

P.O. Box 670 ● McArthur, CA 96056 530.336.5026

REGULAR MEETING AGENDA FALL RIVER LION'S HALL – MCARTHUR, CA

SEPTEMBER 20, 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. 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 of 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):



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- o TRAININGS
- o FACILITIES
- o EQUIPMENT
- INCIDENT REPORTS
- o GRANTS
- 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 Gary Fazio and Jay Egy).
- 3. Discussion and possible action on Audit update (Jacqueline Santoyo & Jody Morgan).

NEW BUSINESS:

- 1. Discussion and possible action to approve Appropriations of Limitations resolution as set by Shasta County Auditor's Office in conjunction with Shasta County Treasury Office.
- 2. Discussion and possible action to approve the Budget for FY 2024-2025.
- 3. Discussion and possible action to approve Golden State Risk Management Authority Training reimbursement to Jody Morgan.
- 4. Discussion or possible action on apparatus response.
- 5. Discussion And possible action to approve Resolution #: 7GF24033 CalFire for \$6624.50.

ADJOURNMENT



P.O. Box 670 ● McArthur, CA 96056 530.336.5026

MINUTES

August 16, 2024

CALL TO ORDER: 9:59 AM

APPROVAL OF CLAIMS: Motion was made to approve Claims for August 2024. Motion was seconded. Motion carried. (EGY/BRADEN)

APPROVAL OF MINUTES: Motion was made to approve July 19, 2024, minutes. Motion was seconded and carried. (BRADEN/EGY)

FIRE INSPECTIONS: Jonathon Sims reported that he has completed 2 Solar Plans and averages around 2 Plot Plans each month.

FRVFPD Volunteer Association Report: John Will informed the District Board that 6 Bigger and 6 smaller medical bags were purchased by the Volunteer Association and donated to the district. They also donated \$125,000 to go towards the new Engine #15.

CHIEF'S REPORT: Chief Gomes:

Training – We've had the regular 2 trainings per month, but we added one more training this past month to go over the new Engine and get familiar with it.

Equipment – New Engine is now in service and is a good asset to have in Fall River. Sending SCBA Tanks to Redding to get Hydrod.

Facilities – Day Rd.: waiting on the engineer to start the work needed on it.

Pittville: got broken into. It has been reported to the Sheriff office. Approximately \$18K worth of items were stolen. The Chief reenforced the windows to hopefully prevent another break in.

Grants – CalFire grant money should be coming next week.

Incidents – Total of 29 calls. 6 fires, 3 Traffic Collisions, 20 Medicals.

Committee Reports: None

Public Comment: Norman Valdez, Greg Meyer, Ann Meyer, and Lisa Valdez gave public comment.



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ACTION ITEMS:

OLD BUSINESS:

- 1. Cadet Program: Continued to next regular meeting.
- 2. Bylaws: Continued per legal counsel review.
- 3. Audit: Chief Gomes completed the inventory list that the auditor requested. Jody Morgan and Jackie Santoya have been working diligently with the auditors and LSL will continue to work on the audit until August 23, 2024. They will then work on it periodically as they can until January 2025, and they can start back up again.
- 4. Goals: Tabled to next meeting that all board members are present.

NEW BUSINESS:

1. FR Hall Secure Bulletin Board: Motion was made to get a secure bulletin board at the Fall River Hall not to exceed \$750.00. Motion was seconded and carried. (EGY/BRADEN)

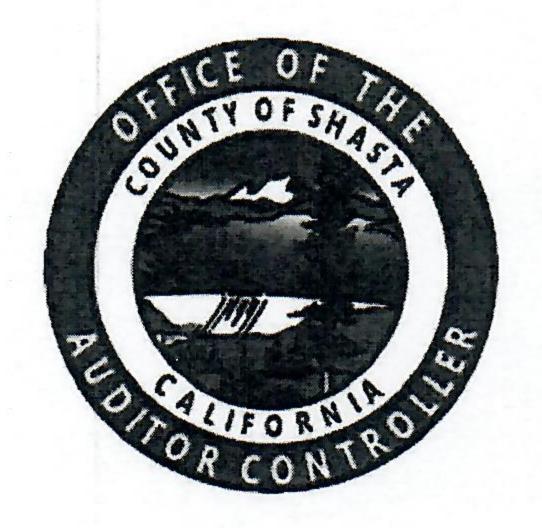
ADJOURNMENT: 10:33 AM

Respectfully submitted,

Jody L. Morgan Clerk of the Board

FISCAL YEAR	PRIOR YEAR LIMIT	Higher of DOF-CPI or A-R NonRes New Construction	PRODUCT	POPULATION CHANGE	APPROPRIATIONS LIMIT	
1978-79		BASE YEAR APPROI	PRIATIONS LIM	IT	\$ 98,377	
1070.00	00.277	10.150/	100 000			
1979-80	98,377	10.17%	108,382	5.83%	114,701	
1980-81	114,701	12.11%	128,591	4.36%	134,197	
1981-82	134,197	9.12%	146,436	3.85%	152,074	
1982-83	152,074	6.79%	162,400	1.85%	165,404	
1983-84	165,404	2.35%	169,291	0.92%	170,849	
1984-85	170,849	4.74%	178,947	1.43%	181,506	
1985-86	181,506	3.74%	188,294	2.29%	192,606	
1988-87	192,606	2.30%	197,036	2.89%	202,730	
1987-88	202,730	3.47%	209,765	1.90%	213,751	
1988-89	213,751	4.66%	223,711	2.41%	229,103	
1989-90	229,103	5.19%	240,993	3.79%	250,127	
1990-91	250,127	4.21%	260,657	3.74%	270,406	
1991-92	270,406	4.14%	281,601	4.51%	294,301	
1992-93	294,301	-0.64%	292,417	3.35%	302,213	
1993-94	302,213	2.72%	310,434	2.30%	317,574	
1994-95	317,574	0.71%	319,828	1.53%	324,722	
1995-96	324,722	4.72%	340,049	1.67%	345,727	
1996-97	345,727	4.67%	361,873	0.80%	364,768	
1997-98	364,768	4.67%	381,803	0.89%	385,201	
1998-99	385,201	4.15%	401,186	1.52%	407,284	
1999-00	407,284	4.53%	425,734	0.83%	429,268	
2000-01	429,268	4.91%	450,345	1.24%	455,929	
2001-02	455,929	7.82%	491,583	0.84%	495,712	
2002-03	495,712	-1.27%	489,417	1.44%	496,464	
2003-04	496,464	2.31%	507,933	1.63%	516,212	
2004-05	516,212	6.03%	547,340	1.42%	555,112	
2005-06	555,112	7.02%	594,081	1.21%	601,269	
2006-07	601,269	3.96%	625,079	1.00%	631,330	
2007-08	631,330	8.60%	685,624	0.86%	691,521	
2008-09	691,521	6.08%	733,565	0.87%	739,947	
2009-10	739,947	10.59%	818,308	0.77%	824,609	
2010-11	824,609	-2.54%	803,664	0.63%	808,727	
2011-12	808,727	2.51%	829,026	0.38%	832,176	
2012-13	832,176	3.77%	863,549	0.18%	865,104	
2013-14	865,104	5.12%	909,397	0.29%	912,034	
2014-15	912,034	6.48%	971,134	0.25%	973,562	
2015-16	973,562	3.82%	1,010,752	-0.08%	1,009,943	
2016-17	1,009,943	5.37%	1,064,177	-0.28%	1,061,197	
2017-18	1,061,197	3.69%	1,100,356	0.21%	1,102,666	
2018-19	1,102,666	5.05%	1,158,351	0.07%	1,159,162	
2019-20	1,159,162	5.62%	1,224,307	-0.09%	1,223,205	
2020-21	1,223,205	4.67%	1,280,329	0.10%	1,281,609	
2021-22	1,449,156	5.73%	1,532,193	0.17%	1,534,797	*Updated 5/6/24 to incl 045
2022-23	1,534,797	7.55%	1,650,674	-0.82%	1,637,139	*Updated 5/6/24 to incl 045
2023-24	1,637,139	4.44%	1,709,828	-0.68%	1,698,201	*Updated 5/6/24 to incl 045

	FUND 44	7 FALL RIVER V	ALLEY FIRE	(name as of 9/2021)	
FISCAL YEAR	PRIOR YEAR LIMIT	Higher of DOF-CPI or A-R NonRes New Construction	PRODUCT	POPULATION CHANGE	APPROPRIATIONS LIMIT
2024-25	1,698,201	8.72%	1,846,277	0.18%	1,849,600



SHASTA COUNTY

OFFICE OF THE AUDITOR-CONTROLLER

1450 Court Street, Suite 238 Redding, California 96001 Phone (530) 225-5771 NOLDA SHORT AUDITOR-CONTROLLER

RICHARD VIETHEER
ASST. AUDITOR-CONTROLLER

May 15, 2024

ANNUAL APPROPRIATIONS LIMIT RESOLUTION REQUIREMENT Fiscal Year 2024-25 Government Code §7900-7914

Article XIII B of the California Constitution requires that certain special districts establish an annual appropriations limit. Special districts required by law to calculate their appropriations limit must present the calculation as part of their annual audit.

The appropriations limit must equal the appropriations limit for the prior fiscal year multiplied by the product of 1) the change in cost of living and 2) the change in population for the calendar year preceding the beginning of the fiscal year for which the appropriations limit is to be determined. The limit is based on appropriations only from proceeds of taxes. The attached schedule is provided to assist you in calculating the appropriations limit for adoption by your special district.

- 1) COST OF LIVING CHANGE shall be either (A) the percentage change in California per capita personal income from the preceding year, or (B) the percentage change in the local assessment roll from the preceding year for the jurisdiction due to the addition of local nonresidential new construction. Each special district is required to select its change in the cost of living annually by a recorded vote of its governing body.
 - (A) CPI provided by the California Department of Finance (DOF)

3.62 %

(B) Nonresidential new construction change provided by the

Shasta County Assessor-Recorder

8.72 %

- 2) POPULATION CHANGE A city or special district may choose to use the change in population (A) within its jurisdiction or (B) within the county in which it is located. Each special district is required to select its change in population annually by a recorded vote of the governing body of the special district.
 - (B) Change in population within Shasta County provided by DOF

0.18 %

If you have any questions, contact Michelle Gambill, Chief Deputy Auditor, at (530) 245-6664 or send an e-mail to our financial reporting team at AuditorReporting@ShastaCounty.gov.

Sincerely,

Nolda Short

Auditor-Controller

MoldShort

RESOLUTION OF THE BOARD OF TRUSTEES OF THE FALL RIVER VALLEY FIRE PROTECTION DISTRICT ESTABLISHING THE APPROPRIATIONS LIMIT FOR FISCAL YEAR 2024-25

WHEREAS, the Article XIII B of the California Constitution requires certain special districts to establish an annual appropriations limit, and

WHEREAS, the limit is based on appropriations only from proceeds of taxes, and

WHEREAS, Government Code §7900-7914 and §2227-2228 provides the process in which to calculate the appropriations limit, and

WHEREAS, the Shasta County Auditor-Controller has complied with the provisions of Article XII B in determining the appropriations limit for fiscal year 2024-25; and

NOW, THEREFORE, BE IT RESOLVED that the Board establishes the FALL RIVER VALLEY FIRE PROTECTION District appropriations limit at \$ 1,849,600 for Fiscal Year 2024-25 and that the annual adjustment factors used to calculate the appropriations limit shall be:

- a) The percentage change, 8.72% in local assessment roll from the preceding year for Shasta County due to the addition of local non-residential new construction.
- b) The percentage change 0.18% in population within Shasta County.

DULY PASSED AND ADOPTED this 21st day of June, 2024, by the Board of Trustees of the FALL RIVER VALLEY FIRE PROTECTION District by the following vote:

AYES: NOES: ABSENT: ABSTAIN:		
Board Chair	Date	
Clerk of the Board	Date	

1	\$		1	<u>ۍ</u>	\$ 100.00	I	\$	00 CHGS FOR PROFESSIONAL SVS	692000	00447
	ı	\$	ı	\$	\$	1	\$	70 PERSONAL SERVICES FEES	676170	00447
3 1,000.00	۱ ج	\$	2,000.00	\$	\$,000.00		1 NEW CONS	671421	00447
	\$ 0		14,500.00	45	\$,500.00	\$ 7,5	INTERGOVERNMENTAL REVENUES		TOTAL
_	\$ 0		11,000.00	\$	\$	1	\$	10 CONTRIBUTION FROM SHASTA CO	563710	00447
	- \$	\$	2,000.00	\$	\$	000.00	6,	07 ST VOLUNTEER FIRE ASST GRANT	549707	00447
\$ 1,500.00	٠ \$	\$	1,500.00	ب	\$,500.00	حر	00 STATE HOMEOWNERS EXEMPTION	546000	00447
	\$ 0		4,000.00	4	\$	4,000.00	\$ 4,0	REVENUE FROM MONEY & PROPERTY		TOTAL
\$ 4,000.00	- \$	\$	4,000.00	٠	\$	4,000.00		00 INTEREST	420000	00447
\$ 197,100.00	94,401.27 \$	\$	184,300.00	\$	\$ 176,082.89	28,000.00	\$ 128,0	TAXES		TOTAL
\$ 300.00	291.52 \$	\$	300.00		\$ 219.90	200.00		.00 TIMBER YIELD TAXES	109100	00447
Н	17.85 \$	\$	175.00	\$	\$ 57.96	75.00		00 PRIOR YEAR UNSECURED TAXES	104000	00447
	2.03 \$	\$	25.00	\$	\$	25.00		SUPPLE	103010	00447
\$ 1,000.00	505.18 \$	\$	5,400.00		\$ 5,353.96	,400.00	5		102000	00447
	496.44 \$	\$	200.00	\$	\$ -	200.00		.11 SUPPLEMENTAL TAXES CURR TEETER	101111	00447
\$ 10,000.00	8,817.05 \$	\$	500.00	\$	\$ 386.61	1,500.00		SUPPLEME	101100	00447
	38.27 \$	\$	1,200.00	ئ	\$	1,200.00	\$ 1,2	11 CURR SEC TAX DEL ADV TEETER	10101	00447
	000.60	\$	1,500.00	\$	\$ 678.02	00.00	\$ 14,000.	001 CURRENT UNITARY TAXES	10100	00447
\$ 175,000.00		\$	175,000.00	٠	\$ 169,386.44	,400.00	105,	CURRENT	101000	00447
							CT	FALL RIVER VALLEY FIRE PROTECTION DISTR		FUND:
	2023-2024	202	2023-2024	20	2022-2023		2022-2023	unt Description	er Accou	cost ce
2024-2025	٧e	Exp	Budget	В	Exp/Rev		Budget			
Adjusted Budget	Actual	A C:	Adinicted	D	Actual	2	Adiusted			
								ADJUSTED BUDGET AMOUNTS ARE AS OF		
								FOR THE FISCAL YEAR		
								TATE OF		
								COUNTY OF SHASTA		

10,000.00	ب	9,066.60	\$	10,000.00	\$	9,649.66	\$	7,000.00	\$	035900 TRANSPORTATION & TRAVEL	0359	00447
20,000.00	\$	367,711.91	\$	25,000.00	\$	26,105.95	\$	15,000.00	\$	035500 MINOR EQUIPMENT	035	00447
1,000.00	\$	900.00	\$	1,000.00	\$	I	\$	500.00	\$	34900 PUBLICATIONS & LEGAL NOTICES	0	00447
1,000.00	\$	1	\$	2,500.00	\$	-	\$	3,000.00	\$	34893 PROP TAX ADMIN SVS	0348	00447
20,000.00	\$	6,033.00	\$	10,000.00	\$	3,754.71	\$	3,000.00	\$	034851 PROF TRAINING SVS	0348	00447
1,000.00	\$	1	\$	2,000.00	\$		\$	2,500.00	\$	34831 PROF MEDICAL SVS	0	00447
1,000.00	\$	805.00	\$	2,000.00	\$		\$	3,000.00	\$	34822 PROF FIRE/FIRE SAFETY SVS	0	00447
18,000.00	\$	1	\$	5,000.00	\$	3,400.00	\$	5,000.00	ب	034806 PROF AUDIT SVS		00447
12,006.00	\$	5.98	\$	5,000.00	\$	600.0	\$	12,000.00	\$		034	00447
2,000.00	\$	307.50	\$	3,000.00	\$	2,178.1	\$	3,000.00	\$	034500 OFFICE EXPENSE		00447
1	\$			1,000.00	\$	1	\$	1,000.00	\$	034100 MEMBERSHIPS	034	00447
15,000.00	\$	10,546.57	\$	20,000.00	\$	11,681.14	\$	30,000.00	\$	33700 MAINTENANCE OF STRUCTURES	03	00447
10,000.00	\$	510.75	\$	15,000.00	\$	15,540.30	\$	15,000.00	\$	33500 MAINTENANCE OF EQUIPMENT	03	00447
35,000.00	\$	26,768.00	\$	25,000.00	\$	19,228.00	\$	20,000.00	\$	3100 INSURANCE EXI	033	00447
1,500.00	\$	1,679.62	\$	2,500.00	\$	2,235.2	\$	500.00	\$	2900	03	00447
5,000.00	\$	5,794.73	\$	3,300.00	\$	3,230.62	\$	3,200.00	\$	032500 COMMUNICATIONS EXPENSE	<u></u>	00447
10,000.00	4	-	\$	10,000.00	\$	1	₹	8,000.00	ب	32300 CLOTHING/PERSONAL SUPPLIES XP	032	00447
77,100.00	\$	97,905.56	\$	93,500.00	\$	92,853.77	4	90,000.00	\$	SALARIES AND BENEFITS		TOTAL
8,600.00	٠	8,966.00	\$	10,500.00	\$	10,361.	\$	10,000.00	\$	018500 WORKERS COMP EXPOSURE		00447
3,500.00	\$	3,842.59	\$	2,000.00	\$	1,775.17	\$	2,000.00	\$	018400 EMPLOYER SHARE UNEMPLOYMENT INS		00447
5,000.00	\$	4,660.84	\$	6,000.00	\$	4,256.2	\$	6,000.00	\$	018100 EMPLOYER SHARE FICA	_	00447
60,000.00	4	80,436.13	4	75,000.00	\$	76,461.	\$	72,000.00	\$	011000 REGULAR SALARIES		00447
310,606.00	· C>	168,736.98	40	248,800.00	45	379,988.02	45	254,500.00	43-	REVENUES*******		TOTAL
25,000.00	\$	2,509.58	·S	26,000.00	4	164,676.46	Ş	100,000.00	\$	MISCELLANEOUS REVENUES		TOTAL
I	Ş	1	\$	1	\$	141,176.46	10		\$	DIXIE FIRE SETTLEMENT	7	00447
5,000.00	\$	2,509.58	\$	6,000.00	\$	6,000.00	\$	1	\$	799300 MISCELLANEOUS REVENUE		00447
20,000.00	ن	1	\$	20,000.00	4	17,500.00	\$	100,000.00	\$	92579 CONTRIB FROM COMMUNITY GRANTS	79	00447
64,000.00	\$	71,826.13	\$	20,000.00	4		\$	20,500.00	\$	CHARGES FOR SERVICES	-	TOTAL
60,000.00	\$	70,926.13	\$	15,000.00	\$	36,428.		15,000.00	\$	2024 REIMB FIR	7 69	0044
3,000.00	\$	900.00	\$	3,000.00	\$		\$	4,500.00	45	92018 FIRE INSPE	69	00447

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310,606.00	\$ 661,329.49	\$	\$ 246,800.00	201,240.90	\$ 20:	\$ 234,500.00	EXPENDITURES*****	TOTAL
1,000.00	\$ 844.94	45	\$ 1,000.00	2,811.19	\$	\$ 300.00	OTHER CHARGES	TOTAL
1,000.00	\$ 844.94	4	\$ 1,000.00	2,811.19	\$	\$ 300.00	051387 CONTR TO LAFCO	00447
232,506.00	\$ 562,578.99	45	\$ 152,300.00	\$ 105,575.94	\$ 10	\$ 144,200.00	SERVICES AND SUPPLIES	TOTAL
	\$ 3,500.00	\$					JO SETTLEMENT	
25,000.00	\$ 103,949.10	\$	\$ -	•	\$	\$	PROF ATTORNEY FEES	
35,000.00	\$ 15,153.87	\$	\$	1	\$	\$	GRANT FUNDS USED	
10,000.00	\$ 9,846.36	\$	\$ 10,000.00	7,972.12	\$	\$ 12,500.00	036100 UTILITIES	00447

FALL RIVER VALLEY FIRE PROTECTION DISTRICT DEPOSITS AND CLAIMS

(C) proposition (C) (C)	Deposits	Date	Purpose	Ar	nount
	CAL FIRE	9/9/2024	7GF23034/2	\$	8,703.43
	CAL FIRE	9/9/2024	2UI4J00010	\$	3,120.00
and and a state of the second	INSPECTIONS	9/9/2024	PLOT PLANS	\$	600.00
			Total Deposits	\$	12,423.43
Page .					
90 40 VI 3-94 (70)	Expenditures	Date	Purpose	An	nount
	LCW	4/30/2024	PROFESSIONAL SVS	\$	72.00
	LCW	4/30/2024	PROFESSIONAL SVS	\$	340.00
1000	HART BEEBE	5/15/2024	INCIDENT REPORTS	\$	190.00
Open Colonial Colonia	DIB VALLEY HARDWARE	7/1/2024	MISC. EQUIPMENT	\$	64.09
	ED STAUB	7/15/2024	FUEL	\$	287.27
	HIWAY GARAGE	7/25/2024	FUEL	\$	29.85
	HART BEEBE	7/29/2024	INCIDENT REPORTS	\$	245.00
	ED STAUB	7/31/2024	FUEL	\$	71.48
	ED STAUB	7/31/2024	FUEL	\$	258.82
	PGE .	8/7/2024	MC HALL UTILITIES - 2	\$	28.99
	KENNY & NORINE	8/7/2024	PROFESSIONAL SVS	\$	1,634.07
	KENNY & NORINE	8/7/2024	PROFESSIONAL SVS	\$	2,107.60
	AT&T	8/10/2024	INTERNET	\$	5.99
	PGE	8/12/2024	DAY HALL UTILITIES	\$	91.04
	COMPUTING DONE RIGHT	8/18/2024	WEBSITE HOSTING	\$	300.00
	EXPRESS BUSINESS	8/18/2024	PAYROLL PPE 8/18/24	\$	2,954.16
	HIWAY GARAGE	8/21/2024	FUEL	\$	50.74
	PGE	8/26/2024	FR HALL UTILITIES	\$	212.42
	PGE	8/28/2024	MC HALL UTILITIES -1	\$	103.12
	PGE	8/28/2024	299 & GROVE	\$	9.89
	PGE	8/29/2024	PTVL HALL UTILITIES	\$	20.98
	ED STAUB	8/31/2024	FUEL	\$	176.55
	ED STAUB	8/31/2024	FUEL	\$	155.07
	EXPRESS BUSINESS	9/1/2024	PAYROLL PPE 9/1/24	\$	2,564.66
	COM-PAIR	9/1/2024	INTERNET	\$	110.00
	KENNY & NORINE	9/6/2024	PROFESSIONAL SVS	\$	1,332.05
	KENNY & NORINE	9/6/2024	PROFESSIONAL SVS	\$	832.83
			Total Expenditures	\$	14,248.67

CALIFORNIA TATE OF

WARRANT NUMBER 67-908558

THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

FUND NO. **FUND NAME**

8087 FISCAL CONSOLIDATED PMT

0000200779

0000

08 23 2024

MO. I DAY I YR.

90-1342/1211 67908558

TO: 908558

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

DOLLARS CENTS \$***8703.43

MALIA M. COHEN

CALIFORNIA STATE CONTROLLER

1:1211134231: 679085586119

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS 67-908558

ISSUE DATE: 08/23/2024 CAL FIRE PO BOX 944246

SACRAMENTO CA 94244

FOR QUESTIONS CONTACT ACCOUNTING DEPARTMENT AT 916/894-9750

VENDOR NAME

VENDOR ID

FALL RIVER VALLEY FIRE 0000200779

VOUCHER ID INVOICE ID

PO ID

00582787 7GF23034/2

0000586053

AMOUNT PAID

\$8703.43

PAYMENT MESSAGE

ADDITIONAL PAYMENT MESSAGE

Mailed deposit 9/9/24 Mongan

WARRANT NUMBER 67-848672

THE TREASURER OF THE STATE WILL PAY OUT OF THE IDENTIFICATION NO.

FUND NO. 8087

0000200779

0000

FISCAL CONSOLIDATED PMT MO. I DAY I YR.

90-1342/1211

08 | 15 | 2024

FUND NAME

67848672

TO: 848672

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

DOLLARS CENTS \$***3120,00

MALIA M. COHEN

CALIFORNIA STATE CONTROLLER

12 1 2 1 1 1 3 4 2 3 12 6 7 8 4 8 6 7 2 6 11º

DETACH ON DOTTED LINE KEEP THIS PORTION FOR YOUR RECORDS 67-848672

ISSUE DATE: 08/15/2024

CAL FIRE

PO BOX 944246

SACRAMENTO CA 94244

FOR QUESTIONS CONTACT ACCOUNTING DEPARTMENT AT 916/894-9750

VENDOR NAME

VENDOR ID

FALL RIVER VALLEY FIRE 0000200779

VOUCHER ID INVOICE ID

PO ID

00580494 2UI4J00010

0000691717

AMOUNT PAID

\$3120.00

PAYMENT MESSAGE

ADDITIONAL PAYMENT MESSAGE

3-6 RIM CALMU004066 REQ# E-63

Laura Oilar

DATE June 24,24

PAY FRUFPD
TO THE ORDER OF LUC hundred of Polices

DOLLARS Security Features Details On Back

PLUMAS BANK 888.375.8627 • plumasbank.com

FORSprukler Plat Plan



P.O. Box 670 • McArthur, CA 96056 530.336.5026

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 for ensuring 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



P.O. Box 670 • McArthur, CA 96056 530.336.5026

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. 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 submitted to the Chairperson or Vice Chairperson in the absence of the Chairperson for approval. 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 to clarify comments made by the speaker.
 - 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

THE BOARD OF DIRECTORS:



P.O. Box 670 • McArthur, CA 96056 530.336.5026

- 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 has sole responsibility to hire or remove the District Chief.
- 7. The Board shall have the final approval or disapproval of all hiring, firing, or disciplinary action of District employees.

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: September 2024

Rolling Hills Casino

Thank you for booking your stay at Rolling Hills Casino & Resort. The following is the information we have recorded along with your reservation. Please let us know if we may make any adjustments on your behalf.

CANCELLATION BOOKING POLICY:

Cancellation Policy:

24 Hour Cancellation Policy

This reservation must be cancelled 24 hours prior to the date of your arrival. Failure to follow cancellation policies may result in a charge on your credit card.

Please note that all rates are non-commissionable.

WEB RATE

Arrival Date: OCT 23, 2024

Departure Date: OCT 25, 2024

Room Type: ADA ROOM WITH 1 KING BED

AND WHEELCHAIR

ACCESSIBLE SHOWER

Nights:

Adults (17 +):

Room Total: \$298.00

Taxes and Applicable Fees: \$29.80

YOUR TOTAL: \$327.80

CONFIRMATION NUMBER: R18963023

* All prices in USD

Make a Reservation View Profile Update your guest profile

CONFIRMATION NUMBER:

R18963023

RATE PLAN:

Web Rate

ARRIVAL DATE:

Wednesday, October 23rd,

2024

DEPARTURE DATE:

Friday, October 25th, 2024

ROOM TYPE:

ADA room with 1 king bed

and wheelchair accessible

shower

NIGHTS:

2

ADULTS (17 +):

1

ROOM TOTAL:

\$298.00

TAXES AND APPLICABLE FEES:

\$29.80

YOUR TOTAL:

\$327.80

Change

CANCEL



18th ANNUAL TRAINING CONFERENCE - 2024

Don't miss GSRMA's 2024 Annual Training Conference!

October 24-25, 2024

We are excited to invite all our members to our Annual Conference. The day will be filled with valuable information, entertaining speakers, good food and the opportunity for our members to network with their peers.

THURSDAY

OCTOBER 24, 2024

8:00AM - 4:30PM

Keynote Speaker: Merlyna Valentine Change Chose Me

Change can be difficult; it is a process, not an event. In these unprecedented times, we have all faced significant changes. When change chose her, Ms. Valentine transformed adversity into success, and obstacles into opportunities. This highly engaging session reveals the secrets to staying motivated and positive, even in the face of challenges and setbacks. As we move forward and navigate the complex landscape of living and working in our "new normal", her message is a roadmap for resilience. Through inspiring stories and practical strategies, our keynote speaker will remind us of our power to choose our mindset, build resilience, and thrive in challenging times.

Michael Pott, PRISM

Pooling Perspectives on Nuclear Verdict Data

In recent years, the legal landscape in California has seen a surge in nuclear verdicts—runaway jury awards that far exceed the expected compensatory amounts, often reaching into the tens or hundreds of millions of dollars. This session will delve into the phenomenon of nuclear verdicts, exploring their causes, implications, and strategies for public entities.

Noon - 1:00PM

Lunch

Sam Adams and Jake Dickman, GSRMA

Enhancing Public Agency Efficiency and Accessibility Through Innovative Solutions

This insightful presentation will delve into a series of impactful topics aimed at transforming public agency operations. Together we will cover a range of free automation tools and learn how to leverage them to streamline processes and reduce manual workload. Additionally, we will highlight discounted or free services to public agencies, in relation to cyber security and IT management. Finally, we will cover the latest enhancements in ADA regulations for websites, providing essential guidelines to ensure accessibility and compliance. This session is designed to equip public agencies with the knowledge and resources to operate more effectively and inclusively.

Derek Haynes and Dylan de Wit, Porter Scott

Managing Liability Risk - Avoiding Claims & Managing Those You Are Unable to Avoid

Employment practice claims are not only expensive, but they are also disruptive to the effective operation of an organization. This session explores the foundational steps for effectively managing employment practices liability exposures. Attendees will learn how to properly prepare and train managers, engage in pre-claim collaboration with experienced legal counsel, and strategically litigate employment practice liability cases.

5:00 - 7:00 PM

Vendor Reception Hosted by GSRMA

Golden State Risk Management Authority
18th Annual Training Conference
Rolling Hills Resort, Corning, CA
October 24-25, 2024



FRIDAY OCTOBER 25, 2024 8:00 - 9:00AM

Ryan Brannon, Jake Dickman, and Steve Wood, GSRMA Workplace Violence Prevention Plan Requirements

California's newly implemented workplace violence prevention plan requirement became effective in July of this year. In this session, we will explore the legal mandates and practical steps necessary for compliance. Attendees will learn about key components of the regulations, including risk assessment, employee training, incident response, documentation and possible penalties for non-compliance.

Deborah Micheli, County of Glenn - Interim County Counsel

Through the Legal Lens - Public Engagement

California law provides general rules for public engagement which local agencies must follow when conducting official business. This session will focus on the steps local agencies must take to ensure the public's right to attend and participate in meetings and the legal boundaries of communicating with the public through social media.

9:30 - 10:30AM

Dave Glende, and Tim McClanahan, GSRMA

Managing your GSRMA Policies and Membership

As your partner in risk management, we strive to make your interactions with us useful, productive...and painless! In this session, we will identify the information we need from you, when we need it and how you can best provide it. We will also describe the various options to interact with our team with an emphasis on the member portal where members may be surprised at the type, as well as the amount of data and documents, available to them.

Brenda Eldredge, Jaheesha Griffin, and Amy Gunter, GSRMA

The 5 "W"s of Initial Claims Investigation: Who, What, When, Where, and Why?

By understanding our process for adjusting claims, members may be better able to contribute to their positive resolution. This session will focus on a vital aspect of claims handling: our initial investigation. We explain the importance of conducting an investigation, how we identify who or what is being investigated, and the methods we use in various situations.

11AM - Noon

Closing Keynote: Paul Briley

The Power of Listening

With the speed of change in our world, do you sometimes feel like you're working alone and having to come up with your own answers? Do you find yourself stuck, not knowing the right path or how to break through? This can create invisible walls between our problems and potential solutions. When faced with real-world problems, how can we use the art of listening to help us tap into the wisdom of others, our environment and ourselves? Through exercises and table discussions, we will explore the power of listening through practice and reflection with peers.

Noon - 1:00PM

Lunch

Golden State Risk Management Authority
18th Annual Training Conference
Rolling Hills Resort, Corning, CA
October 24-25, 2024

Please Register by October 7, 2024

Golden State Risk Management Authority's 18th Annual Training held October 24-25, 2024, at Rolling Hills Resort & Casino in Corning, CA.

Click <u>HERE</u> to register online, or return the completed form via Fax to 530.934.8133, or Email to events@gsrma.org

The Conference begins with Registration and Full Breakfast at 7:00AM each day

Morga	et, First) Title
Name (Las	st, First)
Member E	ntity Phone
Address, C	ity, State and Zip Email Address
Please che	eck the sessions you will be attending:
P	Thursday - General Session - 8:00AM - 4:30PM
TÍ	Thursday Evening - Vendor Reception - Hosted by GSRMA from 5:00 - 7:00PM
	Friday Concurrent Sessions
	Rease select one option during each time slot below:
	8:00 - 9:00AM
	Workplace Violence Prevention Plan Requirements
	Through the Legal Lens - Public Engagement
	9:30 - 10:30AM
	Managing Your GSRMA Policies and Membership The 5 "W"s of Initial Claims Investigation What What What What What What What What
	The 5 "W"s of Initial Claims Investigation: Who, What, Where, and Why? 11:00AM - Noon
	☐ Closing Keynote: The Power of Listening
É	Friday Lunch
	☑ On-Site
	☐ Boxed To-Go

Accommodations

There are two hotels onsite, their contact information is below:

- The Lodge (The Vagabond Inn) is located at the North end of the main building
- The Inn at Rolling Hills, is South of the facility adjacent to the Conference Center

The phone number for reservations is (530) 528-3500. https://rollinghillscasino.com/ Mention Golden State Risk Management Authority to receive the special conference rate

Driving Directions:

From the North - Take Interstate 5 South to Exit 628, Liberal Avenue, Exit right on Liberal Ave., then turn left onto Everett Freeman Way, where you will arrive at Rolling Hills Resort

Fight the Exit right, then turn left on Liberal Ave and Avenue. Exit right, then turn left on Liberal Ave. and the notes that the property of the second of the notes are second or the second of the notes are second or the second of the notes are second or the second o

GSRMA Annual Training Conference

18TH ANNUAL

Conference

Mark your calendars and save the datal You don't want to miss this appointmity to better proping your organization for the even changing landscape of risk management.

See Subrig 1666 Cosene

Contactor 35 5 5m 2003

Thursday, October 24th, General Sessions

Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



1039419808917182406109001

Do you organize events?



GSRMA Annual Training Conference



Thursday, October 24th, Vendor Reception

Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



1039419808917182406119001

Do you organize events?

eventbrite

GSRMA Annual Training Conference

Friday, October 25th 8 AM, Public Engagement



Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



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Do you organize events?

eventbrite

GSRMA Annual Training Conference

Friday, October 25th 9:30 AM, GSRMA Policy MGMT



Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



1039419808917182406139001

Do you organize events?

GSRMA Annual Training Conference

Friday, October 25th 11:00 AM Closing Keynote



Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



1039419808917182406149001

Do you organize events?

eventbrite

GSRMA Annual Training Conference

Friday, October 24th, Lunch on-site



Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

Thursday, October 24, 2024 at 8:00 AM - Friday, October 25, 2024 at 12:00 PM (PDT)

Free Order

Order Information

Order #10394198089. Ordered by Jody Morgan on September 10, 2024 11:06 AM



1039419808917182406159001

Do you organize events?

BEFORE THE BOARD OF DIRECTORS OF THE

Fan River valley Fire Protection District	
COUNTY OF Shasta	, STATE OF CALIFORNIA
IN THE MATTER OF:	
Resolution Number: <u>7GF24033</u>	
Approving the Department of Forester and Ein D	
Approving the Department of Forestry and Fire Protec	ction Agreement # for services from the da
of last signatory on page 1 of the Agreement to June 30, 20 Cooperative Forestry Assistance Act of 1978.	025 under the Volunteer Fire Capacity Program of the
BE IT RESOLVED by the Board of Directors of t	the Fall River Valley Fire Protection District
that said Board does hereby approve the Agreement with the	he California Department of Forestry and Fire Protection date
The state of the s	1/1 anti anamamanta the anti- fill .
The true will of this Laidelle in the Louising	teer Hira Campaity Dec Cil C
Act of 1978 during the State Fiscal Year 2024-25 up to and	no more than the amount of \$ 6.624.50
BE IT FURTHER RESOLVED that Hart Beeb	of said Board
be and hereby is authorized to sign and execute said Agreer	ment and any amendments on behalf of the
Fall River Valley Fire Protection District	
The foregoing resolution was duly passed and adop	atod by the Denni CD'
at a regular meeting thereof, held	on the day of
by the following vote:	day or,
AYES:	
AT A TZCI	Signature, Board of Directors Member
NAYS:	
ABSENT:	
LUCLIAI.	Printed Name and Title
	Signatura Deced - CD:
	Signature, Board of Directors Member
	Printed Name and Title
CERTIFICATION OF RESOLUTION-	
ATTEST:	
Claula - Cul	
County of, Clerk of the	C-1:C : 1 1 1
orrect copy of the original Resolution Number	California do hereby certify that this is a true and
VITNESS MY HAND OR THE SEAL OF THE	, on
nis day of	, VII
	OFFICIAL SEAL
	OR NOTARY CERTIFICATON
ignature	
itle and Name of Local Agency	

BEFORE THE BOARD OF DIRECTORS OF THE Oakmont Fire Protection District **COUNTY OF** Fresno STATE OF CALIFORNIA IN THE MATTER OF: Resolution Number: 24-0000 #2 Approving the Department of Forestry and Fire Protection Agreement F24xxx for services from the date of last signatory on page 1 of the Agreement to June 30, 2025 under the Volunteer Fire Capacity Program of the Cooperative Forestry Assistance Act of 1978. BE IT RESOLVED by the Board of Directors of the Oakmont Fire Protection District that said Board does hereby approve the Agreement with the California Department of Forestry and Fire Protection dated as of the last signatory date on page 1 of the Agreement, and any amendments thereto. This Agreement provides for an award, during the term of this agreement, under the Volunteer Fire Capacity Program of the Cooperative Fire Assistance Act of 1978 during the State Fiscal Year 2024-25 up to and no more on the amount of \$ 10.000 BE IT FURTHER RESOLVED that __John Miller, Fire Chief _of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Oakmont Fire Protection District The foregoing resolution was duly passed and adopted by the Board of Directors of the Oakmont Fire Protection District, at a regular meeting thereof, held on the 22nd day of October, 2024 by the following vote: Steven Kerns AYES: STOVER, TOWER, KERNS, OSGOOD Signature, Board of Directors Member NAYS: NONE Steven Kerns, Board Member Printed Name and Title ABSENT: HARRIS James Tower Signature, Board of Directors Member #10 James Tower, Director Printed Name and Title -CERTIFICATION OF RESOLUTION-ATTEST: Sarah Osgood Clerk of the Oakmont Fire Protection District County of Fresno California do hereby certify that this is a true and correct copy of the original Resolution Number 24-0000 WITNESS MY HAND OR THE SEAL OF THE Oakmont Fire Protection District this 22nd day of October, 2024. , on OFFICIAL SEAL OR NOTARY CERTIFICATION Sarah Osgood Signature Clerk of the Board, Oakmont Fire Protection District

KEY FOR COMPLETION OF SAMPLE RFC RESOLUTION

Title and Name of Local Agency

	Туре	Item	Quantity	Unit Cost	Item Total
1.	Safety - Structural	SturctureTurnouts	2	\$ 2,870.50	\$ 5,741.00
2.	Safety - Wildland	Wildland PPE	2	\$ 874.00	\$ 1,748.00
3.	Equipment Structural	Gas Cutoff/rescue Saw	4	\$ 2,700.00	\$ 2,700.00
4.	Communications	Handheld Radios	2	\$ 2,880.00	\$ 5,760.00
5.	Training	Spring/ Wildland Training	4	\$ 2,000.00	2000
3.	Training	Fall/ Structure Training	4	\$-2,000.00	2000
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3.					0
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AL	FIRE USE ONLY (For	nula-Driven)			
	Approved \$6,624.50	M.	roject Total	Cost: \$ 19,949	.00

Organization Name: Fall River Valley Fire Protection District



COUNTY OF SHASTA

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

CLAIMANT NAME:

AT&T MOBILITY

PEID:

VEND ()(1) 379

ADDR TYPE (AP,A1,A2,):

01

INV #:

XF081024A

INV DATE:

08/10/24

AMOUNT	COST	ACCT	PROJ CODE			ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
								NC RE	PU AT PT ID
5.99	00447	032500			TABLE	ET INTERNET	287306953864		
\$5.99	TOTAL			EXPLANA [*]	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inventor)		X
For Value Received, assign, transfer, and							PO BOX 6463 CAROL STREAM, IL 60	197-646:	3
title and interest in the		all my right,		AUDITO USE ON		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby ce	ertify	BOARD MEMBER	DAT	Έ	
INSTRUCTIONS: 1. Complete, date and	cian form			that the ab claim wa examined	as	BOARD MEMBER BOARD MEMBER	DAT		
 Obtain Department Districts obtain boar 	Head signat			approved by office.	y this	BOARD MEMBER	DAT		
4. Attach supporting do	Attach supporting documentation. Forward to County Auditor-Controller. he undersigned, under penalty of perjury, states that he above claim and the items as therein set out are the understand that no part thereof has heretofore the paid, and that the amount herein is justly due this aimant, and that the same is presented within one that the last item thereof has accrued.			By Deputy		BOARD MEMBER	DATE		
he above claim and the rue and correct; that no been paid, and that the claimant, and that the				DATE		provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me	y certify, under penalty of perjury, that I have not violated any of the ons of Article Four, Chapter One, Division Four, Title One of the Callerthermore, that the articles or services specified in the above classry and were ordered by me for the purpose indicated above; that or services have been delivered or performed as stated hereon expected above by me		f. Gov. n were
CLAIMANT						AUTHORIZED SIGNATURE			
DATE						DATE			
DATE							94766		



Page:

2 of 3

Issue Date:

Aug 02, 2024

Account Number:

287306953864

Foundation Account: 57930593

Invoice:

287306953864X08102024

Service activity

W	ireless	
		ilitar Propinsi salah dalah sampu
Number	User	

User Page last bill 530.238.7976 MCARTHUR VOLUNTEER FIRE DEPT. \$5.99

Total \$5.99

Pooling detail

Data Pool: First Responder Network Pool

Allocation factor: 0.0000 Total under: 0 Total overage: 15,234

Number	User	Allowance (KB)	Used (KB)	Allocation Back (KB)	Adjustment Amount
530.238.7976	MCARTHUR VOLUNTE	0	15,234	0	\$0.00
Total for First Responder Network Pool		0	15,234	0	\$0.00

Activity

since

Total

\$5.99

\$5.99

Phone, 530.238.7976

MCARTHUR VOLUNTEER FIRE DEPT.

Activ	ity since last bill	Jul 03 - Aug 02		
Jul 09: Removed		Jul 03 - Jul 09		
1. 2. 3. 4. 5. 6. 7.	FirstNet Mobile Pool for iPad on 4G LTE Block Roaming Except 3PTs for FirstNet Protect Advantage Insurance for Business for 1 Protect Advantage Support Svc for Business for 1 FirstNet Messaging Credit for FirstNet Mobile Pool for iPad on 4G LTE Discount for FirstNet Data Device Savings Credit for Protect Advantage Support Svc for Business for 1		\$5.13 \$0.00 \$2.10 \$1.64 \$0.00 -\$0.47 -\$2.33 -\$0.23	< Service change - partial month charge < Service change - partial month charge < Service change - partial month charge < Contracted credit adjusted - partial month credit < Service change - partial month credit < Contracted credit adjusted - partial month credit < Contracted credit adjusted - partial month credit
	Activity FirstNet Mobile Pool for iPad on 4G LTE 15,234KB		\$0.15	< Usage

Total for 530.238.7976

\$5.99





...Wireless continued

Page:

3 of 3

Issue Date:

Aug 02, 2024 287306953864

Account Number:

Foundation Account: 57930593

Invoice:

287306953864X08102024

\$5.99

News you can use

Total for Wireless

FirstNet Social Media

YouTube: youtube.com/firstnet

Linkedin: linkedin.com/showcase/firstnet

Twitter: twitter.com/firstnet Facebook: facebook.com/firstnet

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&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&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 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. 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&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.
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STATE OF CALIFORNIA **AUTHORIZATION FOR** RELEASE OF FUNDS (ONE INVOICE PER FORM)

CLAIMANT NAME:

COM-PAIR SERVICES

PEID:	VEND001463
	CONTRACTOR OF THE PARTY OF THE

ADDR TYPE

(AP,A1,A2,):

01

INV #:

145201

08/01/24 INV DATE:

AMOUNT	COST	ACCT	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
110.00	00447	032500			INTER	NET - ACCT #8533			
				,					
\$110.00	TOTAL			EXPLANA	ATION	\ 1 mm / \ 1 /	ADDRESS: (If different remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #							5309 CHESTNUT ST		
	PARTIAL	FULL					ANDERSON, CA 96007-	9104	
For Value Received, assign, transfer, and	7								
title and interest in t	The second secon	all my right, laim.		AUDIT USE O		APPROVED BY:	CT USE ONLY		
Signed				I hereby		BOARD MEMBER	J DA'	TE	
INSTRUCTIONS:				that the a		BOARD MEMBER	DA	TE	
 Complete, date and Obtain Department 				examine approved office	by this	BOARD MEMBER	DA	TE	
 Districts obtain boa Attach supporting d 				By Dep		BOARD MEMBER	DA	TE	
5. Forward to County	Auditor-Con	itroller.		County A <u>USER</u>	uditor	BOARD MEMBER	DA	TE	
The undersigned, und the above claim and the true and correct; that is been paid, and that the claimant, and that the year after the last item.	ne items as no part there e amount he same is pro	therein set ou eof has hereto erein is justly esented within	ut are ofore due this	DAT	E	I hereby certify, under penalty of per- provisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me- articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One of or services specified in the all for the purpose indicated about the purpose indi	of the Cal bove clair ve; that th	if. Gov. n were ne
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			

GH 9941,58

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

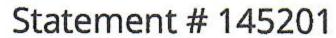
MCARTHUR FPD

PO BOX 670 MCARTHUR, CA 96056

Charges \$110.00 Taxes / Fees \$0.00 Credits (\$0.00)Payments Applied (\$0.00)Previous Balance \$110.00 Total due by 08-31-2024 \$220.00

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/



10264 1 AB 0.593 28/79 011025 0001:0002

MCARTHUR FPD
PO BOX 670
MCARTHUR CA 96056-0670

Please make checks payable to Com-Pair Services

Due Date

08-31-2024

Amount Due

\$220.00

Amount Enclosed

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



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

CLAIMANT NAME:

COMPUTING DONE RIGHT, LLC

PEID:	VEND 019280

ADDR TYPE

(AP,A1,A2,):

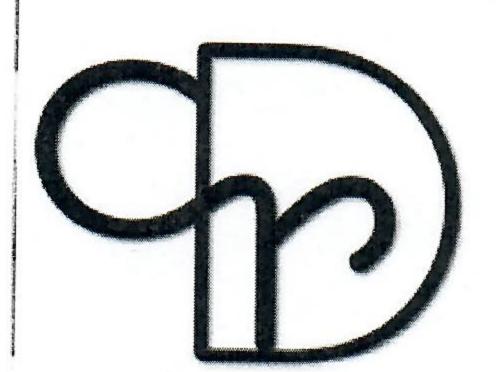
01

INV #: 3560

INV DATE: 08/18/24

AMOUNT	COST	ACCT	PROJ CODE	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
			CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
300.00	00447	034800			WEBSI	TE PREMIER HOSTING			
*	-0-41						ADDRESS: (If differe		
\$300.00	IOIAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If differe remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #				SPECIAL D	ISTRICT	PREMIER HOSTING/SUPPORT	7681 S EAST LAKE BLV	D	
							7001 5 EAST EARL BEV		
	PARTIAL	FULL					LAKE NEBAGAMON, W	54849	
		1							
For Value Received,	323								
assign, transfer, and		o all my right		AUDIT	OR	DISTR	RICT USE ONLY		
title and interest in t	The second secon			USE O		APPROVED BY:			
Signed				I hereby	certify	BOARD MEMBER	DA	TE	
			-	that the		BOARD MEMBER	DA	TE	
INSTRUCTIONS:				claim v examine					
Complete, date and Obtain Department	, C. 100 C.			approved		BOARD MEMBER	DA	TE	
 Obtain Department Districts obtain boa 				offic		BOARD MEMBER	DA	TF	
4. Attach supporting d				By Dep					
5. Forward to County	Auditor-Con	troller.		County A		BOARD MEMBER	DA	TE	
The undersigned and				USER	<u>ID</u>				
The undersigned, und the above claim and the	he items as	therein set of	out are			I hereby certify, under penalty of perpendicular of provisions of Article Four, Chapter	erjury, that I have not violated a One, Division Four, Title One of	any of the of the	if. Gov.
true and correct; that i been paid, and that th	no part there	eof has here erein is iustly	tofore due this	DAT	F	code. Furthermore, that the articles necessary and were ordered by me	s or services specified in the a	bove clair	n were
claimant, and that the year after the last item	same is pre	esented with	in one			articles or services have been deliv			
year after the last field	i triereor nas	s accrued.				otherwise indicated above by me.			
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			





Computing Done Right
7681 S East Lake Boulevard
Lake Nebagamon, WI 54849
+12183903460
wendy@computingdoneright.net

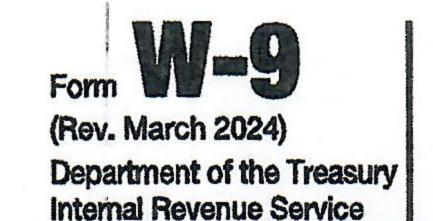
BILL TO
Fall River Valley Fire District

NVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
3560	08/18/2024	\$300.00	08/18/2024	Due by	
				Renewal	

ACTIVITY	QTY	RATE	AMOUNT
Premier Hosting/Support Includes SSL, CDN, Firewall, AntiSpam, and Plugins updated for security. Also GA4, Basic SEO. Includes minor updates and tweaks.	12	25.00	300.00

BALANCE DUE

\$300.00



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	re you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.								
The state of the s	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's nentity's name on line 2.)	ame oi	n line 1	, and	enter the	busin	ess/dis	egarded	
	Wendy L Corry								
	2 Business name/disregarded entity name, if different from above.								
	Computing Done Right, LLC		ougation manufacting to						
on page 3.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)							
44	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)	-		Exem	pt payee	code	if any)		
truction	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax box for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.								
rin Mis	Other (see instructions)			code	(if any)				
Print Specific Inst	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classificand you are providing this form to a partnership, trust, or estate in which you have an ownership interest, this box if you have any foreign partners, owners, or beneficiaries. See instructions	cation, check			plies to a outside t				
9	5 Address (number, street, and apt. or suite no.). See instructions.	ster's r	name a	nd ad	dress (op	tional			
Ø	7681 S East Lake Blvd								
Althority of the contract	6 City, state, and ZIP code								
	Lake Nebagamon, WI 54849								
	7 List account number(s) here (optional)								
						Line Darrent			
Pa	rt Taxpayer Identification Number (TIN)	Ta							
Ente	r your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Soc	ial se	unity	number	7			
back	tup withholding. For individuals, this is generally your social security number (SSN). However, for a			_		_			
resid	lent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other ies, it is your employer identification number (EIN). If you do not have a number, see How to get a								
	later.	Or	nlover	ident	ification	numb	er		
Note	: If the account is in more than one name, see the instructions for line 1. See also What Name and		pioyo.		TT			T	
Num	ber To Give the Requester for guidelines on whose number to enter.	2	6 .	- 2	5 5	7	2 3	3	
	Certification								
	er penalties of perjury, I certify that:								
1. TI	ne number shown on this form is my correct taxpayer identification number (or I am waiting for a num	ber to	be is	sued t	to me);	and			
2.18	am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divid b longer subject to backup withholding; and	not b	een n	otified	by the	Inter	nal Reved me	enue that I am	
	am a U.S. citizen or other U.S. person (defined below); and								
	ne FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is co				A2				
beca	tification instructions. You must cross out item 2 above if you have been notified by the IRS that you are ause you have failed to report all interest and dividends on your tax return. For real estate transactions, ite uisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement or than interest and dividends, you are not required to sign the certification, but you must provide your cor	m 2 de t arrar	oes no ngeme	ot app ent (IR	iy. For r A), and,	nortga gene	age into rally, pa	erest palo, ayments	
Sig	n Signature of , \ , \ , \ ,				202				
Ge	eneral Instructions New line 3b has been accomplete this I	ided t	to this	formate that	A flow	direc	t or in	tity is direct	

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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

CLAIMANT NAME:

DO IT BEST VALLEY HARDWARE

PEID:	VSTM000011	ADDR TYPE (AP,A1,A2,):	01	
INV #:	XF070124A			
INIV DATE.	07/01/24			

AMOUNT	COST	ACCT	PROJ	ACTY	DE	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
47.15	00447	032900			HOUSS	EHOLD - B319624			
13.71	00447	035500			MINOR	EQUIP - B320010			
1.22	00447	035500			MINOR	EQUIP - A424063			
2.01	00447	034500			OFFICE	EXP - B321103			
					,				
							ADDRESS: //s differen	at forms	
\$64.09	TOTAL			EXPLANA.	TION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
For Value Received,	_						FALL RIVER MILLS, CA	96028	
assign, transfer, and	d set over 1	to all my right	t,	AUDITO	OR	DISTR	RICT USE ONLY		
title and interest in t	the within c			USE ON		APPROVED BY:			
Signed				I hereby c		BOARD MEMBER	DA	TE	
INIOTENIA				that the al		BOARD MEMBER	DA	TE	
INSTRUCTIONS: 1. Complete, date and	d sian form			examined	and	BOARD MEMBER	DA	TE	
2. Obtain Department				approved b					
3. Districts obtain boa	•					BOARD MEMBER	DA	TE	
4. Attach supporting of 5. Forward to County				By Depu County Au USER	uditor	BOARD MEMBER	DA	TE	
The undersigned, under the above claim and that the claim and paid, and that the claim and that the year after the last item.	the items as no part ther ne amount h e same is pr	therein set of eof has here erein is justly resented with	out are tofore y due this	DATE		I hereby certify, under penalty of perprovisions of Article Four, Chapter code. Furthermore, that the article necessary and were ordered by marticles or services have been delivered to therwise indicated above by me.	One, Division Four, Title One sor services specified in the act for the purpose indicated about the purpose indica	of the Ca bove clai	lif. Gov. m were the
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			
							211722		

041994722

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

Account #: FR Fire District

Alternate Name:

Fall River Valley Fire

Fall River Valley Fire Protection District

P.O. Box 396

Fall River Mills, Ca 96028

Date	Reference		PO / R	REF	Due Date	Credit	Debit
5/31/2024	Previous Balance		1				\$86.82
06/06/2024	B319624	232900	Household		07/31/2024		\$47.15
06/12/2024	B320010	035500	Minor		07/31/2024		\$13.71
06/18/2024	A424063	035500	Minor	~^	07/31/2024		\$1.22
06/24/2024	Payment Received	2048	034500	Office		(\$86.82)	
06/27/2024	B321103				07/31/2024		\$2.01
			Т	otals:		(\$86.82)	\$150.91

Account Summary

Previous Balance: \$86.82
Payments, Credits (\$86.82)
Purchases, Charges \$64.09
New Balance: \$64.09

New Balance:

\$64.09

Happy 4th of July!!

Do it Best Valley Hardware 43185 Hwy 299E Fall River Mills, CA 96028 Transaction#: A424063 530-336-5583 Associate: Cody Date: 06/18/2024 Time: 10:46:30 AM Transaction#: B319624 Due Date: 07/31/2024 Associate: Employee Date: 06/06/2024 Time: 03:16:42 PM *** SALE *** Due Date: 07/31/2024 Bill To: Customer # FR Fire District *** SALE *** Fall River Valley Fire Protection District Fall River Valley Fire Bill To: P.O. Box 396 Customer # FR Fire District Fall River Mills, Ca 96028 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 3PK HOT SHOT FOGGER 7.25% - State Tax: \$0.08 709107 TOTAL: \$1.22 4.00 EACH @ \$10.99 T \$43.96 071121961808 INVOICE: \$1.22 CHANGE: \$0.00 Subtotal: \$43.96 7.25% - State Tax: \$3.19 A Minimum Finance Charge of TOTAL: \$47.15 \$1.00 or 2.2% per month applies to all past due balances INVOICE: \$47.15 CHANGE: \$0.00 A Minimum Finance Charge of \$1.00 or 2.2% per month applies to all past due balances ------Thank You! (X) , ------Thank You! Do it Best Valley Hardware 43185 Hwy 299E Fall River Mills, CA 96028 530-336-5583 Do it Best Valley Hardware Transaction#: B321103 43185 Hwy 299E Fall River Mills, CA 96028 530-336-5583 Associate: Employee Date: 06/27/2024 Time: 03:39:23 PM Due Date: 07/31/2024 Transaction#: B320010 *** SALE *** Associate: Employee Date: 06/12/2024 Bill To: Time: 09:35:15 AM Customer # FR Fire District Due Date: 07/31/2024 Fall River Valley Fire Protection District Fall River Valley Fire *** SALE *** P.O. Box 396 Fall River Mills, Ca 96028 Bill To: Customer # FR Fire District Fall River Valley Fire Protection District Fall River Valley Fire 1000PK REGSMTHPAPER CLIP P.O. Box 396 973793 Fall River Mills, Ca 96028 1.00 BOX @ \$0.49 T \$0.49 035255656382 12PK SMALL BINDER CLIP 973769 9/64" TITANIUM BIT 1.00 BOX @ \$0.99 T \$0.99 359506 9x12 Manila Envelope 1.00 EACH @ \$5.29 T 1/8" TITANIUM BIT \$5.29 187021 1.00 EACH @ \$0.39 T \$0.39 359515 718103409155 1.00 EACH @ \$7.49 T \$7.49 Subtotal: \$1.87 Subtotal: \$12.78 7.25% - State Tax: \$0.14 7.25% - State Tax: \$0.93 TOTAL: \$2.01 TOTAL: \$13.71 INVOICE: \$2.01 INVOICE: \$13.71 CHANGE: \$0.00 CHANGE: \$0.00 A Minimum Finance Charge of A Minimum Finance Charge of \$1.00 or 2.2% per month \$1.00 or 2.2% per month applies to all past due balances applies to all past due balances Jody bud Thank You! Thank You!

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

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

<u>Statement</u>

For the period: 7/1/2024 to 08/01/2024

Terms: Net 28 Days End of Month

Account #: FR Fire District

Alternate Name:

Fall River Valley Fire

Fall River Valley Fire Protection District

P.O. Box 396

Fall River Mills, Ca 96028

Date	Reference		PO / REF	Due Date	Credit	Debit
7/1/2024 Prev	vious Balanc	е				\$64.09
08/01/2024 Fina	ance Charge					\$1.41
			Totals:		\$0.00	\$65.50
Previous Bala		\$64.09			New Ba	lance:
	nce: edits				New Ba \$65.5	

Thank you for your business!



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 #:	287373			
INV DATE:	08/31/24			

04996953

AMOUNT	COST	ACCT	PROJ	ACTY	DI	ESCRIPTION (30 CHAR)	VENDOR ACCT#			
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID	
40.07	00447	035900			FUEL 8	3.659 GAL	130043			
45.56	00447	035900			FUEL 9	.760 GAL	130043			
69.44	00447	035900			FUEL 1	5.002 GAL	130043			
						•				
\$155.07	\$155.07 TOTAL			EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)			
O/ CONTRACT/ LANKET PO #				CARD: 708886314676765 8/31/24: 8.658 GAL = \$40.07			PO BOX 488			
	PARTIAL	FULL		CARD: 7088		676773 AL = \$45.56	KLAMATH FALLS, OR	97601		
For Value Received	, I hereby se	ell,				GAL = \$69.44				
assign, transfer, and	d set over 1		.4	AUDIT	OP	DISTI-	RICT USE ONLY		1	
title and interest in t	the within c	all my righ laim.	11,	USE ON		APPROVED BY:	VICTOSE ONLT			
Signed				I hereby c	ortify	BOARD MEMBER	Į DA	TE		
				that the a	bove	BOARD MEMBER	DA	TE		
INSTRUCTIONS:				claim w examined	l and					
 Complete, date and Obtain Department 	253			approved b	by this	BOARD MEMBER	DA	TE		
Districts obtain boa				office		BOARD MEMBER	DA	TE		
4. Attach supporting				By Dep	uty					
5. Forward to County	Auditor-Cor	ntroller.		County Au USER	uditor	BOARD MEMBER	DA	TE		
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.				DATE		provisions of Article Four, Chapter code. Furthermore, that the article necessary and were ordered by me	perjury, that I have not violated any of the rone, Division Four, Title One of the Calif. Gov. es or services specified in the above claim were ne for the purpose indicated above; that the ivered or performed as stated hereon except as			
CLAIMANT						AUTHORIZED				
						SIGNATURE				





Date: 8/31/2024 Customer Account: 130043

Account Summary

Previous Balance \$ \$883.15 New Payments \$ (\$160.73) New Prompt Pay Disc \$ \$0.00 New Invoices \$ \$486.18 Total Balance Due \$ \$1,208.60

Any questions? PHONE: (530) 336-6138

Page 1 of 1

095049

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

Open and new Invoices for the Current Billing Cycle: 8/1/2024 - 8/31/2024

INVO	ICES						
DATE	DUE BY	INVOICE #	DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
7/15/2024	8/10/2024	272163	Cardlock Invoice - Transactions from 7/1/2024-7/15/2024	\$460.71	\$4.89	PAST DUE	\$460.71
7/25/2024	8/10/2024	11118262	Finance Charge	\$2.89	\$0.00	PAST DUE	\$2.89
7/31/2024	8/10/2024	277170	Cardlock Invoice - Transactions from 7/16/2024-7/31/3199	\$258.82	\$2.89	PAST DUE	\$258.82
8/15/2024	9/10/2024	282345	Cardlock Invoice - Transactions from 8/1/2024-8/15/2024	\$320.32	\$3.48	8/25/2024	\$320.32
8/25/2024	9/10/2024	11239550	Finance Charge	\$10.79	\$0.00		\$10.79
8/31/2024	9/10/2024	287373	Cardlock Invoice - Transactions from 8/16/2024-8/31/2024	\$155.07	\$1.67	9/10/2024	\$155.07
						TOTAL:	\$1,208.60

Open and new Payments for the Current Billing Cycle: 8/1/2024 - 8/31/2024

PAYMENTS

DATE	DESCRIPTION	TOTAL	CHECK #	REMAINING
8/8/2024	Payment: Fuel -	(\$160.73)	EFT080824	\$0.00



CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$486.18	\$722.42	\$0.00	\$0.00	\$0.00	\$1,208.60

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 MAKE CHECKS PAYABLE TO

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

MCARTHUR FIRE DISTRICT PO BOX 670 MCARTHUR, CA 96056

Account Number: 130043

Invoice Number: 287373 **Invoice Date:** 08/31/2024

\$155.07

Page 1

Payment Due By: 09/10/24 **Discount Date:** 09/10/2024

Discount Amount: \$1.67

Invoice Total:

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: 7	08886314	676765 ALI	L PRODUCT			Previous Odometer: 0					
Vehicle:	0										
08/31/24	5:34p) i	FC-Fall River M, CA	0	0	CARBDSL	8.659	N	4.6285	40.07	
						Subtotal	8.659			40.07	
Card: 7	08886314	676773 ALI	L PRODUCT			Previous Odometer: 1					
Vehicle:	0										
08/22/24	5:25p)	FC-Fall River M, CA	0	1	CARBDSL	9.760	N	4.6691	45.56	
08/29/24	5:21p)	FC-Fall River M, CA	0	1	CARBDSL	15.002	N	4.6285	69.44	
						Subtotal	24.762			115.00	

GALL	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)	4.6399	155.07	0.00	16.10	0.24	16.10	33.42	33.42	0.00	
CA	State Total	4.6399	155.07	0.00	16.10	0.24	16.10	33.42	33.42	0.00	
	Invoice Total	4.6399	155.07	0.00	16.10	0.24	16.10	33.42	33.42	0.00	

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
65 ALL PRODUCT	31.68	8.659	0.00	4.17	0.06	4.16	40.07
73 ALL PRODUCT	90.95	24.762	0.00	11.93	0.18	11.94	115.00
	122.63	33.421	0.00	16.10	0.24	16.10	155.07

TOTAL GALLONS BY SITE LOCATION								
Site	Street Address	City	State	Gallons				
760006	44015 Hwy 299 E	Fall River Mills	CA	33.421				

TOTAL GALLONS BY PRODUCT							
Product	Quantity	Amount					
CARBDSL	33.4	155.07					
TOTAL		155.07					

CUSTOMER DISCOUNT \$ 1.67 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$155.07 received 09/10/24 Volume eligible is 33.42 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 33.421

AMOUNT DUE: \$ 155.07

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



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

CLAIMANT NAME:

ED STAUB AND SONS

PEID:

VEND002017

ADDR TYPE

01 (AP,A1,A2,):

INV #:

288547

08/31/24 INV DATE:

AMOUNT	COST	ACCT	PROJ	ACTY	DI	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099		
							OLOGINDAIX I IXLI	NC RE	PU AT PT ID	
61.94	00447	035900			FUEL 1	3.268 GAL	234084			
39.07	00447	035900			FUEL 8	3.369 GAL	234084			
60.16	00447	035900			FUEL 1	4.556 GAL	234084			
15.38	00447	035900			FUEL 3	.722 GAL	234084			
\$176.55	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different transport of the contract of the contra			
PO/ CONTRACT/ BLANKET PO #				CARD: 708886312213124 8/20/24: 13.268 GAL = \$61.94			PO BOX 488			
	PARTIAL	FULL		8/24/24: 1	14.556	AL = \$39.07 GAL = \$60.16 AL = \$15.38	KLAMATH FALLS, OR	97601		
For Value Received, assign, transfer, and										
		all my right	,	AUDIT		DISTR	ICT USE ONLY			
title and interest in t	he within c	laim.		USE O		APPROVED BY: BOARD MEMBER	I DA	TE		
Signed				I hereby o	certify					
INSTRUCTIONS:				that the a		BOARD MEMBER	DA	DATE		
1. Complete, date and	d sign form.			examined		BOARD MEMBER	DA	TE		
2. Obtain Department				approved office	Э.					
 Districts obtain boa Attach supporting d 						BOARD MEMBER	DA	TE		
5. Forward to County				By Dep County An USER	uditor	BOARD MEMBER	DA	TE		
the above claim and the true and correct; that is been paid, and that the claimant, and that the	he undersigned, under penalty of perjury, states that he above claim and the items as therein set out are ue and correct; that no part thereof has heretofore een paid, and that the amount herein is justly due this laimant, and that the same is presented within one ear after the last item thereof has accrued.					I hereby certify, under penalty of per provisions of Article Four, Chapter of code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One of or services specified in the a for the purpose indicated about	of the Cal bove clain ve; that t	if. Gov. m were he	
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE				
DATE						DATE				

0H99109510





Date: 8/31/2024 Customer Account: 234084

Account Summary

Previous Balance \$ \$513.50 New Payments \$ (\$67.04) New Prompt Pay Disc \$ \$0.00 New Invoices \$ \$568.09 Total Balance Due \$ \$1,014.55

1313 095049

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: 8/1/2024 - 8/31/2024

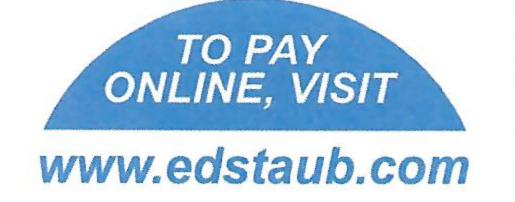
INVO	ICES						
DATE	DUE BY	INVOICE #	DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
7/1/2024	8/10/2024	10998364	Parts Sale	\$86.70	\$1.31	PAST DUE	\$86.70
7/15/2024	8/10/2024	273289	Cardlock Invoice - Transactions from 7/1/2024-7/15/2024	\$287.27	\$2.98	PAST DUE	\$287.27
7/25/2024	8/10/2024	11118592	Finance Charge	\$1.01	\$0.00	PAST DUE	\$1.01
7/31/2024	8/10/2024	278338	Cardlock Invoice - Transactions from 7/16/2024-7/31/4367	\$71.48	\$0.77	PAST DUE	\$71.48
8/15/2024	9/10/2024	283490	Cardlock Invoice - Transactions from 8/1/2024-8/15/2024	\$384.86	\$4.12	8/25/2024	\$384.86
8/25/2024	9/10/2024	11239889	Finance Charge	\$6.68	\$0.00		\$6.68
8/31/2024	9/10/2024	288547	Cardlock Invoice - Transactions from 8/16/2024-8/31/2024	\$176.55	\$2.00	9/10/2024	\$176.55
						TOTAL .	\$1.014.55

101AL: \$1,014.55

Open and new Payments for the Current Billing Cycle: 8/1/2024 - 8/31/2024

PAYMENTS

DATE	DESCRIPTION	TOTAL	CHECK #	REMAINING
8/8/2024	Payment: Fuel -	(\$67.04)	EFT080824	\$0.00



CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$568.09	\$359.76	\$86.70	\$0.00	\$0.00	\$1,014.55

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 MAKE CHECKS PAYABLE TO

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

FALL RIVER FIRE DISTRICT PO BOX 670 McArthur, CA 96056 Account Number: 234084

Invoice Number: 288547
Invoice Date: 08/31/20

08/31/2024

Page 1

Invoice Total: \$176.55

Payment Due By: 09/10/24

Discount Date: 09/10/2024

Discount Amount: \$2.00

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: 7	088863122	13124 A/P				Previous Odometer: 0				
Vehicle	: 0									
08/20/2	4 12:50p)	FC-Fall River M, CA	0	0	CARBDSL	13.268	N	4.6691	61.94
08/20/2	4 1:19p		FC-Fall River M, CA	0	0	CARBDSL	8.369	N	4.6691	39.07
08/24/24	9:50a		FC-Fall River M, CA	0	0	UNL E10%	14.556	N	4.1327	60.16
08/24/24	4 4:39p		FC-Fall River M, CA	0	0	UNL E10%	3.722	N	4.1327	15.38
						Subtotal	39.915			176.55

GALL	ONS, AMOUNTS AND TAXES BY STATE I	Y 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)	4.6684	101.01	0.00	10.42	0.15	10.49	21.64	21.64	0.00
CA	GASOLINE UNL REG ETH 10%	4.1328	75.54	0.13	11.41	0.00	1.66	18.28	18.28	0.00
CA	State Total	4.4231	176.55	0.13	21.83	0.15	12.15	39.92	39.92	0.00
	Invoice Total	4.4231	176.55	0.13	21.83	0.15	12.15	39.92	39.92	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	142.29	39.915	0.13	21.83	0.15	12.15	176.55
	142.29	39.915	0.13	21.83	0.15	12.15	176.55

TOTAL GAL	LONS BY SITE LOCATION			
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	39.915

TOTAL GALLONS BY PRODUCT	TOTAL GALLONS BY PRODUCT							
Product	Quantity	Amount						
CARBDSL	21.6	101.01						
UNL E10%	18.3	75.54						
TOTAL		176.55						

CUSTOMER DISCOUNT \$ 2.00 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$176.55

received 09/10/24 Volume eligible is 39.92 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 39.915

AMOUNT DUE: \$ 176.55

Dear Valued Ed Staub & Sons Cardlock Customer,

FALL RIVER FIRE DISTRICT Acct Number: 234084

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



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

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017

A

ADDR TYPE (AP,A1,A2,):

01

INV #:

273289

INV DATE:

07/15/24

AMOUNT	COST	ACCT	PROJ CODE		D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
								NC RE	PU AT PT ID
153.44	00447	035900			FUEL :	32.705 GAL	234084		
66.23	00447	035900			FUEL '	13.336 GAL	234084		
67.60	00447	035900			FUEL '	13.608 GAL	234084		
					1				
\$287.27	TOTAL			EXPLANA	NOITA	(TEXT)	ADDRESS: (If differe remittance advice or if no in	nt from	
PO/ CONTRACT/				CARD: 708	2886312	212124		voice)	
BLANKET PO#				7/3/24 - 3	32.705 C	GAL = \$153.44	PO BOX 488		
	PARTIAL	FULL				SAL = \$66.23 SAL = \$67.60	KLAMATH FALLS, OR	97601	
		1							
For Value Received,									
assign, transfer, and		o all my right,		AUDIT	OR		ICT USE ONLY		
title and interest in t	he within c	laim.		USE O		APPROVED BY:			
Signed				I hereby o		BOARD MEMBER	DA	TE	
INICTOLICATIONIC				that the a		BOARD MEMBER	DA	TE	
INSTRUCTIONS: 1. Complete, date and	l cian form			examine	dond	BOARD MEMBER	i DA	TE	
2. Obtain Department				approved office	by this		i DA		
3. Districts obtain boa	No. 11			Office	J.	BOARD MEMBER	DA	TE	
 Attach supporting d Forward to County 				By Dep		BOARD MEMBER			
				County A USER		DOARD WEINBER	DA	IE	
The undersigned, und the above claim and the	er penalty o	f perjury, stat	es that			I hereby certify, under penalty of pe	rjury, that I have not violated a	any of the	
true and correct; that r	no part there	eof has hereto	ofore			provisions of Article Four, Chapter (code. Furthermore, that the articles	or services specified in the a	bove clair	n were
been paid, and that the claimant, and that the	same is pre	esented within	due this n one	DATI		necessary and were ordered by me articles or services have been delive	for the purpose indicated abo	ve; that th	ne
year after the last item	thereof has	s accrued.				otherwise indicated above by me.	and blated in	J. 5011 6AC	opt do
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			





(541) 887-8545

Account Number: 234084

Invoice Number:

273289

\$287.27

Invoice Date:

07/15/2024

Page 1

Invoice Total:

Payment Due By: 08/10/24

Discount Date:

07/25/2024

Discount Amount: \$2.98

©7 00

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: 7	088863122	13124 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
						Subtotal	59.649			287.27

		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)	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 GALL	ONS 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				
TOTAL		287.27				

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

INVOICE TOTALS

QUANTITY: 59.649

AMOUNT DUE: \$ 287.27

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

Acct Number: 234084

M . . . M

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



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 #:	277170			
INV DATE:	07/31/24			

AMOUNT	COST	ACCT	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
82.80	00447	035900			FUEL 1	17.731 GAL	130043		
70.08	00447	035900			FUEL 1	15.010 GAL	130043		
45.47	00447	035900			FUEL 1	11.001 GAL	130043		
60.47	00447	035900			FUEL 1	14.000 GAL	130043		
							ADDRESS: (If differen		
\$258.82	IOIAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no investment)		
PO/ CONTRACT/ BLANKET PO # For Value Received,	PARTIAL hereby se	FULL [V]		CARD: 7088 7/26/24: 1	17.731 (886314 15.010 (11.001 (886314	GAL = \$82.80 676773 GAL = \$70.08 GAL = \$45.47 676781	PO BOX 488 KLAMATH FALLS, OR 9	7601	
assign, transfer, and	_	to				1+			
title and interest in t	he within c	all my righ laim.	t,	USE ON		APPROVED BY:	ICT USE ONLY		
Signed				I hereby c	ertify	BOARD MEMBER	DAT	ΓΕ	
				that the a	bove	BOARD MEMBER	DA	ΓΕ	
INSTRUCTIONS: 1. Complete, date and	d sign form			examined	d and	BOARD MEMBER	DA	ΓE	
2. Obtain Department	100 m			approved to					
 Districts obtain boa Attach supporting d 						BOARD MEMBER	DAT	ΓE	
5. Forward to County				By Dep County Au USER	uditor	BOARD MEMBER	DAT	E	
The undersigned, und the above claim and the true and correct; that is been paid, and that the claimant, and that the year after the last item.	he items as no part there e amount he same is pr	therein set of eof has here erein is justl esented with	out are etofore y due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter of code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One of or services specified in the algorithm for the purpose indicated about	of the Cal bove clair ve; that the	if. Gov. n were ne
CLAIMANT						AUTHORIZED			
						SIGNATURE			
DATE						DATE			

OH994763

(541) 887-8545

MCARTHUR FIRE DISTRICT PO BOX 670 MCARTHUR, CA 96056 Account Number: 130043

Invoice Number:

07/31/2024

Page 1

Invoice Date: Invoice Total:

Invoice Total: \$258.82 Payment Due By: 08/10/24

277170

Discount Date: 08/10/2024
Discount Amount: \$2.89

Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date	Time D	river	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 70	88863146767	765 ALL	PRODUCT			Previous Odomete	r: 12948			
Vehicle:	0									
07/20/24	6:39a		FC-Fall River M, CA	0	9	CARBDSL	17.731	N	4.6691	82.80
						Subtotal	17.731			82.80
Card: 70	88863146767	773 ALL	PRODUCT			Previous Odomete	r: 1			
Vehicle:	0									
07/26/24	5:25p		FC-Fall River M, CA	0	1	CARBDSL	15.010	N	4.6691	70.08
07/29/24	5:59p		FC-Fall River M, CA	0	1	UNL E10%	11.001	N	4.1327	45.47
						Subtotal	26.011			115.55
Card: 70	88863146767	781 ALL	PRODUCT			Previous Odomete	r: 0			
Vehicle:	0									
07/29/24	6:49p		FC-Fall River M, CA	0	0	UNL E10%	14.000	N	4.3198	60.47
10-						Subtotal	14.000			60.47

GALL	ONS, AMOUNTS AND TAXES BY STATE I	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)	4.6694	152.88	0.00	15.78	0.24	15.88	32.74	32.74	0.00
CA	GASOLINE UNL REG ETH 10%	4.2374	105.94	2.74	15.60	0.00	2.33	25.00	25.00	0.00
CA	State Total	4.4824	258.82	2.74	31.38	0.24	18.21	57.74	57.74	0.00
	Invoice Total	4.4824	258.82	2.74	31.38	0.24	18.21	57.74	57.74	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
65 ALL PRODUCT	65.52	17.731	0.00	8.55	0.13	8.60	82.80
73 ALL PRODUCT	92.98	26.011	0.08	14.10	0.11	8.28	115.55
81 ALL PRODUCT	47.75	14.000	2.66	8.73	0.00	1.33	60.47
	206.25	57.742	2.74	31.38	0.24	18.21	258.82

TOTAL GALI	ONS BY SITE LOCATION			
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	57.742

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	32.7	152.88
UNL E10%	25.0	105.94
TOTAL		258.82

CUSTOMER DISCOUNT \$ 2.89 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$258.82

received 08/10/24 Volume eligible is 57.74 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 57.742

AMOUNT DUE: \$ 258.82

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



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 #:

278338

INV DATE:

07/31/24

AMOUNT	COST	ACCT	PROJ CODE		DESCRIPTION (30 C	HAR)	VENDOR ACCT # SECONDARY REF	R1 1099	
71 40	00447	025000						NC RE MH	PU AT PT ID
71.48	00447	035900		F	UEL 15.309 GAL		234084		
\$71.48	TOTAL			EXPLANATI	ON (TEXT)		ADDRESS: (If different remittance advice or if no inverse)		
PO/ CONTRACT/ BLANKET PO #				CARD: 708886 7/27/24 - 15	6312213124 .309 GAL = 71.48		PO BOX 488		
	PARTIAL	FULL					KLAMATH FALLS, OR 9	7601	
For Value Received, assign, transfer, and						+			
title and interest in t		all my right, aim.		AUDITOR USE ONL		DISTRIC	CT USE ONLY		
Signed				I hereby cer	BOARD MEMBER		DAT	Έ	
INSTRUCTIONS:				that the abo			DAT	E	
 Complete, date and Obtain Department 		ture.		examined a approved by office.	IDVARU WEWDER		DAT	E	
 Districts obtain boar Attach supporting determined 	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			By Deputy	BOARD MEMBER		DAT	E	
5. Forward to County A	Auditor-Cont	troller.		County Audi USER ID			DAT	E	
The undersigned, under the above claim and the above claim and that rue and correct; that rueen paid, and that the claimant, and that the	ne items as to no part there e amount he	herein set ou of has hereto rein is justly o	it are ofore due this	DATE	provisions of Article Four code. Furthermore, that necessary and were orde	r, Chapter On the articles o ered by me fo	ry, that I have not violated and e, Division Four, Title One of r services specified in the about the purpose indicated about	the Califove claime: that the	were
ear after the last item	thereof has	accrued.			otherwise indicated abov	e by me.	ed or performed as stated her	reon exce	ept as
CLAIMANT SIGNATURE					AUTHORIZED				
DATE					DATE				
						OHGO	74765		

(541) 887-8545

FALL RIVER FIRE DISTRICT PO BOX 670 McArthur, CA 96056 Account Number: 234084

Invoice Number: 278338

Invoice Date: 07/31/2024
Invoice Total: \$71.48

Payment Due By: 08/10/24
Discount Date: 08/10/2024

Discount Amount: \$0.77

Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

CARDLOCK INVOICE

Date	Time	Driver	Site	Mis	sc Entry C	dometer	Produ	ıct		Quantity	Taxed	Price	Amount
Card: 7 Vehicle		213124 A/P					Previ	ous Odon	neter: 0				
07/27/24			FC-Fall River M, CA		0 0		CARE	BDSL Subtotal		15.309 15.309	N	4.6691	71.48 71.4 8
GALL	ONS, AMO	OUNTS AN	D TAXES BY STATE BY	PRODUCT						13.307			/1.40
				Average	Total	Federal	State	Other	Sales	Total	Gals	With	Gals W/O
State	Product			Price	Amount	Tax	Tax	Tax	Tax	Gallons	State		State Tax
CA	DIESEL	#2 CARB (0	CA ONLY)	4.6691	71.48	0.00	7.38	0.11	7.42	15.31	1	15.31	0.00
CA	State Total	al		4.6691	71.48	0.00	7.38	0.11	7.42	15.31	1	15.31	0.00
	Invoice T	otal		4.6691	71.48	0.00	7.38	0.11	7.42	15.31	1	15.31	0.00
TOTAI	S BY CA	RD		PRICE		QUANTITY	FF	e T	SET	MET	SST		AMOUNT
24 A/P				56.57		15.309			7.38	0.11	7.42		71.48
				56.57		15.309	0.0		7.38	0.11	7.42		71.48
TOTAL	GALLO	NS BY SIT	E LOCATION				- Comment						
Site			Address		City					State	I		Gallons
760006		44015	Hwy 299 E			ver Mills				CA			15.309
TOTAL	GALLO	NS BY PRO	DUCT					Thursday, and the					
Product								Quan	tity				Amount
CARBD	SL			•					5.3				71.48
TOTAL	-												71.48
CUSTO	MER DISC	COUNT \$ 0.	77 PLEASE PAY THIS AM	IOUNT									
The above	ve discount	may be dec	lucted from the invoice total	if payment is ==	=>> INVOICE	E TOTAL \$71	1.48						
			ible is 15.31 at a rate of \$ 0.0		-> IIIVOICI	JIOIAL	1.40						

INVOICE TOTALS

QUANTITY: 15.309

AMOUNT DUE: \$71.48

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.

Page 1

Acct Number: 234084

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



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 #:

XF081824A

NV DATE:	08/18/24
----------	----------

AMOUNT	COST	ACCT	PROJ	ACTY	0	ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099 NC RE	R2 GHR
2,626.00	00447	011000			GROSS	S WAGES PPE 8/18/24		MH	PTID
162.81	00447	018100			SS TAX	C PPE 8/5/24 - 8/18/24			
38.09	00447	018100				X PPE 8/5/24 - 8/18/24			
59.95	00447	018400				8/5/24 - 8/18/24			
67.31	00461	034800				RVICES PPE 8/18/24			
2,954.16	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no investment of the contract o		
For Value Received, assign, transfer, and		to		PAY PERIC PAY DATE: ACH DEPO NOTIFY LO	8/23/2 SIT BY	Y 8/22/24 IF NOT POSSIBLE	SHASTA LAKE, CA 96	019	
title and interest in t	he within c	all my right, laim.		USE ON		APPROVED BY:	ICT USE ONLY		
Signed				I hereby co that the al- claim wa	ertify bove	BOARD MEMBER BOARD MEMBER	DAT		
The undersigned, und	der penalty	of periury st	ates that	examined approved b	and	BOARD MEMBER	DAT	E	
the above claim and true and correct; tha been paid, and that th	the items a	as therein set ereof has her	out are retofore	By Depu		BOARD MEMBER	DAT	E	
claimant, and that the year after the last Furthermore, if I am	e same is p st item there a county or	presented wit eof has accru r district emp	hin one led. lovee. I	County Au USER	ditor	BOARD MEMBER	DAT		
also certify that I had personal gain I may limited to, cash back of frequent flier miles	have receiv earned on a	ed including, personal cre	but not edit card.	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One or or services specified in the above for the purpose indicated above.	f the Cali ove clair	if. Gov. m were
CLAIMANT SIGNATURE	M	Mill	- //	VrMel		AUTHORIZED SIGNATURE			
DATE	08/19/24		V .			DATE			
						649	194077		

Client Id: A79 Federal Id: 874786770

Pay Payroll Summary
Pay Date: August 23, 2024

State Id: 16477879 SUI Id: 16477879

Prd Beginning: August 5, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: August 18, 2024

Date 08/23/24 Date 08/23/24 Date 08/23/24 Date 08/23/24		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax CA SDI	Employee	Tot Units/Hours	Regular	Chits/Hou
EFTPS ST_EFTPS ST_EFTPS EXPRESS BUSINESS SERVICE		263.96	162.81 38.09 13.73 20.44 28.89	Taxes	107.50	107.50	
SSERVICE	TAXES & OTHER PAYMENTS	Tot. Empir's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA Unempl (SUI) CA Training Tax	Employer's Taxes	Total Pay	Regular	Earnings/Pay
941 CK. STWT CK. CK. CK.	PAYMENTS	260.85	162.81 38.09 58.86 1.09	Taxes	2626.00	2626.00	
EFTPS Due 08/28/24 ST_EFTPS Due 08/28/24 ST_EFTPS Due 08/28/24 520		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 415.53 \$ 49.33 \$ 59.95		2362.04	2362.04		0.00		ed

69

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
Pay Date: August 23, 2024

Prd Ending: August 18, 2024

	2362.04			20.44 28.89	CA - St Wh	162.81 38.09 13.73	FICA MCare Fed Wh	2626.00 2626.00	0.00 107.50		Gross Regular	Grand lotal
And the second s												
519	597.64			7.37	CA - SDI	41.54 9.72 13.73	FICA MCare Fed Wh	670.00	33.50	20.00	Regular	SANIOTO, JACQUELINE
												CANTOWO INCOME.
518	1381.16			20.44 16.90	CA - St Wh	95.23 22.27	FICA	1536.00 1536.00	64.00	24.00	Regular	MORGAN, JODY
												MODONN TORK
517	228.12			2.75	CA - SDI	15.50 3.63	FICA	250.00		250.00	Regular	TENDRICKSON, KENNETH
516	155.12			1.87	CA - SDI	10.54	MCare	170.00	10.00	17.00	Regular	
OHECK MO	f											DAY CADI
Chack No	Net Pay	Amount	Ded / Inc	Amount	State/Local	Amount	Amount Federal	Amount	Hours	Rate	Earnings	Employee
		COMPANION CONTRACTOR C	THE RESERVE AND ADDRESS OF THE PROPERTY OF THE	The state of the s	Contraction of the Contraction o	The state of the s					The same of the sa	A Birth san B an a a a a

Express Business Service

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

Invoice

Date	Invoice #
8/19/2024	4691

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
8/23/24 Payroll Tax deposit Postage	3	50.00	50.00 15.00
hank you for your business.			

Thank you for your business.

Total

\$67.31



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

CLAIMANT NAME:

EXPRESS BUSINESS SERVICE

PEID:

VEND011121

041995821

ADDR TYPE

(01,02,03,):

01

INV #:

XF090124A

INV DATE:

09/01/24

AMOUNT	COST	ACCT	PROJ	ACTY		DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY RE	1099	
2,268.00	00447	011000			CPOS	C WAO TO DDT ALLO		NC RE MH	PUAT
140.62	00447	018100				S WAGES PPE 9/1/24			
32.90	00447	018100				X PPE 8/19/24 - 9/1/24			
	00447	018400				AX PPE 8/19/24 - 9/1/24			
	00461	034800				8/19/24 - 9/1/24			
		007000			HR SE	RVICES PPE 9/1/24			
2,564.66	TOTAL			EXPLAN/	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no i	ent from	
O/ CONTRACT/ LANKET PO #				FALL RIVE PAY PERIO	ER VAL OD 8/19	LEY FIRE PROTECTION DIST 9/24 - 9/1/24	PO BOX 1469	Tereses)	
or Value Received, I	PARTIAL hereby se	FULL.		ACH DEPO	OSIT BY	9/6/24 IF NOT POSSIBLE	SHASTA LAKE, CA 9	6019	
le and interest in th		all my right.		AUDIT USE OI		APPROVED BY:	CT USE ONLY		
gned				I hereby c	ertify	BOARD MEMBER BOARD MEMBER	DA	TE	
				claim w	/as	DOAKD MEMBEK	DA	TE	
he undersigned, und he above claim and t	he items as	therein set	Out are	examined approved by office	y this		DA	I E	
true and correct; that en paid, and that the claimant, and that the	no part the amount he	reof has her	etofore		uty	BOARD MEMBER	DA	TE	
year after the last furthermore, if I am a also certify that I have	item thered	of has accrud	ed.	County Au USER I	D	BOARD MEMBER	DA		
ersonal gain I may had had to, cash back earlier frequent filer miles	ave receive arned on a p	d including, personal cre	but not	DATE		I hereby certify, under penalty of perj provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me f articles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One or services specified in the after the purpose indicated about the purpose indicated	of the Calif	Gov. were
AIMANT	YMDI	W	·W	Wille	M	AUTHORIZED SIGNATURE			
TE 0	9/03/24		U			DATE			

Client Id: A79 Federal Id: 874786770

Pay Date: September 6, 2024

State Id: 16477879 SUI Id: 16477879

Prd Beginning: August 19, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: September 1, 2024

Date 09/06/24 Date 09/06/24 Date 09/06/24 Date 09/06/24		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax CA SDI	Employee	Tot Units/Hours	Regular	Units/Hou
EFTPS ST_EFTPS ST_EFTPS EXPRESS BUSINESS S		219.31	140.62 32.90 6.73 14.11 24.95	Taxes	92.00	92.00	ours
SERVICE	TAXES & OTHER PAYMENTS	Tot. Emplr's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA Unempl (SUI) CA Training Tax	Employer's Taxes	Total Pay	Regular	Earnings/Pay
941 Ck. E STWT Ck. S Ck. S Ck. S	AYMENTS	229.62	140.62 32.90 0.00 55.08	axes	2268.00	2268.00	
EFTPS Due 09/11/24 ST_EFTPS Due 09/11/24 ST_EFTPS Due 09/11/24 525		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 353.77 \$ 39.06 \$ 56.10 \$ 67.04		2048.69	2048.69		0.00)ed

3,000

49

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Pay Date: September 6, 2024

Prd Beginning: August 19, 2024

Grand Total. SANTOYO, JACQUELINE MORGAN, JODY HENDRICKSON, KENNETH DAY, CARL Employee Gross Regular Gross Regular Gross Regular Gross Regular Gross Regular Earnings 250.00 20.00 24.00 17.00 Rate 0.00 30.00 Hours 52.00 10.00 2268.00 2268.00 1248.00 1248.00 600.00 Amount 250.00 250.00 170.00 170.00 FICA MCare Fed Wh FICA MCare Fed Wh FICA MCare FICA MCare FICA MCare Federal 140.62 32.90 6.73 Amount 37.20 8.70 6.73 77.38 18.10 15.50 3.63 10.54 CA - St Wh CA - SDI CA - St Wh CA - SDI CA - SDI State/Local Amount 14.11 24.95 14.11 13.73 6.60 2.75 1.87 Ded / Inc Prd Ending: September Amount 2048.69 1124.68 Net Pay 540.77 228.12 155.12 1, 2024 Check No 524 523 522 521

200

Express Business Service

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

Invoice

Date	Invoice #
9/3/2024	4720

Bill	To	**************************************
LORO	River Valley Fire Protection Dist ox 670 thur, CA 96056	

Terms
Net 10 days

\$67.04

	Description	Quantity	Rate	Amount
Payroll Fax deposit Postage		3	50.00 5.00 2.04	50.00 15.00 2.04
ank you for your b				

Total



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

CLAIMANT NAME:

HART BEEBE

PEID: VEND008451 ADDR TYPE

(AP,A1,A2,):

01

INV #:

2024-003

INV DATE:

05/15/24

AMOUNT	COST		PROJ		D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
190.00	00447	034800			2024 1	QTR INCIDENT REPORTS		MH	PTID
					20211	QIN MODERT REPORTS			
\$190.00	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #				CALFIRE F	REPORTI	NG	TOTALIZATION AGVICE OF IT TO IT	voice)	
BLANKET PO#									
	PARTIAL	FULL					26636 S NAVAJO PL		
For Value Received,	l horoby so						SUN LAKES, AZ 85248		
assign, transfer, and									
title and interest in t		all my right, laim.		USE O		APPROVED BY:	RICT USE ONLY		
Signed				I hereby		BOARD MEMBER	DA	TE	
				that the	above	BOARD MEMBER	DA	TE	
INSTRUCTIONS: 1. Complete, date and	d sian form			examine	d and	BOARD MEMBER	i DA	TE	
2. Obtain Department				approved offic					
 Districts obtain boa Attach supporting of 				Pv Do	A114.	BOARD MEMBER	DA	TE	
5. Forward to County				By Dep County A USER	uditor	BOARD MEMBER	DA	TE	
The undersigned, und the above claim and t true and correct; that been paid, and that the claimant, and that the year after the last iten	he items as no part there he amount he same is pre	therein set out eof has heretot erein is justly d esented within	are fore lue this	DAT	E	I hereby certify, under penalty of per provisions of Article Four, Chapter code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One or services specified in the a for the purpose indicated about	of the Cali bove clair ve; that th	if. Gov. n were ne
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			
						0110	0 1 1		



FIRE TRAINING AND GRANT WRITING

VENDO0845/ INVOICE 2024-003

May 15, 2024

26636 S. Navajo Pl.
Sun Lakes, Az. 85248
530-339-2735
Hbeebe083@gmail.com

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

uantity	Description	Unit Price	Amount
1. 2024	4 1 st . quarter 38 Incident Reports reported to	Cal Fire 9.5 hrs 20.00	\$190.00
2.			
3.			
4.			

Subtotal N/A

Total: \$190.00

Make Checks Payable: Hart Beebe 26636 S. Navajo Pl. Sun Lakes, Az. 85248





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

CLAIMANT NAME:

HART BEEBE

PEID:

VEND008451

ADDR TYPE (AP,A1,A2,):

01

INV #:

2024-004

INV DATE: 07

07/29/24

AMOUNT COST ACCT PROJ ACTY DESCRIP CNTR CODE CODE		ESCRIPTION (30 CHAR)	CRIPTION (30 CHAR) VENDOR ACCT # SECONDARY REF							
							OLOGINDAN I KEL	NC RE MH	PU AT PT ID	
245.00	00447	034800			2024 2	QTR INCIDENT REPORTS				
\$245.00	\$245.00 TOTAL EXPLANATION			(TEXT)	ADDRESS: (If different remittance advice or if no in					
For Value Received, assign, transfer, and							26636 S NAVAJO PL SUN LAKES, AZ 85248			
title and interest in t	the reference of the state of the second	all my right,				APPROVED BY:	STRICT USE ONLY			
Signed				I hereby		BOARD MEMBER	! DATE			
INSTRUCTIONS:				that the	above	BOARD MEMBER	DA	TE		
 Complete, date and Obtain Department 		iture.		examine approved offic	d and by this	BOARD MEMBER	DA	TE		
 Districts obtain boa Attach supporting of 	200			By Dep		BOARD MEMBER	DA	DATE		
5. Forward to County	Auditor-Con	itroller.		County A USER	uditor	BOARD MEMBER	DA	TE		
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.			DATE		I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by mearticles or services have been delivered otherwise indicated above by me.	One, Division Four, Title One of or services specified in the a for the purpose indicated about	of the Cali bove clair ve; that th	f. Gov. n were ne		
CLAIMANT						AUTHORIZED SIGNATURE				
DATE										
						DATE				

OH994759

FIRE TRAINING AND GRANT WRITING

INVOICE 2024-004 July 29, 2024

26636 S. Navajo Pl.
Sun Lakes, Az. 85248
530-339-2735
Hbeebe083@gmail.com

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

Quantity	Description	Unit Price	Amoun
1. 2024	4 2nd. guarter 63 Incident Reports reported to Cal Fire	12.25 20.00	\$245.00
2.			
3.			
4.			

Subtotal N/A

Total: \$245.00

Make Checks Payable: Hart Beebe 26636 S. Navajo Pl. Sun Lakes, Az. 85248





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

CLAIMANT NAME:

HIWAY GARAGE

PEID: VEND016813 **ADDR TYPE**

01 (AP,A1,A2,):

INV #:

XK072524A

INV DATE:

07/25/24

AMOUNT	COST		PROJ		D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099		
								NC RE MH	PU AT PT ID	
29.85	00447	035900			INV #2	73077 9.007 GAL				
\$29.85	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If differe	nt from		
O/ CONTRACT/				remittance advice or if no invoice)						
BLANKET PO#			FUEL			44275 HWY 299E				
	PARTIAL					MCADTHID CA 060E6				
	PARTIAL	FULL					MCARTHUR, CA 96056			
For Value Received,										
assign, transfer, and		o all my right,		AUDIT	OR	DISTE	RICT USE ONLY			
title and interest in t		1971		USE O		APPROVED BY:				
Signed				I hereby	certify	BOARD MEMBER	DA	DATE		
INOTOLIOTIONIO				that the	above	BOARD MEMBER	DA			
INSTRUCTIONS: 1. Complete, date and	l sian form			claim v examine	al and	BOARD MEMBER	i DA	TF		
2. Obtain Department				approved offic	by this					
3. Districts obtain boa						BOARD MEMBER	DATE			
 Attach supporting d Forward to County 				By Dep County A		BOARD MEMBER	DA'	TE		
				USER						
The undersigned, und the above claim and t	he items as	therein set out	are			I hereby certify, under penalty of perpendicular provisions of Article Four, Chapter	erjury, that I have not violated a One, Division Four, Title One	ny of the	if. Gov.	
rue and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this		DAT		code. Furthermore, that the article necessary and were ordered by me	s or services specified in the a	bove clain	n were			
claimant , and that the year after the last item			one			articles or services have been delivented otherwise indicated above by me.	vered or performed as stated h	ereon exc	ept as	
CLAIMANT						AUTHORIZED				
SIGNATURE						SIGNATURE				
DATE						DATE				
	•						1001.14			

04994640

Hiway Garage Inc 44275 Hwy 299E CA 96056

Statement

Date	
7/25/2024	

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

				Amount Due	Amount Enc.
				\$281.37	
Date		Transaction		Amount	Balance
07/08/2024 IN	lance forward V #273077. Due 08/07/202 Unleaded, 6.007 @ \$5.368 Fuel Discount \$-2.40 Tax: 7.25 @ 7.25% = 0.00	374 = 32.25		29.85	251.52 281.37
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
29.85	251.52	0.00	0.00	0.00	\$281.37

FRUFPE 1000502

E 96056 Hiway Garage, 44275 Hwy 299 Mcarthur, CA

5 07/08/24 5:19:41 PM -: 1 Trans #: 9743 Op ID: Area Your cashier: Register:

6.007 GAL @ \$5.369/GAL PUMP# UNLEAD REG CA

99

\$32.25

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

Fuel Item Total

\$29.85

\$29.85 \$29.85 11 11 Subtotal Total Tax

\$0.00 11 Change Due

11

Other

\$29.85

Footer

Customer Copy

PAID OUT AMOUNT MDSE RETU. PRICE REFERENCE ON, ACCT. DATE CHARGE 96056 DESCRIPTION C.0.D. JUSTOMER'S ORDER NO. N RECEIVED BY GITY, STATE, 7 ADDRESS SOLD BY QUAN. MINE 5 00 O Pas . (3) 150 198 60 epece. CV 2



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 #:

545917

INV DATE:

08/21/24

AMOUNT	COST	ACCT	PROJ CODE	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	NC RE	R2 CHK
50.74	00447	035900			INV #5	45917 10.776 GAL		MH	PTID
\$50.74	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If differe	nt from	
O/ CONTRACT/						remittance advice or if no in			
BLANKET PO#				FUEL			44275 HWY 299E		
	PARTIAL	FULL					MCARTHUR, CA 96056		
For Value Received,	I hereby se								
assign, transfer, and	set over t	0		ALIDIT	OB	DIO-F	VOT LIGHT ONLY		
title and interest in t	and the same of th	all my right, laim.		AUDIT USE O		APPROVED BY:	RICT USE ONLY		
Signed				I hereby	certify	BOARD MEMBER	DA	TE	
INSTRUCTIONS:				that the a		BOARD MEMBER	DA	TE	
1. Complete, date and	(Carlo)			examine approved		BOARD MEMBER	DA	TE	
 Obtain Department Districts obtain boa 			,	offic	е.	BOARD MEMBER	DA	TE	
 Attach supporting d Forward to County 				By Dep County A USER	uditor	BOARD MEMBER		TE	
the above claim and th	The undersigned, under penalty of perjury, states that he above claim and the items as therein set out are rue and correct; that no part thereof has heretofore		ut are			I hereby certify, under penalty of per provisions of Article Four, Chapter of code. Furthermore, that the articles	One, Division Four, Title One	of the Cali	if. Gov.
been paid, and that the claimant, and that the year after the last item	e amount he same is pre	erein is justly esented within	due this	DAT	E	necessary and were ordered by me articles or services have been deliv- otherwise indicated above by me.	for the purpose indicated abo	ve; that th	ne
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			
						OH	9910928		

Hiway Garage Inc 44275 Hwy 299E CA 96056

9	ta	to	m		n	1
U	LO	LU		G		L

Date	
8/25/2024	

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

				Amount Due	Amount Enc.
				\$80.59	
Date		Transaction		Amount	Balance
06/30/2024 07/08/2024	Balance forward INV #273077. Due 08/07/202 Unleaded, 6.007 @ \$5.368 Fuel Discount \$-2.40	374 = 32.25		29.85	251.52 281.37
08/06/2024	Tax: 7.25 @ 7.25% = 0.00 PMT #7002440600. INV #545917. Due 09/20/202 Fuel Charge, 10.776 @ \$5 Fuel Discount \$-4.31 Tax: 7.25 @ 7.25% = 0.00	24. .10857 = 55.05		-251.52 50.74	29.85 80.59
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
50.74	29.85	0.00	0.00	0.00	\$80.59

FRUFPD 016545 96056 Hiway Garage, 44275 Hwy 299 | Mcarthur, CA

Op ID: 91 08/21/24 11:09:07 AM r: 1 Trans #: 318 Op Area Your cashier: Register:

\$55.05 UNLEAD REG CA PUMP# 1 10.776 GAL @ \$5.109/GAL

9

DISCOUNTS APPLIED AFTER FUELING: Employee Discount \$-0.400/GAL \$-4.31

Fuel Item Total

\$50.74

\$50.74 \$50.74 11 11 11 Total Subtotal Tax

\$0.00 11 Change Due

\$50.74

Footer

Customer Copy

PAID OUT MOSE REID. PRICE REFERENCE ON. ACCT. DATE FOR CHARGE SLIP 96656 96656 DESCRIPTION TEP THIS C.O.D. CUSTOMER'S ORDER NO 12 高 RECEIVED CITY, STATE, ADDRESS SOLD BY QUAN. RANE 5 0 dens dens 63 63 0 10 153 6.0 100 (N)



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

CLAIMANT NAME:

KENNY & NORINE

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		н	11 11		

VEND003256

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100393

INV DATE:

08/07/24

AMOUNT	COST		PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
	CNTR		CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID
75.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
75.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
75.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		1
125.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
200.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
175.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
450.00	00447	034800			PROFESSIONAL SVS		FILE # 9448		
450.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
0.97	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
8.10	00447	034800			PROFE	SSIONAL SVS	FILE # 9448		
\$1,634.07	TOTAL			EXPLAN	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
For Value Received, assign, transfer, and	7.00	to		AUDI	TOP	nietr	REDDING, CA 96001		
title and interest in t	the within c	all my right, claim.		USE C		APPROVED BY:	RICT USE ONLY		
Signed				I hereby	certify	BOARD MEMBER	DA	TE	
				that the	above	BOARD MEMBER	DA	TE	
INSTRUCTIONS: 1. Complete, date and 2. Obtain Department	X-			examine approved	ed and by this	BOARD MEMBER	j DA	TE	
3. Districts obtain boa 4. Attach supporting o	ard signature	es.		offic		BOARD MEMBER	DA	DATE	
5. Forward to County				By De County A USEF	Auditor	BOARD MEMBER		TE	
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.			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. Go 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 a otherwise indicated above by me.				
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			
						Otto	294717		

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

Date:08/07/2024

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#: 100393

Billing Summary

Invoice Amount:

\$1,634.07

Previous Invoices Balance:

\$6,386.99

Balance Due:

\$8,021.06

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

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:08/07/2024 Invoice #: 100393

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: 09/06/2024

Payments received after 08/07/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount
07/22/2024	JSK	Draft Reply in Support of Defendants' Demurrer to First Amended Verified Petition for Writ of Mandate	0.30	\$250.00	\$75.00
07/22/2024	JSK	Draft Defendants' Status Report for July 29, 2024 Review Hearing	0.30	\$250.00	\$75.00
07/22/2024	JSK	Draft Revised [Proposed] Order Granting Defendants' Demurrer	0.30	\$250.00	\$75.00
07/22/2024	JSK	Email to Oiler with Demurrer and Status Report	0.50	\$250.00	\$125.00
07/26/2024	JSK	Brief review of Second Amended Petition; review CCP section 472 re late filing of amended complaints	0.80	\$250.00	\$200.00
07/29/2024	RA	Court appearance Re demurrer and status hearing with John Kenny	1.00	\$175.00	\$175.00
07/29/2024	JSK	Appear in Court on District's Demurrer to Amend Complaint; email status report to District	1.80	\$250.00	\$450.00
07/30/2024	JSK	Thorough review of Valdez's proposed Second Amended Complaint	1.80	\$250.00	\$450.00
		For professional services rendered	6.80		\$1,625.00

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

Date		Details	Quanti	ty R	Rate Amo	ount
07/31/202	EXP	Postage		1 \$0	0.97 \$	0.97
07/31/202	EXP	Copying (27 copies @.30/page)	2	27 \$0	0.30 \$	8.10
		Total additional c	harges		\$	9.07
			nvoice Amount		\$1,6	34.07
		Previous Inv	oices Balance		\$6,3	386.99
			Balance Due		\$8,0	021.06

2 1 5 2



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

CLAIMANT NAME:

KENNY & NORINE

PEID:

VEND003256

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100392

INV DATE:

08/07/24

AMOUNT	COST	ACCT	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CHK	
	CNTR		CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID
75.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9393		
600.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9393		
1,375.00	00447	034800			PROFE	SSIONAL SVS	FILE # 9393		
57.60	00447	034800			PROFE	SSIONAL SVS	FILE # 9393		
\$2,107.60	TOTAL			EXPLAN	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
For Value Received, assign, transfer, and	set over t	o all my righ	t,	AUDIT	ΓOR	DIST	REDDING, CA 96001		
title and interest in t	er and the second of the second	Albania Artina	ι,	USE O		APPROVED BY:	NICT USE CIVET		
Signed				I hereby		BOARD MEMBER	DA'	TE	
INSTRUCTIONS:				that the	above	BOARD MEMBER	DA	TE	- 1 - 1
 Complete, date and Obtain Department 	CV 100			examine approved offic	d and by this	BOARD MEMBER	DA	ATE	
 Districts obtain boa Attach supporting d 				By De		BOARD MEMBER	DA	TE	
5. Forward to County	Auditor-Con	itroller.		County A	uditor	BOARD MEMBER		TE	
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are rue and correct; that no part thereof has heretofore een paid, and that the amount herein is justly due this laimant, and that the same is presented within one ear after the last item thereof has accrued.			DATE		I hereby certify, under penalty of provisions of Article Four, Chapter code. Furthermore, that the article necessary and were ordered by marticles or services have been delivorherwise indicated above by me.	One, Division Four, Title One one of the services specified in the alle for the purpose indicated about the purpos	of the Cali bove clair ve; that th	if. Gov. n were ne	
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			



VEND 003256

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

Date:08/07/2024

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

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100392

Billing Summary

Invoice Amount:

\$2,107.60

Previous Invoices Balance:

\$225.00

Balance Due:

\$2,332.60

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

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:08/07/2024 Invoice #: 100392

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: 09/06/2024

Payments received after 08/07/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount
07/12/2024	JSK	Email to Oiler re: ethics training	0.30	\$250.00	\$75.00
07/25/2024	JSK	Emails and call to Oiler re ethics training; prepare material for training	2.40	\$250.00	\$600.00
07/27/2024	JSK	Travel to Fall River and return; conduct ethics training	5.50	\$250.00	\$1,375.00
		For professional services rendered	8.20		\$2,050.00
Additional Cha	rges				
Date		Details	Quantity	Rate	Amount
07/31/2024	EXP	Copying (192 copies @.30/page)	192	\$0.30	\$57.60
		Total additional charges			\$57.60

Invoice Amount \$2,107.60

1923 Court Street

Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Previous Invoices Balance	\$225.00
Balance Due	\$2,332.60



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

CLAIMANT NAME: KENNY & NORINE

PEID:

VEND003256

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100505

INV DATE:

09/06/24

	COST	ACCT	PROJ CODE				VENDOR ACCT# SECONDARY REF			
							SECONDART REF	NC RE MH	PU AT PT ID	
1,332.05	00447	034800			PROF	ESSIONAL SVS	FILE # 9448			
\$1,332.05	TOTAL			EXPLANA [*]	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inventor)			
or Value Received, ssign, transfer, and tle and interest in th	set over to	o all my right		AUDITO USE ON		DISTR APPROVED BY:	REDDING, CA 96001			
igned				I hereby ce that the ab	rtify	BOARD MEMBER	DAT	E		
NSTRUCTIONS: . Complete, date and	sian form			claim wa	as and	BOARD MEMBER BOARD MEMBER	DAT			
. Obtain Department I	Head signatu			approved by office.	y this	BOARD MEMBER	DAT			
. Attach supporting do	Attach supporting documentation.		By Deputy		OARD MEMBER		DATE			
he undersigned, under the above claim and the ue and correct; that no een paid, and that the aimant, and that the s ear after the last item to	e items as the part thereof amount her same is pres	nerein set or of has hereto ein is justly sented withi	ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One of or services specified in the ab for the purpose indicated above	the Calif. ove claim	were	
LAIMANT						AUTHORIZED				
GNATURE										

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

Date:09/06/2024

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#: 100505

Billing Summary

Invoice Amount:

\$1,332.05

Balance Due:

\$1,332.05

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

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:09/06/2024 Invoice #: 100505

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: 10/06/2024

Payments received after 09/06/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount
08/15/2024	RA	Research relevant caselaw and statutes RE judgment of dismissal for demurrer sustained without leave to amend to dismiss case; research Plaintiff's timeline to appeal case	1.50	\$175.00	\$262.50
08/16/2024	RA	Draft Amended Order Granting Defendants' Demurrer, letter to Lisa Valdez, and Proposed Judgment of Dismissal	0.80	\$175.00	\$140.00
08/16/2024	JSK	Revise Amended Order Granting Defendants' Demurrer and letter to Lisa Valdez	0.20	\$250.00	\$50.00
08/16/2024	JSK	Review web-posting by Valdez; call to Oiler re: meeting, draft reply to Valdez' records request; email to Jody	2.20	\$250.00	\$550.00
08/20/2024	JSK	Telephone call with Lisa Valdez; revised Proposed Amended Order Granting Demurrer and draft letter to Valdez enclosing same	0.80	\$250.00	\$200.00
08/28/2024	RA	Draft letter to Court with explanation of attempts to have Plaintiff approve Amended Order Granting Defendants' Demurrer to Plaintiff's First Amended Verified Petition and enclosing Amended Order and Judgment of Dismissal for entry	0.40	\$175.00	\$70.00

For professional services rendered 5.90 \$1,272.50

1923 Court Street

Redding, CA 96001 Phone: 530-244-7777 Fax: 530-246-2836

Additional Charges

Date		Details	Quantity	Rate	Amount
08/16/2024	EXP	Siskiyou County Superior Court - Certified Copy of Order on Receiver's Motion for Instruction	1	\$47.05	\$47.05
08/30/2024	EXP	Postage	1	\$4.40	\$4.40
08/30/2024	EXP	Copying (27 copies @.30/page)	27	\$0.30	\$8.10
		Total additional charges			\$59.55
		Invoice Amount			\$1,332.05
		Balance Due			\$1,332.05



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

CLAIMANT NAME:

KENNY & NORINE

PEID:

VEND003256

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100504

INV DATE:

09/06/24

AMOUNT	COST	ACCT	PROJ CODE			ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099	R2 CHI
832.83	00447	034800			PROFI	ESSIONAL SVS	FII F # 0202	МН	PTID
						-STOTAL SVS	FILE # 9393		
•									
•									
\$832.83	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If differen	t from	
PO/ CONTRACT/							remittance advice or if no inv		
For Value Received, assign, transfer, and	set over to						REDDING, CA 96001		
title and interest in t		all my right aim.	,	AUDIT USE OI		APPROVED BY:	ICT USE ONLY		
Signed						BOARD MEMBER	DAT	E	
				I hereby of that the a		BOARD MEMBER	DAT	E	
INSTRUCTIONS:				claim w	lond				
 Complete, date and Obtain Department 		ure.		approved l	by this	BOARD MEMBER	DAT	E	
3. Districts obtain boar	rd signatures			office	\$105.00 SV	BOARD MEMBER	DAT	E	
 Attach supporting d Forward to County / 				By Dep		DOADD MEMBER			
	turantor oonit	ionor.		County Au		BOARD MEMBER	DAT	E	
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are rue and correct; that no part thereof has heretofore een paid, and that the amount herein is justly due this claimant, and that the same is presented within one ear after the last item thereof has accrued.		ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One of or services specified in the about for the purpose indicated about	the Calif	Gov. were	
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			To the same of

DH991,9418

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

Date:09/06/2024

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

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100504

Billing Summary

Invoice Amount:

\$832.83

Previous Invoices Balance:

\$2,107.60

Balance Due:

\$2,940.43

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

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

INVOICE

Date:09/06/2024 Invoice #: 100504

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: 10/06/2024

Payments received after 09/06/2024 are not reflected in this statement.

Professional Services

Date		Details	Hours	Rate	Amount
08/07/2024	JSK	Review public records request from Lisa Valdez forwarded by email from Jody Morgan	0.40	\$250.00	\$100.00
08/08/2024	JSK	Telephone call with Jody to review Valdez record request; consider response	0.80	\$250.00	\$200.00
08/19/2024	JSK	Prepare letter to Valdez in response to her public records request; research re: ADA requirements for meeting participation	0.90	\$250.00	\$225.00
08/21/2024	JSK	Email from Jody	0.30	\$250.00	\$75.00
08/23/2024	JSK	Telephone call with Rick Gomes re: letter form Valdez' attorney	0.30	\$250.00	\$75.00
		For professional services rendered	2.70	•	\$675.00

Additional Charges

Date		Details	Quantity	Rate	Amount
08/05/2024	EXP	Travel to Fall River and return to provide Ethics Training (149.6 miles @ .67/mile)	1	\$100.23	\$100.23
08/30/2024	EXP	Copying (192 copies @.30/page)	192	\$0.30	\$57.60

1923 Court Street Redding, CA 96001

Phone: 530-244-7777 Fax: 530-246-2836

Total additional charges	\$157.83
Invoice Amount	\$832.83
Previous Invoices Balance	\$2,107.60
Balance Due	\$2,940.43



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

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

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	I.	и	1	-		

VEND003554

ADDR TYPE (AP,A1,A2,):

01

INV #:

266105

INV DATE:

04/30/24

AMOUNT	COST	ACCT	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099		
72.00	00447	02.4900						NC RE MH	PU AT PT ID	
72.00	00447	034800			PROFI	ESSIONAL SVS	FA005-00004			
\$72.00	TOTAL			EXPLANA	TION	/TEVT\	ADDRESS: (If different	ot from		
PO/ CONTRACT/ BLANKET PO#				LAILANA	TION	(IEAI)	remittance advice or if no invoice)			
	DADELLI I						6033 W CENTURY BLVI)		
	PARTIAL	FULL					5TH FLOOR			
For Value Received, lassign, transfer, and	set over to						LOS ANGELES, CA 9004	15		
itle and interest in th		all my right aim.		USE ON	VLY	APPROVED BY:	CT USE ONLY			
Signed				I hereby c	ertify	BOARD MEMBER BOARD MEMBER	DAT			
NSTRUCTIONS: . Complete, date and	sian form			claim w examined	as	BOARD MEMBER	DAT			
2. Obtain Department I	Head signati			approved b	by this	BOARD MEMBER	DAT			
Attach supporting do	cumentation	n.		By Dept	uty		i DAT			
he undersigned, unde			oc that	County Au USER I	D	BOARD MEMBER	DAT			
ne above claim and the rue and correct; that no een paid, and that the laimant, and that the s ear after the last item	e items as the part there of a part there of a mount here of same is pres	nerein set or of has hereto ein is justly sented withi	ut are ofore due this	DATE		I hereby certify, under penalty of perprovisions of Article Four, Chapter Ocode. Furthermore, that the articles necessary and were ordered by me farticles or services have been delive otherwise indicated above by me.	ne, Division Four, Title One or services specified in the above the purpose indicated above.	f the Calif. ove claim oe: that the	Gov. were	
LAIMANT						AUTHORIZED SIGNATURE				
ATE						DATE				

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th 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 266105 April 30, 2024

Client/Matter No.: FA005-00004 Re: Valdez Brown Act Litigation

Billing Summary	
Total Fees	\$0.00
Total Costs	\$72.00
Total Charges	\$72.00

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th 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 266105 April 30, 2024

Client/Matter No.: FA005-00004 Re: Valdez Brown Act Litigation

For Professional Services Rendered Through April 30, 2024

BILLING SUMMARY

Total Fees
Total Costs
Total Charges

\$0.00 \$72.00 \$72.00

	Disbursement Detail	
<u>Date</u>	<u>Description</u>	Amount
03/25/2024	VENDOR: COURT CALL, CCID 11802950	\$72.00

			Total	Total Disbursements	
		Accounts Receiva	ıble		
0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Due
\$72.00	\$1,464.30	\$4,122.50	\$0.00	\$0.00	\$5,658.80



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

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID:	VEND003554	ADDR TYPE (AP,A1,A2,):	01	
INV #:	266783			
INV DATE:	04/30/24			

		PROJ	CODE	ACTY DESCRIPTION (30 CHAR) CODE		VENDOR ACCT # SECONDARY REF	R1 1099			
240.00	340.00 00447 034800						OLOGINDAIN INCI	NC RE MH	PU AT PT ID	
340.00	00447	034800			PROFE	SSIONAL SVS	FA005-00003			
\$340.00	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different			
PO/ CONTRACT/							remittance advice or if no in			
BLANKET PO#							6033 W CENTURY BLV)		
	PARTIAL	FULL					5TH FLOOR			
	1	1								
For Value Received, assign, transfer, and	7. //	7:					LOS ANGELES, CA 9004	45		
		all my right,		AUDITO			ICT USE ONLY			
title and interest in t	he within cl	aim.		USE ONLY		APPROVED BY: BOARD MEMBER	I DA'	ΓE		
Signed				I hereby ce that the ab		DOADD MEMBED				
INSTRUCTIONS:				claim wa	as	BOARD MEMBER	DA	ΓE		
1. Complete, date and				examined and BOA approved by this		BOARD MEMBER		DATE		
 Obtain Department Districts obtain boa 				office.		BOARD MEMBER	DA	re -		
4. Attach supporting d	ocumentatio	on.		By Depu						
5. Forward to County Auditor-Controller.				County Au USER II		BOARD MEMBER		DATE		
The undersigned, und	er penalty o	f perjury, state	es that			I hereby certify, under penalty of pe				
the above claim and the true and correct; that represents the state of	no part there	of has hereto	fore			provisions of Article Four, Chapter (code. Furthermore, that the articles	or services specified in the al	ove clain	n were	
been paid, and that the amount herein is justly due this claimant, and that the same is presented within one			DATE		necessary and were ordered by me articles or services have been delive	for the purpose indicated about the purpose indicated abou	ve; that thereon exc	ne ept as		
year after the last item	thereof has	accrued.				otherwise indicated above by me.		THE PARTY OF THE P		
CLAIMANT						AUTHORIZED				
SIGNATURE						SIGNATURE				
DATE						DATE				
						9	00			

044994719



LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard 5th 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 266783** April 30, 2024

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

Billing Summary	
Total Fees	\$340.00
Total Costs	\$0.00
Total Charges	\$340.00

LCW LIEBERT CASSIDY WHITMORE

A PROFESSIONAL LAW CORPORATION

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

<u>Attorney – Client Privilege</u>

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

> Invoice 266783 April 30, 2024

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

For Professional Services Rendered Through April 30, 2024

BILLING SUMMARY

Total Fees Total Charges

\$340.00 \$340.00

340.00

Total Fees

		Fees		
<u>Date</u>	<u>Tkpr</u>	Narrative	Hours	Amount
04/01/24	JWH	REVIEW DEMAND LETTER FOR STIPEND CHECKS AND CORRESPOND WITH BOTH OPPOSING COUNSEL AND JODY MORGAN REGARDING SAME.	0.10	42.50
04/01/24	JWH	TELEPHONE CONFERENCE WITH FIRE CHIEF GOMES REGARDING CHECKS FOR OLDSON.	0.10	42.50
04/01/24	JWH	REVIEW AND RESPOND TO FURTHER CORRESPONDENCE FROM FIRE CHIEF GOMES REGARDING MAILING OF CHECKS FOR OLDSON.	0.10	42.50
04/02/24	JWH	TELEPHONE CONFERENCE WITH FIRE CHIEF GOMES REGARDING FINAL CHECKS FOR OLDSON.	0.10	42.50
04/05/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM THE FIRE CHIEF REGARDING MULTIPLE PENDING PERSONNEL ISSUES.	0.10	42.50
04/08/24	JWH	DETAILED VOICE MESSAGE FOR JODY MORGAN REGARDING CHECKS FOR OLDSON AND DRAFT NOTE TO CHIEF GOMES REGARDING SAME.	0.10	42.50
04/11/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM JODY MORGAN AND GARY FAZIO CONCERNING CHECKS FOR OLDSON.	0.10	42.50
04/25/24	JWH	REVIEW CORRESPONDENCE FROM OPPOSING COUNSEL REGARDING CHECKS AND DRAFT NOTE TO COLLEAGUE REGARDING SAME.	0.10	42.50

Fall River Valley Fire Protection Dist Client/Matter No.: FA005 00003

April 30, 2024 Invoice 266783 Page 2

-		
HOO	Recap	
T. C.C.	ILCCAD	

Timekeeper		Hours	Rate	Amount
JACK W. HUGHES	PARTNER	0.80	425.00	\$340.00
		0.80		\$340.00

				-
A	ccoun	to Un	OOI TI	ahla
				11110

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Due
\$340.00	\$425.00	\$127.50	\$0.00	\$0.00	\$892.50

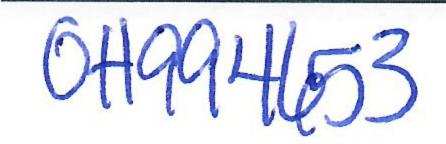


STATE OF CALIFORNIA **AUTHORIZATION FOR RELEASE OF FUNDS** (ONE INVOICE PER FORM)

~	BA	B DA A	A		B 8	A	A	grant.
		E 27/11					24/1	-
		IIIAI		NT			1AE	-

PG&E ADDR TYPE PEID: VEND004720 04 (AP,A1,A2,): XK072924A INV #: 07/29/24 INV DATE:

		ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CI						
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID	
9.53	00447	036100			ELECTI	RIC 7/01/24-07/29/24	8770665653-2			
		•								
\$9.53	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different	nt from		
		EXPLANATION (TEXT)			remittance advice or if no invoice)					
PO/ CONTRACT/ BLANKET PO #				299 & GRO	VE		PO BOX 997300			
	PARTIAL	FULL					SACRAMENTO, CA 958	99-7300		
For Value Received, assign, transfer, and										
		all my righ	ıt,	AUDIT			RICT USE ONLY			
title and interest in t	he within c	laim.		USE ON	VLY	APPROVED BY: BOARD MEMBER	I DA	TE		
Signed	3		_	I hereby c		DOARD WILMBLIX				
INCTOLICTIONS				that the a		BOARD MEMBER	DA	TE		
INSTRUCTIONS:	d sign form			examined		BOARD MEMBER			ATE	
 Complete, date and sign form. Obtain Department Head signature. Districts obtain board signatures. 		approved by this office.								
				BOARD MEMBER		DATE				
4. Attach supporting of 5. Forward to County				By Dep						
5. Forward to County Auditor-Controller.		County Au		BOARD MEMBER DATE		IE				
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				I hereby certify, under penalty of perjury, that I have not violated any of the						
				provisions of Article Four, Chapter code. Furthermore, that the article						
been paid, and that th	e amount h	erein is just	ly due this	DATE		necessary and were ordered by me	e for the purpose indicated abo	ve; that t	he	
claimant , and that the year after the last item	7		nin one			articles or services have been deliverable of the otherwise indicated above by me.	vered or performed as stated h	ereon ex	cept as	
CLAIMANT						AUTHORIZED				
SIGNATURE						SIGNATURE				
DATE						DATE				





Account No: 8770665653-2

Statement Date:

CAR, 535 Ver Hell Avenue, Ruch Piii Cen Francisco CA 254 U.

07/30/2024

Due Date: 08/16/2024

Service For:

FALL RIVER FIRE DISTRICT CORNER HWY 299 AND GROVE MCARTHUR, CA 96056 saam, emierk i torki prištr

Questions about your bill?

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

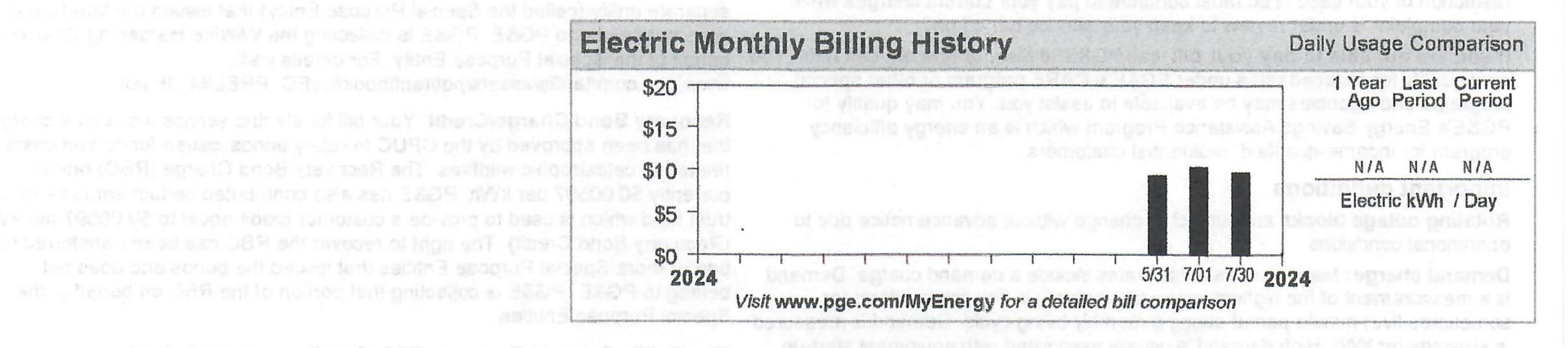
Ways To Pay

www.pge.com/waystopay

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

Total Amount Due by 08/16/2024 \$19.7	Total
---------------------------------------	--------------



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 08/16/2024

Due Date:

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



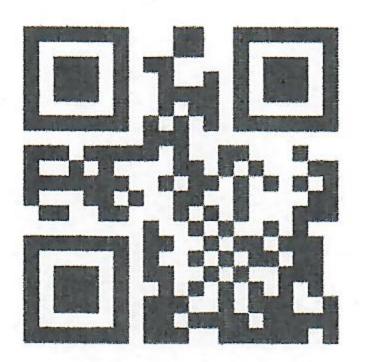
Account No: 8770665653-2

Statement Date: 07/30/2024

Due Date:

08/16/2024

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	Н
Rotating Outage Block	50

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

Electric Usage This Period: 0.000000 kWh, 29 billing days kWh **Energy Charges** Usage = Average Daily Usage 0.00 0.00% Peak' \$0.00 5 Part Peak² 0.00% \$0.00 4 Off Peak³ 0.00% \$0.00 3 Super Off Peak⁴ 0.00% \$0.00 ¹Peak: Year-round, Daily, 4:00pm-9:00pm 2 ²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm ³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm

18002002

20

0

7/16

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

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



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

CLAI	MA	NT	NA	ME
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PG&E

<u>~-</u>				
PEID:	VEND004720	ADDR TYPE (AP,A1,A2,):	04	
INV #:	XF081224A			
INV DATE:	08/12/24			

AMOUNT	COST	ACCT PR	OJ ACT		ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	
	ONTIN		DE COL			SECONDARY REF	NC RE MH	PU AT PT ID
91.04	00447	036100		ELECT	RIC 7/13/24-8/12/24	3879934300-9		
\$91.04	TOTAL		EXPL	ANATION	(TEXT)	ADDRESS: (If different remittance advice or if no investment)		
PO/ CONTRACT/ BLANKET PO #		DAY R	D HALL		PO BOX 997300			
					10 DOX 777300			
	PARTIAL	FULL				SACRAMENTO, CA 9589	9-7300	
		✓						
For Value Received, assign, transfer, and	2008							
4341		all my right,		DITOR		RICT USE ONLY		
title and interest in t	ne within c	laim.	US	EONLY	APPROVED BY: BOARD MEMBER	I DAT		
Signed				by certify			1 -	
INSTRUCTIONS:				the above im was	BOARD MEMBER	DAT	E	1
1. Complete, date and	d sign form.			nined and ved by this	IDOARD MEMBER		ATE	
2. Obtain Department Head signature.			office.					
	Districts obtain board signatures. Attach supporting documentation.			Daniel .	BOARD MEMBER	DAT	DATE	
5. Forward to County Auditor-Controller.			Deputy ty Auditor	BOARD MEMBER	DAT	ΓE		
The undersioned				SER ID				
The undersigned, und the above claim and t	he items as	therein set out are			I hereby certify, under penalty of perpendicular provisions of Article Four, Chapter			
true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this				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				
claimant , and that the year after the last item	same is pro	esented within one			articles or services have been deliverable of the services have been d	ered or performed as stated he	ereon exc	cept as
La					ou ci wise indicated above by file.			
CLAIMANT SIGNATURE					AUTHORIZED SIGNATURE			
					SIGNATURE			
DATE					DATE			

OA994762



The factor of the file and the same and a management term agreed to be also being a file of the file o

Account No: 3879934300-9 Statement Date:

Due Date:

the Table of the control of the control of the control of the table of the control of the table of the control of the control

08/13/2024

08/30/2024

Your Account Summary

CONTROL Spd stalks

\$177.71 Amount Due on Previous Statement -84.81 Payment(s) Received Since Last Statement \$92.90 Previous Unpaid Balance \$91.04 Current Electric Charges

Total	Amaunt	Duo	hv 00/20/2004	¢402 04
IOLAI	Amount	Due	by 08/30/2024	\$183.94

	lectric Monthly Billing History	Daily Usage Comparison
For deleter the deleter that we have the contract to the contract the contract that the contract the contract the contract that the contract the contract the contract that the	\$100	1 Year Last Current Ago Period Period
the Pulheran Burelow of toele of the mon't hiper Diagna to	\$75 -	5.93 6.11
the depths of the formally burner aboved in sentain a standard wilders of the Roberts of Sono Chairpe and Sono standard and the sentance of the Roberts of the Sono Chairpe and Sono standard of the Sono Sono Sono Sono Sono Sono Sono Son	\$50	N/A N/A
edCU 63 of tarpe upen interplace a software to 50 UDbe	\$25 -	Electric kWh / Day
the data CER as the test of imprish them. In a caner and creat cases but a month ascupility is the contract that it is sell to the contract that it is sell t	\$0	5/14 6/12 7/13 8/13 2024 letailed bill comparison

Important Messages wo! tol same gate contribilets and bateboaint-elade

Service For:

29277 DAY RD

FALL RIVER FIRE DISTRICT

Questions about your bill?

Business Specialist available:

MCARTHUR, CA 96056

Mon-Fri: 7am to 6pm

www.pge.com/MyEnergy

www.pge.com/waystopay

1-800-468-4743

Ways To Pay

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.

99903879934300900000011040000018394



Account Number:

Due Date:

3879934300-9 08/30/2024

Total Amount Due:

\$183.94

Amount Enclosed:

to treatment Chargest Chestes on being set in State of California Department of

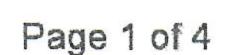
786650110412 1 AB 0.593 528 6417 10

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

PG&E BOX 997300

SACRAMENTO, CA 95899-7300





Due Date: 08/30/2024

Details of Electric Charges

07/13/2024 - 08/12/2024 (31 billing days)

Service For: 29277 DAY RD

Service Agreement ID: 3873814130 Rate Schedule: B1 Bus Low Use

07/4	3/2024	- 08/4	2/2024
WIII	WIEVER	- UUI I	al autar

Customer Charge	31	days	@ \$0.32854	\$10.18
Energy Charges		opden		
Peak	37.229000	kWh	@ \$0.47953	17.85
Part Peak	32.574000	kWh	@ \$0.43030	14.02
Off Peak	119.478000	kWh	@ \$0.40949	48.93
Energy Commission Tax				0.06

Total Electric Charges

\$91.04

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 #	1008669299
Total Usage	189.281000 kWh
Serial	S
Rotating Outage Block	50

2002 Electric Usage This Period: 189.281000 kWh, 31 billing days 00 kWh **Energy Charges** Usage ---- = Average Daily Usage 6.11 Peak' 19.66% \$17.85 786650100064 10 Part Peak² 17.22% \$14.02 8 Off Peak³ 63.12% \$48.93 Super Off Peak⁴ 0.00% \$0.00 ¹Peak: Year-round, Daily, 4:00pm-9:00pm ²Part Peak: Summer, 6/1-9/30, Daily, 2:00pm-4:00pm and 9:00pm-11:00pm 2 ³Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm 7/19 7/25 7/28 7/31 8/12 Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm ⁴Super Off Peak: Winter, Daily, 3/1-5/31, 9:00am-2:00pm



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	ACCT	PROJ		D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	PU AT
15.11	00447	036100			GAS 6	/27/24-07/25/24	7137624533-9	MH	PTID
166.55	00447	036100			ELECTRIC 6/27/24-7/25/24		7137624533-9		
						-			
\$181.66	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If differe remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #			FALL RIVER HALL		PO BOX 997300				
	DADTIAL						CACDAMENTO CA OFO	00. 7200	
	PARTIAL	FULL					SACRAMENTO, CA 958	99-7300	
For Value Received,									
assign, transfer, and		o all my right,	4_18	AUDITO	DR	DISTF	RICT USE ONLY		
title and interest in t	he within c	laim.		USE ON	LY	APPROVED BY:			
Signed				I hereby ce	300	BOARD MEMBER	DA :	TE	
INSTRUCTIONS:				that the ab		BOARD MEMBER	DA	TE	
Complete, date and	d sign form.			examined	and	BOARD MEMBER	DA	TE	
2. Obtain Department				approved by office.					
 Districts obtain boa Attach supporting d 				By Depu		BOARD MEMBER	i DA	TE	
5. Forward to County	Auditor-Con	troller.		County Au	ditor	BOARD MEMBER	DA	TE	
The undersigned, und the above claim and the	er penalty o	f perjury, stat	tes that			I hereby certify, under penalty of per provisions of Article Four, Chapter	erjury, that I have not violated a	any of the	if 0
true and correct; that r been paid, and that th	no part there	eof has herete	ofore	DATE		code. Furthermore, that the articles	s or services specified in the a	bove clair	n were
claimant , and that the year after the last item	same is pre	esented withi	n one	DATE		necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	ered or performed as stated h	ve; that the	ne cept as
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						DATE			
						OH	994643		

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.

Questions about your bill?

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

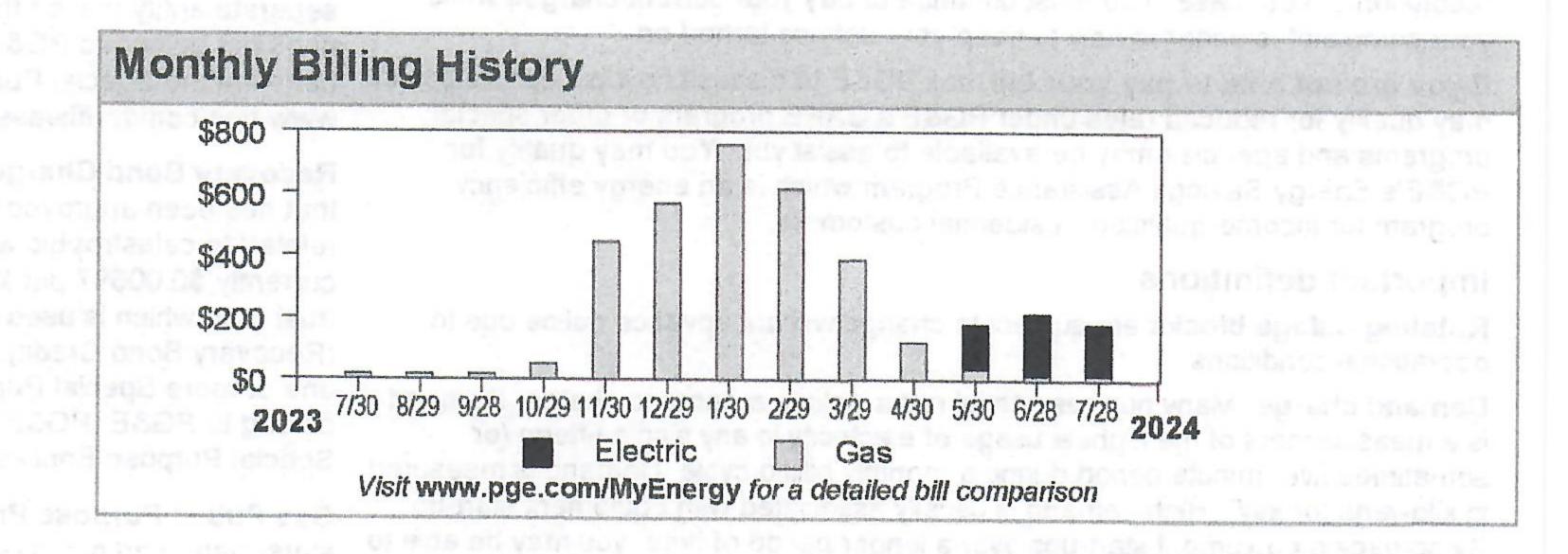
Ways To Pay

www.pge.com/waystopay

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

\$398.12



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:

Due Date:

Total Amount Due:

\$398.12

Amount Enclosed:

778450137825 1 AB 0,593 705 12715 13

7137624533-9 08/14/2024

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

PG&E BOX 997300 SACRAMENTO, CA 95899-7300





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

Typin Lamen | agreed whet sprace

Due Date: 08/14/2024

		Meter Number	avab endla est	Usage	Amount
Service For: 43155 MAIN ST				F 3 V 3 10 5 () V	F207-07400
Service Agreement ID: 7137624005	FIRE HALL			C. V. A.W.	
Gas Charges	ie162	36675078	0.000000	Therms	\$15.11
	Total				\$15.11
Service For: 43155 MAIN ST	onnieu.			ACRES BLU	o - J Cocussion
Service Agreement ID: 7134310997	rotte bros di 1	\$6.52136			epipad teature.
Electric Charges	to 3285	1006709889	364.77200	00 kWh	\$166.55



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 Energy Charges	4	days	@ \$0.32854	\$1.31
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 Energy Charges	25	days	@ \$0.32854	\$8.21
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

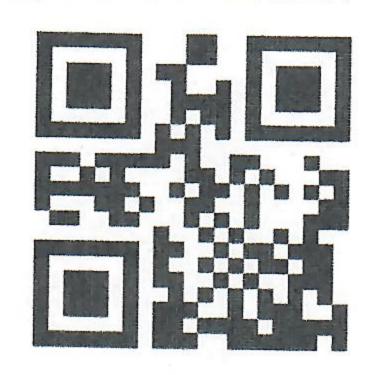
Total Electric Charges

\$166.55

Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	14.39	12.58

Rate Identification Number



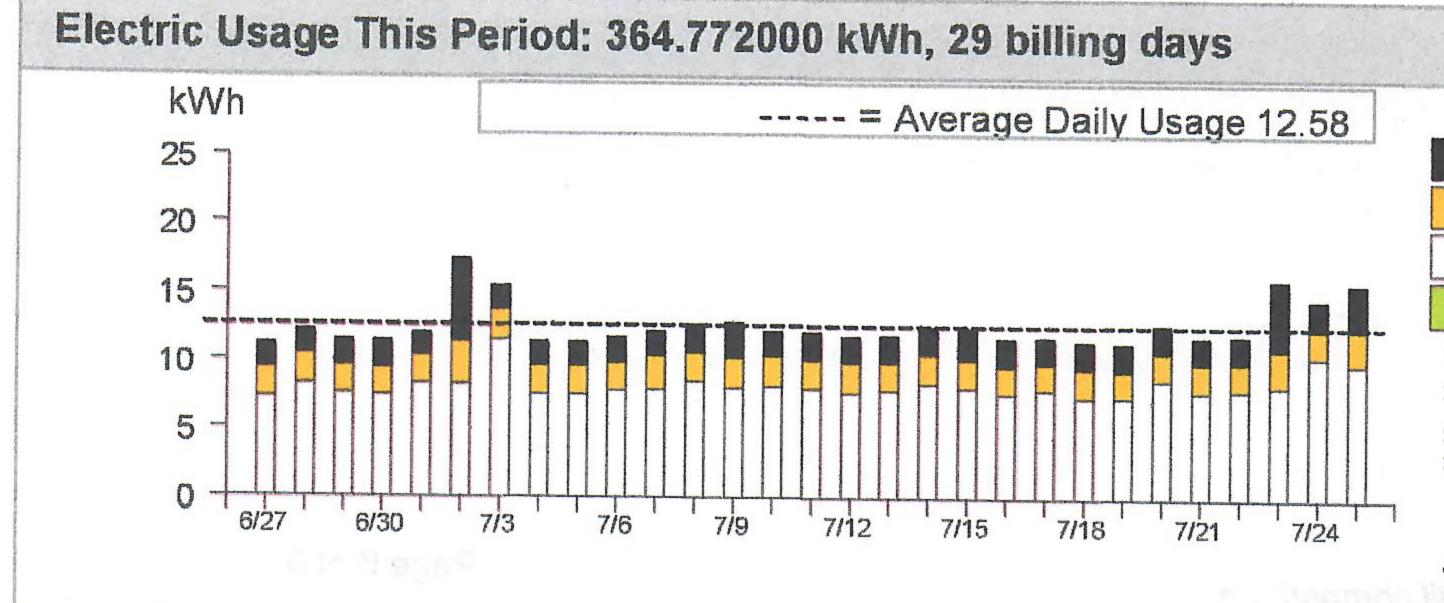
USCA-PGPG-0600-0000

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

The rest of the second	
Meter #	1006709889
Total Usage	364.772000 kWh
Serial	F
Rotating Outage Block	50



 Peak¹
 Usage 17.53%
 Energy Charges \$30.94

 Part Peak²
 17.63%
 \$27.97

 Off Peak³
 64.84%
 \$98.01

 Super Off Peak⁴
 0.00%
 \$0.00

¹Peak: Year-round, Daily, 4:00pm-9:00pm

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

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



27150030031



Account No: 7137624533-9

Statement Date: 07/28/2024

Due Date: 08/14/2024

Details of Gas Charges

06/28/2024 - 07/26/2024 (29 billing days)

Service For: 43155 MAIN ST

Service Agreement ID: 7137624005 FIRE HALL

Rate Schedule: GNR1 Gas Service to Small Commercial Customers

06/28/2024 - 06/30/2024

Customer Charge 3 days @ \$0.52106 \$1.56

07/01/2024 - 07/26/2024

Customer Charge 26 days @ \$0.52106 \$13.55

Total Gas Charges

\$15.11

Average Daily Usage (Therms / day)

Last Year	Last Period	Current Period
0.00	0.00	0.00

Service Information

Meter # 36675078

Current Meter Reading 3,371

Prior Meter Reading 3,371

Total Usage 0.000000 Therms

Serial F

Additional Messages

Customer Charge To help deliver safe, reliable and affordable gas service to your business, PG&E charges a customer fee which is based on your highest average daily gas usage within the past 12 months. For the billing period ending on 01/29/2024, your highest average daily gas usage was 10.7 therms.



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

CL	AIN.	MAN	ITI	IAI	ME
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PG&E

PEID:	VEND004720	ADDR TYPE (AP,A1,A2,):	04	
INV #:	XK072924B			
INV DATE:	07/29/24			

AMOUNT	AMOUNT COST ACCT PROJ ACTY DESCRIPTION (30 CHAR) COTT CODE CODE		ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 R2 CHK				
				JOBE			SECONDARY KEF	NC RE MH	PU AT PT ID
97.99	00447	036100		E	LECT	RIC 7/01/24-07/29/24	6731296671-5		
			seneral material consumer						
¢07.00	TOTAL			EVELANAT	TON		ADDRESS: (If differen	at from	
\$97.99	TOTAL			EXPLANAT	ION ((IEXI)	remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #			MCARTHUR MAIN HALL 1			PO BOX 997300			
	PARTIAL	FULL					SACRAMENTO, CA 958	99-7300	
		1	*						1
For Value Received, assign, transfer, and									
		all my right,		AUDITO	R	DISTR	ICT USE ONLY		
title and interest in t	he within c	laim.		USE ON		APPROVED BY:			
Signed				I hereby ce		BOARD MEMBER	DA'	TE	
				that the ab	ove	BOARD MEMBER	DA	ΤΕ	
INSTRUCTIONS:				claim wa examined	al				
 Complete, date and Obtain Department 	1000	ntura		approved by	/ this	BOARD MEMBER	DA	ΓE	
3. Districts obtain boa				office.		BOARD MEMBER	DA	ΓE	
4. Attach supporting o	locumentation	on.		By Deput	ty				
5. Forward to County	Auditor-Cor	ntroller.		County Aug	31001	BOARD MEMBER	DA'	TE	
The undersigned, und	ler penalty o	of perjury, states t	hat	<u>GOLIX II</u>		I hereby certify, under penalty of pe	riury, that I have not violated a	ny of the	
the above claim and to true and correct; that	he items as	therein set out ar	e			provisions of Article Four, Chapter code. Furthermore, that the articles	One, Division Four, Title One	of the Cal	if. Gov.
been paid, and that th	e amount h	erein is justly due	this	DATE		necessary and were ordered by me	for the purpose indicated abo	ve; that t	he
claimant , and that the year after the last item			ie			articles or services have been delivotherwise indicated above by me.	ered or performed as stated he	ereon ex	cept as
CLAIMANT						AUTHORIZED			
SIGNATURE						SIGNATURE			
DATE						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

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

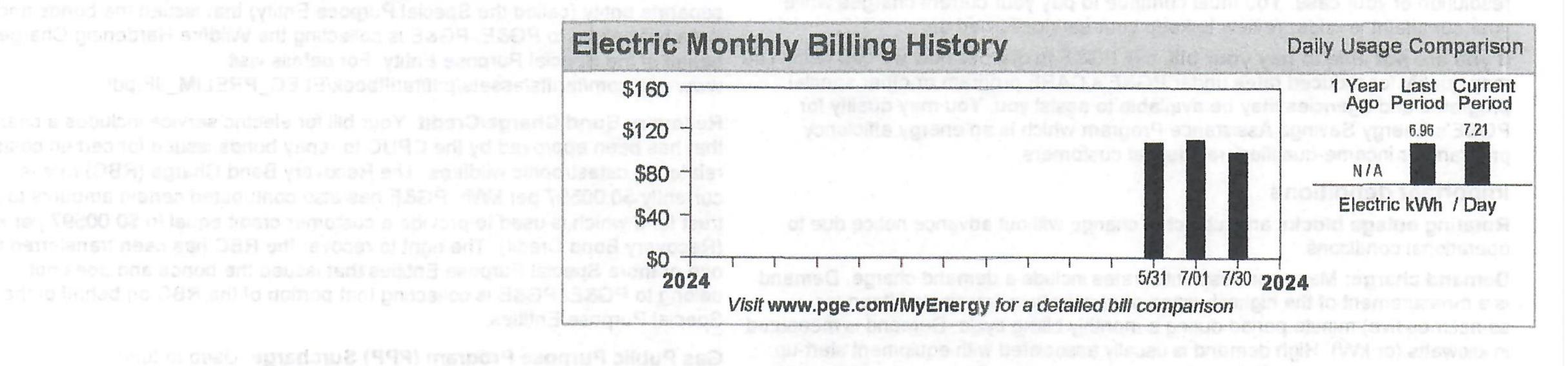
OU SUISIO DEMODISH STADIM SIT DETECTOR STEWNS

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

Total Amount Due by 08/16/2024

\$207.44



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



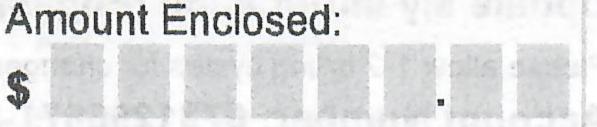
Page 2 of a

Account Number:

Due Date:

Total Amount Due:

6731296671-5 08/16/2024 \$207.44



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**



Account No: 6731296671-5

Statement Date:

07/30/2024

Due Date:

08/16/2024

Details of Electric Charges

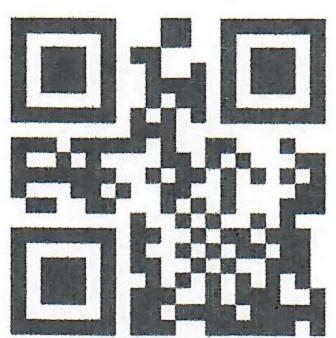
07/01/2024 - 07/29/2024 (29 billing days)

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

Total Electric Charges

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

Rate Identification Number



USCA-PGPG-0600-0000

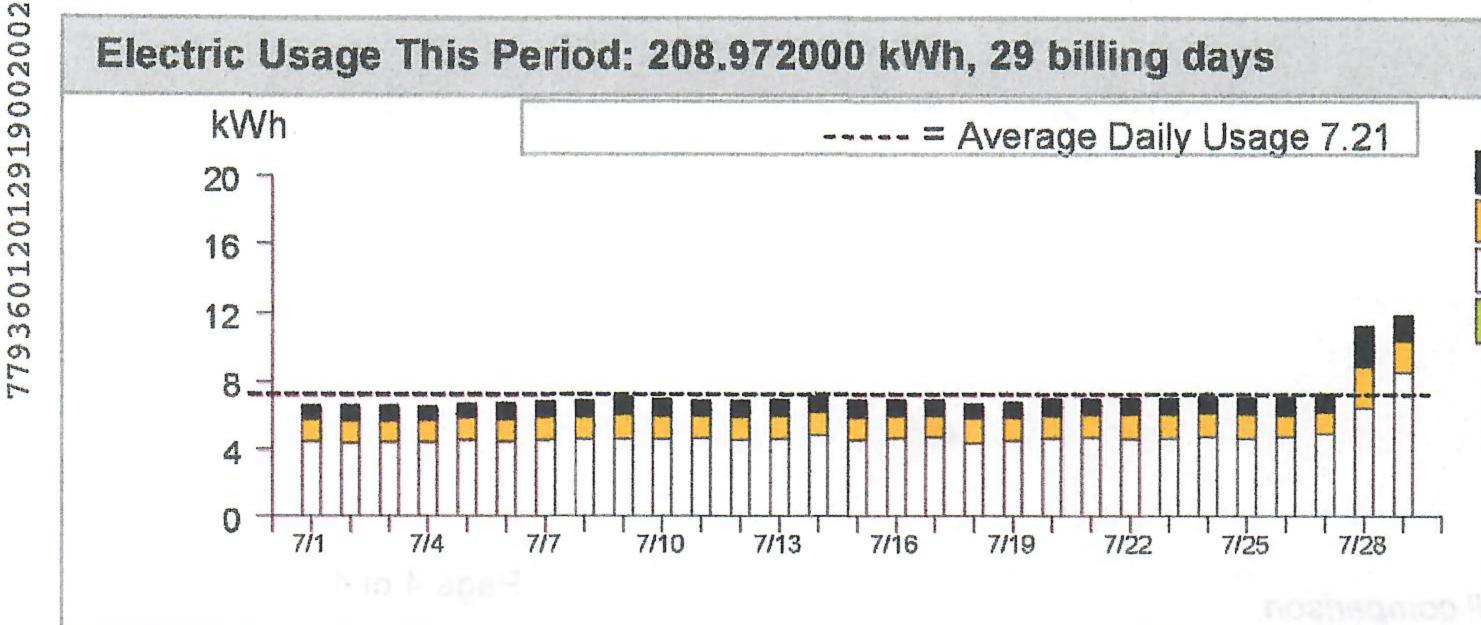
www.pge.com/rin

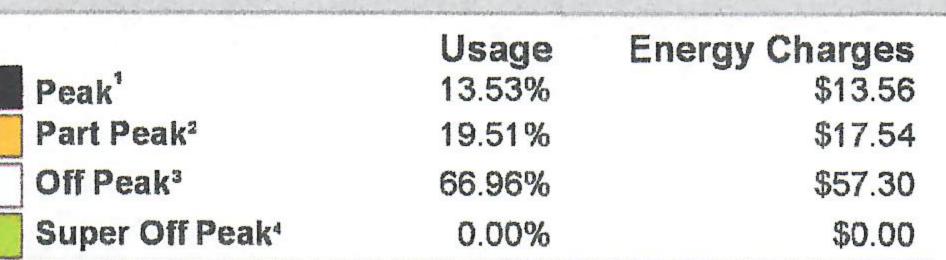
To program your smart device, scan the QR code or enter the RIN code above and follow the on-screen instructions.

Service Information

\$97.99

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





1Peak: Year-round, Daily, 4:00pm-9:00pm

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

9:00pm-11:00pm

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





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

~	IA	IRA	AR	17	BIA	8.0	_
U	LA	IIVI	AI		NA	IVI	

PG&E

PEID:

VEND004720

ADDR TYPE (AP,A1,A2,):

04

INV #:

XF080724A

INV DATE:

08/07/24

AMOUNT	COST	ACCT	PROJ CODE		D	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CHK
							SECONDARY REF	NC RE	PU AT PT ID
28.99	00447	036100			ELECT	RIC 7/10/24-8/7/24	1460476444-0		
\$28.99	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no inventor)		
PO/ CONTRACT/ BLANKET PO #				MCARTHU	R MAIN	HALL 2	PO BOX 997300		
	PARTIAL	FULL					SACRAMENTO, CA 9589	99-7300	
For Value Received, assign, transfer, and									
title and interest in th		all my right	,	AUDIT USE O		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby o		BOARD MEMBER	J DAT		
INSTRUCTIONS:				that the a	bove	BOARD MEMBER	DAT	E	
 Complete, date and Obtain Department I 	0 3340	ure.		examined approved office	by this	BOARD MEMBER	DAT	E	
 Districts obtain board Attach supporting do 				By Dep		BOARD MEMBER	DAT	E	
5. Forward to County A	Auditor-Cont	roller.		County A	uditor	BOARD MEMBER	DAT	E	
The undersigned, under the above claim and the rue and correct; that note that the claimant, and that the rear after the last item.	e items as to o part there e amount he same is pre	herein set o of has heret rein is justly sented withi	ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One or or services specified in the above for the purpose indicated above.	f the Calif ove claim e: that the	Gov. were
CLAIMANT						AUTHORIZED SIGNATURE			
DATE						DATE			



Account No: 1460476444-0 Statement Date:

(TAB) 505 Van Ness Avenue, Room 2003, San Francisco, CA 94102

08/09/2024

Due Date: 08/26/2024

Service For:

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

Questions about your bill?

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

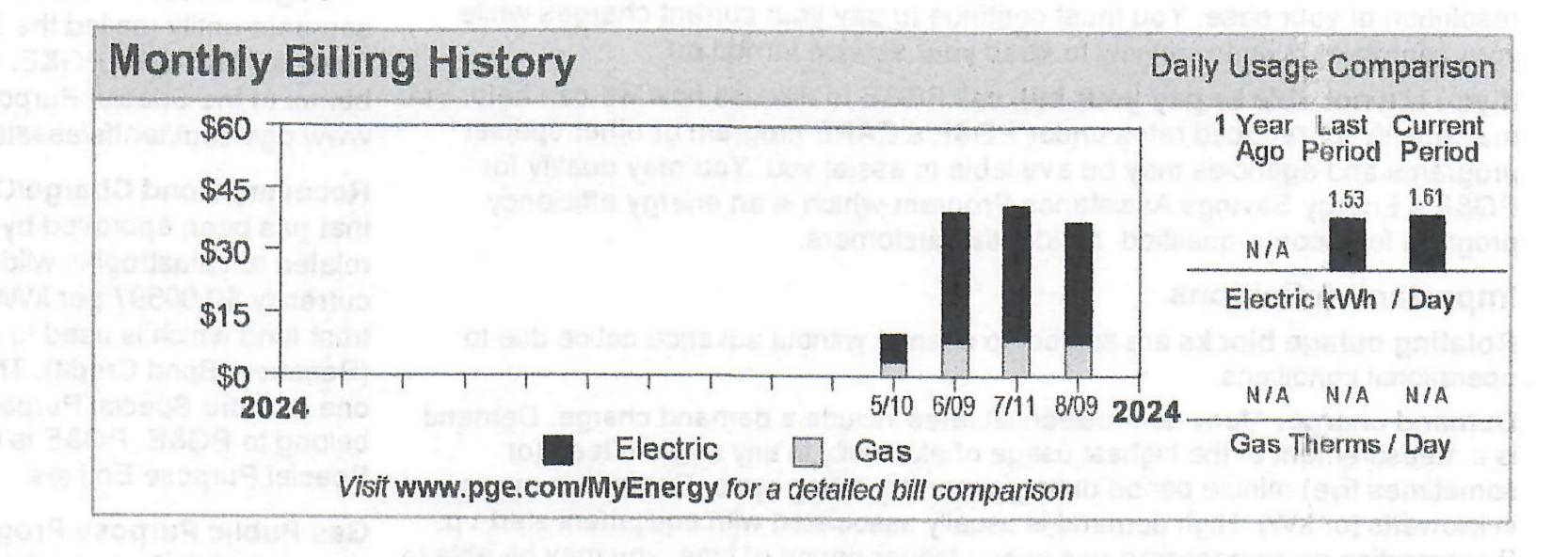
Ways To Pay

www.pge.com/waystopay

Your Account Summary

	Amount Due on Previous Statement	\$80.21
	Payment(s) Received Since Last Statement	-80.21
Vietnames	Previous Unpaid Balance	\$0.00
6545	Current Electric Charges	\$28.99
	Current Gas Charges	7.84

Total Amount I	Due by 08/26/2024	\$36.83
		1



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.

99901460476444000000036830000003683



Account Number:

Saa the table reflecting "Your Flactric Charges Breakdown" on thi

Due Date:

1460476444-0 08/26/2024

Total Amount Due:

\$36.83

Amount Enclosed:

785110105716 1 AB 0.593 504 12043 10

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

PG&E

BOX 997300

SACRAMENTO, CA 95899-7300



Page 1 of 5

葉

Account No: 1460476444-0 Statement Date:

08/09/2024

Due Date:

08/26/2024

Details of Electric Charges

07/10/2024 - 08/07/2024 (29 billing days)

Service For: HWY 299 SS 4TH E/MAIN Service Agreement ID: 1462921086 Rate Schedule: B1 Bus Low Use

Total Electric Charge	25			\$2	8.99
					0.01
Energy Commission Tax	35.233000	kVVh	@ \$0.40949		.14.43
Part Peak Off Peak			@ \$0.43030		4.41
Part Poak	1.270000	kWh	@ \$0.47953		0.61
gy Onlanges	Picke charges a				
Customer Charge	29	days	@ \$0.32854	\$0.27048	\$9.53
07/10/2024 - 08/07/2024					

Rate Identification Number



USCA-PGPG-0600-0000

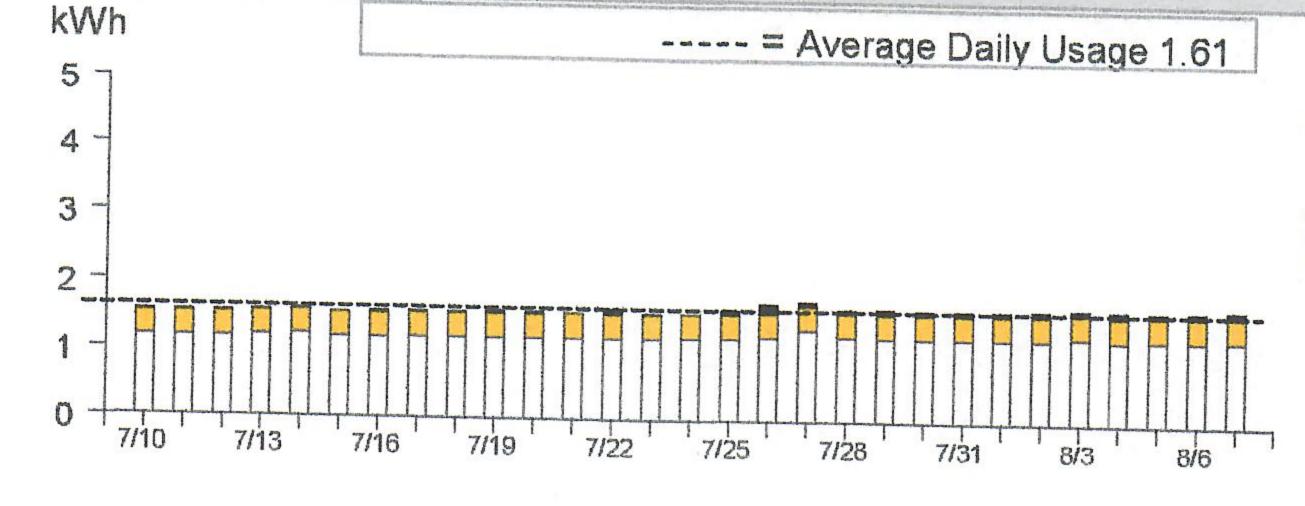
www.pge.com/rin

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

Service Information

1009033324
46.752000 kWh
P
50

Electric Usage This Period: 46.752000 kWh, 29 billing days



Peak¹	Usage 2.71%	Energy Charges \$0.61
Part Peak ²	21.93%	\$4.41
Off Peak ³	75.36%	\$14.43
Super Off Peak ⁴	0.00%	\$0.00

1Peak: Year-round, Daily, 4:00pm-9:00pm

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

9:00pm-11:00pm

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



0023

3

Account No: 1460476444-0

Statement Date:

08/09/2024

Due Date: 08/26/2024

Total Electric Charges	\$28.99
Taxes and Other	0.01
Competition Transition Charges (CTC)	0.04
Wildfire Hardening Charge	0.10
Recovery Bond Credit	-0.28
Recovery Bond Charge	0.28
Wildfire Fund Charge	0.27
Nuclear Decommissioning	-0.12
Electric Public Purpose Programs	1.19
Distribution	19.09
Transmission	1.46
Generation	\$6.95
Your Electric Charges Breakdown (from page 2)	







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

CLAIMANT NAME:

PG&E

PEID:

VEND004720

ADDR TYPE (AP,A1,A2,):

2,): 04

INV #:

XK073124A

INV DATE: 07/31/24

AMOUNT	COST	ACCT	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT #	R1 1099 R2 CHK	
CNTR CODE		CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID	
21.04 00447 036100			ELECTRIC 7/02/24-07/31/24		0517883284-5				
\$21.04	4 TOTAL EXPLANATION			ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in			
PO/ CONTRACT/ BLANKET PO #		PITTVILLE HALL							
					PO BOX 997300				
	PARTIAL	FULL					SACRAMENTO, CA 958	99-7300	
		1							
For Value Received, assign, transfer, and									
	all my right,		AUDITOR DIS			TRICT USE ONLY			
title and interest in t	itle and interest in the within claim.					APPROVED BY:			
Signed			I hereby certify		BOARD MEMBER	DA	TE	-	
INSTRUCTIONS:	ICTDUCTIONS:				BOARD MEMBER	DA	DATE		
. Complete, date and sign form. 2. Obtain Department Head signature.		averale ad and		BOARD MEMBER	i DA	E			
3. Districts obtain boa						BOARD MEMBER	DA	TE	
Attach supporting documentation. Forward to County Auditor-Controller.		By Deputy County Auditor USER ID		BOARD MEMBER	DATE				
The undersigned, und the above claim and t	ler penalty of	f perjury, sta	tes that			I hereby certify, under penalty of pe			
true and correct; that i been paid, and that th	no part there	of has heret	ofore			provisions of Article Four, Chapter (code. Furthermore, that the articles	or services specified in the a	bove clair	m were
claimant , and that the	same is pre	esented with	in one	DATE	The state of the s	necessary and were ordered by me articles or services have been delive	for the purpose indicated about ered or performed as stated h	ve; that the ereon exc	he cept as
year after the last item	n thereof has	accrued.				otherwise indicated above by me.			
CLAIMANT						AUTHORIZED			
IGNATURE									
SIGNATURE						SIGNATURE			

OH9946512

Account No: 0517883284-5

If you believe that six an egran on your bill, nicess call 1,888 743 5080

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

Questions about your bill?

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

Ways To Pay

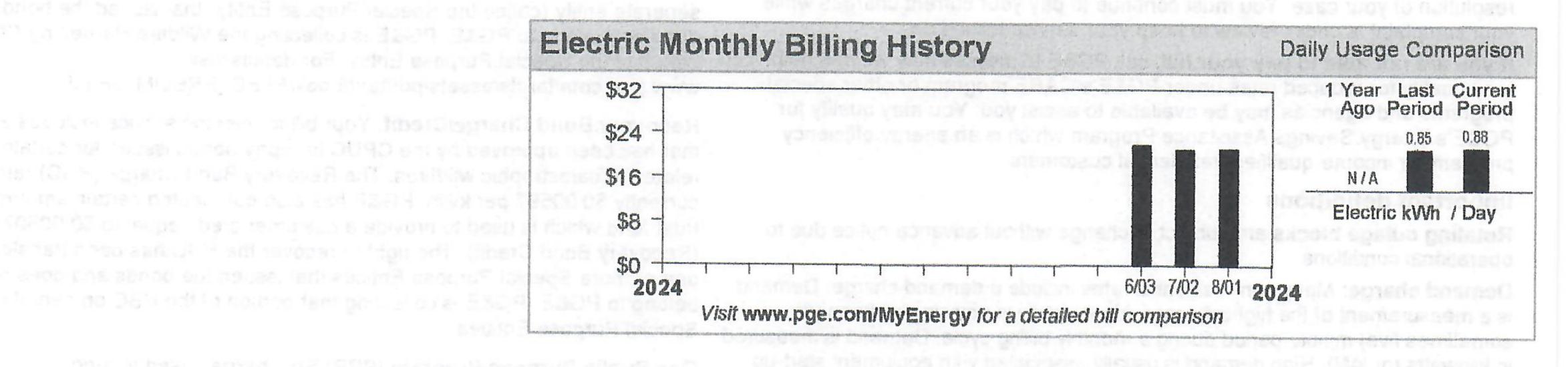
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement Payment(s) Received Since Last Statement			
Previous Unpaid Balance	\$20.98		
Current Electric Charges	\$21.04		

Total Amount Due by 08/19/2024

\$42.02



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:

Due Date:

Total Amount Due:

\$42.02

Amount Enclosed:

780820079032 1 AB 0.593 424 8916 7

0517883284-5 08/19/2024

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

BOX 997300

SACRAMENTO, CA 95899-7300



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

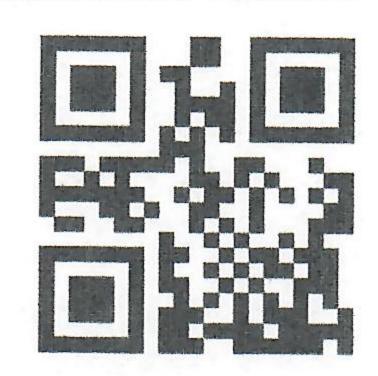
07/02/2024 - 07/31/2024

Customer Charge			@ \$0.32854	\$9.86
Energy Charges		raému T		
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.

Rate Identification Number



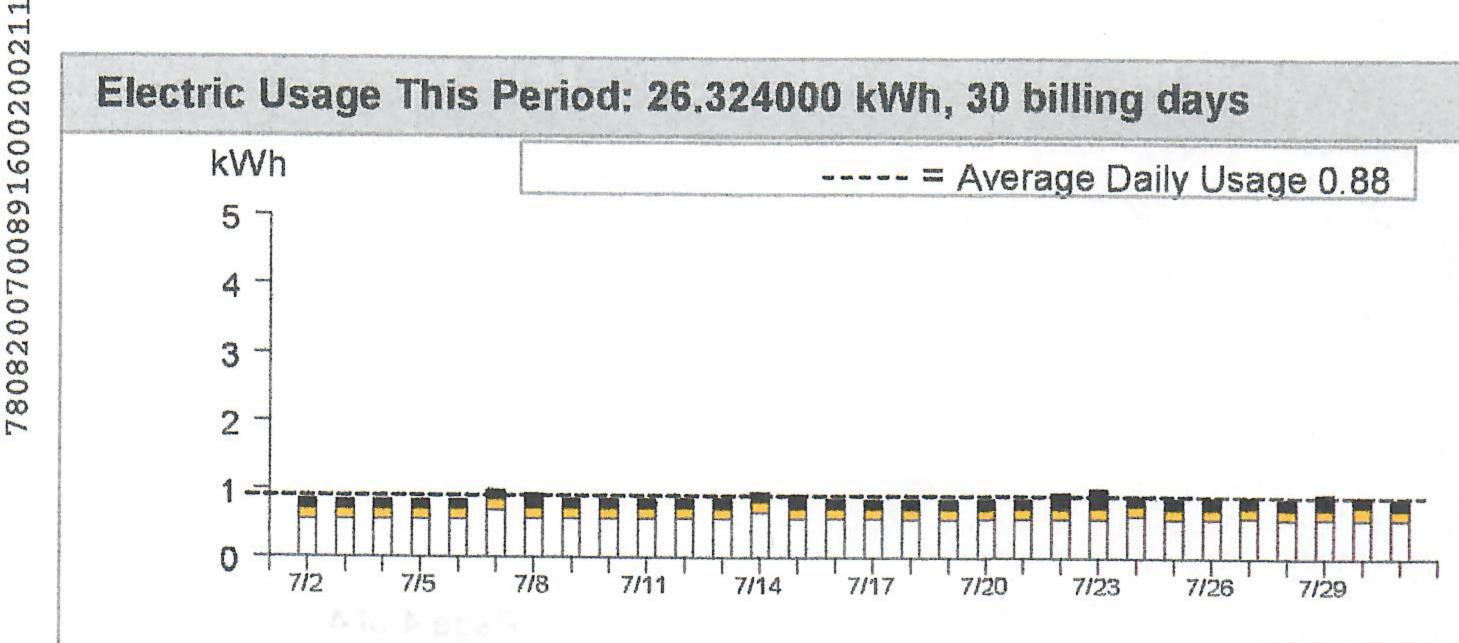
USCA-PGPG-0600-0000

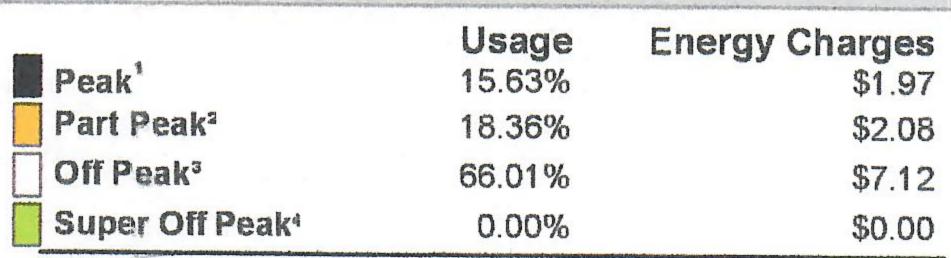
www.pge.com/rin

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		





¹Peak: Year-round, Daily, 4:00pm-9:00pm

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

9:00pm-11:00pm

³Off 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

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

