Monthly Budget Expenditure Report Form

nebraskachildren

Expense Report - Total Monthly Expenditures

Contract Number:	
Organization Name:	Community & Family Partnership
Fiscal Agent Name:	Columbus Public Schools Foundation
Program Year:	2020
Current Reporting Period:	November
Funding Soure:	NC funds

***The Budget Expenditure Report categories should reflect the approved contract budget. If the approved budget has been revised, report against the revised budget.*

COMPLETE YELLOW FIELDS ONLY

Nebraska Children Funded Items	Total NC Approved Budget	January	February	March	April	May	June	July	August	September	October	November	December	YTD Total	Remaining Balance
Section I. Program Costs															
A. Wages (Direct Personnel)	$106,561.50	$4,677.75	$5,371.50	$6,208.50	$7,327.50	$7,272.13	$9,577.75	$9,554.41	$8,982.68	$11,012.48	$10,569.14	$10,067.96		$90,621.80	$15,939.70
B. Benefits & Payroll Taxes	$12,783.95	$357.85	$410.91	$474.95	$560.55	$556.33	$732.71	$730.90	$687.18	$842.44	$808.54	$770.21		$6,932.57	$5,851.38
C. Office Operation Expenses	$8,700.39	$459.43	$623.92	$459.41	$460.93	$480.10	$799.97	$823.20	$1,279.02	$1,918.74	$3,070.57	$787.27		$11,162.56	-$2,462.17
D. Travel	$3,902.25	$105.39	$131.89	$112.46	$48.30	$19.55	$131.05	$196.76	$192.92	$254.21	$128.20	$107.47		$1,428.20	$2,474.05
E. Equipment	$0.00													$0.00	$0.00
F. Supplies	$2,107.50		$21.40	$537.77	$853.21									$1,412.38	$695.12
G. Training & Outreach	$10,826.25	$61.38	$21.22	$42.17	$314.27	$687.16	$1,128.46	$1,988.10	$1,368.77	$2,633.38	$1,522.98	$2,320.50		$12,088.39	-$1,262.14
H. Contract/Consulting	$403,343.17	$8,486.41	$13,384.60	$12,417.38	$41,154.61	$43,640.92	$32,177.86	$20,607.08	$21,781.23	$33,125.65	$18,951.89	$13,570.21		$259,297.84	$144,045.33
I. Other Expenses	$1,200.00	$100.00			$1,080.00									$1,180.00	$20.00
Section I. Total	**$549,425.01**	**$14,248.21**	**$19,965.44**	**$20,252.64**	**$51,799.37**	**$52,656.19**	**$44,547.80**	**$33,900.45**	**$34,291.80**	**$49,786.90**				**$384,123.74**	**$165,301.27**
Section II. Administrative Expenses															
A. Administrative Expenses	$12,325.00	$1,360.31	$100.00	$558.42	$100.00	$2,777.61	$1,402.64	$2,780.62	$100.00	$1,253.92	$1,110.41	$372.19		$11,916.12	$408.88
Total	$561,750.01	**$15,608.52**	**$20,065.44**	**$20,811.06**	**$51,899.37**	**$55,433.80**	**$45,950.44**	$36,681.07	**$34,391.80**	**$51,040.82**	**$36,161.73**	**$27,995.81**		**$396,039.86**	**$165,710.15**

Comments (Please use this field to explain any necessary items from your above expenditures):

Comment examples include:

Significant over/under spending in any line items

Budget modifications under 15% of any line item (formal written approval is required for any modifications that exceed 15% of any line item)

Any other events/circumstances that provide additional detail to any of the line items noted

Signature of Project Director/Coordinator — Date 12/14/20

Nicole Anderson — Date 12/14/2020

Signature of Fiscal Officer

Reimbursement Request Form

Invoice

Complete yellow fields only

Organization Name:	Columbus Public Schools Foundatio	Today's Date:	12/10/2020
Address:	2508 27th Street	Contact Name:	Nicole Anderson
Address Line 2:	P.O. Box 947	Telephone:	402-563-7000
City, State, Zip:	Columbus, NE 68602-0947	E-mail:	andersonn@discoverers.org

Invoice Number: 2020-010

Period covered by this claim: 11/01/2020-11/30/2020

Final Claim: ☐ Yes ☐ No

Total expenses being claimed for reimbursement for this period (per NC Total Monthly Expenditures tab): $27,995.81

By signing below, I certify the amount shown above is accurate and does not exceed the contracted amount. All expenditures have been recorded and reported according to Generally Accepted Accounting Principles.

Nicole Anderson — Signature (Fiscal Certifying Officer)

12/14/2020 — Date

Nicole Anderson - Foundation Executive Directc
Name & Title

Sarah Papa — Signature (Project Director)

12/14/20 — Date

Sarah Papa - Collective Impact Director
Name & Title

Community & Family Partnership-CWB
General Ledger
As of November 30, 2020

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Checking									179,207.07
General Journal	11/09/2020	7			refund from in...	Office Operatio...	208.00		179,415.07
General Journal	11/30/2020	35			S Oliva Contr...	Program Income	145.35		179,560.42
General Journal	11/30/2020	36			CPS Foundati...	Program Income	45,550.30		225,110.72
General Journal	11/30/2020	37			CPS Foundati...	Administrative ...		272.19	224,838.53
General Journal	11/30/2020	38			United Way	Coaches		795.00	224,043.53
General Journal	11/30/2020	39			United Way	Support		6,966.18	217,077.35
General Journal	11/30/2020	40			United Way	Vouchers		2,523.11	214,554.24
General Journal	11/30/2020	41			United Way	Wages		3,285.92	211,268.32
General Journal	11/30/2020	42			lenn Bookkee...	Administrative ...		100.00	211,168.32
General Journal	11/30/2020	43			Reghan Holm...	Benefits and W...		200.22	210,968.10
General Journal	11/30/2020	44			Sarah Papa	Benefits and W...		361.94	210,606.16
General Journal	11/30/2020	45			Susan Oliva	Benefits and W...		208.05	210,398.11
General Journal	11/30/2020	50			Sarah Papa	Office Operatio...		75.00	210,323.11
General Journal	11/30/2020	51			Homestead B...	Office Operatio...		300.00	210,023.11
General Journal	11/30/2020	52			Schuyler Com...	Office Operatio...		217.09	209,806.02
General Journal	11/30/2020	54			Quickbooks	Office Operatio...		5.25	209,800.77
General Journal	11/30/2020	57			United Way	Training and O...		1,901.50	207,899.27
General Journal	11/30/2020	58			Reghan Hom...	Travel		67.39	207,831.88
General Journal	11/30/2020	59			Sarah Papa	Travel		37.43	207,794.45
General Journal	11/30/2020	60			Susan Oliva	Travel		2.65	207,791.80
General Journal	11/30/2020	61			Reghan Holm...	Wages		2,617.25	205,174.55
General Journal	11/30/2020	62			Sarah Papa	Wages		4,731.21	200,443.34
General Journal	11/30/2020	63			Susana Oliva	Wages		2,719.50	197,723.84
Total Checking							45,903.65	27,386.88	197,723.84
Furniture and Equipment									0.00
Total Furniture and Equipment									0.00
Marketable Securities									0.00
Total Marketable Securities									0.00
Other Assets									0.00
Total Other Assets									0.00
Security Deposits Asset									0.00
Total Security Deposits Asset									0.00
Visa Credit Card									-2,513.99
General Journal	11/30/2020	46			Straighttalk	Office Operatio...		38.56	-2,552.55
General Journal	11/30/2020	47			Straighttalk	Office Operatio...		38.56	-2,591.11
General Journal	11/30/2020	48			Adobe	Office Operatio...		16.04	-2,607.15
General Journal	11/30/2020	49			Straighttalk	Office Operatio...		289.17	-2,896.32
General Journal	11/30/2020	53			Walgreens	Office Operatio...		15.60	-2,911.92
General Journal	11/30/2020	55			McCarty Virtu...	Training and O...		400.00	-3,311.92
General Journal	11/30/2020	56			Flodesk	Training and O...		19.00	-3,330.92
Total Visa Credit Card							0.00	816.93	-3,330.92

Community & Family Partnership-CWB
General Ledger
As of November 30, 2020

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Payroll Liabilities									-1,691.70
Total Payroll Liabilities									-1,691.70
Other Liabilities									0.00
Total Other Liabilities									0.00
Opening Balance Equity									0.00
Total Opening Balance Equity									0.00
Perm. Restricted Net Assets									0.00
Total Perm. Restricted Net Assets									0.00
Temp. Restricted Net Assets									0.00
Total Temp. Restricted Net Assets									0.00
Unrestricted Net Assets									0.00
Total Unrestricted Net Assets									0.00
Grant Income									0.00
Total Grant Income									0.00
Program Income									-332,237.01
General Journal	11/30/2020	35			S Oliva Contr...	Checking		145.35	-332,382.36
General Journal	11/30/2020	36			CPS Foundati...	Checking		45,550.30	-377,932.66
Total Program Income							0.00	45,695.65	-377,932.66
Training & Outreach Income									-150.00
Total Training & Outreach Income									-150.00
Community Response									86,165.85
Administrative									50.96
Total Administrative									50.96
Coaches									1,575.00
General Journal	11/30/2020	38			United Way	Checking	795.00		2,370.00
Total Coaches							795.00	0.00	2,370.00
COVID-19									3,500.00
Total COVID-19									3,500.00
Summer Sizzle Expenses									2,214.17
Total Summer Sizzle Expenses									2,214.17
Support									58,178.77
General Journal	11/30/2020	39			United Way	Checking	6,966.18		65,144.95
Total Support							6,966.18	0.00	65,144.95
Vouchers									9,339.38

Community & Family Partnership-CWB
General Ledger
As of November 30, 2020

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
General Journal	11/30/2020	40			United Way	Checking	2,523.11		11,862.49
Total Vouchers							2,523.11	0.00	11,862.49
Wages									11,307.57
General Journal	11/30/2020	41			United Way	Checking	3,285.92		14,593.49
Total Wages							3,285.92	0.00	14,593.49
Community Response - Other									0.00
Total Community Response - Other									0.00
Total Community Response							13,570.21	0.00	99,736.06
Program Expenses									71,219.78
Administrative Expenses									12,744.95
General Journal	11/30/2020	37			CPS Foundati...	Checking	272.19		13,017.14
General Journal	11/30/2020	42			lenn Bookkee...	Checking	100.00		13,117.14
Total Administrative Expenses							372.19	0.00	13,117.14
Benefits and Wage Expense									3,074.31
General Journal	11/30/2020	43			Reghan Holm...	Checking	200.22		3,274.53
General Journal	11/30/2020	44			Sarah Papa	Checking	361.94		3,636.47
General Journal	11/30/2020	45			Susan Oliva	Checking	208.05		3,844.52
Total Benefits and Wage Expense							770.21	0.00	3,844.52
Facilitator Reporting									0.00
Total Facilitator Reporting									0.00
Office Operation Expense									6,996.49
General Journal	11/09/2020	7			refund from in...	Checking		208.00	6,788.49
General Journal	11/30/2020	46			Straighttalk	Visa Credit Card	38.56		6,827.05
General Journal	11/30/2020	47			Straighttalk	Visa Credit Card	38.56		6,865.61
General Journal	11/30/2020	48			Adobe	Visa Credit Card	16.04		6,881.65
General Journal	11/30/2020	49			Straighttalk	Visa Credit Card	289.17		7,170.82
General Journal	11/30/2020	50			Sarah Papa	Checking	75.00		7,245.82
General Journal	11/30/2020	51			Homestead B...	Checking	300.00		7,545.82
General Journal	11/30/2020	52			Schuyler Com...	Checking	217.09		7,762.91
General Journal	11/30/2020	53			Walgreens	Visa Credit Card	15.60		7,778.51
General Journal	11/30/2020	54			Quickbooks	Checking	5.25		7,783.76
Total Office Operation Expense							995.27	208.00	7,783.76
Training and Outreach									7,513.23
General Journal	11/30/2020	55			McCarty Virtu...	Visa Credit Card	400.00		7,913.23
General Journal	11/30/2020	56			Flodesk	Visa Credit Card	19.00		7,932.23
General Journal	11/30/2020	57			United Way	Checking	1,901.50		9,833.73

Community & Family Partnership-CWB
General Ledger
As of November 30, 2020

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total Training and Outreach							2,320.50	0.00	9,833.73
Travel									772.09
General Journal	11/30/2020	58			Reghan Hom...	Checking	67.39		839.48
General Journal	11/30/2020	59			Sarah Papa	Checking	37.43		876.91
General Journal	11/30/2020	60			Susan Oliva	Checking	2.65		879.56
Total Travel							107.47	0.00	879.56
Wages									40,118.71
General Journal	11/30/2020	61			Reghan Holm...	Checking	2,617.25		42,735.96
General Journal	11/30/2020	62			Sarah Papa	Checking	4,731.21		47,467.17
General Journal	11/30/2020	63			Susana Oliva	Checking	2,719.50		50,186.67
Total Wages							10,067.96	0.00	50,186.67
Program Expenses - Other									0.00
Total Program Expenses - Other									0.00
Total Program Expenses							14,633.60	208.00	85,645.38
Ask My Accountant									0.00
Total Ask My Accountant									0.00
No accnt									0.00
Total no accnt									0.00
TOTAL							**74,107.46**	**74,107.46**	**0.00**

Community & Family Partnership-CWB
Profit & Loss
November 2020

	Nov 20	
Ordinary Income/Expense		
Income		
Program Income		45,695.65
Total Income		45,695.65
Expense		
Community Response		
Coaches	795.00	
Support	6,966.18	
Vouchers	2,523.11	
Wages	3,285.92	
Total Community Response		13,570.21
Program Expenses		
Administrative Expenses	372.19	
Benefits and Wage Expense	569.99	
Office Operation Expense	787.27	
Training and Outreach	2,320.50	
Travel	107.47	
Wages	10,067.96	
Total Program Expenses		14,225.38
Total Expense		27,795.59
Net Ordinary Income		17,900.06
Net Income		**17,900.06**

Community Family Partnership
1119 B Street, Ste 3 | Schuyler, NE 68661
EIN: 83-4703165

Paycheck Detail Report

Earnings / Taxes / Other Additions/Deductions / Company Taxes & Contributions

Paychecks Dated Nov 20, 2020

Reghan L Holmberg — 505-39-3116 — Pay Period: Oct 16 - Nov 15, 2020 — Chk # DD1032

Earnings Item	Hours	Current	YTD
Holiday	-	-	-
Hourly	137.75	2,617.25	14,762.05
Overtime (x1.5) hourly	-	-	-
Paid Time Off	-	-	152.00
Total Earnings	**137.75**	**2,617.25**	**14,914.05**

Tax	Current	YTD
Federal Withholding	-174.00	-960.00
Social Security Employee	-162.27	-924.67
Medicare Employee	-37.95	-216.25
Medicare Employee Addl Tax	-	-
NE - Withholding	-99.51	-567.26
Total Taxes	**-473.73**	**-2,668.18**

Item	Current	YTD
Direct Deposit	-2,210.91	-12,891.80
Mileage Reimbursement	67.39	645.93
Total Other	**-2,143.52**	**-12,245.87**
Net Pay	-	-

Company Taxes & Contributions	Current	YTD
Social Security Company	162.27	924.67
Medicare Company	37.95	216.25
Federal Unemployment	-	-
NE - UI Wage Base Increase	-	-
Total Company	**200.22**	**1,140.92**

Sarah E Papa — 507-35-3071 — Pay Period: Oct 16 - Nov 15, 2020 — Chk # DD1033

Earnings Item	Hours	Current	YTD
Adjustment	-	-	88.02
Holiday	-	-	581.76
Hourly	174.00	4,517.04	41,106.95
Overtime (x1.5) hourly	5.50	214.17	3,840.95
Paid Time Off	-	-	1,564.80
Total Earnings	**179.50**	**4,731.21**	**47,182.48**

Tax	Current	YTD
Federal Withholding	-373.00	-3,527.00
Social Security Employee	-293.33	-2,925.31
Medicare Employee	-68.61	-684.15
Medicare Employee Addl Tax	-	-
NE - Withholding	-181.20	-1,712.76
Total Taxes	**-916.14**	**-8,849.22**

Item	Current	YTD
Phone Stipend	75.00	825.00
Direct Deposit	-3,927.50	-27,505.61
Mileage Reimbursement	37.43	412.69
Total Other	**-3,815.07**	**-26,267.92**
Net Pay	-	**12,065.34**

Company Taxes & Contributions	Current	YTD
Social Security Company	293.33	2,925.31
Medicare Company	68.61	684.15
Total Company	**361.94**	**3,609.46**

Susana M Oliva — 602-86-0584 — Pay Period: Oct 16 - Nov 15, 2020 — Chk # DD1034

Earnings Item	Hours	Current	YTD
Adjustment	-	-	345.00
Holiday	-	-	588.00
Hourly	147.00	2,719.50	27,343.02
Overtime (x1.5) hourly	-	-	101.25
Paid Time Off	-	-	148.00
Total Earnings	**147.00**	**2,719.50**	**28,525.27**

Tax	Current	YTD
Federal Withholding	-100.00	-955.00
Social Security Employee	-168.61	-1,768.57
Medicare Employee	-39.44	-413.62
Medicare Employee Addl Tax	-	-
NE - Withholding	-66.41	-665.79
Total Taxes	**-374.46**	**-3,802.98**

Item	Current	YTD
Direct Deposit	-2,347.69	-18,658.62
Mileage Reimbursement	2.65	369.58
Total Other	**-2,345.04**	**-18,289.04**
Net Pay	-	**6,433.25**

Company Taxes & Contributions	Current	YTD
Social Security Company	168.61	1,768.57
Medicare Company	39.44	413.62
Total Company	**208.05**	**2,182.19**

Company Totals Nov 20, 2020

Employee Count: 3 — **Check Count: 3**

Earnings Item	Hours	Current	YTD
Adjustment	-	-	433.02
C4K-Hourly	-	-	2,390.00
C4K-Overtime (x1.5)	-	-	-
Holiday	-	-	1,169.76
Hourly	458.75	9,853.79	83,212.02
Overtime (x1.5) hourly	5.50	214.17	3,942.20
Paid Time Off	-	-	1,864.80
RIR-Hourly	-	-	765.00
RIR-Overtime (x1.5)	-	-	-
Total Earnings	**464.25**	**10,067.96**	**93,776.80**

Tax	Current	YTD
Federal Withholding	-647.00	-5,442.00
Social Security Employee	-624.21	-5,814.16
Medicare Employee	-146.00	-1,359.77
Medicare Employee Addl Tax	-	-
NE - Withholding	-347.12	-2,984.55
Total Taxes	**-1,764.33**	**-15,600.48**

Item	Current	YTD
Phone Stipend	75.00	859.00
Direct Deposit	-8,486.10	-62,245.38
Internet Stipend	-	24.00
Mileage Reimbursement	107.47	1,684.65
Total Other	**-8,303.63**	**-59,677.73**
Net Pay	-	**18,498.59**

Company Taxes & Contributions	Current	YTD
Social Security Company	624.21	5,814.16
Medicare Company	146.00	1,359.77
Federal Unemployment	-	-
NE - UI Wage Base Increase	-	-
Total Company	**770.21**	**7,173.93**

Community Family Partnership
1119 B Street, Ste 3 | Schuyler, NE 68661
EIN: 83-4703165

941 Payroll Liabilities and Payments

Nov 20 - Nov 20, 2020

Wages & Accrued Taxes		Federal W/H		AEIC		Social Security		Medicare		Medicare Addl		
	Payroll Date	Wagebase	Amount	Wagebase	Amount	Wagebase	Amount	Wagebase	Amount	Wagebase	Amount	Total Tax
	11/20/2020	10,067.96	647.00			10,067.96	1,248.42	10,067.96	292.00	-	-	2,187.42
Total Wages & Accrued Taxes		**10,067.96**	**647.00**	-	-	**10,067.96**	**1,248.42**	**10,067.96**	**292.00**	-	-	**2,187.42**

Tax Payments			Federal W/H	AEIC	Social Security	Medicare	Medicare Addl	
Paid to	Check Date	Payroll Date	Amount	Amount	Amount	Amount	Amount	Total Tax
Total Tax Payments								
Unpaid Tax Liability			**647.00**	-	**1,248.42**	**292.00**	-	**2,187.42**

Federal 941 Tax Summary	83-4703165
Payment Amount Due	2,187.42
001 Social Security	1,248.42
002 Medicare & Medicare Addl	292.00
003 Tax Withholding	647.00

Community Family Partnership
1119 B Street, Ste 3 | Schuyler, NE 68661
EIN: 83-4703165

940 Payroll Liabilities and Payments

Nov 20 - Nov 20, 2020

Wages & Accrued Taxes	Payroll Date	FUTA Wagebase	FUTA Amount
	11/20/2020		
Total Wages & Accrued Taxes		-	-

Tax Payments			FUTA
Paid to	Check Date	Payroll Date	Amount
Total Tax Payments			
Unpaid Tax Liability			-

Community Family Partnership
1119 B Street, Ste 3 | Schuyler, NE 68661
EIN: 83-4703165

State Payroll Liabilities and Payments

Nov 20 - Nov 20, 2020

Wages & Accrued Taxes			State W/H		State UI		State Disability		Other Taxes		
	Payroll Date	State	Wagebase	Amount	Wagebase	Amount	Wagebase	Amount	Wagebase	Amount	Total Tax
	11/20/2020	New-213							2,617.25	-	-
	11/20/2020	NE	10,067.96	347.12							347.12
Total Wages & Accrued Taxes			**10,067.96**	**347.12**	-	-	-	-	**2,617.25**	-	**347.12**

Tax Payments			State W/H	State UI	State Disability	Other Taxes	
Paid to	Check Date	Payroll Date	Amount	Amount	Amount	Amount	Total Tax
Total Tax Payments							
Unpaid Tax Liability			**347.12**	-	-	-	**347.12**

PAYMENT HISTORY

Begin date End date SUBMIT

Transaction Date	Payment Date	Serial Number	Transaction ID	Transaction Description	Account Number	Payment Status	Total Paid	Details
2020-11-10 :: 06:00:08	2020-11-10 :: 06:00:08	356058103746739	BP20201110411805183	Program charges for the cycle 11/10/2020 to 05/08/2021 for Straight Talk 180	**********9949	Approved	$289.17	Details
2020-11-09 :: 16:33:57	2020-11-09 :: 16:33:57	356058103746739	BP20201109411714813	First Time Enrollment Charges	**********9949	Approved	$0.0	Details
2020-11-01 :: 06:00:08	2020-11-01 :: 06:00:08	355987100157907	BP20201101410077207	Program charges for the cycle 11/01/2020 to 11/30/2020 for Straight Talk Unlimited 3GB	**********9949	Approved	$38.56	Details
2020-11-01 :: 06:00:08	2020-11-01 :: 06:00:08	353566114849303	BP20201101410129913	Program charges for the cycle 11/01/2020 to 11/30/2020 for Straight Talk Unlimited 3GB	**********9949	Approved	$38.56	Details

4 PREVIOUS NEXT

[1]Tax and charge/fee amounts are estimated based on the home area for your phone. If your address is in a different city and zip code, the actual tax and charge/fee amounts will be based on your address information, so the amounts may vary from the original estimate. For the state of New Hampshire, tax represents the NH Communications Services Tax.

[2]A tax, fee or surcharge to fund state and/or local E911 related programs imposed by law on prepaid wireless users or assessed by us to recover cost of complying with E911 laws and regulations. In California only: taxes, fees or surcharges include: (1) the Emergency Telephone Users 1) Surcharge, (2) Local Charges on prepaid mobile telephony services for utility user taxes and for access to communication services or to local 1" emergency telephone systems, (3) Public Utilities Commission (PUC) reimbursement (user) fees and (4) the following PUC Public Purpose gram (PPP) surcharges:

Universal Lifeline Telephone Service (ULTS)
Relay Serve and Communications Device Fund (CRS/DDTP)
High Cost Fund A (CHCF-A)
High Cost Fund B (CHCF-B)
Telephone Fund (CTF)
Advanced Services Fund (CASF)

To review the rates for the above PPP surcharges, please visit the California Public Utilities Commission (www.cpuc.ca.gov/General.aspx?id=1124)

[3]USF Charge: This charge is to recover our contribution requirement to the Federal Universal Service Fund.

[4]Regulatory Charge: Fee to help cover our costs related to complying with government regulations and programs.

INVOICE

Adobe Inc.
345 Park Ave
San Jose, CA 95110

Invoice Number: 1286996311
Invoice Date: NOV-01-20
Payment Terms: Credit Card
Due Date: NOV-08-20
Purchase Order: ADB102132239
Contract No 00004490
Order Number: 7009453380
Order Date: APR-01-20
Customer No.: 1452233
Bill to No. 1205189111

Adobe Contact Information:
https://helpx.adobe.com/contact.html

Bill To:
Sarah Papa
1119 B St
Schuyler NE 68661

Line No	Material No / Description	UOM	Unit Price	Qty	Extended Price
000010	65232730 Acrobat Pro DC	EA	14.99	1	14.99

North America

Invoice Totals

S & H	Sales Tax	Currency	Qty Shipped	Invoice Total
0.00	1.05	USD	1	16.04

Comments:

EXHIBIT B

Schedule of Rents

Community and Family Partnership

DATE -TERM	MONTHLY RENT AMOUNT
06/01/19 - 9/30/19	$250.00
10/1/19 – 9/30/20	$275.00
10/1/20 – 9/30/21	$300.00
10/1/21 & BEYOND	TBD

Schuyler Community Development, Inc.

INVOICE

1119 B Street
Schuyler, NE 68661

INVOICE # 1100
NOVEMBER 1, 2020

TO:
Community & Family Partnership
Sarah Papa
1119 B Street
Schuyler, NE 68661

Invoice is from October 1, 2020 – October 31,2020

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
101	Sara Black & White Copies/Prints	.09	9.09
152	Color Copies/Prints	.15	22.80
1	Eagle Internet – August	9.00	9.00
1	Common Area Cleaning	24.50	24.50
100	Suzanne Black & White Copies/Prints	.09	9.00
798	Suzanne Color Copies/Prints	.15	119.70
	Eagle Internet – Technology Solutions	23.00	23.00
		TOTAL DUE	**217.09**

Make all checks payable to Schuyler Community Development, Inc.
Note. Total Cleaning Bill $107/ 5 partners $21.40

Walgreens

#12115 2320 23RD ST
COLUMBUS, NE 68601
402-563-3588

510 6761 0023 11/23/2020 2:0

PILOT G2 FINE PT PEN BLACK 4S
07283831057 A 14.53
2 @ 7.29
RETURN VALUE 7.29 ea

SUBTOTAL 14.53
SALES TAX A=7.0% 1.02

TOTAL 15.60
VISA ACCT 9949 15.60
CHANGE .00

AID A0000000031010
Visa Credit
Integrated chip card

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL WALGREENS CASH REWARDS BY USING YOUR MYWALGREENS MEMBERSHIP TODAY. RESTRICTIONS APPLY. FOR TERMS AND CONDITIONS, VISIT MYWALGREENS.COM.

NOT A MEMBER? JOIN NOW AT ANY REGISTER OR GO TO MYWALGREENS.COM. ENROLLING IS QUICK, EASY AND FREE! REDEEM WALGREENS CASH REWARDS OFF FUTURE PURCHASES.

RFN# 1211-5236-7613-2011-2303

McCarty Virtual Services LLC
515-975-9253

38 Loveton Farms Ct
Sparks, Maryland
21152
United States

Billed To
Sarah Papa
Community & Family Partnership
1119 B Street
Schuyler, Nebraska
68661
United States

Date of Issue
11/09/2020

Due Date
11/09/2020

Invoice Number
0000312

Amount Due (USD)
$0.00

Description	Rate	Qty	Line Total
Select Package 10 Hours Per Month	$400.00	1	$400.00

Subtotal	400.00
Tax	0.00
Total	400.00
Amount Paid	400.00
Amount Due (USD)	$0.00

Terms

Thank you!

Meridith

Flodesk Inc.

1158 Sutter St. #10
San Francisco, CA 94109
United States
Email: support@flodesk.com

Invoice

Invoice #	448337
Billed On	Nov 11, 2020
Terms	On-Receipt
Due On	Nov 11, 2020

Bill To

Sarah Papa

PAID on Nov 11, 2020

$19.00 USD

Date	Description	Qty	Price	Discount	Subtotal
Nov 11 – Dec 11, 2020	Monthly	1	$38.00	($19.00)	$19.00

Subtotal	$19.00
Total	**$19.00**
Paid	($19.00)
Amount Due	**$0.00**

Payments

Nov 11, 2020 $19.00 Payment from Visa ··· 9949

Notes

All amounts in United States Dollars (USD)

Discounts Applied: 50% off

Columbus Area United Way

3214 25th Street Suite 2
Columbus NE 68601

P: (402) 564-5661
F: (402) 564-5125

info@columbusunitedway.com
columbusunitedway.com

Bill To: Community and Family Partnership
Address:

Phone:
Fax:
Email:

Invoice #: 3 Mental Health
Invoice Date: 11/3/2020

Invoice For: Mental Health Outreach Services

Item #	Description	Date	Unit Price	Discount	Price
1	Jolaine Edwards	10/01/2020	261.00	0.50	130.50
2	Elissa Olson	10/01/2020	348.00	0.50	$ 174.00
3	Embark Counseling	10/01/2020	116.00	0.50	$ 58.00
4	Colegrove Counseling	10/15/2020	180.00	0.50	$ 90.00
5	Good Life Counseling	10/15/2020	232.00	0.50	$ 116.00
6	Mental and Behavioral Health	10/15/2020	540.00	0.50	$ 270.00
7	Elissa Olson	10/15/2020	812.00	0.50	$ 406.00
8	Colegrove Counseling	10/30/2020	270.00	0.50	$ 135.00
9	Good Life Counseling	10/30/2020	116.00	0.50	$ 58.00
10	Embark Counseling	10/30/2020	116.00	0.50	$ 58.00
11	Elissa Olson	10/30/2020	812.00	0.50	$ 406.00
				Invoice Subtotal	
				Other	
				TOTAL	$ 1,901.50

Make checks payable to Columbus Area United Way. Please remit payment within in 30 days of reciept of invoice.

COACHING SERVICES
REIMBURSEMENT FORM
COMMUNITY & FAMILIES PARTNERSHIP
COMMUNITY RESPONSE INITIATIVE - PLATTE & COLFAX COUNTIES

COACHING AGENCY:	CNCAP
NAME OF COACHING STAFF:	Bellyni Maldonado
INTAKE AND COACHING SESSIONS PAID AT RATE OF $60 PER HOUR ***FOLLOW-UP SUPPORT BY COACH PAID AT A RATE OF $30 PER HOUR***	

FAMILY ID#	DATE	DIRECT COACHING/TRAVEL TIME SPENT WITH FAMILY **TOTAL HOURS**	FOLLOW-UP FOR RESOURCES/SUPPORT SERVICES, ETC. **TOTAL HOURS**
ID# 367	10-28-20	1.25	1.25
ID# 303	10-29-20	1	+
ID# 368	10-28-20	1	+
ID# 344	10-07-20	1	+
ID# 344	10-15-20	1	+
ID# 355	10-07-20	1	+
ID# 354	10-06-20	1	+
ID# 273	10-08-20	1	+
ID#			
ID#			
ID#			
ID#			
MONTHLY TOTALS	8	8.25	8.25

8.25 hrs. x $60 = ($495)

COACHING AGENCY SIGNATURE: Bellyni Maldonado	DATE: 11-24-20
CENTRAL NAVIGATOR SIGNATURE: Kamry Bachmeier	DATE: 11/30/20

TOTAL REIMBURSEMENT APPROVED BY CENTRAL NAVIGATOR:

_____

MONTHLY PAYROLL TIME SHEET

Columbus Area United Way, Inc.

EMPLOYEE NAME: Tammy Bichlmeier Tammy Bichlmeier 10/17/20

PAY PERIOD: Sept. 21 - Oct. 17, 2020

DATE	Comment	Campaign	Com. Impact	Juv. Serv.	CR	Bridges	CFP	P. Time	TOTAL HOURS
10/19/20			1.75		5.75				7.50
10/20/20			1.75		6.25				8.00
10/21/20			1.25		6.75				8.00
10/22/20			1.50		6.50				8.00
10/23/20			0.75	0.25	6.25				7.25
10/26/20			1.50		5.00		1.50		8.00
10/27/20			1.50		5.50				7.00
10/28/20			1.75		5.25				7.00
10/29/20			2.50	0.75	4.75				8.00
11/2/20			2.75		5.25				8.00
11/3/20			1.75		6.00				7.75
11/4/20			1.25	0.25	5.75				7.25
11/5/20			1.75	0.50	5.50				7.75
11/6/20			1.25	0.25	6.25				7.75
11/9/20			1.75	0.75	5.50				8.00
11/10/20			1.25		6.25		0.50		8.00
11/11/20			1.75	1.50	4.75				8.00
11/12/20			0.75	2.25	5.00				8.00
11/13/20			0.75		5.00		2.25		8.00
11/16/20			1.75	1.25	4.50				7.50
11/17/20			2.75	0.75	3.75				7.25
	TOTALS	**0.00**	**33.75**	**8.50**	**115.50**	**0.00**	**4.25**	**0.00**	**162.00**

General Admin: recordkeeping, financial reporting, board meetings, HR, accounting, budget
Campaign: Fundraising, publicity, marketing, workshops, prep & distribution of materials, presentations, follow-up activities

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
11/6/2020	532512

BILL TO
Community Response Initiative Connect Columbus 3020 18th Street, Suite 5 Columbus, NE 68601

SERVICE DATE	DESCRIPTION	QUANTITY	INSURANCE AMOUNT
10/27/2020	Family Coach: Indirect time: phone calls, paperwork, report writing, drive time etc #365 with Mary Hahn	1.25	75.00
		Total	$75.00

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
11/6/2020	532511

BILL TO
Community Response Initiative Connect Columbus 3020 18th Street, Suite 5 Columbus, NE 68601

INSURANCE

SERVICE DATE	DESCRIPTION	QUANTITY	AMOUNT
10/12/2020	Family Coach #255 with Mary Hahn	2.75	165.00
		Total	$165.00

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
11/6/2020	532513

BILL TO
Community Response Initiative Connect Columbus 3020 18th Street, Suite 5 Columbus, NE 68601

INSURANCE

SERVICE DATE	DESCRIPTION	QUANTITY	AMOUNT
10/14/2020	Family Coach: Indirect time: phone calls, paperwork, report writing, drive time etc #180 with Aubrey Houser	1	60.00
		Total	$60.00

DAYS INN & SUITES
1716 E 23RD ST
COLUMBUS, NE 68601 US
Phone: 402-564-1266
Fax: 402-564-1215
Email: tim@columbusdaysinn.com
Hotel ID: 48164
Printed: 11/9/2020 9:33:12 AM

Folio (Detailed)

Name: SANCHEZ, BLANCA

Confirmation Number: 83902EC016338
ACCOUNT/ INVOICE# : 349-397459

Room: 111
Rate Plan: RACK
Arrival: 11/2/2020 (Mon)
Room Type: NQQ1, 2 QUEENS/NONSMK/ WIFI
Daily Rate: $72.99 + $8.75 Tax
Departure: 11/9/2020 (Mon)
Nights: 7
GTD: VI - VISA XXXX XXXX XXXX 0822
Guests: 1/0

Room Rate:

11/2/2020 (Mon) - 11/8/2020 (Sun) $72.99 + $8.75 Tax per night.

Date	Code	Description	Amount	Balance
11/2/2020	RM	ROOM CHARGE	$72.99	$72.99
11/2/2020	TAX 4	COUNTY TAX	$1.46	$74.45
11/2/2020	TAX1	SALES TAX	$4.01	$78.46
11/2/2020	TAX2	CITY TAX	$1.09	$79.55
11/2/2020	TAX3	LODGING TAX	$2.19	$81.74
11/3/2020	RM	ROOM CHARGE	$72.99	$154.73
11/3/2020	TAX 4	COUNTY TAX	$1.46	$156.19
11/3/2020	TAX1	SALES TAX	$4.01	$160.20
11/3/2020	TAX2	CITY TAX	$1.09	$161.29
11/3/2020	TAX3	LODGING TAX	$2.19	$163.48
11/4/2020	RM	ROOM CHARGE	$72.99	$236.47
11/4/2020	TAX 4	COUNTY TAX	$1.46	$237.93
11/4/2020	TAX1	SALES TAX	$4.01	$241.94
11/4/2020	TAX2	CITY TAX	$1.09	$243.03
11/4/2020	TAX3	LODGING TAX	$2.19	$245.22
11/5/2020	RM	ROOM CHARGE	$72.99	$318.21
11/5/2020	TAX 4	COUNTY TAX	$1.46	$319.67
11/5/2020	TAX1	SALES TAX	$4.01	$323.68
11/5/2020	TAX2	CITY TAX	$1.09	$324.77
11/5/2020	TAX3	LODGING TAX	$2.19	$326.96
11/6/2020	RM	ROOM CHARGE	$72.99	$399.95
11/6/2020	TAX 4	COUNTY TAX	$1.46	$401.41
11/6/2020	TAX1	SALES TAX	$4.01	$405.42
11/6/2020	TAX2	CITY TAX	$1.09	$406.51

DAYS INN & SUITES
1716 E 23RD ST
COLUMBUS, NE 68601 US
Phone: 402-564-1266
Fax: 402-564-1215
Email: tim@columbusdaysinn.com
Hotel ID: 48164
Printed: 11/9/2020 9:33:12 AM

Folio (Detailed)

Date	Code	Description	Amount	Balance
11/6/2020	TAX3	LODGING TAX	$2.19	$408.70
11/7/2020	RM	ROOM CHARGE	$72.99	$481.69
11/7/2020	TAX 4	COUNTY TAX	$1.46	$483.15
11/7/2020	TAX1	SALES TAX	$4.01	$487.16
11/7/2020	TAX2	CITY TAX	$1.09	$488.25
11/7/2020	TAX3	LODGING TAX	$2.19	$490.44
11/8/2020	RM	ROOM CHARGE	$72.99	$563.43
11/8/2020	TAX 4	COUNTY TAX	$1.46	$564.89
11/8/2020	TAX1	SALES TAX	$4.01	$568.90
11/8/2020	TAX2	CITY TAX	$1.09	$569.99
11/8/2020	TAX3	LODGING TAX	$2.19	$572.18
11/9/2020	VI	VISA (0822)	($572.18)	$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
$510.93	$61.25	$0.00	$0.00	($572.18)	$0.00	$0.00

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. Points can be redeemed for free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, visit us at www.wyndhamrewards.com or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/ Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy. "

Fast Mart

3222 23rd St.
Columbus, NE 68601

Invoice

Date	Invoice #
11/3/2020	8354

Bill To
Columbus Area United Way Community Response Program PO Box 1372 Columbus Ne 68602

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
		122.00	122.00

Paid by check #1552

	Total	$122.00

Statement

Schuyler Coop Association
1303 G Street
Schuyler, NE 68661
PHONE: (402) 352-2554

Statement Date	Due Date	Account No.	Page
10/31/2020	11/15	137499	1
Statement Amount			199.37

COLUMBUS AREA UNITED WAY
TAMMY BICHLMEIER
COLUMBUS, NE 68602

PLEASE DETACH AND RETURN THIS STUB WITH YOUR PAYMENT FOR PROPER CREDIT TO YOUR ACCOUNT

DATE	REF	DESCRIPTION	QUANTITY	AMOUNT	CASH PURCHASES	CHARGED PURCHASES	BALANCE
		BALANCE FORWARD					0.00
10/05	B016331	SUPER UNL - C-STORE	16.013	30.25			
		TOTAL				30.25	30.25
10/07	B016583	SUPER UNL - C-STORE	16.510	31.19			
		TOTAL				31.19	61.44
10/09	B016890	SUPER UNL - C-STORE	19.032	35.00			
		TOTAL				35.00	96.44
10/09	B016914	SUPER UNL - C-STORE	12.744	23.44			
		TOTAL				23.44	119.88
10/17	B017684	SUPER UNL - C-STORE	15.483	27.70			
		TOTAL				27.70	147.58
10/29	B018896	SUPER UNL - C-STORE	9.654	16.79			
		TOTAL				16.79	164.37
10/29	B018928	SUPER UNL - C-STORE	14.376	25.00			
		TOTAL				25.00	189.37
10/30	B019077	SUPER UNL - C-STORE	6.898	10.00			
		TOTAL				10.00	199.37

Pd. - check #15,53

Aging Analysis of Your Account						
Finance Charge	Current	1-30	31-60	61-90	91-120	121+
0.00	199.37	0.00	0.00	0.00	0.00	0.00

Finance Charge is computed by a Periodic Rate of 1.33% which is an Annual Rate of 16% applied to your previous balance after deducting payments and credits through the 10th of the month. To avoid additional finance charges, pay your new balance before the 10th of the month.

DIDIER'S GROCERY
122 WEST 16TH
SCHUYLER, NE
68661

Statement

Printed: Wednesday, December 02, 2020 2:35:31 PM
From: Sunday, November 01, 2020
To: Monday, November 30, 2020

(402) 352-2171

Account number 1091

(402) 564-5661

COLUMBUS UNITED WAY
PO BOX 1372
COLUMBUS NE
68602

Contact: TAMMY BICHLMEIER

Date	Time	Location		Trans#	PO#	Description		Amount	Balance
11/1/2020	00:00	---	---	0		Customer balance	TAMMY BICHLMEIER	$150.35	$150.35
11/16/2020	11:09	001	003	21558		Charge	TAMMY BICHLMEIER	$50.00	$200.35
11/17/2020	08:34	001	005	250701		Account payment	TAMMY BICHLMEIER	($150.35)	$50.00
11/25/2020	14:19	001	001	5149		Charge	TAMMY BICHLMEIER	$50.00	$100.00
11/26/2020	11:38	001	001	5483		Charge	TAMMY BICHLMEIER	$50.00	$150.00

Pd.
check #1351

ATTENTION:

Payments:	$150.35
Charges:	$150.00
Interest:	
Tax 1	$1.32
Tax 2	$0.00

Past 90 days	60-90 days	30-60 days	Current
0.00	0.00	0.00	150.00
Period points	0	Points balance	0

Amount due
$150.~~00~~ .35

CenturyLink

CC Credit Card
Ref # on payment
144394950 10

HELLO

WHAT DO I OWE?

Your Amount Due Is:

Current Charges Are Due By Nov 8, 2020

Past Due Charges are Due Immediately.

ACCOUNT SUMMARY

Previous Balance	136.38
Total New Charges	74.70
Total Amount Due By Nov 8, 2020.	$211.08
+	$3.50
	214.58

(charge for card payment)

Your account is past due in the amount of $136.38. If already paid, please disregard.

SERVICES

Internet	74.70
TOTAL SERVICES	$74.70

JUST FOR YOU

My CenturyLink mobile app

Access your account online 24/7

Download the free My CenturyLink mobile app to get started

MANAGE YOUR ACCOUNT

Information about Your Bill: www.centurylink.com/billinginfo
Pay Your Bill: www.centurylink.com/paybill
Product Information: www.centurylink.com/productinfo
Repair and Technical Support: www.centurylink.com/repairsupport
To Chat with an Agent: www.centurylink.com/chatwithus

Still need to speak with an Agent? You'll need to have your account number which is at the top of the page. Just enter it in our automated system so we can get you to the right department.

Contact Us at: 1 800-244-1111

Our Customer Service Representatives are available from 8am--6pm Monday through Friday.

CenturyLink

PHILIP CURCH
622 W 6TH ST
SCHUYLER NE 68661-2426

(Alma Guzman)

Please return and enclose with your payment.

Account Number	402 352-3191 027R
Total Amount Due	$211.08
Payment Due By	11/8/2020
Amount ~~Enclosed~~ Paid	$214.58

Make life simpler. See reverse to find out how.

CenturyLink
P O Box 2956
Phoenix, AZ 85062-2956

23540203523191202020200277000013638200000211086

RENTAL AGREEMENT

This Agreement, entered into on this 28 day of August 2020, by and between Mirna Quintanilla, (hereinafter referred to as "Landlord") and Cayla David (hereinafter referred to as "tenant") is for the rental of property located at 3015 14th St #2 Columbus NE 68601.

The Landlord hereby agrees to lease to Tenant, and the Tenant hereby agrees to rent from the Landlord the Premises pursuant to the following terms and conditions:

1. LEASE DURATION: The duration of this lease shall be for a period of 12 months, commencing on the 1st day of August 28, 2020 and expiring 12 months from that date. The monthly rental amount shall be 750= dollars due and owing on the first day of each month during the term of this Rental Agreement. Any payment not received by the 5th day of each month shall require the Tenant to pay to Landlord a late fee charge of 50.00 dollars.

CR paying 1/2 of rent @ 437.00

2. In the event of any default for any payment for a period of 5 days (five) after the same is due, Landlord upon written notice to Tenant shall have the right to terminate the Rental Agreement and Tenant will quit and render the Premises to Landlord. Should the tenant fail to vacate the premises then the Landlord may institution eviction proceedings against the tenant.

3. Tenant shall pay to Landlord the sum 750 dollars as a Security Deposit to be held by the Landlord during the term of this Rental Agreement or upon the mutual written consent of both Landlord and Tenant. Landlord shall refund to Tenant the full and entire amount of the Security Deposit, less any amounts to be withheld due to damage to the Premises, usual wear and tear expected.

4. The Premises shall be solely be used as a single family residence.

5. Tenant shall be responsible for all utilities and shall be required to have all utilities put into his or her name. Tenant shall be required to properly maintain the Premises, which includes but is not limited to snow removal and yard maintenance. Landlord shall be responsible for the payment of taxes on the Premises.

6. Tenant shall be prohibited from sub leasing the Premises at any time during the term of this Rental Agreement.

Initials of Tenant CW

JENNIFER REPPERT
PLATTE COUNTY TREASURER
2610 14TH STREET
COLUMBUS NE 68601

(402) 563-4913

NEBRASKA
DEPARTMENT OF MOTOR VEHICLES

RE. 5GAEV23D29J210495
2009 BUIC ENCLAVE ENCLAVE CXL AWD

DISCLAIMER:

THE DATA BELOW IS AN ESTIMATE OF THE REGISTRATION AND FEES PERTAINING TO THE ABOVE-LISTED VEHICLE. THE AMOUNTS PROVIDED ARE AN ESTIMATE ONLY AND MAY VARY BASED ON THE INFORMATION PROVIDED.

The following information is in response to your inquiry regarding vehicle registration and fees:

Title:	Yes	**Lien:**	Yes	**Acquisition Date:**	03-Jul-2020
New Plate:	Yes	**Tires:**	No	**Registered Weight:**	N/AP
Mail Fee:	No			**Non-Resident:**	No
Purchase Price:	$ 9,386.00	**Trade-in:**	$ 0.00	**Out-of-State Sales Tax Paid:**	$ 0.00
Plate Type:	Passenger				
Use Type:	Passenger				
Tax Exempt:	No	**Wheel Tax Exempt:**	No		
Tax District:	1	**Sales Tax Location:**	COLUMBUS		
Credit Vehicle:					
Manufactured Suggested Retail Price/GVWR:	$38,440.00/6460 lbs.			**Base Tax:**	$ 9,386.00

Title:		**Sales Tax:**	
Title Fee	$10.00	State Sales Tax	$516.23
Lien Fee	$7.00	Local Sales Tax	$140.79
		Sales Tax Penalty	$5.00
		Sales Interest	$9.18
Registration:	$46.20		
Motor Vehicle Tax	$7.00		
Motor Vehicle Fee	$5.50		
Reg Issuance	$15.00		
Registration	$6.60		
Plate Fee			

ESTIMATED TOTAL DUE: ~~$768.50~~ 751.80

11/9/2020

I Fransisco Ontiveros will be renting Blanca Farias the Apostolic Church's basement for a total of $1500.00. This amount will cover a total of 6 months. After the 6 months we will revaluate this contract. The address to the Church is 3003 18th St. My phone number is 402-276-~~6941~~ 6581 if you have any questions please give me a call.

May God Bless You Always

Pastor Fransisco Ontiveros

Check for $1,500.00 to:

Name:

Iglesia Apostolica Casa de Puerta del Cielo

Laura Cerros
3318 e road
David city, Nebraska 68632

July 15, 2020

Yessica rojo
4089 e 27th st
Columbus, Nebraska 68601

Dear Yessica rojo:

This letter is a formal notice to you demanding that you make immediate payment of the unpaid rent due under the terms of the rental agreement covering the following property:

4089 e 27th st
Columbus, Nebraska 68601

As of July 15, 2020, your June payment is 45 days past due. Your rent was due on June 05, 2020. In addition, you owe late charges as provided by the lease.

The following is an itemization of the total amount due:

Unpaid rent	$900.00
Late charges	$50.00
Total	$950.00

Additional rent payment for November approved

This is a serious situation which requires your immediate attention. If payment is not received by July 31, 2020, legal action to enforce your obligations under the rental agreement may be taken.

I can be contacted if you have any questions or need additional information. I can be contacted by phone at 4026068438 or 4026068441.

Sincerely,

Laura Cerros

Tammy Bichlmeier

From: Amazon.com <auto-confirm@amazon.com>
Sent: Wednesday, November 18, 2020 5:33 PM
To: Tammy Bichlmeier
Subject: Your Amazon.com order #113-6285495-1133860

amazon

Order Confirmation

Hello Tammy,

Thank you for shopping with us. We'll send a confirmation when your item ships.

Details

Order #113-6285495-1133860

Arriving:
Wednesday, November 25

Ship to:
Shawna
COLUMBUS, NE

Order Total: $113.44

View or manage order

We hope to see you again soon.

Amazon.com

Customers also bought these related items

Zinus Green Tea 6-inch Memory Foam...
$299.98

Zinus 12 Inch Green Tea Memory Foam...
$233.99

Brester Auto Sales
P.O. Box 118
509 Main St
Howells NE 68641
402-986-0853

Loan Installment Agreement

This is an agreement between Brester Auto Sales (Lender) and Alysha Brandt (Borrower) for purchase of an automobile owned by Brester Auto Sales. Said Borrower is aware that the vehicle is purchased As Is with no warranty unless specified in writing by Brester Auto Sales. Upkeep, maintenance, and repairs are the responsibility of the Borrower throughout the duration of this contract. All payments are due on the 15th of every month and the first payment of this contract is due on Aug 15th 2020. Payments received late will be assessed a $25 late payment fee, and any returned checks will be assessed a $30 service fee. If after 10 days of non-payment and other arrangements have not been made with Brester Auto Sales. The processes of retrieving this vehicle will begin with all charges being the responsibility of Borrower. Collateral for this contract will be the vehicle purchased and any and all payments and down payment made to Brester Auto Sales. If vehicle has to be repoed due to non-payment, all collateral will be forfeited. The vehicle being purchased under this contract is: 2010 Chevy Traverse with VIN# 1GNLVHED3AS202732. Interest for this contract will be 10% and will be incurred monthly throughout the length of time of this contract is fulfilled. Early payment or complete payoff of this contract will be accepted any time without penalty. Attached to this contract will be an installment contract note and security agreement which will be signed by Borrower and Lender. A lien will be placed on the title and will be released at time of completion of payments to Brester Auto Sales.

Brester Auto Sales (Lender) Date 7.21.2020

Alysha Brandt Borrower

Alysha Brandt Date 7/21/2020

2010 Chevy Traverse

Bank card
- Routing # 031101279
- Act # 9920180649 47

INSTALLMENT LOAN PAYMENT SCHEDULE

Purchase Price: $ 5995.00

Down Payment: $ 1000.00

Finance Charge: $ 1005.00

Total Loan Amount: $ 6000.00

Monthly Payments

Jan 15 : $ 250 2021
Feb 15 : $ 250 2021
Mar 15 : $ 250 2021
April 15 : $ 250 2021
May 15 : $ 250 2021
June 15 : $ 250 2021
July 15 : $ 250 2021
Aug 15 : $ ~~250~~ first Payment 8-15-2021
Sep 15 : $ 250
Oct 15 : $ 250
Nov 15 : $ 250
Dec 15 : $ 250

Aug 15 2021 : $ 250
Sept 15 2021 : $ 250
Oct 15 2021 : $ 250
Nov 15 2021 : $ 250
Dec 15 2021 : $ 250
Jan 15 2022 : $ 250
Feb 15 2022 : $ 250
Mar 15 2022 : $ 250
April 15 2022 : $ 250
May 15 2022 : $ 250
June 15 2022 : $ 250
July 15 2022 : $ 250

Vehicle Info: 2010 Chevy Traverse
Vin#: 1GNLVHED3AJ202730

Customer Info: Alisha A Braught
23877 202nd Ave
Columbus NE 68601

Phone#: 402-606-6542

Ann Alisha on message

Brester Automotive LLC (Lender) Date: 7-21-2020

Alisha Braught Borrower Date: 7/21/2020

Make all payments to Brester Automotive, LLC, P.O. Box 148 Howells NE 68641

RESIDENTIAL RENTAL AGREEMENT
COLUMBUS CHERRY CREEK
Unit #10 107 27th St., Columbus, Nebraska
(ADDRESS AND UNIT NUMBER)

1. **DESCRIPTION OF THE PARTIES AND PREMISES**: Mesner Development Co. hereinafter called "Agent") for **COLUMBUS CHERRY CREEK, LLC**, a Nebraska Limited Liability Company (hereinafter called "Owner"), does hereby lease to the following person(s) (hereinafter called "Resident"), who are jointly and severally responsible under this agreement (the "Lease"):
Maddison Louderback
Name(s) (All persons over the age 18 should be listed above.)
The following person(s) will also occupy the unit, but are not of legal age or are not responsible under this agreement: Daxton Louderback

(List the names of all persons not listed above who will occupy the unit listed below.)

NO PETS OR ANIMALS OF ANY KIND ARE ALLOWED ON THE PREMISES (INCLUDING PET VISITATION)

From date of execution by all parties to the end of the month and then for a period of twelve (12) months beginning on the **28th day of September, 2020** and on a month-to-month basis thereafter, for the following-described unit #10 107 27th St., Columbus, Nebraska (the "Premises")

In the event that Resident remains in possession after Lease Term (as hereinafter defined) is completed, all conditions and terms of this Lease will remain in full force and effect as a month-to-month tenancy. Agent may adjust the rent during a month-to-month tenancy by giving notice of such adjustments thirty (30) days in advance of the periodic rental date. To terminate this Lease during a month-to-month tenancy, either party must give a written notice to the other party at least thirty (30) days prior to the periodic rental date (which for this lease is the first of the month). No rights under this Lease shall be conferred to any person who has not executed this Lease.

Resident shall notify Agent immediately in writing of any person(s) residing in the dwelling unit who is not included on this lease for a period in excess of seven (7) days. Such person may remain in the dwelling unit only upon written authorization of Agent. ***Failure to notify Agent immediately of a person residing in the dwelling who is not included on this lease, is considered fraud and shall be grounds for eviction.*** Resident shall notify Agent in writing of any anticipated absence by Resident from the dwelling unit for a period in excess of seven (7) days.

2. **AMOUNT AND DUE DATE OF RENTAL PAYMENTS:** The sum of $6,000.00, in 12 monthly installments of $500.00 each month to be made on the first day of each month. The Resident agrees to pay $0.00 for the partial month ending on September 30, 2020. Thereafter, the Resident agrees to pay monthly rent of $500.00 which is due the first of each month (delinquent on the 5th day of each month) unless other arrangements have been made with management. First payment shall be due October 1, 2020. This contract shall be for a minimum period of 12 months from September 28, 2020 to September 30, 2021 "Lease Term"). All Rent in this Lease provided for shall be paid or mailed to: **COLUMBUS CHERRY CREEK, LLC, 1415 16th Street, PO BOX 335, Central City, NE 68826** or to such other payee or address as Agent may designate in writing to Resident.

At our discretion, we may convert any and all checks via the Automated Clearing House (ACH) system for the purposes of collecting payment.

POLICIES AND PROCEDURES
COLUMBUS CHERRY CREEK LLC – COLUMBUS, Nebraska

The following Policies and Procedures, or any other policies and procedures adopted by OWNER from time to time, are for the benefit of all residents and will be enforced. Our goal is to make this a happy and pleasant home for all who reside here. Your cooperation will be greatly appreciated.

NO SMOKING UNITS

COLUMBUS CHERRY CREEK units are Smoke Free Units. Residents and guests will not be allowed to smoke inside the units or interior commons areas. Violations of this rule will be cause for termination of lease.

RENT COLLECTION

1. Rent is due and payable in advance on the first (1st) day of each month, unless other arrangements have been made with management.

2. If rent is not paid on or before the third (3rd) day of the month, a delinquent notice will be sent to TENANT.

3. A late charge of $25.00 will be imposed after the fifth (5th) day of the month.

4. OWNER reserves the right to initiate eviction proceedings after the fifth (5th) day of the month.

5. A $20.00 administrative fee, in addition to the late charge, will be assessed for checks returned by the bank for insufficient funds.

6. Rent must be paid through the Management Resident Portal as Auto Payment payable to COLUMBUS CHERRY CREEK, LLC.

7. TENANT may mail or deliver notices to:

   COLUMBUS CHERRY CREEK, LLC
   1415 16th Street, Suite 200
   PO BOX 335
   Central City, NE 68826

8. Court costs incurred for the collection of rents or due to eviction will be paid by TENANT.

EQUAL HOUSING OPPORTUNITY

COPY

MODEL LEASE FOR SUBSIDIZED ENTERPRISE

1. Parties and Dwelling Unit: This Agreement is between Columbian Village, Inc. (hereinafter called the Landlord) and Shawna Boutts (hereinafter called the Tenant). The Landlord leases to the Tenant the dwelling unit number B-13 located at 3717 27th Street, Columbus, Nebraska 68601 in the project known as Columbian Village Apartments.

2. Length of Term: The initial term of this Agreement shall begin on 10/14/2020 and end on 10/31/2021. After the initial term ends, the Agreement will continue for successive terms of one Month each unless terminated as permitted by paragraph 21 of this Agreement.

3. Rent: The Tenant agrees to pay $91.00 for the partial month ending on 10/31/2020. After that, Tenant agrees to pay a rent of $176.00 per month. This amount is due on the 1st day of the month at 3717 27th Street, Columbus, NE 68601 The on-side office, Lower Level of E Building.

The Tenant understands that this monthly rent is less than the market (unsubsidized) rent due on this unit. This lower rent is available either because the mortgage on this project is subsidized by the Department of Housing and Urban Development (HUD) and/or because HUD makes monthly payments to the Landlord on behalf of the Tenant. The amount, if any, that HUD makes available monthly on behalf of the Tenant is called the tenant assistance payment and is shown on the "Assistance Payment" line of the Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures form which is Attachment No. 1 to this Agreement.

4. Changes in the Tenant's Share of the Rent: The Tenant agrees that the amount of rent the Tenant pays and/or the amount of assistance that HUD pays on behalf of the Tenant may be changed during the term of this Agreement if:

a. HUD or the Contract Administrator (which is a Public Housing Agency) determines, in accordance with HUD procedures, that an increase in rents is needed;

b. HUD or the Contract Administrator changes any allowance for utilities or services considered in computing the Tenant's share of the rent;

c. the income, the number of persons in the Tenant's household or other factors considered in calculating the Tenant's rent change and HUD procedures provide that the Tenant's rent or assistance payment be adjusted to reflect the changes.

11/24/2020 1 17 42 PM

Village of Leigh
CUSTOMER HISTORY

CUSTOMER # 884	SERVICE LOCATION	CURRENT BALANCE	$84 16
Heather McCord	325 N Main St		
PO Box 72		MONTHLY BUDGET	
Leigh NE 68643	METER # 4-884-E	BUDGET OWED	
TEL #	DEPOSIT		

DATE	TRANSACTION		PRESENT	PRIOR	# DAYS	USAGE	AMOUNT	BALANCE
	Beginning Balance							$192 58
10/6/2020	PAYMENT	Check					[illegible]	$107 58
10/27/2020	Sewer	CHARGE					34 00	
	Water	CHARGE	39815	36715	29	3200	29 86	
	Trash	CHARGE					16 25	
		TAX					4 47	
10/27/2020	TOTAL						84.58	$192 16
11/17/2020	PAYMENT	Cash					[illegible]	$84 16

COMMENTS

it is not shown.
* Loup Service Regulations requires customer to provide access to our meters.

RETAIN THIS COPY FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

NE030608

LOUP POWER DISTRICT
PO Box 988 - Columbus, NE 68602-0988

FORWARDING SERVICE REQUESTED

CASHIER'S RECEIPT

SERVICE ADDRESS	BILLING DATE	AMOUNT DUE
770 30TH AVE #7	11/09/20	$114.30
TELEPHONE NUMBER	DUE DATE	AFTER DUE DATE
(402) 270-9975	11/30/20	$124.30
ACCOUNT NUMBER		AMOUNT PAID
64676002		$124.30

**********AUTO**5-DIGIT 68601

NOVOTNY ALEXANDRA 10
770 30TH AVE APT 7 2687
COLUMBUS NE 68601-6479

LOUP POWER DISTRICT
PO BOX 988
COLUMBUS NE 68602-0988

0000000000 00064676002 00000011430 00000012430 2

RENTAL AGREEMENT

TENANT'S NAME: Jorge Flores Guzman + Natalia Lopa Flores.

TENANT'S PHONE NUMBER: 805-314-9079
805-868-0989

LANDLORD'S NAME: Randy and Harriet Berlin Family Trust

LANDLORD'S ADDRESS: 1763 West Calle Colombo, Columbus, NE 68601

LANDLORD'S PHONE: Home 402.564.1986 Cell 402.276.1917

ADDRESS OF PROPERTY RENTED: 3123 - 15th Street

COMMENCEMENT OF TENANCY July 1 2020

MONTHLY RENTAL RATE: $775.00 xx SECURITY DEPOSIT: 775.00 xx

COVENANTS AND AGREEMENTS

A. Landlord does hereby rent to the tenant the above described premises, to be occupied only as a private dwelling on a month-to-month basis subject to termination in accordance with this Agreement.

B. Tenant does hereby agree with landlord as follows:

1. PAYMENT OF RENT: To pay to landlord as rental for said premises, the monthly rental rate described above for each and every month during the continuance of this Agreement. Rent to be payable to Randy Berlin by the first (1st) day of each month in advance at landlord's address described above. A late fee of $25 is added to the rent if not paid by the 3rd of the month plus $5 per day for each day thereafter until rent is paid in full. If rent is unpaid when due and tenant fails to pay rent within three days after written notice by the landlord that he intends to terminate this Agreement for nonpayment of rent, landlord may terminate this Agreement. Landlord has the right to elect at any point during the lease term that Tenant pay rent by electronic funds transfer (EFT). In such event Tenant shall cooperate with completion of any necessary authorizations to effectuate the EFT.

2. SECURITY DEPOSIT: To pay landlord the security deposit described above, said payments to be made upon execution of this Agreement. In no event shall the security deposit be deemed or considered as the advance payment of rent for the last or any month of the term of the Agreement.

3. UTILITY CHARGES: To pay all charges for electricity, telephone, cable T.V., natural gas, and other utilities (except those payable by landlord as provided for herein) assessed against or incurred at said premises during the term of this Agreement, and to save harmless there from the premises and landlord.

4. CONDITION OF PREMISES: That tenant has examined and knows the condition of said premises and acknowledges that the same are in good order and repair, except as herein otherwise noted, and that upon termination of the tenancy, tenant will place the premises in as clean condition, excepting ordinary wear and tear, as when the tenancy commenced.

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Jacob Plugge	11-11-2020	-	$5	$125.00

Youth Voucher

Total Vouchers Submitted: 1

Total: $125.00

Payer: Community Response

Date: 11-11-2020

Embark COUNSELING

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Nick Lambrecht	11-2-2020	-	$0	$116.00

Total Vouchers Submitted: 1

Total: $116.00

Payer: Community Response

Date: 11-2-2020

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Nick Lambrecht (family)	11-10-2020	-	$0	$120.00

Total Vouchers Submitted: 1

Total: $120.00

Payer: Community Response

Date: 11-10-2020

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Alesha Wallingford	10-6-2020	-	$0	$116.00

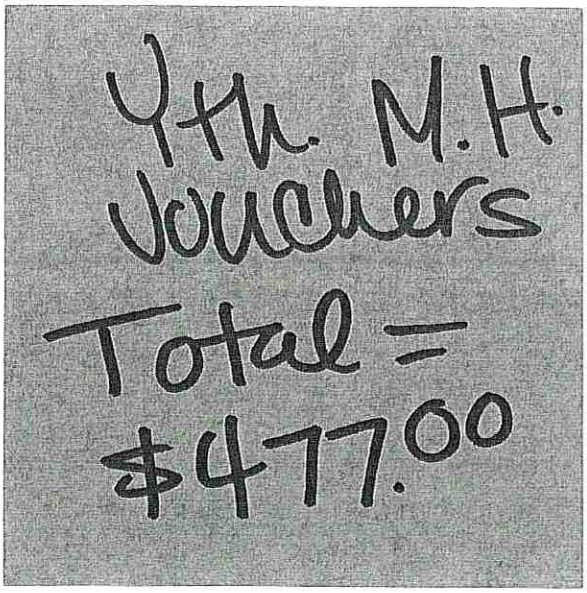
Youth Voucher

Total Vouchers Submitted: 1

Total: $116.00

Payer: Community Response

Date: 11-10-2020



INVOICE

Elissa Olson-MA, LMHP, LIMHP, LADC, CPC

P.O. Box 454
Columbus, NE 68602
(402)-942-1679

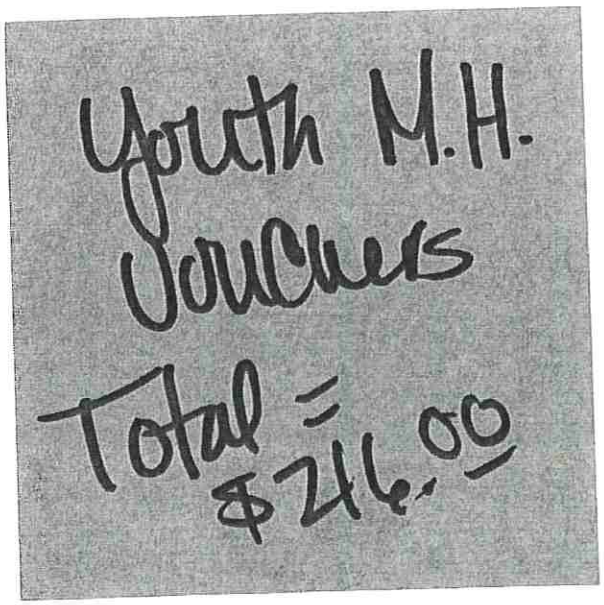
BILL TO

Columbus Area United Way, Inc.
Community & Family Partnership of Platte & Colfax Counties
Mental Health Voucher
ATTN: Central Navigator and/or Columbus Area United Way
Executive Director
3020 18th Street, Suite 8
P.O. Box 1372
Columbus, NE 68602

INVOICE # 12

INVOICE DATE 11/09/2020

DESCRIPTION	AMOUNT
11/8/2020-Family therapy session for Kerstyn Held	120.00
Subtotal	120.00
0.0%	0.00
TOTAL	**$120.00**



Thank you

TERMS & CONDITIONS

Please submit payment to the post office box address listed above at your earliest convenience. Thank you for your business, please let me know how I can be of assistance in the future.

INVOICE

Elissa Olson-MA, LMHP, LIMHP, LADC, CPC

P.O. Box 454
Columbus, NE 68602
(402)-942-1679

BILL TO

Columbus Area United Way, Inc.
Community & Family Partnership of Platte & Colfax Counties
Mental Health Voucher
ATTN: Central Navigator and/or Columbus Area United Way
Executive Director
3020 18th Street, Suite 8
P.O. Box 1372
Columbus, NE 68602

INVOICE # 6

INVOICE DATE 11/11/2020

DESCRIPTION		AMOUNT
11/11/2020-Individual therapy session for Anna Peterson		96.00
	Subtotal	96.00
	0.0%	0.00
	TOTAL	**$96.00**

Thank you

TERMS & CONDITIONS

Please submit payment to the post office box address listed above at your earliest convenience. Thank you for your business, please let me know how I can be of assistance in the future.

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
11/3/2020	532421

BILL TO
Palma Garcia, Yostin

INSURANCE
Platte County

SERVICE DATE	DESCRIPTION	QUANTITY	AMOUNT
10/14/2020	Individual Session 40-50 minutes	1	90.00
10/21/2020	Individual Session: 60 minutes	1	116.00

Youth M.H. Vouchers
Total = $784

	Total	$206.00

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
10/30/2020	532284

BILL TO
Federico Oropeza Mena C/O Beatriz 3015 14th St Apt 1 Columbus, NE 68601

SERVICE DATE	DESCRIPTION	QUANTITY	INSURANCE Platte County AMOUNT
10/5/2020	Individual Session 40-50 minutes	1	90.00
10/19/2020	Individual Session 40-50 minutes	1	90.00
		Total	$180.00

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
10/30/2020	532285

BILL TO
Bautista, Zahir

INSURANCE
Platte County

SERVICE DATE	DESCRIPTION	QUANTITY	AMOUNT
10/14/2020	Individual Session 40-50 minutes	1	90.00
10/19/2020	Individual Session 40-50 minutes	1	90.00
10/26/2020	Individual Session 40-50 minutes	1	90.00
		Total	$270.00

Good Life Counseling and Support, LLC

P. O. Box 2315
Norfolk, NE 68702
(402) 371-3044

Invoice

DATE	INVOICE #
11/2/2020	532331

BILL TO
Navarro, Naira

INSURANCE
Platte County

SERVICE DATE	DESCRIPTION	QUANTITY	AMOUNT
10/27/2020	Initial Diagnostic Interview	1	130.00
		Total	$130.00

STATEMENT

Mental & Behavioral Health, Inc.

3314 26th Street, STE A
Columbus, NE 68601
(402) 564-9888

STATEMENT NO. [100]
DATE October 29, 2020
CUSTOMER ID AS0310
Spulak, Ashlyn

BILL TO Community & Family Partnership

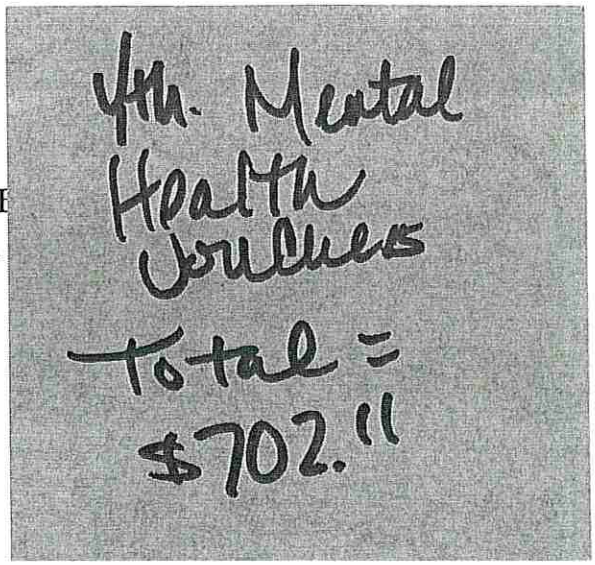
Attn: mental health vouchers

DATE	DESCRIPTION	INS. PAID	AMT DUE
10/6/20	Therapy	$10	$80.00
10/14/20	Therapy	$10	$80.00
10/28/20	Therapy	$10	$80.00
11/2/20	Overpayment From Previous Month	$172.69	

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					$67.31

REMITTANCE
Statement # [100]
Date
Amount Due $67.31
Amount Enclose

Make all checks payable to Mental & B
THANK YOU FOR YOUR



STATEMENT

Mental & Behavioral Health, Inc.

3314 26th Street, STE A
Columbus, NE 68601
(402) 564-9888

STATEMENT NO. [100]
DATE October 29, 2020
CUSTOMER ID AA0827
ADAME, AILYN

BILL TO Community & Family Partnership

Attn: mental health vouchers

DATE	DESCRIPTION	INS. PAID	AMT DUE
10/1/20	Therapy		$90.00
10/8/20	Therapy		$90.00
10/15/20	Therapy		$90.00
10/22/20	Therapy		$90.00
10/29/20	Therapy		$90.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					$450.00

REMITTANCE
Statement # [100]
Date
Amount Due $450.00
Amount Enclose

Make all checks payable to Mental & Behavioral Health, Inc.
THANK YOU FOR YOUR BUSINESS!

STATEMENT

Mental & Behavioral Health, Inc.

3314 26th Street, STE A
Columbus, NE 68601
(402) 564-9888

STATEMENT NO. [100]
DATE October 20, 2020
CUSTOMER ID LS03/14
Schroder, Lindsay

BILL TO Community & Family Partnership

Attn: mental health vouchers

DATE	DESCRIPTION	INS. PAID	AMT DUE
10/7/20	Therapy		$13.70
10/8/20	Therapy		$13.70
10/14/20	Therapy		$13.70
10/28/20	Therapy		$13.70

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					$54.80

REMITTANCE

Statement #	[100]
Date	
Amount Due	$54.80
Amount Enclose	

Make all checks payable to Mental & Behavioral Health, Inc.
THANK YOU FOR YOUR BUSINESS!

STATEMENT

Mental & Behavioral Health, Inc.

3314 26th Street, STE A
Columbus, NE 68601
(402) 564-9888

STATEMENT NO. [100]
DATE October 29, 2020
CUSTOMER ID AH0918
HAWKINS, AVERY

BILL TO Community & Family Partnership

Attn: mental health vouchers

DATE	DESCRIPTION	INS. PAID	AMT DUE
10/20/20	Intake Appointment		$130.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
					$130.00

REMITTANCE
Statement # [100]
Date
Amount Due $130.00
Amount Enclose

Make all checks payable to Mental & Behavioral Health, Inc.
THANK YOU FOR YOUR BUSINESS!

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Jacob Plugge	11-20-2020	-	$5	$111.00

Youth Voucher

Total Vouchers Submitted: 1

Total: $111.00

Payer: Community Response

Date: 11-20-2020

Embark COUNSELING

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Nic Lambrecht (family)	11-19-2020	-	$0	$120.00

Youth Voucher

Total Vouchers Submitted: 1

Total: $120.00

Payer: Community Response

Date: 11-19-2020

3154 18th Avenue, Suite 7
Columbus, NE 68601
P: 402.942.9005
F: 402.913.3151

Client Name	Date of Service	Amount Allowed by Insurance	Client Copay	Billed Amount to CR
Jacob Plugge	11-25-2020	-	$5	$111.00

Youth Voucher

Total Vouchers Submitted: 1

Total: $111.00

Payer: Community Response

Date: 11-25-2020

Mental Health Vouchers
Total = $342.00

Columbus Area United Way, Inc.
Account QuickReport
As of November 30, 2020

	Type	Date	Num	Name	Memo	Split	Debit
Community Response							
CR - CARES Expense							
	Bill	11/17/2020		Loup Public Power	CARES - #62093002	Accounts Payable	206.72
	Bill	11/17/2020		Paul Louis	CARES - Selwyn	Accounts Payable	800.00
	Bill	11/17/2020		Columbus United Federal Credit Union	CARES - #791697	Accounts Payable	1,158.94
	Bill	11/17/2020		City of Columbus Water & Sanitation Dept.	CARES - #100-06080-02 - Lawrence	Accounts Payable	176.91
	Bill	11/30/2020		Chrysler Capital	CR - CARES - Carlson	Accounts Payable	503.68
CR-Coaches							
Coaches-Grant Expenses							
	Bill	11/30/2020		CNCAP	CR - Coaching	Accounts Payable	495.00
	Bill	11/30/2020		Good Life Counseling	CR - Coaching	Accounts Payable	300.00
CR-Support							
Support - Grant Expenses							
	Check	11/09/2020	AW	Days Inn & Suites	CR - Support	FNB-Community Response	572.18
	Bill	11/13/2020		Fast Mart	support services	Accounts Payable	122.00
	Bill	11/13/2020		Schuyler Coop Association	CR - Support	Accounts Payable	195.37
	Bill	11/13/2020		Dicter's	CR - Support	Accounts Payable	150.35
	Check	11/13/2020	AW	Century Link	CR - Support Services #1443949501D	FNB-Community Response	214.56
	Bill	11/17/2020		Mirna Quintanilla	CR - Support - Ponce	Accounts Payable	375.00
	Bill	11/17/2020		Platte County Treasurer	CR - Support - 5GAEV23D25J210495	Accounts Payable	751.80
	Bill	11/17/2020		Iglesia Apostolica Casa de Puerta del Cie	CR - Support	Accounts Payable	1,500.00
	Bill	11/17/2020		Laura Cerros	CR - Support - Rojo	Accounts Payable	950.00
	Check	11/19/2020	AW	Amazon	CR - Support Services	FNB-Community Response	113.44
	Bill	11/30/2020		Brester Auto Sales	CR - Support - #335 - Braught	Accounts Payable	250.00
	Bill	11/30/2020		Cherry Creek Apartments	CR - Support - #370 - Louderback	Accounts Payable	500.00
	Bill	11/30/2020		Columbian Village	CR - Support - #371 - Booth	Accounts Payable	176.00
	Bill	11/30/2020		Village of Leigh	CR - Support - #380 - Lloyd	Accounts Payable	192.16
	Bill	11/30/2020		Loup Public Power	CR - Support - #376 - Account - 64676002	Accounts Payable	124.30
	Bill	11/30/2020		Randy and Harriet Berlin Family Trust	CR - Support - #381 - Flores	Accounts Payable	775.00
CR-Vouchers							
Vouchers-Grant Expense							
	Bill	11/17/2020		Embark Counseling	CR - Youth Mental Health Vouchers	Accounts Payable	477.00
	Bill	11/17/2020		Elissa Olson	CR - Youth Mental Health Vouchers	Accounts Payable	216.00
	Bill	11/17/2020		Good Life Counseling	CR - Youth Mental Health Vouchers	Accounts Payable	786.00
	Bill	11/17/2020		Mental and Behavioral Health	CR - Youth Mental Health Vouchers	Accounts Payable	702.11
	Bill	11/30/2020		Embark Counseling	CR - Youth Mental Health Vouchers	Accounts Payable	342.00
CR - Wages							
CR - Wages and Administration		11/20/20		Wages - October 19th - November 18th	115.50 hours x $21.20 = $2448.60		2448.6
		11/20/20		FICA - October 19th - November 18th	$2448.60 x .0765 = 187.32		187.32
		11/20/20		Administration Fee	CR - Administrator		650
Total CR - November							**16,416.46**

Ienn Bookkeeping & Tax Service
3222 15 Street
PO Box 1607
Columbus, NE 68602-1607

Invoice

Date	Invoice #
10/30/2020	20-5892

Bill To
Community & Family Partnership PO Box 1432 Columbus, NE 68602-1432

Description	Amount
Bookkeeping - October 2020	100.00
Total	$100.00

COLUMBUS PUBLIC SCHOOLS FOUNDATION

Invoice

P.O. Box 947 – 2508 27th Street – Columbus, NE 68602 – (402) 563-7000 Ext: 13033– augustinj@discoverers.org

Date	Invoice No.
10/28/2020	2020-010

Bill To:
Community & Family Partnership

Return To:
CPS Foundation Attn: Nicole Anderson P.O. Box 947 2508 27th Street Columbus, NE 68602-0947

Description	Amount
ACH transfer fee #2 for October 2020	**$5.16**
Administrative Fees (2.5%) for Community Well Being Funds ($10,681.07) – 10/19/2020	**$267.03**
Thank you for your support!	
Please remit payment to Columbus Public Schools Foundation.	
Invoice Total	**$272.19**