ANC QUARTERLY REPORT OF FINANCIAL ACTIVITY

Quarterly Report Period Covered 1ST **ANC** 2D

Summary of Receipts and Disbursements: Checking Account

Balance Forward (from "Ending Balance" of Previous Quarterly Report) $ 1757.63

Receipts:

District Allotment(s)	$ 1707.06
Interest Income	$ —
Other Deposits	$ —
Transfer(s) from Savings Account	$ —

Total Receipts $ 1707.06

Total Funds Available $ 3464.69

Disbursements:

1. Net Salary and Wages	$ —
2. Workers Compensation	$ —
3. Insurance:	
a. Health	$ —
b. Casualty/Property	$ —
4. Total Federal Wage Taxes	$ —
5. State (DC, MD, VA) Wage Taxes Paid	$ —
6. Unemployment Insurance Contributions	$ —
7. Tax Penalties Paid	$ —
8. Local Transportation	$ —
9. Office Rent	$ —
10. Telecommunication Services:	
a. Landline Telephone	$ —
b. Cellular Telephone	$ —
c. Cable/Internet Services	$ —
11. Postage and Delivery	$ —
12. Utilities	$ —
13. Printing and Copying	$ —
14. Flyer Distribution	$ —
15. Purchase of Service	$ —
16. Office Supplies	$ —
17. Office Equipment:	
a. Rental	$ —
b. Purchase	$ —
18. Grants	$ —
19. Training	$ —
20. Petty Cash Reimbursement	$ —
21. Transfer(s) to Savings Account	$ —
22. Bank Charges	$ 84.94
23. Website/webhosting	$ —
24. Other (Attach a detailed fully-supported explanation)	$ —

Total Disbursements $ 84.94

Ending Balance: (Should Agree with Checkbook Balance at End of Quarter) $ 3379.75

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DC AUDITOR

Approval Date By Commission: _____

E Slaman — **Treasurer**

David R Bender — **Chairperson**

David R Bender — **Secretary**

Secretary Certification David R Bender **Date** 4-24-12

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	Payee	Amount	Expense Category #	Purpose of Expenditure	Date Approved (1)
		NO CHECK		THIS	PERIOD	

(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:

Transfer(s) From Checking Account $ _____

Other (Interest Earnings, etc.) $ _____

Total Receipts $ _____

Total Funds Available: $ _____

Disbursements:

N/A

Transfer(s) to Checking $ _____

Other $ _____

Total Disbursements $ _____

Ending Balance: $ _____

CHECKING AND SAVINGS ACCOUNT DEPOSITS		
Please list each deposit made this quarter into the ANC's checking and savings account		
Deposits to Checking Account (Include transfers from savings account)		
Date	**Amount**	**Source**
Deposits to Savings Account (Include transfers from checking account)		
Date	**Amount**	**Source**