ANC QUARTERLY REPORT OF FINANCIAL ACTIVITY

Quarterly Report Period Covered 314 912 3010 ANC 30

Summary of Receipts and Disbursements: Checking Account						
Balance Forward	I (from "Ending Balance" of Previous Quarterly Report)		\$ 7860,03			
Receipt	s:					
Interest Other D	eposits (s) from Savings Account	\$ 0 \$ 0 \$ 0 \$ 0	\$			
	Total Funds Available		\$ 3860.03			
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22.	Met Salary and Wages Workers Compensation Insurance: a. Health b. Casualty/Property Total Federal Wage Taxes State (DC, MD, VA) Wage Taxes Paid Unemployment Insurance Contributions Tax Penalties Paid Local Transportation Office Rent Telecommunication Services: a. Landline Telephone b. Cellular Telephone c. Cable/Internet Services Postage and Delivery Utilities Printing and Copying Flyer Distribution Purchase of Service Office Supplies Office Equipment: a. Rental b. Purchase Grants Training Petty Cash Reimbursement Transfer(s) to Savings Account Bank Charges Website/webhosting Other (Attach a detailed fully-supported explanation) Total Disbursements	\$	RECEIVED APR 1 1 2011. OFFICE OF THE DC AUDITOR \$			
vi 11 ·						
	Balance: (Should Agree with Checkbook Balance at End of	of Quarter)	\$ 3775.77			
Approval Date By C	ommission:	00000	0 0			
Treasurer	Chairnerson	Vaviol R Secretary	Kender			
Secretary Certificati	0. 100 0 1	î î				
secretary Certificati	on Date 3/21	11				

I hereby certify that the above noted quarterly financial report has been approved by a majority of Commissioners during a public meeting in which there existed a quorum.

Please list each check issued this quarter, including voided checks, and attach copies of your bank statements, back and front of canceled checks, receipts/invoices, contracts, agreements, grant request letters, minutes, and any other documentation that supports the disbursements listed herein. Failure to submit copies of appropriate supporting documentation will result in disallowance of the related disbursement.

Check #	Date	Payec	Amount	Expense Category #	Purpose of Expenditure	Date Approved (1)
		M/A. NO CHELL	s Mis	9112		
		·				
		<u> </u>				

						<u> </u>
			:			·

⁽¹⁾ If ongoing operating expense, indicate "Budget" and date budget was approved. If not included in approved budget, indicate date Commission approved the expenditure.

SAVINGS ACCOUNT

Balance Forward: Receipts:			.//	\$			
			MIH				
	Transfer(s) Fro	m Checking Account	\$				
	Other	(Interest Earnings, etc.)	\$				
		Total Receipts		\$			
Total	Funds Available:			\$			
Disb	irsements:						
	Transfer(s) to C	Checking	\$				
	Other		\$				
	Total Disburse	ements		\$			
Endi	ng Balance;		\$				
	СН	ECKING AND SAVING	S ACCOUNT DEPO	SITS			
	Please list each	deposit made this quarter into	the ANC's <u>checking</u> an	d savings account			
		Deposits to Chec (Include transfers from	cking Account m savings account)				
	Date Amount		Sour	rce			
		, // ^					
		MA					
-							
-							
-	Deposits to Savings Account (Include transfers from checking account)						
	Date Amount		Source				
			- 1 / A				
_			MIH				