



Fall River Valley Fire Protection District

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

SPECIAL MEETING AGENDA Fall River Lion's Hall - McArthur, CA 96056

DECEMBER 20, 2024 AT 10:00 AM

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:**
- **Public Comment (Limited to agenda items per Gov. Code 54954 > 3 (a))**

Possible Action Items:

1. **Approval of Claims**
2. **Resolution 122024 to approve payment of \$306,178.33 for new Fire Engine.**
3. **Discussion and possible action to approve expenditure for data recovery.**
4. **Approval of Jonathon Sims to sign county documents for Day Rd remodel.**

ADJOURNMENT:



COUNTY OF SHASTA

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

CLAIMANT NAME:

Post Office

PEID: VEND006370 ADDR TYPE (AP,A1,A2,): 01

INV #: _____

INV DATE: 12/01/24

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
154.00	00447	034500			P.O.Box Dues			
\$154.00	TOTAL							

EXPLANATION (TEXT) P.O.Box Dues

ADDRESS: (If different from remittance advice or if no invoice)
44160 CA-299 STE 1
McArthur, Ca. 96056-9998

PO/ CONTRACT/
BLANKET PO # _____

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 _____

- INSTRUCTIONS:**
- Complete, date and sign form.
 - Obtain Department Head signature.
 - Districts obtain board signatures.
 - Attach supporting documentation.
 - 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	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
	BOARD MEMBER	DATE

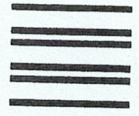
I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated 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 _____

0H/1009250

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Your PO Box fee is due by the LAST DAY OF THIS MONTH.

Your PO Box will be closed if the fee is not paid by the due date. If the fee is not paid within 10 days after the due date, a late payment charge will apply. You may make payment by any of the convenient options noted on the inside top portion of this envelope.

Make checks or money orders payable to "U.S. Postal Service." If the bank returns your check, or if payment is not received by the due date, your PO Box service will be suspended until all associated charges are paid.

Please disregard this notice if payment has been made.

Thank you.

City, State, ZIP Code

POSTMASTER
MCARTHUR, CA 96056-9998

POSTMASTER
PO BOX FEE PAYMENT

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9998

POSTAGE WILL BE PAID BY ADDRESSEE

Print
Post Office
Address Here

If Undeliverable as Addressed,
Return to Local Postmaster



- Annual
- Semiannual

\$ _____
Amount

Box #670
FALL RIVER VALLEY FIRE PROTECTION
36056
\$ Months: \$77.00 12 Months: \$154.00
Due Date: 12/31/2024

Post Office Box Service Fee Due



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 #: 11877

INV DATE: 12/09/24

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
1,050.00	00447	034800			CONFINED SPACE RESCUE AWARENES			
\$1,050.00	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"/>	TRAINING	ADDRESS: (If different from remittance advice or if no invoice) 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 _____

- 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.

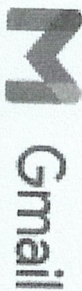
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY	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 _____	
	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 _____

0111880000



Jody Morgan <jmorgan@frvfiredistrict.org>

Fwd: Invoice 11877 for Confined Space Rescue Awareness - CSRA1461 was created on 12/09/2024.
1 message

Hart Beebe <hbbeebe083@gmail.com>

To: Jody Morgan <jmorgan@frvfiredistrict.org>, James White <jamesdog247@gmail.com>

Mon, Dec 9, 2024 at 2:57 PM

Please contact SFT and take care of creating a billing contact and paying this invoice.

Thanks,
Hart

----- Forwarded message -----

From: **State Fire Training** <SFT@acadisonline.com>

Date: Mon, Dec 9, 2024 at 10:21 AM

Subject: Invoice 11877 for Confined Space Rescue Awareness - CSRA1461 was created on 12/09/2024.

To: <hbbeebe083@gmail.com>

You are receiving this email as either a responsible party for invoices for Fall River Valley FPD or as a registered instructor assigned to the related course. If you are the responsible party, please remit payment as soon as possible.

In order to pay the invoice, the Billing Agency must have established a billing contact on file with State Fire Training. If they have not yet done so, please have the Billing Agency submit an Agency Billing Contact Request form via the SFT User Portal WebForms

Bill-to Party: Fall River Valley FPD

Invoice: 11877 (sign-in required)

Invoice Amount: \$ 1,050.00

Invoice Date: 12/09/2024

Due Date: 01/08/2025

Description: Confined Space Rescue Awareness - CSRA1461

Sign in to the California Office of the State Fire Marshal | State Fire Training to see and pay invoices.
(If this link does not work, copy and paste the following link into a web browser: [https://osfm-sft.acadisonline.com/AcadisViewer/FromEmail?](https://osfm-sft.acadisonline.com/AcadisViewer/FromEmail?dst=InvoiceCreationPayInvoices)

This email is intended solely for the use of the individual to whom it is addressed and may contain information that is privileged, confidential or otherwise exempt from disclosure. If the reader of this email is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you've received this communication in error, please notify the application account administrator immediately.



Jody Morgan <jmorgan@frvfiredistrict.org>

Fwd: Course CSRA1461 Processed
1 message

Hart Beebe <hbbeebe083@gmail.com>

To: Jody Morgan <jmorgan@frvfiredistrict.org>, James White <jamesdog247@gmail.com>

Mon, Dec 9, 2024 at 2:59 PM

additional information.

Hart

-----Forwarded message -----

From: **Horrell, Kathryn@CALFIRE** <Kathryn.Horrell@fire.ca.gov>

Date: Mon, Dec 9, 2024 at 9:58 AM

Subject: Course CSRA1461 Processed

To: hbbeebe083@gmail.com <hbbeebe083@gmail.com>

This course has been processed. The billing agency or individual assigned to this course will receive an electronic invoice via email within the next few hours.

Once the invoice has been paid, students will receive their diplomas for the course and be able to view them in their individual SFT ACADIS User Portal: <https://osfm-sft.acadisonline.com/acadisviewer/login.aspx>

Important: Courses are now billed electronically via email, with additional options to pay by credit card or ACH/TeleCheck. Agencies may still mail in a check, but diplomas will not be released until payment is received.

Billing Agencies will need to establish a billing contact for their organization by submitting the Agency Billing Contact Request form. If the agency that is assigned to be billed for this course approval has not yet submitted for a billing contact, please forward them this information.

See the Course Delivery webpage for more information.

Thank you,

Kathryn Horrell

Office of the State Fire Marshal

State Fire Training

kathryn.horrell@fire.ca.gov



COUNTY OF SHASTA

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

CLAIMANT NAME:

HART BEEBE

PEID: VENDOR08451

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

INV #: 2024-004

INV DATE: 11/10/24

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				
304.00	00447	034800			2024 3 QTR I 76NCIDENT REPORTS							
\$304.00	TOTAL											
PO/ CONTRACT/ BLANKET PO #		EXPLANATION (TEXT)				ADDRESS: (If different from remittance advice or if no invoice)						
<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		
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.						SUN LAKES, AZ 85248						
Signed _____		AUDITOR USE ONLY		DISTRICT USE ONLY								
INSTRUCTIONS:		I hereby certify that the above claim was examined and approved by this office.		BOARD MEMBER		DATE						
<ol style="list-style-type: none"> 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. 				BOARD MEMBER		DATE						
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.		By Deputy County Auditor USER ID		BOARD MEMBER		DATE						
				BOARD MEMBER		DATE						
		DATE		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.								

CLAIMANT
 SIGNATURE _____

 DATE _____

AUTHORIZED
 SIGNATURE _____

 DATE _____

FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl.
Sun Lakes, Az. 85248
530-339-2735

Hbeebe083@gmail.com

INVOICE
2024-004
Nov. 10, 2024

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

Quantity	Description	Unit Price	Amount
1.	2024 3rd. quarter 76 Incident Reports reported to Cal Fire	15.2 hrs 20.00	\$304.00
2.	_____		
3.	_____		
4.	_____		

Subtotal N/A

Total: \$304.00

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:

WILGUS FIRE CONTROL INC

PEID:	VEND006737	ADDR TYPE (AP,A1,A2,):	01
INV #:	506910254		
INV DATE:	10/25/24		

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
267.52	00447	033500			HYDROSTATIC TESTING			
\$267.52	TOTAL							

EXPLANATION (TEXT) _____ **ADDRESS:** (If different from remittance advice or if no invoice) _____

PO/ CONTRACT/
BLANKET PO # _____

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

4544 MOUNTAIN LAKES BLVD
REDDING, CA 96003

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

Signed _____

- INSTRUCTIONS:**
- Complete, date and sign form.
 - Obtain Department Head signature.
 - Districts obtain board signatures.
 - Attach supporting documentation.
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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
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CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

AH1008423

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

Invoice

Date	Invoice #
10/25/2024	5069102524

PAST DUE

Bill To
FALL RIVER FIRE DIST. P.O. BOX 396 FALL RIVER, CA 96028

Ship To
FALL RIVER FIRE DIST. SCBA 43155 HWY. 299 FALL RIVER, CA 96028

P.O. No.	Terms	Rep
	NET 10	SHOP

Qty	S / W Part #	Description	Price Each	Amount
7	Hydro	Hydrostatic Tests	35.00	245.00
7	T033	HP seal	3.00	21.00T

Sales Tax (7.25%)	\$1.52
Total	\$267.52

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

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

- 0H1008423

paid this week

Invoice

Date	Invoice #
10/25/2024	5069102524

PAST DUE

Bill To
FALL RIVER FIRE DIST. P.O. BOX 396 FALL RIVER, CA 96028

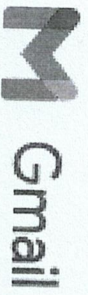
Ship To
FALL RIVER FIRE DIST. SCBA 43155 HWY. 299 FALL RIVER, CA 96028

P.O. No.	Terms	Rep
	NET 10	SHOP

Qty	S / W Part #	Description	Price Each	Amount
7	Hydro	Hydrostatic Tests	35.00	245.00
7	T033	HP seal	3.00	21.00T

Sales Tax (7.25%) \$1.52	
Total	\$267.52

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



Jody Morgan <jmorgan@frvfiredistrict.org>

Invoice 5069102524 from WILGUS FIRE CONTROL, INC.
1 message

nancy.wilgusfire.com <nancy@wilgusfire.com>
To: "jsims@frvfiredistrict.org" <jsims@frvfiredistrict.org>
Cc: "jmorgan@frvfiredistrict.org" <jmorgan@frvfiredistrict.org>

Thu, Dec 12, 2024 at 12:48 PM

WILGUS FIRE CONTROL INC.

Invoice PAST DUE
5069102524 Due:11/04/2024

Amount Due:
\$267.52

Dear Customer:

Your invoice-5069102524 for 267.52 is attached. Please remit payment at your earliest convenience.

Thank you for your business - we appreciate it very much.

Sincerely,
WILGUS FIRE CONTROL INC.
(530) 241-2465
www.wilgusfire.com

 **Inv_5069102524_from_WILGUS_FIRE_CONTROL_INC._2012.pdf**
75K



COUNTY OF SHASTA

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

CLAIMANT NAME:
 CASCADE FIRE EQUIPMENT

PEID: VENDOR 001187 ADDR TYPE (AP,A1,A2,): 01
 INV #: INV15582
 INV DATE: 10/28/24

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
15,466.52	00447	035500			MINOR EQUIPMENT			
\$15,466.52	TOTAL							

PO/ CONTRACT/
 BLANKET PO # _____

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 _____

INSTRUCTIONS:

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

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EXPLANATION (TEXT)

ADDRESS: (If different from remittance advice or if no invoice)
 P.O. BOX 4248
 MEDFORD, OR 97501

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.	

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

0411007053



Cascade Fire Equipment
 PO Box 4248
 Medford OR 97501
 United States
<https://cascadefire.com/>
 (800) 654-7049

Invoice
#INV15582
 10/28/2024

Bill To
 Fall River Valley Fire Dist
 Po Box 670
 McArthur CA 96056
 United States

Ship To
 Rick Gomes
 Fall River Valley Fire Dist
 90 Gooch Mill Rd
 McArthur CA 96056
 United States

PO #	Shipping Method	Tracking No	SO#	Due Date	Terms	Sales Rep
CAL FIRE 2023	Will Call		Sales Order #SO20683	11/27/2024	Net 30	Dylan Clark

Item	Qty	Backordered Qty	Rate	Amount
10313 Hydrant Wrench, Cascade	1	0	\$85.00	\$85.00
40018 Siamese, Clappered 2.5" Akron Akron Double Clapper	2	0	\$1,549.00	\$3,098.00
11516X50NH BLUE Hose, Poly-Tuff 800 3X50 Blue Cpld 2.5" NH	12	0	\$399.00	\$4,788.00
DHP-2502-BK Wolfpack Dropper Hose Pack - 2 Roll w/ Quick Release	1	0	\$190.00	\$190.00
507528M12 Boot, Fire Hunter Pro 12 Medium	1	0	\$385.00	\$385.00
507528M12.5 Boot, Fire Hunter Pro 12.5 Medium	0	1	\$385.00	\$0.00
507528M11.5 Boot, Fire Hunter Pro 11.5 Medium	1	0	\$385.00	\$385.00
507528M11.5 Boot, Fire Hunter Pro 11.5 Medium	0	1	\$385.00	\$0.00
507528M11 Boot, Fire Hunter Pro 11 Medium	1	0	\$385.00	\$385.00
507528M10.5 Boot, Fire Hunter Pro 10.5 Medium	1	0	\$385.00	\$385.00
MAJ-MFA-72 XL Majestic MFA-72 Structure Glove, XL	6	0	\$135.00	\$810.00
70200Y Yellow 360 Std. W/Faceshield Standard Configuration	0	6	\$359.00	\$0.00
50084R Gear Bag, Forestry Red	5	0	\$75.00	\$375.00
50083 Gear Bag, XI Red	6	0	\$80.00	\$480.00

DUNS# 13-196-8901 FEI#93-0883255
 CALIF. CORPORATE TAX NO. 1627970 CF4EC
 CALIF. SALES TAX EXEMPT NO. SR-S-JHG-97-127983



INV15582



Cascade Fire Equipment
 PO Box 4248
 Medford OR 97501
 United States
<https://cascadefire.com/>
 (800) 654-7049

Invoice
#INV15582
 10/28/2024

Item	Qty	Backordered Qty	Rate	Amount
40711 1.5" Ball Shutoff with bail handle	1	0	\$125.00	\$125.00
10216 Nozzle Tip, 1-1/2" Nh X 1/2"	1	0	\$95.00	\$95.00
20900 Fire Ext, 2.5 Gal Pressurized Water	0	1	\$165.00	\$0.00
20905 Fire Ext, Abc - 20 Lb	1	0	\$249.00	\$249.00
11040NPSH Reducer, 2" Npsh (F) X 1.5" Nh (M) R/L	4	0	\$35.00	\$140.00
50426 Goggle, Ess Wildland Striketeam Xto	6	0	\$41.00	\$246.00
50023Y Yellow Hat, Wildfire W/Ratchet Full Brim	6	0	\$70.00	\$420.00
50013 Shroud, Deluxe Nomex W/ Cotton Liner Face/Neck	6	0	\$35.00	\$210.00
50174A46C5Y Coat, Armor Ap 5.5 Ylw 46 W/2" L/Y Trim - FALL RIVER VALLEY SPEC	1	0	\$415.00	\$415.00
50174A48C5Y Coat, Armor Ap 5.5 Ylw 48 W/2" L/Y Trim - FALL RIVER VALLEY SPEC	1	0	\$415.00	\$415.00
50181A36X30C6Y Pant, Armor Ap 5.5 Ylw 36X30 W/2" L/Y Trim	1	0	\$370.00	\$370.00
50181A36X34C6Y Pant, Armor Ap 5.5 Ylw 36X34 W/2" L/Y Trim	1	0	\$370.00	\$370.00

Subtotal	\$14,421.00
Shipping Cost	\$0.00
Tax Total (%)	\$1,045.52
Total	\$15,466.52
Amount Due	\$15,466.52

DUNS# 13-196-8901 FEI#93-0883255
 CALIF. CORPORATE TAX NO. 1627970 CF4EC
 CALIF. SALES TAX EXEMPT NO. SR-S-JHG-97-127983



INV15582



COUNTY OF SHASTA

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

CLAIMANT NAME:

EXPRESS BUSINESS SERVICE

PEID: VENDOR11121

ADDR TYPE (01,02,03): 01

INV #: XF120824A

INV DATE: 12/08/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1	R2
							1099	CHK
							NC RE	PU AT
							MH	PT ID
1,782.00	00447	011000			GROSS WAGES PPE 12/8/24			
110.48	00447	018100			SS TAX PPE 11/25/24 - 12/8/24			
25.85	00447	018100			M/C TAX PPE 11/25/24 -12/8/24			
34.65	00447	018400			UI PPE 11/25/24 - 12/8/24			
67.31	00461	034800			HR SERVICES PPE 12/8/24			
	601							
2,020.29	TOTAL							

2,020.29	TOTAL	EXPLANATION (TEXT)	ADDRESS: (If different from remittance advice or if no invoice)
PO/ CONTRACT/ BLANKET PO # <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		FALL RIVER VALLEY FIRE PROTECTION DIST PAY PERIOD 11/25/24 - 12/8/24 PAY DATE: 12/13/24 ACH DEPOSIT BY 12/12/24 IF NOT POSSIBLE NOTIFY LORI	PO BOX 1469 SHASTA LAKE, CA 96019

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

Signed _____

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

AUDITOR USE ONLY	DISTRICT USE ONLY	
I hereby certify that the above claim was examined and approved by this office. 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.	

CLAIMANT SIGNATURE
DATE

Roni A. Garnett
12/09/24

AUTHORIZED SIGNATURE
DATE

Express Business Service

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

Invoice

Date	Invoice #
12/9/2024	4845

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

Terms
Net 10 days

Description	Quantity	Rate	Amount
12/13/24 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.31	2.31
Total			\$67.31

Thank you for your business.

Prd Beginning: November 25, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
 Pay Date: December 13, 2024

Prd Ending: December 8, 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					156.99	567
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63					230.87	568
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73					46.17	569
MORGAN, JODY	Gross Regular	24.00	48.00	1152.00	FICA MCare	71.42 16.70	CA - St Wh	12.00			1051.88	570
SANTOYO, JACQUELINE	Gross Regular	20.00	8.00	160.00	FICA MCare	9.92 2.32					147.76	571
Grand Total...	Gross Regular		68.00	1782.00	FICA MCare	110.48 25.85	CA - St Wh	12.00			1633.67	

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: December 13, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: November 25, 2024

Prd Ending: December 8, 2024

FALL RIVER VALLEY FIRE PROT

Units/Hours

Regular 68.00

Earnings/Pay

Regular 1782.00

Misc Inc/(-)Ded

Total Other 0.00

Tot Units/Hours 68.00

Total Pay 1782.00

Employee Taxes

Fica Tax 110.48
Medicare Tax 25.85
Federal Tax 0.00
CA State WH Tax 12.00

Employer's Taxes

Fica Tax 110.48
Medicare Tax 25.85
Fed. Unempl (FUTA) 0.00
CA Unempl (SUI) 34.02
CA Training Tax 0.63

Net Pay

Net Pay Checks 1633.67

Total W/H Taxes 148.33

Tot. Empl's Taxes 170.98

Total Net Pay 1633.67

TAXES & OTHER PAYMENTS

Date	Code	Description	Due Date	Amount
12/13/24	EFTPS		12/18/24	\$ 272.66
12/13/24	ST_EFTPS		12/18/24	\$ 12.00
12/13/24	ST_EFTPS		12/18/24	\$ 34.65
12/13/24	EXPRESS BUSINESS SERVICE			\$ 67.31

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 2020.29



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 #: 545917
INV DATE: 11/25/24

Table with columns: AMOUNT, COST CNTR, ACCT, PROJ CODE, ACTY CODE, DESCRIPTION (30 CHAR), VENDOR ACCT # SECONDARY REF, R1 1099, R2 CHK. Includes rows for Labor (312.50), Parts (242.36), Environmental Fee (8.00), Sales Tax (17.57), and a TOTAL row for \$580.43.

EXPLANATION (TEXT) section containing 'Repair' and ADDRESS: 44275 HWY 299E, MCARTHUR, CA 96056. Includes checkboxes for PARTIAL and FULL.

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

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...

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:
BOARD MEMBER | DATE
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.

CLAIMANT SIGNATURE
DATE

AUTHORIZED SIGNATURE
DATE

Handwritten number: 011068423

Hiway Garage Inc
 44275 Hwy 299E
 CA 96056

Statement

Date
11/25/2024

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

		Amount Due	Amount Enc.		
		\$580.43			
Date	Transaction	Amount	Balance		
10/22/2024	Balance forward		0.00		
11/18/2024	INV #12800. Due 12/18/2024. --- Labor \$312.50 --- Parts & Accessories \$242.36 --- Environmental Fee \$8.00 --- Tax: 7.25 @ 7.25% = 17.57	580.43	580.43		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
580.43	0.00	0.00	0.00	0.00	\$580.43

HIWAY GARAGE INC
 44275 STATE HIGHWAY 299 EAST
 McARTHUR, CA 96056
 (530) 336-5532
 BAR #ARD00286168

11/18/2024 3:52:53 PM PST

Invoice #12800

Page:1

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO BOX 670
 MCARTHUR, CA 96056

Phone:

Vehicle : 1975 CHEVROLET K30 PICKUP 5.7 W/THM350 AUTO
 VIN : CKY245Z138606
 Fleet #/Driver : U16 /
 Created : 11/13/2024 12:39:30 PM PST
 Invoiced : 11/18/2024 3:52:42 PM PST

Tag/State : E652645/CA
 Color : Red
 Odometer In : 17903
 Odometer Out : 17903

Labor/Notes

Technician	Reference	Description	Price
T1	LOF	LUBE, OIL, AND FILTER CHANGE	\$50.00
		DRAIN AND REFILL CRANKCASE WITH CHEVRON 10W30 MOTOR OIL, REPLACE OIL FILTER. LUBRICATE CHASSIS WHERE APPLICABLE. REPLACE AIR FILTER , TOP OFF ALL FLUID LEVELS AND APPLY REMINDER STICKER. REPLACED W/S WIPER BLADES. COOLANT -45. ALL TIRES @ 60 PSI.	
	TIREMOUNT	MOUNT AND BALANCE TIRE	\$30.00
		REPLACE DAMAGED L/F WHEEL. MOUNT & BALANCE TIRE ON GOOD USED WHEEL.	
T1	LABOR	MISC LABOR	\$77.50
		REPLACE DAMAGED DRIVER SIDE MIRROR.	
M1	LABOR	REPAIR WIRING HARNESS	\$155.00

Parts

Code	Reference	Description	Condition	Unit Price	Price
-	PART	USED 16" WHEEL	New	\$30.00	\$30.00
CHV	80W90	80W90 GEAR OIL GL-4/5	New	\$6.00	\$12.00
-	PCB16	16" WIPER BLADE	New	\$10.00	\$20.00
FIL	1060	NAPA Gold Engine Oil Filter		\$11.36	\$11.36
FIL	2098	NAPA Gold Round Air Filter		\$17.06	\$17.06
NF	552	NAPA Turn Signal Flasher 12 V		\$6.46	\$6.46
GRO	280935	Mirror - Exterior Rear View Versatile Tripod Assembly Bright		\$107.98	\$107.98
-	10W30	10W30 MOTOR OIL	New	\$7.50	\$37.50

Labor	\$312.50
Parts	\$242.36
Environmental Fee	\$8.00
Sales Tax	Default Rule @ 7.25% \$17.57

Total \$580.43
PAYMENT \$0.00
BALANCE DUE \$580.43

Technician Code Certification #
 T1
 M1



HIWAY GARAGE INC
44275 STATE HIGHWAY 299 EAST
McARTHUR, CA 96056
(530) 336-5532
BAR #ARD00286168

11/18/2024 3:52:53 PM PST

Invoice #12800

Page:2

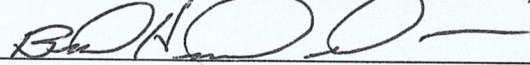
FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Vehicle: 1975 CHEVROLET K30 PICKUP 5.7 W/THM350

Approvals

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FEE. 12-Month or 12,000 Mile Warranty On Repairs.

Customer Signature



HIWAY GARAGE INC
 44275 STATE HIGHWAY 299 EAST
 McARTHUR, CA 96056
 (530) 336-5532
 BAR #ARD00286168

11/18/2024 3:52:50 PM PST

Invoice #12800

Page:1

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Phone:

PO BOX 670
 MCARTHUR, CA 96056

Vehicle : 1975 CHEVROLET K30 PICKUP 5.7 W/THM350 AUTO

Tag/State : E652645/CA

VIN : CKY245Z138606

Color : Red

Fleet #/Driver : U16 /

Odometer In : 17903

Created : 11/13/2024 12:39:30 PM PST

Odometer Out : 17903

Invoiced : 11/18/2024 3:52:42 PM PST

Labor/Notes

Technician	Reference	Description	Price
T1	LOF	LUBE, OIL, AND FILTER CHANGE	\$50.00
		DRAIN AND REFILL CRANKCASE WITH CHEVRON 10W30 MOTOR OIL, REPLACE OIL FILTER. LUBRICATE CHASSIS WHERE APPLICABLE. REPLACE AIR FILTER , TOP OFF ALL FLUID LEVELS AND APPLY REMINDER STICKER. REPLACED W/S WIPER BLADES. COOLANT -45. ALL TIRES @ 60 PSI.	
	TIREMOUNT	MOUNT AND BALANCE TIRE	\$30.00
		REPLACE DAMAGED L/F WHEEL.	
		MOUNT & BALANCE TIRE ON GOOD USED WHEEL.	
T1	LABOR	MISC LABOR	\$77.50
		REPLACE DAMAGED DRIVER SIDE MIRROR.	
M1	LABOR	REPAIR WIRING HARNESS	\$155.00

Parts

Code	Reference	Description	Condition	Unit Price	Price
-	PART	USED 16" WHEEL	New	\$30.00	\$30.00
CHV	80W90	80W90 GEAR OIL GL-4/5	New	\$6.00	\$12.00
-	PCB16	16" WIPER BLADE	New	\$10.00	\$20.00
FIL	1060	NAPA Gold Engine Oil Filter		\$11.36	\$11.36
FIL	2098	NAPA Gold Round Air Filter		\$17.06	\$17.06
NF	552	NAPA Turn Signal Flasher 12 V		\$6.46	\$6.46
GRO	280935	Mirror - Exterior Rear View Versatile Tripod Assembly Bright		\$107.98	\$107.98
-	10W30	10W30 MOTOR OIL	New	\$7.50	\$37.50

Labor	\$312.50
Parts	\$242.36
Environmental Fee	\$8.00
Sales Tax	Default Rule @ 7.25%
	\$17.57

Total \$580.43
PAYMENT \$0.00
BALANCE DUE \$580.43

Technician Code Certification #
 T1
 M1



HIWAY GARAGE INC
44275 STATE HIGHWAY 299 EAST
McARTHUR, CA 96056
(530) 336-5532
BAR #ARD00286168

11/18/2024 3:52:50 PM PST

Invoice #12800

Page:2

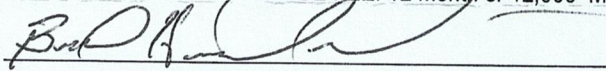
FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Vehicle: 1975 CHEVROLET K30 PICKUP 5.7 W/THM350

Approvals

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express garagekeeper's lien is hereby acknowledged on above vehicle to secure the amount or repairs thereto. All Vehicles left over 48 hrs. after repairs are completed WILL INCUR A \$5.00 PER DAY STORAGE FEE. 12 Month or 12,000 Mile Warranty On Repairs.

Customer Signature





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 #: 262058

INV DATE: 02/29/24

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
127.50	00447	034800			PROFESSIONAL SVS	FA005-00003		
\$127.50	TOTAL				EXPLANATION (TEXT)	ADDRESS: (if different from remittance advice or if no invoice)		

PO/ CONTRACT/ BLANKET PO # _____

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

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:	
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

0111008785

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. #95-3658973Attorney – Client Privilege**Fall River Valley Fire Protection District**
Jody Morgan
Chief Financial Officer
jmorgan6273@yahoo.comInvoice 262058
February 29, 2024Client/Matter No.: FA005-00003
Re: Fire Chief Advice & Counsel

For Professional Services Rendered Through February 29, 2024

BILLING SUMMARY

Total Fees	\$127.50
Total Charges	\$127.50

Fees

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
02/09/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM OLDSON'S ATTORNEY REGARDING OUTSTANDING STIPEND CHECKS AND HAVE A TELEPHONE DISCUSSION WITH GARY FAZIO REGARDING SAME.	0.20	85.00
02/21/24	JWH	REVIEW CORRESPONDENCE AND VOICE MESSAGE FROM OPPOSING COUNSEL REGARDING OUTSTANDING CHECKS AND DRAFT CORRESPONDENCE TO BOARD MEMBER GARY FAZIO REGARDING SAME.	0.10	42.50
			Total Fees	127.50

Fee Recap

<u>Timekeeper</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
JACK W. HUGHES	PARTNER	0.30	425.00	\$127.50
		0.30		\$127.50

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>
\$212.50	\$170.00	\$0.00	\$0.00	\$0.00	\$382.50

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

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

Invoice 262058
February 29, 2024

Billing Summary

Total Fees	\$127.50
Total Costs	\$0.00
Total Charges	\$127.50



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 #: 262092

INV DATE: 02/29/24

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
4,122.50	00447	034800			PROFESSIONAL SVS	FA005-00004		
\$4,122.50	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO #

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 _____

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:	
BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

84100 9411

A PROFESSIONAL LAW CORPORATION

6033 W. Century Boulevard
5th Floor
Los Angeles, CA 90045
310-981-2000
Fed. Tax I.D. #95-3658973Attorney – Client Privilege**Fall River Valley Fire Protection District**
Jody Morgan
Chief Financial Officer
jmorgan6273@yahoo.comInvoice 262092
February 29, 2024Client/Matter No.: FA005-00004
Re: Valdez Brown Act Litigation

For Professional Services Rendered Through February 29, 2024

BILLING SUMMARY

Total Fees	\$4,122.50
Total Charges	<u>\$4,122.50</u>

Fees

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
02/05/24	NTJ	PREPARE FOR AND PARTICIPATE IN SETTLEMENT CONFERENCE AND FOLLOW-UP CALLS WITH CLIENT RE SAME.	2.10	892.50
02/06/24	JWH	REVIEW RESULTS OF THE FEBRUARY 5 CONTINUED SETTLEMENT CONFERENCE AND NEXT STEPS TO EITHER RESOLVE MATTER OR SEEK DISMISSAL OF PETITIONERS' ACTION.	0.20	85.00
02/06/24	NTJ	CALL WITH PETITIONER RE SETTLEMENT AGREEMENT.	0.10	42.50
02/11/24	NTJ	REVIEW SETTLEMENT AGREEMENT FROM PETITIONERS, REVISE ORIGINAL SETTLEMENT AGREEMENT, AND TRANSMIT SAME TO PETITIONERS WITH EXPLANATIONS RE SAME.	0.80	340.00
02/16/24	NTJ	CALL WITH GARY FAZIO RE STATUS OF SETTLEMENT.	0.10	42.50
02/17/24	NTJ	BEGIN REVIEW AND ANALYSIS OF, AND LEGAL RESEARCH RELATED TO, PROPOSED REVISIONS TO DRAFT SETTLEMENT AGREEMENT AND RELATED FILE REVIEW.	1.20	510.00
02/18/24	NTJ	CONTINUE REVIEW AND ANALYSIS OF, AND LEGAL RESEARCH RELATED TO, PROPOSED REVISIONS TO DRAFT SETTLEMENT AGREEMENT AND RELATED FILE REVIEW, AND DRAFT CORRESPONDENCE TO PETITIONER RE SAME.	2.20	935.00
02/19/24	NTJ	DRAFT CORRESPONDENCE TO COLLEAGUE JACK HUGHES RE STATUS OF SETTLEMENT NEGOTIATIONS WITH PETITIONERS.	0.30	127.50
02/20/24	JWH	REVIEW STATUS OF SETTLEMENT NEGOTIATIONS.	0.10	42.50

Fees

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
02/24/24	NTJ	CALL WITH THE VALDEZES RE SETTLEMENT REVISIONS, PERFORM LEGAL RESEARCH RE PROPOSED REVISIONS, AND REVISE SAME.	1.90	807.50
02/25/24	NTJ	CALL WITH THE VALDEZES RE SETTLEMENT AGREEMENT.	0.10	42.50
02/26/24	NTJ	REVIEW FINAL SETTLEMENT AGREEMENT IN PREPARATION FOR CALL WITH DISTRICT RE SAME.	0.20	85.00
02/28/24	NTJ	REVIEW DRAFT SETTLEMENT AGREEMENT AND CALL WITH JOHN KENNY RE SAME AND NEGOTIATION HISTORY, AND E-MAIL KENNY SAME.	0.30	127.50
02/29/24	NTJ	CALL WITH NORMAN VALDEZ RE STATUS OF SETTLEMENT AND CORRESPONDENCE WITH JOHN KENNY RE SAME.	0.10	42.50
			Total Fees	4,122.50

Fee Recap

<u>Timekeeper</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
JACK W. HUGHES	PARTNER	0.30	425.00	\$127.50
NATHAN T. JACKSON	PARTNER	9.40	425.00	\$3,995.00
		9.70		\$4,122.50

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>
\$5,790.07	\$3,451.50	\$0.00	\$0.00	\$0.00	\$9,241.57

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 262092
February 29, 2024

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

Billing Summary

Total Fees	\$4,122.50
Total Costs	\$0.00
Total Charges	\$4,122.50



COUNTY OF SHASTA

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

CLAIMANT NAME:

LIEBERT CASSIDY WHITMORE

PEID: VENDOR03554 ADDR TYPE (AP,A1,A2): 01
 INV #: 264345
 INV DATE: 03/31/24

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									
425.00	00447	034800			PROFESSIONAL SVS	FA005-00003											
\$425.00	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"/>	6033 W CENTURY BLVD							
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.						5TH FLOOR											
Signed _____						LOS ANGELES, CA 90045											
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.						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					
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 _____

Handwritten signature

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 264345
March 31, 2024

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

For Professional Services Rendered Through March 31, 2024

BILLING SUMMARY

Total Fees	\$425.00
Total Charges	\$425.00

Fees

<u>Date</u>	<u>Tkpr</u>	<u>Narrative</u>	<u>Hours</u>	<u>Amount</u>
03/08/24	JWH	TELEPHONE CONFERENCE WITH FIRE CHIEF GOMES REGARDING RECOVERY OF DISTRICT PROPERTY FROM VOLUNTEER ASSOCIATION MEMBERS AND DATA NECESSARY TO RESOLVE QUESTIONS ABOUT OLDSON'S STIPEND CHECKS.	0.50	212.50
03/08/24	JWH	DRAFT CORRESPONDENCE TO CHIEF GOMES REGARDING OLDSON INQUIRIES ABOUT STIPEND CHECKS.	0.10	42.50
03/12/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE REGARDING POSSIBLE STAFF TURNOVER AT THE DISTRICT.	0.10	42.50
03/12/24	JWH	REVIEW FOLLOW-UP CORRESPONDENCE REGARDING FALL RIVER STAFFING AND ONGOING NEW ALLEGATIONS FROM VALDEZ.	0.10	42.50
03/22/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM JODY MORGAN REGARDING TWO OUTSTANDING CHECKS FOR OLDSON.	0.10	42.50
03/28/24	JWH	REVIEW AND RESPOND TO CORRESPONDENCE FROM BOTH THE FIRE CHIEF AND JODY MORGAN REGARDING CHECKS FOR MR. OLDSON, A RESTRAINING ORDER AGAINST MR. VALDEZ AND OTHER DEVELOPMENTS AT THE DISTRICT.	0.10	42.50
Total Fees				425.00

Fee Recap

<u>Timekeeper</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
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Fall River Valley Fire Protection Dist
Client/Matter No.: FA005 00003

March 31, 2024
Invoice 264345
Page 2

Fee Recap

<u>Timekeeper</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
JACK W. HUGHES	PARTNER	1.00	425.00	\$425.00
		1.00		\$425.00

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>
\$425.00	\$127.50	\$0.00	\$170.00	\$0.00	\$722.50

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

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

Invoice 264345
March 31, 2024

Billing Summary

Total Fees	\$425.00
Total Costs	\$0.00
Total Charges	\$425.00



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 #: 60137355

INV DATE: 03/15/24

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
193.23	00447	034800			PROFESSIONAL SVS	FA005-00004		

\$193.23	TOTAL	EXPLANATION (TEXT)	ADDRESS: (If different from remittance advice or if no invoice)
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PO/ CONTRACT/
BLANKET PO # _____

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 _____

- 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:	DATE
BOARD MEMBER _____	DATE _____
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.

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

OH Inv 928.5



First Legal Network, LLC
 P.O. Box 743451
 Los Angeles CA 90074-3451

FA005.004

INVOICE

Invoice No. 60137355	Customer No. 86786
Invoice Date 3/15/24	Total Due 193.23

TAX ID# 27-3093840

Liebert Cassidy Whitmore
 Attn: Jill Ann Keehnen
 400 Capitol Mall Suite 1260
 Sacramento, CA 95814

BILLING PAYMENT QUESTIONS
 CLIENT CARE (877) 350-8698

Date	Ordr No.	Svc	Customer No.	Invoice No.	Period Ending	Amount Due	Pg	Charges	Total
3/08/24	16150538	BFX	86786	60137355	3/15/24	193.23	1		
Service Detail									
3/08/24	16150538	BFX	Liebert Cassidy Whitmore 400 Capitol Mall SACRAMENTO CA 95814 Callier: Amber Guzman 23CV-0202629 NORMAN J. VALDEZ V FALL RIVER VALLEY FIRE DCCS: STIP FILE/ CONFORM RETURN HANDLE AS RUSH Phone: 916 584-7000 Signed: Filed/Received			SHASTA CO SUPERIOR CT-REDDING 1500 COURT STREET REDDING CA 96001-1686		Base Chg : 157.00 Wait : 22.10 Fuel Chg : 14.13	193.23
FILING BRNCH PDF RUSH									
								Total	193.23

INVOICE PAYMENT DUE UPON RECEIPT



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 #: 60137354

INV DATE: 03/15/24

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
123.57	00447	034800			PROFESSIONAL SVS	FA005-00004		
\$123.57	TOTAL	EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)			

PO/ CONTRACT/
BLANKET PO #

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

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

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.

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:	
BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

04 1009284



First Legal Network, LLC
 P.O. Box 743451
 Los Angeles CA 90074-3451

TAX ID# 27-3093840

INVOICE

Invoice No.	Customer No.
60137354	86786
Invoice Date	Total Due
3/15/24	123.57

Liebert Cassidy Whitmore
 Attn: Jill Ann Keehnen
 400 Capitol Mall Suite 1260
 Sacramento, CA 95814

BILLING/PAYMENT QUESTIONS
 CLIENT CARE (877) 350-8698

Date	Order No.	Svc	Customer No.	Invoice No.	Period Ending	Amount Due	Pg	Charges	Total
3/07/24	16150445	BFX	86786	60137354	3/15/24	123.57	1		
FILING BRNCH PDF SAME DAY			Service Detail						
			Liebert Cassidy Whitmore		SHASTA CO SUPERIOR CT-REDDING		Base Chg : 110.25		
			400 Capitol Mall		1500 COURT STREET		Vat : 3.40		
			SACRAMENTO CA 95814		REDDING CA 96001-1686		Fuel Chg : 9.92		123.57
			Call er: Amber Guzman		Vat: 4 Mn				
			23CV-0202829						
			Val dez v. Fall River Valley Fire Prot. Dist. Coml						
			DCCS: n/c						
			FILE/ CONFORM RETURN						
			Phone: 916 584-7000						
			Signed: FILED		Ref: FA005-004				
								Total	123.57

INVOICE PAYMENT DUE UPON RECEIPT



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:	10/03/24		

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
							NC RE MH	PU AT PT ID
175.00	00447	034800			PROFESSIONAL SVS	FILE # 9448		
50.00	00447	034800			PROFESSIONAL SVS	FILE # 9448		
200.00	00447	034800			PROFESSIONAL SVS	FILE # 9448		
100.00	00447	034800			PROFESSIONAL SVS	FILE # 9448		
325.00	00447	034800			PROFESSIONAL SVS	FILE # 9448		
\$850.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO #

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

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

Signed _____

- INSTRUCTIONS:
- Complete, date and sign form.
 - Obtain Department Head signature.
 - Districts obtain board signatures.
 - Attach supporting documentation.
 - 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:

BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

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

Date: 10/03/2024

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

Re: Fall River Valley Fire Protection District
File#: 9393
Invoice#: 100555

Billing Summary

Invoice Amount:	\$850.00
Balance Due:	\$850.00
Paid from	\$ 850.00
Retainer on hand:	<u>\$(3932.60)</u>
Balance Due:	\$ - 0 -
Remaining retainer on hand:	\$3082.60

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: 10/03/2024
Invoice #: 100555
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: 11/02/2024

Payments received after 10/03/2024 are not reflected in this statement.

Professional Services

Date	Details	Hours	Rate	Amount
09/11/2024	JSK Call to Gomez re: election; telephone call with Oiler re: election of five Board Members and candidates' night	0.70	\$250.00	\$175.00
09/12/2024	JSK Call from Fazio	0.20	\$250.00	\$50.00
09/13/2024	JSK Review letter from Valdez re: record request; email to Jody	0.80	\$250.00	\$200.00
09/20/2024	JSK Consider letter from Valdez re: Public Comment Requirements; email to Jody re: Bylaws with sample	0.40	\$250.00	\$100.00
09/23/2024	JSK Review and forward to Jody sample Bylaws; telephone call with Pat Oiler re: public's right to comment at Board Meetings	1.30	\$250.00	\$325.00

For professional services rendered 3.40 \$850.00

Invoice Amount \$850.00

Balance Due \$850.00

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

Date: 10/03/2024

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

Re: Fall River Valley Fire Protection District
File#: 9393
Invoice#: 100555

Billing Summary

Invoice Amount:	\$850.00
Balance Due:	\$850.00
Paid from	\$ 850.00
Retainer on hand:	<u>\$(3932.60)</u>
Balance Due:	\$ - 0 -
Remaining retainer on hand:	\$3082.60

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: 10/03/2024
Invoice #: 100555
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: 11/02/2024

Payments received after 10/03/2024 are not reflected in this statement.

Professional Services

Date	Details	Hours	Rate	Amount
09/11/2024	JSK Call to Gomez re: election; telephone call with Oiler re: election of five Board Members and candidates' night	0.70	\$250.00	\$175.00
09/12/2024	JSK Call from Fazio	0.20	\$250.00	\$50.00
09/13/2024	JSK Review letter from Valdez re: record request; email to Jody	0.80	\$250.00	\$200.00
09/20/2024	JSK Consider letter from Valdez re: Public Comment Requirements; email to Jody re: Bylaws with sample	0.40	\$250.00	\$100.00
09/23/2024	JSK Review and forward to Jody sample Bylaws; telephone call with Pat Oiler re: public's right to comment at Board Meetings	1.30	\$250.00	\$325.00

For professional services rendered 3.40 \$850.00

Invoice Amount _____ **\$850.00**

Balance Due _____ **\$850.00**



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

CLAIMANT NAME:
 KENNY & NORINE

PEID: VEND003256
INV #: 100764
INV DATE: 12/06/24

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

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
125.00	00447	034800			PROFESSIONAL SVS	FILE # 9570		
75.00	00447	034800			PROFESSIONAL SVS	FILE # 9570		

\$200.00 **TOTAL** **EXPLANATION (TEXT)** **ADDRESS:** (If different from remittance advice or if no invoice)

PO/ CONTRACT/
 BLANKET PO # _____

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

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

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.

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:	
	BOARD MEMBER	DATE
	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.		

1923 COURT STREET
 REDDING, CA 96001

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

Ad 122206

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

INVOICE

Date: 12/06/2024

Invoice #: 100764

Matter: FALL RIVER VALLEY FIRE PROTECTION DISTRICT, Norman Valdez vs (Hrly)

File #: 9570

Bill To:

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

Due Date: 01/05/2025

Payments received after 12/06/2024 are not reflected in this statement.

Professional Services

Date	Details	Hours	Rate	Amount
11/18/2024	JSK Receive and consider Norm Valdez's labor claim	0.50	\$250.00	\$125.00
11/25/2024	JSK Call from Assistant Fire Chief Booth re: Valdez Labor Commission complaint	0.30	\$250.00	\$75.00

For professional services rendered 0.80 \$200.00

Invoice Amount \$200.00

Balance Due \$200.00

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

Date:12/06/2024

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

Re: FALL RIVER VALLEY FIRE PROTECTION DISTRICT, Norman Valdez vs (Hrly)
File#: 9570
Invoice#: 100764

Billing Summary

Invoice Amount:	\$200.00
Balance Due:	\$200.00

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



COUNTY OF SHASTA

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

CLAIMANT NAME:

KENNY & NORINE

PEID: VENDOR03256

ADDR TYPE (AP,A1,A2): 01

INV #: 100763

INV DATE: 12/06/24

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
300.00	00447	034800			PROFESSIONAL SVS	FILE # 9393		
350.00	00447	034800			PROFESSIONAL SVS	FILE # 9393		
\$650.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO #

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

1923 COURT STREET

REDDING, CA 96001

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

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.

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:

BOARD MEMBER	DATE
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.

**CLAIMANT
SIGNATURE**

DATE

**AUTHORIZED
SIGNATURE**

DATE

DA 12/09/24

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

INVOICE

Date: 12/06/2024
Invoice #: 100763
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: 01/05/2025

Payments received after 12/06/2024 are not reflected in this statement.

Professional Services

Date	Details	Hours	Rate	Amount
11/08/2024	JSK Review email from Jody re: Brown Act issues; reply to issues raised; review Fire Protection District Law re: qualifications of elected Board Members	1.20	\$250.00	\$300.00
11/12/2024	JSK Conference with Board Chairman re: Brown Act issues; review draft bylaws; research Board Qualifications; email to Jody	1.40	\$250.00	\$350.00

For professional services rendered 2.60 \$650.00

Invoice Amount \$650.00

Balance Due \$650.00

Kenny & Norine

1923 Court Street

Redding, CA 96001

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

Date: 12/06/2024

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

Re: Fall River Valley Fire Protection District
File#: 9393
Invoice#: 100763

Billing Summary

Invoice Amount:	\$650.00
Balance Due:	\$650.00
Paid from	\$ 650.00
Retainer on hand:	<u>\$(875.60)</u>
Balance Due:	\$ - 0 -
Remaining retainer on hand:	\$ 207.60

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

COM-PAIR SERVICES

3365 EAST STREET STE C
ANDERSON, CA 96007



Statement #

154812

Service Period

11-01-2024 to 11-30-2024

Statement Date

11-01-2024

Due Date

12-01-2024

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	\$1.70
Total due by 12-01-2024	\$111.70

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 # 154812

Please make checks payable to Com-Pair Services

Due Date

12-01-2024

Amount Due

\$111.70

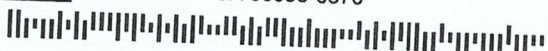
Amount Enclosed



446 1 AB 0.593 2/79 000891 0001:0002



MCARTHUR FPD
PO BOX 670
MCARTHUR CA 96056-0670



COM-PAIR SERVICES
3365 EAST ST STE C
ANDERSON CA 96007-3046

McArthur FPD (8533) 44283 Hwy 299E, McArthur, CA 96056

Charges

X2 Tier 1 - 12 Mbps Down 2 Mbps Up x 1 \$55.00

Prior Unpaid Invoices

Invoice 150967 (10-01-2024) \$1.70

Fall River Valley FPD (11429) 43155 California 299, Fall River Mills, CA 96028

Charges

X2 Tier 1 - 12 Mbps Down 2 Mbps Up x 1 \$55.00



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 #: 160384
INV DATE: 12/01/24

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
111.70	00447	032500			INTERNET - ACCT #8533			
\$111.70	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO # _____

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

3365 East St STE C
 ANDERSON, CA 96007-3046

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

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.

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:	
BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

111 1069264

COM-PAIR SERVICES
3365 EAST STREET STE C
ANDERSON, CA 96007



Statement #
160384

MCARTHUR FPD
PO BOX 670
MCARTHUR, CA 96056

Service Period
12-01-2024 to 12-31-2024

Statement Date
12-01-2024

Due Date
12-31-2024

Account Number
8533

Charges	\$110.00	←
Taxes / Fees	\$0.00	
Credits	(\$0.00)	
Payments Applied	(\$0.00)	
Previous Balance	\$111.73	
Total due by 12-31-2024	\$221.73	

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 # 160384

Please make checks payable to Com-Pair Services

Due Date
12-31-2024

Amount Due
\$221.73

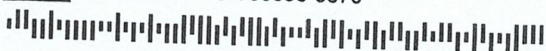
Amount Enclosed



423 1 AB 0.593 2/56 000845 0001:0002



MCARTHUR FPD
PO BOX 670
MCARTHUR CA 96056-0670



COM-PAIR SERVICES
3365 EAST ST STE C
ANDERSON CA 96007-3046



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):** 102
INV #: XF100124A
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										
101.02	00447	032500			PHONE/INTERNET	287342390092												
\$101.02	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 <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
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 _____

Handwritten signature

AutoPay: Set up automatic payments that you can update whenever you want. Go to firstnetcentral.firstnet.com today.

Total due


\$370.59

Due immediately: \$269.57
Due Oct 24, 2024: \$101.02

Account summary

Your last bill	\$269.57
Past due - please pay immediately	\$269.57

Service summary

 Wireless	Page 2	\$101.02
Total services - due Oct 24, 2024		\$101.02

Total due **\$370.59**

Ways to pay and manage your account:

 firstnetcentral.firstnet.com

 **Call 611**
from FirstNet device

800.574.7000
TTY: 866.241.6567
from any other phone

Service activity

Wireless

<i>Number</i>	<i>User</i>	<i>Page</i>	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
530.336.5026	MCARTHUR VOLUNTEER FIRE DEPT.	3	\$44.99	\$4.03	\$1.49	\$50.51
530.336.6117	FALL RIVER VALLEY FIRE DISTRICT	5	\$44.99	\$4.03	\$1.49	\$50.51
Total			\$89.98	\$8.06	\$2.98	\$101.02

...Wireless continued



Phone, 530.336.5026
MCARTHUR VOLUNTEER FIRE DEPT.

Monthly charges

Sep 02 - Oct 01

1. FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM	\$44.99
2. Block Roaming Except 3PTs for FirstNet	\$0.00
3. FirstNet Messaging	\$0.00

Company fees & surcharges

4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$0.74
6. Regulatory Cost Recovery Charge	\$1.25
7. State Public Utility Surcharge	\$0.05

Government fees & taxes

8. 911/988 Surcharge	\$0.38
9. CA Universal Svc PPP Srchg	\$1.11

Total for 530.336.5026 **\$50.51**

Usage summary

Talk *Used*

Daytime minutes (unlimited)	71
Night & Weekend minutes (unlimited)	3

Data *Used*

FirstNet Mbl Unl Enhc Smp 4G LTE VVM (unlimited MB)	1
--	---

1 Gigabyte (GB) = 1024MB, 1 Megabyte (MB) = 1024KB

...Wireless continued


Phone, 530.336.6117
 FALL RIVER VALLEY FIRE DISTRICT

Monthly charges

Sep 02 - Oct 01

1. FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM	\$44.99
2. Block Roaming Except 3PTs for FirstNet	\$0.00
3. FirstNet Messaging	\$0.00

Company fees & surcharges

4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$0.74
6. Regulatory Cost Recovery Charge	\$1.25
7. State Public Utility Surcharge	\$0.05

Government fees & taxes

8. 911/988 Surcharge	\$0.38
9. CA Universal Svc PPP Srchg	\$1.11

Total for 530.336.6117 **\$50.51**
Usage summary

Talk	<i>Used</i>
FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM (unlimited)	36

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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AutoPay: Set up automatic payments that you can update whenever you want. Go to firstnetcentral.firstnet.com today.

Total due

\$471.61


Due immediately: \$370.59

Due Nov 24, 2024: \$101.02

Account summary

Your last bill	\$370.59
Past due - please pay immediately	\$370.59

Service summary

 Wireless <i>Page 2</i>	\$101.02
Total services - due Nov 24, 2024	\$101.02

Total due **\$471.61**

Ways to pay and manage your account:

 firstnetcentral.firstnet.com

 **Call 611**
from FirstNet device


800.574.7000
TTY: 866.241.6567
from any other phone

Service activity

Wireless

<i>Number</i>	<i>User</i>	<i>Page</i>	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
530.336.5026	MCARTHUR VOLUNTEER FIRE DEPT.	3	\$44.99	\$4.03	\$1.49	\$50.51
530.336.6117	FALL RIVER VALLEY FIRE DISTRICT	5	\$44.99	\$4.03	\$1.49	\$50.51
Total			\$89.98	\$8.06	\$2.98	\$101.02

...Wireless continued

 **Phone, 530.336.5026**
 MCARTHUR VOLUNTEER FIRE DEPT.

Monthly charges

Oct 02 - Nov 01

1. FirstNet Mbl Unl Enhc Smartphone 4G LTE VVM	\$44.99
2. Block Roaming Except 3PTs for FirstNet	\$0.00
3. FirstNet Messaging	\$0.00

Company fees & surcharges

4. Administrative Fee	\$1.99
5. Federal Universal Service Charge	\$0.74
6. Regulatory Cost Recovery Charge	\$1.25
7. State Public Utility Surcharge	\$0.05

Government fees & taxes


8. 911/988 Surcharge	\$0.38
9. CA Universal Svc PPP Srchg	\$1.11

Total for 530.336.5026 **\$50.51**

Usage summary

Talk	<i>Used</i>
Daytime minutes (unlimited)	48
Night & Weekend minutes (unlimited)	18

...Wireless continued


Phone, 530.336.6117
 FALL RIVER VALLEY FIRE DISTRICT

Monthly charges	<i>Oct 02 - Nov 01</i>	
1. FirstNet Mbl Uni Enhc Smartphone 4G LTE VVM		\$44.99
2. Block Roaming Except 3PTs for FirstNet		\$0.00
3. FirstNet Messaging		\$0.00
<hr/>		
Company fees & surcharges		
4. Administrative Fee		\$1.99
5. Federal Universal Service Charge		\$0.74
6. Regulatory Cost Recovery Charge		\$1.25
7. State Public Utility Surcharge		\$0.05
<hr/>		
Government fees & taxes		
8. 911/988 Surcharge		\$0.38
9. CA Universal Svc PPP Srchg		\$1.11
<hr/>		
Total for 530.336.6117		\$50.51

Usage summary

Talk	<i>Used</i>
Daytime minutes (unlimited)	10
Night & Weekend minutes (unlimited)	10

News you can use

FirstNet Social Media

YouTube: youtube.com/firstnet
LinkedIn: linkedin.com/showcase/firstnet
X: x.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.

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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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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 #: XF102824

INV DATE: 10/28/24

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 09/30/24 - 10/28/24	8770665653-2						
\$9.53	TOTAL				EXPLANATION (TEXT)	ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO #		HWY 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.			APPROVED BY:							
INSTRUCTIONS:		By Deputy County Auditor USER ID			BOARD MEMBER							
1. Complete, date and sign form.		DATE			DATE							
2. Obtain Department Head signature.					BOARD MEMBER							
3. Districts obtain board signatures.					DATE							
4. Attach supporting documentation.					BOARD MEMBER							
5. Forward to County Auditor-Controller.					DATE							
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.					I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.							

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____

24102824



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-
Statement Date: 11/27/2024
Due Date: 12/16/2024

Details of Electric Charges

10/29/2024 - 11/26/2024 (29 billing days)

Service For: CORNER HWY 299 AND GROVE

Service Agreement ID: 8778099417

Rate Schedule: B1 Bus Low Use

10/29/2024 - 11/26/2024

Customer Charge 29 days @ \$0.32854 \$9.53

Total Electric Charges \$9.53

Rate Identification Number



USCA-PGPG-0600-0000

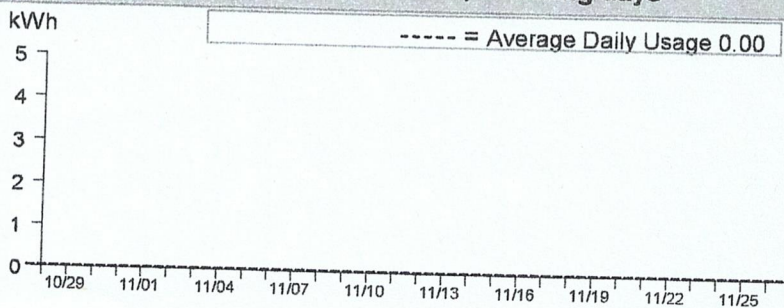
www.pge.com/rin

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	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



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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653
Statement Date: 11/27/2024
Due Date: 12/16/2024

Service For:

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

Your Account Summary

Amount Due on Previous Statement	\$9.5
Payment(s) Received Since Last Statement	-9.5
Previous Unpaid Balance	\$0.0
Current Electric Charges	\$9.5

Questions about your bill?

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

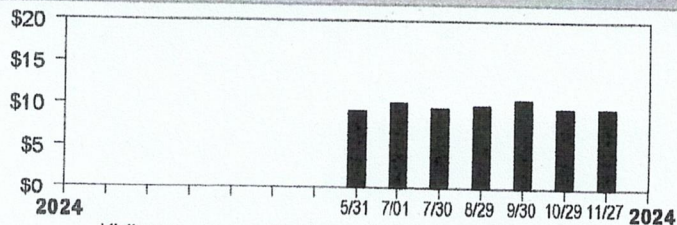
Total Amount Due by 12/16/2024 \$9.5

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago Period Current Period

N/A N/A N/A

Electric kWh / Day

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

Important Messages

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

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

99908770665653200000009530000000953



Account Number: 8770665653-2 Due Date: 12/16/2024

Total Amount Due: \$9.53

Amount Enclosed:



842710140293 1 AB 0.593 790 10329 14



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



84271014010329002001R0



COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VENDOR04720 ADDR TYPE (AP,A1,A2,): 04
 INV #: XF100724A
 INV DATE: 11/07/24

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
36.85	00447	036100			ELECTRIC 09/09/24 - 10/07/24	1460476444-0		
25.63	00447	036100			GAS 09/09/24 - 10/07/24	1460476444-0		
\$62.48	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO # _____

PARTIAL FULL

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

Signed _____

EXPLANATION (TEXT): MCARTHUR MAIN HALL 2

ADDRESS: PO BOX 997300
SACRAMENTO, CA 95899-7300

AUDITOR USE ONLY

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

By Deputy County Auditor
USER ID _____

DATE _____

DISTRICT USE ONLY

APPROVED BY:	DATE
BOARD MEMBER _____	DATE _____
BOARD MEMBER _____	DATE _____
BOARD MEMBER _____	DATE _____
BOARD MEMBER _____	DATE _____
BOARD MEMBER _____	DATE _____

I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0
Statement Date: 11/07/2024
Due Date: 11/25/2024

Service For:

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

Questions about your bill?

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

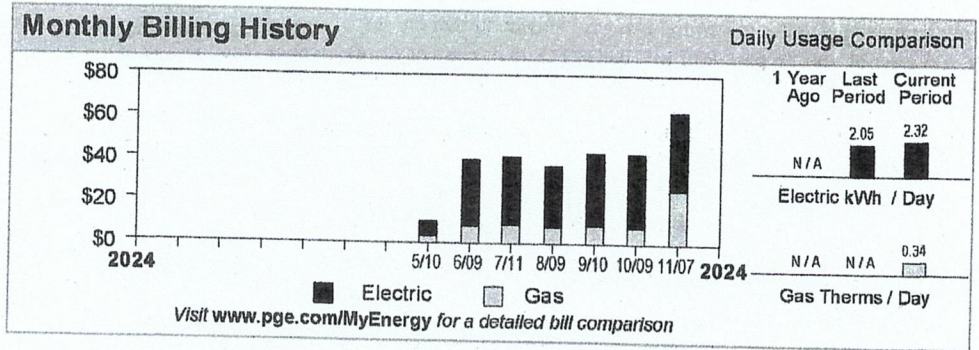
Your Account Summary

Amount Due on Previous Statement	\$122.23
Payment(s) Received Since Last Statement	-85.40
Previous Unpaid Balance	\$36.83
Current Electric Charges	\$36.85
Current Gas Charges	25.63

Total Amount Due by 11/25/2024 **\$99.31**

Ways To Pay

www.pge.com/waystopay



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

99901460476444000000062480000009931



Account Number: 1460476444-0	Due Date: 11/25/2024	Total Amount Due: \$99.31	Amount Enclosed: \$
--	--------------------------------	-------------------------------------	------------------------

832690120301 2 AB 0.593 719 2158 15



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



ENERGY STATEMENT

www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-C

Statement Date: 11/07/2024

Due Date: 11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

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

10/08/2024 - 11/05/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	13.491000 kWh @ \$0.41924	5.66
Off Peak	53.675000 kWh @ \$0.40312	21.64
Energy Commission Tax		0.02

Total Electric Charges \$36.85

Rate Identification Number



USCA-PGPG-0600-0000

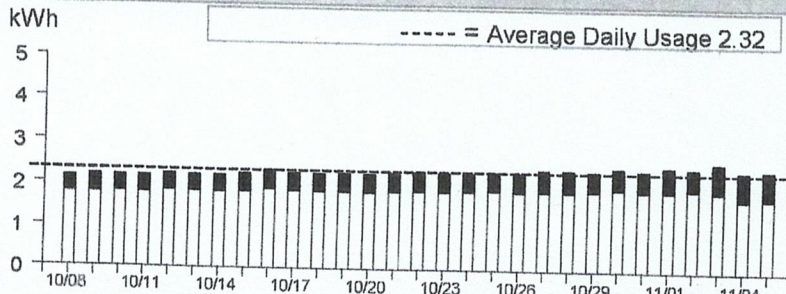
www.pge.com/rin

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	67.166000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 67.166000 kWh, 29 billing days



	Usage	Energy Charges
■ Peak ¹	20.08%	\$5.66
■ Part Peak ²	0.00%	\$0.00
■ Off Peak ³	79.92%	\$21.64
■ 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



ENERGY STATEMENT

www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-(

Statement Date: 11/07/2024

Due Date: 11/25/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$9.66
Transmission	2.10
Distribution	22.74
Electric Public Purpose Programs	1.71
Nuclear Decommissioning	-0.17
Wildfire Fund Charge	0.38
Recovery Bond Charge	0.44
Recovery Bond Credit	-0.44
Wildfire Hardening Charge	0.35
Competition Transition Charges (CTC)	0.06
Taxes and Other	0.02
Total Electric Charges	\$36.85





ENERGY STATEMENT

www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-U

Statement Date: 11/07/2024

Due Date: 11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

Service For: HWY 299 SS 4TH E/MAIN

Service Agreement ID: 1462921086

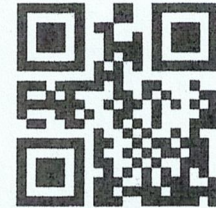
Rate Schedule: B1 Bus Low Use

10/08/2024 - 11/05/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	13.491000 kWh @ \$0.41924	5.66
Off Peak	53.675000 kWh @ \$0.40312	21.64
Energy Commission Tax		0.02

Total Electric Charges \$36.85

Rate Identification Number



USCA-PGPG-0600-0000

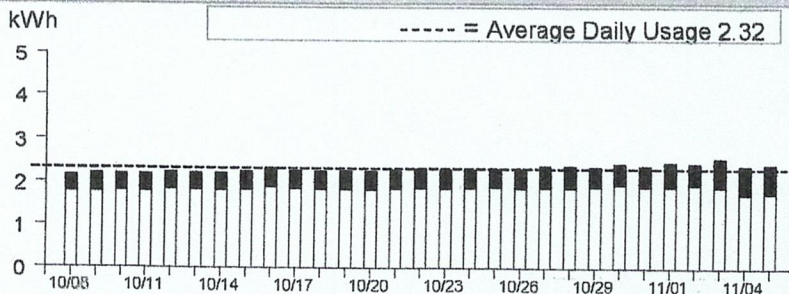
www.pge.com/rin

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	67.166000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 67.166000 kWh, 29 billing days



	Usage	Energy Charges
■ Peak ¹	20.08%	\$5.66
■ Part Peak ²	0.00%	\$0.00
■ Off Peak ³	79.92%	\$21.64
■ 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



ENERGY STATEMENT

www.pge.com/MyEnergy

ACCOUNT NO: 1460476444-
Statement Date: 11/07/2024
Due Date: 11/25/2024

Details of Electric Charges

10/08/2024 - 11/05/2024 (29 billing days)

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

10/08/2024 - 11/05/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	13.491000 kWh @ \$0.41924	5.66
Off Peak	53.675000 kWh @ \$0.40312	21.64
Energy Commission Tax		0.02

Total Electric Charges \$36.85

Rate Identification Number



USCA-PGPG-0600-0000

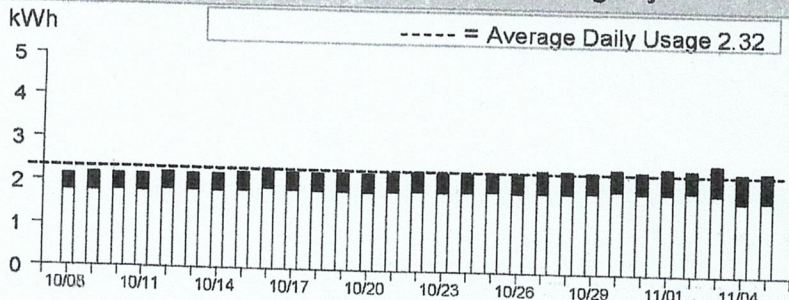
www.pge.com/rin

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	67.166000 kWh
Serial	P
Rotating Outage Block	50

Electric Usage This Period: 67.166000 kWh, 29 billing days



	Usage	Energy Charges
Peak¹	20.08%	\$5.66
Part Peak²	0.00%	\$0.00
Off Peak³	79.92%	\$21.64
Super Off Peak⁴	0.00%	\$0.00

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

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

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

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

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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-
Statement Date: 11/12/202
Due Date: 12/02/202

Service For:

FALL RIVER FIRE DISTRICT
29277 DAY RD
MCARTHUR, CA 96056

Your Account Summary

Amount Due on Previous Statement	\$174.0
Payment(s) Received Since Last Statement	-174.0
Previous Unpaid Balance	\$0.0
Current Electric Charges	\$91.7

Total Amount Due by 12/02/2024 \$91.7

Questions about your bill?

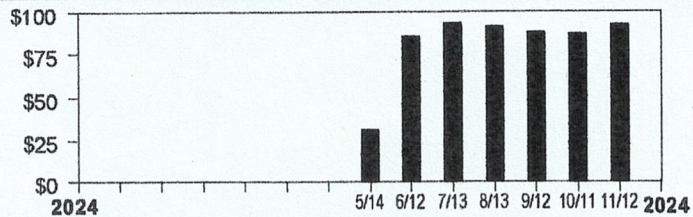
Business Specialist available:
Mon-Fri: 7am to 6pm
1-800-468-4743
www.pge.com/MyEnergy

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	6.28	6.24

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.

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Account Number: 3879934300-9
Due Date: 12/02/2024

Total Amount Due: \$91.76

Amount Enclosed:



834160120256 2 AB 0.593 708 2121 14



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300

83416014002121002001T2





ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9
Statement Date: 11/12/2024
Due Date: 12/02/2024

Details of Electric Charges

10/11/2024 - 11/11/2024 (32 billing days)

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

10/11/2024 - 11/11/2024

Customer Charge	32 days @ \$0.32854	\$10.51
Energy Charges		
Peak	41.993000 kWh @ \$0.41924	17.61
Off Peak	157.711000 kWh @ \$0.40312	63.58
Energy Commission Tax		0.06

Total Electric Charges \$91.76

Rate Identification Number



USCA-PGPG-0600-0000

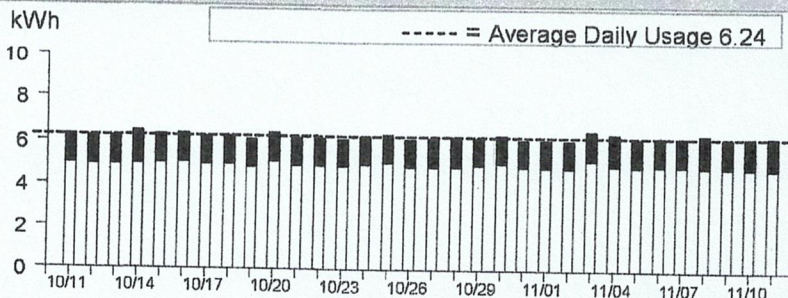
www.pge.com/rin

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

Service Information

Meter #	1008669299
Total Usage	199.704000 kWh
Serial	S
Rotating Outage Block	50

Electric Usage This Period: 199.704000 kWh, 32 billing days



	Usage	Energy Charges
■ Peak ¹	21.02%	\$17.61
■ Part Peak ²	0.00%	\$0.00
□ Off Peak ³	78.98%	\$63.58
■ 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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ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9
Statement Date: 11/12/2024
Due Date: 12/02/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$28.76
Transmission	6.25
Distribution	49.77
Electric Public Purpose Programs	5.09
Nuclear Decommissioning	-0.52
Wildfire Fund Charge	1.12
Recovery Bond Charge	1.30
Recovery Bond Credit	-1.30
Wildfire Hardening Charge	1.04
Competition Transition Charges (CTC)	0.19
Taxes and Other	0.06
Total Electric Charges	\$91.76



COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VENDOR04720

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

INV #: XF102424A

INV DATE: 11/26/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
							NC RE MH	PU AT PT ID
249.57	00447	036100			ELECTRIC 09/26/24 - 10/24/24	7137624533-9		
454.77	00447	036100			GAS 09/27/24 - 10/25/24	7137624533-9		
\$704.34	TOTAL							

PO/ CONTRACT/ BLANKET PO #	_____ <table border="1" style="width: 100px;"> <tr> <td style="width: 50%;">PARTIAL</td> <td style="width: 50%;">FULL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EXPLANATION (TEXT) FALL RIVER HALL ELECTRIC & GAS	ADDRESS: (if different from remittance advice or if no invoice) 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 _____

- 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	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:	DATE
	BOARD MEMBER	DATE
	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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

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

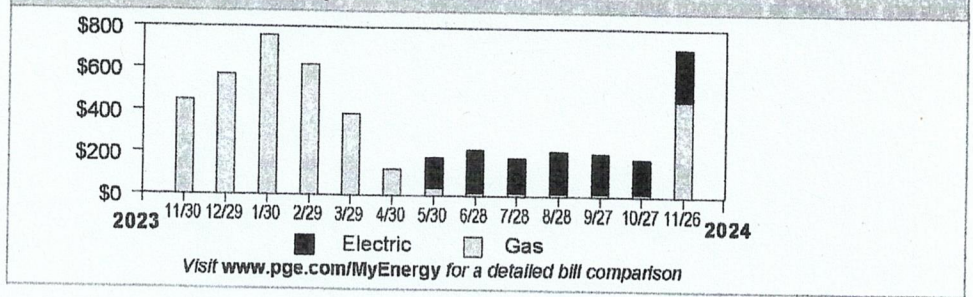
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement	\$123.71
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$123.71
Current Electric Charges	\$249.57
Current Gas Charges	454.77

Total Amount Due by 12/13/2024	\$828.05
---------------------------------------	-----------------

Monthly Billing History



Important Messages

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

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

2 copies

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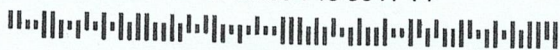
Account Number: **7137624533-9**
Due Date: **12/13/2024**

Total Amount Due: **\$828.05**

Amount Enclosed:

\$

841940132916 1 AB 0.593 746 9941 14



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300





ENERGY STATEMENT

www.pge.com/MyEnergy

ACCOUNT NO: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

Summary of your energy related services

	Meter Number	Usage	Amount
Service For: 43155 MAIN ST			
Service Agreement ID: 7137624005 FIRE HALL			
Gas Charges	36675078	223.000000 Therms	\$454.77
Total			\$454.77
Service For: 43155 MAIN ST			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	588.128000 kWh	\$249.57
Total			\$249.57



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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

Details of Gas Charges

10/26/2024 - 11/25/2024 (31 billing days)

Service For: 43155 MAIN ST
Service Agreement ID: 7137624005 FIRE HALL
Rate Schedule: GNR1 Gas Service to Small Commercial Customers

10/26/2024 - 10/31/2024

Customer Charge	6 days @ \$0.52106	\$3.13
Gas Charges		
First 4,000 Therms/month	43.161290 Therms @ \$1.61844	69.85
Gas PPP Surcharge (\$0.09693 /Therm)		4.18

11/01/2024 - 11/25/2024

Customer Charge	25 days @ \$0.52106	\$13.03
Gas Charges		
First 4,000 Therms/month	179.838710 Therms @ \$1.93029	347.14
Gas PPP Surcharge (\$0.09693 /Therm)		17.44

Total Gas Charges

\$454.77

Average Daily Usage (Therms / day)

Last Year	Last Period	Current Period
7.18	0.00	7.19

Service Information

Meter #	36675078
Current Meter Reading	3,606
Prior Meter Reading	3,371
Difference	235
Multiplier	0.948000
Total Usage	223.000000 Therms
Serial	F

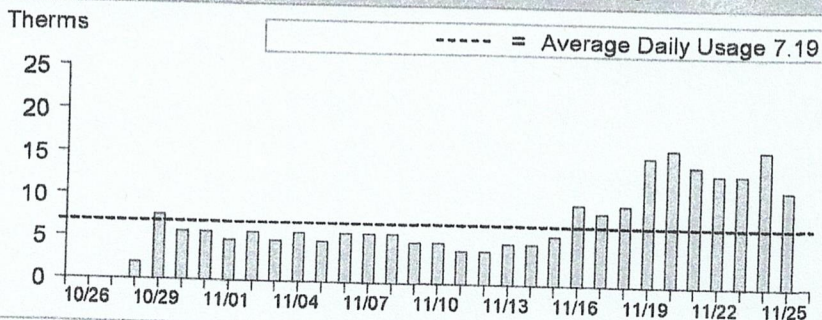
Gas Procurement Costs (\$/Therm)

10/26/2024 - 10/31/2024	\$0.31389
11/01/2024 - 11/25/2024	\$0.41219

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.

Gas Usage This Period: 223.000000 Therms, 31 billing days





ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

Details of Electric Charges

10/25/2024 - 11/24/2024 (31 billing days)

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

10/25/2024 - 11/24/2024

Customer Charge	31 days @ \$0.32854	\$10.18
Energy Charges		
Peak	131.957600 kWh @ \$0.41924	55.32
Off Peak	456.170400 kWh @ \$0.40312	183.89
Energy Commission Tax		0.18

Total Electric Charges \$249.57

Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	12.93	18.97

Rate Identification Number



USCA-PGPG-0600-0000

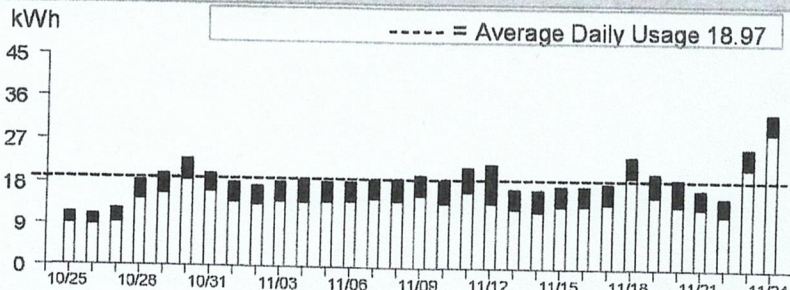
www.pge.com/rin

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	588.128000 kWh
Serial	F
Rotating Outage Block	50

Electric Usage This Period: 588.128000 kWh, 31 billing days



	Usage	Energy Charges
Peak ¹	22.43%	\$55.32
Part Peak ²	0.00%	\$0.00
Off Peak ³	77.57%	\$183.89
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



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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$84.72
Transmission	18.45
Distribution	125.82
Electric Public Purpose Programs	15.01
Nuclear Decommissioning	-1.52
Wildfire Fund Charge	3.30
Recovery Bond Charge	3.82
Recovery Bond Credit	-3.82
Wildfire Hardening Charge	3.05
Competition Transition Charges (CTC)	0.57
Energy Cost Recovery Amount	-0.01
Taxes and Other	0.18
Total Electric Charges	\$249.57



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-
Statement Date: 11/27/202
Due Date: 12/16/202

Service For:

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

Your Account Summary

Amount Due on Previous Statement	\$54.7
Payment(s) Received Since Last Statement	-54.7
Previous Unpaid Balance	\$0.0
Current Electric Charges	\$65.5

Questions about your bill?

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

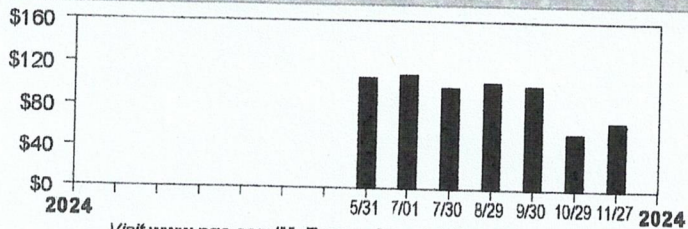
Total Amount Due by 12/16/2024

\$65.5

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History



Daily Usage Comparison

1 Year Ago Period	Last Period	Current Period
N/A	3.82	4.75

Electric kWh / Day

Important Messages

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

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

99906731296671500000065560000006556



Account Number: **6731296671-5** Due Date: **12/16/2024**

Total Amount Due: **\$65.56**

Amount Enclosed:

\$

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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



84271014010328002001R0



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671
Statement Date: 11/27/2024
Due Date: 12/16/2024

Details of Electric Charges

10/29/2024 - 11/26/2024 (29 billing days)

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

10/29/2024 - 11/26/2024

Customer Charge	29 days @ \$0.32854	\$9.53
Energy Charges		
Peak	28.205550 kWh @ \$0.41924	11.82
Off Peak	109.574790 kWh @ \$0.40312	44.17
Energy Commission Tax		0.04

Total Electric Charges \$65.56

Rate Identification Number



USCA-PGPG-0600-0000

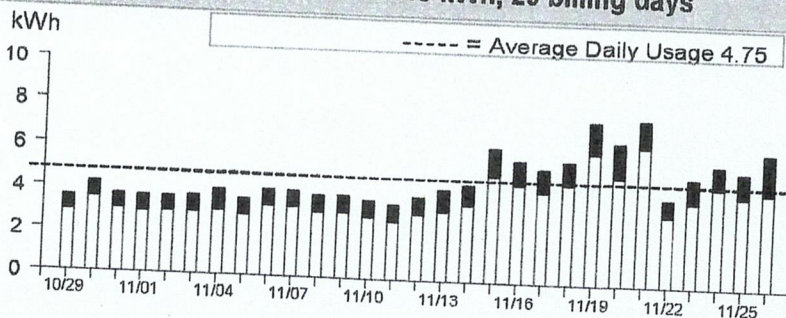
www.pge.com/rin

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

Service Information

Meter #	1008668781
Total Usage	137.780340 kWh
Serial	T
Rotating Outage Block	50

Electric Usage This Period: 137.780340 kWh, 29 billing days



	Usage	Energy Charges
■ Peak ¹	20.47%	\$11.82
■ Part Peak ²	0.00%	\$0.00
■ Off Peak ³	79.53%	\$44.17
■ 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

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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5
Statement Date: 11/27/2024
Due Date: 12/16/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$19.78
Transmission	4.32
Distribution	36.62
Electric Public Purpose Programs	3.52
Nuclear Decommissioning	-0.35
Wildfire Fund Charge	0.77
Recovery Bond Charge	0.90
Recovery Bond Credit	-0.90
Wildfire Hardening Charge	0.72
Competition Transition Charges (CTC)	0.14
Taxes and Other	0.04
Total Electric Charges	\$65.56



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 #: XF102924

INV DATE: 12/02/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
							NC RE MH	PU AT PT ID
25.88	00447	036100			ELECTRIC 10/30/24 - 12/01/24	0517883284-5		
\$25.88	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO # _____

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

PITTVILLE HALL

PO BOX 997300
SACRAMENTO, CA 95899-7300

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

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.

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:	
BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

XF102924



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5
Statement Date: 12/02/2024
Due Date: 12/19/2024

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	\$20.86
Payment(s) Received Since Last Statement	-20.86
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$25.88

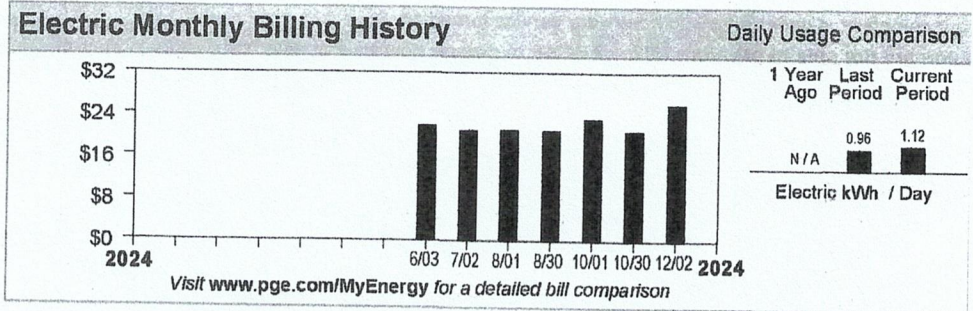
Questions about your bill?

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 12/19/2024 \$25.88



Important Messages

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

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

99900517883284500000025880000002588



Account Number: 0517883284-5
Due Date: 12/19/2024

Total Amount Due: \$25.88

Amount Enclosed:



843660140106 1 AB 0.593 789 1643 16



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



8436601401061643002001R0



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5
Statement Date: 12/02/2024
Due Date: 12/19/2024

Details of Electric Charges

10/30/2024 - 12/01/2024 (33 billing days)

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

10/30/2024 - 12/01/2024

Customer Charge	33 days @ \$0.32854	\$10.84
Energy Charges		
Peak	8.641000 kWh @ \$0.41924	3.62
Off Peak	28.314000 kWh @ \$0.40312	11.41
Energy Commission Tax		0.01

Total Electric Charges \$25.88

Rate Identification Number



USCA-PGPG-0600-0000

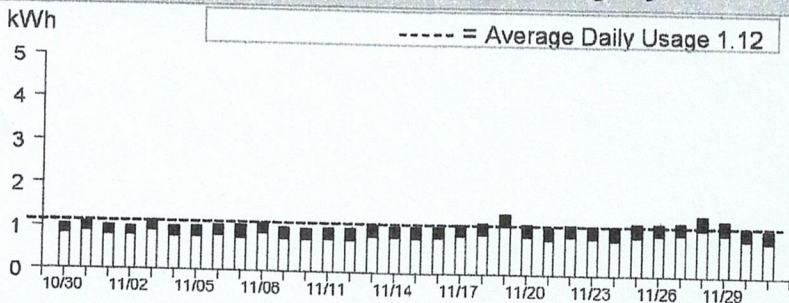
www.pge.com/rin

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	36.955000 kWh
Serial	J
Rotating Outage Block	50

Electric Usage This Period: 36.955000 kWh, 33 billing days



	Usage	Energy Charges
Peak ¹	23.38%	\$3.62
Part Peak ²	0.00%	\$0.00
Off Peak ³	76.62%	\$11.41
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



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 0517883284-5
Statement Date: 12/02/2024
Due Date: 12/19/2024

Your Electric Charges Breakdown (from page 2)

Generation	\$5.32
Transmission	1.15
Distribution	18.11
Electric Public Purpose Programs	0.94
Nuclear Decommissioning	-0.09
Wildfire Fund Charge	0.21
Recovery Bond Charge	0.24
Recovery Bond Credit	-0.24
Wildfire Hardening Charge	0.19
Competition Transition Charges (CTC)	0.04
Taxes and Other	0.01
Total Electric Charges	\$25.88



ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9
Statement Date: 11/26/2024
Due Date: 12/13/2024

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

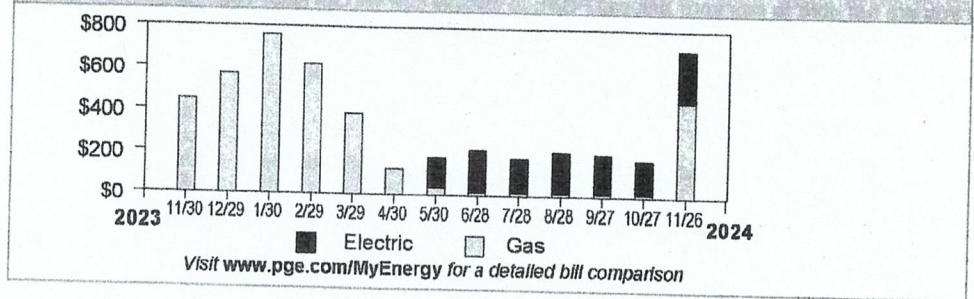
www.pge.com/waystopay

Your Account Summary

Amount Due on Previous Statement	\$123.71
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$123.71
Current Electric Charges	\$249.57
Current Gas Charges	454.77

Total Amount Due by 12/13/2024 **\$828.05**

Monthly Billing History



Important Messages

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

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

2 copies

99907137624533900000704340000082805

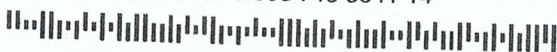


Account Number: **7137624533-9**
Due Date: **12/13/2024**

Total Amount Due:
\$828.05

Amount Enclosed:
\$

841940132916 1 AB 0.593 746 9941 14



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300





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 #: 307607

INV DATE: 10/31/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 GHK
							NO RE MH	PU AT PT ID
84.56	00447	035900			40 AP	130043		
67.46	00447	035900			73 ALL PRODUCT	130043		
\$152.02	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
BLANKET PO # _____

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

PO BOX 488
KLAMATH FALLS, OR 97601

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

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.

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:	
BOARD MEMBER	DATE
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.

CLAIMANT SIGNATURE _____
DATE _____

AUTHORIZED SIGNATURE _____
DATE _____



(541) 887-8545

Account Number: 130043
 Invoice Number: 307607
 Invoice Date: 10/31/2024
 Invoice Total: \$152.02
 Payment Due By: 11/10/24
 Discount Date: 11/10/2024
 Discount Amount: \$1.75

152
097584



McArthur 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: 708886314676740 AP						Previous Odometer: 0				
Vehicle: 0										
10/25/24	3:44p		FC-Fall River M, CA	0	0	UNL E10%	20.460	N	4.1332	84.56
							Subtotal		20.460	84.56
Card: 708886314676773 ALL PRODUCT						Previous Odometer: 1				
Vehicle: 0										
10/21/24	6:36p		FC-Fall River M, CA	0	1	CARBDSL	14.504	N	4.6517	67.46
							Subtotal		14.504	67.46

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)	4.6511	67.46	0.00	7.00	0.10	7.00	14.50	14.50	0.00
CA	GASOLINE UNL REG ETH 10%	4.1329	84.56	0.15	12.77	0.00	1.86	20.46	20.46	0.00
CA	State Total	4.3479	152.02	0.15	19.77	0.10	8.86	34.96	34.96	0.00
	Invoice Total	4.3479	152.02	0.15	19.77	0.10	8.86	34.96	34.96	0.00

TOTALS BY CARD

	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
40 AP	69.78	20.460	0.15	12.77	0.00	1.86	84.56
73 ALL PRODUCT	53.36	14.504	0.00	7.00	0.10	7.00	67.46
	123.14	34.964	0.15	19.77	0.10	8.86	152.02

TOTAL GALLONS BY SITE LOCATION

Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	34.964

TOTAL GALLONS BY PRODUCT

Product	Quantity	Amount
UNL E10%	20.5	84.56
CARBDSL	14.5	67.46
TOTAL		152.02

CUSTOMER DISCOUNT \$ 1.75 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is received 11/10/24 Volume eligible is 34.96 at a rate of \$ 0.0500
 INVOICE TOTAL \$152.02

INVOICE TOTALS	QUANTITY: 34.964	AMOUNT DUE: \$ 152.02
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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

Eds Ed Staub & Sons

PO Box 488, Klamath Falls, OR 97601-0339

STATEMENT

Date: 10/31/2024
Customer Account: 130043

Account Summary

Previous Balance	\$	\$712.46
New Payments	\$	(\$693.98)
New Prompt Pay Disc	\$	\$0.00
New Invoices	\$	\$441.95
Total Balance Due	\$	\$460.43

000000¹ McArthur Fire District
Hwy 299e
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: 10/1/2024 - 10/31/2024

INVOICES

DATE	DUE BY	INVOICE #	DESCRIPTION	TOTAL	DISCOUNT	IF PAID BY	REMAINING
10/15/2024	11/10/2024	302597	Cardlock Invoice - Transactions from 10/1/2024-10/15/2024	\$308.41	\$3.37	10/25/2024	\$308.41
10/29/2024		11532584	Finance Charge	(\$18.48)	\$0.00	PAID	\$0.00
10/31/2024	11/10/2024	307607	Cardlock Invoice - Transactions from 10/16/2024-10/31/2024	\$152.02	\$1.75	11/10/2024	\$152.02
TOTAL:							\$460.43

Open and new Payments for the Current Billing Cycle: 10/1/2024 - 10/31/2024

PAYMENTS

DATE	DESCRIPTION	TOTAL	CHECK #	REMAINING
10/23/2024	Payment: Fuel -	(\$320.32)	EFT102324	\$0.00
10/23/2024	Payment: Fuel -	(\$206.09)	EFT102324	\$0.00
10/24/2024	Payment: Fuel -	(\$167.57)	EFT102424	\$0.00

TO PAY
ONLINE, VISIT

www.edstaub.com

CURRENT	31-60 DAYS	61-90 DAYS	91-120 DAYS	OVER 120 DAYS	BALANCE DUE
\$460.43	\$0.00	\$0.00	\$0.00	\$0.00	\$460.43

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: 312768
 Invoice Date: 11/15/2024
 Invoice Total: \$74.03
 Payment Due By: 12/10/24
 Discount Date: 11/25/2024
 Discount Amount: \$0.82

664
098120



McArthur 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: 708886314676740 AP						Previous Odometer: 0				
Vehicle: 0										
11/03/24	3:41p		FC-Fall River M, CA	0	9	CARBDSL	16.309	N	4.5387	74.03
Subtotal							16.309			74.03

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)	4.5392	74.03	0.00	7.87	0.12	7.67	16.31	16.31	0.00
CA	State Total	4.5392	74.03	0.00	7.87	0.12	7.67	16.31	16.31	0.00
	Invoice Total	4.5392	74.03	0.00	7.87	0.12	7.67	16.31	16.31	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
40 AP	58.37	16.309	0.00	7.87	0.12	7.67	74.03
	58.37	16.309	0.00	7.87	0.12	7.67	74.03

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	16.309

TOTAL GALLONS BY PRODUCT	
Product	Quantity
CARBDSL	16.3
TOTAL	16.3

CUSTOMER DISCOUNT \$ 0.82 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$74.03
 received 11/25/24 Volume eligible is 16.31 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 16.309	AMOUNT DUE: \$ 74.03
-----------------------	-------------------------	-----------------------------

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

INVOICE

Customer #:	130043
Payment Terms:	10TH OF THE MONTH 2% 10
Invoice #:	11624746
Invoice Date	11/18/24
Due Date	12/10/24
Total Due	\$540.90
*Total if Paid in Full by 11/28/2024	\$530.85

Page 1 of 1

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

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

MCARTHUR FIRE DISTRICT

PO BOX 670
HWY 299E
MCARTHUR, CA 96056

00001300430011624746000005409000000530857

Customer Name		Delivery/Service Address		Cust #	Invoice #	Inv Date
MCARTHUR FIRE DISTRICT		44283 HWY 299E - MCARTHUR, CA 96056		130043	11624746	11/18/24
Quantity	Item Number	Description	Unit Price	TOTAL		
126.90	DYED KERO	DYED KERO Delivered By: Ethan C on	\$3.9590	\$502.40		
		05 Fed Lust:		\$0.13		
		05 Fed Oil Spill Dsl :		\$0.27		
		05 Fed Superfund Std (Gas/Dsl):		\$0.51		
		06 CA Env Fee:		\$1.03		
		09 CA 7.25% General Sales Tax:		\$36.56		

Tank/Equipment: Fuel Tank - DYED KERO~240~A -

For Fuel or Service At:
44283 HWY 299E - MCARTHUR, CA 96056

Receipt Notes:
Delivered on 11/18/2024 at 1:59 PM

Sub Total	\$502.40
Charges	\$0.00
Taxes/Fees Total	\$38.50
TOTAL DUE	\$540.90

*Prompt Pay Discount	- \$10.05
*Total if Paid in Full by 11/28/2024	\$530.85

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

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: 234084
 Invoice Number: 318751
 Invoice Date: 11/30/2024
 Invoice Total: \$90.80
 Payment Due By: 12/10/24
 Discount Date: 12/10/2024
 Discount Amount: \$1.13

235
098563



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										
11/18/24	4:43p		FC-Fall River M, CA	0	0	UNL E10%	22.511	N	4.0332	90.80
Subtotal							22.511			90.80

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	GASOLINE UNL REG ETH 10%	4.0336	90.80	0.16	14.06	0.00	2.00	22.51	22.51	0.00
CA	State Total	4.0336	90.80	0.16	14.06	0.00	2.00	22.51	22.51	0.00
	Invoice Total	4.0336	90.80	0.16	14.06	0.00	2.00	22.51	22.51	0.00

TOTALS BY CARD							
24 A/P	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
	74.58	22.511	0.16	14.06	0.00	2.00	90.80
	74.58	22.511	0.16	14.06	0.00	2.00	90.80

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	22.511

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	22.5	90.80
TOTAL		90.80

CUSTOMER DISCOUNT \$ 1.13 PLEASE PAY THIS AMOUNT
 The above discount may be deducted from the invoice total if payment is ==>>> INVOICE TOTAL \$90.80
 received 12/10/24 Volume eligible is 22.51 at a rate of \$ 0.0500

INVOICE TOTALS	QUANTITY: 22.511	AMOUNT DUE: \$ 90.80
-----------------------	-------------------------	-----------------------------

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: 130043
 Invoice Number: 317650
 Invoice Date: 11/30/2024
 Invoice Total: \$277.68
 Payment Due By: 12/10/24
 Discount Date: 12/10/2024
 Discount Amount: \$3.32

166
098563



McArthur 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: 708886314676740 AP						Previous Odometer: 0				
Vehicle: 0										
11/30/24	2:15p		FC-Fall River M, CA	0	0	CARBDSL	5.004	N	4.4935	22.48
							Subtotal		5.004	22.48
Card: 708886314676765 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
11/30/24	4:02p		FC-Fall River M, CA	0	13303	CARBDSL	25.510	N	4.4935	114.62
11/30/24	4:17p		FC-Fall River M, CA	0	0	UNL E10%	21.323	N	3.8332	81.73
							Subtotal		46.833	196.35
Card: 7088863146767107 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
11/29/24	11:32a		FC-Fall River M, CA	0	0	UNL E10%	14.639	N	4.0203	58.85
							Subtotal		14.639	58.85

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)	4.4930	137.10	0.00	14.72	0.22	14.17	30.51	30.51	0.00
CA	GASOLINE UNL REG ETH 10%	3.9091	140.58	2.93	22.45	0.00	3.10	35.96	35.96	0.00
CA	State Total	4.1771	277.68	2.93	37.17	0.22	17.27	66.48	66.48	0.00
	Invoice Total	4.1771	277.68	2.93	37.17	0.22	17.27	66.48	66.48	0.00

	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
40 AP	17.71	5.004	0.00	2.41	0.04	2.32	22.48
65 ALL PRODUCT	156.75	46.833	0.15	25.62	0.18	13.65	196.35
107 ALL PRODUCT	45.63	14.639	2.78	9.14	0.00	1.30	58.85
	220.09	66.476	2.93	37.17	0.22	17.27	277.68

Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	66.476

Product	Quantity	Amount
CARBDSL	30.5	137.10
UNL E10%	36.0	140.58
TOTAL		277.68

CUSTOMER DISCOUNT \$ 3.32 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$277.68
received 12/10/24 Volume eligible is 66.48 at a rate of \$ 0.0500

INVOICE TOTALS

QUANTITY: 66.476

AMOUNT DUE: \$ 277.68

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



National Hose Testing Specialties, Inc.
 P.O. Box 1024
 Dallas, OR 97338
 Phone (503) 623-9422 Fax (503) 623-7424

INVOICE

51762

Job # 24-11762

DATE: DECEMBER 17, 2024

TO: FALL RIVER VALLEY FPD

Attn: Accounts Payable
 PO Box 670
 McArthur, CA 96056

REMIT TO:

National Hose Testing Specialties, Inc.
 P.O. Box 1024
 Dallas, OR 97338
 (503) 623-9422

Qty	DESCRIPTION	UNIT PRICE	TOTAL
4,710 ft.	2024 Fire Hose Testing	\$.32/ft.	\$1,507.20
132 ft.	2024 Ground Ladder Testing	\$2.50/ft.	\$330.00
THANK YOU FOR YOUR BUSINESS!!			
		SUBTOTAL	\$1,837.20
		TOTAL DUE	\$1,837.20

Make all checks payable to National Hose Testing Specialties, Inc. Visa Accepted.

PAYMENT: A **Convenience fee of 2.5%** will be assessed on the total payment amount for **credit & debit transactions**.

TERMS: Full payment is due within 30 days of the date of this invoice. Past due accounts will be charged 1.5% per month, 18% annually.

If you have any questions concerning this invoice, contact Nancy Altermatt, (503) 623-9422, nancy@nhts.com