

Fill in this information to identify the case:

Debtor Name Kast Media, LLC

United States Bankruptcy Court for the: Central District of California

Case number: 1:24-bk-10396-MB

Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

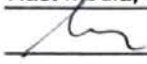
12/17

Month: October 2024 Date report filed: 11/21/2024
MM / DD / YYYY

Line of business: N/A NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Kast Media, LLC

Original signature of responsible party: 

Printed name of responsible party: Kast Media, LLC

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

	Yes	No	N/A
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name Kast Media, LLC

Case number 1:24-bk-10396-MB

- 17. Have you paid any bills you owed before you filed bankruptcy?
- 18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 184,005.63

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 80,170.13

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 94,998.87

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ -14,828.74

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 169,176.89

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 24,242.00

Debtor Name Kast Media, LLC

Case number 1:24-bk-10396-MB

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 95,823.34
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
 27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 46,954.49
 29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 46,954.49
 30. How much have you paid this month in other professional fees? \$ 0.00
 31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<i>Column A</i>	-	<i>Column B</i>	=	<i>Column C</i>
	Projected		Actual		Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>27,000.00</u>	-	\$ <u>80,170.13</u>	=	\$ <u>53,170.13</u>
33. Cash disbursements	\$ <u>43,000.00</u>	-	\$ <u>94,998.87</u>	=	\$ <u>51,998.87</u>
34. Net cash flow	\$ <u>-16,000.00</u>	-	\$ <u>14,828.74</u>	=	\$ <u>1,171.26</u>
35. Total projected cash receipts for the next month:					\$ <u>49,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>40,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>9,000.00</u>

Debtor Name Kast Media, LLC

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8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.



9300 Flair Dr., 1St FL
 El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 2
 STARTING DATE: October 01, 2024
 ENDING DATE: October 31, 2024
 Total days in statement period: 31
 9509
 (0)

KAST MEDIA INC
 CHAPTER 11 DEBTOR IN POSSESSION
 CASE #24-10396
 (OPERATING)
 PO BOX 8175
 VAN NUYS CA 91409-8175

Receive money using Direct Deposits!
 Set up direct deposit and have your
 paycheck or other recurring payments
 sent to your bank account automatically.
 Talk to your payer or call 888.895.5650
 for more details.

Business Elite

Account number	55-00019509	Beginning balance		\$ 184,005.63
Low balance	\$ 159,110.08	Total additions	(8)	80,170.13
Average balance	\$ 183,858.03	Total subtractions	(26)	94,998.87
		Ending balance		\$ 169,176.89

CREDITS

Number	Date	Transaction Description	Additions
	10-01	ACH Orig Ret It RETURN SETTLE A ACH RTN - R03 Leslie Cohen Law P Leslie Cohen La ORIGINAL ENTRY EFF DATE = 240927	46,954.49
	10-01	Pre-Auth Credit JuneShine, Inc. ACCTVERIFY 241001 015HYNANW16RM3U	0.01
	10-02	Pre-Auth Credit SoundStack Inc 130202410 SoundStack Inc PAY ING BILL 130202410 VIA RAMP	6,153.21
	10-02	Pre-Auth Credit Courtside LLC Payment 241002 6183	8,269.89
	10-03	Pre-Auth Credit Apple Inc ACH/CRED 241003 0270346657	2,803.31
	10-21	Pre-Auth Credit JAMES MEDIA LLC SENDER 241021 749249352	5,922.41
	10-30	Pre-Auth Credit JAMES MEDIA LLC SENDER 241030 750896126	7,077.00
	10-31	Pre-Auth Credit Apple Inc ACH/CRED 241031 0276972909	2,989.81

DEBITS

Date	Transaction Description	Subtractions
10-02	Debit Memo FIDUCIARY MAINTENA NCE	25.00
10-04	Preauth Debit DISTRICT BEAR ME SALE 241004	2,829.99
10-07	Preauth Debit GOOGLE APPS_COMME 241007	688.80
10-07	Preauth Debit Kast Media Inc Payment 241007	800.00
10-07	Preauth Debit Kast Media Inc Payment 241007	1,250.00
10-07	Preauth Debit Kast Media Inc Payment 241007	1,250.00
10-07	Preauth Debit Kast Media Inc Payment 241007	1,300.00
10-07	Preauth Debit DISTRICT BEAR ME SALE 241007	2,765.29
10-07	Preauth Debit Kast Media Inc Payment 241007	5,390.00
10-07	Preauth Debit Kast Media Inc LCL pay 241007	46,954.49
10-08	Preauth Debit A SHARP PERSPECT SALE 241008	3,000.00
10-11	Preauth Debit Kast Media Inc Payment 241011	400.00



9300 Flair Dr., 1St FL
El Monte, CA. 91731

STARTING DATE: October 01, 2024

ENDING DATE: October 31, 2024

9509

KAST MEDIA INC

Date	Transaction Description	Subtractions
10-11	Preauth Debit Kast Media Inc Payment 241011	1,250.00
10-11	Preauth Debit Kast Media Inc Payment 241011	3,900.00
10-11	Preauth Debit Kast Media Inc Payment 241011	8,130.56
10-15	Preauth Debit INTUIT * QBooks Onl 24 1015 7166694	65.00
10-15	Preauth Debit THE HARTFORD INSPMTCL 241015 17447649	157.25
10-16	Preauth Debit Corp E Corp E-CHECK 241016 0929507597	722.00
10-18	Analysis Servic ANALYSIS ACTIVITY FOR 09/24	132.40
10-22	Preauth Debit INTUIT * QBooks Onl 24 1022 9987785	235.00
10-25	Preauth Debit Kast Media Inc Payment 241025	400.00
10-25	Preauth Debit Kast Media Inc Payment 241025	1,011.02
10-25	Preauth Debit Kast Media Inc Payment 241025	1,250.00
10-25	Preauth Debit Kast Media Inc Payment 241025	1,300.00
10-25	Preauth Debit Kast Media Inc Payment 241025	6,923.08
10-28	Preauth Debit DISTRICT BEAR ME SALE 241028	2,868.99

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
09-30	184,005.63	10-08	181,932.97	10-22	172,863.17
10-01	230,960.13	10-11	168,252.41	10-25	161,979.07
10-02	245,358.23	10-15	168,030.16	10-28	159,110.08
10-03	248,161.54	10-16	167,308.16	10-30	166,187.08
10-04	245,331.55	10-18	167,175.76	10-31	169,176.89
10-07	184,932.97	10-21	173,098.17		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER

Ending Balance of this Statement..... \$ _____

Add Deposits not shown on this Statement \$ _____

Sub Total..... \$ _____

Subtract Checks Issued but not on Statement

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

Total amount of outstanding checks..... \$ _____

Balance.....** \$ _____

ENTER

Present Balance in your checkbook..... \$ _____

Subtract any service charges, finance or any other charges..... \$ _____

Sub Total \$ _____

Add Monthly Interest Earned \$ _____

Add any deposits not yet entered in checkbook (Reverse Advances)..... \$ _____

Subtract any checks not yet entered in checkbook (Reverse Payments)..... \$ _____

Balance..... \$ _____

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, 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 send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there 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 our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)



9300 Flair Dr., 1St FL
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1
STARTING DATE: October 01, 2024
ENDING DATE: October 31, 2024
Total days in statement period: 31
9516
(0)

KAST MEDIA INC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #24-10396
PAYROLL ACCT
PO BOX 8175
VAN NUYS CA 91409-8175

Receive money using Direct Deposits!
Set up direct deposit and have your
paycheck or other recurring payments
sent to your bank account automatically.
Talk to your payer or call 888.895.5650
for more details.

Business Elite

Account number	9516	Beginning balance		\$ 500.00
Low balance	\$ 500.00	Total additions	(0)	.00
Average balance	\$ 500.00	Total subtractions	(0)	.00
		Ending balance		\$ 500.00

**** No activity this statement period ****

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER

Ending Balance of this Statement..... \$ _____

Add Deposits not shown on this Statement \$ _____

Sub Total..... \$ _____

Subtract Checks Issued but not on Statement

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

Total amount of outstanding checks..... \$ _____

Balance.....** \$ _____

ENTER

Present Balance in your checkbook..... \$ _____

Subtract any service charges, finance or any other charges..... \$ _____

Sub Total \$ _____

Add Monthly Interest Earned \$ _____

Add any deposits not yet entered in checkbook (Reverse Advances)..... \$ _____

Subtract any checks not yet entered in checkbook (Reverse Payments)..... \$ _____

Balance..... \$ _____

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS

Telephone or write your local branch of account, listed on the statement front, 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 send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there 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 our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

ACCOUNTS WITH CHECK STORAGE

Upon your request, we will provide you, without charge, legible copies of two checks from each account statement. Additional copies of canceled checks are subject to our service charges. You can make a request for these copies by contacting the branch listed on the front of this statement.

CHANGE OF ADDRESS

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MEMBER FDIC

(REV 11/07)



9300 Flair Dr., 1St FL
El Monte, CA. 91731

ACCOUNT STATEMENT

Page 1 of 1

STARTING DATE: October 01, 2024

ENDING DATE: October 31, 2024

Total days in statement period: 31

9523

(0)

KAST MEDIA INC
CHAPTER 11 DEBTOR IN POSSESSION
CASE #24-10396
(TAX)
PO BOX 8175
VAN NUYS CA 91499-5900

Receive money using Direct Deposits!
Set up direct deposit and have your
paycheck or other recurring payments
sent to your bank account automatically.
Talk to your payer or call 888.895.5650
for more details.

Business Elite

Account number	9523	Beginning balance		\$ 500.00
Low balance	\$ 500.00	Total additions	(0)	.00
Average balance	\$ 500.00	Total subtractions	(0)	.00
		Ending balance		\$ 500.00

**** No activity this statement period ****

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

STATEMENT BALANCING

Fill in the amounts below from the front of this statement and your checkbook.

ENTER

Ending Balance of
this Statement..... \$ _____

Add Deposits not shown
on this Statement \$ _____

Sub Total..... \$ _____

Subtract Checks Issued
but not on Statement

CHECK NUMBER OR DATE	AMOUNT	CHECK NUMBER OR DATE	AMOUNT
TOTAL		TOTAL	

Total amount of outstanding
checks..... \$ _____

Balance.....** \$ _____

ENTER

Present Balance in
your checkbook..... \$ _____

Subtract any service
charges, finance or
any other charges..... \$ _____

Sub Total \$ _____

Add Monthly Interest
Earned \$ _____

Add any deposits not yet
entered in checkbook
(Reverse Advances)..... \$ _____

Subtract any checks not
yet entered in checkbook
(Reverse Payments)..... \$ _____

Balance..... \$ _____

IN CASE OF ERRORS OR QUESTIONS REGARDING YOUR CHECKING ACCOUNT

You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods as specified in the Deposit Agreement (which periods are no more than 60 days after we make the statement available to you and in some cases 30 days or less), we are not liable to you for, and you agree not to make a claim against us for problems or unauthorized transactions.

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1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there 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 our investigation takes longer than 10 business days from the date we received your notification, we will provisionally credit your account for the disputed amount until our investigation has been completed. If the disputed amount involves an electronic funds transfer to or from an account within 30 days after the first deposit to the account was made, we will provisionally credit your account within 20 business days from the date we receive your notification.

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CHANGE OF ADDRESS

Please notify us immediately for change of address by phoning or writing your local branch of account, listed on the front of this statement.

MEMBER FDIC

(REV 11/07)

EXHIBIT D - DISBURSEMENTS

In Re:
Kast Media, LLC
Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	2:23-bk-12637-NB
Operating Report Number:	3
For the Month Ending:	31-Oct-24

I. CASH RECEIPTS AND DISBURSEMENTS
 A. (DIP ACCOUNT*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
3. BEGINNING BALANCE:	184,005.63
4. RECEIPTS DURING CURRENT PERIOD:	80,170.13
5. BALANCE:	264,175.76
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD	(94,998.87)
7. ENDING BALANCE:	169,176.89
8. General Account Number(s):	9509
	DIP Account (Operating)
Depository Name & Location:	East West Bank

TOTAL DISBURSEMENTS FROM DIP ACCOUNT FOR CURRENT PERIOD

Date mm/dd/yyyy	Check Number	Payee	Purpose	Amount	Transfer to DIP
10/02/2024	Bank Originated Debit	EWB	FIDUCIARY MAINTENANCE	\$ (25.00)	
10/04/2024	Pre-authorized ACH Debit	Conor M Powell	FREELANCER: PRODUCTION COST	\$ (2,829.99)	
10/07/2024	Pre-authorized ACH Debit	Google	OFFICE EXPENSE: SOFTWARE & APPS	\$ (688.80)	
10/07/2024	Pre-authorized ACH Debit	Abi Newhouse	FREELANCER: PRODUCTION COST	\$ (800.00)	
10/07/2024	Pre-authorized ACH Debit	Nonny Okwelogu	FREELANCER: PRODUCTION COST	\$ (1,250.00)	
10/07/2024	Pre-authorized ACH Debit	Sarah Batcheller	FREELANCER: PRODUCTION COST	\$ (1,250.00)	
10/07/2024	Pre-authorized ACH Debit	Sarah McLaughlin	FREELANCER: PRODUCTION COST	\$ (1,300.00)	
10/07/2024	Pre-authorized ACH Debit	Conor M Powell	FREELANCER: PRODUCTION COST	\$ (2,765.29)	
10/07/2024	Pre-authorized ACH Debit	Bencosta LLC	CONTRACTOR: BOOKKEEPING	\$ (5,390.00)	
10/07/2024	Pre-authorized ACH Debit	Leslie Cohen Law	RETURN SETTLE A ACH RTN - R03 Leslie Cohen Law PLeslie Cohen La ORIGI	\$ (46,954.49)	
10/08/2024	Pre-authorized ACH Debit	A Sharp Perspective	FREELANCER: PRODUCTION COST	\$ (3,000.00)	
10/11/2024	Pre-authorized ACH Debit	Abi Newhouse	FREELANCER: PRODUCTION COST	\$ (400.00)	
10/11/2024	Pre-authorized ACH Debit	Nonny Okwelogu	FREELANCER: PRODUCTION COST	\$ (1,250.00)	
10/11/2024	Pre-authorized ACH Debit	Sarah McLaughlin	FREELANCER: PRODUCTION COST	\$ (3,900.00)	
10/11/2024	Pre-authorized ACH Debit	Colin Thomson	CONTRACTOR: CEO (9/29/24 - 10/12/24) + REIMBURSEMENTS (\$1,207.48)	\$ (8,130.56)	
10/15/2024	Pre-authorized ACH Debit	Quickbooks	OFFICE EXPENSE: SOFTWARE & APPS	\$ (65.00)	
10/15/2024	Pre-authorized ACH Debit	THE HARTFORD INS	INSURANCE	\$ (157.25)	
10/16/2024	Pre-authorized ACH Debit	STATE OF DELAWARE	STATE OF DELAWARE - ANNUAL FRANCHISE TAX	\$ (722.00)	
10/18/2024	Misc. Fees	EWB	ANALYSIS ACTIVITY FOR 09/24	\$ (132.40)	
10/22/2024	Pre-authorized ACH Debit	Quickbooks	OFFICE EXPENSE: SOFTWARE & APPS	\$ (235.00)	
10/25/2024	Pre-authorized ACH Debit	Abi Newhouse	FREELANCER: PRODUCTION COST	\$ (400.00)	
10/25/2024	Pre-authorized ACH Debit	Colin Thomson	CONTRACTOR: REIMBURSEMENTS	\$ (1,011.02)	
10/25/2024	Pre-authorized ACH Debit	Andrew Iden	FREELANCER: PRODUCTION COST	\$ (1,250.00)	
10/25/2024	Pre-authorized ACH Debit	Sarah McLaughlin	FREELANCER: PRODUCTION COST	\$ (1,300.00)	
10/25/2024	Pre-authorized ACH Debit	Colin Thomson	CONTRACTOR: CEO (10/13/24 - 10/26/24)	\$ (6,923.08)	
10/28/2024	Pre-authorized ACH Debit	Conor M Powell	FREELANCER: PRODUCTION COST	\$ (2,868.99)	
TOTAL DISBURSEMENTS THIS PERIOD:				\$ (94,998.87)	\$ -

\$ (94,998.87)

EXHIBIT D - DISBURSEMENTS

In Re:
Kast Media, LLC
Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	1:24-bk-10396-MB
Operating Report Number:	3
For the Month Ending:	31-Oct-24

I. CASH RECEIPTS AND DISBURSEMENTS
 B. (TAX ACCOUNT*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
3. BEGINNING BALANCE:		500.00
4. RECEIPTS DURING CURRENT PERIOD:		0.00
5. BALANCE:		500.00
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD		0.00
7. ENDING BALANCE:		500.00
8. General Account Number(s):	9523	
	DIP Account (Tax)	
Depository Name & Location:	East West Bank	

* All receipts must be deposited into the general account.
 ** Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.
 ***This amount should be the same as the total from page 2.

TOTAL DISBURSEMENTS FROM DIP ACCOUNT FOR CURRENT PERIOD

Date mm/dd/yyyy	Check Number	Payee	Purpose	Amount	Transfer to dIP
TOTAL DISBURSEMENTS THIS PERIOD:				0.00	0.00

0.00

EXHIBIT D - DISBURSEMENTS

In Re:
Kast Media, Inc
Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	1:24-bk-10396-MB
Operating Report Number:	3
For the Month Ending:	31-Oct-24

I. CASH RECEIPTS AND DISBURSEMENTS
 B. (PAYROLL ACCOUNT*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS		0.00
3. BEGINNING BALANCE:		500.00
4. RECEIPTS DURING CURRENT PERIOD:		0.00
5. BALANCE:		500.00
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD		
7. ENDING BALANCE:		500.00
8. General Account Number(s):	9516	
	DIP Account (Payroll)	
Depository Name & Location:	East West Bank	

* All receipts must be deposited into the general account.
 ** Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.
 ***This amount should be the same as the total from page 2.

TOTAL DISBURSEMENTS FROM DIP ACCOUNT FOR CURRENT PERIOD

Date mm/dd/yyyy	Check Number	Payee	Purpose	Amount	Transfer to dIP
TOTAL DISBURSEMENTS THIS PERIOD:				0.00	0.00

0.00

Kast Media Inc
A/P Aging Summary
 As of October 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
A Sharp Perspective	3,000.00					3,000.00
Abi Newhouse		400.00				400.00
Andrew Iden		1,250.00				1,250.00
Echo Park Legal		13,192.00				13,192.00
Nonny Okwelogu	1,250.00					1,250.00
Sarah Batcheller	1,250.00					1,250.00
Sarah James McLaughlin	3,900.00					3,900.00
TOTAL	\$ 9,400.00	\$ 14,842.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 24,242.00

Wednesday, Nov 20, 2024 05:38:10 AM GMT-8

Kast Media Inc
A/R Aging Summary
As of October 31, 2024

	Current	1 - 30	31 - 60	61 - 90	91 and over	Total
Cariuma Central Pte Ltd					8,160.00	8,160.00
DoorDash					1,275.00	1,275.00
Horizons Media, Inc.					893.57	893.57
James Media LLC		0.01				0.01
JuneShine, Inc.					1,275.00	1,275.00
Katz Media Group, Inc.					7,542.50	7,542.50
Manscaped					7,605.00	7,605.00
Microdose					2,625.00	2,625.00
PodcastOne	36,521.04	-8,269.89	11,782.43	-10,900.74	19,586.64	48,719.48
SoundStack, Inc.	8,990.01	5,353.99	-7,573.77		5,745.72	12,515.95
TFPFET, LLC					1,150.00	1,150.00
The Jordan Harbinger Show					1,750.00	1,750.00
Triton					2,311.83	2,311.83
TOTAL	\$ 45,511.05	-\$ 2,915.89	\$ 4,208.66	-\$ 10,900.74	\$ 59,920.26	\$ 95,823.34

Thursday, Nov 21, 2024 08:22:01 AM GMT-8

Invoice

INV-000022

Balance Due
\$0.00

Invoice Date : 23 Oct 2024
Terms : Custom
Due Date : 23 Oct 2024

Bill To
Kast Media

Subject :
Reimbursed Kast Business Expenses - Colin

#	Item & Description	Qty	Rate	Amount
1	Upwork 10.21.24	1.00	582.49	582.49
2	Microsoft 10.16.24	1.00	9.99	9.99
3	Upwork 10.14.24	1.00	181.13	181.13
4	Adobe 10.14.24	1.00	29.99	29.99
5	Hiscox 10.17.24	1.00	207.42	207.42
			Sub Total	1,011.02
			Total	\$1,011.02
			Payment Made	(-) 1,011.02
			Balance Due	\$0.00

Notes

Thanks for your business.

Invoice

INV-000020

Balance Due
\$0.00

Invoice Date : 11 Oct 2024
 Terms : Custom
 Due Date : 11 Oct 2024

Bill To
Kast Media

Subject :
Reimbursed Kast Business Expenses

#	Item & Description	Qty	Rate	Amount
1	Zoho Books Good Bones 9.30.24	1.00	180.00	180.00
2	Zoho Books James Media 9.30.24	1.00	300.00	300.00
3	Intuit TSheets 9/20/24	1.00	284.00	284.00
4	Descript 9/28/24	1.00	30.00	30.00
5	Descript 10/7/24	1.00	45.00	45.00
6	Upwork 10/7/24	1.00	89.25	89.25
7	Blue Dot Sessions 10/5/24	1.00	25.00	25.00
8	Microsoft 10/5/24	1.00	37.50	37.50
9	Upwork 9/30/24	1.00	36.75	36.75
10	Adobe 9/28/24	1.00	179.98	179.98
			Sub Total	1,207.48
			Total	\$1,207.48
			Payment Made	(-) 1,207.48
			Balance Due	\$0.00

Notes

Thanks for your business.