ANC QUARTERLY REPORT OF FINANCIAL ACTIVITY

Quarterly Report Period Covered ___1-3 /12___

Summary of Receipts and Disbursements: <u>Checking Account</u>

Balance Forward (from "Ending Balance" of Previous Quarterly Report) $ _3379.75_

Receipts:

District Allotment(s) $ _468.40_
Interest Income $ _—_
Other Deposits $ _—_
Transfer(s) from Savings Account $ _—_

Total Receipts $ _468.40_

          Total Funds Available $ _3848.15_

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 $ _30.00_
23. Website/webhosting $ _—_
24. Other (Attach a detailed fully-supported explanation) $ _—_

          Total Disbursements $ _30.00_

Ending Balance: (Should Agree with Checkbook Balance at End of Quarter) $ _3818.15_

Approval Date by Commission: __6/18/12__

_____   _David R Bende_   _David R Bende_
Treasurer   Chairperson   Secretary

Secretary Certification _David R Bende_   Date _6-18-12_

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.

Office of the District of Columbia Auditor: Revised January 2011

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)
1033	3/19	ANC SEC. FUND	25.00			

(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:

    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