ANC QUARTERLY REPORT OF FINANCIAL ACTIVITY

Quarterly Report Period Covered 157 10/10 - 10/10 ANC 3D

Summary of Receipts and Disbursements: Checking Account

Balance Forward (\$ -3266.16		
Receipts:			
Interest In Other Dep	posits a) from Savings Account	\$ \$ \$ \$ \$ \$	\$ <u> </u>
	Total Funds Available		\$ 3266.46
2. 3. 1 3. 1 4. 5. 5 6. 1 7. 7 8. 1 9. 6 10. 7 11. F 12. 1 13. F 14. F 15. P 16. 6 17. 6 18. G 19. T 20. P 21. T 22. B 23. W 24. O	Net 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 Pyer Distribution Purchase of Service Office Equipment: a. Rental b. Purchase Strants Taining etty Cash Reimbursement Transfer(s) to Savings Account Tank Charges 29.14 28.77 28.70 29.70	\$ \$ <t< th=""><th>APR 08 2011 OFFICE OF THE DC AUDITOR</th></t<>	APR 08 2011 OFFICE OF THE DC AUDITOR
Т	otal Disbursements		\$ 584.56 \$ 2479.90
Approval Date By Com	Wh David R Bender Chairperson		

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)
1005	12/30/10	SAMMAN SRAVS	500.		GIRACT	
······································				1		·····
·····						
······································						
		······································			<u> </u>	
				:		
		·····				
		·				
				1		

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

MA

SAVINGS ACCOUNT

Balaı	nce Forward:			\$				
Rece	ipts:							
	Transfer(s) From	h Checking Account	\$					
	Other (Interest Earnings, etc.)	\$					
		Total Receipts		\$				
Total	l Funds Available:	\$						
Disbu	ursements:							
	Transfer(s) to C	hecking	\$					
	Other		\$					
	Total Disburse	ments		\$				
Endi	ng Balance:		\$					
	СНІ	ECKING AND SAVING	S ACCOUNT DEPO	SITS				
	Please list each o	leposit made this quarter into	o the ANC's <u>checking</u> and	l <u>savings</u> account				
		Deposits to Che (Include transfers fro	cking Account m savings account)					
	Date Amount		Source					
		N/A						
	Deposits to Savings Account (Include transfers from checking account)							
	Date	Date Amount Source		rce				