



# Fall River Valley Fire Protection District

P.O. Box 670 • McArthur, CA 96056

530.336.5026

## REGULAR MEETING AGENDA

Fall River Lion's Hall - McArthur, CA 96056

JULY 19, 2024 AT 10:00 AM

### PARTICIPATION IN THE MEETINGS:

- Submit public comment by mail or email address to Clerk of the Board, Fall River Valley Fire Protection District, PO Box 670, McArthur, CA 96056 or [jmorgan@frvfiredistrict.org](mailto:jmorgan@frvfiredistrict.org). Mailed and emailed comments must be received one day prior to the meeting to be included.

The Brown Act prohibits the FRVFPD from taking action on any item not placed on the agenda in most cases. The Brown Act requires any non-confidential documents or writings distributed to a majority of the District Board less than 72 hours before a regular meeting to be made available to members of the public at the same time they are distributed.

Should supplemental materials to be evaluated in the decision-making process be made available to the members of the legislative body at the meeting, 5 copies must be provided to the Clerk of the Board who will distribute them.

Agenda packets are available for the public who requests them. Contact the Clerk of the Board for packets.

- **Call to Order:**
- **Flag Salute:**
- **Roll Call of Board Members:**
- **Approval of Bills/Reports:**
- **Approval of Minutes:**
- **Fire Inspector Report (Discussion; No Action will be taken):**
- **FRV Fire District Volunteer Association Report (Discussion; No Action will be taken):**
  - Ann Meyers to report on Golf Tournament
  - John Will to report
- **Chief Report (Discussion: No action will be taken):**
  - Trainings
  - Facilities
  - Equipment
  - Incident Reports





## Fall River Valley Fire Protection District

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- **Board of Directors Committee Reports (Discussion: No Action will be taken)**
  - Bylaws
  - New Hire
  
- **Public Comment (Discussion; No Action will be taken):**

### **Possible Action Items:**

#### **OLD BUSINESS:**

1. Discussion and possible action to approve Cadet Program in conjunction with GSRMA
2. Discussion and possible action for revision of Bylaws (AD-HOC).
3. Discussion on County Credit Card for Chief Gomes.

#### **NEW BUSINESS:**

1. Discussion and possible action to form a Goals Committee (AD-HOC) within the District.

#### **ADJOURNMENT:**

At any time during the regular session, the Board may adjourn to a closed session to consider litigation, personnel matters, or to discuss with legal counsel matters within the attorney/client privilege and it may be held in a closed session. Authority: Government Code Section 1126(a)(d)(g)





# Fall River Valley Fire Protection District

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Regular Meeting minutes held Friday, June 21, 2024, at Fall River Lions Hall, McArthur, CA.

A meeting was called to order at 10:00 am by President of the Board, Pat Oilar.

Board Members present: Mike Pasternak, Michelle Braden, Pat Oilar, and Jay Egy. Director Gary Fazio was absent.

The minutes from May 17, 2024, Regular meeting was approved. Motion was made by Jay Egy, seconded by Michelle Braden. Motion carried.

All claims for April 2024 were approved. Motion made by Mike Pasternak, seconded by Jay Egy. Motion carried.

FRVFPD Fire Inspector Jonathon Sims reported that there were two solar plot plans reviewed and approved this past month.

FRVFDVA Report: In the absence of Spokesperson/Chairperson John Will, Ryan Booth updated the Directors that there were 6 medical kit bags and 6 smaller medical kits purchased. Ann Meyer reported an update on the golf tournament set for September 28, 2024. Jody Morgan purchased and donated the raffle tickets for the truck and transfer load of aggregate base donated by Corky Harmon, and they should be in by next week to start selling. The drawing will be held at the golf tournament.

#### Chief Gomes Report:

- **Trainings:** There have been 2 trainings per month with great turnouts, along with a training with Soldier Mountain Fire Department and CalFire. Driver's training began on June 20, 2024, with 18 volunteers. Chief will be training with PGE as well. Chief attended LAFCO meeting with Ryan Booth and met the two new LAFCO members. Burn Ban is now in effect. We can issue a burn permit, but we are following CalFire's footsteps and are going with the burn ban.
- **Facilities:** FR Hall painting is completed and looks great. Waiting on engineer for Day Rd. Hall.
- **Equipment – Tanker-Pumper;** Chief went back to Iowa to inspect. It will be driven to Oakdale for inspection, then they'll bring it up here to the Fall River Hall.
- **Incidents:** 6 Medicals, 3 PA's, 6 fires, 3 Traffic Collisions. We were the first on scene at the Hay Barn in Glenburn, and it is under investigation.
- **Chief's meeting:** we hosted 18 people for the meeting with a BBQ lunch afterwards. Ann Meyer





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made four pies for the event, and they were a huge hit!

### Committee Reports:

- **By-Law Committee:** Huge disruption, and Chairperson Pat Oilar recessed the meeting at 10:35am until the disrupting person could be settled. The meeting reconvened at 11:19am after the Shasta County Sheriff arrived and spoke with the individual.

Public Comment: Norman Valdez and Ann Meyer made comments

### Old Business:

1. Discussion and possible action to cancel Frontier and Com-pair at both McArthur and Fall River halls. Mike Pasternak moved to approve the cancelling on Frontier and Com-pair at both McArthur & Fall River halls and have First Net through AT & T be our communication and internet providers. Michelle Braden seconded the motion. Motion carried. PGE needs to be audited at the Fall River Hall, due to our bills being very high. The Volunteer Staff will take care of that.
2. Discussion and possible action regarding approval of the Cadet program. Ryan has been working on it and will continue. He will report back at the next meeting.
3. Discussion and possible action regarding Audit update. Jody reported that the Auditor said they will begin the process after July 1, 2024.
4. Discussion and possible action to approve resolution regarding November elections. Tabled until July 19, 2024, regular board meeting.
5. Discussion and possible action to begin using Express Business Services for Payroll processing beginning July 1, 2024. Mike Pasternak moved to approve. Seconded by Jay Egy. Motion carried.
6. Discussion and possible action to approve the By-laws presented by the Ad-HOC committee. Continued to the July 19, 2024, meeting.

### New Business:

1. Discussion and possible action to update the public on the grants. Pat Oilar received a check for \$50,000.00 for the Zogg fire from PG & E. Chief Gomes reported on the \$69,000.00+ received for the Rescue. Ryan Both asked the Board to use the ARPA funds for the Type III. Jay Egy moved to approve. Seconded by Mike Pasternak. Motion carried. Ryan Booth also informed the board of directors that the Tanker-Pumper final payment of \$307,458.22 is due. Michelle Braden moved to approve payment. Seconded by Jay Egy. Motion carried.
2. Discussion and possible action to approve Appropriations of Limitations set by the increase from the County Auditors office of .18% to be \$1,849,600.00. Michelle Braden moved to approve. Seconded by Jay Egy. Motion carried.
3. Discussion and possible action to approve a county credit card for Chief Rick Gomes with an \$8000.00 per month limit. Mike Pasternak moved to approve. Seconded by Jay Egy. Motion carried.

The board went into closed session for Employee Evaluations, reconvened at 1:10pm.





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Decision by Board of Directors agreed for Chairperson Pat Oilar to go over the Clerk of the Board's evaluation with her and Mike Pasternak will go over the Maintenance crew's evaluation with them.

Future Agenda items requested by Board of Directors: Goals Committee

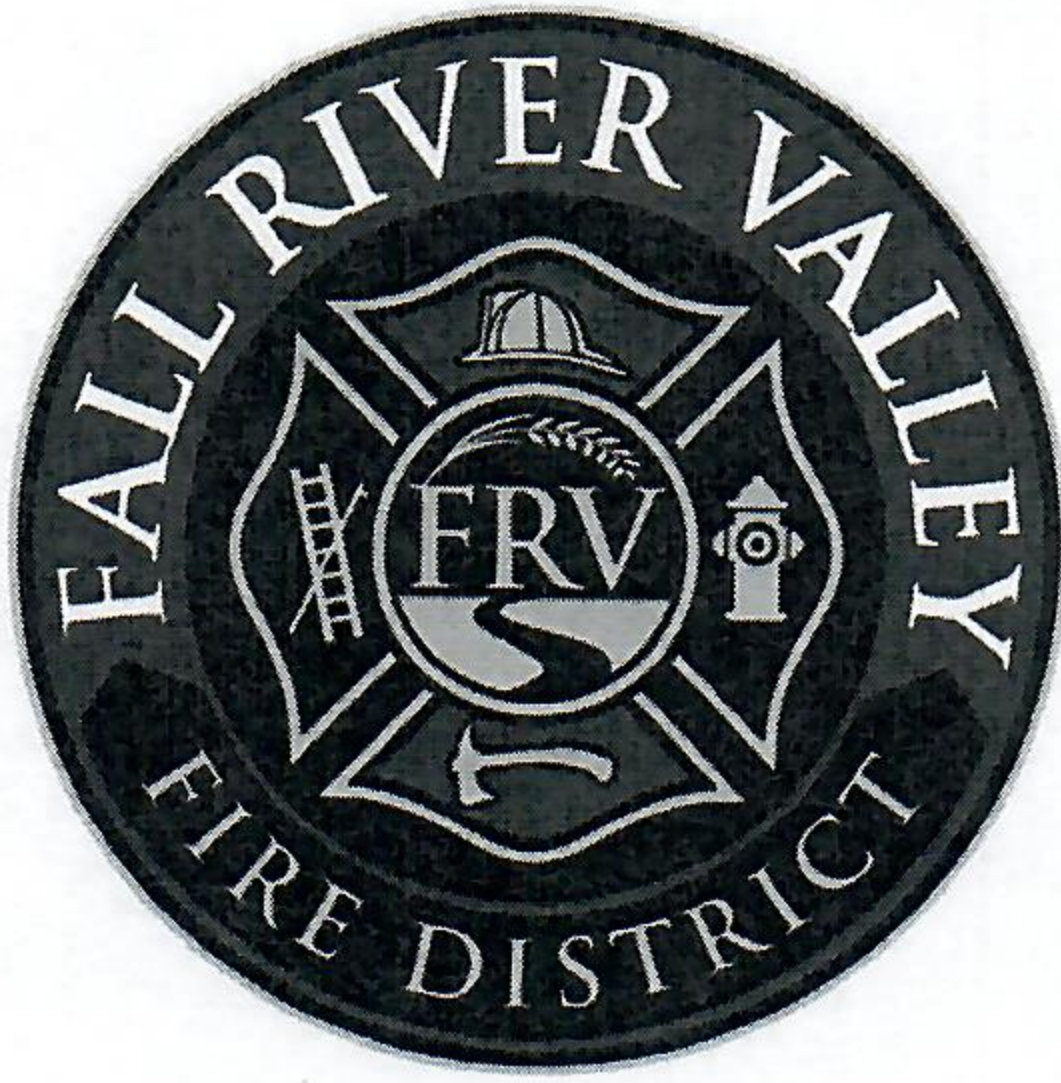
Mike Pasternak moved to adjourn the meeting. Jay Egy seconded the motion. Motion carried. The meeting was adjourned at 1:11 pm.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jody L. Morgan". The signature is fluid and cursive.

Jody L. Morgan  
Clerk of the Board  
FRVFPD





# Fall River Valley Fire Protection District

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P.O. Box 670 • McArthur, CA 96056  
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Special Meeting minutes held Wednesday, July 3, 2024 at Fall River Lions Hall, McArthur, CA.

A meeting was called to order at 5:00pm by President of the Board, Pat Oilar.

Board Members present: Mike Pasternak, Jay Egy, Pat Oilar, and Gary Fazio.

**New Business:**

1. Gary Fazio moved to approve Resolution #070324 for the authorization of the Clerk of the Board to sign claims for payment not to exceed \$15,000.00. Mike Pasternak seconded the motion. Motion carried 4-0.
2. Mike Pasternak moved to approve all outside checking and/or savings accounts be moved into the Shasta County Treasury, effective July 1, 2024. Gary Fazio seconded the motion. Motion carried 4-0.
3. Gary Fazio moved to approve Resolution #070324A for the Board of Directors to set Capitalization Thresholds for Capital Assets; \$10,000.00 for Capital Assets and \$25,000 for Buildings and Improvements. Mike Pasternak seconded the motion. Motion carried 4-0.
4. Jay Egy moved to approve the new hire of parttime bookkeeper Jacqueline Santoyo to help with the audits, approved by the AD-HOC committee. Mike Pasternak seconded the motion. Motion carried 4-0.

Meeting adjourned at 5:33pm.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jody L. Morgan".

Jody L. Morgan  
Clerk of the Board  
FRVFPD





# Fall River Valley Fire Protection District

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P.O. Box 670 • McArthur, CA 96056

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Special Meeting minutes held Wednesday, July 11, 2024 at Fall River Lions Hall, McArthur, CA.

A meeting was called to order at 2:00pm by President of the Board, Pat Oilar.

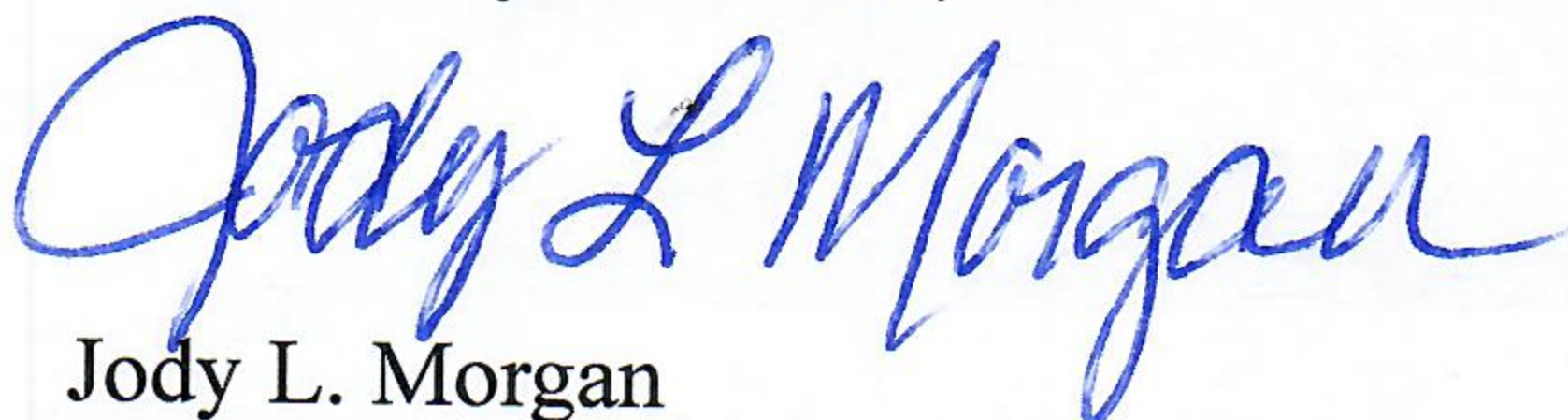
Board Members present: Mike Pasternak, Michelle Braden, Pat Oilar, and Gary Fazio.

**New Business:**

1. Gary Fazio moved to approve Resolution #071124 as read. Mike Pasternak moved to amend Gary Fazio's motion to approve Resolution #071124 to include the Candidate Statements will be paid for by the Candidate and not the responsibility of the district. Michelle Braden seconded the amended motion. Motion carried 4-0.

Meeting adjourned at 2:12 pm.

  
Respectfully submitted,



Jody L. Morgan  
Clerk of the Board  
FRVFPD



Fall River Valley Fire Protection District

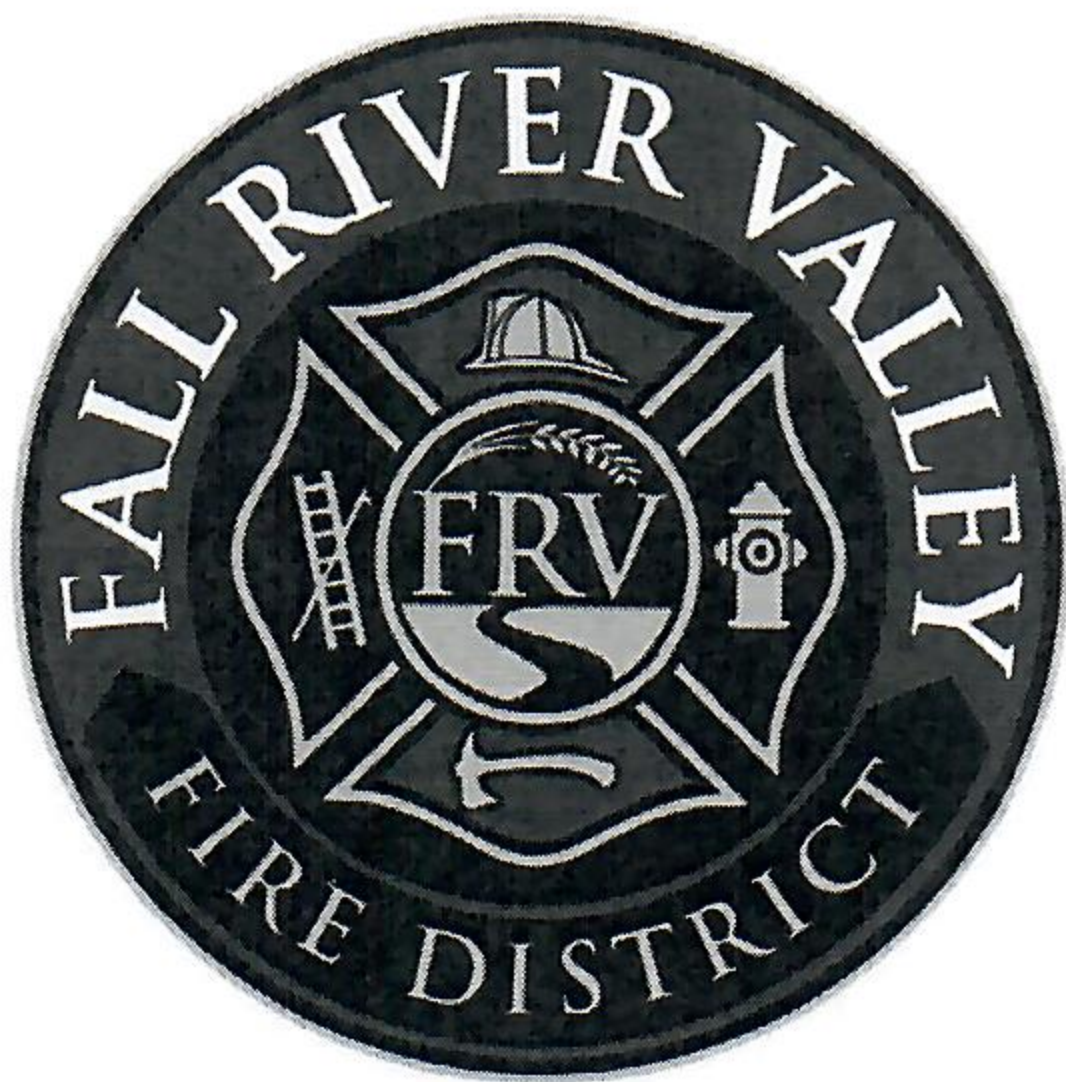
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Accounts Payable: JULY 2024 CLAIMS

Payee	Date Charge Incurred	Amount
LCW LIEBERT CASSIDY WHITMORE	5/31/24	\$ 85.00
PGE MCARTHUR HALL	6/7/24	\$ 39.35
PGE DAY RD HALL	6/11/24	\$ 84.81
ED STAUB - MCARTHUR	6/15/24	\$ 160.73
ED STAUB - FR	6/15/24	\$ 67.04
HIWAY GARAGE	6/25/24	\$ 251.52
WILGUS FIRE CONTROL	6/26/24	\$ 255.58
PGE FALL RIVER HALL	6/30/24	\$ 216.46
PGE MCARTHUR HALL 2ND METER	6/30/24	\$ 109.45
PGE 299 GROVE	6/30/24	\$ 10.19
COMPAIR SERVICES	7/1/24	\$ 110.00
PGE PITTVILLE HALL	7/1/24	\$ 20.98
DO IT BEST VALLEY HARDWARE	7/1/24	\$ 64.09
SHASTA LAFCO	7/1/24	\$ 565.52
HI TECK EVS	7/1/24	\$ 307,458.28
ATT	7/2/24	\$ 29.06
KENNY & NORINE	7/3/24	\$ 6,386.99
KENNY & NORINE	7/3/24	\$ 225.00
EXPRESS BUSINESS SERVICES	7/7/24	\$ 2,021.25
PGE MCARTHUR HALL	7/9/24	\$ 40.86
FRONTIER	7/19/24	\$ 119.20
TOTAL		\$ 318,321.36

Board of Trustees:





# Fall River Valley Fire Protection District

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BY-LAWS  
BOARD OF DIRECTORS  
FALL RIVER VALLEY FIRE PROTECTION DISTRICT

## ARTICLE I

NAME:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

## ARTICLE II

LOCATION OF MEETINGS:

Regular Board of Directors meetings of the Fall River Valley Fire Protection District shall be held at the Fall River Lion's Hall in McArthur unless scheduled to meet at another location.

## ARTICLE III

PURPOSE:

The purpose of the Board of Directors is to conduct, manage, and control all affairs of the Fire District and to insure fire protection to all persons and property within the district boundaries. The Board of Directors are also responsible to ensure the Fall River Valley Fire Protection District Volunteer Association has adequate resources to protect staff and to safely respond to emergencies.

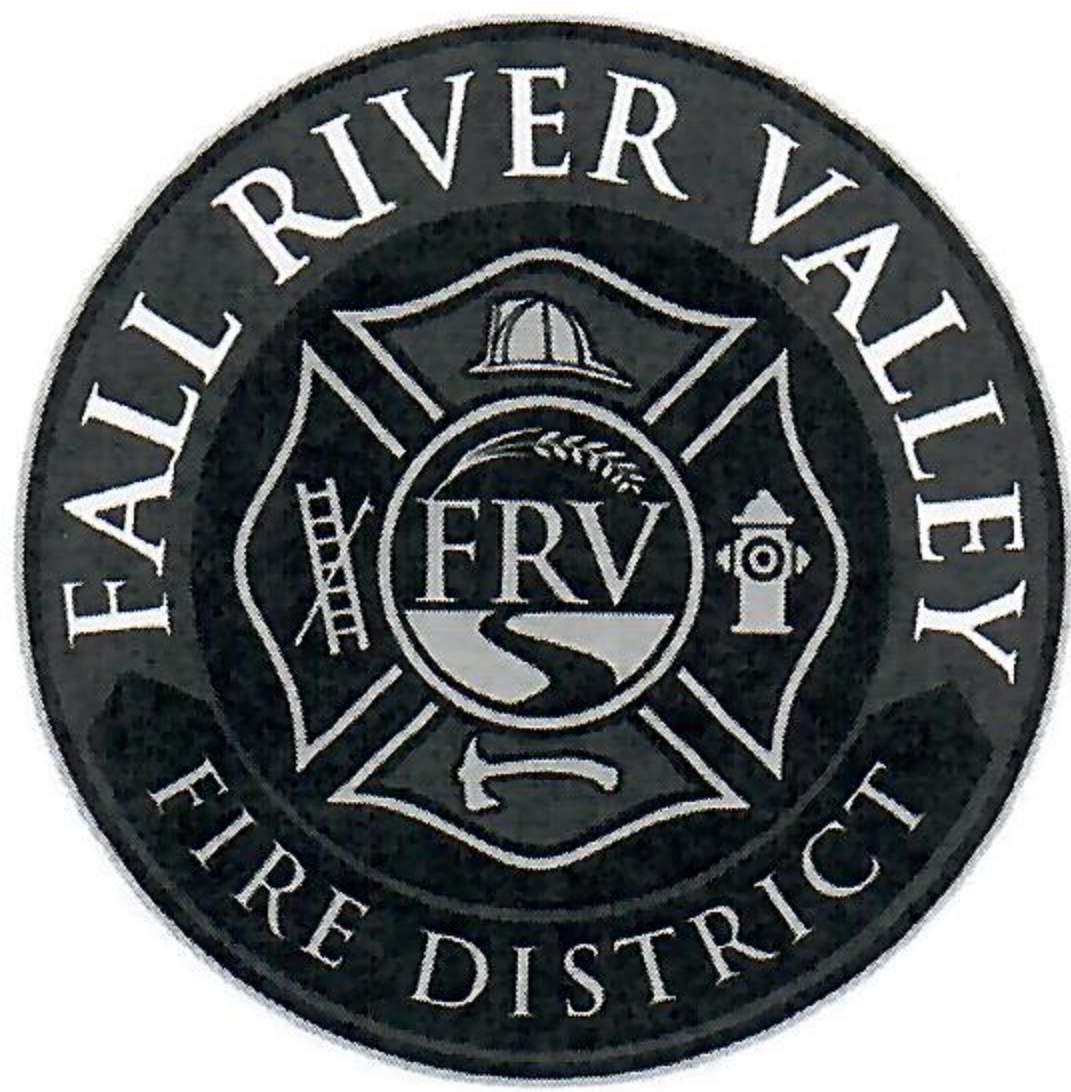
## ARTICLE IV

SALARIES:

No member of the Board of Directors shall receive wages or other compensation for his or her service in the office.

## ARTICLE V





# Fall River Valley Fire Protection District

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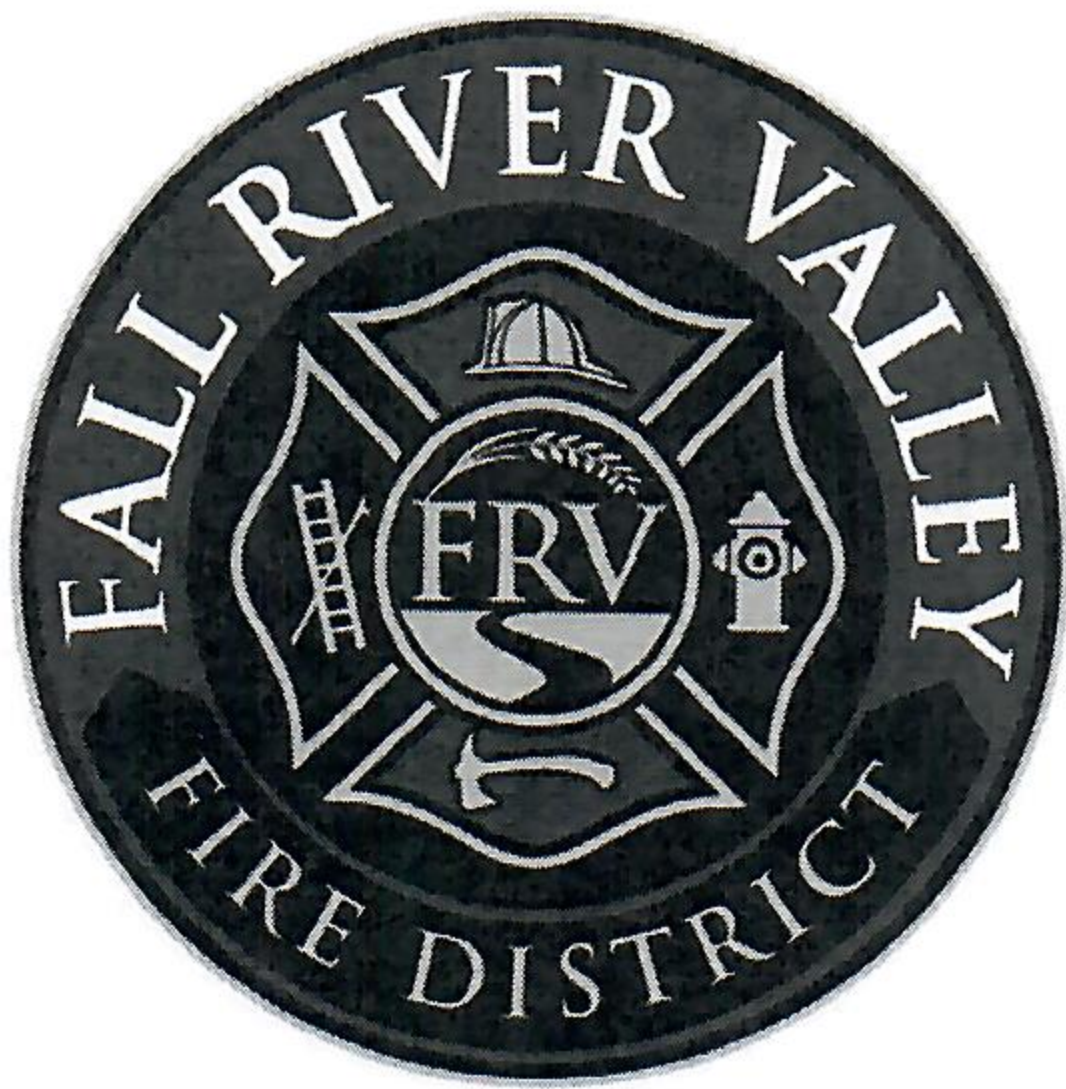
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## MEETINGS:

1. Regular Meetings: Regular meetings shall be held once a month on the third Friday of each month at 10:00 a.m.
2. Special Meetings: Special meetings can be called at any time by the Chairman of the Board or a majority of the Board members.
3. All meetings must comply with the Open Meeting Laws (Government Code Sections 54950-54961) and Robert's Rules of Order.
4. Public participation at meetings:
  - a. Request to place an item on the agenda must be submitted to the Clerk of the Board 5 (five) business days prior to the required posting (which is 72 hours before the start of the meeting. All items to be placed on the agenda shall be approved by the Chairperson or Vice Chairperson in the absence of the Chairperson. The agenda request shall be made in a written statement describing the content of the item, name of person(s) or group making the request and contact information.
    - i. After an agenda item has been discussed by the Board and motions made, the public has 3 minutes per person to comment on the agenda item prior to the Board of Director's vote being taken on the item.
  - b. At all meetings of the Board, there shall be a public comment period. The presiding officer shall ask if there are any members of the public in the audience who wish to address the Board during Public Comment. They must do so from the podium, unless physically unable to do so, state their name and present their comments.
  - c. 3 (three) minutes may be allowed to each person addressing the Board.
  - d. It shall be in order for the members of the Board to interrupt the speaker at any time to ask questions of the make comments as frequently as necessary to clarify the discussion.
  - e. During the time when the Board is holding official meetings, only those persons recognized by the presiding officer of the Board shall be permitted to participate.

## ARTICLE VI





# Fall River Valley Fire Protection District

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## THE BOARD OF DIRECTORS:

1. The Board of Directors shall consist of 5 (five) members.
2. Members are elected by the public for terms of four years each.
  - a. If there is a vacancy during the term of office of a Board member, the Board shall post said vacancy so the public can apply for the position. The Board will make a recommendation to the County Board of Supervisors who will make the appointment.
3. The Board shall approve all capital outlays before purchase.
4. The Board shall approve the annual budget.
5. The Board has the power to establish and enforce rules and regulations for the administration, operation, and maintenance of fire protection district services (Health and Safety Code §13861 i)
6. The Board shall have the final approval or disapproval of all hiring, firing, or disciplinary action taken within the Fall River Valley Fire Protection District Volunteer Association.

## ARTICLE VII

### OFFICERS:

Each December the Board shall elect a new Chairperson and Vice Chairperson who will assume their duties in January.

### DUTIES:

Chairperson is to preside over all meetings of the Board of Directors.

Revised: June 2024







**LCW** LIEBERT CASSIDY WHITMORE

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A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard  
5<sup>th</sup> Floor  
Los Angeles, CA 90045  
310-981-2000  
Fed. Tax I.D. #95-3658973

Attorney – Client Privilege

**Fall River Valley Fire Protection District**  
**Jody Morgan**  
**Chief Financial Officer**  
**[jmorgan6273@yahoo.com](mailto:jmorgan6273@yahoo.com)**

Invoice 268753  
May 31, 2024

Client/Matter No.: FA005-00003  
Re: Fire Chief Advice & Counsel

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**Billing Summary**

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<b>Total Fees</b>	<b>\$85.00</b>
<b>Total Costs</b>	<b>\$0.00</b>
<b>Total Charges</b>	<b>\$85.00</b>



**LCW** LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard  
 5<sup>th</sup> Floor  
 Los Angeles, CA 90045  
 310-981-2000  
 Fed. Tax I.D. #95-3658973

Attorney – Client Privilege

**Fall River Valley Fire Protection District**  
**Jody Morgan**  
**Chief Financial Officer**  
**jmorgan6273@yahoo.com**

Invoice 268753  
 May 31, 2024

Client/Matter No.: FA005-00003  
 Re: Fire Chief Advice & Counsel

For Professional Services Rendered Through May 31, 2024

**BILLING SUMMARY**

<b>Total Fees</b>	<b>\$85.00</b>
<b>Total Charges</b>	<b>\$85.00</b>

**Fees**

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
05/01/24	JWH	REVIEW CORRESPONDENCE FROM OPPOSING COUNSEL REGARDING MONEY FOR OLDSON AND DIRECT CHECK FROM DISTRICT BE SENT TO OLDSON'S LEGAL COUNSEL.	0.10	42.50
05/02/24	JWH	REVIEW AND APPROVE DRAFT CORRESPONDENCE TO OPPOSING COUNSEL REGARDING FINAL CHECK FOR OLDSON.	0.10	42.50
<b>Total Fees</b>				<b>85.00</b>

**Fee Recap**

<u>Timekeeper</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
JACK W. HUGHES	PARTNER	0.20	425.00	\$85.00
		0.20		\$85.00

**Accounts Receivable**

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Due
\$85.00	\$340.00	\$425.00	\$127.50	\$0.00	\$977.50





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

ED STAUB AND SONS

**PEID:** VEND002017

**ADDR TYPE**  
(AP,A1,A2,): 01

**INV #:** 262057

**INV DATE:** 06/15/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK														
							NC RE MH	PU AT PT ID														
192.47	00447	035900			FUEL 6/1-6/15/2024	130043																
(31.74)	00447	035900			CREDIT TO ACCOUNT	130043																
\$160.73	<b>TOTAL</b>		<b>EXPLANATION (TEXT)</b>			<b>ADDRESS:</b> (If different from remittance advice or if no invoice)																
<b>PO/ CONTRACT/ BLANKET PO #</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">PARTIAL</td> <td style="padding: 2px;">FULL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> </div>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				PO BOX 488  KLAMATH FALLS, OR 97601												
PARTIAL	FULL																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">                     I hereby certify that the above claim was examined and approved by this office.                       By Deputy County Auditor  <u>USER ID</u>   <u>DATE</u> </td> <td style="width: 50%;">APPROVED BY:</td> <td style="width: 50%;"></td> </tr> <tr> <td>BOARD MEMBER</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td style="text-align: center;">DATE</td> </tr> <tr> <td colspan="3">                     I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.                 </td> </tr> </tbody> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
AUDITOR USE ONLY	DISTRICT USE ONLY																					
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<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																						
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																						

**CLAIMANT  
SIGNATURE**

**DATE**


**AUTHORIZED  
SIGNATURE**

**DATE**



Date: 6/30/2024  
 Customer Account: 130043

Account Summary		
Previous Balance	\$	\$160.73
New Payments	\$	\$0.00
New Prompt Pay Disc	\$	\$0.00
New Invoices	\$	\$0.00
Total Balance Due	\$	\$160.73

2423  
092623  
  
 McArthur Fire District  
 Hwy 299e  
 PO Box 670  
 McArthur, CA 96056-0670

Any questions? **PHONE: (530) 336-6138**

Open and new Invoices for the Current Billing Cycle: 6/16/2024 - 6/30/2024

INVOICES							
DATE	DUE BY	INVOICE #	DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
6/15/2024	7/10/2024	262057	Cardlock Invoice - Transactions from 6/1/2024-6/15/2024	\$192.47	\$1.46	6/25/2024	\$192.47
<b>TOTAL:</b>							<b>\$192.47</b>

Open and new Payments for the Current Billing Cycle: 6/16/2024 - 6/30/2024

PAYMENTS				
DATE	DESCRIPTION	TOTAL	CHECK #	REMAINING
1/4/2024	Payment: Fuel -	(\$799.65)	1954	(\$31.74)

TO PAY  
ONLINE, VISIT  
[www.edstaub.com](http://www.edstaub.com)

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$160.73	\$0.00	\$0.00	\$0.00	\$0.00	\$160.73

Past due invoices are subject to a finance charge of 1.5% per month (18% APR)

Account: 130043

**MAKE CHECKS PAYABLE TO**

McArthur Fire District  
 Hwy 299e  
 PO Box 670  
 McArthur, CA 96056-0670

**Ed Staub & Sons Petroleum**  
 PO Box 488  
 Klamath Falls, OR 97601

PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT TO ENSURE PROPER PROCESSING TO YOUR ACCOUNT







(541) 887-8545

Account Number: 130043  
 Invoice Number: 262057  
 Invoice Date: 06/15/2024  
 Invoice Total: \$192.47  
 Payment Due By: 07/10/24  
 Discount Date: 06/25/2024  
 Discount Amount: \$1.46

MARTHUR FIRE DISTRICT  
 PO BOX 670  
 MCARTHUR, CA 96056

Remit To:  
 Ed Staub & Sons Petroleum  
 PO Box 488  
 Klamath Falls, OR 97601

## CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
<b>Card: 708886314676773 ALL PRODUCT</b>						<b>Previous Odometer: 1</b>				
<b>Vehicle: 0</b>										
06/10/24	5:30p		FC-Fall River M, CA	0	1	UNL E10%	18.168	N	4.6331	84.18
<b>Subtotal</b>							<b>18.168</b>			<b>84.18</b>
<b>Card: 708886314676781 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
06/02/24	12:48p		McArthur, CA	0	0	10%UNL	10.270	N	5.3700	55.15
06/10/24	6:30p		FC-Fall River M, CA	0	0	UNL E10%	11.024	N	4.8202	53.14
<b>Subtotal</b>							<b>21.294</b>			<b>108.29</b>

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	UNLEADED GAS 10% ETH CBOB	5.3700	55.15	1.95	6.24	0.00	1.21	10.27	10.27	0.00
CA	GASOLINE UNL REG ETH 10%	4.7040	137.32	2.23	17.72	0.00	3.02	29.19	29.19	0.00
CA	State Total	4.8774	192.47	4.18	23.96	0.00	4.23	39.46	39.46	0.00
	Invoice Total	4.8774	192.47	4.18	23.96	0.00	4.23	39.46	39.46	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	71.17	18.168	0.13	11.03	0.00	1.85	84.18
81 ALL PRODUCT	88.93	21.294	4.05	12.93	0.00	2.38	108.29
	160.10	39.462	4.18	23.96	0.00	4.23	192.47

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	29.192
760546	44275 CA-299 E	McArthur	CA	10.27

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	29.2	137.32
10%UNL	10.3	55.15
<b>TOTAL</b>		<b>192.47</b>

CUSTOMER DISCOUNT \$ 1.46 PLEASE PAY THIS AMOUNT  
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$192.47  
 received 06/25/24 Volume eligible is 29.19 at a rate of \$ 0.0500



<b>INVOICE TOTALS</b>	<b>QUANTITY: 39.462</b>	<b>AMOUNT DUE: \$ 192.47</b>
-----------------------	-------------------------	------------------------------

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.

Per our cardlock agreement, you are responsible for charges on lost or stolen cards up to 2 business days after you notify ESS. For maximum security, do not put your PIN on or near your fuel cards.

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions.

Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

ED STAUB AND SONS

**PEID:** VEND002017

**ADDR TYPE**  
(AP,A1,A2,): 01

**INV #:** 263220

**INV DATE:** 06/15/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																													
							NC RE MH	PU AT PT ID																													
67.04	00447	035900			FUEL 6/1-6/15/2024	234084 <i>BM 234084</i>																															
\$67.04	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																															
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<table border="1"> <tr> <td colspan="2">AUDITOR USE ONLY</td> <td colspan="2">DISTRICT USE ONLY</td> </tr> <tr> <td colspan="2" rowspan="5">           I hereby certify that the above claim was examined and approved by this office.             By Deputy County Auditor  <u>USER ID</u>   <u>DATE</u> </td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td colspan="2">           The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.         </td> <td colspan="2">           I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.         </td> </tr> </table>			AUDITOR USE ONLY		DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>		APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		PO BOX 488  KLAMATH FALLS, OR 97601		
PARTIAL	FULL																																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
AUDITOR USE ONLY		DISTRICT USE ONLY																																			
I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>		APPROVED BY:																																			
		BOARD MEMBER	DATE																																		
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**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_





PO Box 488, Klamath Falls, OR 97601-0339



Date: 6/30/2024  
Customer Account: 234084

Account Summary	
Previous Balance	\$ 423.34
New Payments	\$ (\$356.30)
New Prompt Pay Disc	\$ 0.00
New Invoices	\$ 0.00
<b>Total Balance Due</b>	<b>\$ 67.04</b>

3068  
092623



Fall River Fire District  
PO Box 670  
McArthur, CA 96056-0670

**Any questions? PHONE: (530) 336-6138**

Page 1 of 1

Open and new Invoices for the Current Billing Cycle: 6/16/2024 - 6/30/2024



DATE	DUE BY	INVOICE #	DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
6/15/2024	7/10/2024	263220	Cardlock Invoice - Transactions from 6/1/2024-6/15/2024	\$67.04	\$0.67	6/25/2024	\$67.04
<b>TOTAL:</b>							<b>\$67.04</b>

Open and new Payments for the Current Billing Cycle: 6/16/2024 - 6/30/2024



DATE	DESCRIPTION	TOTAL	CHECK #	REMAINING
6/25/2024	Payment: Fuel -	(\$356.30)	2049	\$0.00



CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$67.04	\$0.00	\$0.00	\$0.00	\$0.00	\$67.04

Past due invoices are subject to a finance charge of 1.5% per month (18% APR)

Account: 234084

Fall River Fire District  
PO Box 670  
McArthur, CA 96056-0670



**Ed Staub & Sons Petroleum**  
PO Box 488  
Klamath Falls, OR 97601

PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT TO ENSURE PROPER PROCESSING TO YOUR ACCOUNT







(541) 887-8545

Account Number: 234084  
 Invoice Number: 263220  
 Invoice Date: 06/15/2024  
 Invoice Total: \$67.04  
 Payment Due By: 07/10/24  
 Discount Date: 06/25/2024  
 Discount Amount: \$0.67

1391  
092125



Fall River Fire District  
 PO Box 670  
 McArthur, CA 96056-0670

Remit To:  
 Ed Staub & Sons Petroleum  
 PO Box 488  
 Klamath Falls, OR 97601

## CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886312213124 A/P						Previous Odometer: 0				
Vehicle: 0										
06/04/24	12:31p		FC-Fall River M, CA	0	0	CARBDSL	13.464	N	4.9782	67.04
<b>Subtotal</b>							<b>13.464</b>			<b>67.04</b>

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.9792	67.04	0.00	6.32	0.10	7.03	13.46	13.46	0.00
CA	State Total	4.9792	67.04	0.00	6.32	0.10	7.03	13.46	13.46	0.00
	Invoice Total	4.9792	67.04	0.00	6.32	0.10	7.03	13.46	13.46	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	53.59	13.464	0.00	6.32	0.10	7.03	67.04
	53.59	13.464	0.00	6.32	0.10	7.03	67.04

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	13.464

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	13.5	67.04
<b>TOTAL</b>		<b>67.04</b>

CUSTOMER DISCOUNT \$ 0.67 PLEASE PAY THIS AMOUNT  
 The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$67.04  
 received 06/25/24 Volume eligible is 13.46 at a rate of \$ 0.0500

<b>INVOICE TOTALS</b>	<b>QUANTITY: 13.464</b>	<b>AMOUNT DUE: \$ 67.04</b>
-----------------------	-------------------------	-----------------------------

Dear Valued Ed Staub & Sons Cardlock Customer,  
 If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.



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If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

CLAIMANT NAME:

PG&E

PEID: VEND004720

ADDR TYPE  
 (AP,A1,A2,): 04

INV #: XF062624A

INV DATE: 06/30/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
201.35	00447	036100			ELECTRIC 5/29/24-6/26/24	7137624533-9						
15.11	00447	036100			GAS 5/29/24-6/26/24	7137624533-9						
\$216.46	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO #			FALL RIVER HALL			PO BOX 997300						
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				SACRAMENTO, CA 95899-7300		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			AUDITOR USE ONLY			DISTRICT USE ONLY						
Signed _____			I hereby certify that the above claim was examined and approved by this office.			APPROVED BY:						
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.						By Deputy County Auditor			BOARD MEMBER			
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			USER ID			BOARD MEMBER						
						DATE			DATE			
						I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.						

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 06/28/2024

Due Date: 07/15/2024

## Service For:

FALL RIVER FIRE DISTRICT  
Please see details page.

## Your Account Summary

Amount Due on Previous Statement	\$180.26
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$180.26
Current Electric Charges	\$201.35
Current Gas Charges	15.11

**Total Amount Due by 07/15/2024 \$396.72**

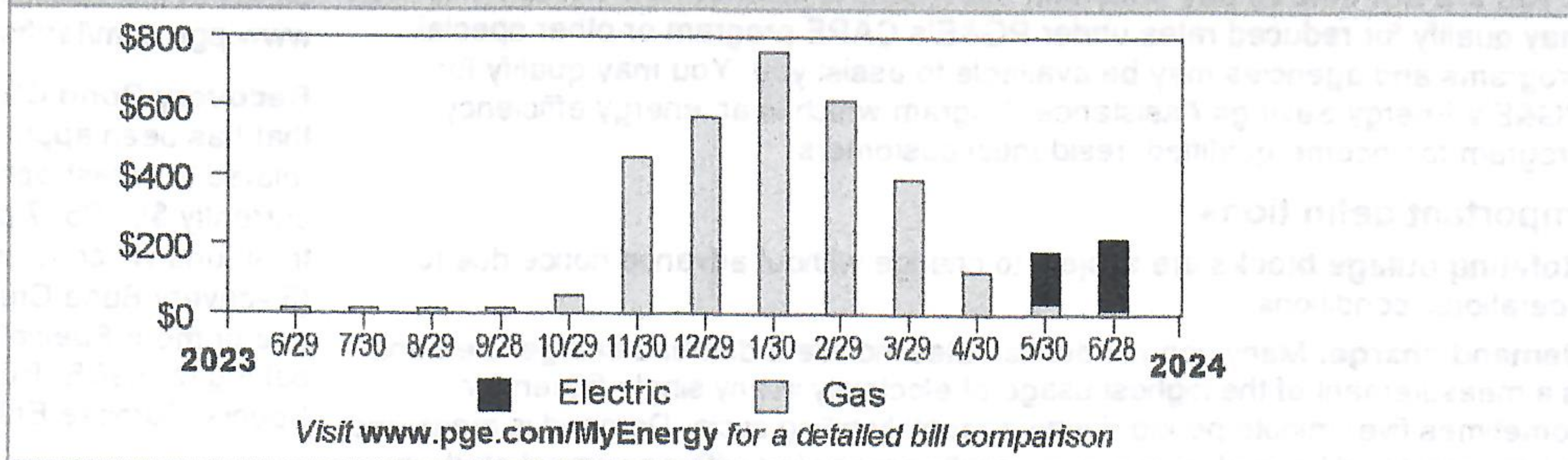
### Questions about your bill?

Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

### Ways To Pay

www.pge.com/waystopay

### Monthly Billing History



Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

2 copies

99907137624533900000216460000039672



Account Number: **7137624533-9**  
Due Date: **07/15/2024**

Total Amount Due: **\$396.72**

Amount Enclosed:  
\$

764170141193 1 AB 0.547 747 5422 14



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7641701400542200300132





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

PG&E

**PEID:** VEND004720      **ADDR TYPE** (AP,A1,A2,): 04  
**INV #:** XF063024A  
**INV DATE:** 06/30/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
109.45	00447	036100			ELECTRIC 5/31/24-6/30/24	6731296671-5												
\$109.45	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MCARTHUR HALL 2ND METER			PO BOX 997300  SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>	<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>					BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.															
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.															

**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5  
Statement Date: 07/01/2024  
Due Date: 07/18/2024

## Service For:

FALL RIVER FIRE DISTRICT  
HWY 299 SS E/MAIN  
250 FT  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$106.24
Payment(s) Received Since Last Statement	-106.24
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$109.45

**Total Amount Due by 07/18/2024 \$109.45**

## Questions about your bill?

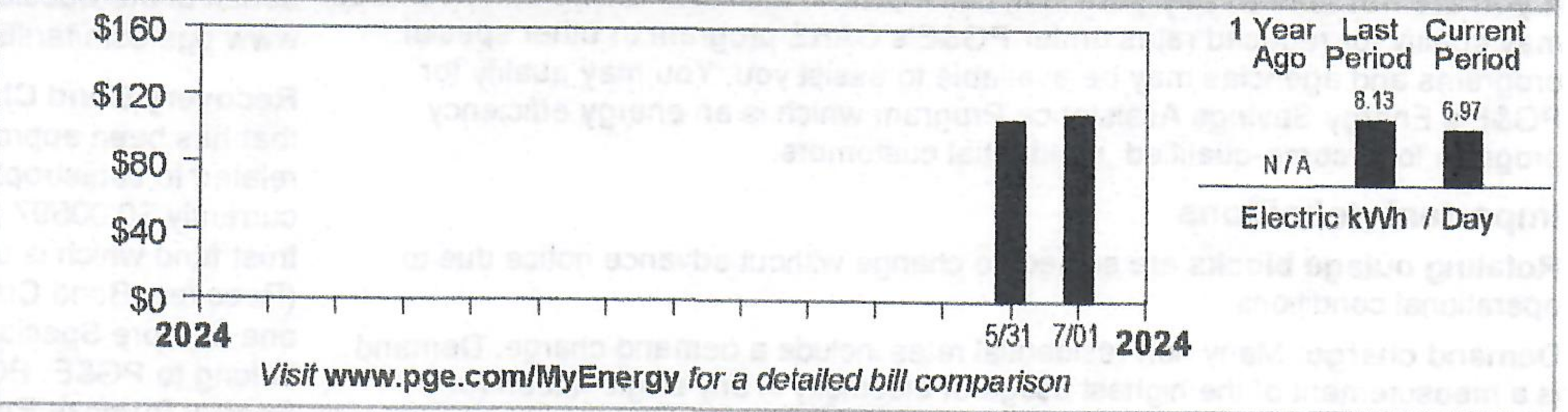
Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

### Daily Usage Comparison



Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99906731296671500000109450000010945



Account Number: **6731296671-5**  
Due Date: **07/18/2024**

Total Amount Due:  
**\$109.45**

Amount Enclosed:  
\$

764170141169 1 AB 0.547 747 5398 14



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7641701400539800200132





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5  
Statement Date: 07/01/2024  
Due Date: 07/18/2024

## Details of Electric Charges

05/31/2024 - 06/30/2024 (31 billing days)

Service For: HWY 299 SS E/MAIN  
Service Agreement ID: 6731235533  
Rate Schedule: B1 Bus Low Use

### 05/31/2024

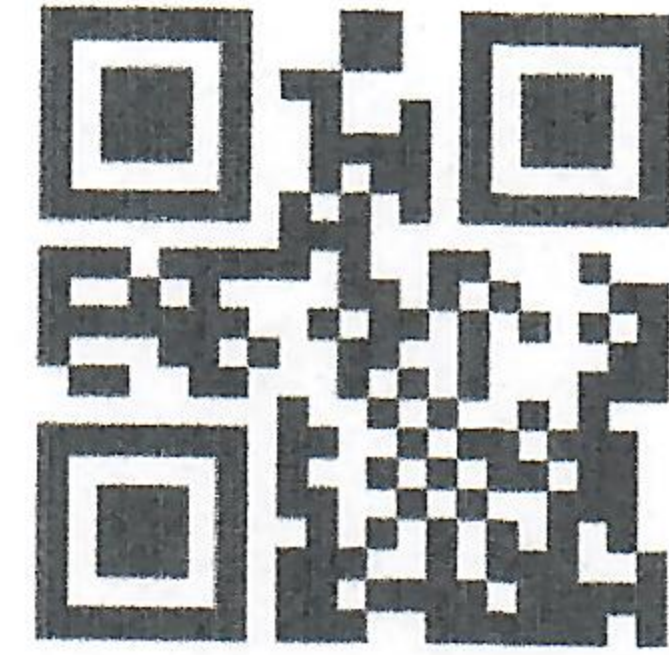
Customer Charge	1 days @ \$0.32854	\$0.33
Energy Charges		
Peak	1.280000 kWh @ \$0.44169	0.57
Off Peak	5.672000 kWh @ \$0.42557	2.41
Super Off Peak	0.949000 kWh @ \$0.40915	0.39

### 06/01/2024 - 06/30/2024

Customer Charge	30 days @ \$0.32854	\$9.86
Energy Charges		
Peak	27.591000 kWh @ \$0.51711	14.27
Part Peak	41.999000 kWh @ \$0.46788	19.65
Off Peak	138.486000 kWh @ \$0.44707	61.91
Energy Commission Tax		0.06

**Total Electric Charges \$109.45**

## Rate Identification Number



USCA-PGPG-0600-0000

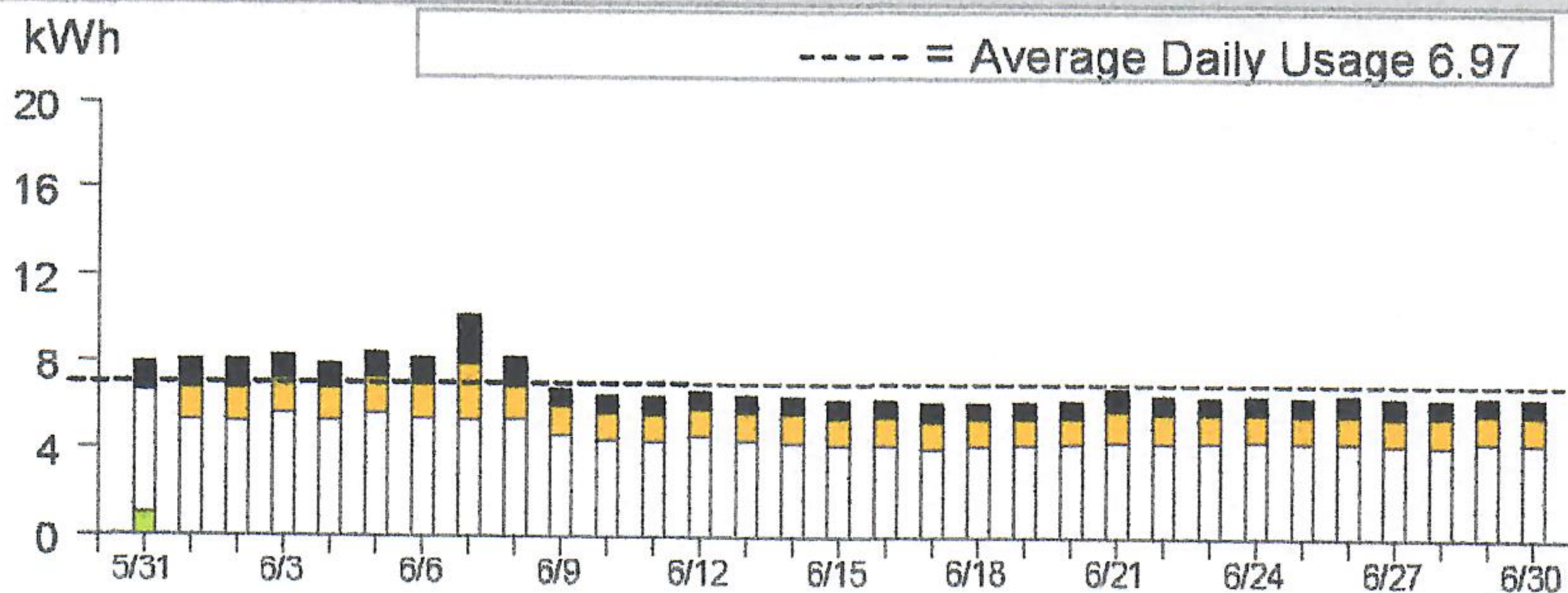
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter #	1008668780
Total Usage	215.977000 kWh
Serial	H
Rotating Outage Block	50

## Electric Usage This Period: 215.977000 kWh, 31 billing days



	Usage	Energy Charges
■ Peak <sup>1</sup>	13.36%	\$14.84
■ Part Peak <sup>2</sup>	19.47%	\$19.65
□ Off Peak <sup>3</sup>	66.74%	\$64.32
■ Super Off Peak <sup>4</sup>	0.43%	\$0.39

<sup>1</sup>Peak: Year-round, Daily, 4:00pm-9:00pm

<sup>2</sup>Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

<sup>3</sup>Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm  
Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

<sup>4</sup>Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm

7641701400539800200232





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

PG&E

**PEID:** VEND004720

**ADDR TYPE**  
(AP,A1,A2,): 04

**INV #:** XF063024A

**INV DATE:** 06/30/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK							
							NC RE MH	PU AT PT ID							
10.19	00447	036100			ELECTRIC 05/31/24-06/30/24	8770665653-2									
\$10.19	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)									
PO/ CONTRACT/ BLANKET PO #			CORNER 299 & GROVE			PO BOX 997300									
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>						PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SACRAMENTO, CA 95899-7300					
PARTIAL	FULL														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b>									
Signed _____						<table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER
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CLAIMANT SIGNATURE _____  DATE _____						AUTHORIZED SIGNATURE _____  DATE _____									





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2  
Statement Date: 07/01/2024  
Due Date: 07/18/2024

## Service For:

FALL RIVER FIRE DISTRICT  
CORNER HWY 299 AND GROVE  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$9.20
Payment(s) Received Since Last Statement	-9.20
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$10.19

**Total Amount Due by 07/18/2024 \$10.19**

### Questions about your bill?

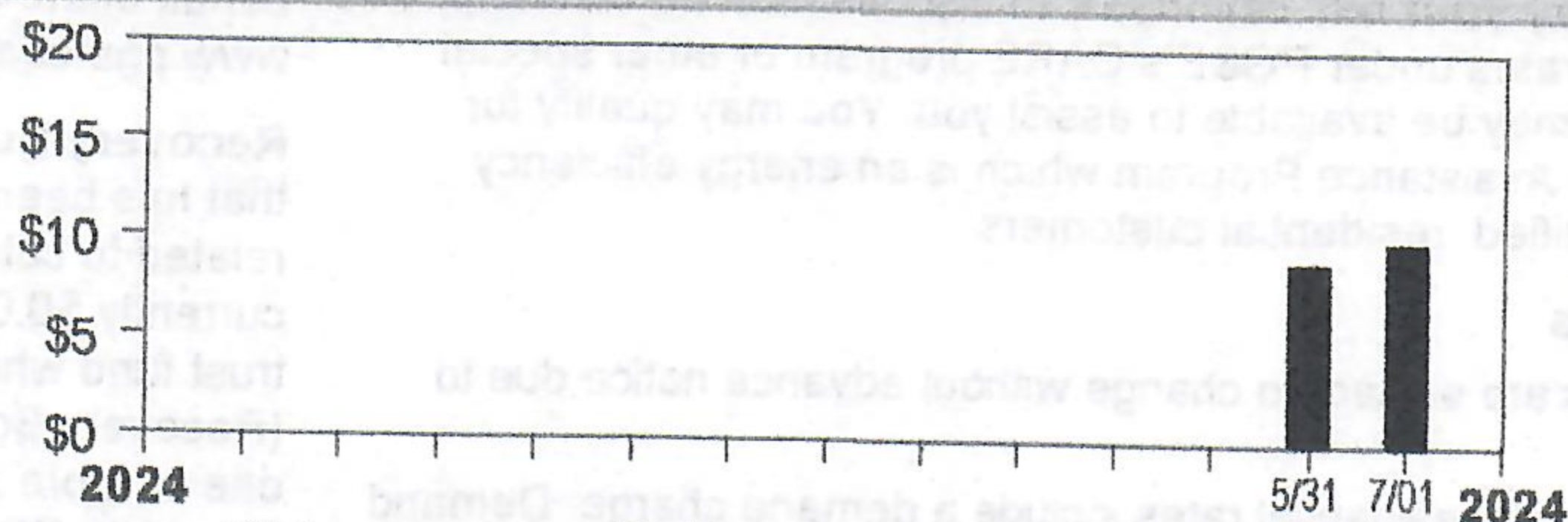
Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

### Ways To Pay

www.pge.com/waystopay

### Electric Monthly Billing History

#### Daily Usage Comparison



1 Year Ago Last Current  
Period Period Period

N/A N/A N/A

Electric kWh / Day

Visit www.pge.com/MyEnergy for a detailed bill comparison

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99908770665653200000010190000001019



Account Number: **8770665653-2** Due Date: **07/18/2024** Total Amount Due: **\$10.19**

Amount Enclosed:



764170141168 1 AB 0.547 747 5397 14



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7641701400539700200132





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2  
Statement Date: 07/01/2024  
Due Date: 07/18/2024

## Details of Electric Charges

05/31/2024 - 06/30/2024 (31 billing days)

Service For: CORNER HWY 299 AND GROVE  
Service Agreement ID: 8778099417  
Rate Schedule: B1 Bus Low Use

### 05/31/2024

Customer Charge 1 days @ \$0.32854 \$0.33

### 06/01/2024 - 06/30/2024

Customer Charge 30 days @ \$0.32854 \$9.86

**Total Electric Charges \$10.19**

## Rate Identification Number



USCA-PGPG-0600-0000

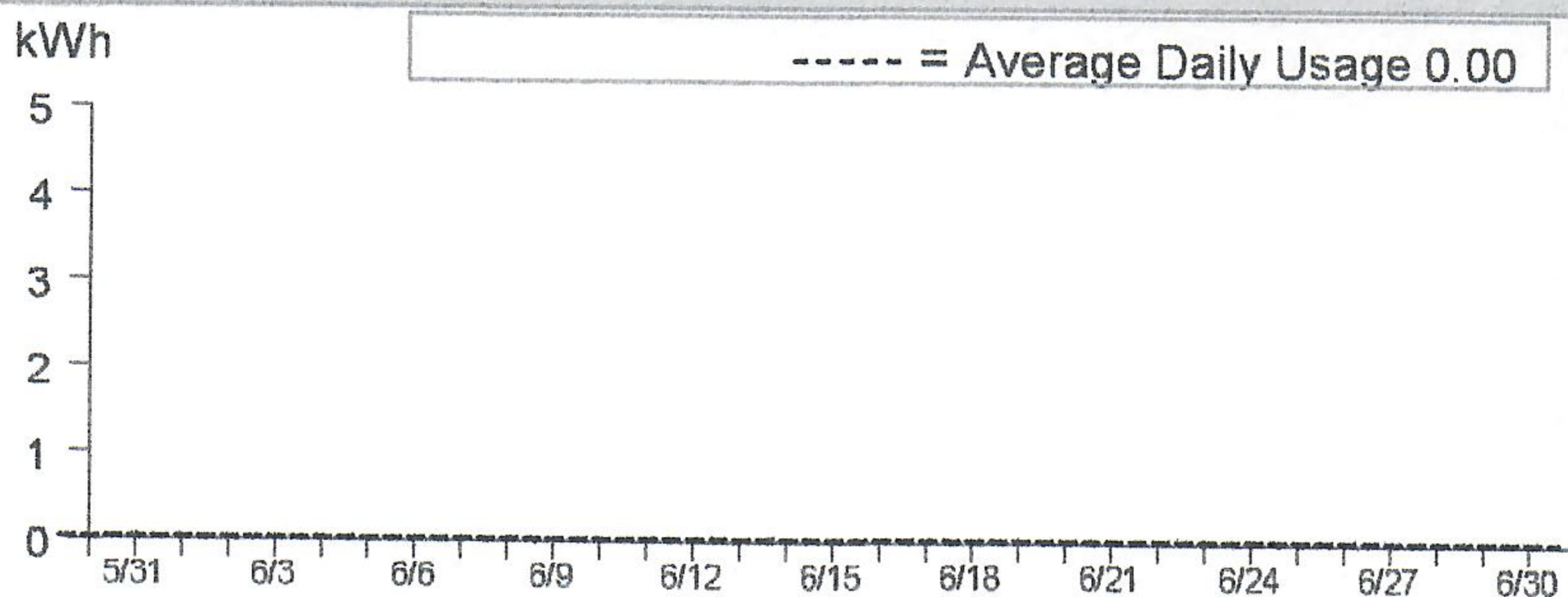
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter # 1008668753  
Total Usage 0.000000 kWh  
Serial H  
Rotating Outage Block 50

## Electric Usage This Period: 0.000000 kWh, 31 billing days



	Usage	Energy Charges
■ Peak <sup>1</sup>	0.00%	\$0.00
■ Part Peak <sup>2</sup>	0.00%	\$0.00
■ Off Peak <sup>3</sup>	0.00%	\$0.00
■ Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>Peak: Year-round, Daily, 4:00pm-9:00pm

<sup>2</sup>Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

<sup>3</sup>Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm

Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm

<sup>4</sup>Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm

7641701400539700200232





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

COM-PAIR SERVICES

**PEID:** VEND001463

**ADDR TYPE  
(AP,A1,A2,):** 01

**INV #:** 141272

**INV DATE:** 07/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK														
							NC RE MH	PU AT PT ID														
110.00	<del>00461</del> 00447	032500			INTERNET JULY 2024	8533																
\$110.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
<b>PO/ CONTRACT/ BLANKET PO #</b>  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			5309 CHESTNUT ST  ANDERSON, CA 96007-9104			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																
<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			_____ _____																

**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_



**COM-PAIR SERVICES**  
5309 CHESTNUT STREET  
ANDERSON, CA 96007



Statement #  
**141272**

Service Period  
**07-01-2024 to 07-31-2024**

Statement Date  
**07-01-2024**

Due Date  
**07-31-2024**

Account Number  
**8533**

**MCARTHUR FPD**  
PO BOX 670  
MCARTHUR, CA 96056

Charges	\$110.00
Taxes / Fees	\$0.00
Credits	(\$0.00)
Payments Applied	(\$0.00)
Previous Balance	\$0.00
<b>Total due by 07-31-2024</b>	<b>\$110.00</b>

Pay your bill online at <https://portal.com-pair.net> or call our office 530-357-3200

Please detach and return this portion with your payment  
Pay Online at <https://portal.com-pair.net/>  
Statement # 141272

Please make checks payable to Com-Pair Services

Due Date  
**07-31-2024**

Amount Due  
**\$110.00**

Amount Enclosed



3289 1 AB 0.547 9/36 003806 0001:0002

 MCARTHUR FPD  
PO BOX 670  
MCARTHUR CA 96056-0670



  
COM-PAIR SERVICES  
5309 CHESTNUT ST  
ANDERSON CA 96007-9104





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

CLAIMANT NAME:

PG&E

PEID: VEND004720

ADDR TYPE  
 (AP,A1,A2,): 04

INV #: XF070124A

INV DATE: 07/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
20.98	00447	036100			ELECTRIC 6/3/24-7/1/24	0517883284-5												
\$20.98	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			PITTVILLE HALL			PO BOX 997300												
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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Signed _____  <b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
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CLAIMANT  
SIGNATURE

AUTHORIZED  
SIGNATURE

DATE

DATE





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5  
Statement Date: 07/02/2024  
Due Date: 07/19/2024

## Service For:

FALL RIVER FIRE DISTRICT  
LITTLE VLY RD ES  
S/PIT RVR 100 YDS  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$21.82
Payment(s) Received Since Last Statement	-21.82
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$20.98

## Questions about your bill?

Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

**Total Amount Due by 07/19/2024**

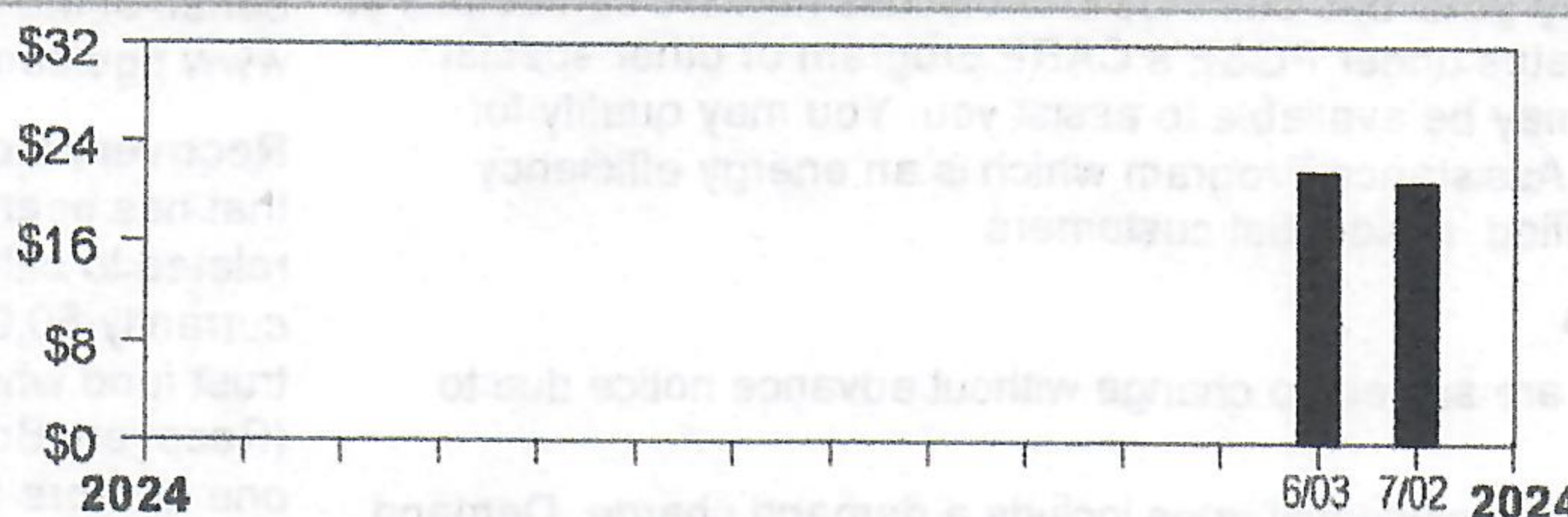
**\$20.98**

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

### Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	0.87	0.86

Electric kWh / Day

Visit www.pge.com/MyEnergy for a detailed bill comparison

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99900517883284500000020980000002098



Account Number: 0517883284-5  
Due Date: 07/19/2024

Total Amount Due: \$20.98

Amount Enclosed:



764940113020 1 AB 0.547 603 7919 10



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



76494010007919000200132





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5  
Statement Date: 07/02/2024  
Due Date: 07/19/2024

## Details of Electric Charges

06/03/2024 - 07/01/2024 (29 billing days)

Service For: LITTLE VLY RD ES  
Service Agreement ID: 0514929892  
Rate Schedule: B1 Bus Low Use

### 06/03/2024 - 06/30/2024

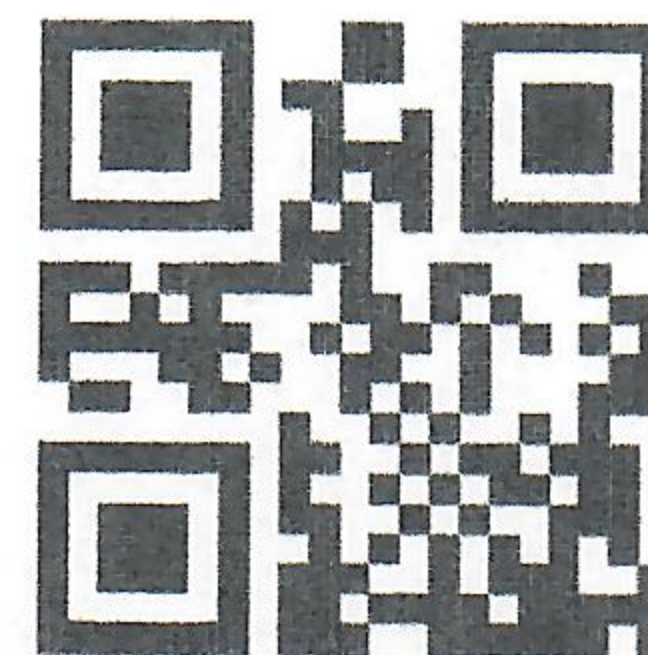
Customer Charge	28 days @ \$0.32854	\$9.20
Energy Charges		
Peak	3.515000 kWh @ \$0.51711	1.82
Part Peak	4.634000 kWh @ \$0.46788	2.17
Off Peak	15.835000 kWh @ \$0.44707	7.08
Energy Commission Tax		0.01

### 07/01/2024

Customer Charge	1 days @ \$0.32854	\$0.33
Energy Charges		
Peak	0.113000 kWh @ \$0.47953	0.05
Part Peak	0.161000 kWh @ \$0.43030	0.07
Off Peak	0.606000 kWh @ \$0.40949	0.25

**Total Electric Charges \$20.98**

## Rate Identification Number



USCA-PGPG-0600-0000

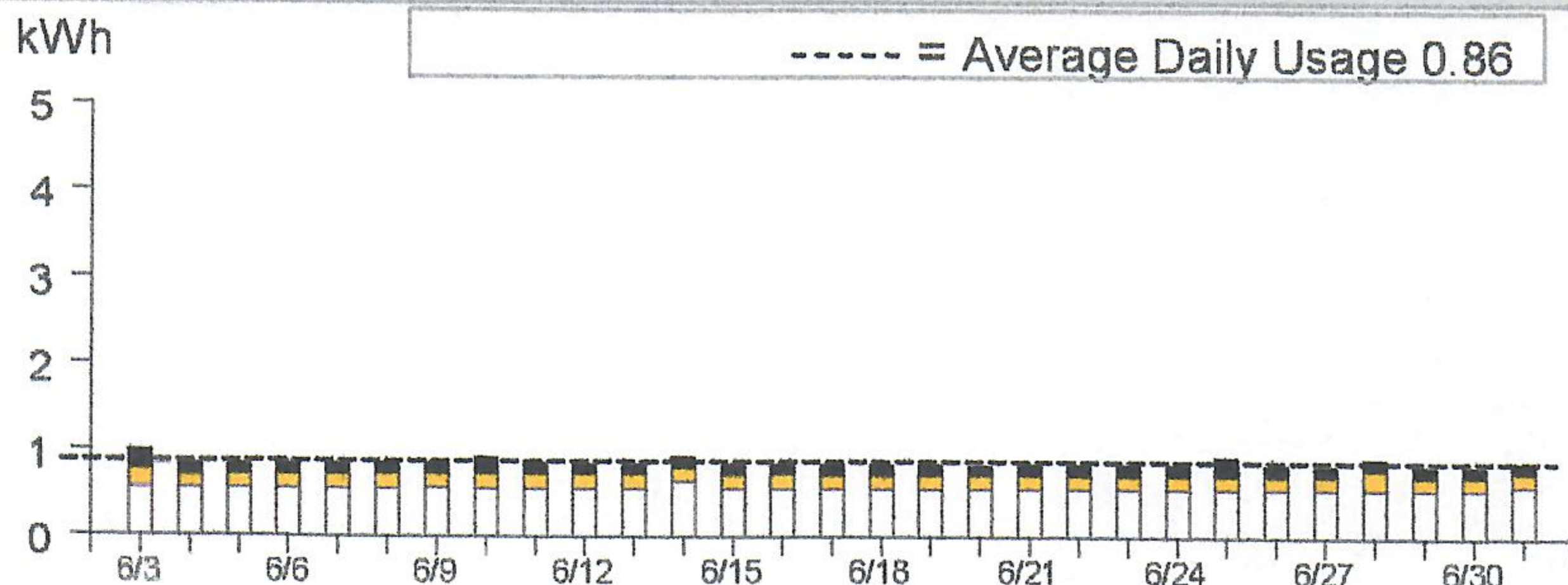
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter #	1008682001
Total Usage	24.864000 kWh
Serial	J
Rotating Outage Block	50

## Electric Usage This Period: 24.864000 kWh, 29 billing days



	Usage	Energy Charges
■ Peak <sup>1</sup>	14.59%	\$1.87
■ Part Peak <sup>2</sup>	19.29%	\$2.24
□ Off Peak <sup>3</sup>	66.12%	\$7.33
■ Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>Peak: Year-round, Daily, 4:00pm-9:00pm  
<sup>2</sup>Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm  
<sup>3</sup>Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm  
 Winter, 10/1-2/28, Daily, 9:00pm-4:00pm  
 Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm  
<sup>4</sup>Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm

7649401000791900200232





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

**CLAIMANT NAME:**

HI-TECH EVS, INC

PEID: VEND002863

ADDR TYPE  
 (AP,A1,A2,): 01

INV #: 178937

INV DATE: 07/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
307,458.28	00447	035500			NEW TANKER PUMPER	10673												
\$307,458.28	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			PO BOX 1616  OAKDALE, CA 95361-1616								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			AUDITOR USE ONLY  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID _____  DATE _____			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_



VEND002863

**Hi-Tech EVS, Inc.**

PO Box 1616  
Oakdale, CA 95361-1616  
US

**STATEMENT**

**CUSTOMER NO.:** 10673  
**PAGE:** 1  
**DATE:** 7/1/2024

**SOLD TO:** Fall River Valley Fire Protection District  
PO Box 670  
Mcarthur, CA 96056-0670  
US  
  
Attn: Rick Gomes

**REMIT TO ADDRESS:**

Hi-Tech Emergency Vehicle  
444 West Greger Street  
Oakdale, CA 95361

DOCUMENT NUMBER	DOCUMENT DATE	Type	REFERENCE/APPLIED NUMBER	DUE DATE	AMOUNT
178937	5/24/2024	IN		5/24/2024	307,458.28

IN - Invoice      PY - Applied Receipt      UC - Unapplied Cash      **Payment overdue. Please pay promptly.**      **Total:** 307,458.28  
 DB - Debit Note      ED - Earned Discount      RF - Refund  
 CR - Credit Note      AD - Adjustment  
 IT - Interest Payable      PI - Prepayment

1 - 30 DAYS O/DUE 0.00	31 - 60 DAYS O/DUE 307,458.28	61 - 90 DAYS O/DUE 0.00	OVER 90 DAYS O/DUE 0.00
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04989514





**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

KENNY & NORINE

**PEID:** VEND

**ADDR TYPE  
(AP,A1,A2,):** 01

**INV #:** 100321

**INV DATE:** 07/03/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK							
							NC RE MH	PU AT PT ID							
6,386.99	00447	034800			LEGAL PROF SRVC	9393									
\$6,386.99	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)									
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VALDEZ VS. FRVFPD			1923 COURT ST  REDDING, CA 96001					
PARTIAL	FULL														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b>									
<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.						<table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER
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**CLAIMANT  
SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**AUTHORIZED  
SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_



**Kenny & Norine**  
1923 Court Street  
Redding, CA 96001  
Phone: 530-244-7777 Fax: 530-246-2836

**Date:**07/03/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
PO Box 670  
McArthur, CA 96056

**Re:** Fall River Valley Fire Protection District, Valdez vs (Hrly)

**File#:** 9448

**Invoice#:** 100321

### Billing Summary

<b>Invoice Amount:</b>	<b>\$6,386.99</b>
<b>Balance Due:</b>	<b>\$6,386.99</b>

Make checks payable to KENNY & NORINE  
Please write the File# on your check



**INVOICE**

**Date:** 07/03/2024

**Invoice #:** 100321

**Matter:** Fall River Valley Fire Protection District, Valdez vs (Hrly)

**File #:** 9448

**Bill To:**

FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
 PO Box 670  
 McArthur, CA 96056

**Due Date:** 08/02/2024

**Payments received after 07/03/2024 are not reflected in this statement.**

**Professional Services**

<b>Date</b>	<b>Details</b>	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>
06/04/2024	JSK Receive and consider 1st Amended Complaint	0.60	\$250.00	\$150.00
06/06/2024	JSK Receive Order Setting Review Hearing for July 1, 2024 from Court; draft Stipulation and Proposed Order to continue the review hearing	0.70	\$250.00	\$175.00
06/06/2024	JSK Continued review and consider Valdez's lengthy Amended Complaint	3.20	\$250.00	\$800.00
06/07/2024	JSK Continue reviewing pleadings to consider new Demurrer; letter to Valdez enclosing Stipulation to continue status conference for approval	2.80	\$250.00	\$700.00
06/10/2024	RA Review Amended Petition prior to researching Declaratory Relief and Injunctive Relief pursuant to Gov. Code 54960	1.20	\$175.00	\$210.00
06/11/2024	RA Review Demurrer and research Declaratory Relief and Injunctive Relief under the Brown Act (Gov. Code 54960); draft internal memo	7.30	\$175.00	\$1,277.50
06/12/2024	JSK Email to Oiler re: Amended Valdez Complaint	0.30	\$250.00	\$75.00
06/13/2024	RA Finalize internal memo	2.00	\$175.00	\$350.00
06/18/2024	RA Research relevant caselaw for breach of contract claims in preparation of drafting Demurrer	0.50	\$175.00	\$87.50
06/19/2024	JSK Draft Demurrer to Amended Complaint	6.00	\$250.00	\$1,500.00
06/20/2024	RA Review and edit Demurrer in preparation of filing	1.00	\$175.00	\$175.00



**Kenny & Norine**  
 1923 Court Street  
 Redding, CA 96001  
 Phone: 530-244-7777 Fax: 530-246-2836

06/20/2024	JSK	Complete draft of Demurrer; letter to Valdez; Notice of Demurrer	2.30	\$250.00	\$575.00
06/20/2024	JSK	Draft Proposed Order Granting Demurrer	0.20	\$250.00	\$50.00
06/20/2024	JSK	Draft Declaration of Demurring Party	0.20	\$250.00	\$50.00
06/24/2024	RA	Draft Status Report for July 1st review hearing	0.50	\$175.00	\$87.50
06/24/2024	JCN	Review and revise status report	0.30	\$300.00	\$90.00

<b>For professional services rendered</b>	<b>29.10</b>	<b>\$6,352.50</b>
---	--------------	-------------------

**Additional Charges**

Date	Details	Quantity	Rate	Amount
	Copying ( copies @.30/page)	97	\$0.30	\$29.10
	Postage		\$	\$5.39

<b>Total additional charges</b>	<b>\$34.49</b>
---------------------------------	----------------

<b>Invoice Amount</b>	<b>\$6,386.99</b>
-----------------------	-------------------

<b>Balance Due</b>	<b>\$6,386.99</b>
--------------------	-------------------





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

**CLAIMANT NAME:**

KENNY & NORINE

PEID: VEND

ADDR TYPE  
 (AP,A1,A2,): 01

INV #: 100320

INV DATE: 07/03/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
225.00	00447	034800			LEGAL PROF SRVC	9393												
\$225.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VALDEZ VS. FRVFPD			1726 COURT STREET  PO BOX 990700  REDDING, CA 96099								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

AUTHORIZED SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_



**Kenny & Norine**  
1923 Court Street  
Redding, CA 96001  
Phone: 530-244-7777 Fax: 530-246-2836

**Date:**07/03/2024

FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
PO Box 670  
McArthur, CA 96056

**Re:** Fall River Valley Fire Protection District

**File#:** 9393

**Invoice#:** 100320

### Billing Summary

Invoice Amount:	\$225.00
Balance Due:	<u>                    </u> \$225.00

Make checks payable to KENNY & NORINE  
Please write the File# on your check



**Kenny & Norine**  
1923 Court Street  
Redding, CA 96001  
Phone: 530-244-7777 Fax: 530-246-2836

**INVOICE**

**Date:**07/03/2024  
**Invoice #:** 100320  
**Matter:** Fall River Valley Fire Protection District  
**File #:** 9393

**Bill To:**  
FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
PO Box 670  
McArthur, CA 96056

**Due Date:** 08/02/2024

Payments received after 07/03/2024 are not reflected in this statement.

**Professional Services**

<b>Date</b>	<b>Details</b>	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>
06/11/2024	JSK Email to Valdez's attorney re: equipment in fire hall; reply	0.60	\$250.00	\$150.00
06/21/2024	JSK Call from Board Chairman re: disruptive member of public at meeting	0.30	\$250.00	\$75.00
<b>For professional services rendered</b>		<u>0.90</u>		<u>\$225.00</u>

**Invoice Amount** \$225.00

**Balance Due** \$225.00





COUNTY OF SHASTA

STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)

CLAIMANT NAME:  
EXPRESS BUSINESS SERVICE

PEID: VEND011121 ADDR TYPE (01,02,03,): 01  
INV #: XF070724A  
INV DATE: 07/07/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1	R2
							1099	CHK
							NC RE	PU AT
							MH	PT ID
1,716.00	00447	011000			GROSS WAGES PPE 7/7/24			
106.39	00447	018100			SS TAX PPE 6/24/24 - 7/7/24			
24.89	00447	018100			M/C TAX PPE 6/24/24 - 7/7/24			
23.10	00447	018400			UI PPE 6/24/24 - 7/7/24			
150.87	<del>00447</del> 00461	034800			HR SERVICES PPE 7/7/24			
<b>2,021.25 TOTAL</b>								

**EXPLANATION (TEXT)**  
FALL RIVER VALLEY FIRE PROTECTION DIST  
PAY PERIOD 6/24/24 - 7/7/24  
PAY DATE: 7/12/24  
ACH DEPOSIT BY 7/12/24 IF NOT POSSIBLE  
NOTIFY LORI

**ADDRESS:** (If different from remittance advice or if no invoice)  
PO BOX 1469  
SHASTA LAKE, CA 96019

PO/ CONTRACT/  
BLANKET PO # \_\_\_\_\_

PARTIAL	FULL

For Value Received, I hereby sell,  
assign, transfer, and set over to  
\_\_\_\_\_ all my right,  
title and interest in the within claim.

Signed \_\_\_\_\_

The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued. Furthermore, if I am a county or district employee, I also certify that I have deducted the value of any personal gain I may have received including, but not limited to, cash back earned on a personal credit card, frequent flier miles, and room-stay rewards.

AUDITOR USE ONLY	DISTRICT USE ONLY	
I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:	
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
By Deputy County Auditor USER ID _____	BOARD MEMBER	DATE
DATE _____	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.	

CLAIMANT SIGNATURE  
*Lori A. Yarnell*  
DATE 07/09/24

AUTHORIZED SIGNATURE  
*Judy L Morgan*  
DATE \_\_\_\_\_

0H989506



Client Id: A79  
Federal Id: 874786770

Payroll Summary  
Pay Date: July 12, 2024

State Id: 16477879  
SUI Id: 16477879

Prd Beginning: June 24, 2024

Prd Ending: July 7, 2024

**FALL RIVER VALLEY FIRE PROT**

**Units/Hours**  
Regular 64.00

**Earnings/Pay**  
Regular 1716.00

**Misc Inc/(-)Ded**

Tot Units/Hours 64.00

Total Pay 1716.00

Total Other 0.00

**Employee Taxes**

**Employer's Taxes**

**Net Pay**

Fica Tax 106.39  
Medicare Tax 24.89  
Federal Tax 0.00  
CA State WH Tax 15.16  
CA SDI 18.88

Fica Tax 106.39  
Medicare Tax 24.89  
Fed. Unempl (FUTA) 0.00  
CA Unempl (SUI) 22.68  
CA Training Tax 0.42

Net Pay Checks 1550.68

Total W/H Taxes 165.32

Tot. Empl's Taxes 154.38

Total Net Pay 1550.68

**TAXES & OTHER PAYMENTS**

Date	EFTPS	941	CK.	EFTPS	Due	07/17/24	\$
07/12/24	ST_EFTPS	STWT	CK.	ST_EFTPS	Due	07/17/24	262.56
07/12/24	ST_EFTPS	SUI	CK.	ST_EFTPS	Due	07/17/24	34.04
07/12/24	EXPRESS BUSINESS SERVICE	P	CK.	ST_EFTPS	Due	07/17/24	23.10
			CK.	503			150.87

**DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2021.25**



Prd Beginning: June 24, 2024

**Payroll Check Register**  
**FALL RIVER VALLEY FIRE PROTECTION DISTRICT**  
 Pay Date: July 12, 2024

Prd Ending: July 7, 2024

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00	FICA MCare	10.54 2.47	CA - SDI	1.87			155.12	500
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	501
MORGAN, JODY	Gross Regular	24.00	54.00	1296.00	FICA MCare	80.35 18.79	CA - St Wh CA - SDI	15.16 14.26			1167.44	502
Grand Total...	Gross Regular		0.00 64.00	1716.00 1716.00	FICA MCare	106.39 24.89	CA - St Wh CA - SDI	15.16 18.88			1550.68	



# Express Business Service

P.O. Box 1469  
Shasta Lake, CA 96019  
(530) 710-2351

# Invoice

Date	Invoice #
7/8/2024	4643

<b>Bill To</b>
Fall River Valley Fire Protection Dist PO Box 670 McArthur, CA 96056

<b>Terms</b>
Net 10 days

Description	Quantity	Rate	Amount
Payroll Set-up Fee			
7/12/24 Payroll		100.00	100.00
Tax deposit		39.00	39.00
Postage	2	5.00	10.00
		1.87	1.87

Thank you for your business.

**Total** \$150.87









# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0  
Statement Date: 07/11/2024  
Due Date: 07/29/2024

## Service For:

FALL RIVER FIRE DISTRICT  
HWY 299 SS 4TH E/MAIN  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$49.32
Payment(s) Received Since Last Statement	-9.97
Previous Unpaid Balance	\$39.35
Current Electric Charges	\$32.21
Current Gas Charges	8.65

### Questions about your bill?

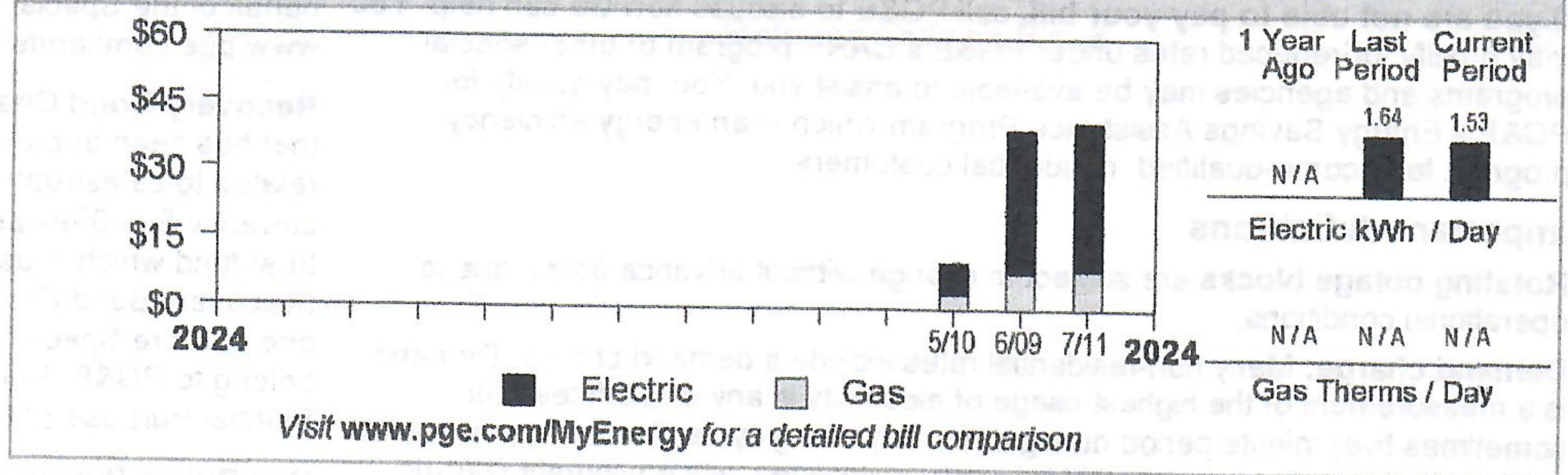
Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

### Ways To Pay

www.pge.com/waystopay

**Total Amount Due by 07/29/2024 \$80.21**

### Monthly Billing History



Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

999014604764440000000040860000008021



Account Number: **1460476444-0**  
Due Date: **07/29/2024**

Total Amount Due: **\$80.21**

Amount Enclosed:  
\$

769420126757 2 AB 0.547 716 6146 14



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7694201400614600300133





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

CLAIMANT NAME:

AT&T

PEID: VEND ADDR TYPE (AP,A1,A2,): 01  
 INV #: XF070224A  
 INV DATE: 07/02/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
29.06	00447	032500			INTERNET FOR TABLET	287306953864												
\$29.06	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			PO BOX 6463  CAROL STREAM, IL 60197-6463								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			AUDITOR USE ONLY  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID _____  DATE _____			DISTRICT USE ONLY  APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																		

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_





MCARTHUR VOLUNTEER FIRE DEPT.  
 ATTN: PO BOX 670  
 44283 HIGHWAY 299 E  
 MCARTHUR, CA 96056-8571

Page: 1 of 3  
 Issue Date: Jul 02, 2024  
 Account Number: 287306953864  
 Foundation Account: 57930593  
 Invoice: 287306953864X07102024

AutoPay: Set up automatic payments that you can update whenever you want. Go to [firstnetcentral.firstnet.com](http://firstnetcentral.firstnet.com) today.

Total due

# \$29.06

Please pay by:  
Jul 25, 2024

### Account summary

Your last bill	\$54.00
Payment, Jun 27 - Thank you!	-\$54.00
Remaining balance	\$0.00

### Service summary

	Wireless <span style="float: right; font-size: small;">Page 2</span>	\$29.06
Total services		\$29.06

**Total due** **\$29.06**

Please pay by Jul 25, 2024

### Ways to pay and manage your account:

- [firstnetcentral.firstnet.com](http://firstnetcentral.firstnet.com)
- Call 611  
from FirstNet device
- 800.574.7000**  
TTY: 866.241.6567  
from any other phone



...530.238.7976 continued

11. Regulatory Cost Recovery Charge \$1.25

---

**Total for 530.238.7976 \$29.06**

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**Total for Wireless \$29.06**

## News you can use

### FirstNet Social Media

YouTube: [youtube.com/firstnet](https://youtube.com/firstnet)  
LinkedIn: [linkedin.com/showcase/firstnet](https://linkedin.com/showcase/firstnet)  
Twitter: [twitter.com/firstnet](https://twitter.com/firstnet)  
Facebook: [facebook.com/firstnet](https://facebook.com/firstnet)Wireless Services provided by AT&T Mobility, LLC.  
© 2024 AT&T Intellectual Property. FirstNet and the FirstNet logo are registered trademarks of the First Responder Network Authority. All other marks are the property of their respective owners.

## Important information

### Late payment charge

Late payment charges for Corporate Responsibility User (CRU) accounts are applied according to applicable contracts.

### Electronic check conversion

Paying by check authorizes AT&amp;T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&amp;T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to \$30. Returned checks may be presented electronically.

### Company fees & surcharges

AT&T imposes additional charges on a per line basis, including federal and state universal service charges, an Administrative Fee (to defray certain expenses including charges AT&T or its agents pay to interconnect with other carriers to deliver calls from AT&T customers to their customers, and charges associated with cell site rents and maintenance), a Regulatory Cost Recovery Charge (to recover costs of compliance with certain government imposed regulatory requirements, including Wireless Number Portability and Number Pooling, and E911), and a Property Tax Allotment surcharge applied per Corporate Responsibility User's assigned number. These fees are not taxes or charges that the government requires AT&T to collect from its customers. See [att.com/mobilityfees](https://att.com/mobilityfees) for details.

### AT&T Mobility Center for customers with disabilities

Questions on accessibility by persons with disabilities: 866.241.6568.

### Wireless DirectBill charges

Detail of DirectBill charges can be viewed at [att.com/db](https://att.com/db). The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

### Tax ID

AT&amp;T Mobility Tax ID 84-1659970





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

CLAIMANT NAME:

SHASTA LAFCO

PEID: VEND005650

ADDR TYPE (AP,A1,A2,): 01

INV #: 24-25-20

INV DATE: 07/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																													
							NC RE MH	PU AT PT ID																													
565.52	00447	051387			2024-2025 LAFCO DUES																																
\$565.52	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																															
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<table border="1"> <tr> <td colspan="2">AUDITOR USE ONLY</td> <td colspan="2">DISTRICT USE ONLY</td> </tr> <tr> <td colspan="2" rowspan="5">           I hereby certify that the above claim was examined and approved by this office.             By Deputy County Auditor  <u>USER ID</u>   <u>DATE</u> </td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td colspan="2">           The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.         </td> <td colspan="2">           I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.         </td> </tr> </table>			AUDITOR USE ONLY		DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>		APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		PO BOX 8693  SOUTH LAKE TAHOE, CA 96158		
PARTIAL	FULL																																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																																				
AUDITOR USE ONLY		DISTRICT USE ONLY																																			
I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>		APPROVED BY:																																			
		BOARD MEMBER	DATE																																		
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The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																																			

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_









**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

**CLAIMANT NAME:**

FRONTIER

**PEID:** VEND002352

**ADDR TYPE**  
 (AP,A1,A2,): 03

**INV #:** XF071924A

**INV DATE:** 07/19/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
172.21	00447	032500			PHONE BILL 6/20/24-7/19/24	5303366117072291						
(53.01)	00447	032500			CREDIT TO ACCOUNT FOR OVER PMT	5303366117072291						
\$119.20	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b>		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			BOARD MEMBER	DATE								
<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			BOARD MEMBER	DATE					
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						BOARD MEMBER	DATE					
						BOARD MEMBER	DATE					

**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_





Your Monthly Invoice

Account Summary

<b>New Charges Due Date</b>	<b>7/15/24</b>
Billing Date	6/20/24
Account Number	530-336-6117-072291-8
PIN	1152
Previous Balance	187.48
Payments Received Thru 5/24/24	-240.49
Thank you for your payment!	
Balance Forward	-53.01
New Charges	172.21
<b>Total Amount Due</b>	<b>\$119.20</b>



ANYTIME,  
ANYWHERE  
SUPPORT

Our new MyFrontier® app makes it easy to manage your account, make a payment, track your orders and get support on the go.

[frontier.com/resources/myfrontier-mobile-app](http://frontier.com/resources/myfrontier-mobile-app)

WAYS  
TO PAY  
YOUR  
BILL



[frontier.com/  
signupforautopay](http://frontier.com/signupforautopay)



800-801-6652



MyFrontier app



P.O. Box 211579  
Eagan, MN 55121-2879

6790 0002 NO RP 20 06202024 NNNNNNYN 01 000313 0001

FALL RIVER MILLS FIRE DEPT  
PO BOX 670  
MCARTHUR CA 96056-0670



PAYMENT STUB

**Total Amount Due** **\$119.20**

New Charges Due Date 7/15/24

Account Number 530-336-6117-072291-8

**Amount Enclosed** **\$**

Mail Payment To:

FRONTIER  
P.O. BOX 740407  
CINCINNATI, OH 45274-0407



18700653033661170722910000000000000000119208





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

CLAIMANT NAME:

WILGUS FIRE CONTROL, INC.

PEID: VEND

ADDR TYPE (AP,A1,A2,): 01

INV #: 143459

INV DATE: 06/26/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																	
							NC RE MH	PU AT PT ID																	
255.58	00447	033500			EXTINGUISHER SERVICE																				
\$255.58	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																			
PO/ CONTRACT/ BLANKET PO #						4544 MOUNTAIN LAKES BLVD  REDDING, CA 96003																			
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>									PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_



WILGUS FIRE CONTROL INC.  
 SAFEGUARD FIRE PROTECTION  
 4544 Mountain Lakes Blvd.  
 REDDING, CA 96003

# Invoice

Date	Invoice #
6/26/2024	143459

Bill To
Fall River Fire Dist. P.O. Box 670 McArthur, CA 96056

Ship To
43155 Hwy 299 McArthur CA

P.O. No.	Terms	Rep
	NET 10	MH

Qty	S / W Part #	Description	Price Each	Amount
1	Service call	Service call		
3	Xserv	Extinguisher Service 2 5 lb, 1 10 lb	50.00	50.00
7	ABC	ABC Dry Chemical	15.00	45.00
3	Labor	Ext. labor recharge	7.00	49.00T
2	6092	Amerex Valve Stem	10.00	30.00
2	OR27	Head Seal / O-ring	17.00	34.00T
1	440068	Kidde Valve Stem	3.00	6.00T
1	340035K	Kidde Collar Seal / O-ring	17.00	17.00T
3	Mylar-Yellow	Annual Extinguisher Service Labels	3.00	3.00T
2	NPP	Pull pin	2.25	6.75T
			3.00	6.00T
		Contact Johnathon 227-9375		

		<b>Sales Tax (7.25%)</b>	\$8.83
		<b>Total</b>	\$255.58

Phone #	Fax #	E-mail	Web Site
(530) 241-2465	(530) 241-2473	safeguard@wilgusfire.com	www.wilgusfire.com







**Do it Best Valley Hardware & Nursery, LLC**

P. O. Box 160

43185 Hwy 299E

Fall River Mills, CA 96028

530-336-5583 Fax: 530-336-5467

valleyhardware.co

# Statement

For the period: 5/31/2024 to 07/01/2024

Terms: Net 28 Days End of Month

**Fall River Valley Fire Protection District**

P.O. Box 396

Fall River Mills, Ca 96028

Account #: FR Fire District

Alternate Name:

Fall River Valley Fire

Date	Reference	PO / REF	Due Date	Credit	Debit
5/31/2024	Previous Balance				
06/06/2024	B319624	033700	07/31/2024		\$86.82
06/12/2024	B320010	035500	07/31/2024		\$47.15
06/18/2024	A424063	035506	07/31/2024		\$13.71
06/24/2024	Payment Received	2048		(\$86.82)	\$1.22
06/27/2024	B321103	034500	07/31/2024		\$2.01
<b>Totals:</b>				<b>(\$86.82)</b>	<b>\$150.91</b>

**Account Summary**

Previous Balance:	\$86.82
Payments, Credits	(\$86.82)
Purchases, Charges	\$64.09
<b>New Balance:</b>	<b>\$64.09</b>

**New Balance:**

**\$64.09**

Happy 4th of July!!



Do it Best Valley Hardware  
43185 Hwy 299E  
Fall River Mills, CA 96028  
530-336-5583

Transaction#: B319624  
Associate: Employee  
Date: 06/06/2024 Time: 03:16:42 PM  
Due Date: 07/31/2024

\*\*\* SALE \*\*\*

Bill To:  
Customer # FR Fire District  
Fall River Valley Fire Protection District  
Fall River Valley Fire  
P.O. Box 396  
Fall River Mills, Ca 96028

3PK HOT SHOT FOGGER  
709107  
4.00 EACH @ \$10.99 T \$43.96  
071121961808

Subtotal: \$43.96  
7.25% - State Tax: \$3.19  
TOTAL: \$47.15

INVOICE: \$47.15  
CHANGE: \$0.00

A Minimum Finance Charge of  
\$1.00 or 2.2% per month  
applies to all past due balances

033700

*BOND*

(X) \_\_\_\_\_  
bud

Thank You!

Transaction#: A424063  
Associate: Cody  
Date: 06/18/2024 Time: 10:46:30 AM

Due Date: 07/31/2024

\*\*\* SALE \*\*\*

Bill To:  
Customer # FR Fire District  
Fall River Valley Fire Protection District  
Fall River Valley Fire  
P.O. Box 396  
Fall River Mills, Ca 96028

Fasteners -  
6.00 EACH @ \$0.19 T \$1.14

Subtotal: \$1.14  
7.25% - State Tax: \$0.08  
TOTAL: \$1.22

INVOICE: \$1.22  
CHANGE: \$0.00

A Minimum Finance Charge of  
\$1.00 or 2.2% per month  
applies to all past due balances

035500

*BOND*

(X) \_\_\_\_\_  
bud

Thank You!

Do it Best Valley Hardware  
43185 Hwy 299E  
Fall River Mills, CA 96028  
530-336-5583

Transaction#: B320010  
Associate: Employee  
Date: 06/12/2024 Time: 09:35:15 AM  
Due Date: 07/31/2024

\*\*\* SALE \*\*\*

Bill To:  
Customer # FR Fire District  
Fall River Valley Fire Protection District  
Fall River Valley Fire  
P.O. Box 396  
Fall River Mills, Ca 96028

9/64" TITANIUM BIT  
359506  
1.00 EACH @ \$5.29 T \$5.29  
1/8" TITANIUM BIT  
359515  
1.00 EACH @ \$7.49 T \$7.49

Subtotal: \$12.78  
7.25% - State Tax: \$0.93  
TOTAL: \$13.71

INVOICE: \$13.71  
CHANGE: \$0.00

A Minimum Finance Charge of  
\$1.00 or 2.2% per month  
applies to all past due balances

035500

*BOND*

(X) \_\_\_\_\_  
bud

Thank You!

Do it Best Valley Hardware  
43185 Hwy 299E  
Fall River Mills, CA 96028  
530-336-5583

Transaction#: B321103  
Associate: Employee  
Date: 06/27/2024 Time: 03:39:23 PM

Due Date: 07/31/2024

\*\*\* SALE \*\*\*

Bill To:  
Customer # FR Fire District  
Fall River Valley Fire Protection District  
Fall River Valley Fire  
P.O. Box 396  
Fall River Mills, Ca 96028

1000PK REGSMITHPAPER CLIP  
973793  
1.00 BOX @ \$0.49 T \$0.49  
035255656382  
12PK SMALL BINDER CLIP  
973769  
1.00 BOX @ \$0.99 T \$0.99  
9x12 Manila Envelope  
187021  
1.00 EACH @ \$0.39 T \$0.39  
718103409155

Subtotal: \$1.87  
7.25% - State Tax: \$0.14  
TOTAL: \$2.01

INVOICE: \$2.01  
CHANGE: \$0.00

A Minimum Finance Charge of  
\$1.00 or 2.2% per month  
applies to all past due balances

034500

*Cody L Morgan*

(X) \_\_\_\_\_  
Jody

Thank You!

Do it Best Valley Hardware  
43185 Hwy 299E  
Fall River Mills, CA 96028  
530-336-5583





**COUNTY OF SHASTA**

STATE OF CALIFORNIA  
 AUTHORIZATION FOR  
 RELEASE OF FUNDS  
 (ONE INVOICE PER  
 FORM)

**CLAIMANT NAME:**

HIWAY GARAGE

PEID: VEND016813

ADDR TYPE (AP,A1,A2,): 01

INV #: XF062524A

INV DATE: 06/25/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
							NC RE MH	PU AT PT ID
88.00	00447	035900			INV # 073095			
163.52	00447	035900			INV # 073096			
\$251.52	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/  
BLANKET PO # \_\_\_\_\_

PARTIAL	FULL
<input type="checkbox"/>	<input checked="" type="checkbox"/>

073095 - 16.18 GAL DIESEL  
 073096 - 12.227 GAL DIESEL  
 20.224 GAL DIESEL

44275 HWY 299E  
 MCARTHUR, CA 96056

For Value Received, I hereby sell,  
 assign, transfer, and set over to  
 \_\_\_\_\_ all my right,  
 title and interest in the within claim.  
 Signed \_\_\_\_\_

**AUDITOR USE ONLY**

I hereby certify that the above claim was examined and approved by this office.

By Deputy County Auditor  
 USER ID \_\_\_\_\_  
 DATE \_\_\_\_\_

DISTRICT USE ONLY	
APPROVED BY:	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE

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INSTRUCTIONS:

1. Complete, date and sign form.
2. Obtain Department Head signature.
3. Districts obtain board signatures.
4. Attach supporting documentation.
5. Forward to County Auditor-Controller.

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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_



Hiway Garage Inc  
 44275 Hwy 299E  
 CA 96056

# Statement

Date
6/25/2024

To:
Fall River Valley Fire Protection Distric PO Box 670 McArthur, California 96056

		Amount Due	Amount Enc.		
		\$251.52			
Date	Transaction	Amount	Balance		
05/25/2024	Balance forward		211.45		
06/07/2024	INV #073095. Due 07/07/2024. --- Diesel, 16.18 @ \$5.43881 = 88.00 --- Tax: 7.25 @ 7.25% = 0.00	88.00	299.45		
06/07/2024	INV #073096. Due 07/07/2024. --- Diesel, 12.227 @ \$5.43878 = 66.50 --- Fuel Discount \$-4.89 --- Diesel, 20.224 @ \$5.43908 = 110.00 --- Fuel Discount \$-8.09 --- Tax: 7.25 @ 7.25% = 0.00	163.52	462.97		
06/11/2024	PMT #2052.	-211.45	251.52		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
251.52	0.00	0.00	0.00	0.00	\$251.52



Hiway Garage  
 44275 Hwy 299 East  
 McArthur, CA 96056

073096

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 6-7-2024

NAME FALL RIVER UNION F.P.D.

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOLD BY CASH C.O.D. CHARGE ON ACCT. MIDSE. RETD. PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	12.2 DIESEL		61.61
2			
3	(WT-16)		
4			
5	20.2 DIESEL		101.91
6	(F215)		
7			
8			
9			
10			
11			
12			

RECEIVED BY \_\_\_\_\_

A-4705 T-46526 01-11

KEEP THIS SLIP FOR REFERENCE

Hiway Garage  
 44275 Hwy 299 East  
 McArthur, CA 96056

073095

CUSTOMER'S ORDER NO. \_\_\_\_\_ DATE 6-7-24

NAME FRVFD

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOLD BY CASH C.O.D. CHARGE ON ACCT. MIDSE. RETD. PAID OUT

QUAN.	DESCRIPTION	PRICE	AMOUNT
1			
2	16.18 Diesel		88.00
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

RECEIVED BY \_\_\_\_\_

A-4705 T-46526 01-11

KEEP THIS SLIP FOR REFERENCE









# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0  
Statement Date: 06/09/2024  
Due Date: 06/26/2024

## Service For:

FALL RIVER FIRE DISTRICT  
HWY 299 SS 4TH E/MAIN  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$9.97
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$9.97
Current Electric Charges	\$31.24
Current Gas Charges	8.11

### Questions about your bill?

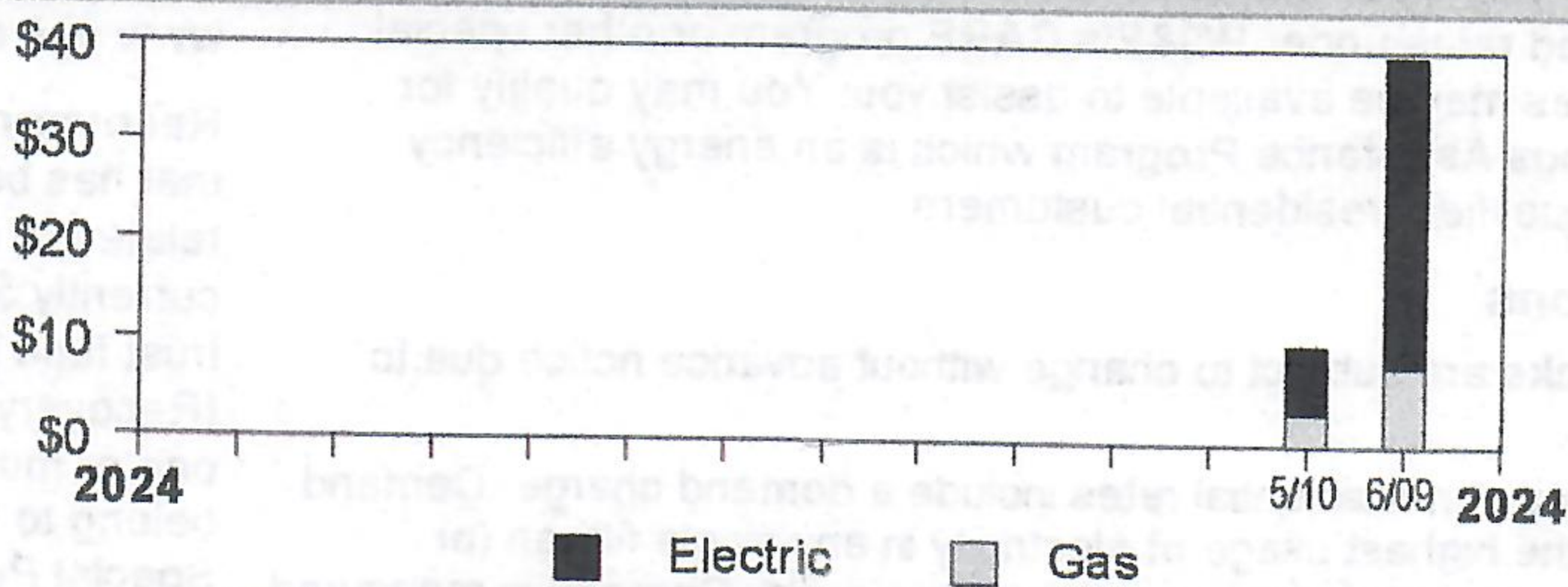
Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
www.pge.com/MyEnergy

**Total Amount Due by 06/26/2024 \$49.32**

### Ways To Pay

www.pge.com/waystopay

### Monthly Billing History



Visit www.pge.com/MyEnergy for a detailed bill comparison

### Important Messages

**Your commercial gas rate** Your gas usage is currently billed on a non-residential (commercial or industrial) rate. If this is incorrect, please call us at 1-800-468-4743.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99901460476444000000039350000004932



Account Number: **1460476444-0** Due Date: **06/26/2024**

Total Amount Due: **\$49.32**

Amount Enclosed:  
\$

753760121379 1 AB 0.547 662 12762 11



FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7537601101276200300111





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0

Statement Date: 06/09/2024

Due Date: 06/26/2024

## Details of Electric Charges

05/09/2024 - 06/07/2024 (30 billing days)

Service For: HWY 299 SS 4TH E/MAIN

Service Agreement ID: 1462921086

Rate Schedule: B1 Bus Low Use

### 05/09/2024 - 05/31/2024

Customer Charge	23 days @ \$0.32854	\$7.56
Energy Charges		
Peak	2.359000 kWh @ \$0.44169	1.04
Off Peak	35.934000 kWh @ \$0.42557	15.29
Energy Commission Tax		0.01

### 06/01/2024 - 06/07/2024

Customer Charge	7 days @ \$0.32854	\$2.30
Energy Charges		
Peak	0.415000 kWh @ \$0.51711	0.21
Part Peak	2.487000 kWh @ \$0.46788	1.16
Off Peak	8.216000 kWh @ \$0.44707	3.67

## Total Electric Charges

**\$31.24**

## Rate Identification Number



USCA-PGPG-0600-0000

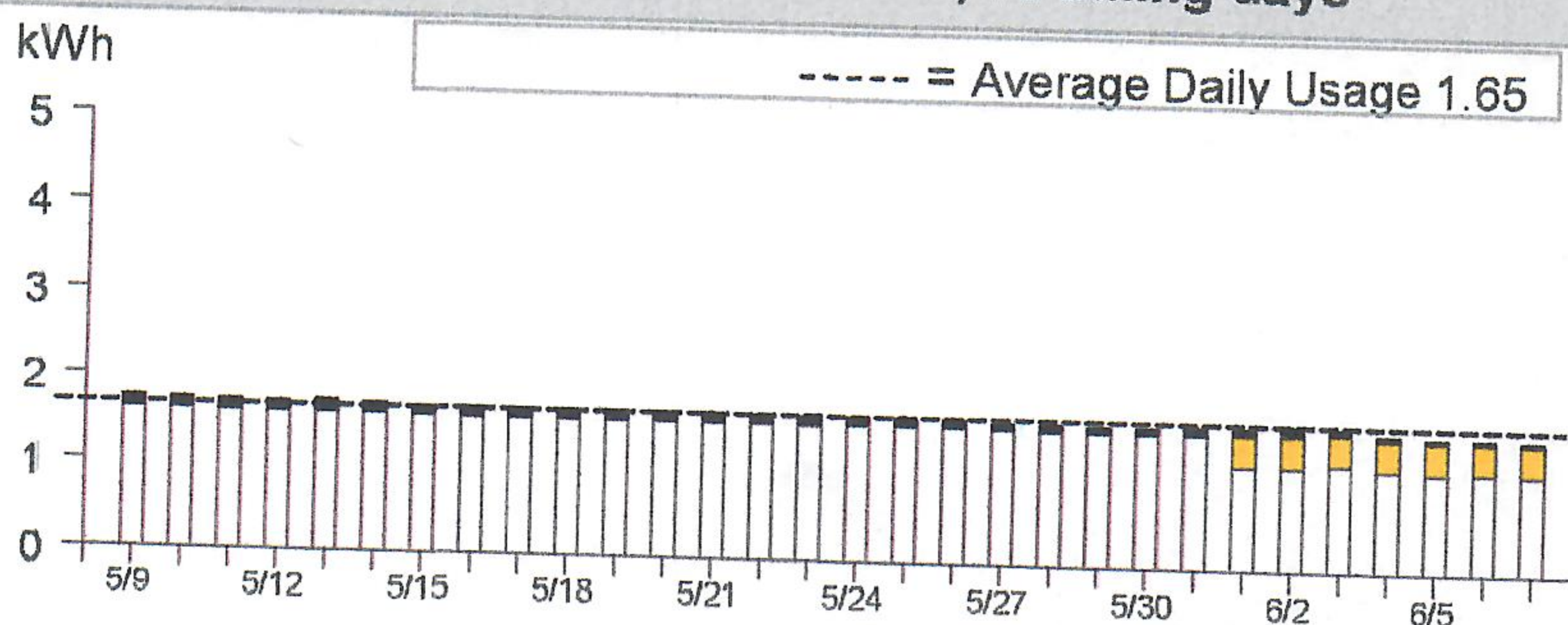
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter #	1009033324
Total Usage	49.411000 kWh
Serial	P
Rotating Outage Block	50

## Electric Usage This Period: 49.411000 kWh, 30 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	5.61%	\$1.25
Part Peak <sup>2</sup>	5.04%	\$1.16
Off Peak <sup>3</sup>	89.35%	\$18.96
Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>Peak: Year-round, Daily, 4:00pm-9:00pm

<sup>2</sup>Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

<sup>3</sup>Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm

Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm

<sup>4</sup>Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm

Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison.

7537601101276200300211







# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 1460476444-0  
Statement Date: 06/09/2024  
Due Date: 06/26/2024

## Your Electric Charges Breakdown (from page 2)

Generation	\$8.08
Transmission	1.54
Distribution	20.07
Electric Public Purpose Programs	1.26
Nuclear Decommissioning	-0.13
Wildfire Fund Charge	0.27
Recovery Bond Charge	0.30
Recovery Bond Credit	-0.30
Wildfire Hardening Charge	0.10
Competition Transition Charges (CTC)	0.04
Taxes and Other	0.01
<b>Total Electric Charges</b>	<b>\$31.24</b>

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**COUNTY OF SHASTA**

**STATE OF CALIFORNIA  
AUTHORIZATION FOR  
RELEASE OF FUNDS  
(ONE INVOICE PER  
FORM)**

**CLAIMANT NAME:**

PG&E

**PEID:** VEND004720

**ADDR TYPE**  
(AP,A1,A2,): 04

**INV #:** XF061124A

**INV DATE:** 06/11/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1-1099	R2-CHK										
							NC-RE MH	PU-AT PT-ID										
84.81	00447	036100			ELECTRIC 05/14/24-06/11/24	3879934300-9												
\$84.81	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
<b>PO/ CONTRACT/ BLANKET PO #</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> </div>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY RD HALL			PO BOX 997300  SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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<b>INSTRUCTIONS:</b> 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.															

**CLAIMANT SIGNATURE**

**DATE**

**AUTHORIZED SIGNATURE**

**DATE**









# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9  
Statement Date: 06/12/2024  
Due Date: 07/01/2024

## Details of Electric Charges

05/14/2024 - 06/11/2024 (29 billing days)

Service For: 29277 DAY RD  
Service Agreement ID: 3873814130  
Rate Schedule: B1 Bus Low Use

### 05/14/2024 - 05/31/2024

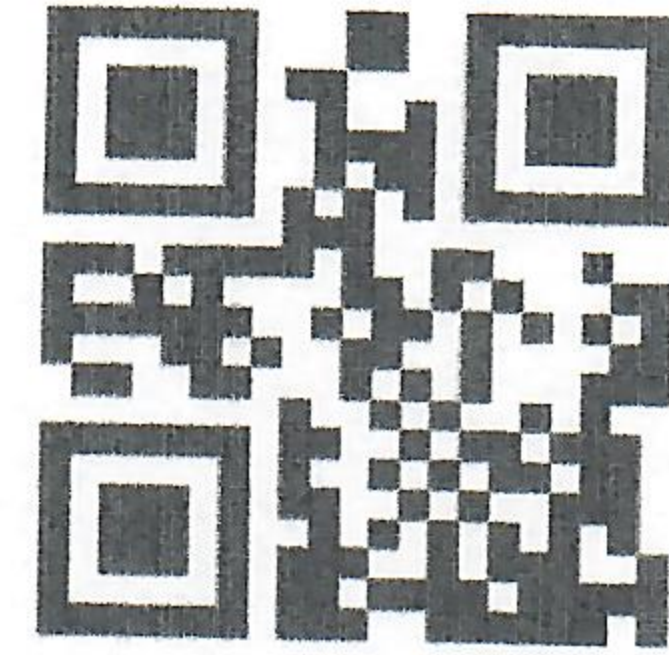
Customer Charge	18 days @ \$0.32854	\$5.91
Energy Charges		
Peak	20.747000 kWh @ \$0.44169	9.16
Off Peak	64.336000 kWh @ \$0.42557	27.38
Super Off Peak	19.937000 kWh @ \$0.40915	8.16
Energy Commission Tax		0.03

### 06/01/2024 - 06/11/2024

Customer Charge	11 days @ \$0.32854	\$3.61
Energy Charges		
Peak	13.197000 kWh @ \$0.51711	6.82
Part Peak	11.128000 kWh @ \$0.46788	5.21
Off Peak	41.401000 kWh @ \$0.44707	18.51
Energy Commission Tax		0.02

**Total Electric Charges \$84.81**

## Rate Identification Number



USCA-PGPG-0600-0000

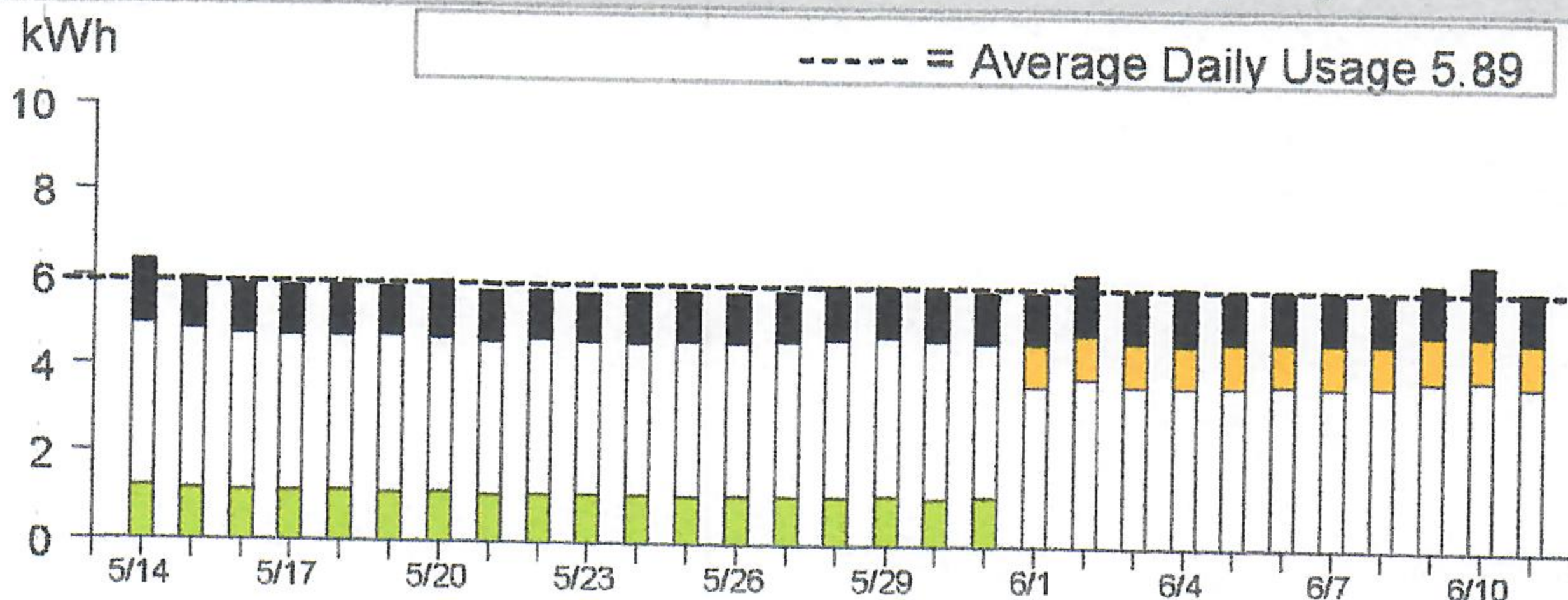
www.pge.com/rin

To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter #	1008669299
Total Usage	170.746000 kWh
Serial	S
Rotating Outage Block	50

## Electric Usage This Period: 170.746000 kWh, 29 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	19.87%	\$15.98
Part Peak <sup>2</sup>	6.54%	\$5.21
Off Peak <sup>3</sup>	61.92%	\$45.89
Super Off Peak <sup>4</sup>	11.67%	\$8.16

<sup>1</sup>Peak: Year-round, Daily, 4:00pm-9:00pm

<sup>2</sup>Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm

<sup>3</sup>Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm  
Winter, 10/1-2/28, Daily, 9:00pm-4:00pm

Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm

<sup>4</sup>Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm