



# 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

AUGUST 16, 2024 AT 10:00 AM

### PARTICIPATION IN 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):
- CHIEF REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):





## Fall River Valley Fire Protection District

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- TRAININGS
- FACILITIES
- EQUIPMENT
- INCIDENT REPORTS
- BOARD OF DIRECTORS AD-HOC COMMITTEE REPORTS (DISCUSSION; NO ACTION WILL BE TAKEN):
- 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 By-Laws (Ad-Hoc Committee).
3. Discussion and possible action on Audit update (Jacqueline Santoyo & Jody Morgan).
4. Discussion and possible action to form a Goals Committee (Ad-Hoc) within the District.

### **NEW BUSINESS:**

1. Discussion and possible action to purchase a secure outdoor bulletin board at the Fall River Hall.

### **ADJOURNMENT**



FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
DEPOSITS AND CLAIMS

Deposits	Date	Purpose	Amount
		Total Deposits	\$ -

Expenditures	Date	Purpose	Amount
ED STAUB & SONS	7/15/2024	FUEL	\$ 460.71
MCCLEELAN INDUSTRIES	7/24/2024	EQUIPMENT MAINTENANCE	\$ 2,256.61
HIWAY GARAGE	7/25/2024	FUEL	\$ 29.85
PGE	7/25/2024	FALL RIVER HALL	\$ 181.66
PGE	7/29/2024	299 & GROVE	\$ 9.53
PGE	7/29/2024	MCARTHUR MAIN HALL 1	\$ 97.99
PGE	7/30/2024	DAY RD HALL	\$ 92.90
PGE	7/31/2024	PITTVILLE HALL	\$ 21.04
COM-PAIR	8/1/2024	INTERNET	\$ 110.00
EXPRESS BUSINESS SVCS	8/4/2024	PAYROLL PPE 8/4/24	\$ 3,049.33
FRONTIER	8/19/2024	PHONE/INT	\$ 414.40
		Total Expenditures	\$ 6,724.02





**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 #: 272163

INV DATE: 07/15/24

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										
68.55	00447	035900			FUEL 15.933 GAL	130043												
65.89	00447	035900			FUEL 12.267 GAL	130043												
161.52	00447	035900			FUEL 32.521 GAL	130043												
109.42	00447	035900			FUEL 25.434 GAL	130043												
55.33	00447	035900			FUEL 10.553	130043												
\$460.71	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"/>	CARD: 708886314676740 7/9/24: 15.933 GAL = \$68.55 7/15/24: 13.267 GAL = 65.89 CARD: 708886314676765 7/14/24: 32.521 GAL = 161.52 CARD: 708886314676781 7/7/24: 25.434 GAL = 109.42 CARD: 708886314676700			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 _____			<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 \_\_\_\_\_





PO Box 488, Klamath Falls, OR 97601-0339



Date: 7/15/2024  
Customer Account: 130043

Account Summary

Previous Balance	\$	\$160.73
New Payments	\$	\$0.00
New Prompt Pay Disc	\$	\$0.00
New Invoices	\$	\$460.71
Total Balance Due	\$	\$621.44

50  
093204



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: 7/1/2024 - 7/15/2024



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	PAST DUE	\$192.47
7/15/2024	8/10/2024	272163	Cardlock Invoice - Transactions from 7/1/2024-7/15/2024	\$460.71	\$4.89	7/25/2024	\$460.71
<b>TOTAL:</b>							<b>\$653.18</b>

Open and new Payments for the Current Billing Cycle: 7/1/2024 - 7/15/2024



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



CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$621.44	\$0.00	\$0.00	\$0.00	\$0.00	\$621.44

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

Account: 130043

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: 272163  
 Invoice Date: 07/15/2024  
 Invoice Total: \$460.71  
 Payment Due By: 08/10/24  
 Discount Date: 07/25/2024  
 Discount Amount: \$4.89

MCARTHUR 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: 708886314676740 AP</b>						<b>Previous Odometer: 1</b>				
<b>Vehicle: 0</b>										
07/09/24	8:29p		FC-Fall River M, CA	0	9	CARBDYED	15.933	N	4.3024	68.55
07/15/24	8:44p		FC-Fall River M, CA	0	0	CARBDSL	13.267	N	4.9672	65.89
<b>Subtotal</b>							<b>29.200</b>			<b>134.44</b>
<b>Card: 708886314676765 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
07/14/24	3:22p		FC-Fall River M, CA	0	12948	CARBDSL	32.521	N	4.9672	161.52
<b>Subtotal</b>							<b>32.521</b>			<b>161.52</b>
<b>Card: 708886314676781 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
07/07/24	3:46p		FC-Fall River M, CA	0	0	CARBDYED	25.434	N	4.3024	109.42
<b>Subtotal</b>							<b>25.434</b>			<b>109.42</b>
<b>Card: 708886314676799 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
07/14/24	10:16a		FC-Fall River M, CA	0	0	CARBDSL	10.553	N	5.2418	55.33
<b>Subtotal</b>							<b>10.553</b>			<b>55.33</b>

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
		Average	Total	Federal	State	Other	Sales	Total	Gals With	Gals W/O
State	Product	Price	Amount	Tax	Tax	Tax	Tax	Gallons	State Tax	State Tax
CA	DIESEL #2 CARB (CA ONLY)	5.0184	282.74	2.56	27.15	0.40	29.59	56.34	56.34	0.00
CA	DIESEL #2 CARB RED DYE	4.3022	177.97	0.00	1.16	0.29	12.04	41.37	41.37	0.00
CA	State Total	4.7152	460.71	2.56	28.31	0.69	41.63	97.71	97.71	0.00
	Invoice Total	4.7152	460.71	2.56	28.31	0.69	41.63	97.71	97.71	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
40 AP	115.87	29.200	0.00	6.84	0.20	11.53	134.44
65 ALL PRODUCT	128.74	32.521	0.00	15.67	0.23	16.88	161.52
81 ALL PRODUCT	101.13	25.434	0.00	0.71	0.18	7.40	109.42
99 ALL PRODUCT	41.78	10.553	2.56	5.09	0.08	5.82	55.33
	387.52	97.708	2.56	28.31	0.69	41.63	460.71

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	97.708





(541) 887-8545

Account Number: 234084  
 Invoice Number: 273289  
 Invoice Date: 07/15/2024  
 Invoice Total: \$287.27  
 Payment Due By: 08/10/24  
 Discount Date: 07/25/2024  
 Discount Amount: \$2.98

1324  
093203



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										
07/03/24	12:14p		FC-Fall River M, CA	0	0	CARBDSL	32.705	N	4.6917	153.44
07/08/24	11:53a		FC-Fall River M, CA	0	0	CARBDSL	13.336	N	4.9672	66.23
07/09/24	8:41p		FC-Fall River M, CA	0	0	CARBDSL	13.608	N	4.9672	67.60
<b>Subtotal</b>							<b>59.649</b>			<b>287.27</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)	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00
CA	State Total	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00
	Invoice Total	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	228.16	59.649	0.00	28.75	0.43	29.93	287.27
	228.16	59.649	0.00	28.75	0.43	29.93	287.27

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	59.649

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	59.6	287.27
<b>TOTAL</b>		<b>287.27</b>

CUSTOMER DISCOUNT \$ 2.98 PLEASE PAY THIS AMOUNT  
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$287.27  
 received 07/25/24 Volume eligible is 59.65 at a rate of \$ 0.0500

<b>INVOICE TOTALS</b>	<b>QUANTITY: 59.649</b>	<b>AMOUNT DUE: \$ 287.27</b>
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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



**FALL RIVER FIRE DISTRICT**

**Acct Number: 234084**

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:**

MCLELLAN INDUSTRIES, INC

PEID: VEND

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

INV #: H241155-IN

INV DATE: 07/24/24

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																				
2,256.61	00447	033500			EQUIPMENT MAINTENANCE	20-MC400																						
\$2,256.61	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																						
PO/ CONTRACT/ BLANKET PO #						13221 CROWN AVE.  HANFORD, CA 93230																						
<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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For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td>APPROVED BY:</td> <td> </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>By Deputy County Auditor</td> <td> </td> <td> </td> </tr> <tr> <td>USER ID</td> <td> </td> <td> </td> </tr> <tr> <td>DATE</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.	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor			USER ID			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.	
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INSTRUCTIONS:																												
<ol style="list-style-type: none"> <li>Complete, date and sign form.</li> <li>Obtain Department Head signature.</li> <li>Districts obtain board signatures.</li> <li>Attach supporting documentation.</li> <li>Forward to County Auditor-Controller.</li> </ol>																												
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 \_\_\_\_\_





REMIT TO:  
 McLellan Industries, Inc.  
 13221 Crown Ave.  
 Hanford, CA 93230  
 (559) 582-8100 (800) 445-8449  
 Fax: Admin./ MFG (559) 582-8155  
 Fax: Sales/ Purch. (559) 582-8803

\*\*\*\*INVOICE\*\*\*\*

McLellan Industries, Inc.  
 13221 Crown Ave.  
 Hanford, CA 93230  
 (559) 582-8100

Invoice Number: H241155-IN  
 Invoice Date: 7/24/2024  
 Order Number: H241155  
 Order Date: 7/22/2024  
 Sales Person: DH  
 Customer NO: 20-MC400

FALL RIVER FIRE DISTRICT  
 P.O. BOX 670  
 Mcarthur, CA 96056

FALL RIVER FIRE DISTRICT  
 44275 HWY 299  
 ATTN: RICK GOMES  
 Mcarthur, CA 96056

Confirm To: RICK  
 Comment: MC-347 & PARTS

Tax Code: CA Z

Customer P.O.	Ship Via	F.O.B.	Terms
WT-016	UPS	HANFORD	NET 30 DAYS

Item No.	Unit	Ordered	Shipped	Back Ord	Price	Amount
MC-347 PUMP, WATER SAE 5 MNT CW MECH SER #0624014	EACH	1.000	1.000	0.000	1,875.00	1,875.00
			<b>Whse: 001</b>			
75-3T GASKET, T FOR 3" orange stripe	EACH	1.000	1.000	0.000	18.00	18.00
			<b>Whse: 001</b>			
75-4T GASKET, T ORANGE FOR 4" COUPL	EACH	1.000	1.000	0.000	23.00	23.00
			<b>Whse: 001</b>			

In the event an attorney is retained to enforce collection of payment, the prevailing party in the dispute shall be entitled to recover reasonable attorneys' fees and court costs in such action or proceeding, in an amount to be determined by the court.

Net Invoice:	1,916.00
Less Discount:	0.00
Shipping:	201.70
Sales Tax:	138.91
<b>Invoice Total:</b>	<b>2,256.61</b>
Less Deposit:	0.00
Invoice Balance	2,256.61

PAST DUE ACCOUNTS C.O.D.  
 PLEASE PAY FROM INVOICE



Statement Date: 8/1/2024

Sales Person: DAVID MUNCY

McLellan Industries, Inc.  
 13221 Crown Ave.  
 Hanford, CA 93230  
 (559) 582-8100

FALL REIVER FIRE DISTRICT  
 P.O. BOX 670  
 Mcarthur, CA 96056

Customer NO: 20-MC400

Contact: RICK GOMES

Date	Reference	Description	Charge	Credit	Balance
7/24/2024	H241155-IN	MC-347 & PARTS	2,256.61		2,256.61

Total: 2,256.61

Current	30 Days	60 Days	90 Days	120 Days	Balance Due
2,256.61	0.00	0.00	0.00	0.00	2,256.61





**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 #: XK072524A

INV DATE: 07/25/24

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										
29.85	00447	035900			INV #273077 9.007 GAL													
\$29.85	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
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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.			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 \_\_\_\_\_







# 273077 / FRU FPD

Hiway Garage, 1  
44275 Hwy 299 E  
McArthur, CA 96056

07/08/24 5:19:41 PM  
Register: 1 Trans #: 9743 Op ID: 91  
Your cashier: Area  
UNLEAD REG CA PUMP# 1 \$32.25 99  
6.007 GAL @ \$5.369/GAL

DISCOUNTS APPLIED AFTER FUELING:  
Employee Discount \$-0.400/GAL \$-2.40

Fuel Item Total \$29.85

-----  
Subtotal = \$29.85  
Tax = \$0.00  
-----  
Total = \$29.85

Change Due = \$0.00  
Other \$29.85

Footer

Customer Copy

Hiway Garage 273077  
44275 Hwy 299 East  
McArthur, CA 96056

CUSTOMER'S ORDER NO.		DATE	
NAME		9-8-2024	
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
			<input checked="" type="checkbox"/>
			MIDSE. RETD.
			PAID OUT
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	6.07 - UNL		29.85
2	# P16		
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
RECEIVED BY			

A-4705  
T-46528  
01-11  
KEEP THIS SLIP FOR REFERENCE





**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 #: XF072524A

INV DATE: 07/25/24

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										
15.11	00447	036100			GAS 6/27/24-07/25/24	7137624533-9												
166.55	00447	036100			ELECTRIC 6/27/24-7/25/24	7137624533-9												
\$181.66	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.			<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
BOARD MEMBER	DATE																	
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BOARD MEMBER	DATE																	
BOARD MEMBER	DATE																	
BOARD MEMBER	DATE																	
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.																		
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: 7137624533-9  
Statement Date: 07/28/2024  
Due Date: 08/14/2024

## Service For:

FALL RIVER FIRE DISTRICT  
Please see details page.

## Your Account Summary

Amount Due on Previous Statement	\$396.72
Payment(s) Received Since Last Statement	-180.26
Previous Unpaid Balance	\$216.46
Current Electric Charges	\$166.55
Current Gas Charges	15.11

**Total Amount Due by 08/14/2024 \$398.12**

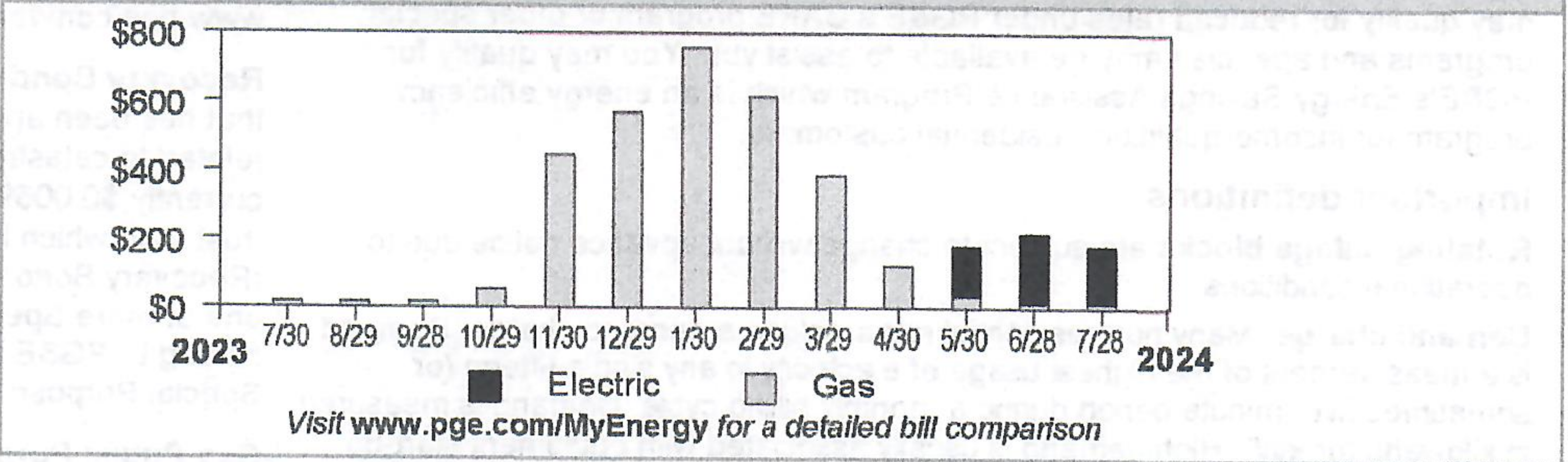
### Questions about your bill?

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



### Important Messages

**Call 811 before you dig.** A common cause of pipeline accidents is damage from digging. If you plan on doing any digging, such as planting a tree or installing a fence, please call 811 at least two working days before you dig. One free call will notify underground utilities to mark the location of underground lines, helping you to plan a safe project.

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

2 copies

99907137624533900000181660000039812



Account Number: **7137624533-9**  
Due Date: **08/14/2024**

Total Amount Due: **\$398.12**

Amount Enclosed:



778450137825 1 AB 0.593 705 12715 13



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



77845013012715000300111





# ENERGY STATEMENT

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

Account No: 7137624533-9  
Statement Date: 07/28/2024  
Due Date: 08/14/2024

## Summary of your energy related services

	Meter Number	Usage	Amount
Service For: 43155 MAIN ST			
Service Agreement ID: 7137624005 FIRE HALL			
Gas Charges	36675078	0.000000 Therms	\$15.11
<b>Total</b>			<b>\$15.11</b>
Service For: 43155 MAIN ST			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	364.772000 kWh	\$166.55
<b>Total</b>			<b>\$166.55</b>

7784501301271500300211



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





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 07/28/2024  
Due Date: 08/14/2024

## Details of Electric Charges

06/27/2024 - 07/25/2024 (29 billing days)

Service For: 43155 MAIN ST  
Service Agreement ID: 7134310997  
Rate Schedule: B1 Bus Low Use

### 06/27/2024 - 06/30/2024

Customer Charge	4 days @ \$0.32854	\$1.31
Energy Charges		
Peak	7.156000 kWh @ \$0.51711	3.70
Part Peak	8.616000 kWh @ \$0.46788	4.03
Off Peak	30.444000 kWh @ \$0.44707	13.61
Energy Commission Tax		0.01

### 07/01/2024 - 07/25/2024

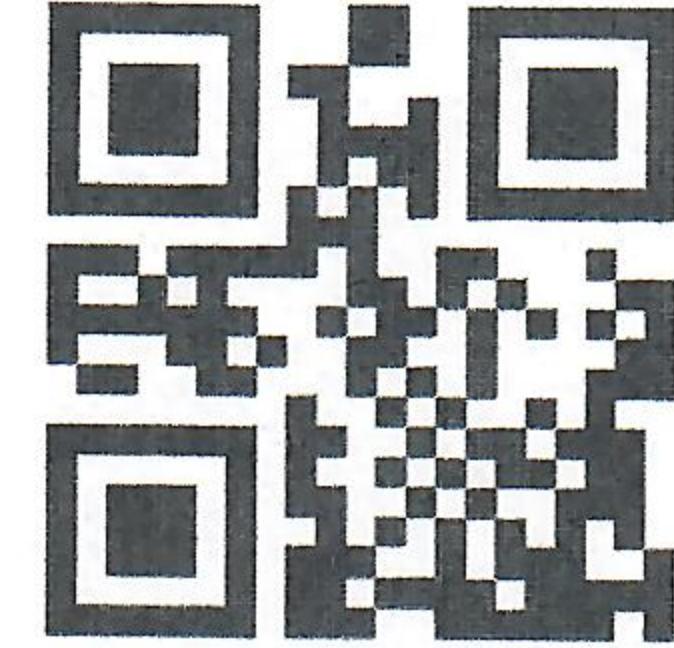
Customer Charge	25 days @ \$0.32854	\$8.21
Energy Charges		
Peak	56.812000 kWh @ \$0.47953	27.24
Part Peak	55.636000 kWh @ \$0.43030	23.94
Off Peak	206.108000 kWh @ \$0.40949	84.40
Energy Commission Tax		0.10

**Total Electric Charges \$166.55**

### Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	14.39	12.58

## Rate Identification Number



USCA-PGPG-0600-0000

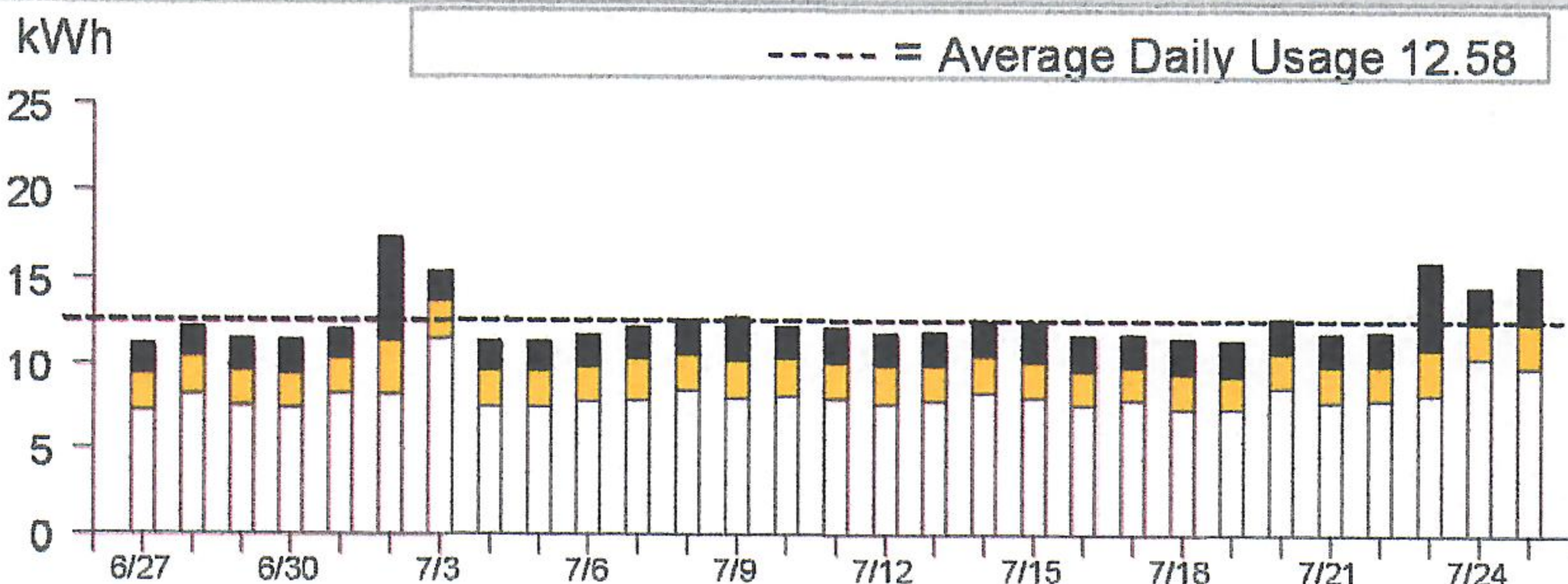
www.pge.com/rin

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

## Service Information

Meter #	1006709889
Total Usage	364.772000 kWh
Serial	F
Rotating Outage Block	50

## Electric Usage This Period: 364.772000 kWh, 29 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	17.53%	\$30.94
Part Peak <sup>2</sup>	17.63%	\$27.97
Off Peak <sup>3</sup>	64.84%	\$98.01
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

7784501301271500300311











# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2  
Statement Date: 07/30/2024  
Due Date: 08/16/2024

## Service For:

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

## Your Account Summary

Amount Due on Previous Statement	\$10.19
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$10.19
Current Electric Charges	\$9.53

### Questions about your bill?

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

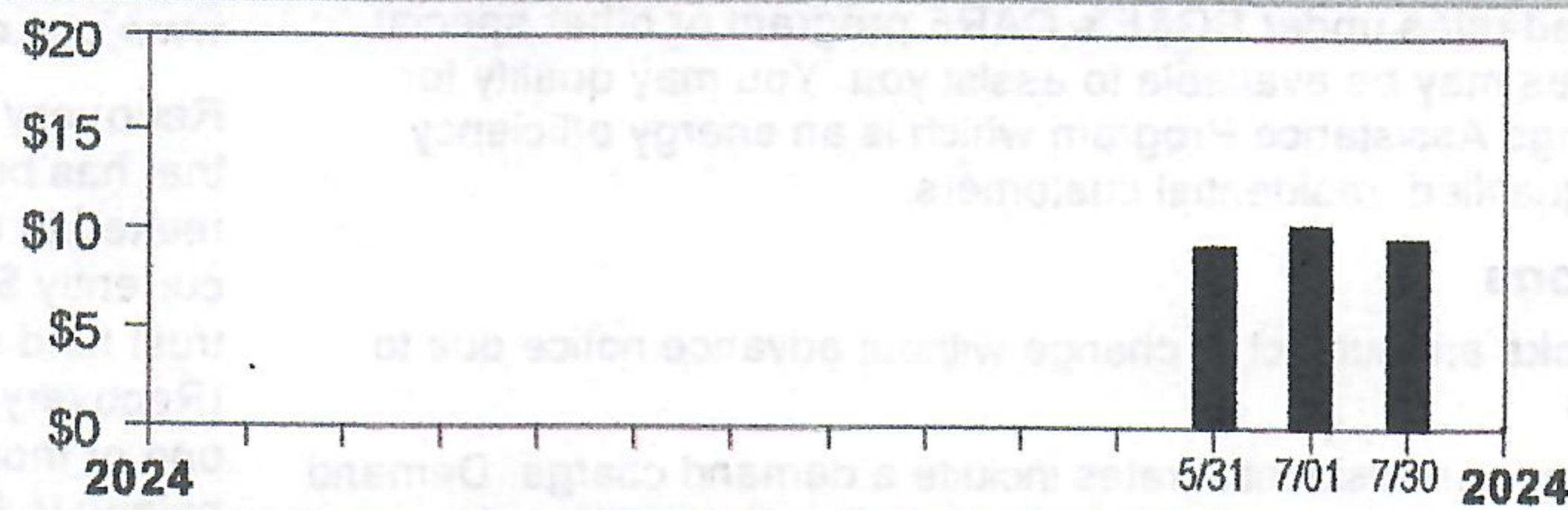
**Total Amount Due by 08/16/2024 \$19.72**

### Ways To Pay

www.pge.com/waystopay

### Electric Monthly Billing History

Daily Usage Comparison



1 Year Last Current  
Ago Period Period

N/A N/A N/A

Electric kWh / Day

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

### Important Messages

**Call 811 before you dig.** A common cause of pipeline accidents is damage from digging. If you plan on doing any digging, such as planting a tree or installing a fence, please call 811 at least two working days before you dig. One free call will notify underground utilities to mark the location of underground lines, helping you to plan a safe project.

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

99908770665653200000009530000001972



Account Number: **8770665653-2**  
Due Date: **08/16/2024**

Total Amount Due:  
**\$19.72**

Amount Enclosed:



779360132201 1 AB 0.593 677 12918 12



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300

7793601201291800200111







# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2

Statement Date: 07/30/2024

Due Date: 08/16/2024

## Details of Electric Charges

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

Service For: CORNER HWY 299 AND GROVE

Service Agreement ID: 8778099417

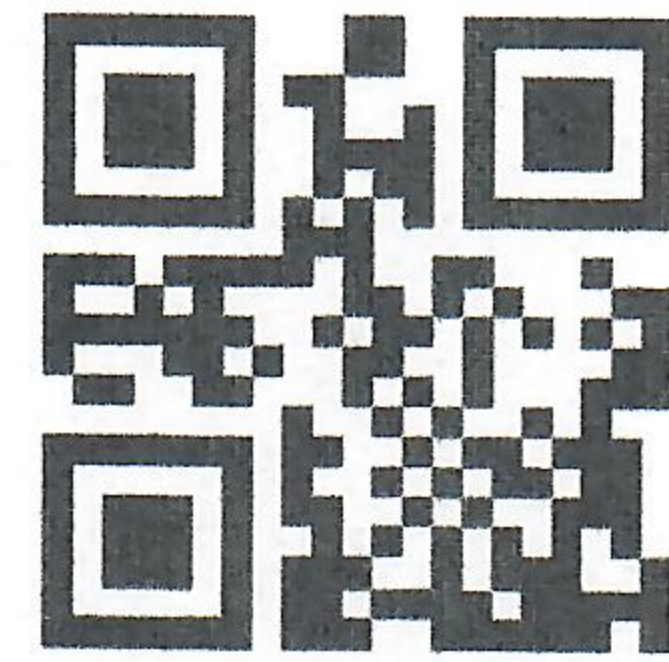
Rate Schedule: B1 Bus Low Use

07/01/2024 - 07/29/2024

Customer Charge 29 days @ \$0.32854 \$9.53

**Total Electric Charges \$9.53**

## Rate Identification Number



USCA-PGPG-0600-0000

www.pge.com/rin

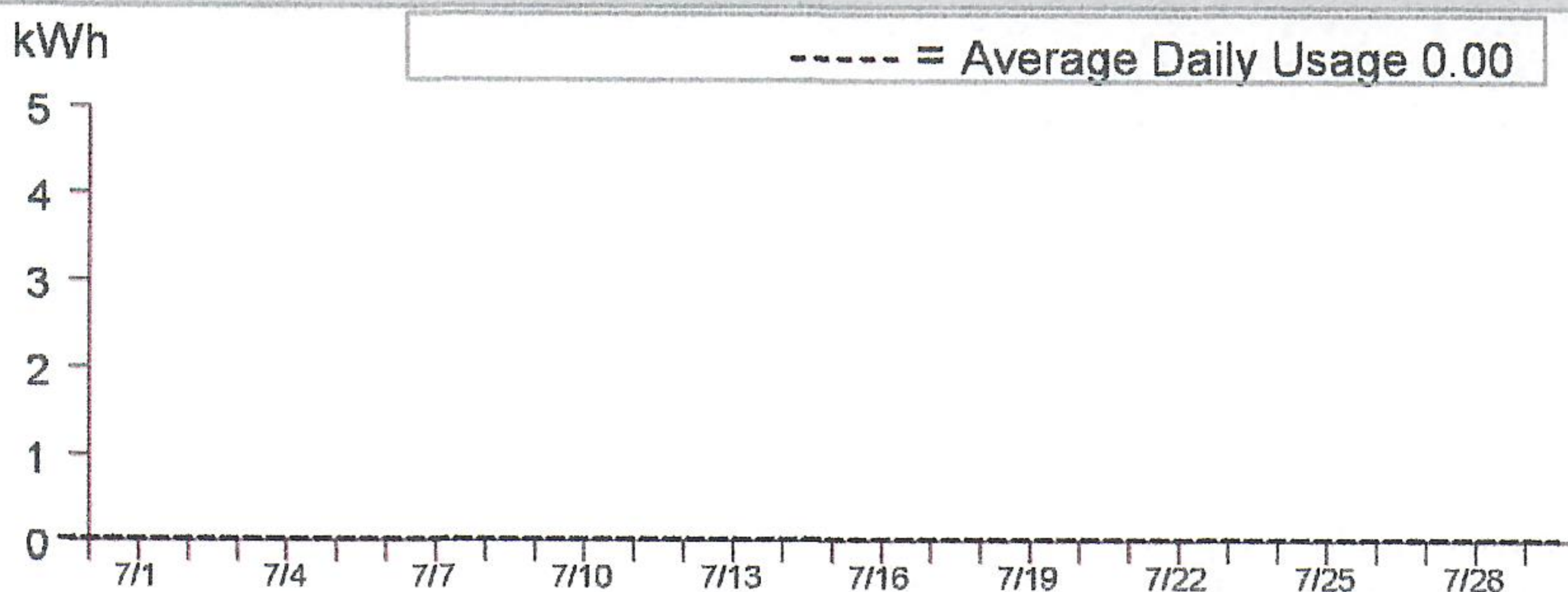
To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

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

7793601201291800200211

## Electric Usage This Period: 0.000000 kWh, 29 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



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





**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 #:** X072924B

**INV DATE:** 07/29/24

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										
97.99	00447	036100			ELECTRIC 7/01/24-07/29/24	6731296671-5												
\$97.99	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			MCARTHUR MAIN HALL 1			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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BOARD MEMBER	DATE																	
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.						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** \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5  
Statement Date: 07/30/2024  
Due Date: 08/16/2024

## Service For:

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

## Your Account Summary

Amount Due on Previous Statement	\$109.45
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$109.45
Current Electric Charges	\$97.99

## Questions about your bill?

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

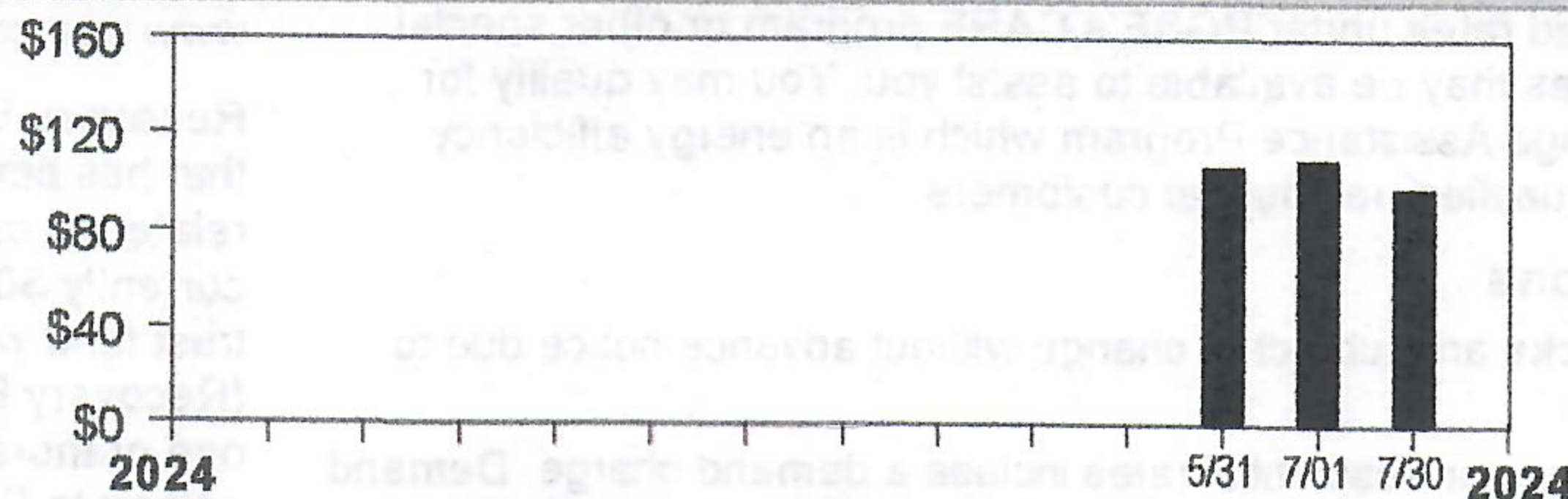
**Total Amount Due by 08/16/2024 \$207.44**

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

### Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	6.96	7.21
Electric kWh / Day		

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

## Important Messages

**Call 811 before you dig.** A common cause of pipeline accidents is damage from digging. If you plan on doing any digging, such as planting a tree or installing a fence, please call 811 at least two working days before you dig. One free call will notify underground utilities to mark the location of underground lines, helping you to plan a safe project.

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

99906731296671500000097990000020744



Account Number: **6731296671-5** Due Date: **08/16/2024**  
Total Amount Due: **\$207.44**

Amount Enclosed:



779360132202 1 AB 0.593 677 12919 12



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7793601201291900200111





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5  
Statement Date: 07/30/2024  
Due Date: 08/16/2024

## Details of Electric Charges

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

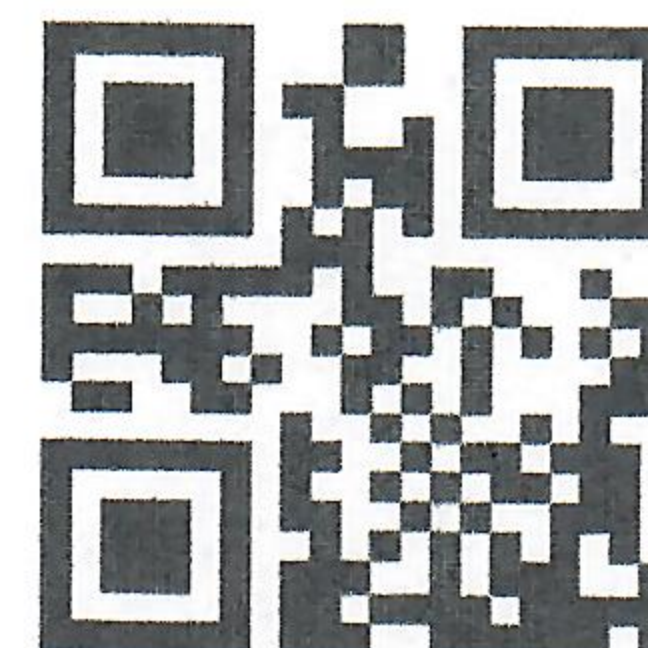
Service For: HWY 299 SS E/MAIN  
Service Agreement ID: 6731235533  
Rate Schedule: B1 Bus Low Use

07/01/2024 - 07/29/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	28.280000 kWh @ \$0.47953	13.56
Part Peak	40.751000 kWh @ \$0.43030	17.54
Off Peak	139.941000 kWh @ \$0.40949	57.30
Energy Commission Tax		0.06

**Total Electric Charges \$97.99**

## Rate Identification Number



USCA-PGPG-0600-0000

www.pge.com/rin

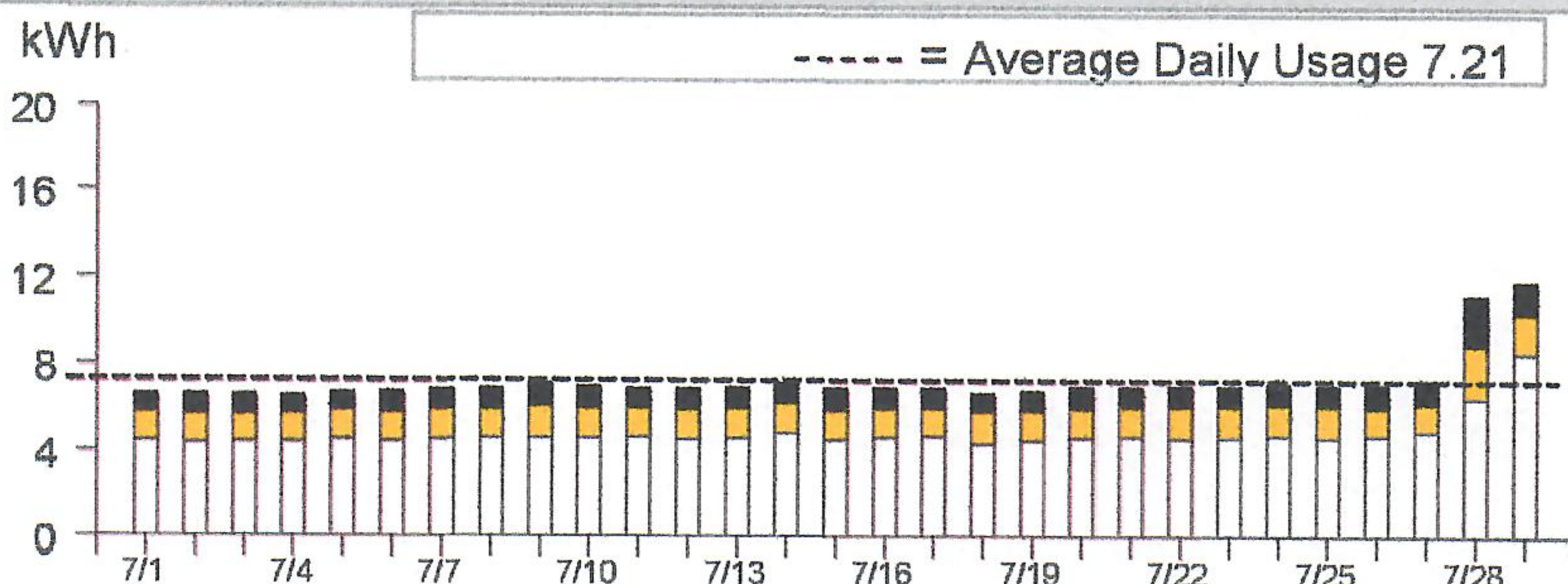
To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

## Service Information

Meter #	1008668780
Total Usage	208.972000 kWh
Serial	H
Rotating Outage Block	50

7793601201291900200211

## Electric Usage This Period: 208.972000 kWh, 29 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	13.53%	\$13.56
Part Peak <sup>2</sup>	19.51%	\$17.54
Off Peak <sup>3</sup>	66.96%	\$57.30
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.





**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 #: XF073024A

INV DATE: 07/30/24

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																				
92.90	00447	036100			ELECTRIC 6/12/24-07/12/24	3879935300-9																						
\$92.90	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																						
PO/ CONTRACT/ BLANKET PO #			DAY RD HALL			PO BOX 997300  SACRAMENTO, CA 95899-7300																						
<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"/>																
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.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td>APPROVED BY:</td> <td></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>By Deputy County Auditor</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>USER ID</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>DATE</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.	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor	BOARD MEMBER	DATE	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.	
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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.																												

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

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





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9  
Statement Date: 07/13/2024  
Due Date: 07/30/2024

## Service For:

FALL RIVER FIRE DISTRICT  
29277 DAY RD  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$115.98
Payment(s) Received Since Last Statement	-31.17
Previous Unpaid Balance	\$84.81
Current Electric Charges	\$92.90

### Questions about your bill?

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

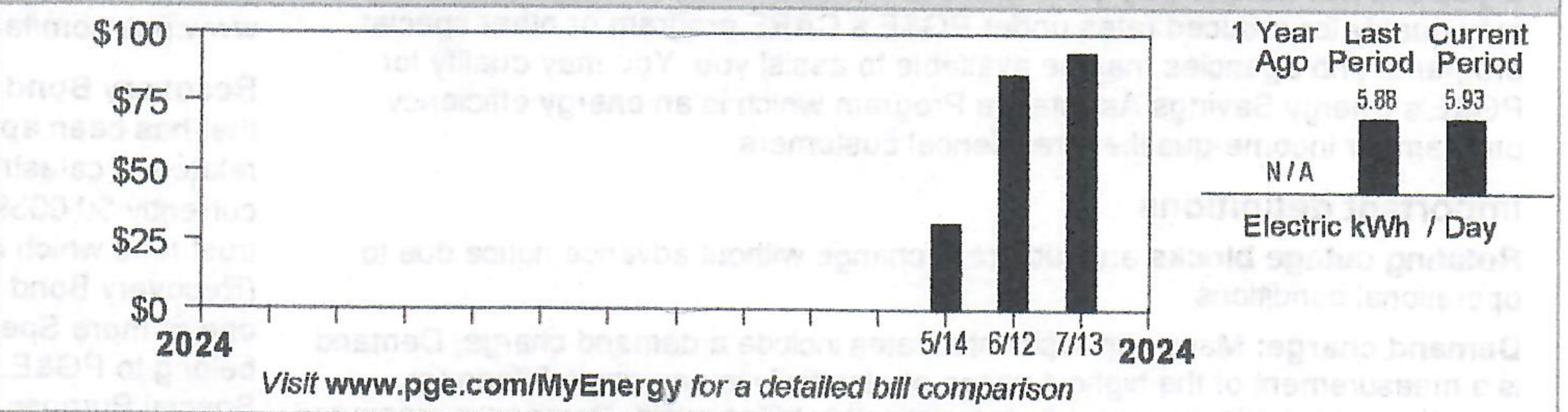
**Total Amount Due by 07/30/2024 \$177.71**

### 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.

99903879934300900000092900000017771



Account Number: **3879934300-9**  
Due Date: **07/30/2024**

Total Amount Due: **\$177.71**

Amount Enclosed:



770560051321 1 AB 0.593 266 831 6



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300

7705600600083100200133







# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9  
Statement Date: 07/13/2024  
Due Date: 07/30/2024

## Details of Electric Charges

06/12/2024 - 07/12/2024 (31 billing days)

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

### 06/12/2024 - 06/30/2024

Customer Charge	19 days @ \$0.32854	\$6.24
Energy Charges		
Peak	21.591000 kWh @ \$0.51711	11.16
Part Peak	19.176000 kWh @ \$0.46788	8.97
Off Peak	70.826000 kWh @ \$0.44707	31.66
Energy Commission Tax		0.03

### 07/01/2024 - 07/12/2024

Customer Charge	12 days @ \$0.32854	\$3.94
Energy Charges		
Peak	14.063000 kWh @ \$0.47953	6.74
Part Peak	12.357000 kWh @ \$0.43030	5.32
Off Peak	45.971000 kWh @ \$0.40949	18.82
Energy Commission Tax		0.02

**Total Electric Charges \$92.90**

## Rate Identification Number



USCA-PGPG-0600-0000

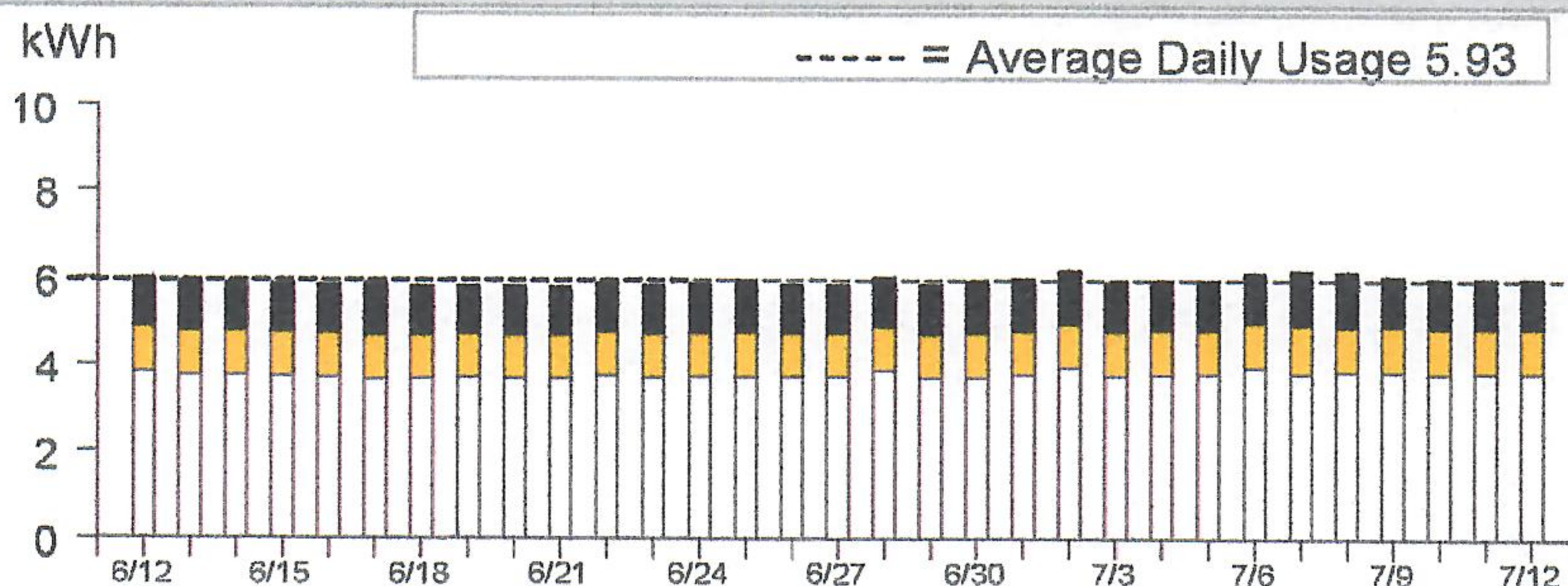
www.pge.com/rin

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	183.984000 kWh
Serial	S
Rotating Outage Block	50

## Electric Usage This Period: 183.984000 kWh, 31 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	19.37%	\$17.90
Part Peak <sup>2</sup>	17.15%	\$14.29
Off Peak <sup>3</sup>	63.48%	\$50.48
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.

770560600083100200233





**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 #: X073124A

INV DATE: 07/31/24

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																					
21.04	00447	036100			ELECTRIC 7/02/24-07/31/24	0517883284-5																							
\$21.04	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																							
PO/ CONTRACT/ BLANKET PO #			PITTVILLE HALL			PO BOX 997300  SACRAMENTO, CA 95899-7300																							
<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> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID  DATE</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 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> </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 USER ID  DATE	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.		
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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

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





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5  
Statement Date: 08/01/2024  
Due Date: 08/19/2024

## 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	\$20.98
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$20.98
Current Electric Charges	\$21.04

## Questions about your bill?

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

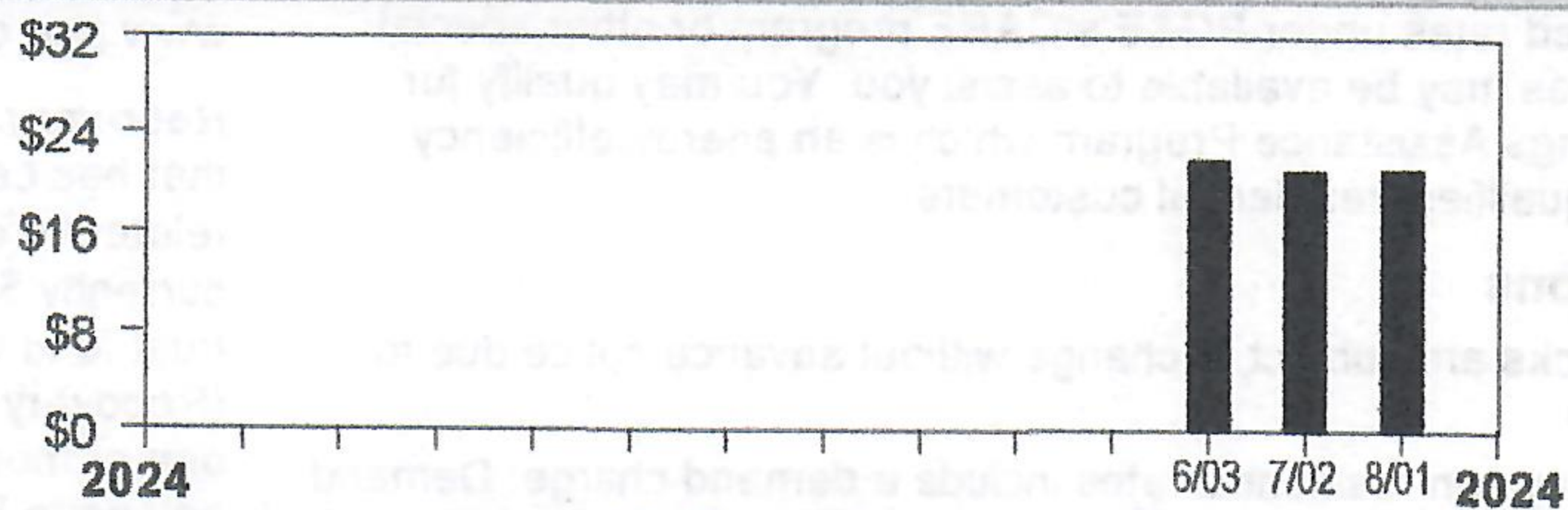
**Total Amount Due by 08/19/2024 \$42.02**

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	0.85	0.88
Electric kWh / Day		

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

## Important Messages

Call 811 before you dig. A common cause of pipeline accidents is damage from digging. If you plan on doing any digging, such as planting a tree or installing a fence, please call 811 at least two working days before you dig. One free call will notify underground utilities to mark the location of underground lines, helping you to plan a safe project.

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

99900517883284500000021040000004202



Account Number: 0517883284-5  
Due Date: 08/19/2024

Total Amount Due: \$42.02

Amount Enclosed:



780820079032 1 AB 0.593 424 8916 7



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



7808200700891600200111





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5  
Statement Date: 08/01/2024  
Due Date: 08/19/2024

## Details of Electric Charges

07/02/2024 - 07/31/2024 (30 billing days)

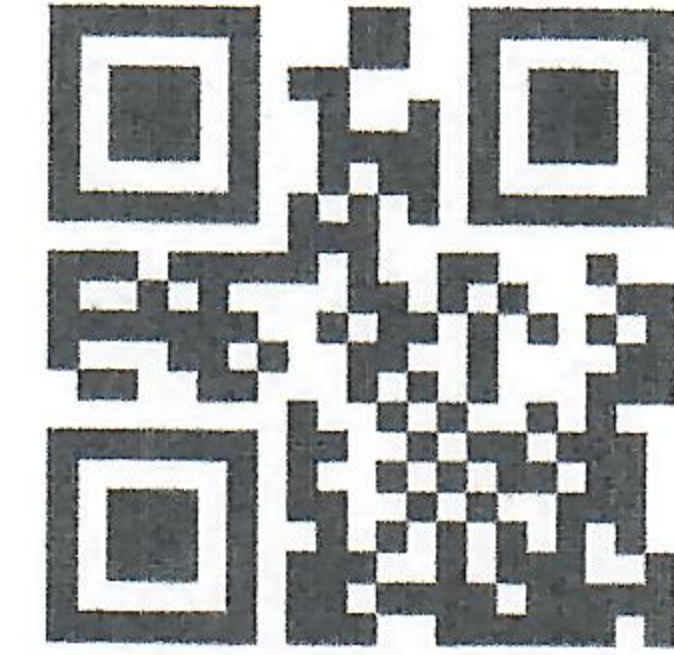
Service For: LITTLE VLY RD ES  
Service Agreement ID: 0514929892  
Rate Schedule: B1 Bus Low Use

07/02/2024 - 07/31/2024

Customer Charge	30 days @ \$0.32854	\$9.86
Energy Charges		
Peak	4.117000 kWh @ \$0.47953	1.97
Part Peak	4.828000 kWh @ \$0.43030	2.08
Off Peak	17.379000 kWh @ \$0.40949	7.12
Energy Commission Tax		0.01

**Total Electric Charges \$21.04**

## Rate Identification Number



USCA-PGPG-0600-0000

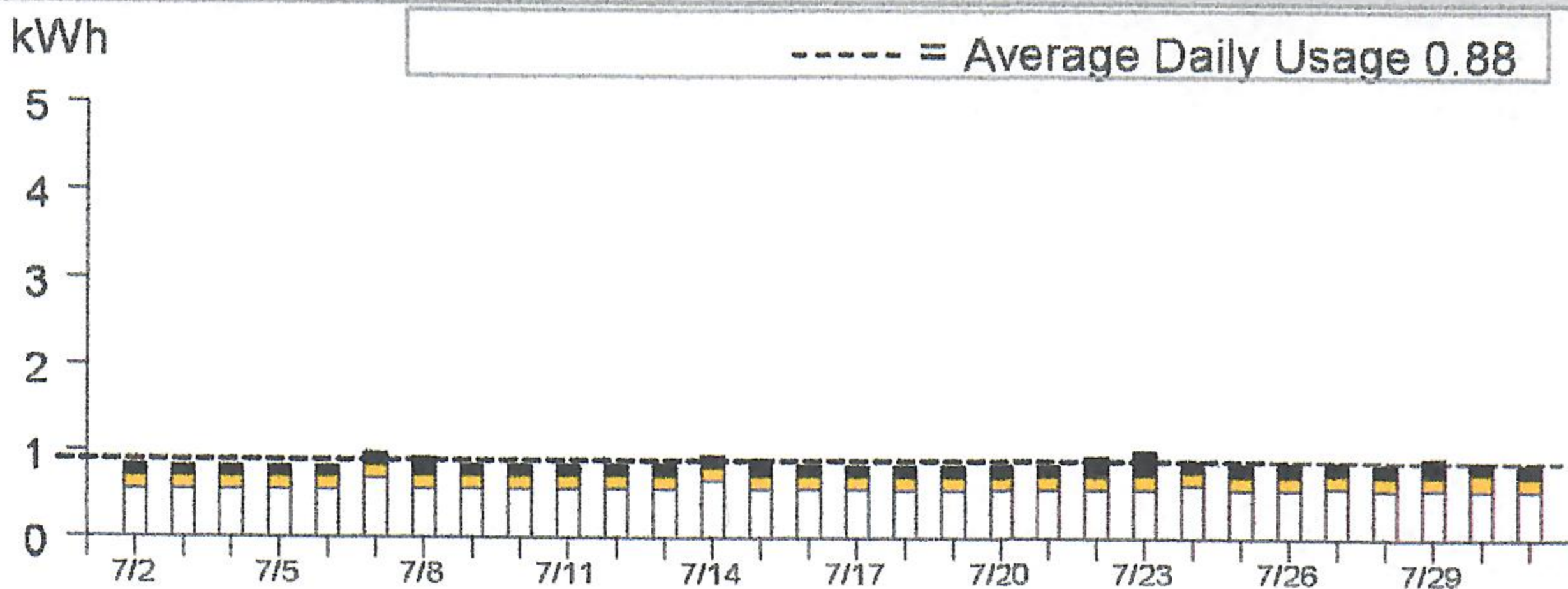
www.pge.com/rin

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	26.324000 kWh
Serial	J
Rotating Outage Block	50

## Electric Usage This Period: 26.324000 kWh, 30 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	15.63%	\$1.97
Part Peak <sup>2</sup>	18.36%	\$2.08
Off Peak <sup>3</sup>	66.01%	\$7.12
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  
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7808200700891600200211



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





**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 #:** 145201

**INV DATE:** 08/01/24

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	00447	032500			INTERNET - ACCT #8533													
\$110.00	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"/>	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								
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.			<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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**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

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



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



Statement #  
**145201**

Service Period  
**08-01-2024 to 08-31-2024**

Statement Date  
**08-01-2024**

Due Date  
**08-31-2024**

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	\$110.00
<b>Total due by 08-31-2024</b>	<b>\$220.00</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 # 145201

Please make checks payable to Com-Pair Services

Due Date  
**08-31-2024**

Amount Due  
**\$220.00**

Amount Enclosed



10264 1 AB 0.593 28/79 011025 0001:0002



MCARTHUR FPD  
PO BOX 670  
MCARTHUR CA 96056-0670



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







Client Id: A79  
Federal Id: 874786770

Payroll Summary  
Pay Date: August 9, 2024

State Id: 16477879  
SUI Id: 16477879

Prd Beginning: July 22, 2024

Prd Ending: August 4, 2024

**FALL RIVER VALLEY FIRE PROT**

**Units/Hours**

Regular 111.50

Tot Units/Hours 111.50

**Earnings/Pay**

Regular 2708.00

Total Pay 2708.00

**Misc Inc/(-)Ded**

Total Other 0.00

**Employee Taxes**

Fica Tax 167.90  
Medicare Tax 39.29  
Federal Tax 21.73  
CA State WH Tax 26.95  
CA SDI 29.79

Total W/H Taxes 285.66

**Employer's Taxes**

Fica Tax 167.90  
Medicare Tax 39.29  
Fed. Unempl (FUTA) 0.00  
CA Unempl (SUI) 65.88  
CA Training Tax 1.22

Tot. Emplr's Taxes 274.29

**Net Pay**

Net Pay Checks 2422.34

Total Net Pay 2422.34

**TAXES & OTHER PAYMENTS**

Date	Code	Description	Due Date	Amount
08/09/24	941	EFTPS	08/14/24	\$ 436.11
08/09/24	STWT	ST_EFTPS	08/14/24	\$ 56.74
08/09/24	SUI	CK. ST_EFTPS	08/14/24	\$ 67.10
08/09/24	P	EXPRESS BUSINESS SERVICE		\$ 67.04

**DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 3049.33**



Prd Beginning: July 22, 2024

**Payroll Check Register**  
**FALL RIVER VALLEY FIRE PROTECTION DISTRICT**  
 Pay Date: August 9, 2024

Prd Ending: August 4, 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	510
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	511
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73	CA - SDI	0.55			45.62	512
MORGAN, JODY	Gross Regular	24.00	62.00	1488.00	FICA MCare	92.26 21.58	CA - St Wh CA - SDI	19.39 16.37			1338.40	513
SANTOYO, JACQUELINE	Gross Regular	20.00	37.50	750.00	FICA MCare Fed Wh	46.50 10.88 21.73	CA - St Wh CA - SDI	7.56 8.25			655.08	514
Grand Total...	Gross Regular		0.00 111.50	2708.00 2708.00	FICA MCare Fed Wh	167.90 39.29 21.73	CA - St Wh CA - SDI	26.95 29.79			2422.34	



# Express Business Service

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

# Invoice

Date	Invoice #
8/5/2024	4683

Bill To
Fall River Valley Fire Protection Dist PO Box 670 McArthur, CA 96056

Terms
Net 10 days

Description	Quantity	Rate	Amount
8/9/24 Payroll			
Tax deposit	3	50.00	50.00
Postage		5.00	15.00
		2.04	2.04

Thank you for your business.

**Total** \$67.04





**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 #:** XF081924A

**INV DATE:** 08/19/24

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					
482.68	00447	032500			PHONE BILL 07/20/2024	5303366117072291							
(68.28)	00447	032500			CREDIT FROM JULY 2024	5303366117072291							
\$414.40	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 <b>USER ID</b>  <b>DATE</b>			<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 _____			<b>BOARD MEMBER</b>		<b>DATE</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.			<b>By Deputy County Auditor USER ID</b>  <b>DATE</b>		<b>BOARD MEMBER</b>		<b>DATE</b>						
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.					<b>BOARD MEMBER</b>		<b>DATE</b>						
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.			<b>DATE</b>		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** \_\_\_\_\_





FRONTIER

Important Information

Frontier's services are billed one full month in advance. When cancelling TV and/or Internet service subscriptions, final month charges and any early termination fees will be effective on the last day of your Frontier billing cycle. No partial month credits or refunds will be provided for previously billed service subscriptions.

FALL RIVER MILLS FIRE DEPT

Your Monthly Invoice

Account Summary

<b>New Charges Due Date</b>	<b>8/13/24</b>
Billing Date	7/20/24
Account Number	530-336-6117-072291-8
PIN	1152
Previous Balance	119.20
Payments Received Thru 6/28/24	-187.48
Thank you for your payment!	
Balance Forward	-68.28
New Charges	482.68
<b>Total Amount Due</b>	<b>\$414.40</b>



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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.

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TO PAY  
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FRONTIER

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

6790 0002 NO RP 20 07222024 NNNNNNYN 01 000312 0001

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



PAYMENT STUB

<b>Total Amount Due</b>	<b>\$414.40</b>
New Charges Due Date	8/13/24
Account Number	530-336-6117-072291-8
<b>Amount Enclosed</b>	<b>\$</b>

Mail Payment To:

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



287809530336611707229110000000000000414408





Date of Bill

7/20/24

Account Number

530-336-6117-072291-8

CURRENT BILLING SUMMARY

Local Service from 07/20/24 to 08/19/24

Table with columns: Qty Description, 530/336-6117.1, Charge. Includes sections for Basic Charges and Non Basic Charges, ending with a TOTAL of 482.68.

If your bill reflects that you owe a Balance Forward, you must make a payment immediately in order to avoid collection activities.

Refer more. Earn more. Do you know a business that could use reliable internet and phone service? Refer them to us and you could get up to \$325.00 per referral.

Effective with your next bill, your Foreign Listing will increase by \$5.00 per month, per listing.

Beginning July 2, 2024, the Federal USF Recovery Charge and the Frontier Long Distance Federal USF Surcharge are increasing from 32.8% to 34.4% of the taxable interstate and international portions of your phone bill.



\*\* ACCOUNT ACTIVITY \*\*

Table with columns: Qty Description, Order Number, Effective Dates, Charge. Includes Partial Month Charges and a Subtotal of 353.80.

CIRCUIT ID DETAIL

43155 STATE HIGHWAY 299

Details of Unreturned Equipment Charges

Table with columns: Device / Model, Serial #, Charge. Shows Router / NVG443B with Serial # 159006085424048 and a charge of 100.00.





# Fall River Valley Fire Protection District

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P.O. Box 670 • McArthur, CA 96056

530.336.5026

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## MINUTES

July 19, 2024

CALL TO ORDER: 10:00 AM

APPROVAL OF CLAIMS: Motion was made to approve Claims for July 2024 moved and seconded. Motion carried. (PASTERNAK/EGY)

APPROVAL OF MINUTES: Motion was made to amend July 11, 2024 minutes to correct place of meeting to Fall River Resource Conservation District. Motion was moved and seconded. Motion carried (FAZIO/PASTERNAK) Motion was made to amend June 21, 2024 minutes to remove the word "recessed" and add "adjournment. Motion was moved and seconded it. Motion carried. (PASTERNAK/EGY)

FRVFPD Volunteer Association Report: Ann Meyer gave a brief update on the Raffle Tickets being sold. She also submitted an advertisement into the local paper.

CHIEF'S REPORT: In Chief's absence, Jody Morgan gave the Incident Report. Bud Hendrickson asked talked about the Fall River Hall and the Crack Seal. Director Pasternak discussed the Furnace issue at the Fall River Hall as well.

COMMITTEE REPORTS:

- By-laws: Director Pasternak questioned the committee about Board members being Volunteers and the possible conflict of interest. The committee will discuss the issue prior to any revisions.

PUBLIC COMMENT:

- Comments were made by Norman Valdez, Lisa Valdez, Bud Hendrickson, and Ann Meyer.

ACTION ITEMS:

OLD BUSINESS:

1. Cadet Program: Tabled to next regular meeting
2. Bylaws: Continued per legal counsel review
3. County Credit Card for Chief: County Auditor's office denied for now.





## Fall River Valley Fire Protection District

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### NEW BUSINESS:

1. Goals: Board of Directors will continue agenda item to next regular meeting after they review in more detail.

ADJOURNMENT: 10:42 AM

Respectfully submitted,

A handwritten signature in blue ink that reads "Jody L. Morgan". The signature is written in a cursive, flowing style.

Jody L. Morgan  
Clerk of the Board



**COUNTY OF SHASTA**  
**Budget to Actual Figures**

Ledger: GL      Fiscal Month End Date: 08/31/2024  
Fiscal Year: 2025      Report Run Date and Time: 08/08/2024 20:58:22

Budget: AG

Cost Center      Title      Director  
00447      FALL RIVER VLY FIRE PROT DIST      00447 FALL RIVER VLY FIRE

Object	Description	Budget	Actual	Encumbrance	Balance
001000	CASH IN TREASURY	0.00	57,805.57	0.00	(57,805.57)
001099	CASH RESTRICTED ASSET	0.00	60,000.00	0.00	(60,000.00)
007700	DEPOSITS FROM OTHERS	0.00	66,289.12	0.00	(66,289.12)
011000	REGULAR SALARIES	0.00	6,482.00	0.00	(6,482.00)
018100	EMPLOYER SHARE FICA	0.00	495.93	0.00	(495.93)
018400	EMPLOYER SHR UNEMPLOYMENT INS	0.00	201.79	0.00	(201.79)
032500	COMMUNICATIONS EXPENSE	0.00	258.26	0.00	(258.26)
033500	MAINTENANCE OF EQUIPMENT	0.00	255.58	0.00	(255.58)
033700	MAINTENANCE OF STRUCTURES	0.00	47.15	0.00	(47.15)
034500	OFFICE EXPENSE	0.00	2.01	0.00	(2.01)
034800	PROF & SPECIAL SERVICES	0.00	6,917.17	0.00	(6,917.17)
035500	MINOR EQUIPMENT	0.00	14.93	0.00	(14.93)
035900	TRANSPORTATION & TRAVEL	0.00	479.29	0.00	(479.29)
036100	UTILITIES	0.00	305.64	0.00	(305.64)
051387	CONTR TO LAFCO	0.00	565.52	0.00	(565.52)
065028	FIRE ENGINE W/ ACCESSORIES	0.00	307,458.28	0.00	(307,458.28)
792500	DONATIONS/CONTRIBUTIONS	0.00	125,000.00	0.00	(125,000.00)
799998	DEPOSITS FROM DISTRICT	0.00	250,000.00	0.00	(250,000.00)
	<b>Total Revenue</b>	<b>0.00</b>	<b>375,000.00</b>	<b>0.00</b>	<b>(375,000.00)</b>
	<b>Total Expense</b>	<b>0.00</b>	<b>323,483.55</b>	<b>0.00</b>	<b>(323,483.55)</b>
	<b>Net Total (Revenue - Expense)</b>	<b>0.00</b>	<b>51,516.45</b>	<b>0.00</b>	<b>(51,516.45)</b>
	<b>Grand Total Revenue</b>	<b>0.00</b>	<b>375,000.00</b>	<b>0.00</b>	<b>(375,000.00)</b>
	<b>Grand Total Expense</b>	<b>0.00</b>	<b>323,483.55</b>	<b>0.00</b>	<b>(323,483.55)</b>
	<b>Grand Totals (Revenue - Expense)</b>	<b>0.00</b>	<b>51,516.45</b>	<b>0.00</b>	<b>(51,516.45)</b>