Select One) Check Credit Card Board Member Reimbursement

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

Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Claudia Oliveira (President)	Area Wide	X					
Jens Midthun (VP Outreach)	Area Wide				X		
Bella Naomi Ostby (Secretary)	Central City East Resident	X					
Damion Wagner	Central City East Business	X					
Scott Miller	Civic Center/Financial District Business				X		
Pablo Fontoura (Treasurer)	At-Large	X					
Alisha Henderson	Civic Center/Financial District Resident	X					
Ana Carril-Grumberg	Fashion District Resident					x	
Rick Young	Area-Wide Homeless	X					
Tyler Murphy	Historic Core Business					x	
Luis Gonzalez-Salas	Historic Core Resident	X					
Krish Dittmer	Historic Core Resident	X					
Hakeem Parke-Davis	Historic Core Resident	X					
Leonel Aguilar	Social Services Provider	X					
Allen Gross	Social Services Provider					X	
Lori Aliksonian	South Park Business	X					

Ben Bass	South Park Business				X		
Debby Zhou	South Park Resident	X					
Larewnce Carrol	South Park Resident				X		
Sara Eastwoodl	South Park Resident	X					
Jessica Garza				X			
At-Large Seat (vacant)							
Historic Core Business Seat (Vacant)							
Fashion District Business (Vacant)							
Board Quorum: 13	Total:	13		1	4	3	

We, the authorized signers 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.

Authorized Signature 	Authorized Signature: 
Print/Type Name: Jens Midthun	Print/Type Name: Tatheer Adnan
Date: Sep 10, 2025	Date: September 10, 2025