



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

OCTOBER 18, 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):



Fall River Valley Fire Protection District

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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:

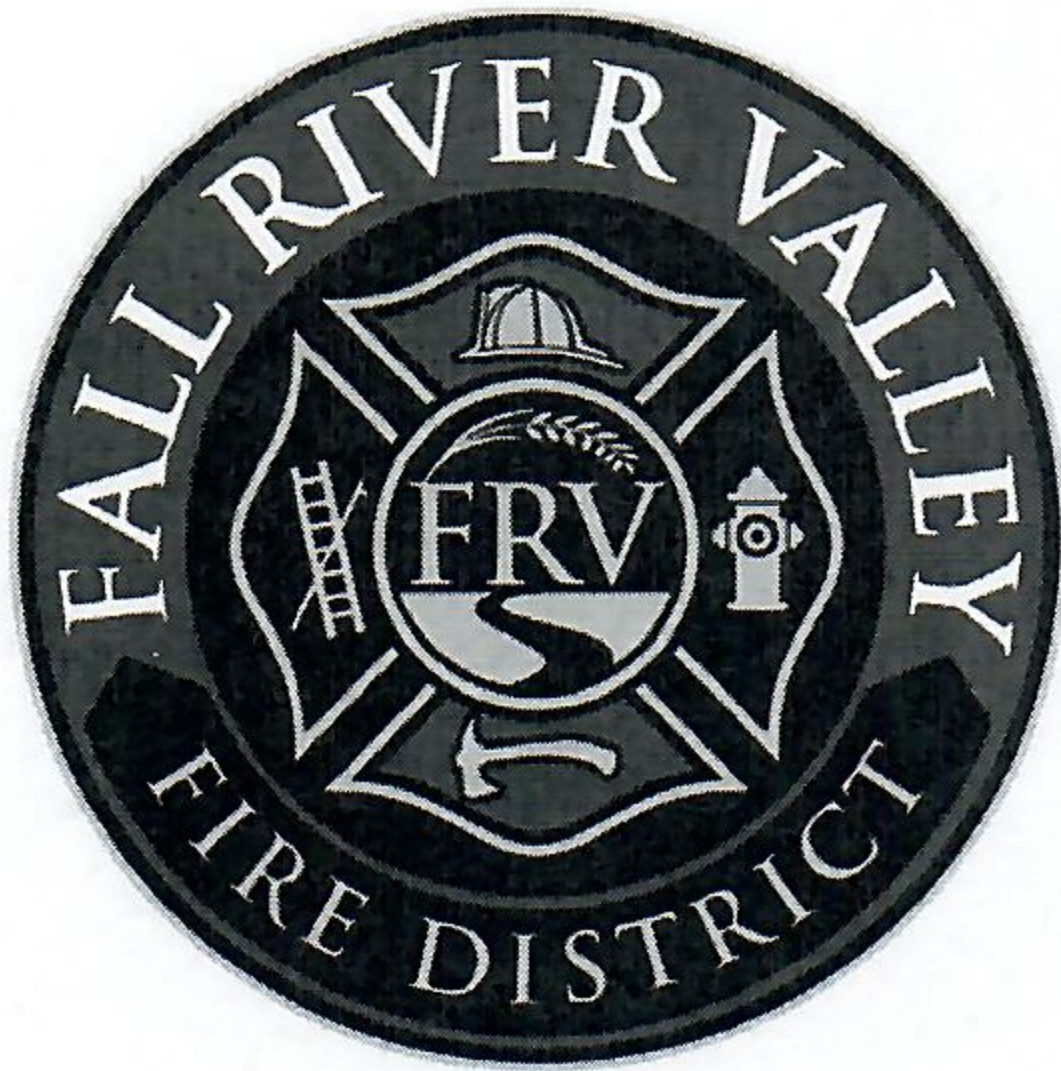
NEW BUSINESS:

1. Discussion and possible action to approve an amendment to the 2024-25 FY Budget to add a line item of \$2000.00 for the Cadet Program.

CLOSED SESSION:

1. Discussion and possible action to review (Gov. Code Section 59457) Public Employee Performance Evaluation. One Position - Fire Chief.

ADJOURNMENT



Fall River Valley Fire Protection District

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530.336.5026

MINUTES

September 20, 2024

CALL TO ORDER: 10:00 AM

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

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

FIRE INSPECTIONS: Jonathon Sims reported that he has completed 4 Plot Plans and 1 other.

FRVFPD Volunteer Association Report: John Will gave the Board an update on the Golf Tournament along with Ann Meyers. The Volunteer Association has donated approximately 1/3 of the cost for the Tanker Pumper. John Will asked the Board for participation to answer questions to inform the public about the District. He will be parking the new engine at various places and would like the Board to have one or two Directors to donate their time by being at the engine so the public can ask questions.

CHIEF'S REPORT: Chief Gomes:

Training – We had 3 trainings in August and worked 2 events during the Fair. We are also doing a Training with Shasta College with a live fire trailer, and they are being very helpful.

Equipment – New Engine (E15) is now in service. The stolen equipment has been recovered, and Chief is working on better security and surveillance.

Facilities – Bud has fixed the water leak at the Fall River Hall.

Grants – Resolution to pass CalFire Grant and working on SCBA Grant

Incidents – Total of 28 calls. 20 Medicals, 2 Traffic Collisions, 3 Fires, and 1 Natural gas leak.

Committee Reports: Bylaws – Gary and Jay have been working on the Bylaws and should be completed by next meeting for the Board to vote on.

Public Comment: Ann Meyer, Kella Pasternak, Norman Valdez 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 to next regular meeting.
3. Audit: Jody Morgan gave an update on the Audit and advised the Board of the current plan with LSL. They will be periodically working on the Audit as much as they can until March of 2025, but will continue full time in March. Jody and Jackie will be sending them their requested documents throughout for McArthur, then LSL will begin working on Fall River Mills, and finally Fall River Valley.

NEW BUSINESS:

1. Appropriations of Limitations – The District Board approved the Appropriations of Limitations based on appropriations only from proceeds of taxes, Government Code §7900-7914 and §2227-2228 provides the process in which the calculate the appropriations limit, Shasta County Auditor-Controller has complied with the provisions of Article XII B in determining the appropriations limit for the fiscal year 2024-2025, and that the Board establishes the appropriations limit at \$1,849,600 resolution. Motion was made. Motion seconded and motion carried. (FAZIO/EGY)
2. Budget – Motion was made to approve the Fiscal Year 2024-2025 Budget. Motion was seconded and motion was carried. (BRADEN/EGY).
3. Reimbursement to Jody Morgan for GSRMA Training. Morgan asked for this action item to be dismissed due to her being unable to attend now.
4. Apparatus Response – Chief Gomes discussed the situation that was in place for not using the Side by Side that was purchased a few years back. Apparently, the previous administration would not allow the Side by Side to be used if it was on a mutual aid call because we were not being reimbursed for it. He instructed the Board that the Side by Side is a tool and should be allowed to be used in any situation it be needed. Board openly agreed.
5. CalFire resolution #7GF24033 – Motion was made to approve the CalFire Grant for \$6624.50. Motion was seconded and carried. (EGY/FAZIO)

ADJOURNMENT: 10:48 AM

Respectfully submitted,

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

Jody L. Morgan
Clerk of the Board



Fall River Valley Fire Protection District

P.O. Box 670 • McArthur, CA 96056

530.336.5026

Resolution No. 101824

Budget Amendment Request

Date: October 18, 2024

The Fall River Valley Fire Protection District Board of Directors is requesting a budget amendment to make a new line-item "Cadet Program" under Expenses in the amount of \$2000.00, Cost Center 00447. These funds are to support the startup and training for the Cadet Program.

AYES:

NOES:

Abstained:

Absent:

Pat Oilar, District Board President

Date

Jody Morgan, Clerk of the Board

Date

FALL RIVER VALLEY FIRE PROTECTION DISTRICT
DEPOSITS AND CLAIMS

Deposits	Date	Purpose	Amount
USDA	10/14/2024	6/28/24 REIMB FIRE ENG	\$ 127,276.00
Total Deposits			\$ 127,276.00

Expenditures	Date	Purpose	Amount
ED STAUB	7/1/2024	FUEL	\$ 85.39
ED STAUB	8/15/2024	FUEL	\$ 320.32
ED STAUB	8/15/2024	FUEL	\$ 384.86
PGE	9/8/2024	UTILITIES	\$ 42.88
PGE	9/11/2024	UTILITIES	\$ 87.58
EXPRESS BUSINESS	9/15/2024	PAYROLL PPE 9/15/24	\$ 2,204.09
ED STAUB	9/15/2024	FUEL	\$ 482.18
ED STAUB	9/15/2024	FUEL	\$ 206.09
NAPA SIERRA	9/25/2024	MINOR EQUIPMENT	\$ 708.33
PGE	9/25/2024	UTILITIES	\$ 203.02
EXPRESS BUSINESS	9/29/2024	PAYROLL PPE 9/29/24	\$ 2,168.64
PGE	9/29/2024	UTILITIES	\$ 10.52
PGE	9/29/2024	UTILITIES	\$ 100.04
PGE	9/30/2024	UTILITIES	\$ 23.08
ED STAUB	9/30/2024	FUEL	\$ 167.57
EC PAVING	9/30/2024	FACILITY MAINTENANCE	\$ 6,200.00
COM-PAIR	10/1/2024	INTERNET	\$ 110.00
BUD - REIMBURSE	10/5/2024	DUMP FEES	\$ 18.02
EXPRESS BUSINESS	10/13/2024	PAYROLL PPE 10/13/24	\$ 2,294.61
Total Expenditures			\$ 15,817.22

Shasta County ACH Advisement

From: shasta_county_auditor-controller@co.shasta.ca.us

To: jmorgan6273@yahoo.com

Date: Monday, October 14, 2024 at 02:07 PM PDT

Dear FALL RIVER VALLEY FIRE PROTECTION DISTRICT,

Your payment in the amount of \$127,276.00 has been processed today. Based on Federal Reserve regulations, you should see this transaction posted to your account within 2 banking days after the County Treasurer transmits the file to the bank (please allow extra days for weekends and holidays).

Thank you,
Nolda Short
Shasta County Auditor-Controller

QUESTIONS ON THIS CHECK? CALL 530-245-6904

PAYMENT DETAILS	
ACH#:	7090206319
Vendor ID#:	VEND002161
ACH Date:	10/14/2024

DESCRIPTION	SECONDARY REF	INVOICE	AMOUNT
6/28/24 REIMB FIRE ENGINE		CE062824A	127,276.00



COUNTY OF SHASTA

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

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017

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

INV #: ~~283490~~ 109983104

INV DATE: 07/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																					
							NC RE MH	PU AT PT ID																					
85.39	00447	035900			BIODIESEL	234084																							
\$85.39	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																							
PO/ CONTRACT/ BLANKET PO #			16.66 GAL CARB ULS #2 CLEAR @ \$3.9450/GAL= \$85.39			PO BOX 488 KLAMATH FALLS, OR 97601																							
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE</td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td colspan="3">I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
PARTIAL	FULL																												
<input type="checkbox"/>	<input checked="" type="checkbox"/>																												
AUDITOR USE ONLY	DISTRICT USE ONLY																												
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INSTRUCTIONS:			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.			<ol style="list-style-type: none"> Complete, date and sign form. Obtain Department Head signature. Districts obtain board signatures. Attach supporting documentation. Forward to County Auditor-Controller. 																							

CLAIMANT SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

OH 1001493

INVOICE

Customer #:	234084
Payment Terms:	10TH OF THE MONTH 2% 10
Invoice #:	10998364
Invoice Date	07/01/24
Due Date	08/10/24
Total Due	\$86.70
*Total if Paid in Full by 07/11/2024	\$85.39

Page 1 of 1

PHONE: (530) 336-6138
WWW.EDSTAUB.COM

FALL RIVER FIRE DISTRICT

PO BOX 670
MCARTHUR, CA 96056

VISIT WWW.EDSTAUB.COM TO PAY ONLINE

Make Check Payable to: ED STAUB & SONS PETROLEUM

Amount Enclosed: \$ _____

Remit To:

ED STAUB & SONS PETROLEUM
PO BOX 488
KLAMATH FALLS, OR 97601

00002340840010998364000000867000000085396

Customer Name		Delivery/Service Address		Cust #	Invoice #	Inv Date
FALL RIVER FIRE DISTRICT		44015 HWY 299 E - FALL RIVER MILLS, CA 96028		234084	10998364	7/1/24
Quantity	Item Number	Description	Unit Price	TOTAL		
16.66	CARB ULS #2 CLEAF	CLEAR CARB ULTRA LOW SULFUR #2 DIESEL 0-5% BIODIESEL	\$3.9450	\$65.72		
		02 Fed DSL Exc:		\$4.05		
		03 CA DSL Exc:		\$7.56		
		05 Fed Lust:		\$0.02		
		05 Fed Oil Spill Dsl :		\$0.04		
		05 Fed Superfund Std (Gas/Dsl):		\$0.07		
		06 CA Env Fee:		\$0.14		
		09 CA 13% DSL Sales Tax:		\$9.10		

Tank/Equipment: Fuel Tank - Fall River Counter Sales -

For Fuel or Service At:

44015 HWY 299 E - FALL RIVER MILLS, CA 96028

Sub Total	\$65.72
Charges	\$0.00
Taxes/Fees Total	\$20.98
TOTAL DUE	\$86.70

*Prompt Pay Discount	- \$1.31
*Total if Paid in Full by 07/11/2024	\$85.39

*Prompt Pay Discount not available if paid by credit/debit card

CARDLOCK SALE
ENGINE #215
BUD HENDRIX

PAST DUE INVOICES ARE SUBJECT TO A FINANCE CHARGE OF 1.5% PER MONTH (18% APR)

California Proposition 65 Warning:

WARNING: Chemicals known to the State of California to cause cancer, birth defects or other reproductive harm are created by the combustion of propane. This product contains chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm.

FOR CHEMICAL EMERGENCY: CALL INFOTRACK 1-800-535-5053 24 hours/7 days



(541) 887-8545

Account Number: 130043
 Invoice Number: 282345
 Invoice Date: 08/15/2024
 Invoice Total: \$320.32
 Payment Due By: 09/10/24
 Discount Date: 08/25/2024
 Discount Amount: \$3.48

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: 708886314676773 ALL PRODUCT						Previous Odometer: 1				
Vehicle: 0										
08/01/24	5:16p		FC-Fall River M, CA	0	1	CARBDSL	11.501	N	4.6691	53.71
08/07/24	5:52p		FC-Fall River M, CA	0	1	CARBDSL	21.004	N	4.6691	98.08
08/07/24	6:58p		FC-Fall River M, CA	0	1	UNL E10%	8.300	N	4.1327	34.30
08/11/24	8:21p		FC-Fall River M, CA	0	1	CARBDSL	12.001	N	4.6691	56.04
08/15/24	5:27p		FC-Fall River M, CA	0	1	CARBDSL	16.747	N	4.6691	78.19
Subtotal							69.553			320.32

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)	4.6695	286.02	0.00	29.53	0.44	29.72	61.25	61.25	0.00
CA	GASOLINE UNL REG ETH 10%	4.1325	34.30	0.06	5.18	0.00	0.75	8.30	8.30	0.00
CA	State Total	4.6054	320.32	0.06	34.71	0.44	30.47	69.55	69.55	0.00
	Invoice Total	4.6054	320.32	0.06	34.71	0.44	30.47	69.55	69.55	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	254.64	69.553	0.06	34.71	0.44	30.47	320.32
	254.64	69.553	0.06	34.71	0.44	30.47	320.32

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	69.553

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	61.3	286.02
UNL E10%	8.3	34.30
TOTAL		320.32

CUSTOMER DISCOUNT \$ 3.48 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is received 08/25/24 Volume eligible is 69.55 at a rate of \$ 0.0500
 INVOICE TOTAL \$320.32

INVOICE TOTALS	QUANTITY: 69.553	AMOUNT DUE: \$ 320.32
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(541) 887-8545

Account Number: 234084
 Invoice Number: 283490
 Invoice Date: 08/15/2024
 Invoice Total: \$384.86
 Payment Due By: 09/10/24
 Discount Date: 08/25/2024
 Discount Amount: \$4.12

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										
08/06/24	11:12a		FC-Fall River M, CA	0	0	CARBDSL	13.016	N	4.6691	60.77
08/06/24	11:34a		FC-Fall River M, CA	0	0	CARBDSL	14.594	N	4.6691	68.13
08/12/24	12:41p		FC-Fall River M, CA	0	0	CARBDSL	54.821	N	4.6691	255.96
Subtotal							82.431			384.86

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)	4.6689	384.86	0.00	39.75	0.58	39.96	82.43	82.43	0.00
CA	State Total	4.6689	384.86	0.00	39.75	0.58	39.96	82.43	82.43	0.00
	Invoice Total	4.6689	384.86	0.00	39.75	0.58	39.96	82.43	82.43	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	304.57	82.431	0.00	39.75	0.58	39.96	384.86
	304.57	82.431	0.00	39.75	0.58	39.96	384.86

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	82.431

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	82.4	384.86
TOTAL		384.86

CUSTOMER DISCOUNT \$ 4.12 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$384.86
 received 08/25/24 Volume eligible is 82.43 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 82.431	AMOUNT DUE: \$ 384.86
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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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0
Statement Date: 09/10/2024
Due Date: 09/27/2024

Details of Electric Charges

08/08/2024 - 09/08/2024 (32 billing days)

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

08/08/2024 - 08/31/2024

Customer Charge	24 days @ \$0.32854	\$7.88
Energy Charges		
Peak	3.389000 kWh @ \$0.47953	1.63
Part Peak	8.487000 kWh @ \$0.43030	3.65
Off Peak	30.963000 kWh @ \$0.40949	12.68
Energy Commission Tax		0.01

09/01/2024 - 09/08/2024

Customer Charge	8 days @ \$0.32854	\$2.63
Energy Charges		
Peak	1.653000 kWh @ \$0.48257	0.80
Part Peak	2.481190 kWh @ \$0.43334	1.08
Off Peak	9.370810 kWh @ \$0.41253	3.87

Total Electric Charges \$34.23

Rate Identification Number



USCA-PGPG-0600-0000

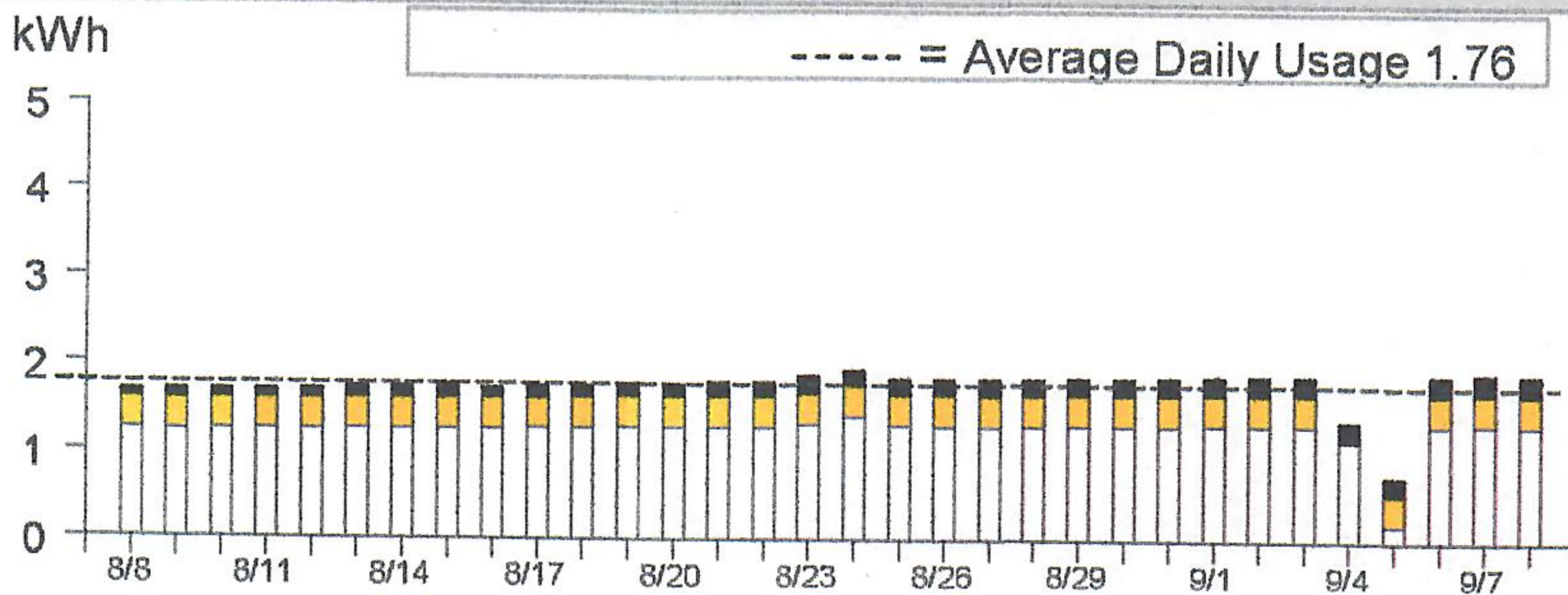
www.pge.com/rin

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	56.344000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 56.344000 kWh, 32 billing days



	Usage	Energy Charges
Peak ¹	8.94%	\$2.43
Part Peak ²	19.48%	\$4.73
Off Peak ³	71.58%	\$16.55
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

80046011013219003002L0



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0
Statement Date: 09/10/2024
Due Date: 09/27/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$8.60
Transmission	1.76
Distribution	22.04
Electric Public Purpose Programs	1.44
Nuclear Decommissioning	-0.14
Wildfire Fund Charge	0.31
Recovery Bond Charge	0.35
Recovery Bond Credit	-0.35
Wildfire Hardening Charge	0.16
Competition Transition Charges (CTC)	0.05
Taxes and Other	0.01
Total Electric Charges	\$34.23

80046011013219003003L0





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 #: XF091124A

INV DATE: 09/11/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
87.58	00447	036100			ELECTRIC 8/13/24-9/11/24	3879934300-9						
\$87.58	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO #			DAY RD HALL			PO BOX 997300						
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>				SACRAMENTO, CA 95899-7300		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			AUDITOR USE ONLY			DISTRICT USE ONLY						
Signed _____			I hereby certify that the above claim was examined and approved by this office.			APPROVED BY:						
						BOARD MEMBER			DATE			
			By Deputy County Auditor USER ID			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.			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.						
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

AUTHORIZED SIGNATURE

DATE

DATE

041001501



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9
Statement Date: 09/12/2024
Due Date: 09/30/2024

Service For:

FALL RIVER FIRE DISTRICT
29277 DAY RD
MCARTHUR, CA 96056

Your Account Summary

Amount Due on Previous Statement	\$183.94
Payment(s) Received Since Last Statement	-183.94
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$87.58

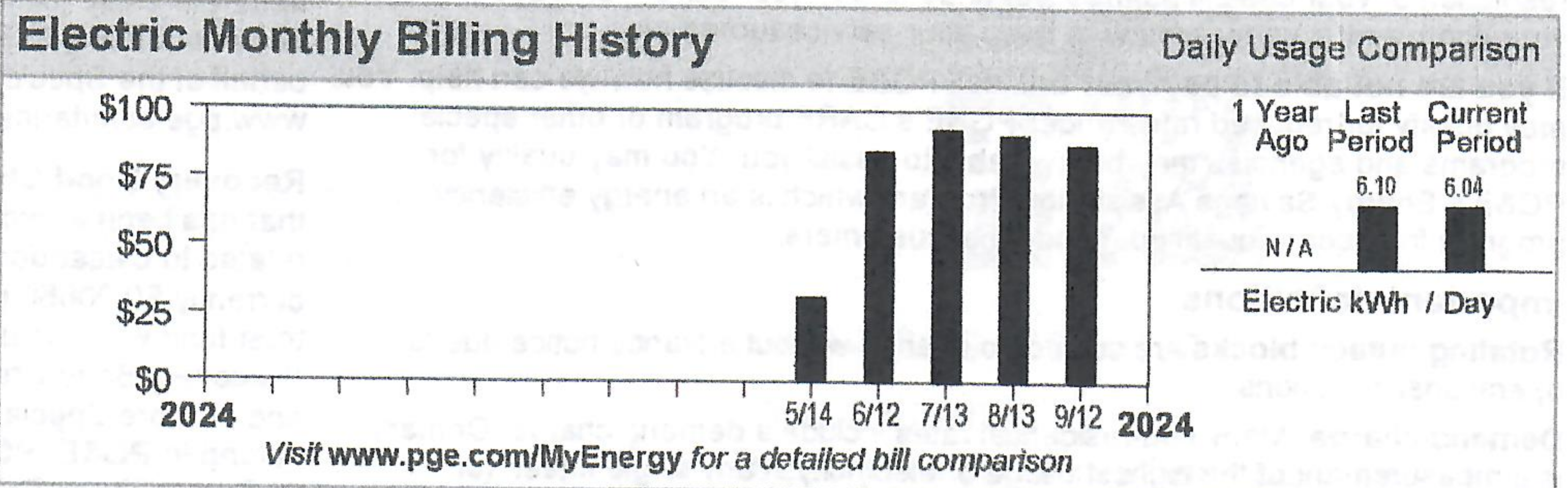
Questions about your bill?

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

Total Amount Due by 09/30/2024 \$87.58

Ways To Pay

www.pge.com/waystopay



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

99903879934300900000087580000008758



Account Number: **3879934300-9**
Due Date: **09/30/2024**

Total Amount Due: **\$87.58**

Amount Enclosed:
\$

801880127859 1 AB 0.593 633 8618 12



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



80188012008618002001L0

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: September 20, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: September 2, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: September 15, 2024

Units/Hours
Regular 75.00

Earnings/Pay
Regular 1954.00

Misc Inc/(-)Ded

Tot Units/Hours 75.00

Total Pay 1954.00

Total Other 0.00

Employee Taxes

Employer's Taxes

Net Pay

Fica Tax 121.15
Medicare Tax 28.35
Federal Tax 0.00
CA State WH Tax 16.22
CA SDI 21.49

Fica Tax 121.15
Medicare Tax 28.35
Fed. Unempl (FUTA) 0.00
CA Unempl (SUI) 32.94
CA Training Tax 0.61

Net Pay Checks 1766.79

Total W/H Taxes 187.21

Tot. Emplr's Taxes 183.05

Total Net Pay 1766.79

TAXES & OTHER PAYMENTS

Date	09/20/24	09/20/24	09/20/24	09/20/24
Date	09/20/24	09/20/24	09/20/24	09/20/24
Date	09/20/24	09/20/24	09/25/24	09/25/24
Date	09/20/24	09/20/24	09/25/24	09/25/24

Date	09/20/24	09/20/24	09/25/24	09/25/24
Date	09/20/24	09/20/24	09/25/24	09/25/24
Date	09/20/24	09/20/24	09/25/24	09/25/24
Date	09/20/24	09/20/24	09/25/24	09/25/24

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2204.09

Prd Beginning: September 2, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
 Pay Date: September 20, 2024

Prd Ending: September 15, 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	526
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	527
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73	CA - SDI	0.55			45.62	528
MORGAN, JODY	Gross Regular	24.00	56.00	1344.00	FICA MCare	83.33 19.49	CA - St Wh CA - SDI	16.22 14.78			1210.18	529
SANTOYO, JACQUELINE	Gross Regular	20.00	7.00	140.00	FICA MCare	8.68 2.03	CA - SDI	1.54			127.75	530
Grand Total...	Gross Regular		0.00 75.00	1954.00 1954.00	FICA MCare	121.15 28.35	CA - St Wh CA - SDI	16.22 21.49			1766.79	

Express Business Service

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

Invoice

Date	Invoice #
9/16/2024	4728

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
9/20/24 Payroll			
Tax deposit		50.00	50.00
Postage	3	5.00	15.00
		2.04	2.04
Total			\$67.04

Thank you for your business.



(541) 887-8545

Account Number: 234084
 Invoice Number: 293621
 Invoice Date: 09/15/2024
 Invoice Total: \$482.18
 Payment Due By: 10/10/24
 Discount Date: 09/25/2024
 Discount Amount: \$5.21

1311
095558



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										
09/02/24	6:25a		FC-Fall River M, CA	0	0	CARBDSL	55.683	N	4.6285	257.73
09/02/24	6:50a		FC-Fall River M, CA	0	0	CARBDSL	14.780	N	4.6285	68.41
09/03/24	8:55p		FC-Fall River M, CA	0	0	CARBDSL	33.712	N	4.6285	156.04
Subtotal							104.175			482.18

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)	4.6286	482.18	0.00	50.22	0.75	50.04	104.18	104.18	0.00
CA	State Total	4.6286	482.18	0.00	50.22	0.75	50.04	104.18	104.18	0.00
	Invoice Total	4.6286	482.18	0.00	50.22	0.75	50.04	104.18	104.18	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	381.17	104.175	0.00	50.22	0.75	50.04	482.18
	381.17	104.175	0.00	50.22	0.75	50.04	482.18

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	104.175

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	104.2	482.18
TOTAL		482.18

CUSTOMER DISCOUNT \$ 5.21 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$482.18
 received 09/25/24 Volume eligible is 104.18 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 104.175	AMOUNT DUE: \$ 482.18
-----------------------	--------------------------	------------------------------

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



(541) 887-8545

Account Number: 130043
 Invoice Number: 292499
 Invoice Date: 09/15/2024
 Invoice Total: \$206.09
 Payment Due By: 10/10/24
 Discount Date: 09/25/2024
 Discount Amount: \$2.39

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: 708886314676773 ALL PRODUCT						Previous Odometer: 1				
Vehicle: 0										
09/04/24	5:17p		FC-Fall River M, CA	0	1	UNL E10%	10.502	N	4.1327	43.41
09/09/24	5:49p		FC-Fall River M, CA	0	1	UNL E10%	11.100	N	4.1327	45.88
09/09/24	6:00p		FC-Fall River M, CA	0	1	CARBDSL	17.202	N	4.6285	79.61
09/09/24	6:11p		FC-Fall River M, CA	0	1	UNL E10%	9.000	N	4.1327	37.19
Subtotal							47.804			206.09

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)	4.6280	79.61	0.00	8.29	0.12	8.26	17.20	17.20	0.00
CA	GASOLINE UNL REG ETH 10%	4.1331	126.48	0.22	19.09	0.00	2.79	30.60	30.60	0.00
CA	State Total	4.3111	206.09	0.22	27.38	0.12	11.05	47.80	47.80	0.00
	Invoice Total	4.3111	206.09	0.22	27.38	0.12	11.05	47.80	47.80	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	167.32	47.804	0.22	27.38	0.12	11.05	206.09
	167.32	47.804	0.22	27.38	0.12	11.05	206.09

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	47.804

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	30.6	126.48
CARBDSL	17.2	79.61
TOTAL		206.09

CUSTOMER DISCOUNT \$ 2.39 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$206.09
 received 09/25/24 Volume eligible is 47.80 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 47.804	AMOUNT DUE: \$ 206.09
-----------------------	-------------------------	------------------------------

Dear Valued Ed Staub & Sons Cardlock Customer,



Questions? Please call 530-257-5616

BILL TO Fall River Valley F.P.D.
 Shasta County
 P.O. Box 670
 McArthur, CA 96056

STATEMENT

ACCT#	SM#	PAGE
5115	0	1

DATE	TYPE	REFERENCE	AMOUNT	P.O./CHECK/J.E.
07/26/2024	INV	155-45451	56.27	
09/24/2024	INV	155-49579	806.50	
09/25/2024	INV	155-49654	154.44 Cr	

CURRENT	PAST DUE 30	PAST DUE 60	PAST DUE 90
708.33	0.00	0.00	0.00
DATE 09/25/2024	Total Owed		708.33
TERMS NET 10TH wo/SC	Total Dating		0.00
STORE 900002120	Total Due --->		708.33

NAPA Sierra
 1289 Main St.
 Susanville, CA 96130

ACCT#	BILL TO	TOTAL NOW DUE
5115	Fall River Valley F.P.D.	708.33
CLOSING DATE	09/25/2024	AMOUNT ENCLOSED \$



AUTO PARTS

STORE

900002155
VALLEY MOTOR PARTS
PO BOX 603
43174 Main St.
FALL RIVER MILLS, CA 96028
(530) 336-5537

Employee: 515 , L. Gabriel
Sales Rep: 0 , Salesman
Accounting Day: 21

SOLD TO

5115
Fall River Valley F.P.D.
Shasta County
P.O. Box 670
McArthur, CA 96056

Anticipated Time:
Attention:
Tax Exemption:
PO#:
Terms: NET 10TH w/SC

Part Number	Line	Description	Quantity	Price	Net	Total
GAL15W40SB	CHV	Authorized Buyer: Bud Hendrickson DELO 15W40 GAL Above Item on Sale	3.00	37.56	17.4900	52.47 T

Carl By Phone

Customer Signature

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

Ref. by.....

Ver. by.....

CUSTOMER COPY

Subtotal	52.47
Shasta County 7.2500%	3.80
Total	56.27
Charge Sale	56.27

045451



Invoice Number



AUTO PARTS

900002155
VALLEY MOTOR PARTS
PO BOX 603
43174 Main St.
FALL RIVER MILLS, CA 96028
(530) 336-5537

Time: 08:28 Date: 09/24/2024 Page: 1/1

Employee: 540 , Justin
Sales Rep: 0 , Salesman
Accounting Day: 17

5115
Fall River Valley F.P.D.
Shasta County
P.O. Box 670
McArthur, CA 96056

Anticipated Time: 09/24/2024 02:30 PM
Attention:
Tax Exemption:
PO#:
Terms: NET 10TH w/SC

316

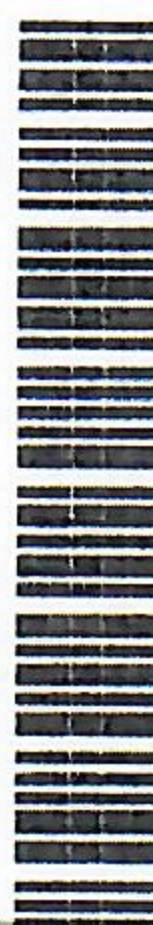
Part Number	Line	Description	Quantity	Price	Net	Total
7271FT	BAT	Authorized Buyer: Bud Hendrickson NAPA Commercial Battery	2.00	438.93	303.9900	607.98 T
7271FT	BAT	Core Deposit	2.00	72.00	72.0000	144.00 TD

Subtotal 751.98
Shasta County 7.2500% 54.52

Total 806.50

Charge Sale 806.50

049579
ce Number



AUTO PARTS

900002155
VALLEY MOTOR PARTS
PO BOX 603
43174 Main St.
FALL RIVER MILLS, CA 96028
(530) 336-5537

Time: 07:58 Date: 09/25/2024 Page: 1/1

Employee: 540 , Justin
Sales Rep: 0 , Salesman
Accounting Day: 18

5115
Fall River Valley F.P.D.
Shasta County
P.O. Box 670
McArthur, CA 96056

Anticipated Time:
Attention:
Tax Exemption:
PO#:
Terms: NET 10TH w/SC

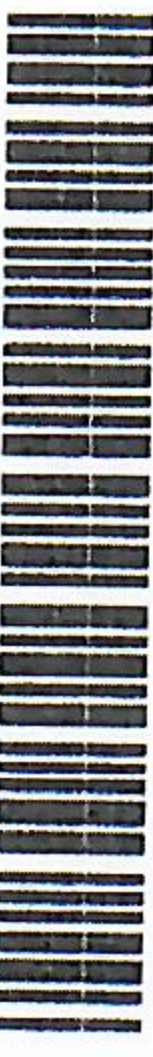
Part Number	Line	Description	Quantity	Price	Net	Total
7271FT	BAT	Authorized Buyer: Bud Hendrickson Core Deposit	-2.00	72.00	72.0000	144.00 CTD
This item was purchased on invoice # 49579 09/24/2024						

Subtotal 144.00 C
Shasta County 7.2500% 10.44 C

Total 154.44 CR

Credit Memo 154.44 CR

049654
Invoice Number



Reprint



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 09/27/2024
Due Date: 10/14/2024

Service For:

FALL RIVER FIRE DISTRICT
Please see details page.

Your Account Summary

Amount Due on Previous Statement	\$394.08
Payment(s) Received Since Last Statement	-212.42
Previous Unpaid Balance	\$181.66
Current Electric Charges	\$187.39
Current Gas Charges	15.63

Questions about your bill?

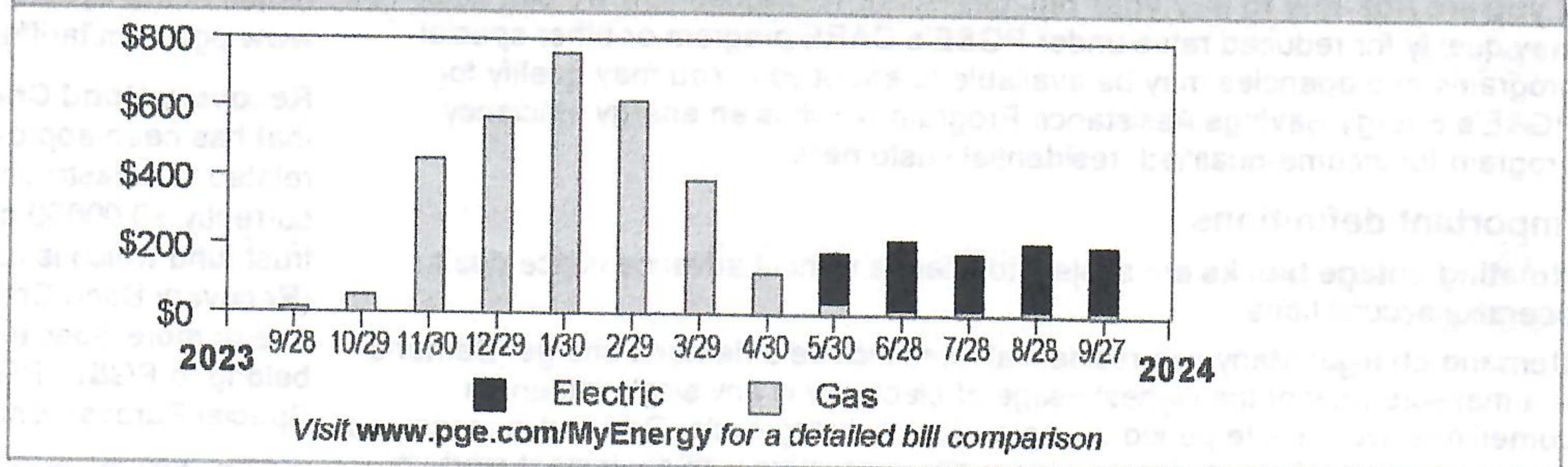
Business Specialist available:
Mon-Fri: 7am to 6pm
1-800-468-4743
www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Total Amount Due by 10/14/2024 **\$384.68**

Monthly Billing History



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

2 copies

99907137624533900000203020000038468



Account Number: **7137624533-9**
Due Date: **10/14/2024**

Total Amount Due: **\$384.68**

Amount Enclosed:
\$

810150109807 1 AB 0.593 529 5125 10



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



8101501000512500300112



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 09/27/2024
Due Date: 10/14/2024

Details of Electric Charges

08/27/2024 - 09/25/2024 (30 billing days)

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

08/27/2024 - 08/31/2024

Customer Charge	5 days @ \$0.32854	\$1.64
Energy Charges		
Peak	14.424000 kWh @ \$0.47953	6.92
Part Peak	10.724000 kWh @ \$0.43030	4.61
Off Peak	41.992000 kWh @ \$0.40949	17.20
Energy Commission Tax		0.02

09/01/2024 - 09/25/2024

Customer Charge	25 days @ \$0.32854	\$8.21
Energy Charges		
Peak	69.192000 kWh @ \$0.48257	33.39
Part Peak	58.228000 kWh @ \$0.43334	25.23
Off Peak	218.336000 kWh @ \$0.41253	90.07
Energy Commission Tax		0.10

Total Electric Charges \$187.39

Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	13.58	13.76

Rate Identification Number



USCA-PGPG-0600-0000

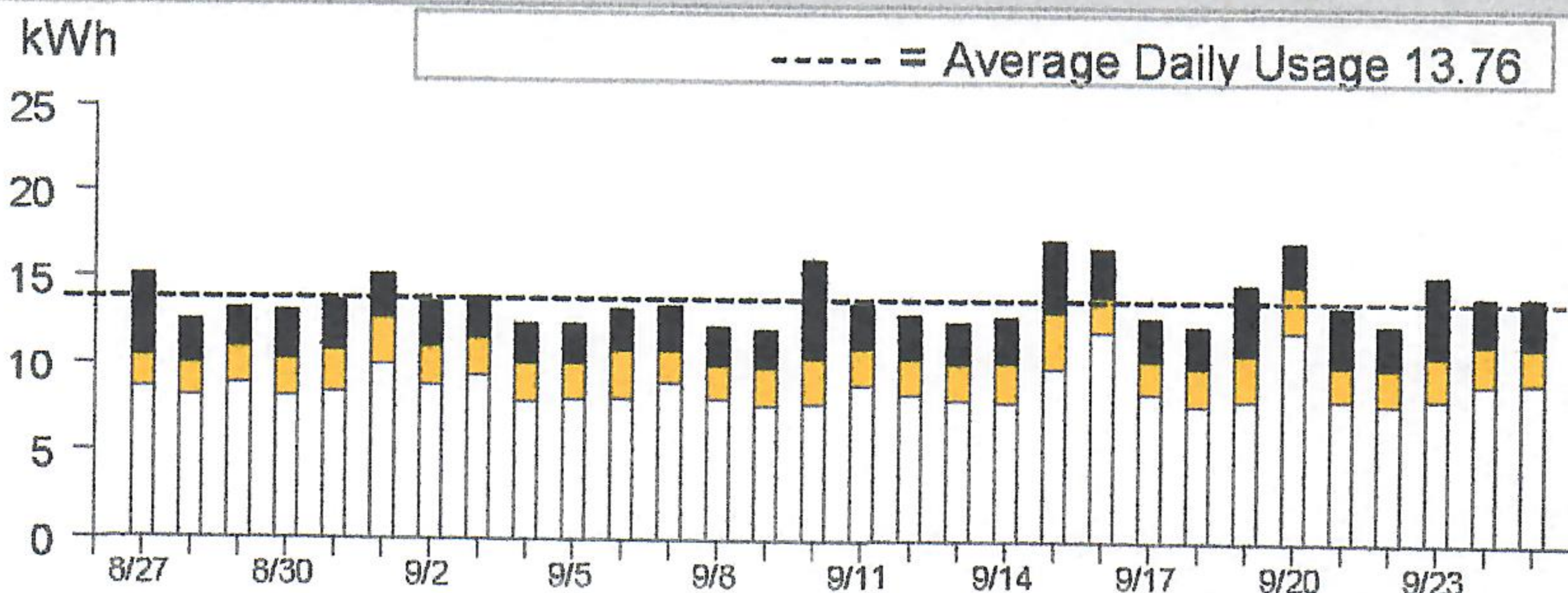
www.pge.com/rin

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	412.896000 kWh
Serial	F
Rotating Outage Block	50

Electric Usage This Period: 412.896000 kWh, 30 billing days



	Usage	Energy Charges
Peak ¹	20.25%	\$40.31
Part Peak ²	16.71%	\$29.84
Off Peak ³	63.04%	\$107.27
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

8101501000512500300312

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: October 4, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: September 16, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: September 29, 2024

Units/Hours

Regular 74.00

Tot Units/Hours 74.00

Earnings/Pay

Regular 1918.00

Total Pay 1918.00

Misc Inc/(-)Ded

Total Other 0.00

Employee Taxes

Fica Tax 118.92
Medicare Tax 27.83
Federal Tax 0.00
CA State WH Tax 14.11
CA SDI 21.10

Total W/H Taxes 181.96

Employer's Taxes

Fica Tax 118.92
Medicare Tax 27.83
Fed. Unempl (FUTA) 0.00
CA Unempl (SUI) 36.18
CA Training Tax 0.67

Total Emplr's Taxes 183.60

Net Pay

Net Pay Checks 1736.04

Total Net Pay 1736.04

TAXES & OTHER PAYMENTS

Date 10/04/24 EFTPS
Date 10/04/24 ST_EFTPS
Date 10/04/24 ST_EFTPS
Date 10/04/24 EXPRESS BUSINESS SERVICE

941 CK. EFTPS Due 10/09/24 \$ 293.50
STWT CK. ST_EFTPS Due 10/09/24 \$ 35.21
SUI CK. ST_EFTPS Due 10/09/24 \$ 36.85
P CK. 537 \$ 67.04

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2168.64

Prd Beginning: September 16, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
 Pay Date: October 4, 2024

Prd Ending: September 29, 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	532
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	533
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	FICA MCare	3.10 0.73	CA - SDI	0.55			45.62	534
MORGAN, JODY	Gross Regular	24.00	52.00	1248.00 1248.00	FICA MCare	77.38 18.10	CA - St Wh CA - SDI	14.11 13.73			1124.68	535
SANTOYO, JACQUELINE	Gross Regular	20.00	10.00	200.00 200.00	FICA MCare	12.40 2.90	CA - SDI	2.20			182.50	536
Grand Total...	Gross Regular		0.00 74.00	1918.00 1918.00	FICA MCare	118.92 27.83	CA - St Wh CA - SDI	14.11 21.10			1736.04	

Express Business Service

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

Invoice

Date	Invoice #
9/30/2024	4758

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
10/4/24 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.



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2
Statement Date: 09/30/2024
Due Date: 10/17/2024

Service For:

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

Your Account Summary

Amount Due on Previous Statement	\$19.39
Payment(s) Received Since Last Statement	-19.39
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$10.52

Total Amount Due by 10/17/2024 \$10.52

Questions about your bill?

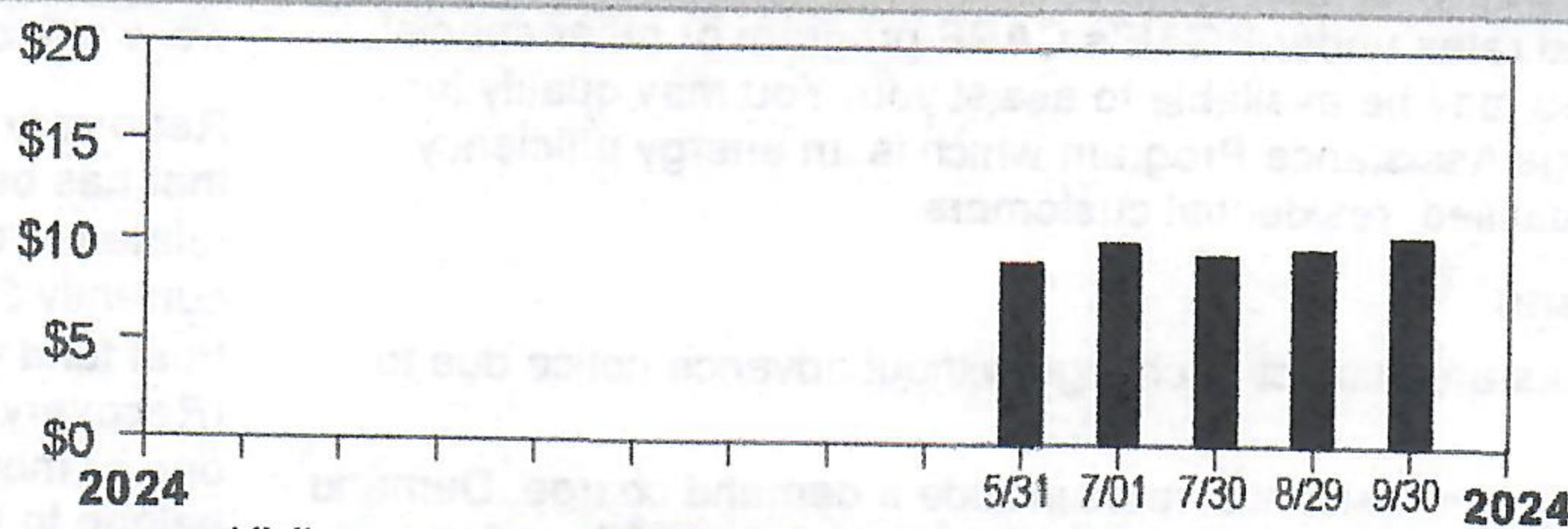
Business Specialist available:
Mon-Fri: 7am to 6pm
1-800-468-4743
www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



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

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

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

99908770665653200000010520000001052



Account Number: **8770665653-2**
Due Date: **10/17/2024**

Total Amount Due: **\$10.52**

Amount Enclosed:
\$

811040132422 1 AB 0.593 634 13255 11



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



8110401101325500200112



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2
Statement Date: 09/30/2024
Due Date: 10/17/2024

Details of Electric Charges

08/29/2024 - 09/29/2024 (32 billing days)

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

08/29/2024 - 08/31/2024

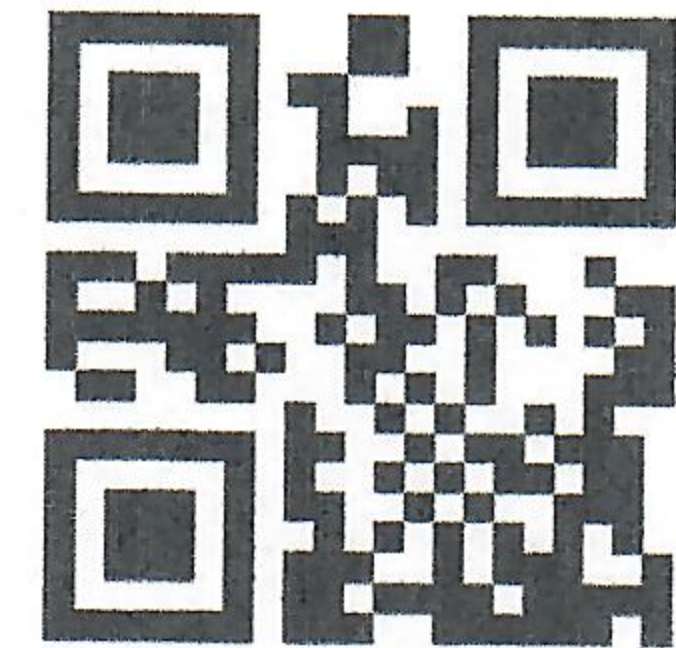
Customer Charge 3 days @ \$0.32854 \$0.99

09/01/2024 - 09/29/2024

Customer Charge 29 days @ \$0.32854 \$9.53

Total Electric Charges \$10.52

Rate Identification Number



USCA-PGPG-0600-0000

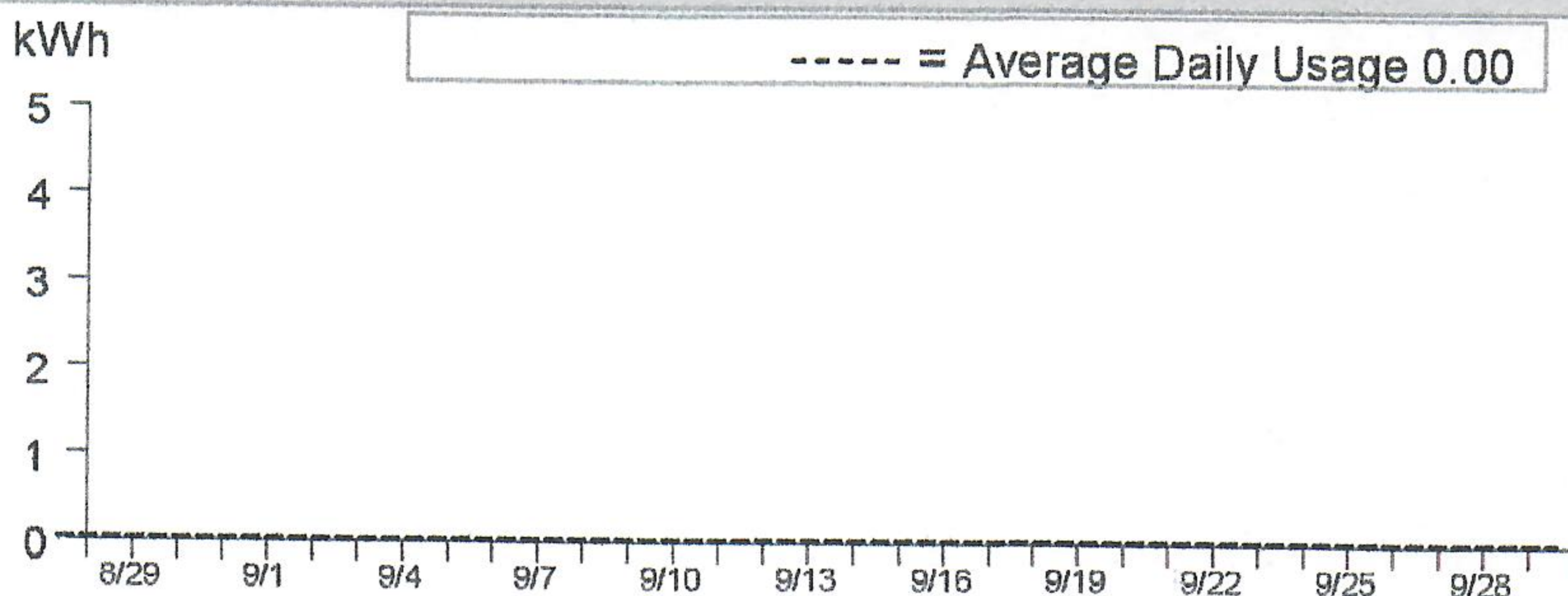
www.pge.com/rin

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, 32 billing days



	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

8110401101325500200212



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5
Statement Date: 09/30/2024
Due Date: 10/17/2024

Service For:

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

Your Account Summary

Amount Due on Previous Statement	\$201.11
Payment(s) Received Since Last Statement	-201.11
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$100.04

Total Amount Due by 10/17/2024 \$100.04

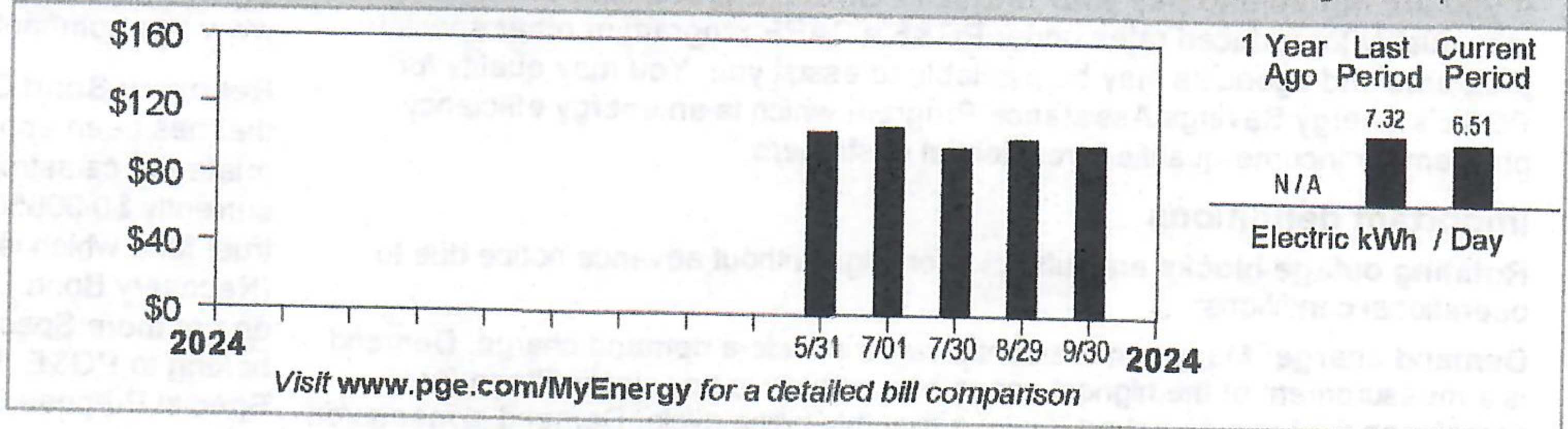
Questions about your bill?

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

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History



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

99906731296671500000100040000010004



Account Number: **6731296671-5**
Due Date: **10/17/2024**

Total Amount Due:
\$100.04

Amount Enclosed:
\$

811040132423 1 AB 0.593 634 13256 11



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



8110401101325600200112



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5
Statement Date: 09/30/2024
Due Date: 10/17/2024

Details of Electric Charges

08/29/2024 - 09/29/2024 (32 billing days)

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

08/29/2024 - 08/31/2024

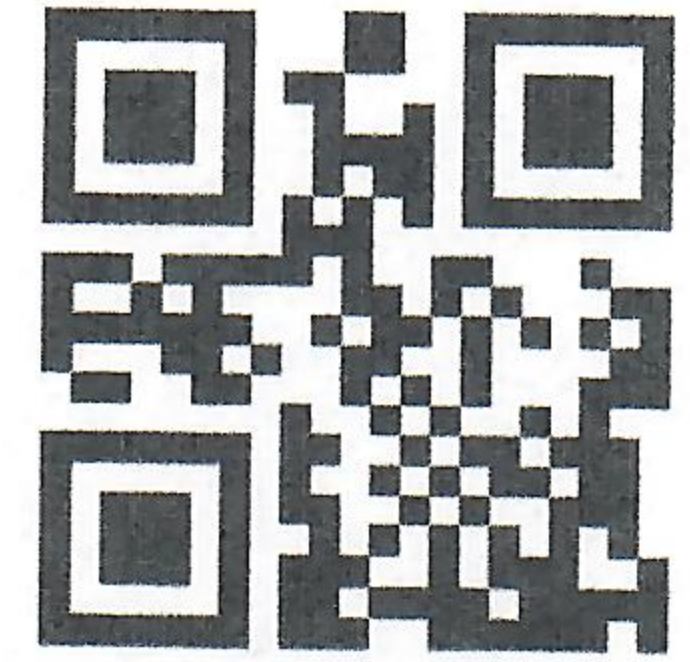
Customer Charge	3 days @ \$0.32854	\$0.99
Energy Charges		
Peak	3.968000 kWh @ \$0.47953	1.90
Part Peak	4.661000 kWh @ \$0.43030	2.01
Off Peak	15.109000 kWh @ \$0.40949	6.19
Energy Commission Tax		0.01

09/01/2024 - 09/29/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	35.918000 kWh @ \$0.48257	17.33
Part Peak	31.620170 kWh @ \$0.43334	13.70
Off Peak	117.121830 kWh @ \$0.41253	48.32
Energy Commission Tax		0.06

Total Electric Charges \$100.04

Rate Identification Number



USCA-PGPG-0600-0000

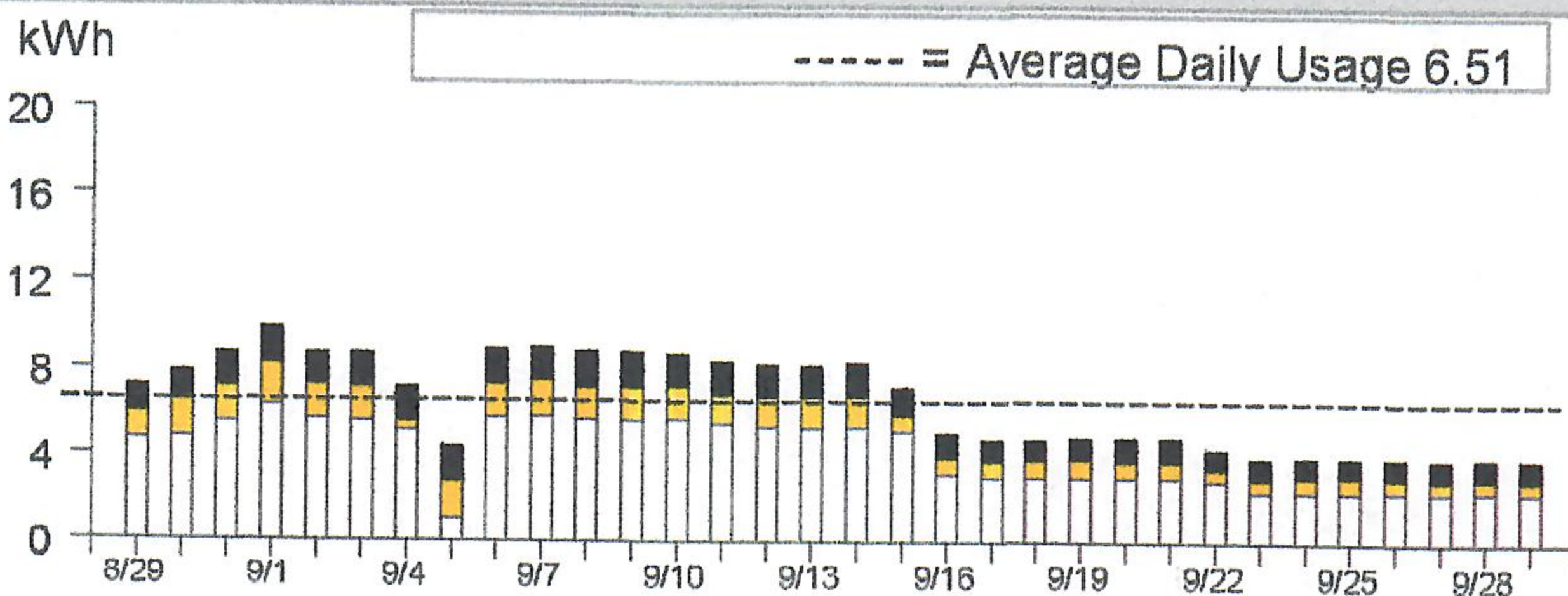
www.pge.com/rin

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

Service Information

Meter #	1008668780
Total Usage	208.398000 kWh
Serial	H
Rotating Outage Block	50

Electric Usage This Period: 208.398000 kWh, 32 billing days



	Usage	Energy Charges
Peak ¹	19.13%	\$19.23
Part Peak ²	17.42%	\$15.71
Off Peak ³	63.45%	\$54.51
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

8110401101325600200212



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 #: XF093024A

INV DATE: 09/30/24

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										
23.08	00447	036100			ELECTRIC 8/30/24-09/30/24	0517883284-5												
\$23.08	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"/>	PITTVILLE 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.		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 _____

HA1001521



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5
Statement Date: 10/01/2024
Due Date: 10/18/2024

Details of Electric Charges

08/30/2024 - 09/30/2024 (32 billing days)

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

08/30/2024 - 08/31/2024

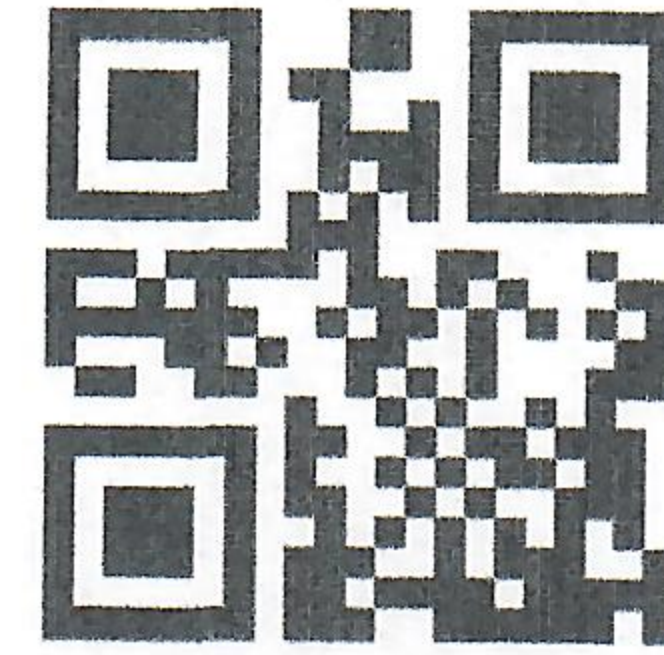
Customer Charge	2 days @ \$0.32854	\$0.66
Energy Charges		
Peak	0.287000 kWh @ \$0.47953	0.14
Part Peak	0.298000 kWh @ \$0.43030	0.13
Off Peak	1.123000 kWh @ \$0.40949	0.46

09/01/2024 - 09/30/2024

Customer Charge	30 days @ \$0.32854	\$9.86
Energy Charges		
Peak	4.989000 kWh @ \$0.48257	2.41
Part Peak	5.088430 kWh @ \$0.43334	2.21
Off Peak	17.443570 kWh @ \$0.41253	7.20
Energy Commission Tax		0.01

Total Electric Charges \$23.08

Rate Identification Number



USCA-PGPG-0600-0000

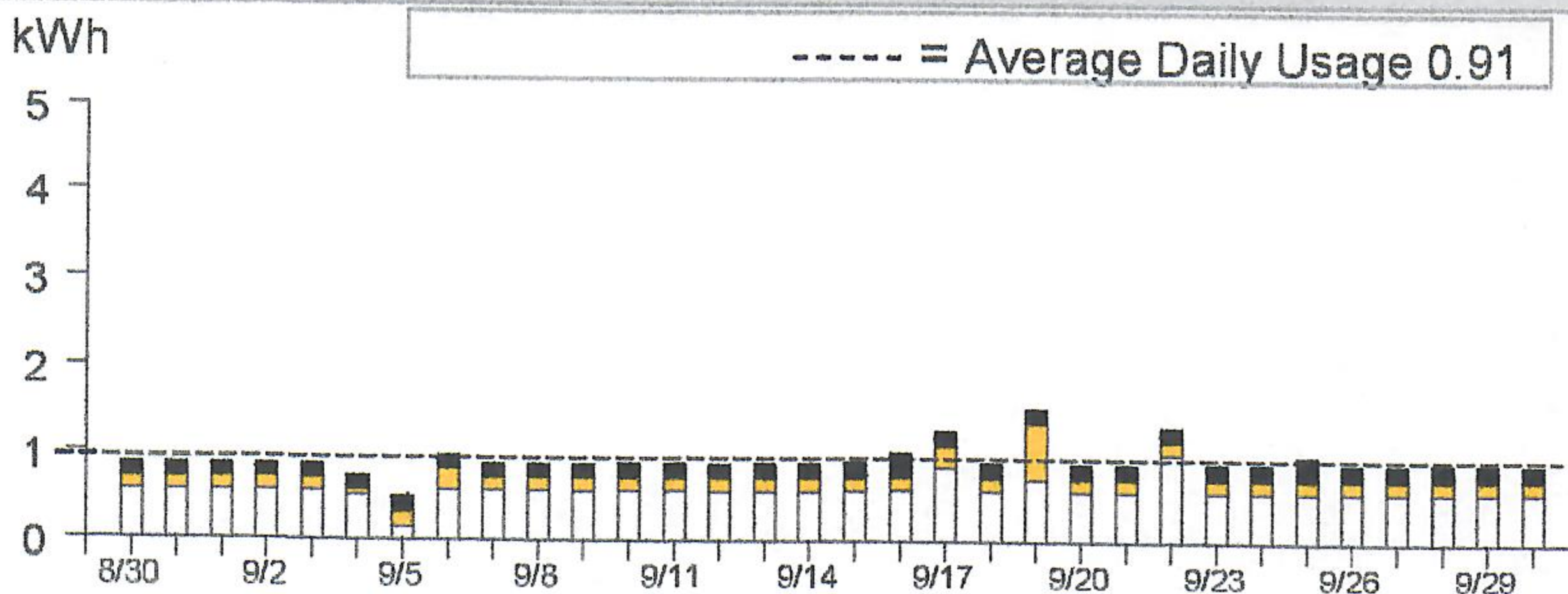
www.pge.com/rin

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	29.229000 kWh
Serial	J
Rotating Outage Block	50

Electric Usage This Period: 29.229000 kWh, 32 billing days



	Usage	Energy Charges
Peak ¹	18.05%	\$2.55
Part Peak ²	18.43%	\$2.34
Off Peak ³	63.52%	\$7.66
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

8118800901213700200212



COUNTY OF SHASTA

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

CLAIMANT NAME:

ED STAUB AND SONS

PEID: VEND002017

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

INV #: 297496

INV DATE: 09/30/24

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										
114.23	00447	035900			FUEL 24.559 GAL	130043												
53.34	00447	035900			FUEL 12.425 GAL	130043												
\$167.57	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARD: 708886314676740 9/16/24: 24.559 GAL = \$114.23 CARD: 708886314676773 9/30/24: 12.425 GAL = \$53.34			PO BOX 488 KLAMATH FALLS, OR 97601								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			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

OH 1001524



(541) 887-8545

Account Number: 130043
 Invoice Number: 297496
 Invoice Date: 09/30/2024
 Invoice Total: \$167.57
 Payment Due By: 10/10/24
 Discount Date: 10/10/2024
 Discount Amount: \$1.85

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: 708886314676740 AP						Previous Odometer: 0				
Vehicle: 0										
09/16/24	11:20a		FC-Fall River M, CA	0	88888	CARBDSL	24.559	N	4.6511	114.23
Subtotal							24.559			114.23
Card: 708886314676773 ALL PRODUCT						Previous Odometer: 1				
Vehicle: 0										
09/30/24	5:26p		FC-Fall River M, CA	0	1	UNL E10%	12.425	N	4.2927	53.34
Subtotal							12.425			53.34

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)	4.6512	114.23	0.00	11.84	0.18	11.86	24.56	24.56	0.00
CA	GASOLINE UNL REG ETH 10%	4.2930	53.34	0.09	7.76	0.00	1.17	12.43	12.43	0.00
CA	State Total	4.5309	167.57	0.09	19.60	0.18	13.03	36.98	36.98	0.00
	Invoice Total	4.5309	167.57	0.09	19.60	0.18	13.03	36.98	36.98	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
40 AP	90.35	24.559	0.00	11.84	0.18	11.86	114.23
73 ALL PRODUCT	44.32	12.425	0.09	7.76	0.00	1.17	53.34
	134.67	36.984	0.09	19.60	0.18	13.03	167.57

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	36.984

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	24.6	114.23
UNL E10%	12.4	53.34
TOTAL		167.57

CUSTOMER DISCOUNT \$ 1.85 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$167.57
 received 10/10/24 Volume eligible is 36.98 at a rate of \$ 0.0500



COUNTY OF SHASTA

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

CLAIMANT NAME:

EC PAVING

PEID: VEND018438

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

INV #: 230924

INV DATE: 09/30/24

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											
6,200.00	00447				SEAL COAT ASPHALT FR HALL	FALL RIVER VALLE													
\$6,200.00	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"/>					PO BOX 717 SHASTA LAKE CITY, CA 96019									
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

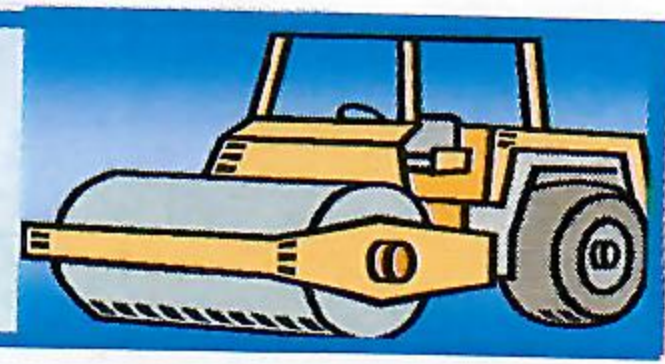
**AUTHORIZED
SIGNATURE**

DATE

041601535



EC PAVING



INVOICE

INVOICE: 230924
 INVOICE DATE: 9/30/2024
 CUSTOMER ID: Fall River Valley FPD

PO Box 717
 Shasta Lake City, Ca
 96019
 Office: (530) 275-8593
 Email: ec.paving@yahoo.com
 License # 869455

Bill To:

Fall River Valley FPD
 Jody Morgan (530) 336-5740

JOB SITE:

43155 CA-299 E.
 Fall River Mills, Ca
 96028

Quantity	Item	Units	Description	Discount %	Taxable	Unit Price	Total
1	1	1	Completion of work in accordance to contract Fall River Valley FPD Seal Coat 2023.	N/A	N/A	6,200.00	\$ 6,200.00
						Subtotal	\$ 6,200.00
						Amount Due	\$ 6,200.00
						Balance	\$ 6,200.00

Customer ID: Fall River Valley FPD
 Date Due: Upon Receipt
 Amount Due: \$ 6,200.00
 Amount Enclosed: _____



COUNTY OF SHASTA

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

CLAIMANT NAME:

COM-PAIR SERVICES

PEID: VEND001463

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

INV #: 150967

INV DATE: 10/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
110.00	00447	032500			INTERNET - ACCT #8533													
\$110.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #						5309 CHESTNUT ST												
<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"/>	ANDERSON, CA 96007-9104								
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: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
Signed _____			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 _____

041001538

COM-PAIR SERVICES
5309 CHESTNUT STREET
ANDERSON, CA 96007



Statement #
150967

Service Period
10-01-2024 to 10-31-2024

Statement Date
10-01-2024

Due Date
10-31-2024

MCARTHUR FPD
PO BOX 670
MCARTHUR, CA 96056

Account Number
8533

Charges	\$110.00
Taxes / Fees	\$0.00
Credits	(\$0.00)
Payments Applied	(\$0.00)
Previous Balance	\$1.67
Total due by 10-31-2024	\$111.67

Pay your bill online at <https://portal.com-pair.net> or call our office 530-348-3075

Please detach and return this portion with your payment
Pay Online at <https://portal.com-pair.net/>
Statement # 150967



Please make checks payable to Com-Pair Services

Due Date
10-31-2024

Amount Due
\$111.67

Amount Enclosed



2874 1 AB 0.593 9/30 003403 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:

KENNETH HENDRICKSON

PEID: VEND011676

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

INV #: XF100524A

INV DATE: 10/05/24

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										
18.02	00447	032900			REIMBURSEMENT - DUMP FEES													
\$18.02	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			REIMBURSEMENT FOR DUMP FEES			P.O. BOX 434 FALL RIVER MILLS, CA 96028												
<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.			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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Signed _____ 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 _____

041001548

37484B Cornaz Drive
Burney, CA 96013



P 530-335-2723
F 530-335-4256

BURNEY SITE

www.burneydisposal.com

FALL RIVER SITE

Minimum Fee \$ _____

Vehicle or trailer with Two 32-Gal. Cans or Bags or Less \$ 18.02

_____ Additional 32-Gal. Cans or Bags @ _____ ea ... _____

55-Gal. Barrels (Equal to Two 32-Gal. Cans in Price)

One 55-Gal. Barrel \$ _____

_____ Additional 55-Gal. Barrels @ _____ ea _____

ABOVE RATES APPLY TO ALL REFUSE IN BAGS OR CANS.

LOOSE REFUSE (See Table Below; Circle Rate)

BED LENGTH			
All loads over 8' in length and/or 5' in height will be weighed.			
LOAD HEIGHT	7' OR LESS	OVER 7' TO 8'	
2' OR LESS	\$ _____	\$ _____	WEIGHT IN _____
OVER 2' TO 3'	_____	_____	WEIGHT OUT _____
OVER 3' TO 4'	_____	_____	NET WEIGHT _____
OVER 4' TO 5'	_____	_____	

Tires: _____ Tons @ _____ = _____

_____ Pick-up or Car Tires (up to 10") @ _____ ea

_____ Truck Tires (over 10") @ _____ ea

_____ Equipment Tires @ _____ ea

Extra Charge of Unusually Large or Heavy Debris
(Brush, Appliances, etc.)

Other

By: _____ TOTAL \$ 18.02

CASH CHECK CHARGE

Thank you

IF CHECK: # _____

Driver's License# _____ Exp. Date _____

(If charge, full signature of customer)
(Pre-authorized charges only)
A 10% deferred payment surcharge will be added
to the regular fee in those instances when
payment is not made at the time of disposal.

PLEASE HELP KEEP OUR ROADS CLEAN - TARP OR COVER ALL LOADS

CHARGE TO: Fall River Fire Dist.

ADDRESS: _____

BY: [Signature] Date: Oct 5, 2021

(Signature)

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: October 18, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: September 30, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: October 13, 2024

Units/Hours
Regular 79.00

Earnings/Pay
Regular 2034.00

Misc Inc/(-)Ded

Tot Units/Hours 79.00

Total Pay 2034.00

Total Other 0.00

Employee Taxes

Employer's Taxes

Net Pay

Fica Tax 126.11
Medicare Tax 29.51
Federal Tax 0.00
CA State WH Tax 16.22
CA SDI 22.37

Fica Tax 126.11
Medicare Tax 29.51
Fed. Unempl (FUTA) 0.00
CA Unempl (SUI) 37.26
CA Training Tax 0.69

Net Pay Checks 1839.79

Total W/H Taxes 194.21

Tot. Emplr's Taxes 193.57

Total Net Pay 1839.79

TAXES & OTHER PAYMENTS

Date	10/18/24	EFTPS		941	Ck.	EFTPS	Due	10/23/24	\$	311.24
Date	10/18/24	ST_EFTPS		STWT	Ck.	ST_EFTPS	Due	10/23/24	\$	38.59
Date	10/18/24	ST_EFTPS		SUI	Ck.	ST_EFTPS	Due	10/23/24	\$	37.95
Date	10/18/24	EXPRESS BUSINESS SERVICE		P	Ck.	543			\$	67.04

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2294.61

Prd Beginning: September 30, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
 Pay Date: October 18, 2024

Prd Ending: October 13, 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	538
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	FICA MCare	15.50 3.63	CA - SDI	2.75			228.12	539
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	FICA MCare	3.10 0.73	CA - SDI	0.55			45.62	540
MORGAN, JODY	Gross Regular	24.00	56.00	1344.00 1344.00	FICA MCare	83.33 19.49	CA - St Wh CA - SDI	16.22 14.78			1210.18	541
SANTOYO, JACQUELINE	Gross Regular	20.00	11.00	220.00 220.00	FICA MCare	13.64 3.19	CA - SDI	2.42			200.75	542
Grand Total...	Gross Regular		0.00 79.00	2034.00 2034.00	FICA MCare	126.11 29.51	CA - St Wh CA - SDI	16.22 22.37			1839.79	

Express Business Service

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

Invoice

Date	Invoice #
10/14/2024	4767

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
10/18/24 Payroll			
Tax deposit		50.00	50.00
Postage	3	5.00	15.00
		2.04	2.04

Thank you for your business.

Total \$67.04