



Fall River Valley Fire Protection District

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

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

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 or writings distributed to a majority of the District Board less than 72 hours before a regular meeting to be made available to members of the public at the same time they are distributed.

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

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

- CALL TO ORDER:
- FLAG SALUTE:
- ROLL CALL OF BOARD MEMBERS:
- APPROVAL OF BILLS/REPORTS:
- APPROVAL OF MINUTES:
- FIRE INSPECTOR REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):
- FRV FIRE DISTRICT VOLUNTEER ASSOCIATION REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):
- CHIEF REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):



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- TRAININGS
- FACILITIES
- EQUIPMENT
- INCIDENT REPORTS
- 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 Egey).
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



Fall River Valley Fire Protection District

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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

FUND 447 FALL RIVER VALLEY 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
1978-79		BASE YEAR APPROPRIATIONS LIMIT			\$ 98,377
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
2022-23	1,534,797	7.55%	1,650,674	-0.82%	1,637,139
2023-24	1,637,139	4.44%	1,709,828	-0.68%	1,698,201

*Updated 5/6/24 to incl 0450

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FUND 447 FALL RIVER VALLEY 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 %
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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

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

COUNTY OF SHASTA
 STATE OF CALIFORNIA
 BUDGET WORKSHEETS DISTRICT BUDGETS
 FOR THE FISCAL YEAR
 ADJUSTED BUDGET AMOUNTS ARE AS OF

Cost Cer Account	Description	Adjusted Budget 2022-2023	Actual Exp/Rev 2022-2023	Adjusted Budget 2023-2024	Actual Exp/Rev 2023-2024	Adjusted Budget 2024-2025	
FUND:							
FALL RIVER VALLEY FIRE PROTECTION DISTRICT							
00447	101000	CURRENT SECURED TAXES	\$ 105,400.00	\$ 169,386.44	\$ 175,000.00	\$ 72,232.33	\$ 175,000.00
00447	101001	CURRENT UNITARY TAXES	\$ 14,000.00	\$ 678.02	\$ 1,500.00	\$ 12,000.60	\$ 10,000.00
00447	101011	CURR SEC TAX DEL ADV TEETER	\$ 1,200.00	-	\$ 1,200.00	\$ 38.27	\$ 100.00
00447	101100	SUPPLEMENTAL TAXES CURRENT	\$ 1,500.00	\$ 386.61	\$ 500.00	\$ 8,817.05	\$ 10,000.00
00447	101111	SUPPLEMENTAL TAXES CURR TEETER	\$ 200.00	-	\$ 200.00	\$ 496.44	\$ 500.00
00447	102000	CURRENT UNSECURED TAXES	\$ 5,400.00	\$ 5,353.96	\$ 5,400.00	\$ 505.18	\$ 1,000.00
00447	103010	SUPPLEMENTAL TAXES PRIOR	\$ 25.00	-	\$ 25.00	\$ 2.03	\$ 25.00
00447	104000	PRIOR YEAR UNSECURED TAXES	\$ 75.00	\$ 57.96	\$ 175.00	\$ 17.85	\$ 175.00
00447	109100	TIMBER YIELD TAXES	\$ 200.00	\$ 219.90	\$ 300.00	\$ 291.52	\$ 300.00
	TOTAL		\$ 128,000.00	\$ 176,082.89	\$ 184,300.00	\$ 94,401.27	\$ 197,100.00
00447	420000	INTEREST	\$ 4,000.00	-	\$ 4,000.00	-	\$ 4,000.00
	TOTAL	REVENUE FROM MONEY & PROPERTY	\$ 4,000.00	-	\$ 4,000.00	0	\$ 4,000.00
00447	546000	STATE HOMEOWNERS EXEMPTION	\$ 1,500.00	-	\$ 1,500.00	-	\$ 1,500.00
00447	549707	ST VOLUNTEER FIRE ASST GRANT	\$ 6,000.00	-	\$ 2,000.00	-	\$ 7,000.00
00447	563710	CONTRIBUTION FROM SHASTA CO	\$ -	-	\$ 11,000.00	0	\$ 12,006.00
	TOTAL	INTERGOVERNMENTAL REVENUES	\$ 7,500.00	-	\$ 14,500.00	0	\$ 20,506.00
00447	671421	NEW CONSTRUCTION PLAN REVIEW	\$ 1,000.00	-	\$ 2,000.00	-	\$ 1,000.00
00447	676170	PERSONAL SERVICES FEES	\$ -	-	\$ -	-	\$ -
00447	692000	CHGS FOR PROFESSIONAL SVS	\$ -	\$ 100.00	\$ -	-	\$ -

00447	692018	FIRE INSPECTION SERVICES FEE	\$	4,500.00	\$	2,700.00	\$	3,000.00	\$	900.00	\$	3,000.00
00447	692024	REIMB FIRE CALLS	\$	15,000.00	\$	36,428.67	\$	15,000.00	\$	70,926.13	\$	60,000.00
TOTAL		CHARGES FOR SERVICES	\$	20,500.00	\$	39,228.67	\$	20,000.00	\$	71,826.13	\$	64,000.00
00447	792579	CONTRIB FROM COMMUNITY GRANTS	\$	100,000.00	\$	17,500.00	\$	20,000.00	\$	-	\$	20,000.00
00447	799300	MISCELLANEOUS REVENUE	\$	-	\$	6,000.00	\$	6,000.00	\$	2,509.58	\$	5,000.00
00447		DIXIE FIRE SETTLEMENT	\$	-	\$	141,176.46	\$	-	\$	-	\$	-
TOTAL		MISCELLANEOUS REVENUES	\$	100,000.00	\$	164,676.46	\$	26,000.00	\$	2,509.58	\$	25,000.00
TOTAL		REVENUES*****	\$	254,500.00	\$	379,988.02	\$	248,800.00	\$	168,736.98	\$	310,606.00
00447	011000	REGULAR SALARIES	\$	72,000.00	\$	76,461.39	\$	75,000.00	\$	80,436.13	\$	60,000.00
00447	018100	EMPLOYER SHARE FICA	\$	6,000.00	\$	4,256.21	\$	6,000.00	\$	4,660.84	\$	5,000.00
00447	018400	EMPLOYER SHARE UNEMPLOYMENT INS	\$	2,000.00	\$	1,775.17	\$	2,000.00	\$	3,842.59	\$	3,500.00
00447	018500	WORKERS COMP EXPOSURE	\$	10,000.00	\$	10,361.00	\$	10,500.00	\$	8,966.00	\$	8,600.00
TOTAL		SALARIES AND BENEFITS	\$	90,000.00	\$	92,853.77	\$	93,500.00	\$	97,905.56	\$	77,100.00
00447	032300	CLOTHING/PERSONAL SUPPLIES XP	\$	8,000.00	\$	-	\$	10,000.00	\$	-	\$	10,000.00
00447	032500	COMMUNICATIONS EXPENSE	\$	3,200.00	\$	3,230.62	\$	3,300.00	\$	5,794.73	\$	5,000.00
00447	032900	HOUSEHOLD EXPENSE	\$	500.00	\$	2,235.27	\$	2,500.00	\$	1,679.62	\$	1,500.00
00447	033100	INSURANCE EXPENSE	\$	20,000.00	\$	19,228.00	\$	25,000.00	\$	26,768.00	\$	35,000.00
00447	033500	MAINTENANCE OF EQUIPMENT	\$	15,000.00	\$	15,540.30	\$	15,000.00	\$	510.75	\$	10,000.00
00447	033700	MAINTENANCE OF STRUCTURES	\$	30,000.00	\$	11,681.14	\$	20,000.00	\$	10,546.57	\$	15,000.00
00447	034100	MEMBERSHIPS	\$	1,000.00	\$	-	\$	1,000.00	\$	-	\$	-
00447	034500	OFFICE EXPENSE	\$	3,000.00	\$	2,178.17	\$	3,000.00	\$	307.50	\$	2,000.00
00447	034801	PROF ACCOUNTING SVS	\$	12,000.00	\$	600.00	\$	5,000.00	\$	5.98	\$	12,006.00
00447	034806	PROF AUDIT SVS	\$	5,000.00	\$	3,400.00	\$	5,000.00	\$	-	\$	18,000.00
00447	034822	PROF FIRE/FIRE SAFETY SVS	\$	3,000.00	\$	-	\$	2,000.00	\$	805.00	\$	1,000.00
00447	034831	PROF MEDICAL SVS	\$	2,500.00	\$	-	\$	2,000.00	\$	-	\$	1,000.00
00447	034851	PROF TRAINING SVS	\$	3,000.00	\$	3,754.71	\$	10,000.00	\$	6,033.00	\$	20,000.00
00447	034893	PROP TAX ADMIN SVS	\$	3,000.00	\$	-	\$	2,500.00	\$	-	\$	1,000.00
00447	034900	PUBLICATIONS & LEGAL NOTICES	\$	500.00	\$	-	\$	1,000.00	\$	900.00	\$	1,000.00
00447	035500	MINOR EQUIPMENT	\$	15,000.00	\$	26,105.95	\$	25,000.00	\$	367,711.91	\$	20,000.00
00447	035900	TRANSPORTATION & TRAVEL	\$	7,000.00	\$	9,649.66	\$	10,000.00	\$	9,066.60	\$	10,000.00

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

FALL RIVER VALLEY FIRE PROTECTION DISTRICT
DEPOSITS AND CLAIMS

Deposits	Date	Purpose	Amount
CAL FIRE	9/9/2024	7GF23034/2	\$ 8,703.43
CAL FIRE	9/9/2024	2UI4J00010	\$ 3,120.00
INSPECTIONS	9/9/2024	PLOT PLANS	\$ 600.00
Total Deposits			\$ 12,423.43

Expenditures	Date	Purpose	Amount
LCW	4/30/2024	PROFESSIONAL SVS	\$ 72.00
LCW	4/30/2024	PROFESSIONAL SVS	\$ 340.00
HART BEEBE	5/15/2024	INCIDENT REPORTS	\$ 190.00
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



STATE OF CALIFORNIA

WARRANT NUMBER

67-848672

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

0000200779

0000

FUND NO.
8087

FUND NAME
FISCAL CONSOLIDATED PMT

MO. | DAY | YR.
08 | 15 | 2024

90-1342/1211

67848672

DOLLARS	CENTS
\$****3120.00	

TO: 848672

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

Malia Cohen



MALIA M. COHEN

CALIFORNIA STATE CONTROLLER

⑈12113423⑈ 678486726⑈

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



Delbert Howard's Building, Inc.
Delbert or Kathrine Howard

Plumas Bank
90-3828/1211

8-6-24

PAY TO THE
ORDER OF

Fall River Valley Fire Protection Dist.

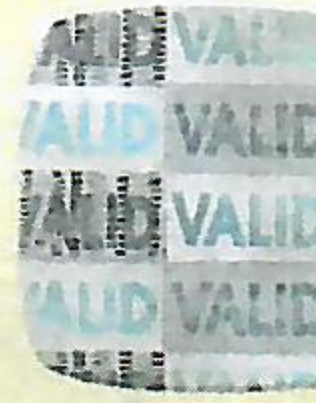
\$ 100.00

one hundred & 00/100

DOLLARS

MEMO

Vandandingham



Laura Oilar

DATE June 24, 24

PAY

FRVFPD

\$ 500.00

TO THE ORDER OF

Five hundred & 00/100

DOLLARS



PLUMAS BANK

888.375.8627 • plumasbank.com

FOR

Sprinkler Plot Plan

TO REORDER VISIT WWW.CHECKPRINTINGSOLUTIONS.COM



Fall River Valley Fire Protection District

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



Fall River Valley Fire Protection District

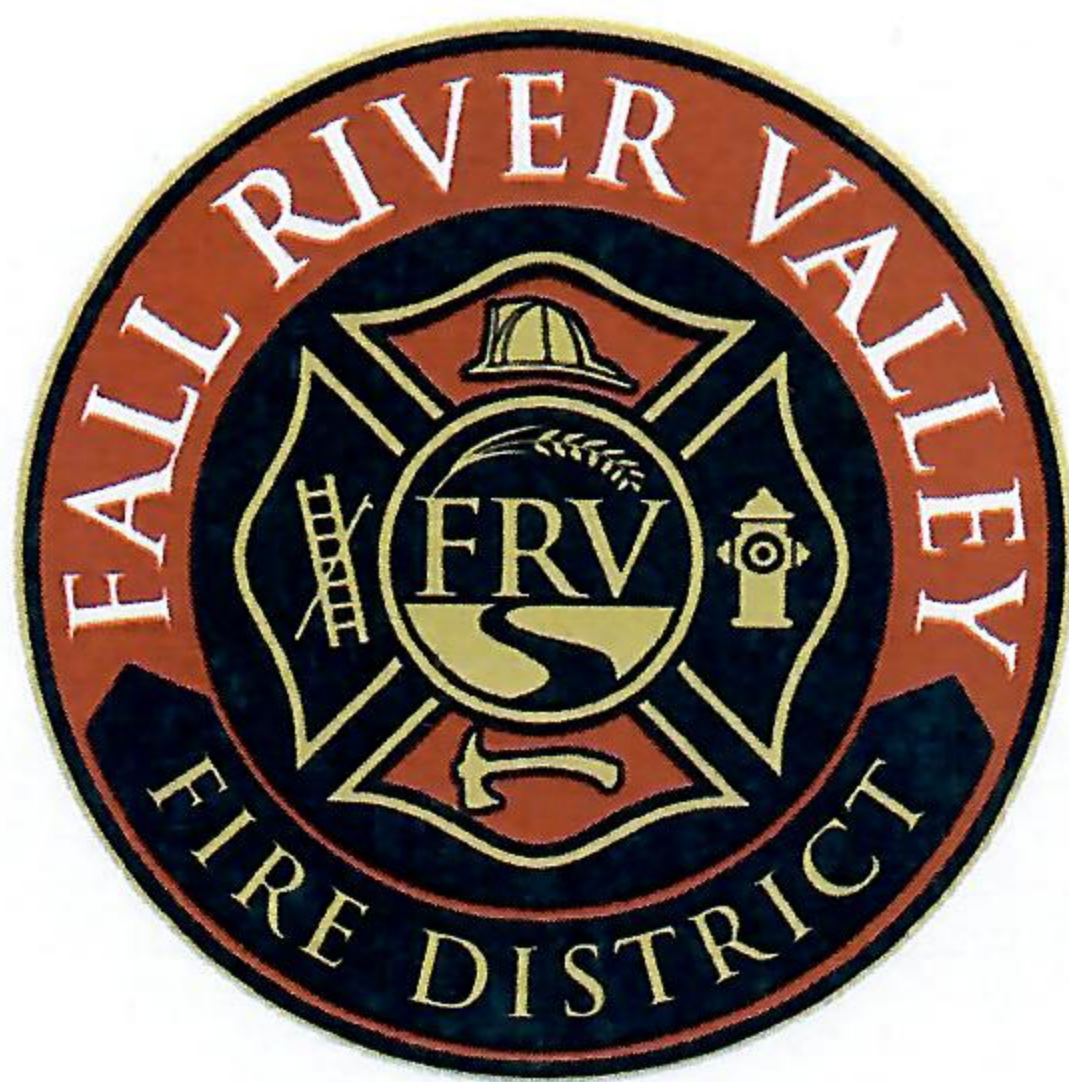
P.O. Box 670 • McArthur, CA 96056
530.336.5026

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:



Fall River Valley Fire Protection District

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:	2
Adults (17 +):	1
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 [HERE](#) 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

Morgan, Jody
Name (Last, First)

Title

Member Entity

Phone

Address, City, State and Zip

Email Address

Please check the sessions you will be attending:

- Thursday - General Session - 8:00AM - 4:30PM**
- Thursday Evening - Vendor Reception - Hosted by GSRMA from 5:00 - 7:00PM**
- Friday Concurrent Sessions**
Please 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: Who, What, Where, and Why?
- 11:00AM - Noon**
- Closing Keynote: The Power of Listening
- 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

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

GSRMA Annual Training Conference

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?

Start selling in minutes with Eventbrite!

www.eventbrite.com

GSRMA Annual Training Conference

Thursday, October 24th, Vendor Reception

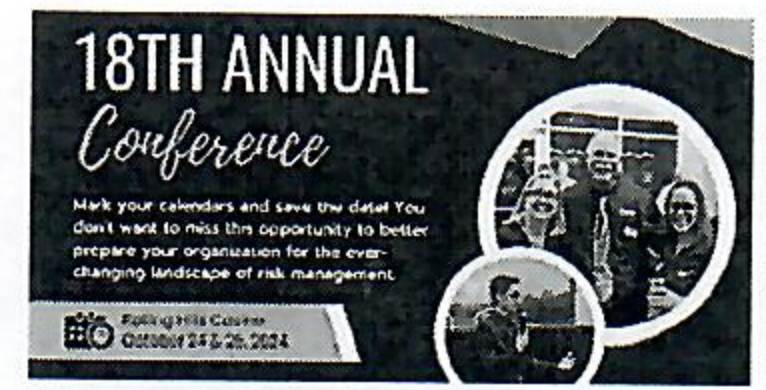
Rolling Hills Casino, 2655 Everett Freeman Way, Corning, CA 96021

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



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Do you organize events?

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www.eventbrite.com

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?

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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



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Do you organize events?

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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



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Do you organize events?

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www.eventbrite.com

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?

Start selling in minutes with Eventbrite!

www.eventbrite.com

BEFORE THE BOARD OF DIRECTORS OF THE
Fall River Valley Fire Protection District
COUNTY OF Shasta, STATE OF CALIFORNIA

IN THE MATTER OF:

Resolution Number: 7GF24033

Approving the Department of Forestry and Fire Protection Agreement # _____ 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 Fall River Valley 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 than the amount of \$ 6,624.50.

BE IT FURTHER RESOLVED that Hart Beebe of said Board be and hereby is authorized to sign and execute said Agreement and any amendments on behalf of the Fall River Valley Fire Protection District.

The foregoing resolution was duly passed and adopted by the Board of Directors of the _____, at a regular meeting thereof, held on the _____ day of _____, by the following vote:

AYES:

NAYS:

ABSENT:

Signature, Board of Directors Member

Printed Name and Title

Signature, Board of Directors Member

Printed Name and Title

—CERTIFICATION OF RESOLUTION—
ATTEST:

I _____, Clerk of the _____, County of _____, California do hereby certify that this is a true and correct copy of the original Resolution Number _____.

WITNESS MY HAND OR THE SEAL OF THE _____, on this _____ day of _____.

**OFFICIAL SEAL
OR NOTARY CERTIFICATON**

Signature

Title and Name of Local Agency

BEFORE THE BOARD OF DIRECTORS OF THE

1# 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 3# 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. 4#

BE IT RESOLVED by the Board of Directors of the Oakmont Fire Protection District 1#, 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 than the amount of \$ 10,000. 5#

BE IT FURTHER RESOLVED that John Miller, Fire Chief 6# 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. 5#

The foregoing resolution was duly passed and adopted by the Board of Directors of the Oakmont Fire Protection District 1#, at a regular meeting thereof, held on the 22nd day of October, 2024 by the following vote: 7#

AYES: STOVER, TOWER, KERNS, OSGOOD 1#

NAYS: NONE 8#

ABSENT: HARRIS

Steven Kerns
Signature, Board of Directors Member

Steven Kerns, Board Member
Printed Name and Title

James Tower
Signature, Board of Directors Member

James Tower, Director
Printed Name and Title

11# 12# 13#
---CERTIFICATION OF RESOLUTION

ATTEST:

I Sarah Osgood 1#, 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. 3#

WITNESS MY HAND OR THE SEAL OF THE Oakmont Fire Protection District 1#, on this 22nd day of October, 2024.

Sarah Osgood
Signature 13#

Clerk of the Board, Oakmont Fire Protection District
Title and Name of Local Agency

OFFICIAL SEAL
OR NOTARY CERTIFICATON 14#

KEY FOR COMPLETION OF SAMPLE RFC RESOLUTION

Budget Worksheet (List individual items for funding. Include tax and shipping in unit cost):

	Type	Item	Quantity	Unit Cost	Item Total
1.	Safety - Structural	Sturcture Turnouts	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
6.	Training	Fall/ Structure Training	4	\$ 2,000.00	2000
7.					0
8.					0
9.					0
10.					0
11.					0
12.					0
13.					0
14.					0
15.					0
16.					0
17.					0
18.					0
19.					0
20.					0
21.					0
22.					0

CAL FIRE USE ONLY (Formula-Driven)

Approved \$6,624.50 *ME* Project Total Cost: \$ 19,949.00

Proposed Award: \$ 9,974.50

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 000379

ADDR TYPE
 (AP,A1,A2,):

01

INV #:

XF081024A

INV DATE:

08/10/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
5.99	00447	032500			TABLET INTERNET	287306953864												
\$5.99	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			PO BOX 6463 CAROL STREAM, IL 60197-6463								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID _____ DATE _____			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																		

CLAIMANT
SIGNATURE

DATE

AUTHORIZED
SIGNATURE

DATE

04994766

Service activity

Wireless

Number	User	Page	Activity since last bill	Total
530.238.7976	MCARTHUR VOLUNTEER FIRE DEPT.	2	\$5.99	\$5.99
Total			\$5.99	\$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

Phone, 530.238.7976
MCARTHUR VOLUNTEER FIRE DEPT.

Activity since last bill

Jul 03 - Aug 02

Jul 09: Removed

Jul 03 - Jul 09

1. FirstNet Mobile Pool for iPad on 4G LTE	\$5.13	< Service change - partial month charge
2. Block Roaming Except 3PTs for FirstNet	\$0.00	
3. Protect Advantage Insurance for Business for 1	\$2.10	< Service change - partial month charge
4. Protect Advantage Support Svc for Business for 1	\$1.64	< Service change - partial month charge
5. FirstNet Messaging	\$0.00	
6. Credit for FirstNet Mobile Pool for iPad on 4G LTE	-\$0.47	< Contracted credit adjusted - partial month credit
7. Discount for FirstNet Data Device Savings	-\$2.33	< Service change - partial month credit
8. Credit for Protect Advantage Support Svc for Business for 1	-\$0.23	< Contracted credit adjusted - partial month credit

Other Activity

9. FirstNet Mobile Pool for iPad on 4G LTE 15,234KB	\$0.15	< Usage
--	--------	---------

Total for 530.238.7976 **\$5.99**



...Wireless continued

Total for Wireless **\$5.99**

News you can use

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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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/>
Statement # 145201

Please make checks payable to Com-Pair Services

Due Date
08-31-2024

Amount Due \$220.00

Amount Enclosed



10264 1 AB 0.593 28/79 011025 0001:0002

 MCARTHUR FPD
PO BOX 670
MCARTHUR CA 96056-0670



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



COUNTY OF SHASTA

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

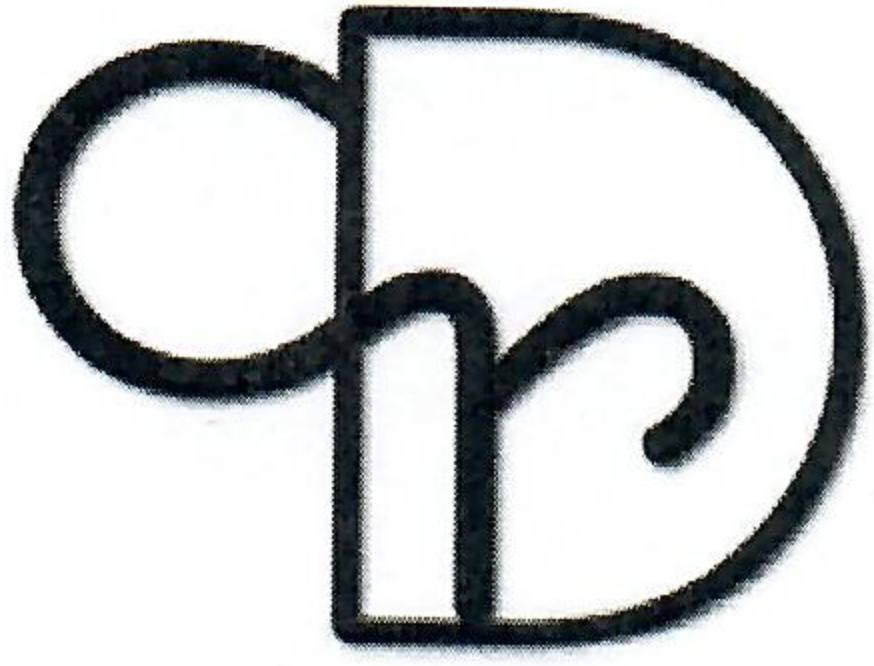
INV DATE:

08/18/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																	
							NC RE MH	PU AT PT ID																	
300.00	00447	034800			WEBSITE PREMIER HOSTING																				
\$300.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																			
PO/ CONTRACT/ BLANKET PO #			SPECIAL DISTRICT PREMIER HOSTING/SUPPORT			7681 S EAST LAKE BLVD LAKE NEBAGAMON, WI 54849																			
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>									PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
PARTIAL	FULL																								
<input type="checkbox"/>	<input checked="" type="checkbox"/>																								
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td>APPROVED BY:</td> <td></td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>By Deputy County Auditor USER ID</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>DATE</td> <td colspan="2">I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor USER ID	BOARD MEMBER	DATE	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.	
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																						

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____



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

Invoice

BILL TO
Fall River Valley Fire District

INVOICE #	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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.	See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Wendy L Corry</p>	
		<p>2 Business name/disregarded entity name, if different from above.</p> <p>Computing Done Right, LLC</p>	
		<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p><small>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.</small></p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
		<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
		<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>7681 S East Lake Blvd</p>	<p>Requester's name and address (optional)</p>
		<p>6 City, state, and ZIP code</p> <p>Lake Nebagamon, WI 54849</p>	
		<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
2	6	-	2	5	5	7	2	3	3

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Wendy L Corry</i>	Date <i>09/10/2024</i>
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General Instructions

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

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 / REF	Due Date	Credit	Debit
5/31/2024	Previous Balance				\$86.82
06/06/2024	B319624	032900 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
Totals:				(\$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
 530-336-5583

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

Due Date: 07/31/2024

*** SALE ***

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

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

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

INVOICE: \$47.15
 CHANGE: \$0.00

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

BONQO

(X) _____
 bud

 Thank You!

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

Due Date: 07/31/2024

*** SALE ***

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

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

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

INVOICE: \$1.22
 CHANGE: \$0.00

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

BONQO

(X) _____
 bud

 Thank You!

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

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

Due Date: 07/31/2024

*** SALE ***

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

9/64" TITANIUM BIT
 359506
 1.00 EACH @ \$5.29 T \$5.29

1/8" TITANIUM BIT
 359515
 1.00 EACH @ \$7.49 T \$7.49

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

INVOICE: \$13.71
 CHANGE: \$0.00

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

BONQO

(X) _____
 bud

 Thank You!

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

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

Due Date: 07/31/2024

*** SALE ***

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

1000PK REGSMTHPAPER CLIP
 973793
 1.00 BOX @ \$0.49 T \$0.49
 C35255656382

12PK SMALL BINDER CLIP
 973769
 1.00 BOX @ \$0.99 T \$0.99

9x12 Manila Envelope
 187021
 1.00 EACH @ \$0.39 T \$0.39
 718103409155

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

INVOICE: \$2.01
 CHANGE: \$0.00

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

Cody L Morgan

(X) _____
 Jody

 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

Statement

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

Terms: Net 28 Days End of Month

Fall River Valley Fire Protection District
 P.O. Box 396
 Fall River Mills, Ca 96028

Account #: FR Fire District

Alternate Name:
Fall River Valley Fire

Date	Reference	PO / REF	Due Date	Credit	Debit
7/1/2024	Previous Balance				\$64.09
08/01/2024	Finance Charge				\$1.41
Totals:				\$0.00	\$65.50

Account Summary

Previous Balance:	\$64.09
Payments, Credits	\$0.00
Purchases, Charges	\$1.41
New Balance:	\$65.50

New Balance:

\$65.50


Thank you for your business!

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

574
095049
McArthur Fire District
Hwy 299e
PO Box 670
McArthur, CA 96056-0670



Any questions? PHONE: (530) 336-6138

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



INVOICES

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 7/16/2024-7/31/2024	\$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



**TO PAY
ONLINE, VISIT**
www.edstaub.com

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

Account Number: 130043
 Invoice Number: 287373
 Invoice Date: 08/31/2024
 Invoice Total: \$155.07
 Payment Due By: 09/10/24
 Discount Date: 09/10/2024
 Discount Amount: \$1.67

MCARTHUR FIRE DISTRICT
 PO BOX 670
 MCARTHUR, CA 96056

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886314676765 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
08/31/24	5:34p		FC-Fall River M, CA	0	0	CARBDSL	8.659	N	4.6285	40.07
Subtotal							8.659			40.07
Card: 708886314676773 ALL 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

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.6399	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

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

INVOICES

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

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

TO PAY
ONLINE, VISIT

www.edstaub.com

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

Account Number: 234084
 Invoice Number: 288547
 Invoice Date: 08/31/2024
 Invoice Total: \$176.55
 Payment Due By: 09/10/24
 Discount Date: 09/10/2024
 Discount Amount: \$2.00

FALL RIVER FIRE DISTRICT
 PO BOX 670
 McArthur, CA 96056

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886312213124 A/P						Previous Odometer: 0				
Vehicle: 0										
08/20/24	12:50p		FC-Fall River M, CA	0	0	CARBDSL	13.268	N	4.6691	61.94
08/20/24	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	4:39p		FC-Fall River M, CA	0	0	UNL E10%	3.722	N	4.1327	15.38
Subtotal							39.915			176.55

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.6684	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 GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	39.915

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
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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



(541) 887-8545

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

1324
093203



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

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886312213124 A/P						Previous Odometer: 0				
Vehicle: 0										
07/03/24	12:14p		FC-Fall River M, CA	0	0	CARBDSL	32.705	N	4.6917	153.44
07/08/24	11:53a		FC-Fall River M, CA	0	0	CARBDSL	13.336	N	4.9672	66.23
07/09/24	8:41p		FC-Fall River M, CA	0	0	CARBDSL	13.608	N	4.9672	67.60
Subtotal							59.649			287.27

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00
CA	State Total	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00
	Invoice Total	4.8160	287.27	0.00	28.75	0.43	29.93	59.65	59.65	0.00

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

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

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	59.6	287.27
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
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Dear Valued Ed Staub & Sons Cardlock Customer,
 If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after

FALL RIVER FIRE DISTRICT

Acct Number: 234084

the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.

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

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

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

Cardlock Department: 541-887-8545



(541) 887-8545

Account Number: 130043
 Invoice Number: 277170
 Invoice Date: 07/31/2024
 Invoice Total: \$258.82
 Payment Due By: 08/10/24
 Discount Date: 08/10/2024
 Discount Amount: \$2.89

MCARTHUR FIRE DISTRICT
 PO BOX 670
 MCARTHUR, CA 96056

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886314676765 ALL PRODUCT						Previous Odometer: 12948				
Vehicle: 0										
07/20/24	6:39a		FC-Fall River M, CA	0	9	CARBDSL	17.731	N	4.6691	82.80
							Subtotal			82.80
Card: 708886314676773 ALL PRODUCT						Previous Odometer: 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			115.55
Card: 708886314676781 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
07/29/24	6:49p		FC-Fall River M, CA	0	0	UNL E10%	14.000	N	4.3198	60.47
							Subtotal			60.47

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.6694	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 GALLONS 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

Acct Number: 130043

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
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Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after 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



(541) 887-8545

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

FALL RIVER FIRE DISTRICT
 PO BOX 670
 McArthur, CA 96056

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886312213124 A/P						Previous Odometer: 0				
Vehicle: 0										
07/27/24	4:15p		FC-Fall River M, CA	0	0	CARBDSL	15.309	N	4.6691	71.48
Subtotal							15.309			71.48

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.6691	71.48	0.00	7.38	0.11	7.42	15.31	15.31	0.00
CA	State Total	4.6691	71.48	0.00	7.38	0.11	7.42	15.31	15.31	0.00
	Invoice Total	4.6691	71.48	0.00	7.38	0.11	7.42	15.31	15.31	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	56.57	15.309	0.00	7.38	0.11	7.42	71.48
	56.57	15.309	0.00	7.38	0.11	7.42	71.48

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	15.309

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	15.3	71.48
TOTAL		71.48

CUSTOMER DISCOUNT \$ 0.77 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$71.48
 received 08/10/24 Volume eligible is 15.31 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 15.309	AMOUNT DUE: \$ 71.48
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Dear Valued Ed Staub & Sons Cardlock Customer,
 If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after 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

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: August 23, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: August 5, 2024

Prd Ending: August 18, 2024

FALL RIVER VALLEY FIRE PROT

Units/Hours		Earnings/Pay		Misc Inc/(-)Ded	
Regular	107.50	Regular	2626.00		
<u>Tot Units/Hours</u>		<u>Total Pay</u>		<u>Total Other</u>	
107.50		2626.00		0.00	

Employee Taxes		Employer's Taxes		Net Pay	
Fica Tax	162.81	Fica Tax	162.81	Net Pay Checks	
Medicare Tax	38.09	Medicare Tax	38.09	2362.04	
Federal Tax	13.73	Fed. Unempl (FUTA)	0.00		
CA State WH Tax	20.44	CA Unempl (SUI)	58.86		
CA SDI	28.89	CA Training Tax	1.09		
<u>Total W/H Taxes</u>		<u>Tot. Emplr's Taxes</u>		<u>Total Net Pay</u>	
263.96		260.85		2362.04	

TAXES & OTHER PAYMENTS

Date	EFTPS	941	CK.	EFTPS	Due	08/28/24	\$	415.53
08/23/24	ST_EFTPS	STWT	CK.	ST_EFTPS	Due	08/28/24	\$	49.33
08/23/24	ST_EFTPS	SUI	CK.	ST_EFTPS	Due	08/28/24	\$	59.95
08/23/24	EXPRESS BUSINESS SERVICE	P	CK.	520			\$	67.31

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2954.16

Prd Beginning: August 5, 2024

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

Prd Ending: August 18, 2024

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 170.00	FICA MCare	10.54 2.47	CA - SDI	1.87			155.12	516
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	517
MORGAN, JODY	Gross Regular	24.00	64.00	1536.00 1536.00	FICA MCare	95.23 22.27	CA - St Wh CA - SDI	20.44 16.90			1381.16	518
SANTOYO, JACQUELINE	Gross Regular	20.00	33.50	670.00 670.00	FICA MCare Fed Wh	41.54 9.72 13.73	CA - SDI	7.37			597.64	519
Grand Total...	Gross Regular		0.00 107.50	2626.00 2626.00	FICA MCare Fed Wh	162.81 38.09 13.73	CA - St Wh CA - SDI	20.44 28.89			2362.04	

Express Business Service

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

Invoice

Date	Invoice #
8/19/2024	4691

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
8/23/24 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.31	2.31

Thank you for your business.

Total \$67.31

Client Id: A79
Federal Id: 874786770

Payroll Summary
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

Units/Hours		Earnings/Pay		Misc Inc/(-)Ded	
Regular	92.00	Regular	2268.00		
<u>Tot Units/Hours</u>		<u>Total Pay</u>		<u>Total Other</u>	
92.00		2268.00		0.00	

Employee Taxes		Employer's Taxes		Net Pay	
Fica Tax	140.62	Fica Tax	140.62	Net Pay Checks	
Medicare Tax	32.90	Medicare Tax	32.90	2048.69	
Federal Tax	6.73	Fed. Unempl (FUTA)	0.00		
CA State WH Tax	14.11	CA Unempl (SUI)	55.08		
CA SDI	24.95	CA Training Tax	1.02		
<u>Total W/H Taxes</u>		<u>Tot. Empl's Taxes</u>		<u>Total Net Pay</u>	
219.31		229.62		2048.69	

TAXES & OTHER PAYMENTS

Date	EFTPS	941	CK.	EFTPS	Due	09/11/24	\$	353.77
Date	ST_EFTPS	STWT	CK.	ST_EFTPS	Due	09/11/24	\$	39.06
Date	ST_EFTPS	SUI	CK.	ST_EFTPS	Due	09/11/24	\$	56.10
Date	EXPRESS BUSINESS SERVICE	P	CK.	525			\$	67.04

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2564.66

Prd Beginning: August 19, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
 Pay Date: September 6, 2024

Prd Ending: September 1, 2024

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00	FICA MCare	10.54 2.47	CA - SDI	1.87			155.12	521
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	522
MORGAN, JODY	Gross Regular	24.00	52.00	1248.00	FICA MCare	77.38 18.10	CA - St Wh CA - SDI	14.11 13.73			1124.68	523
SANTOYO, JACQUELINE	Gross Regular	20.00	30.00	600.00	FICA MCare Fed Wh	37.20 8.70 6.73	CA - SDI	6.60			540.77	524
Grand Total...	Gross Regular		0.00 92.00	2268.00 2268.00	FICA MCare Fed Wh	140.62 32.90 6.73	CA - St Wh CA - SDI	14.11 24.95			2048.69	

Express Business Service

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

Invoice

Date	Invoice #
9/3/2024	4720

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
9/6/24 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.04	2.04
Total			\$67.04

Thank you for your business.



COUNTY OF SHASTA

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 CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
190.00	00447	034800			2024 1 QTR INCIDENT REPORTS													
\$190.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALFIRE REPORTING			26636 S NAVAJO PL SUN LAKES, AZ 85248								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

04994761

VEND008451

FIRE TRAINING AND GRANT WRITING

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

Quantity	Description	Unit Price	Amount
1.	2024 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





COUNTY OF SHASTA

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: 07/29/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
245.00	00447	034800			2024 2 QTR INCIDENT REPORTS													
\$245.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALFIRE REPORTING			26636 S NAVAJO PL SUN LAKES, AZ 85248								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

01994759

FIRE TRAINING AND GRANT WRITING

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

INVOICE
2024-004
July 29, 2024

To: Fall River Valley Protection District
P.O. Box 670
McArthur, Ca, 96056

Quantity	Description	Unit Price	Amount
1.	2024 2nd. quarter 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





COUNTY OF SHASTA

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

CLAIMANT NAME:

HIWAY GARAGE

PEID: VEND016813

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

INV #: XK072524A

INV DATE: 07/25/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
29.85	00447	035900			INV #273077 9.007 GAL													
\$29.85	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FUEL			44275 HWY 299E MCARTHUR, CA 96056								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

01994640

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		
06/24/2024	Balance forward		251.52		
07/08/2024	INV #273077. Due 08/07/2024. --- Unleaded, 6.007 @ \$5.36874 = 32.25 --- Fuel Discount \$-2.40 --- Tax: 7.25 @ 7.25% = 0.00	29.85	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

273099 / FRUFPD

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

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

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

Fuel Item Total \$29.85

Subtotal = \$29.85
Tax = \$0.00

Total = \$29.85

Change Due = \$0.00

Other \$29.85

Footer

Customer Copy

Hiway Garage 273077
44275 Hwy 299 East
McArthur, CA 96056

CUSTOMER'S ORDER NO. DATE 7-8-2024
NAME FALA RIVERO VALLEY F.P.D.
ADDRESS
CITY, STATE, ZIP

SOLD BY	CASH	C.O.D.	CHARGE	ON.ACCT.	INDSE. REID.	PAID OUT
1						29.85
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

RECEIVED BY

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

545917

FRUPD

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

08/21/24 11:09:07 AM

Register: 1 Trans #: 318 Op ID: 91
Your cashier: Area

UNLEAD REG CA PUMP# 1 \$55.05 99
10.776 GAL @ \$5.109/GAL

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

Fuel Item Total \$50.74

Subtotal = \$50.74
Tax = \$0.00

Total = \$50.74

Change Due = \$0.00

\$50.74

~~Cash~~

OTHER

Footer

Customer Copy

545917

Hiway Garage
44275 Hwy 299 East
McArthur, CA 96056

CUSTOMER'S ORDER NO.

DATE

8-21-2024

NAME

Fall River Union FPD

ADDRESS

CITY, STATE, ZIP

SOLD BY

CASH

C.O.D.

CHARGE

ON ACCT.

MDSE. RETD.

PAID OUT

QUAN.

DESCRIPTION

PRICE

AMOUNT

1

10.8 UNL

50.74

2

3

4

5

6

7

8

9

10

11

12

RECEIVED BY

A-4705
T-40628

KEEP THIS SLIP FOR REFERENCE

01-11



COUNTY OF SHASTA

**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 #: 100393

INV DATE: 08/07/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
75.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
75.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
75.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
125.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
200.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
175.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
450.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
450.00	00447	034800			PROFESSIONAL SVS	FILE # 9448												
0.97	00447	034800			PROFESSIONAL SVS	FILE # 9448												
8.10	00447	034800			PROFESSIONAL SVS	FILE # 9448												
\$1,634.07	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				1923 COURT STREET REDDING, CA 96001								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.						I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.												

CLAIMANT SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

011994717

Kenny & Norine
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

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
---	-------------	-------------------

Additional Charges

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

Date	Details	Quantity	Rate	Amount
07/31/2024	EXP Postage	1	\$0.97	\$0.97
07/31/2024	EXP Copying (27 copies @.30/page)	27	\$0.30	\$8.10
Total additional charges				\$9.07

Invoice Amount	\$1,634.07
Previous Invoices Balance	\$6,386.99
Balance Due	\$8,021.06

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

VEND003256

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

Kenny & Norine
 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 Charges

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**

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

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



COUNTY OF SHASTA

**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

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
1,332.05	00447	034800			PROFESSIONAL SVS	FILE # 9448												
\$1,332.05	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			1923 COURT STREET REDDING, CA 96001								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																		

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

0H996950

Kenny & Norine
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

Kenny & Norine
 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

Kenny & Norine
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

Kenny & Norine
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

Kenny & Norine
 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

Kenny & Norine
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



COUNTY OF SHASTA

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

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID: VENDOR003554

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

INV #: 266105

INV DATE: 04/30/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
72.00	00447	034800			PROFESSIONAL SVS	FA005-00004												
\$72.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			6033 W CENTURY BLVD 5TH FLOOR LOS ANGELES, CA 90045								
PARTIAL	FULL																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
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CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

01994720

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	\$0.00
Total Costs	\$72.00
Total Charges	<u>\$72.00</u>

Disbursement Detail

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

Accounts Receivable

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



COUNTY OF SHASTA

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

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK														
							NC RE MH	PU AT PT ID														
340.00	00447	034800			PROFESSIONAL SVS	FA005-00003																
\$340.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			6033 W CENTURY BLVD 5TH FLOOR LOS ANGELES, CA 90045												
PARTIAL	FULL																					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5"> I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u> </td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td colspan="3"> I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me. </td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
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	BOARD MEMBER	DATE																				
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CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

04994719

VENID003554

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

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

For Professional Services Rendered Through April 30, 2024

BILLING SUMMARY

Total Fees	\$340.00
Total Charges	\$340.00

Fees

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
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

Total Fees **340.00**

Fee Recap

<u>Timekeeper</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
JACK W. HUGHES	PARTNER	0.80	425.00	\$340.00
		0.80		\$340.00

Accounts Receivable

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



COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: X072924A

INV DATE: 07/29/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
9.53	00447	036100			ELECTRIC 7/01/24-07/29/24	8770665653-2						
\$9.53	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO #			299 & GROVE			PO BOX 997300						
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				SACRAMENTO, CA 95899-7300		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			AUDITOR USE ONLY			DISTRICT USE ONLY						
Signed _____			I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			APPROVED BY:						
						BOARD MEMBER			DATE			
						BOARD MEMBER			DATE			
						BOARD MEMBER			DATE			
						BOARD MEMBER			DATE			
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.												
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.						I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.						

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

01994153



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service For:

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

Your Account Summary

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

Questions about your bill?

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

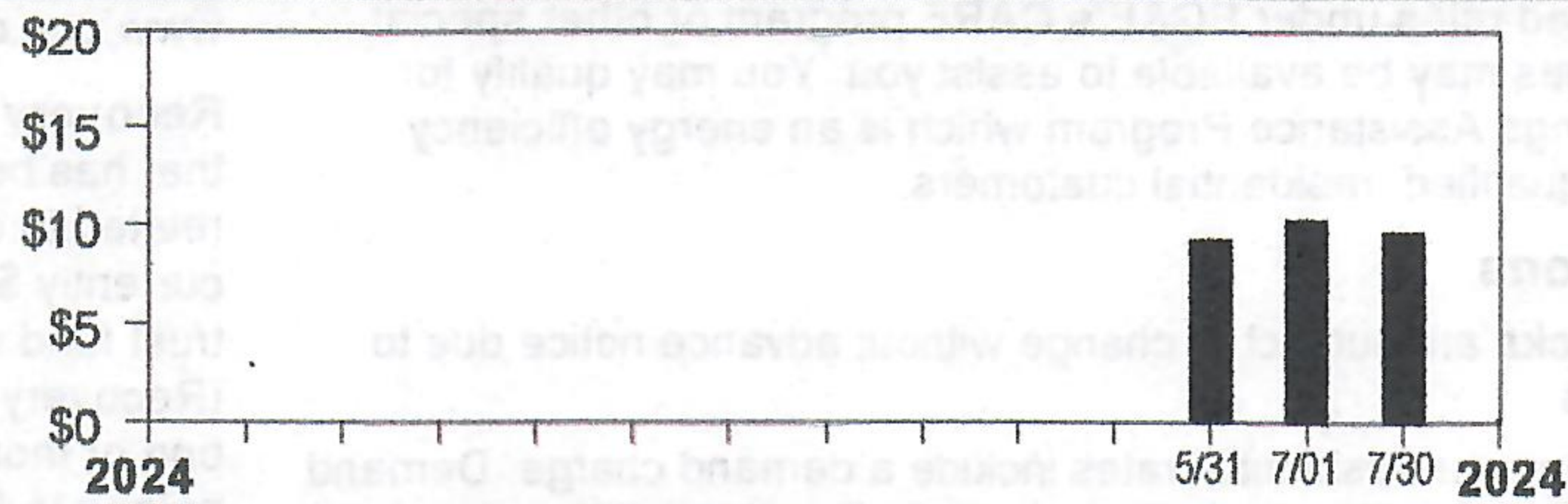
Total Amount Due by 08/16/2024 \$19.72

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



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

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

Important Messages

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

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

99908770665653200000009530000001972



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

Total Amount Due: **\$19.72**

Amount Enclosed:



779360132201 1 AB 0.593 677 12918 12



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



7793601201291800200111



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Details of Electric Charges

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

Service For: CORNER HWY 299 AND GROVE

Service Agreement ID: 8778099417

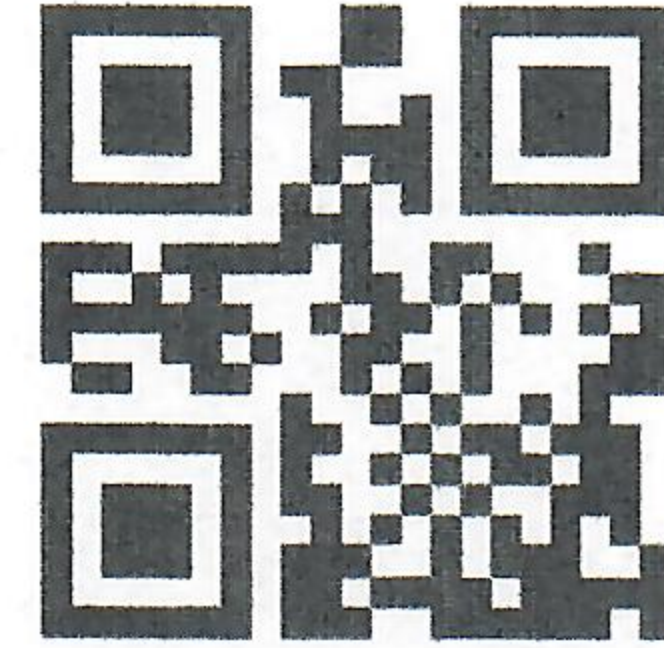
Rate Schedule: B1 Bus Low Use

07/01/2024 - 07/29/2024

Customer Charge 29 days @ \$0.32854 \$9.53

Total Electric Charges \$9.53

Rate Identification Number



USCA-PGPG-0600-0000

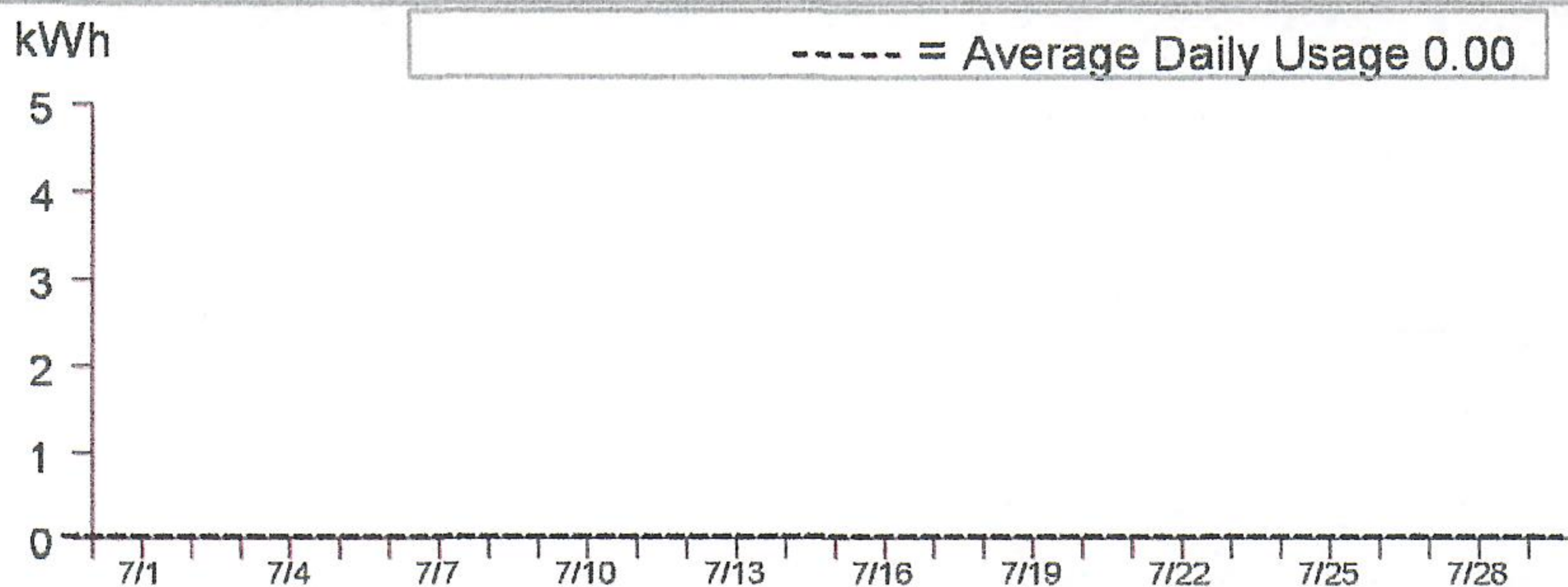
www.pge.com/rin

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

Service Information

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

Electric Usage This Period: 0.000000 kWh, 29 billing days



Usage Category	Usage	Energy Charges
Peak ¹	0.00%	\$0.00
Part Peak ²	0.00%	\$0.00
Off Peak ³	0.00%	\$0.00
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

7793601201291800200211





COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: XF081224A

INV DATE: 08/12/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
91.04	00447	036100			ELECTRIC 7/13/24-8/12/24	3879934300-9												
\$91.04	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY RD HALL			PO BOX 997300 SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

0A994762



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9
Statement Date: 08/13/2024
Due Date: 08/30/2024

Service For:

FALL RIVER FIRE DISTRICT
29277 DAY RD
MCARTHUR, CA 96056

Your Account Summary

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

Total Amount Due by 08/30/2024 \$183.94

Questions about your bill?

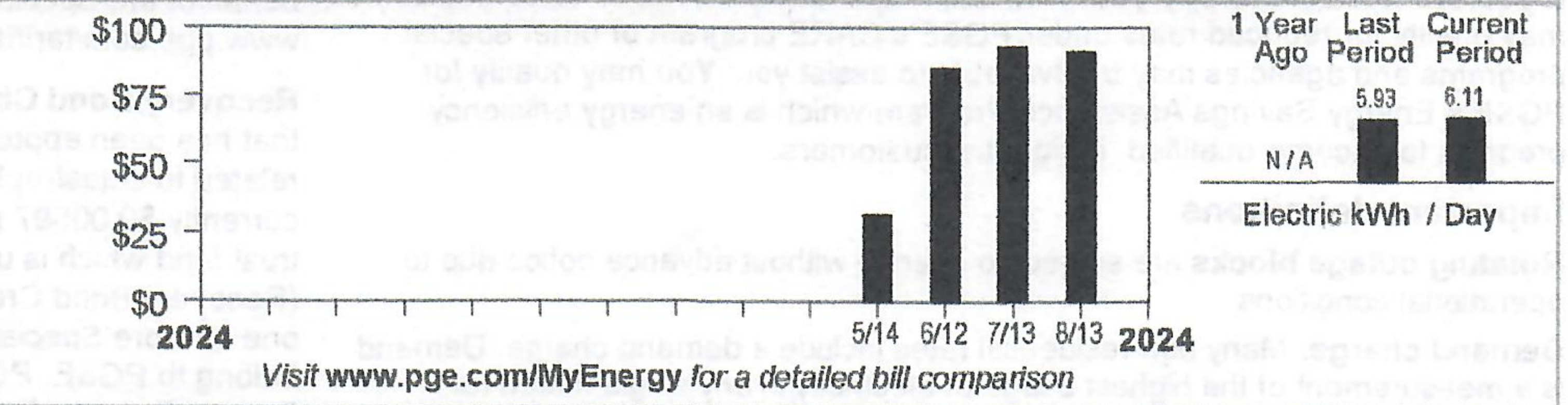
Business Specialist available:
Mon-Fri: 7am to 6pm
1-800-468-4743
www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



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.

99903879934300900000091040000018394



Account Number:	Due Date:	Total Amount Due:	Amount Enclosed:
3879934300-9	08/30/2024	\$183.94	\$

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



7866501000641700200110



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9
Statement Date: 08/13/2024
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

07/13/2024 – 08/12/2024

Customer Charge	31 days @ \$0.32854	\$10.18
Energy Charges		
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

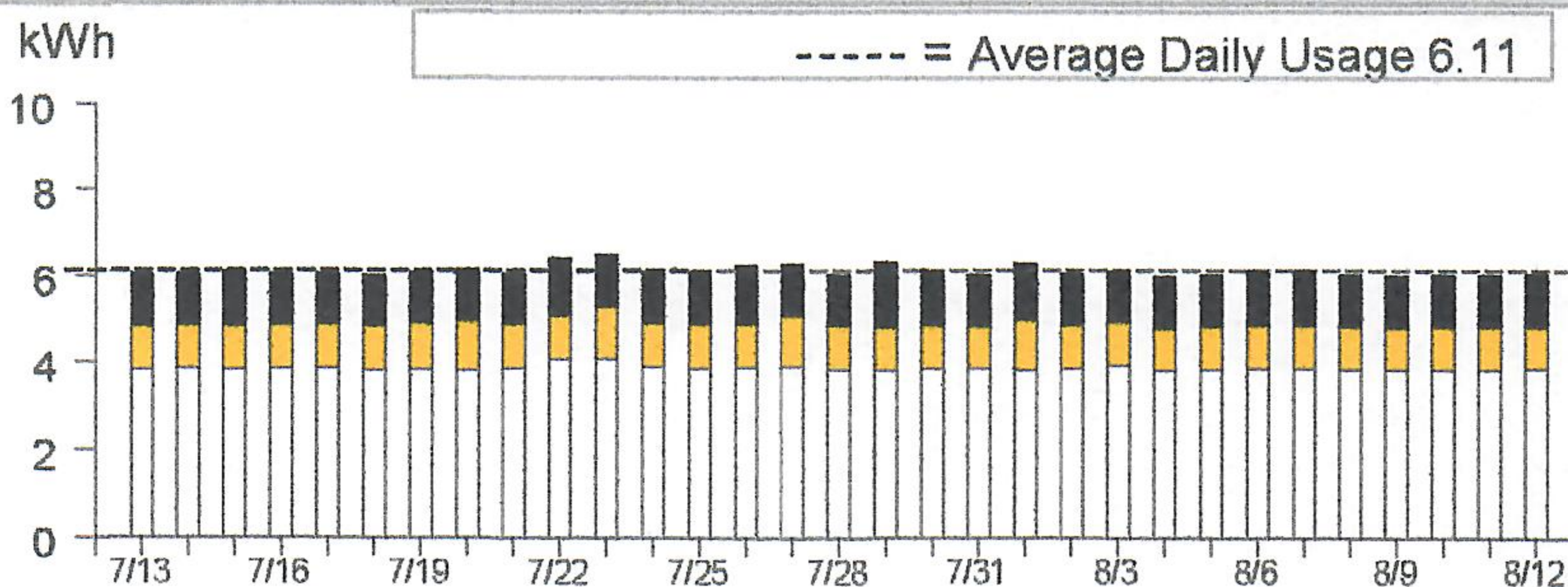
www.pge.com/rin

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

Electric Usage This Period: 189.281000 kWh, 31 billing days



	Usage	Energy Charges
Peak ¹	19.66%	\$17.85
Part Peak ²	17.22%	\$14.02
Off Peak ³	63.12%	\$48.93
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

7866501000641700200210





COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: XF072524A

INV DATE: 07/25/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																				
							NC RE MH	PU AT PT ID																				
15.11	00447	036100			GAS 6/27/24-07/25/24	7137624533-9																						
166.55	00447	036100			ELECTRIC 6/27/24-7/25/24	7137624533-9																						
\$181.66	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																						
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FALL RIVER HALL			PO BOX 997300 SACRAMENTO, CA 95899-7300																		
PARTIAL	FULL																											
<input type="checkbox"/>	<input checked="" type="checkbox"/>																											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID _____ DATE _____			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			BOARD MEMBER	DATE			BOARD MEMBER	DATE			BOARD MEMBER	DATE			BOARD MEMBER	DATE			BOARD MEMBER	DATE		
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CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

0H994643



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

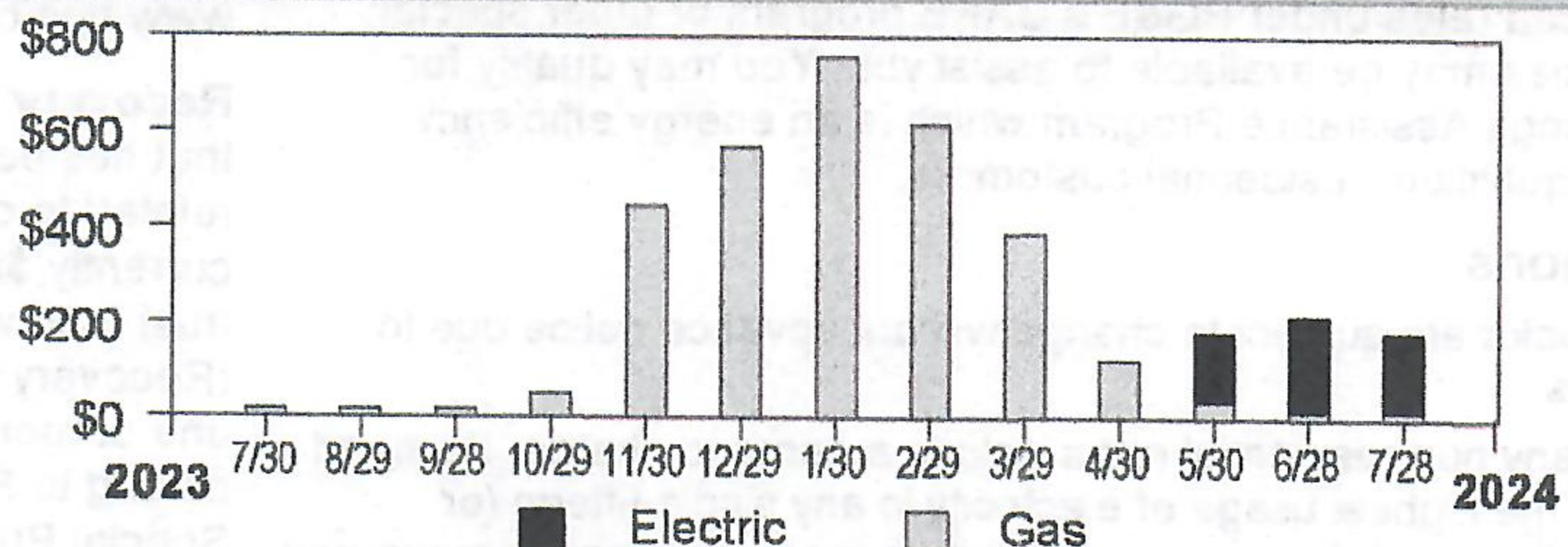
www.pge.com/waystopay

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

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

Monthly Billing History



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

Important Messages

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

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

2 copies

99907137624533900000181660000039812



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

Total Amount Due: **\$398.12**

Amount Enclosed:



778450137825 1 AB 0.593 705 12715 13



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



7784501301271500300111



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Summary of your energy related services

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

7784501301271500300211



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



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Details of Electric Charges

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

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

06/27/2024 - 06/30/2024

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

07/01/2024 - 07/25/2024

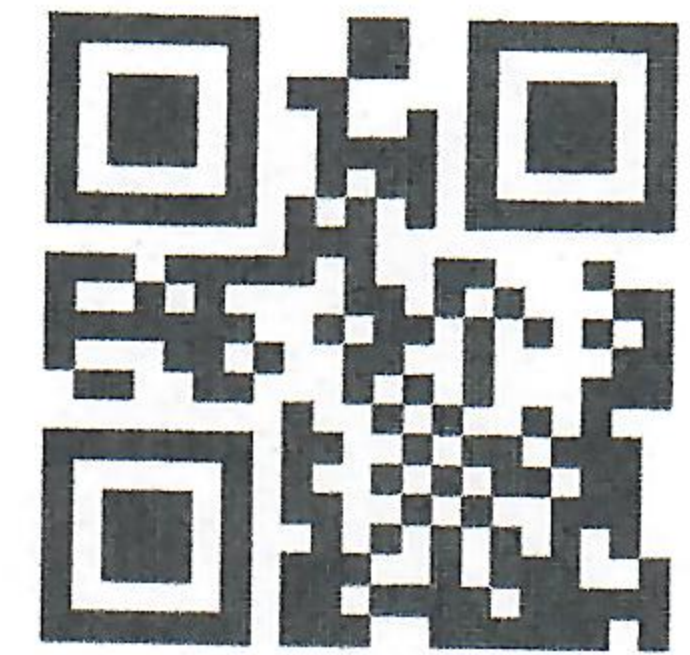
Customer Charge	25 days @ \$0.32854	\$8.21
Energy Charges		
Peak	56.812000 kWh @ \$0.47953	27.24
Part Peak	55.636000 kWh @ \$0.43030	23.94
Off Peak	206.108000 kWh @ \$0.40949	84.40
Energy Commission Tax		0.10

Total Electric Charges \$166.55

Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	14.39	12.58

Rate Identification Number



USCA-PGPG-0600-0000

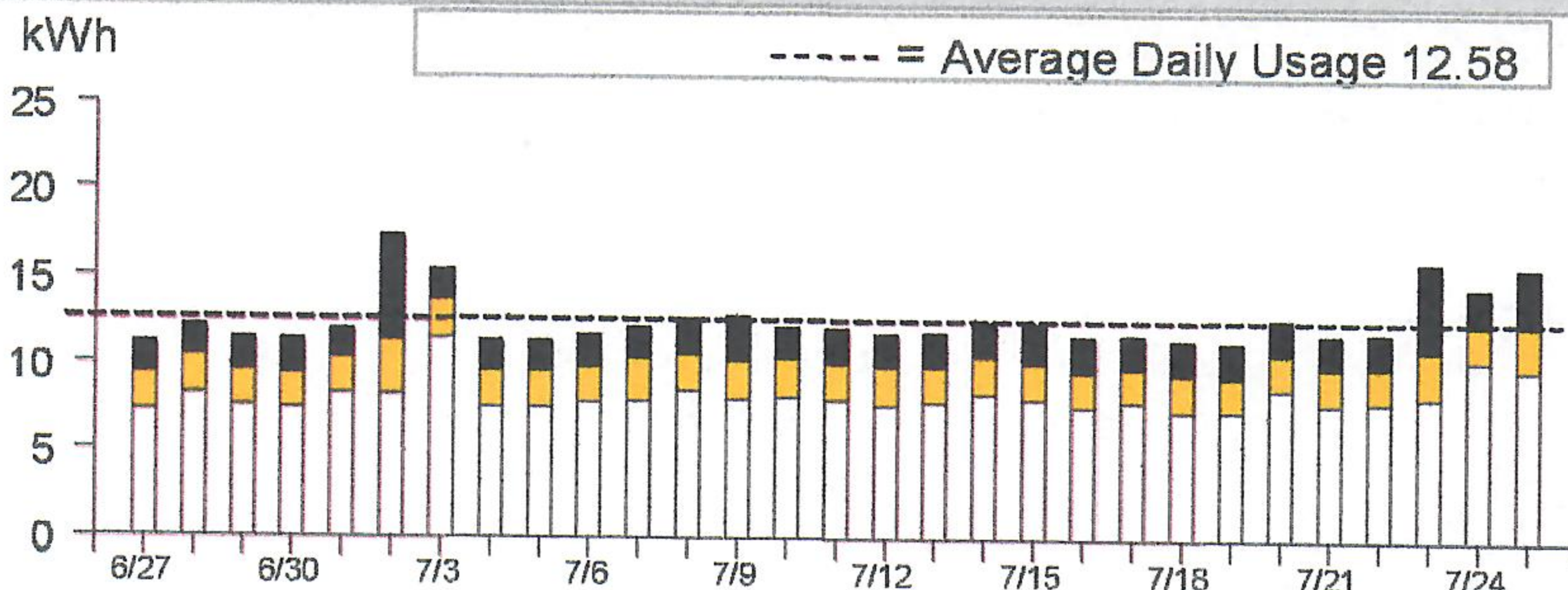
www.pge.com/rin

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

Service Information

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

Electric Usage This Period: 364.772000 kWh, 29 billing days



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

7784501301271500300311





ENERGY STATEMENT

www.pge.com/MyEnergy

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.



COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: X072924B

INV DATE: 07/29/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK							
							NC RE MH	PU AT PT ID							
97.99	00447	036100			ELECTRIC 7/01/24-07/29/24	6731296671-5									
\$97.99	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)									
PO/ CONTRACT/ BLANKET PO #			MCARTHUR MAIN HALL 1			PO BOX 997300									
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				SACRAMENTO, CA 95899-7300					
PARTIAL	FULL														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY:									
Signed _____						<table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.															
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.						I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.									

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

04994654



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service For:

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

Your Account Summary

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

Questions about your bill?

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

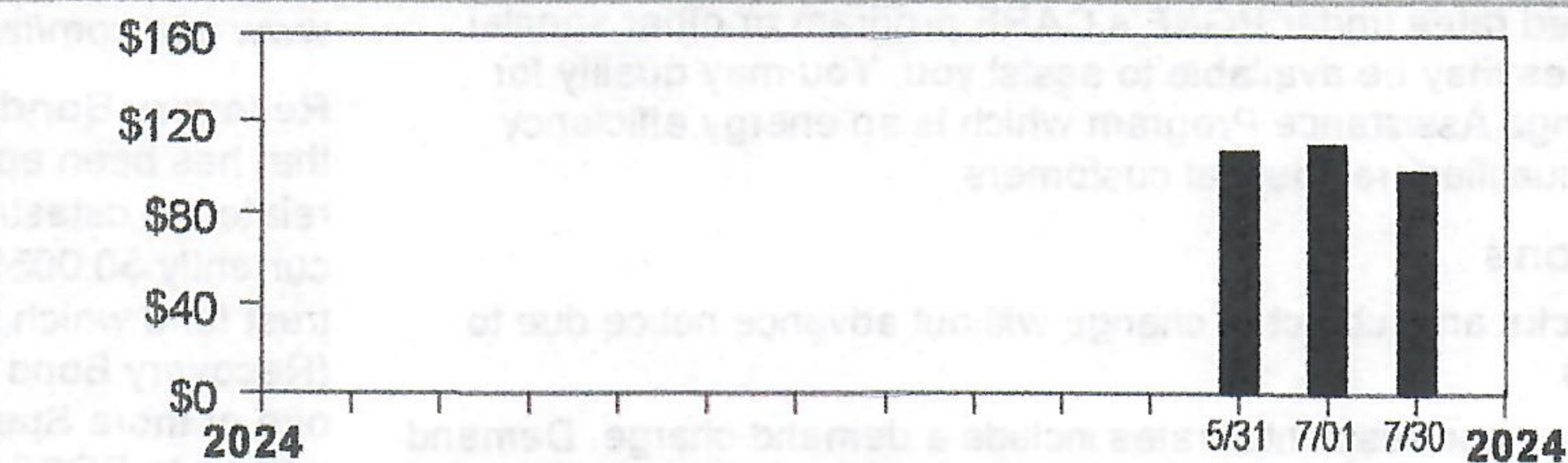
Total Amount Due by 08/16/2024 \$207.44

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



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

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

Important Messages

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

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

99906731296671500000097990000020744



Account Number: **6731296671-5**
Due Date: **08/16/2024**

Total Amount Due: **\$207.44**

Amount Enclosed:



779360132202 1 AB 0.593 677 12919 12



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



7793601201291900200111



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Details of Electric Charges

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

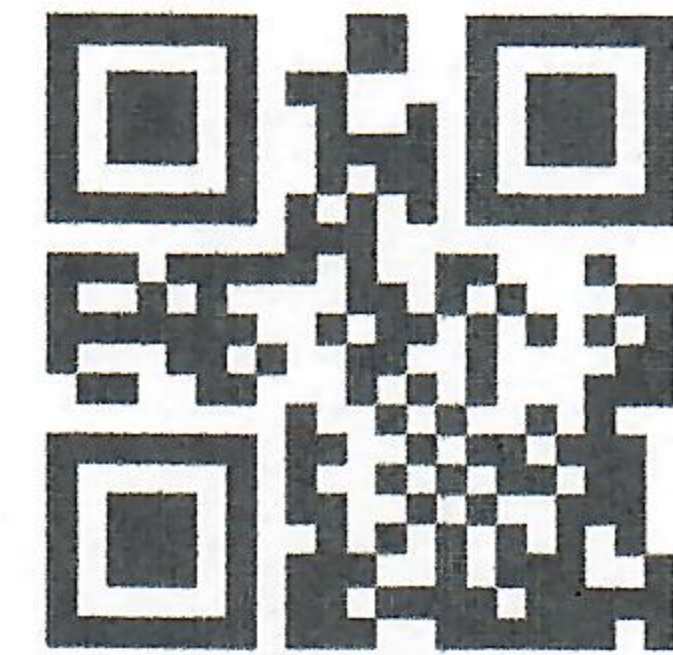
Service For: HWY 299 SS E/MAIN
Service Agreement ID: 6731235533
Rate Schedule: B1 Bus Low Use

07/01/2024 - 07/29/2024

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

Total Electric Charges \$97.99

Rate Identification Number



USCA-PGPG-0600-0000

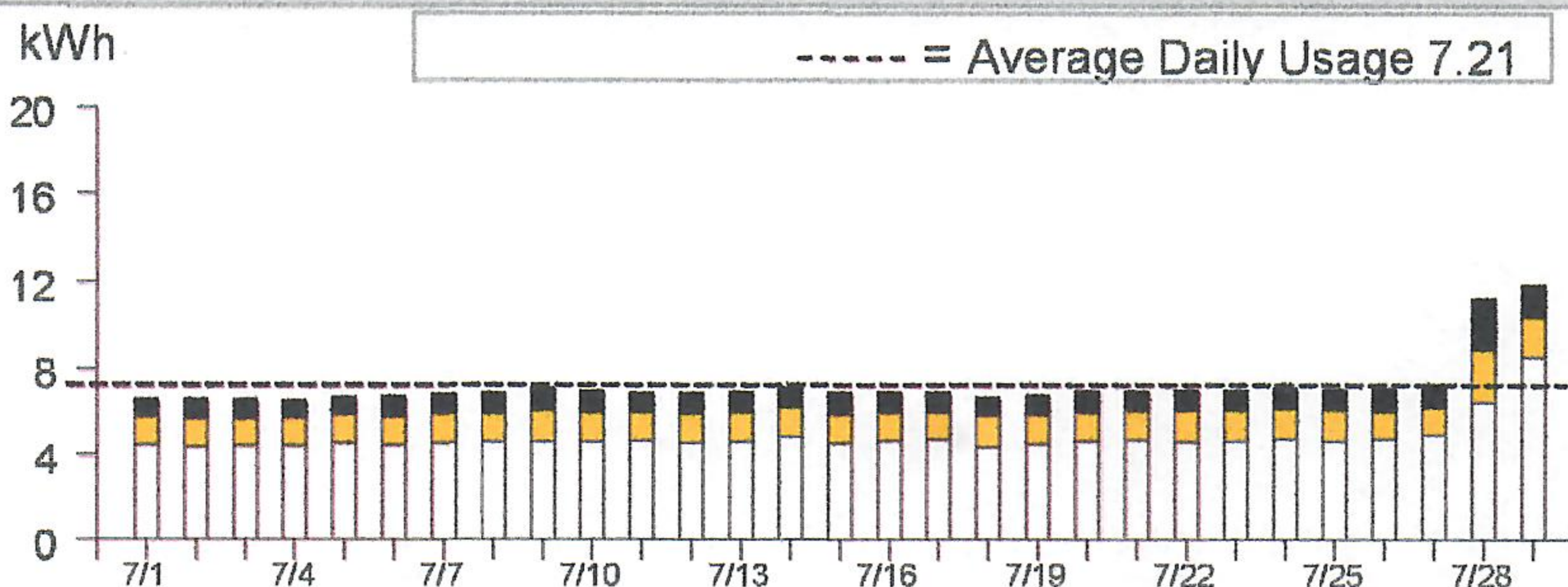
www.pge.com/rin

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

Service Information

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

Electric Usage This Period: 208.972000 kWh, 29 billing days



	Usage	Energy Charges
■ Peak ¹	13.53%	\$13.56
■ Part Peak ²	19.51%	\$17.54
□ Off Peak ³	66.96%	\$57.30
■ 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

7793601201291900200211





COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: XF080724A

INV DATE: 08/07/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																								
							NC RE MH	PU AT PT ID																								
28.99	00447	036100			ELECTRIC 7/10/24-8/7/24	1460476444-0																										
\$28.99	TOTAL	EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																											
PO/ CONTRACT/ BLANKET PO #		MCARTHUR MAIN HALL 2			PO BOX 997300 SACRAMENTO, CA 95899-7300																											
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1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.		CLAIMANT SIGNATURE _____ AUTHORIZED SIGNATURE _____ DATE _____ DATE _____																														

04994767



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0
Statement Date: 08/09/2024
Due Date: 08/26/2024

Service For:

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

Your Account Summary

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

Questions about your bill?

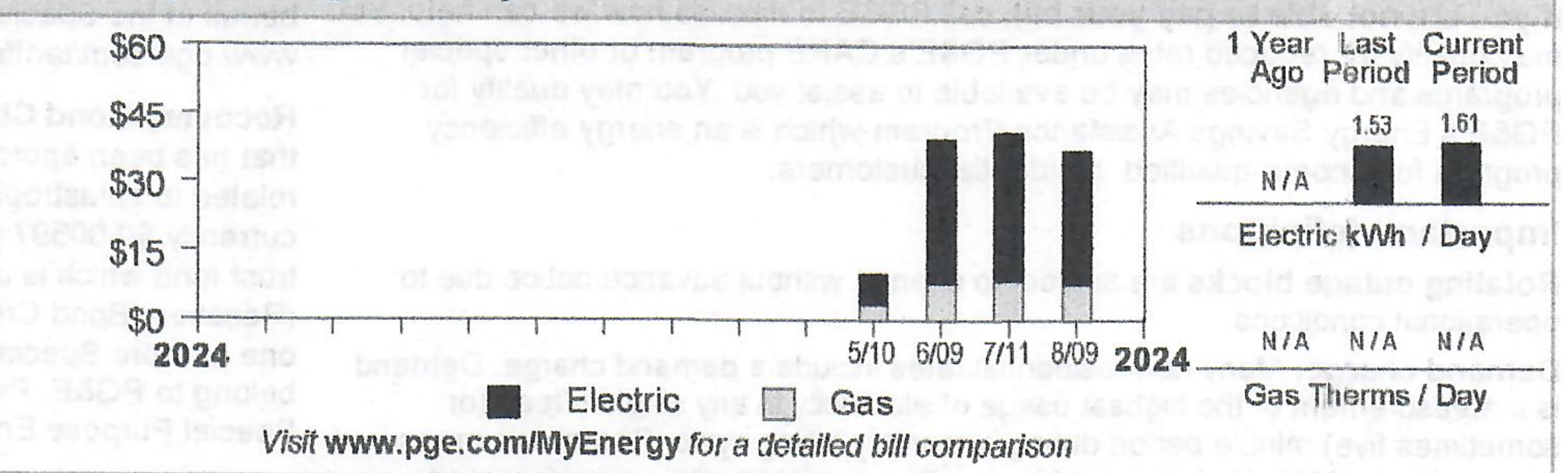
Business Specialist available:
Mon-Fri: 7am to 6pm
1-800-468-4743
www.pge.com/MyEnergy

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

Ways To Pay

www.pge.com/waystopay

Monthly Billing History



Important Messages

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

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

99901460476444000000036830000003683



Account Number: **1460476444-0** Due Date: **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



78511010012043000300130



ENERGY STATEMENT

www.pge.com/MyEnergy

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)

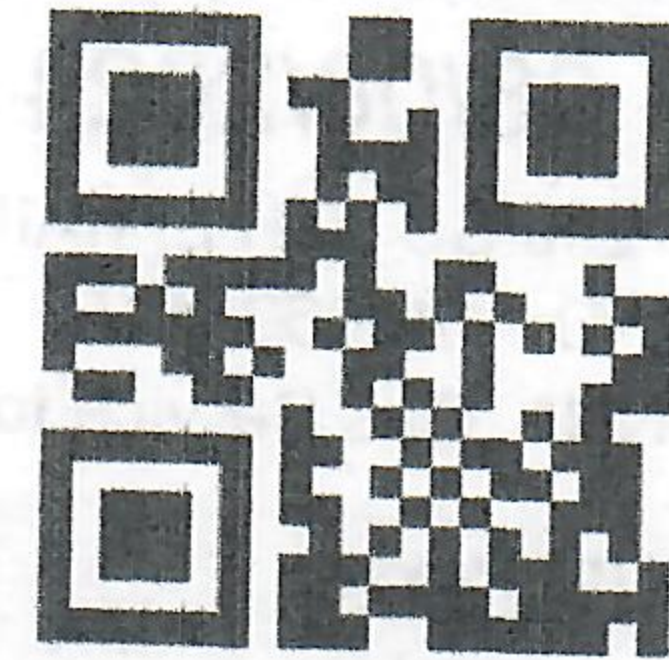
Service For: HWY 299 SS 4TH E/MAIN
Service Agreement ID: 1462921086
Rate Schedule: B1 Bus Low Use

07/10/2024 - 08/07/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	1.270000 kWh @ \$0.47953	0.61
Part Peak	10.249000 kWh @ \$0.43030	4.41
Off Peak	35.233000 kWh @ \$0.40949	14.43
Energy Commission Tax		0.01

Total Electric Charges \$28.99

Rate Identification Number



USCA-PGPG-0600-0000

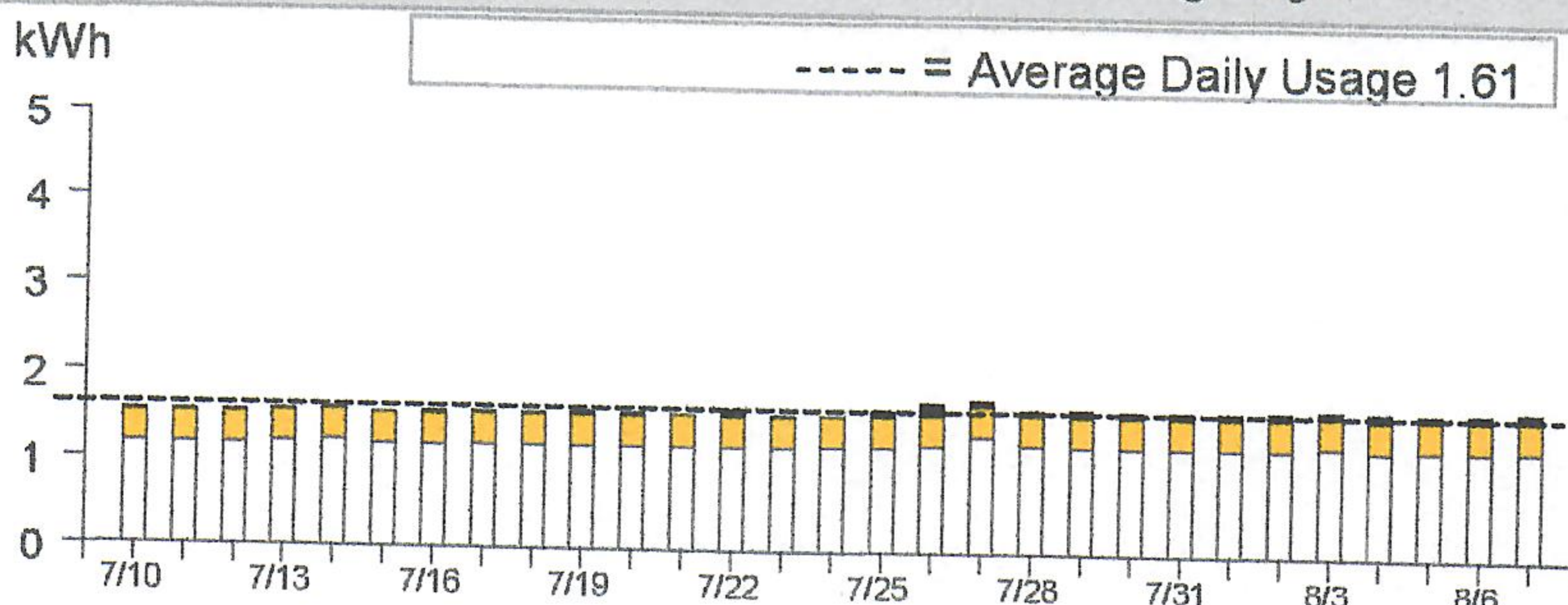
www.pge.com/rin

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

Service Information

Meter #	1009033324
Total Usage	46.752000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 46.752000 kWh, 29 billing days



	Usage	Energy Charges
Peak ¹	2.71%	\$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

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

7851101001204300300230





ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0
Statement Date: 08/09/2024
Due Date: 08/26/2024

Your Electric Charges Breakdown (from page 2)

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

7851101001204300300330





COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: X073124A

INV DATE: 07/31/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																					
							NC RE MH	PU AT PT ID																					
21.04	00447	036100			ELECTRIC 7/02/24-07/31/24	0517883284-5																							
\$21.04	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																							
PO/ CONTRACT/ BLANKET PO #			PITTVILLE HALL			PO BOX 997300 SACRAMENTO, CA 95899-7300																							
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	BOARD MEMBER	DATE																											
I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																													
INSTRUCTIONS:			1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																							

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

07994651



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service For:

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

Your Account Summary

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

Questions about your bill?

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

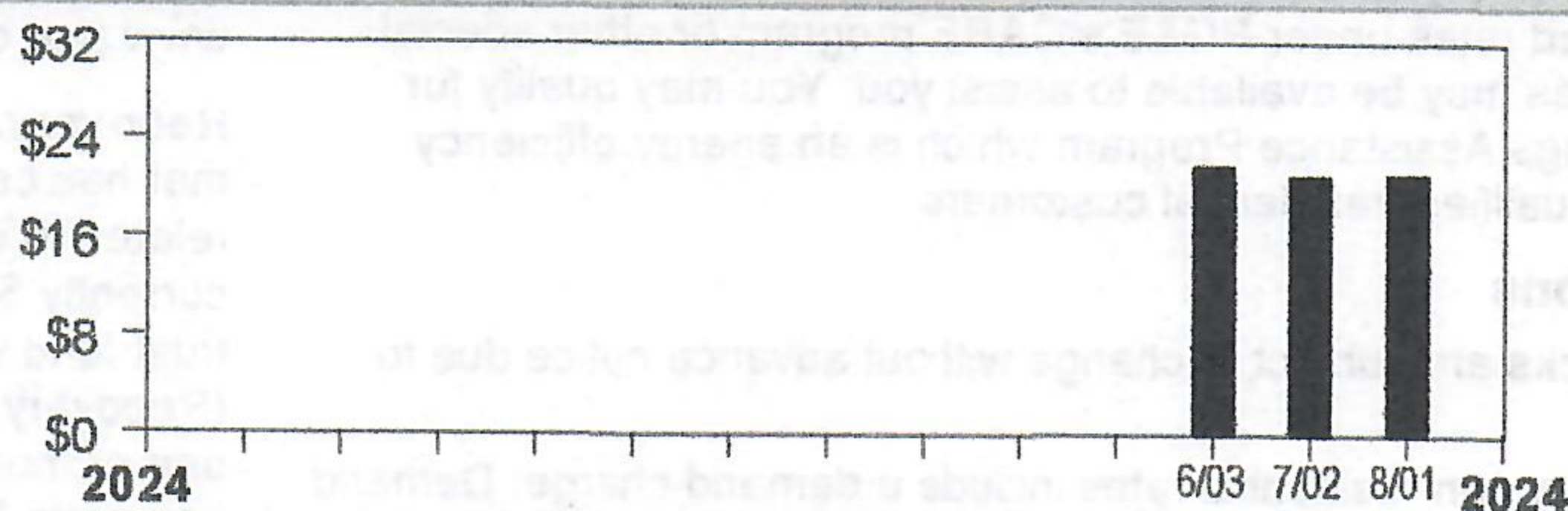
Ways To Pay

www.pge.com/waystopay

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

Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	0.85	0.88

Electric kWh / Day

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

Important Messages

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

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

99900517883284500000021040000004202



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

Total Amount Due:
\$42.02

Amount Enclosed:



780820079032 1 AB 0.593 424 8916 7



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



7808200700891600200111



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Details of Electric Charges

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

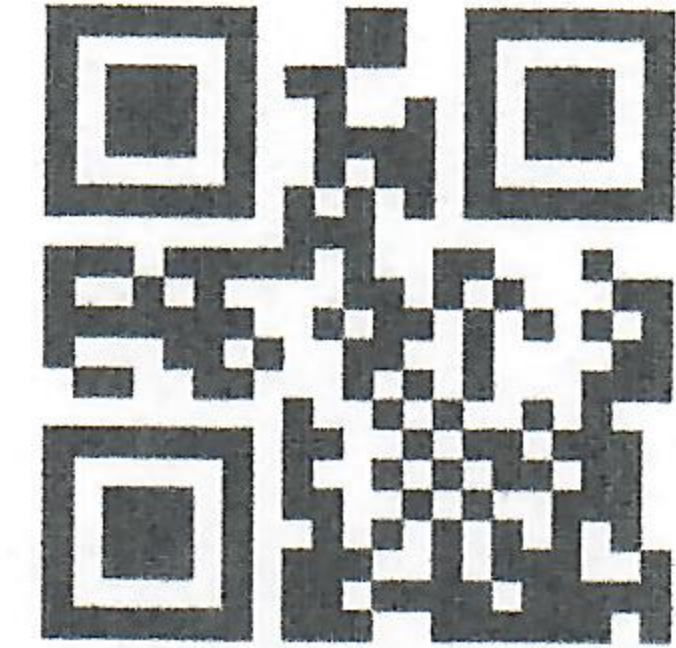
Service For: LITTLE VLY RD ES
Service Agreement ID: 0514929892
Rate Schedule: B1 Bus Low Use

07/02/2024 - 07/31/2024

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

Total Electric Charges \$21.04

Rate Identification Number



USCA-PGPG-0600-0000

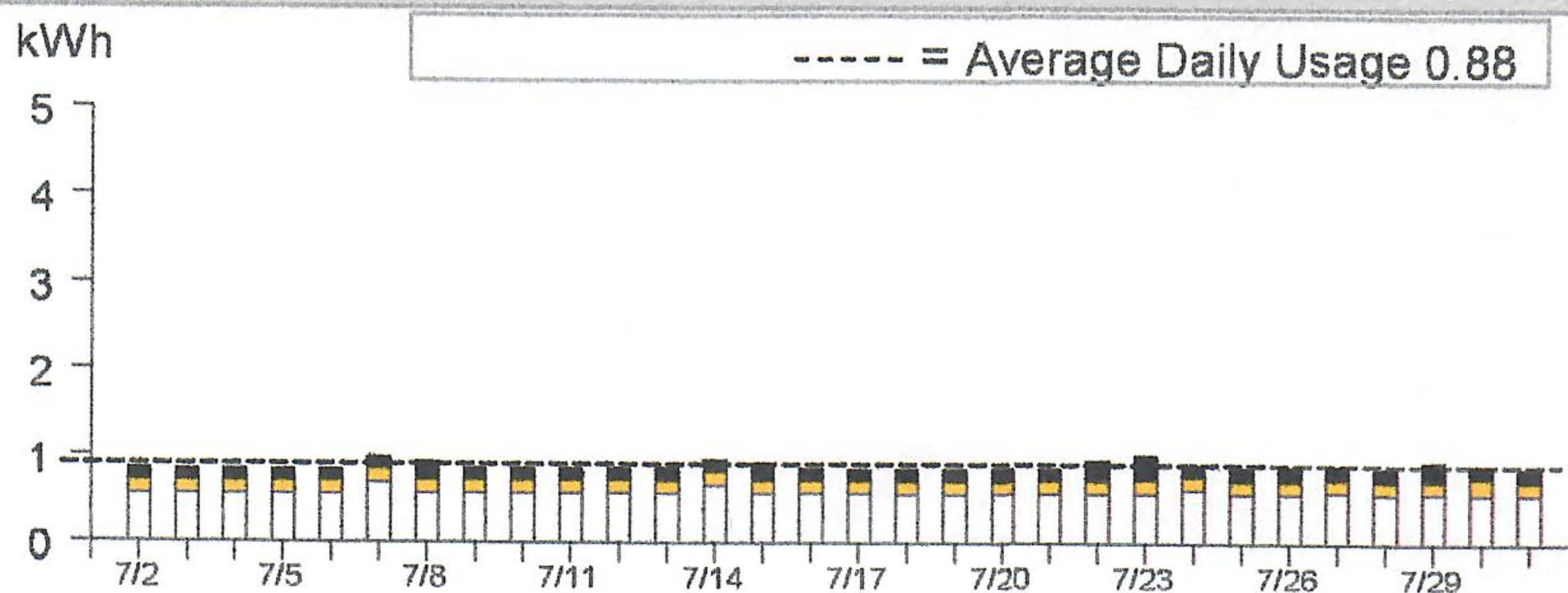
www.pge.com/rin

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

Service Information

Meter #	1008682001
Total Usage	26.324000 kWh
Serial	J
Rotating Outage Block	50

Electric Usage This Period: 26.324000 kWh, 30 billing days



	Usage	Energy Charges
Peak ¹	15.63%	\$1.97
Part Peak ²	18.36%	\$2.08
Off Peak ³	66.01%	\$7.12
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

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