

South Bay Cities Council of Governments

May 9, 2022

ITEM # VI.L

TO: Steering Committee

RE: Invoices Submitted for Payment through April 2022

			Payment Date: 5/9/2022	
			Amount	Check #
Jacki Bacharach & Associates			\$ 35,201.86	#5849
Labor	Apr'22	\$ 35,000.00		
Printing, Postage, and Supplies		-		
General Assembly		-		
Conferences & Meetings		201.86		
SBCCOG TOTAL		<u>\$ 35,201.86</u>		
Michael Bohlke			\$ 9,198.08	#5854
Metro Deputy -	Apr'22			
Stephen H. Lantz -	Apr'22		\$ 7,000.00	#5859
Measures R & M Program Coordination Services				
Advisory & Policy Development Services & Expense				
Siembab Corporation	Apr'22		\$ 855.00	#5858
Fiber - (State of CA funds)		\$ 760.00		
SCAG-REAP		95.00		
		<u>\$ 855.00</u>		
Jon Rodman			\$ 200.00	#5850
LTN program work	Apr'22			
Local Government Commission			\$ 5,181.82	#5852
CivicSpark Fellow	Apr'22			
Omninet Park del Amo, LLC			\$ 11,440.59	#5855
Rent - Balance Due	May'22	\$ 323.79		
Rent - Jun'22		11,116.80		
		<u>\$ 11,440.59</u>		
California Choice			\$ 3,580.27	#5847
Medical Benefits Premium	Jun'22			
Guardian			\$ 545.74	#5848
Dental/Vision/Life Benefits Premium	May'22			
Aflac - K1V18			\$ 313.92	#5844
Aflac Monthly Premium	Apr'22			
XEROX			\$ 599.55	#5860
Monthly lease -	Mar'22	\$ 539.21		
Nuance Charge -	Apr'22	30.78		
Meter Adj Charge -	Jan-Feb'22	29.56		
		<u>\$ 599.55</u>		
Sharp Electronics USA			\$ 1,007.00	#5857
Monthly Services	May'22			
JP Marketing			\$ 1,068.75	#5851
Website Maintenance	Apr'22			
Race Communications			\$ 1,022.00	#5856
Internet Access -	May'22			
American Express	May'22		\$ 4,193.60	#5845
SBESC/SBCCOG Expenses-Summary Detail Attached				
CalChamber			\$ 754.00	#5846
Annual Membership Invoice				

South Bay Cities Council of Governments

Payment Date: 5/9/2022

Magellan Advisors, LLC
South Bay Fiber Network
Fiber (State of CA)

Mar-Apr'22
Mar-Apr'22

\$ 7,560.00
7,770.00
\$ 15,330.00

Amount	Check #
\$ 15,330.00	#5853

RECOMMENDATION

All invoices are within the budget; therefore, it is recommended that they be approved for payment.
Checks subject to release as cash available.

APPROVED FOR PAYMENT

Drew Boyles, Chair

Total
\$ 97,492.18

JB&A STAFF on COG CONTRACT
INVOICE: April 2022

INVOICE: 10/68/10
DATE: 5/1/22

TASK DESCRIPTION	Jacki Bucharach	Kim Fuentes	Jon Rodman	Natalie Champion	Rosemary Lackow	Wally Siembab	TASK TOTALS
1.1 Project Management - SCAG	2.00					2.00	4.00
1.1.1 SCAG - REAP	4.00						26.00
1.2 Project Management - Other	4.00		22.00				0.50
1.2.1 Measure R Highway Issues	0.50						3.25
1.2.2 Metro - Measure M	1.25	2.00					
1.2.6 Caltrans LTN Urban	5.00					3.00	
1.2.7 Measure M LTN	4.50						1.00
1.2.8 Alert South Bay	4.50						
2.1 Outreach - SCAG							
2.2 Outreach - AQMD	5.50					1.50	7.00
2.3 Outreach - General	0.50	2.00			7.25		9.75
2.4.1 Outreach - Newsletter	0.25			1.00			1.00
2.4.2 Outreach - Website	0.75						0.75
2.6 Outreach - MTA	14.75	1.00		45.50		4.00	19.75
3 Committee Working Group Support (Agendas, Attendance, etc.)	18.25	7.50				3.00	74.25
4 Board / Steering Committee Agendas & Support	1.00	9.00					10.00
4.1 General Assembly	0.50						0.50
5 Correspondence / Press Releases	6.25					27.00	33.25
6 Legislation & Legislative Events	1.50	2.00					3.50
7 Financial - Budget / Quarterly Reports / Invoices	3.75	6.00				3.50	13.25
8.1 Additional Funding - Grants, Proposals							
8.2 SARBETA-LU Emergency Funds	10.00	14.00					24.00
8.41 Green Building Assess	0.25						0.25
8.41.1 Green Building Network - Hawthorne							
8.41.2 Green Building Network - Torrance	0.25						
8.41.3 Green Building Network - El Segundo							
8.4.4 SCAG Strategic Plan	0.25						0.25
8.44 BBN work	0.25	30.50					30.75
8.4.1 BBN work	0.50	14.00					0.25
8.5 DW/SCG work	0.25						0.25
8.6 West Basin Municipal Water District	0.25	17.00					17.25
8.7 Torrance Water	0.25	2.00					2.25
8.7.2 WRD - Water Replenishment District	0.25						0.25
8.8 L.A. County Sanitation District	0.25	1.00					1.25
8.8.1 Integrated Pest Management	0.25	7.00					7.25
8.9 Shared Mobility							
8.9.5 Metro Express Lanes	2.50	0.50					3.00
9.3 Measure M Broadband	0.50						0.25
9.3.1 State Funds for Broadband	0.25						0.25
9.8 Dominguez Channel TMP	0.25						0.25
9.9 Homeless (PATH)	4.25	5.00					9.25
9.9.1 Homeless (LA County)							
10 Training	77.00	55.50		13.00	0.50	1.00	147.00
11 General Administration	0.50	4.00					4.50
12 GHG Emissions							
TOTALS	172.25	181.00	22.00	59.50	7.75	45.00	487.50

Approved for payment at Steering Committee meeting: Drew Boyles, Chair Date: _____

BALANCE DUE FOR MARCH 2022
PAYMENT RECEIVED MARCH 2022

\$ 35,489.51
\$ 35,489.51

CURRENT CHARGES + ADJUSTMENT	SECCOG	
COG Staff	\$ 35,000.00	
Total Labor	\$ 35,000.00	

Total	\$ 35,000.00
	\$ 35,000.00

OTHER DIRECT COSTS (ODC)	
Printing, Postage, Supplies, etc	
Meetings & Refreshments	
General Assembly	89.93 + 111.93
Website Expenses	
Travel & Arrangements	
Conferences, Meetings, Trainings	
Resource Library	
Marketing	
Awards & Recognitions	
Miscellaneous	
Sub-Total ODC	

BALANCE DUE FOR APRIL 2022

\$ 35,489.51
\$ 35,489.51

TOTAL DUE JACKI BACHARACH AND ASSOCIATES

\$ 35,489.51
\$ 35,489.51

Mini's Bistro + Bakery

25343 Crenshaw Bl.

(310) 326-4477

Server: Jose
09:27 AM
103/1

DOB: 04/06/2022
04/06/2022
2/120003

Sale

Visa

Card #: *****8680

Card Entry Method: CHIP

***** EMV PURCHASE

App Label:

Mode:

AID: a0000000031010

TUR: 0000008000

TSI: e800

IAD: 0602120360a002

ARC: 00

Approval: 012630

Amount:: USD \$41.12

+ Tip:: 7-

= Total:: 48.12

Thank You!
Lazy Dog Restaurant & Bar
3525 Carson Street
Torrance, Ca 90503
310-921-5080

Server: Joseph
01:45 PM
Table 104/1

DOB: 04/05/2022
04/05/2022
7/70010

SALE

Visa

7340046

Card #XXXXXXXXXX8680

Magnetic card present: BACHARACH

JACQUELINE

Card Entry Method: S

Approval: 06277D

Amount: \$35.81

+ Tip: 6-

= Total: 41.81

I agree to pay the above total amount according to the card issuer agreement.

X J. Bacharach

Questions or feedback?

Email guestrelations@mimiscfe.com

Call (844) 345-8990

Join Mimi's EClub for exclusive offers:

Text MIMIS to 41208

Visit mimis.com

18% \$ 6.76

20% \$ 7.51

25% \$ 9.39

*Special
Guest
Shake*

Customer Copy

X JB

"Tip Calculator"

(18%) = 5.89 (20%) = 6.54 (22%) = 7.19

Please pay your server by credit card, or you can pay using your phone by scanning the QR code below.

JBccat

Request Copy

Legu lunch

SAGE PLANT BASED BISTRO
4130 SEPULVEDA BLVD SUITE G
CULVER CITY, CA 90230
424.228.5835
sageveganbistro.com

TABLE# 70.1
SERVER 109/Alejandr
CHECK# 505

2022/04/19 01:45:34
*****Authorize*****

MERC ID:0075420008035991358903

REF No: 419204544 CHIP

CT No: XXXXXXXXXXXX8680

EXP: XX/XX

CARD: VISA

CheckNo:505

TableNo:701

APPROVAL CODE: 06342D

EMV Receipt Section

Application Label: CHASE VISA

TC: A86E5FC99C0A8500

TVR: 0000008000

AID: A0000000031010

IAD: 0602120360A002

Subtotal: \$101.43

Tip: 10.50

Total: 111.93

X _____
Signature
CUSTOMER COPY

Immigrants make America great.
They also grew, cooked,
and served your food today.
Not a member? Why not join at
bit.ly/sagerewards

*Lunch w/
Marisa
Cristen
David +
Keri +
me*



*Transition
Issues
SBCCOG*

May 1, 2022

**TO: The Honorable James T. Butts
Jackie Bacharach, Executive Director SBCCOG**

**FROM: Michael S. Bohlke, "Metro Deputy" (COG Consultant)
9016 Cresta Drive
Los Angeles, CA 90035**

SUBJECT: April 2022 INVOICE

The following invoice is submitted for consulting services rendered as "Deputy" to the Southwest Corridor Representative to the Los Angeles County Metropolitan Transportation Authority Board of Directors for the month of April 2022. The billing amount is \$9,198.08.

Date	Activities	Hours
1	Review Metro Board Boxes; misc. tele and email communications	1
4	BSB briefing re 710 South No Build action; ITC weekly team Mtng; Mtng w/ S.L; misc. tele and email communications	3
5	ITC team discussion re Service Council presentation; review Board box memos; misc. tele and email communications	2
6	WSCCOG Transportation Committee - Monthly Call; misc. tele and email communications	2
7	Mtng w/ Metro CFO; misc. tele and email communications	2
8	Mtng w/ Metro Planning SEO re grant applications issues; misc. tele and email communications	2
11	SBCC Transpo Committee; ITC JPA Mtng; ITC Mtng re FTA deliverables; misc. tele and email communications	4
13	Metro Budget BSB; misc. tele and email communications	3
14	Metro monthly BSB Agenda briefing; follow-up Mtng w/ SD2; misc. tele and email communications	5
18	Metro BSB re MicroTransit; begin Metro Committee agenda Prep; misc. tele and email communications	4
19	Continue Committee agenda Prep; Brief MJB re Committee agendas; misc. tele and email communications	4
20	Metro Planning and F&B committees; misc. tele and email communications	4
21	Metro Ops, Construction and EMC committees; misc. tele and email communications	5
22	Mtng w/ SD4 re Policing Motion; Brief MJB re Motion; misc. tele and email communications	2
25	Special BSB re Law Enforcement RFP; Begin Prep of Expo anniversary talking points; Monthly Mtng w/ MJB and Metro CEO; ITC JPA formation meeting; misc. tele and email communications	6
26	Continue prep Agenda notes and Expo talking points; misc. tele and email communications	2
27	Inglewood Transit Connector Update w/ Metro staff; finish Prep of Agenda and Expo talking points; MJB Agenda briefing; misc. tele and email communications	5
28	Metro Board meeting; misc. tele and email communications	6
29	Mtng w/ SD4; misc. tele and email communications	2
	Total Hours	64

INVOICE

5/2/2022

Stephen H. Lantz
513 El Medio Ave.
Pacific Palisades, CA 90272
(213) 494-8557

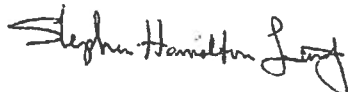
South Bay Cities Council of Governments
2355 Crenshaw Blvd., Ste 125
Torrance, CA 90501

For period : April 1 through 30, 2022

SERVICES		AMOUNT
April 2022	Services completed by Stephen Lantz in support of Measure R, Measure M and SBCCOG Other Tasks as reflected on Stephen Lantz TAR updated through April 30, 2022	7,000.00
Total Services		<u>\$ 7,000.00</u>

EXPENSES			
Category	Date	Description	Amount
Meas M			
Meas R			
COG			
Total Expenses			<u>\$ -</u>
Total Amount Due			<u>\$ 7,000.00</u>

Thank you,



Marni Ruhland
South Bay Cities Council of Governments
2355 Crenshaw Blvd., Suite 125
Torrance, CA 90501

May 5, 2022

Invoice: South Bay Fiber Network
Siembab Corporation
April 1-30, 2022

Tasks:

4-4 1 Meeting with Magellan re LATA grants
4-4 1 LA Deal Policy Committee
4-12 2 Team meeting re vertical assets GIS
4-12 1 LA Deal Infrastructure Committee
4-25 1 Team meeting re Magellan contract
4-28 2 Monitor state briefing on "broadband for all" policies

8

8 hours at \$95/hour = \$ 760

Subcontractor Buck Doyle: 0

Amount Due: \$ 760

Total billed to date \$21,065

Amount remaining \$ 3,935

Please make check payable to the Siembab Corporation



Walter Siembab

Marni Ruhland
South Bay Cities Council of Governments
2355 Crenshaw Blvd., Suite 125
Torrance, CA 90501

April 5, 2022

Invoice: REAP
Siembab Corporation
April 1-30, 2022

Tasks: Project Management

4-5 1 Edit staff report on Studio 111 contract

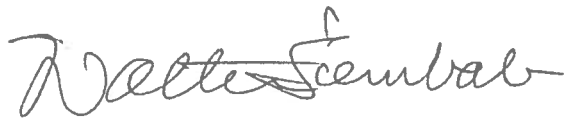
1 hour at \$95hour

Amount Due: \$ 95

Total billed to date \$ 7,410

Amount remaining \$12,590

Please make check payable to the Siembab Corporation



Walter Siembab



**Local
Government
Commission**

Leaders for Livable Communities

980 9th St, Suite 1700
Sacramento CA 95814
United States
Tax ID: 94-2791699

Invoice

#106455

04/30/2022

Bill To

South Bay Cities Council of Governments
2355 Crenshaw Blvd., Suite 125
Torrance CA 90501
United States

Terms	Due Date	PO #	Billing Period
Net 30	05/30/2022		Apr 2022

Quantity	Item	Rate	Amount
1	Services Performed CivicSpark Services Fellow: Shawn Fujioka Billing Period: 04/01/2022 - 04/30/2022 Labor Period: 03/27/2022 - 04/23/2022 Installment 8 of 11		\$2,590.91
1	Services Performed CivicSpark Services Fellow: Anne Youngdahl Billing Period: 04/01/2022 - 04/30/2022 Labor Period: 03/27/2022 - 04/23/2022 Installment 8 of 11		\$2,590.91
Subtotal			\$5,181.82
Total			\$5,181.82

OMNINET

OMNINET PARK DEL AMO LLC
PO Box 30103409
Los Angeles, CA 90030-1034

Kim Fuentes
South Bay Cities Council of Governments

Statement

Account 2103601 t0162972 South Bay Cities Council of Governments
Prop Name Park Del Amo-2355 Crenshaw Blvd
Assigned Spaces 125
Date 04/25/2022
Payment \$ _____

Date	Description	Charges	Payments	Balance
	Balance Forward			-10,793.01
04/01/2022	Comm Rent (04/2022)	10,793.01	0.00	0.00
04/19/2022	Chk# 5836	0.00	10,793.01	-10,793.01
05/01/2022	Comm Rent (05/2022)	11,116.80	0.00	323.79

0-30 Days	31-60 Days	61-90 Days	Above 90 Days	Amount Due
323.79	0.00	0.00	0.00	323.79

STANDARD OFFICE LEASE

1. BASIC LEASE PROVISIONS.

1.1	DATE FOR REFERENCE PURPOSES:	August 15, 2019																		
1.2	LANDLORD:	The Realty Associates Fund X, L.P., a Delaware limited partnership																		
1.3	TENANT:	South Bay Cities Council of Governments, a California Joint Powers Authority																		
1.4	BUILDING ADDRESS	2355 Crenshaw Boulevard, Torrance, California 90501																		
1.5	SUITE NUMBER	125																		
1.6	RENTABLE AREA OF PREMISES: (in square feet)	4,459																		
1.7	LOAD FACTOR PERCENTAGE:	15.4%																		
1.8	USE:	General office use consistent with the character of a first-class office building																		
1.9	TERM:	63 months																		
1.10	ESTIMATED COMMENCEMENT DATE:	December 1, 2019																		
1.11	MONTHLY BASE RENT:	Commencement Date through <table border="0"> <tr> <td>12th full calendar month:</td> <td>\$10,478.65</td> <td>5/20 - 4/21</td> </tr> <tr> <td>13th - 24th month:</td> <td>\$10,793.01</td> <td>5/21 - 4/22</td> </tr> <tr> <td>25th - 36th month:</td> <td>\$11,116.80</td> <td>5/22 - 4/23</td> </tr> <tr> <td>37th - 48th month:</td> <td>\$11,450.30</td> <td>5/23 - 4/24</td> </tr> <tr> <td>49th - 60th month:</td> <td>\$11,793.81</td> <td>5/24 - 4/25</td> </tr> <tr> <td>61st - 63rd month:</td> <td>\$12,147.63</td> <td>5/25 - 7/25</td> </tr> </table>	12 th full calendar month:	\$10,478.65	5/20 - 4/21	13 th - 24 th month:	\$10,793.01	5/21 - 4/22	25 th - 36 th month:	\$11,116.80	5/22 - 4/23	37 th - 48 th month:	\$11,450.30	5/23 - 4/24	49 th - 60 th month:	\$11,793.81	5/24 - 4/25	61 st - 63 rd month:	\$12,147.63	5/25 - 7/25
12 th full calendar month:	\$10,478.65	5/20 - 4/21																		
13 th - 24 th month:	\$10,793.01	5/21 - 4/22																		
25 th - 36 th month:	\$11,116.80	5/22 - 4/23																		
37 th - 48 th month:	\$11,450.30	5/23 - 4/24																		
49 th - 60 th month:	\$11,793.81	5/24 - 4/25																		
61 st - 63 rd month:	\$12,147.63	5/25 - 7/25																		
1.12	BASE RENT PAID UPON EXECUTION:	\$10,478.65																		
	APPLIED TO:	First full calendar month of initial Lease term																		
1.13	SECURITY DEPOSIT:	\$13,362.39																		
1.14	TENANT'S SHARE:	See Section 4.2(a) (as to the Building, approximately 5.07% and as to the Project, approximately 2.17%)																		
1.15	BASE YEAR:	2020																		
1.16	BUSINESS HOURS:	8.00 a.m. through 6.00 p.m. Monday through Friday, excluding Holidays																		
1.17	NON-BUSINESS HOURS HVAC CHARGE	\$50.00 per hour per HVAC zone																		
1.18	NUMBER OF PARKING SPACES:																			
	RESERVED	0																		
	UNRESERVED	16																		
1.19	INITIAL MONTHLY PARKING RATES PER VEHICLE:																			
	RESERVED	N/A																		
	UNRESERVED	Free																		



CaliforniaChoice Benefit Administrators
 LIC# 0B42994
 721 South Parker, Suite 200
 Orange, CA 92868

Group Number 38460

Invoice Number: 3946751

Coverage Period: JUNE 2022

FOR ASSISTANCE... Call: (800) 558-8003
 Website: www.calchoice.com

Email: customerservice@calchoice.com

PREMIUM(S) STATEMENT

SAMANTHA SIQUEDOS
SOUTH BAY CITIES CNCL OF GOVTS
2355 CRENSHAW BLVD
STE 125
TORRANCE, CA 90501

Don't miss out on important and time sensitive emails!
 Keep your contact information up to date by
 logging into your calchoice.com account.

Note: Any payments or requests received after 05/02/2022 will be reflected on the next invoice. Please contact us immediately with any discrepancies.

Invoice Activity		
Previous Ending Balance: (as of 04/01/22)	+	\$ 3,275.97
Payment(s) Received: (Check #:005825)	-	\$ 3,275.97
Total Adjustments:	+	\$ 0.00
Sum of June Contract Premium(s) (+ Fees):	+	\$ 3,580.27
Total of Contract Balances Due: (Payment Due Date: 05/20/2022)	+	\$ 3,580.27

We Appreciate The Way You Consistently Pay Your Account On Time. Thank You!

Policy Information		
Medical Tier: BRONZE-SILVER-GOLD-PLATINUM	Chiro: No	Employer Waiting Period: 30 days
Dental: No	Life: No	Renewal Date: 03/01/2023
Vision: Yes	COBRA Status: Cal COBRA	Minimum Hours Eligibility: 30+

* Complete reverse side to report terminations of employment and/or reduction in hours for covered employees.
 PLEASE DETACH THE BOTTOM PORTION AND RETURN IT WITH YOUR PAYMENT

IF SUBMITTING TERMINATION FORM ON REVERSE SIDE PLEASE REMIT ENTIRE PAGE

Group Number:	38460
Total Balance Due:	\$ 3,580.27
Payment Due Date:	05/20/2022
Amount Enclosed:	\$

SOUTH BAY CITIES CNCL OF GOVTS	
Current Billing Address: 2355 CRENSHAW BLVD STE 125 TORRANCE, CA 90501	Current Street Address 2355 CRENSHAW BLVD STE 125 TORRANCE, CA 90501

Please indicate address changes below: billing street both

Street _____
 City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____

For those set up with online recurring payments, your payment will be automatically debited from your payment account on the Payment Due Date.

Please make checks payable to:

Attn: Accounts Receivable
 CaliforniaChoice Benefit Administrators
 PO Box 7088
 Orange, CA 92863-7088

00000000000000000000384600000000003580270000005

CaliforniaChoice Program

INVOICE

SOUTH BAY CITIES CNCL OF GOVTS
Group Number 38460

Invoice Number	3946751
Due Date	05/20/2022
Coverage Period	JUNE 2022

Premium payment will need to be received by **May 20** for **June** coverage and should be paid as billed.
Check your next invoice for any adjustments that are not reflected on this statement.

	MEDICAL TIER : BRONZE-SILVER-GOLD-PLATINUM	DENTAL BENEFITS
Employer Contribution for Employee	Up to \$500.00 for any Plan selected	Not Requested
Employer Contribution for Dependents	None	Not Requested

Employee Information	Plan Type	Coverage Selected	Health Plan	Tier	Benefit Plan	Employee Premium	Dependent Premium	Total	Employer Contrib.	Employee Contrib.	EE Total Deduction	Chg Code
Baum, Aaron 5923 62 90731	Medical	Employee	Kaiser Permanente	P	PHB	\$ 1128.19	\$ 0.00	\$ 1128.19	\$ 500.00	\$ 628.19	\$ 628.19	
Farrell, Colleen 1448 53 90501	Medical	Employee	Anthem Blue Cross PPO	S	SPB	\$ 805.86	\$ 0.00	\$ 805.86	\$ 500.00	\$ 305.86	\$ 305.86	
Horton, Ghia 8396 44 90680	Medical	Employee	United Healthcare	G	GHJ	\$ 452.63	\$ 0.00	\$ 452.63	\$ 452.63	\$ 0.00	\$ 0.00	
Loger, David 5496 33 90731	Medical	Employee	Kaiser Permanente	S	SHB	\$ 358.14	\$ 0.00	\$ 358.14	\$ 358.14	\$ 0.00	\$ 0.00	
Segovia, Martha 0187 44 90746	Medical	Employee	Kaiser Permanente	G	GHD	\$ 451.79	\$ 0.00	\$ 451.79	\$ 451.79	\$ 0.00	\$ 0.00	
Sheilds, Chandler 2906 33 92833	Medical	Employee	Kaiser Permanente	S	SHB	\$ 353.66	\$ 0.00	\$ 353.66	\$ 353.66	\$ 0.00	\$ 0.00	
Administration Fee Schedule: 1-8 EE's-\$30; 9-50 EE's-\$40; 51+ EE's-\$50								Administration Fee				
								Sum of Current Month's Premium(s)	\$ 3,580.27	\$ 2,616.22	\$ 934.05	

See "Invoice Activity" on Page 1 for Total Balance Due

- Please review your invoice and verify all additions, changes and terminations have been processed as requested. It is your responsibility to report any discrepancies to our Customer Service Center no later than the due date of this invoice. Please reference your Administrative Guide - Basic Administration section for submission guidelines for additions, changes, and terminations.
- Change Codes:** A-Add AC-Add Cobra C-Change Plan CE-Change Enroll Date CI-Change Information CO-Correction DA-Dependent Add DT-Dependent Termination ER-Employee Reinstatement GR-Group Reinstatement NT-New Termination RA-Retro Add RC-Retro Change Plan RDA-Retro Dependent Add RDT-Retro Dependent Termination RT-Retro Termination VC-Life Volume Change IN-Involuntary Termination RE-Resignation
- Tier Codes:** B-Bronze S-Silver G-Gold P-Platinum

Plan Type	Health Plan / Carrier	Total for Health Plan / Carrier	Total for Plan Type
Medical	Anthem Blue Cross PPO	\$ 805.86	\$ 3,550.27
	Kaiser Permanente	\$ 2,291.78	
	United Healthcare	\$ 452.63	

MANDATED REGULATORY STATEMENT

Your health plan is billing you for the cost of your health coverage. You must pay all amounts listed in this bill by the due date. If you do not pay this amount by the due date, your health coverage can be cancelled. You will receive a grace period before your Plan can cancel your coverage for not paying the amount due. You can file a complaint with your Plan and with the California Department of Managed Health Care if you think there is a mistake. Learn more about your health care rights and responsibilities in your plan Evidence of Coverage.

NOTE: Please verify your employer/employee contributions to ensure accuracy of employee deductions.



Billing Statement

For Period 05/01/22 to 05/31/22

Statement Date: 04/21/22

Payment Summary

Payment Received 04/21/22	-482.74
Outstanding Balance As Of 4/21/22	25.20
Current Premium	545.74
Total Payment Due 5/01/22	\$570.94

Approval: _____

Planholder use only

Summary of Activity this Period

Coverage	Previous No. Ins.	Adds.	Terms.	Current No. Ins.	Current Premiums	Premium Adjustments
Basic Term Life	9	2	0	11	\$134.19	\$25.20
Dental	4	0	0	4	\$287.92	\$0.00
Managed Dental Care - Mdc	1	0	0	1	\$16.89	\$0.00
Vision	4	0	0	4	\$81.54	\$0.00
TOTAL					\$520.54	\$25.20

Summary of Current Premiums by Rate Class

Coverage	Emp	Emp/Sp	Total
Basic Term Life	\$134.19	\$0.00	\$134.19
Dental	\$287.92	\$0.00	\$287.92
Managed Dental Care - Mdc	\$16.89	\$0.00	\$16.89
Vision	\$50.79	\$30.75	\$81.54
TOTAL	\$489.79	\$30.75	\$520.54

Payment Coupon

Due Date: 05/01/22
Payment Due: \$570.94

- Please do not write on payment coupon. If you have changes, please submit them via Guardian Anytime or submit on Change Report.
- For fast and easy payment, submit via www.guardiananytime.com, or detach and send Payment Coupon and your check made payable to Guardian in the enclosed envelope to: GUARDIAN, P O BOX 824404, PHILADELPHIA, PA 19182-4404.

Group ID: 00 486459
 Division: 0000
 A/R: WH5

BROOKE HERRI
 SOUTH BAY CITIES COUNCIL OF GOVERNMENTS
 2355 CRENSHAW BLVD SUITE 125
 TORRANCE, CA 90501



Please detach and return with payment



Premium Adjustments Since Last Bill

NEW

Employee	Eff. Date	Coverage	Ins.	New Volume	New Premium	Premium Adjustment
Bell, Jonathan P	04/01/22	Basic Term Life		50,000	11.00	11.00
		Basic Term Life		50,000	1.60	1.60
Rohland, Mami	04/01/22	Basic Term Life		50,000	\$12.60	\$12.60
		Basic Term Life		50,000	1.60	1.60

Total Premium Adjustments

\$25.20

Notices For SOUTH BAY CITIES COUNCIL OF

- To ensure continued coverage and claims service, payments must be received in our office by the end of your grace period.
- For the quickest and easiest way to pay your bill or manage member changes, go to www.GuardianAnytime.com. Simplified, secure benefits administration is available 24/7. If you aren't already registered, go to www.GuardianAnytime.com.
- The Guardian Life Insurance Company of America ("Guardian") Annual Election of Directors

Guardian® is a mutual company. As such, all participating policyholders are entitled and encouraged to vote in Guardian's Annual Election of Directors which is held on the second Wednesday of December of each year from 10:00 a.m. to 4:00 p.m. (ET). Every policyholder of the Company as defined in the Insurance Law of the State of New York ("NY Insurance Law") whose policy or contract is in force and has been in force for at least one year prior thereto is entitled to one vote only irrespective of the number of policies or contracts held at each such Annual Election either in person, by mail or by proxy, as provided by the NY Insurance Law.

NY Insurance Law provides that at least seven months prior to the date of any election of directors of a mutual company, its board of directors shall nominate candidates for every vacancy to be filled at such election. Independent nominations may be made by groups of policyholders, pursuant to Section 4210 of the NY Insurance Law, at least five months before any Annual Election.

Proxies may be obtained from the Office of the Corporate Secretary at the Company's principal office located at 10 Hudson Yards, New York, New York 10001 or through the Corporate Governance section of Guardian's website at www.GuardianLife.com/corporate-governance. If additional information is desired regarding Guardian's Annual Election, please contact the Corporate Secretary at the address listed above.

Guardian® is a registered trademark of The Guardian Life Insurance Company of America.



Premium Adjustments Since Last Bill

NEW

Employee	Eff. Date	Coverage	Ins.	New Volume	New Premium	Premium Adjustment
Bell, Jonathan P	04/01/22	Basic Term Life		50,000	11.00	11.00
		Basic Term Life		50,000	1.60	1.60
Rohland, Mami	04/01/22	Basic Term Life		50,000	\$12.60	\$12.60
		Basic Term Life		50,000	1.60	1.60

Total Premium Adjustments

\$25.20

Notices For SOUTH BAY CITIES COUNCIL OF

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GUARDIAN
P O BOX 824404
PHILADELPHIA, PA 19182-4404

- Visit our secure website at www.guardiananytime.com
- View bill online without the wait for mail
- Submit changes and make payments

Please make sure the Guardian address is visible through the return envelope window.



Current Premiums

Employee	Basic Term Life		Dental		Managed Dental Care - Mdc		Vision		Total Premium
	Premium	Ins.	Premium	Ins.	Premium	Ins.	Premium	Ins.	
Baum, Aaron E	12.60	71.98 Emp				16.93 Emp			\$101.51
Bell, Jonathan P	12.60								\$12.60
Chu, Ronson	12.60								\$12.60
Farrell, Colleen S	12.60	71.98 Emp				16.93 Emp			\$101.51
Horton, Ghia	12.60			16.89 Emp					\$46.42
Jacobs, Laurie A	8.19								\$8.19
Karwa, Armina	12.60								\$12.60
Leger, David N	12.60	71.98 Emp					30.75 Emp/Sp		\$115.33
Ruhland, Mami	12.60								\$12.60
Segovia, Martha M	12.60								\$12.60
Sheilds, Chandler P	12.60	71.98 Emp							\$84.58
TOTAL	\$134.19	\$287.92		\$16.89		\$81.54		\$520.54	
Total Current Premium	\$134.19	\$287.92		\$16.89		\$81.54		\$520.54	



COPY - Original Invoice

Worldwide Headquarters • Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)
aflac.com

Invoice Copy
4/27/2022

Invoice Number: 123266
Account Number: K1V18
Premium Due Date: 5/15/2022
Amount Billed: \$313.92
Amount Remitting: \$313.92
Billing Period: April
Number of Deductions: 2
Deduction Frequency: 24
Billing Mode: MONTHLY

Account Name: SOUTH BAY CITIES COUNCIL
Address: Of Governments
Attn Brooke Heri
2355 Crenshaw Blvd Ste 125
TORRANCE, CA 90501-3329

Date Prepared: 4/25/2022
Billing Frequency: MONTHLY

** Highlighted lines indicate that the premium amount being remitted was adjusted and/or a Change Request was submitted for the employee.

The premium amount billed for some policies may not reflect the number of deductions indicated above if the policies were issued during the billing period.

Policy	Policy Type	CT	Dept.	Employee/Member #	Name	RM	Premium Due	Employee Sub-Total	Adjusted Premium	Adjusted Sub-Total	CR
P0W8L2C5	ACC	P			JACOBS, LAURIE		\$41.22		\$41.22		
P0W8L2C7	SPEVNT	P			JACOBS, LAURIE		\$122.86		\$122.86		
P0Y0R4M6	CANCER	I			JACOBS, LAURIE		\$48.28	\$212.36	\$48.28	\$212.36	
P0P7W780	ACC	I			LEGER, DAVID		\$26.92		\$26.92		
P0V0B0F6	SPEVNT	I			LEGER, DAVID		\$21.32		\$21.32		
P0V0B0F7	CANCER	I			LEGER, DAVID		\$53.32	\$101.56	\$53.32	\$101.56	
Total Amount Billed:							\$313.92	Amt Due	\$313.92		

LEGEND		
COVERAGE TYPE (CT)	REMARKS (RM)	CHANGE REQUEST (CR)
I = Individual F = Family S = Single-Parent Family P = Primary-Spouse	CV = Pending Conversion PA = Policy is Paid Ahead PC = Policy is Pending Conversion and is Paid Ahead	A = Add person to policy C = Cancel Coverage D = Deceased E = Unknown Insured-Remove F = Family Medical Leave H = Name Change I = Delete person from policy L = Non-Family Medical Leave M = Missed Deduction O = Other R = Retired T = No longer employed here W = Transfer to another account Y = Military Leave

Please Direct Inquiries To:



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 04/20/2022
Customer Reference:
Due Date: 05/20/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016035576
Customer Number: 725256747

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Model Number: W7855PT
Serial Number: MX4497203

Base Charge 03/01/2022 TO 03/30/2022 \$ 398.32
Total Meter Usage Charge 02/28/2022 TO 04/06/2022 \$ 94.11

Meter Usage	Beginning Read	Ending Read	Usage
1st Meter Read	185267	185349	82
2nd Meter Read	274689	276563	1874
Meter Charge	Quantity	Rate	Total
Net Billable Prints - 1	82	.005	\$ 0.41
Net Billable Prints - 2	1874	.05	\$ 93.70

Accessories

Serial Number / Model Number
PROFNLFN \$ 0.00
XLP862386 \$ 0.00

Subtotal: \$ 492.43
CALIF STATE & LOCAL 7.25% \$ 35.70
LOS ANGELES COUNTY 2.25% \$ 11.08
Invoice Total: \$ 539.21
Payments Made: \$ 0.00
Total Amount Due: \$ 539.21

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

When paying by mail
send payment to:

XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 725256747 INV #: 016035576 INV DATE: 04/20/2022 EIPP

Invoice Amount

\$ 539.21

202100008070060 0160355761 0300539219 272525674778

Please Direct Inquiries To:



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 05/01/2022
Customer Reference:
Due Date: 06/01/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016138263
Customer Number: 718126485

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF G
STE 530
638 S BEACON ST
SAN PEDRO CA
90731

Bill To:

SOUTH BAY CITIES
COUNCIL OF GO
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Model Number: AUTOSTR
Serial Number: 6BB014190

Base Charge	04/01/2022 TO 04/30/2022	\$ 28.11
Accessories	Serial Number / Model Number 2BK	\$ 0.00
	Subtotal:	\$ 28.11
	CALIF STATE & LOCAL 7.25%	\$ 2.04
	LOS ANGELES COUNTY 2.25%	\$ 0.63
	Invoice Total:	\$ 30.78
	Payments Made:	\$ 0.00
	Total Amount Due:	\$ 30.78

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF G
STE 530
638 S BEACON ST
SAN PEDRO CA
90731

Bill To:

SOUTH BAY CITIES
COUNCIL OF GO
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

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XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 718126485 INV #: 016138263 INV DATE: 05/01/2022 EIPP

Invoice Amount

\$ 30.78

202100008070060 0161382634 0300030789 271812648526

Please Direct Inquiries To:



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 04/20/2022
Customer Reference:
Due Date: 05/20/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016035575
Customer Number: 725256747

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Model Number: W7855PT
Serial Number: MX4497203

Total Meter Adjustment Charge 01/30/2022 TO 02/28/2022 \$ 78.39

Meter Usage	Beginning Read	Ending Read	Usage
1st Meter Read	185199	185267	68
2nd Meter Read	273128	274689	1561
Meter Charge	Quantity	Rate	Total
Net Billable Prints - 1	68	.005	\$ 0.34
Net Billable Prints - 2	1561	.05	\$ 78.05

Remarks:

INCORRECT ESTIMATE
ON INVOICE 015784403 DUE TO
DEBIT TO REBILL THE METER CHARGE

Subtotal: \$ 78.39
LOS ANGELES COUNTY 2.2500% \$ 1.76
CALIF STATE & LOCAL 7.2500% \$ 5.68
Invoice Total: \$ 85.83
Payments Made: \$ 0.00

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

When paying by mail
send payment to:

XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 725256747 INV #: 016035575 INV DATE: 04/20/2022 EIPP

Invoice Amount

\$ 85.83

202100008070060 0160355752 0300085837 272525674774

Please Direct Inquiries To:

Page 2 of 2



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 04/20/2022
Customer Reference:
Due Date: 05/20/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016035575
Customer Number: 725256747

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Total Amount Due: \$ 85.83

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
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2355 CRENSHAW BLVD
TORRANCE CA
90501

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P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 725256747 INV #: 016035575 INV DATE: 04/20/2022 EIPP

Invoice Amount

\$ 85.83

202100008070060 0160355752 0300085837 272525674774

Please Direct Inquiries To:



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 04/20/2022
Customer Reference:
Due Date: 05/20/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016035574
Customer Number: 725256747

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Model Number: W7855PT
Serial Number: MX4497203

Total Meter Adjustment Charge 01/30/2022 TO 02/28/2022 \$ -51.38

Meter Usage	Beginning Read	Ending Read	Usage
1st Meter Read	185199	186515	-1316
2nd Meter Read	273128	274024	-896
Meter Charge	Quantity	Rate	Total
Net Billable Prints - 1	-1316	.005	\$ -6.58
Net Billable Prints - 2	-896	.05	\$ -44.80

Remarks:

TO INCORRECT ESTIMATE
CHARGE ON INVOICE 015784403 DUE
CREDIT TO REVERSE THE METER

Subtotal: \$ -51.38
CALIF STATE & LOCAL 7.2500% \$ -3.73
LOS ANGELES COUNTY 2.2500% \$ -1.16
Invoice Total: \$ -56.27
Payments Made: \$ 0.00

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

When paying by mail
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XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 725256747 INV #: 016035574 INV DATE: 04/20/2022 EIPP

Invoice Amount

-\$ 56.27

20210000&070060 0160355743 9300056278 272525674776

Please Direct Inquiries To:



XEROX CORPORATION
PO BOX 660501
DALLAS TX
75266-0501
Telephone: 888-339-7887

Invoice Date: 04/20/2022
Customer Reference:
Due Date: 05/20/2022
Contract Number: DUM00000X000

Purchase Order Number:
Invoice Number: 016035574
Customer Number: 725256747

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA 90501

TO ORDER SUPPLIES CALL 1-800-822-2200 OR LOGON TO WWW.XEROX.COM/SUPPLIES

INVOICE DETAIL

Total Amount Due: -\$ 56.27

XEROX FEDERAL IDENTIFICATION #16-0468020

PLEASE INCLUDE THIS STUB WITH YOUR PAYMENT, OR WRITE YOUR INVOICE NUMBER(S) ON YOUR CHECK

Ship To / Installed At:

SOUTH BAY CITIES
COUNCIL OF GOV
STE 125
2355 CRENSHAW BLVD
TORRANCE CA
90501

Bill To:

SOUTH BAY CITIES
COUNCIL OF GOV
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2355 CRENSHAW BLVD
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P.O. BOX 7405
PASADENA, CA 91109-7405

Please check here if your "Bill To" address or "Ship To / Installed At" location has changed and provide updates on reverse side.

CN: 725256747 INV #: 016035574 INV DATE: 04/20/2022 EIPP

Invoice Amount

-\$ 56.27

20210000&070060 0160355743 9300056278 272525674776



Sharp Business Systems
8670 Argent St
Santee, CA , 92071

INVOICE

PLEASE DIRECT ALL CORRESPONDENCE TO:
619-258-1400

SHARP BUSINESS SYSTEMS

Tax ID: 13-1968872

Duns Number: 00-181-8012

Bill To: 835928

SOUTH BAY ENVIRONMENTAL SERVICE
CENTER
2355 CRENSHAW BLVD, SUITE 125
TORRANCE, CA 90501

Invoice No.	Invoice Date	Payment Terms	Due Date	
9003797795	05/04/2022	Net 30 days	06/03/2022	
Invoice text:				
Item	Description	Quantity	Rate	Amount
Contract: 8000452147				
DM	DESKTOP MANAGEMENT LICENSE	7	13.00	91.00
Period of Coverage: 05/01/2022 - 05/31/2022				
DMSD-BH	DESKTOP MGMT W/SVC DESK BUS HRS (8A-6P)	12	45.00	540.00
Period of Coverage: 05/01/2022 - 05/31/2022				
MNSMISCSUBSCR IPT	OFFICE 365 BUSINESS ESSENTIALS	14	5.00	70.00
Period of Coverage: 05/01/2022 - 05/31/2022				
MNSMISCSUBSCR IPT	OFFICE 365 BUSINESS PREMIUM	14	12.50	175.00
Period of Coverage: 05/01/2022 - 05/31/2022				
MNSMISCSUBSCR IPT	BARRACUDA ESSENTIALS COMPLETE	20	6.25	125.00
Summary:				
Sales Amount	\$1,007.00	Taxes	\$0.00	Freight Amount
			\$0.00	Invoice Total
				\$1,007.00

←----- Cut here ----->
Please include Invoice No. on your Remittance

Invoice No.	Account No.	Due Date
9003797795	835928	06/03/2022
Summary:		
Sales Amount	\$1,007.00	Taxes
		\$0.00
Freight Amount	\$0.00	Invoice Total
		\$1,007.00
Remit To: SHARP ELECTRONICS CORPORATION DBA SHARP BUSINESS SYSTEMS Dept. LA 21565 PASADENA, CA, 91185-1565		To Pay by Credit Card, please call 619-258-1400



Sharp Business Systems
8670 Argent St
Santee, CA , 92071

INVOICE

PLEASE DIRECT ALL CORRESPONDENCE TO:
619-258-1400

SHARP BUSINESS SYSTEMS

Invoice No. 9003797795	Invoice Date 05/04/2022	Payment Terms Net 30 days	Due Date 06/03/2022	
----------------------------------	-----------------------------------	-------------------------------------	-------------------------------	--

Item	Description	Quantity	Rate	Amount
	Period of Coverage: 05/01/2022 - 05/31/2022			
MNSMISCSUBSCR IPT	LAST PASS ENT	1	6.00	6.00
	Period of Coverage: 05/01/2022 - 05/31/2022			

Thank You For Your Business



JP Marketing, a division of Two Q, Inc.
 7589 N Wilson Ave Ste 103
 Fresno, CA 93711 US
 (559) 438-2180
 www.jpmtkg.com

INVOICE

BILL TO

South Bay Cities Council of
 Governments
 ATTN: Jacki Bacharach,
 Executive Director
 2355 Crenshaw Blvd., Suite
 125
 Torrance, CA 90501

INVOICE # 16610

DATE 05/03/2022

DUE DATE 05/18/2022

TERMS Net 15

DATE	ACCOUNT SUMMARY	AMOUNT
04/06/2022	Balance Forward	253.65
	Other payments and credits after 04/06/2022 through 05/02/2022	-253.65
05/03/2022	Other invoices from this date	0.00
	New charges (details below)	1,068.75
	Total Amount Due	1,068.75

DESCRIPTION	QTY	RATE	AMOUNT
SBCCOG211201 Website Maintenance 2021-2022 Creative (Regular requests; April actuals)	11.25	95.00	1,068.75
SBCCOG211201 Website Maintenance 2021-2022 Creative (Emergency edit requests; April actuals)	0	135.00	0.00

Project SOW Description: Monthly/ quarterly website review & maintenance for activity periods December 2021-May 2022; Regular edit requests to be billed based on monthly actuals at \$95/hr rate & emergency edit requests to be billed based on monthly actuals at \$135/hr rate; Budget not to exceed \$805 per month without client approval; Total budget over the course of six months SOW not to exceed \$4,830

TOTAL OF NEW CHARGES 1,068.75
BALANCE DUE **\$1,068.75**

Activity Period: 4/1/22-4/30/22

Accounts not paid within 30 days of the invoice date are subject to a 3% monthly finance charge.

Monthly/ Quarterly Task Recap: Project management, client & internal communication, monthly website/ copy review (site analyzer, keyword search, SEO recommendations), plug-in updates, CMS updates, theme updates, periodical backups, stock photo review

Total Contract Budget: \$4,830.00

Remaining Balance: \$2,898.65

Accounts not paid within 30 days of the invoice date are subject to a 3% monthly finance charge.



The Communications Company

Client ID: 117394
 Security Number: 528
 Account Name: South Bay Cities Council of Governments
 Statement Number: RC672527
 Statement Date: 05/01/2022

BILLING STATEMENT

BILL-AT-A-GLANCE

Current Charges:	\$1022.00
Total Amount Due:	\$1022.00
Due on Receipt	

Late Fees Assessed after 05/21/2022

ACCOUNT HISTORY

Date	Type	Statement	Payments	Charge
05/01/22	Statement	RC672527		\$1022.00
04/18/22	Payment		\$1022.00	
04/01/22	Statement	RC656658		\$1022.00
03/01/22	Payment		\$1022.00	
03/01/22	Statement	RC641009		\$1022.00
02/01/22	Payment		\$1022.00	
02/01/22	Statement	RC625833		\$1022.00
01/02/22	Payment		\$1022.00	
01/01/22	Statement	RC610768		\$1022.00

For Customer Service call 1-877-722-3833 Option 2 or visit our website at www.race.com

✂ Return Payment Stub with check payable to Race. Please include your Client ID on your check.

PAYMENT OPTIONS**Pay By Phone**

To pay your bill by phone, call 1-877-722-3833 Option 4.

Pay By Check

To pay your bill by check, make checks payable to Race and mail it using the enclosed pre-addressed envelope. Please write account number on check and detach and include payment stub.

Pay By Credit Card

To pay your bill by credit card, fill out and sign the Credit Card Authorization form on the back side of this page and mail it using the enclosed pre-addressed envelope.

Pay Online

To pay your bill online, login to your Race Dashboard account at www.race.com using your username and password. Click on the Bills & Payment tab, then Make A Payment. You can choose to make a one time payment, or save your Credit Card on file for automatic monthly payments.



The Communications Company



117394-RC672527

BILL TO

South Bay Cities Council of Governments
 Attn. Brooke Heri
 2355 Crenshaw Blvd. Suite 125
 Torrance Ca 90501
 US

PAYMENT STUB

Account Number:	117394
Statement Number:	RC672527
Statement Date:	05/01/2022
Total Amount Due:	\$1022.00
Due On Receipt	

Late Fees Assessed after 05/21/2022

Mail Payment To:
 Race Communications
 1325 Howard Ave. #604
 Burlingame CA 94010



The Communications Company

Client ID: 117394
Security Number: 528
Account Name: South Bay Cities Council of Governments
Statement Number: RC672527
Statement Date: 05/01/2022

TERMS AND CONDITIONS

Federal, State and Local Taxes:
Taxes are charged in accordance with applicable statutes and regulations. Some Race calling plans combine In-state long distance and Interstate long distance into a single price.

Late Payment Charges:
If the unpaid balance on your bill has not been paid, a late payment charge of 1.5%, calculated monthly, will be assessed if your payment is not received by the date indicated below your BILL-AT-A-GLANCE on the first page of this statement.

To avoid disconnection of service and collection activity, please pay charges by the due date indicated.

California Public Utilities Commission:
If you believe there is an error on your bill or have a question about your service, please call Race Communications customer support at 1-877-722-3833 or by visiting https://www.race.com/support/

If you are not satisfied with Race Communications response, submit a complaint to the California Public Utilities Commission (CPUC) by visiting http://www.cpuc.ca.gov/complaints/. Billing and service complaints are handled by the CPUC's Consumer Affairs Branch (CAB), which can be reached by the following means if you prefer not to submit your complaint online: Telephone: 1-800-649-7570 (8:30 AM to 4:30 PM, Monday through Friday) Mail: California Public Utilities

Commission, Consumer Affairs Branch, 505 Van Ness Avenue, Room 2003, San Francisco, CA 94102

If you have limitations hearing or speaking, dial 711 to reach the California Relay Service, which is for those needing direct assistance relaying telephone conversations, as well their friends, family, and business contacts.

To avoid having service turned off while you wait for the outcome of a complaint to the CPUC specifically regarding the accuracy of your bill, please contact CAB for assistance. If your case meets the eligibility criteria, CAB will provide you with instructions on how to mail a check or money order to be impounded pending resolution of your case.

Security Number:
When you call us for customer support please make sure to have your 3 digit security number which can be found at the top right hand corner on every page of your monthly statement.

CALL DETAIL CALL CODES

Table with 4 columns: Code, Description, Code, Description. Includes entries like DIR Directory Assistance, EM 911 Emergency, LC Local Call, LD Long Distance, IC Incoming Call, TF Toll Free, IN In Network, VM Voice Mail, INT International.

Return Payment Stub with check payable to Race. Please include your Client ID on your check.

CREDIT CARD AUTHORIZATION

Please PRINT Clearly and Complete Entire Form

Card type selection: Visa, MasterCard, American Express, Discover, JCB, Diners Club

Card Number: _____

Card Expiration Date: ____/____ Security Code: _____

Exact Name on Card: _____

- One-Time Payment
Use this Card for Automatic Monthly Payments

Credit Card Billing Address (if different from statement)

Street Address: _____

City: _____ State: _____

Zip/Postal: _____ Country: _____

Phone #: _____ Alt. Phone #: _____

Email Address: _____

Please sign and date here for credit card authorization.

Signature: _____ Date: _____



Client ID: 117394
Security Number: 528
Account Name: South Bay Cities Council of Governments
Statement Number: RC672527
Statement Date: 05/01/2022

CURRENT CHARGES

Internet Services

1GB Dedicated Internet Access - SBCOG - Sub ID: 127079 1000.00
Period: 05/01/22 - 06/01/22
1GB Dia
Service Address: 2355 Crenshaw Boulevard
Suite 125
Torrance CA 90501
Total Internet Services: \$1000.00

Special Fees

Paper Fee 2.00
Total Special Fees: \$2.00

Special Fees

Property Tax Allotment Surcharge 20.00
Total Special Fees: \$20.00



Business Gold Rewards

SOUTH BAY CITY C O G
JACKI BACHARACH
Closing Date 05/02/22 Next Closing Date 06/02/22
Account Ending 6-62003

Customer Care: 1-800-492-3344
TTY: Use Relay 711
Website: americanexpress.com

New Balance **\$4,193.60**
Minimum Payment Due **\$42.00**
Payment Due Date **05/27/22**

Late Payment Warning: If you do not pay the Minimum Payment Due by the Payment Due Date of 05/27/22, you may have to pay a late fee of \$39.00 and your Pay Over Time APR may be increased to the Penalty APR of 29.49%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Pay Over Time balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	15 years	\$9,428
\$153	3 years	\$5,502 (Savings = \$3,926)

If you would like information about credit counseling services, call 1-888-733-4139.

- See page 2 for important information about your account.
- Please refer to the **IMPORTANT NOTICES** section on **page 7**.
- For information on your Pay Over Time feature and limit, see **page 5**

Membership Rewards® Points
Available and Pending as of 03/31/22
263,302
For more details about Rewards, please visit americanexpress.com/rewardsinfo

Account Summary

Pay In Full Portion	
Previous Balance	\$0.00
Payments/Credits	-\$0.00
New Charges	+\$0.00
Fees	+\$0.00
New Balance =	\$0.00

Pay Over Time Portion	
Previous Balance	\$16,660.29
Payments/Credits	-\$16,792.05
New Charges	+\$4,325.36
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance =	\$4,193.60
Minimum Due	\$42.00

Account Total	
Previous Balance	\$16,660.29
Payments/Credits	-\$16,792.05
New Charges	+\$4,325.36
Fees	+\$0.00
Interest Charged	+\$0.00

New Balance	\$4,193.60
Minimum Payment Due	\$42.00

Pay Over Time Limit	\$55,000.00
Available Pay Over Time Limit	\$50,806.40
Days in Billing Period:	31

↓ Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/business

Pay by Phone
1-800-472-9297

Account Ending 6-62003
Enter 15 digit account # on all payments.
Make check payable to American Express.

JACKI BACHARACH
SOUTH BAY CITY C O G
2355 CRENSHAW BLVD
STE 125
TORRANCE CA 90501-3329

Payment Due Date
05/27/22
New Balance
\$4,193.60
Minimum Payment Due
\$42.00

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 96001
LOS ANGELES CA 90096-8000

\$ _____
Amount Enclosed

0000349991726177298 000419360000004200 01 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest for Pay Over Time balances on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*

How to Avoid Paying Interest: If you have a Pay Over Time balance, your due date is at least 25 days after the close of each billing period. We will not charge interest on charges added to a Pay Over Time balance if you pay the Account Total New Balance by the due date each month.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. We will choose a conversion rate that is acceptable to us for that date, unless a particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the

highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

Billing Dispute Procedures

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

American Express, PO Box 981535, El Paso TX 79998-1535

In your letter, give us the following information:

- **Account information:** Your name and account number.

- **Dollar amount:** The dollar amount of the suspected error.

- **Description of Problem:** Describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.

- At least 2 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors in writing. You may call us, but if you do we may not follow these procedures and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we will do two things:

1. Within 30 days of receiving your letter, we will tell you that we received your letter. We will also tell you if we have already corrected the error.

2. We will investigate your inquiry and will either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We will not try to collect the amount in question.

- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.

- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.

- We can apply any unpaid amount against your credit limit.

After we finish our investigation, one of two things will happen:

- If we made a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.

- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may report you as delinquent if you do not pay the amount we think you owe.

Change of Address, phone number, email

- Online at www.americanexpress.com/updatecontactinfo
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit americanexpress.com/autopay today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



Business Gold Rewards
 SOUTH BAY CITY C O G
 JACKI BACHARACH
 Closing Date 05/02/22

Account Ending 6-62003



Customer Care & Billing Inquiries
 International Collect
 Lost or Stolen Card
 Express Cash
 Large Print & Braille Statements

1-800-678-0745
 1-336-393-1111
 1-800-678-0745
 1-800-CASH-NOW
 1-800-678-0745

Hearing Impaired

Online chat at americanexpress.com or use **Relay dial 711** and **1-800-678-0745**



Website: americanexpress.com

Customer Care & Billing Inquiries
 P.O. BOX 981535
 EL PASO, TX
 79998-1535

Payments
 PO BOX 96001
 LOS ANGELES CA
 90096-8000

Payments and Credits

Summary

	Pay In Full	Pay Over Time ♦	Total
Payments	\$0.00	-\$16,660.29	-\$16,660.29
Credits			
JACKI BACHARACH 6-62003	\$0.00	\$0.00	\$0.00
GHIA HORTON 6-61161	\$0.00	-\$131.76	-\$131.76
Total Payments and Credits	\$0.00	-\$16,792.05	-\$16,792.05

Detail

*Indicates posting date

♦ - denotes Pay Over Time activity

Payments			Amount
04/16/22*	JACKI BACHARACH	PAYMENT RECEIVED - THANK YOU	-\$16,660.29
Credits			Amount
04/30/22	GHIA HORTON	STAPLES FRAMINGHAM MA FRAMINGHAM MA SBESC 90503 ORD 7343980096-003-0;REQ GHIA HORTON IT1 REFUND ITEM;UPI -18.3900;QTY1 IT2 REFUND ITEM;UPI -17.2900;QTY1 FRT 0.00;HDL 0.00;ITM6	-\$131.76 ♦

New Charges

Summary

	Pay In Full	Pay Over Time ♦	Total
MARTHA SEGOVIA 6-61013	\$0.00	\$87.56	\$87.56
DAVID LEGER 6-61104	\$0.00	\$1,210.58	\$1,210.58
CHANDLER SHEILD5 6-61153	\$0.00	\$101.99	\$101.99
GHIA HORTON 6-61161	\$0.00	\$2,925.23	\$2,925.23
Total New Charges	\$0.00	\$4,325.36	\$4,325.36

Detail

♦ - denotes Pay Over Time activity



MARTHA SEGOVIA

Card Ending 6-61013 Monthly Spending Limit: \$2,000

Amount

04/01/22	STAPLES 00174 00174000213042 90503 52.8QT DRYLOCK WATERPROOF TOTE	TORRANCE	CA	\$87.56 ♦
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Detail Continued

◆ - denotes Pay Over Time activity



DAVID LEGER
Card Ending 6-61104

Amount

				Amount
04/05/22	GRUBHUB*BJSRESTAURANTB 8775851085	NEW YORK	NY	\$268.04 ◆
04/12/22	SMART AND FINAL 923 923 310-831-3631	SAN PEDRO	CA	\$20.43 ◆
04/27/22	VONS #2162 2162 800-898-4027	SAN PEDRO	CA	\$13.98 ◆
04/29/22	ZOOM.US 888-799-9666 +18887999666	SAN JOSE	CA	\$873.24 ◆
05/01/22	THE HOME DEPOT 800-654-0688	SAN PEDRO	CA	\$19.58 ◆
05/01/22	AMZN MKTP US*139C99MU1 BOOK STORES	AMZN.COM/BILL	WA	\$15.31 ◆



CHANDLER SHIELDS
Card Ending 6-61153

Amount

04/17/22	GOOGLE*YOUTUBE PREMIUM GOOGLE PAYMENT VIDEO PRODUCTION	G.CO HELPPAY#		\$11.99 ◆
04/21/22	WP ENGINE +18779736446	AUSTIN	TX	\$90.00 ◆



GHIA HORTON
Card Ending 6-61161

Amount

04/01/22	STAMPS.COM O429058845 90501	855-889-7867	CA	\$17.99 ◆
04/05/22	REGIONAL LIFESTYLE MEDIA 0562200000278 ALLISON@MOONTIDEMEDIA.COM	EL SEGUNDO	CA	\$1,000.00 ◆
04/21/22	USPS STAMPS ENDICIA 900000002 431776606 20260	888-434-0055	DC	\$50.00 ◆
04/22/22	ADOBE STOCK Adobe Systems 8004438158	SAN JOSE	CA	\$325.91 ◆
04/25/22	INTUIT QUICKBOOKS CL.INTUIT.COM	800-446-8848	CA	\$180.00 ◆
04/26/22	8X8 INC, SAN JOSE www.8x8.com	888-898-8733	CA	\$690.16 ◆
04/28/22	ADOBE STOCK Adobe Systems 8004438158	SAN JOSE	CA	\$325.91 ◆
04/28/22	STAPLES 00174 00174000215463 90503 STAPLES IJ BRT/WHT 5RM/CS TRU RED 2022 DESKPAD CAL 22X17 PHILIPS 10FT HDMI CABLE	TORRANCE	CA	\$195.95 ◆
04/28/22	TARGET 020263 09100020263 612-3044357	CARSON	CA	\$7.59 ◆
04/28/22	SUBWAY FAST FOOD RESTAURANT	CARSON	CA	\$113.73 ◆
05/01/22	STAMPS.COM O433154745 90501	855-889-7867	CA	\$17.99 ◆



Fees

	Amount
Total Fees for this Period	\$0.00

Interest Charged

	Amount
Total Interest Charged for this Period	\$0.00

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2022 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2022	\$225.00
Total Interest in 2022	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Pay Over Time option	18.49% (v)	\$0.00	\$0.00
Total			\$0.00

(v) Variable Rate

Information on Pay Over Time

There is a no pre-set spending limit on your Card

No Preset Spending Limit means your spending limit is flexible. Unlike a traditional card with a set limit, the amount you can spend adjusts based on factors such as your purchase, payment, and credit history.

Pay Over Time Limit

There is a limit to your Pay Over Time feature balance. Your Pay Over Time Limit is \$55,000.00. We may approve or decline a charge regardless of whether your Card account balance exceeds or does not exceed your Pay Over Time Limit. You must pay in full all charges that are not placed into a Pay Over Time balance by the Payment Due Date.

Available Pay Over Time Limit

Your Available Pay Over Time Limit is \$50,806.40 and is accurate as of your statement date. This Limit is the remaining amount that you can add to your Pay Over Time balance. The Available Pay Over Time Limit amount is calculated by subtracting your Pay Over Time balance from your Pay Over Time Limit. If you have a preset spending limit on your account that is less than your Pay Over Time Limit, you may not be able to use some or all of your Available Pay Over Time Limit.

Information on Pay Over Time continued**Pay Over Time Setting: ON**

The setting indicated above is accurate as of your statement closing date. For the most up to date setting, please refer to your online account. If your setting is On, eligible charges will be placed in your Pay Over Time balance up to your Pay Over Time Limit. If your setting is Off, all charges will be added to your Pay In Full balance and no new charges will be included in your Pay Over Time balance. If you have an existing Pay Over Time balance, you can continue to pay this off over time with interest, as long as you pay your minimum due each month by your Payment Due Date.



IMPORTANT NOTICES

EFT Error Resolution Notice

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-IPAY-AXP for Pay By Phone questions, at 1-800-528-2122 for Pay By Computer questions, and at 1-800-528-4800 for AutoPay and at 1-800-CASH NOW for Express Cash questions. You may also write us at American Express, Electronic Funds Services, P.O. Box 981531, El Paso TX 79998-1531, or contact us online at www.americanexpress.com/inquirycenter as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.



Business Gold Rewards

SOUTH BAY CITY C O G
JACKI BACHARACH
Closing Date 05/02/22

Account Ending 6-62003

LEADINGRESPONSE

Connects consumers to health & wealth experts via our solutions (webinars, direct mail), consumer database, and Google & Meta partnerships. **Leadingresponse.com**



Membership Invoice

Member: South Bay Cities COG
Contact: Brooke Heri
Address: 2355 Crenshaw Blvd Ste 125
TORRANCE, CA 90501-3329

Document No. SI467564
Notice Date: 4/6/22
Purchase Order No.
Payment Due Date: 5/5/22

Member #957373

Member Services	Membership Period	Quantity	Amount Due
Preferred Membership	5/18/2022 - 5/18/2023	1	\$679.00
Optional Contribution: Chamber PAC -- Pro-Business Leadership Fund <i>(See insert)</i>			\$75.00
Total Payment:			\$754.00

Perferred membership includes:

- HRCalifornia.com
- Labor Law Helpline
- HRCalifornia Extra & Alert Newsletter
- Legislative Advocacy
- Preferred Member Discount

PAYMENT AMOUNT
\$

Please remit to: California Chamber of Commerce
P.O. Box 888336
Los Angeles, CA 90088-8336

Make check payable to CalChamber.
Paying with a credit card? Call (800) 649-4921.
Please enter your member number on your check: #957373
If you've already paid - please disregard this notice.

Thank you for being a member!

Membership dues are not deductible as charitable contributions for federal income tax purposes. Twenty-five (25%) of membership dues will be used for lobbying purposes and are not deductible as a business expense.

However, seventy-five (75%) of membership dues may be deductible as a business expense under applicable tax codes - please consult your tax advisor.
(Chamber of Commerce FEIN 94-0361980)

A one-year subscription to Alert Newsletter, valued at \$50, is a non-refundable portion of membership.

The Pro-Business Leadership Fund (ChamberPAC) is a non-partisan effort to recruit and support California legislators and legislative candidates who are committed to creating jobs by improving California's business climate, regardless of political party affiliation. The first \$200 (per calendar year) of your contribution for the Pro-Business Leadership Fund (ChamberPAC) will be deposited into ChamberPAC Small Contributor Committee (FPPC ID #1275328) [through intermediary ChamberPAC and California Chamber of Commerce] any contribution in excess of \$200 will be deposited into ChamberPAC (FPPC ID #950352) [through intermediary California of Commerce].

Contributions in support of the Pro-Business Leadership Fund (ChamberPAC) are not deductible as charitable contributions for federal income tax purposes.

Magellan Advisors, LLC
 450 Alton Road, Suite 1402
 Miami Beach, FL 33139
 (888) 960-5299
 jhonker@magellan-advisors.com



BILL TO

South Bay Cities Council of
 Governments
 South Bay Cities Council of
 Governments
 20285 S. Western Ave. #100
 Torrance, CA 90501
 Project: Broadband Consulting

INVOICE MA04302260

DATE 04/30/2022 TERMS Due on receipt

DUE DATE 04/30/2022

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/01/2022	Call with Client on Torrance Wireless Pilot 3/1/2022	1:00	210.00	210.00
03/07/2022	Client and ADF Call 3/7/2022	1:00	210.00	210.00
03/08/2022	001.05.21 Torrance re T Transit, BAI/Tekwerks	5:00	210.00	1,050.00
03/09/2022	002.08 Review of Access Agreement	1:00	210.00	210.00
03/10/2022	001.05.20 SBFN Expansion (Feb28)	9:00	210.00	1,890.00
03/15/2022	001.05.23 Access Agreements	4:00	210.00	840.00
03/16/2022	001.05.25 Carson re Tekwerks	2:00	210.00	420.00
03/24/2022	001.05.29 Redondo Beach	1:00	210.00	210.00
03/28/2022	Client Call with ADF 3/28/2022	1:00	210.00	210.00
03/30/2022	001 Project Management	3:00	210.00	630.00
03/30/2022	Client Call 3/30/2022	1:00	210.00	210.00
03/30/2022	Internal Calls	2:00	210.00	420.00
03/31/2022	001.05.28 Lomita and Wireless	4:00	210.00	840.00
03/31/2022	001.05.30 SBFN Expansion (Mar 28)	3:00	210.00	630.00
04/04/2022	001.05.29 Redondo Beach	2:00	210.00	420.00
04/04/2022	001.05.30 SBFN Expansion (Mar 28)	9:00	210.00	1,890.00
04/04/2022	Call with Client and CCF 4/4/2022	1:00	210.00	210.00
04/04/2022	Call with Client and CCF 4/4/2022	1:00	210.00	210.00
04/05/2022	GIS Data	1:00	210.00	210.00
04/13/2022	005.04 Steering 04-April	8:00	210.00	1,680.00
04/29/2022	004.02 Review WO #3 Taxonomy	13:00	210.00	2,730.00

SUBTOTAL 15,330.00
 TAX 0.00
 TOTAL 15,330.00

TOTAL DUE USD 15,330.00