

ANC QUARTERLY REPORT OF FINANCIAL ACTIVITY

Quarterly Report Period Covered 4-6/11 ANC 20

Summary of Receipts and Disbursements: Checking Account

Balance Forward (from "Ending Balance" of Previous Quarterly Report) \$ 3813.42

Receipts:

District Allotment(s)	\$ _____
Interest Income	\$ _____
Other Deposits	\$ _____
Transfer(s) from Savings Account	\$ _____

Total Receipts \$ _____

Total Funds Available \$ 3813.42

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 | \$ <u>88.21</u> |
| 23. Website/webhosting | \$ _____ |
| 24. Other (Attach a detailed fully-supported explanation) | \$ _____ |

Total Disbursements \$ 88.21

Ending Balance: (Should Agree with Checkbook Balance at End of Quarter) \$ 3725.21

Approval Date By Commission: 9/20/11

Eric L...
Treasurer

David R Bender
Chairperson

David R Bender
Secretary

Secretary Certification David R Bender Date 9/19/11



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	Payee	Amount	Expense Category #	Purpose of Expenditure	Date Approved (1)

N/A

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

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