

# Fall River Valley Fire Protection District

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

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

#### JANUARY 17, 2025 AT 10:00 AM

#### PARTICIPATION IN MEETINGS:

• Submit public comment by mail or email address to Clerk of the Board, Fall River Valley Fire Protection District, PO Box 670, McArthur, CA 96056 or <a href="mailed-image: morgan@frvfiredistrict.org">image: morgan@frvfiredistrict.org</a>. Mailed and emailed comments must be received one day prior to the meeting to be included.

The Brown Act prohibits the FRVFPD from taking action on any item not placed on the agenda in most cases. The Brown Act requires any non-confidential documents of writings distributed to a majority of the District Board less than 72 hours before a regular meeting to be made available to members of the public at the same time they are distributed.

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

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

- CALL TO ORDER:
- FLAG SALUTE:
- ROLL CALL OF BOARD MEMBERS:
- PUBLIC COMMENT (DISCUSSION; NO ACTION WILL BE TAKEN).
- FIRE INSPECTOR REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):
- FRV FIRE DISTRICT VOLUNTEER ASSOCIATION REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):
- CHIEF REPORT (DISCUSSION; NO ACTION WILL BE TAKEN):
  - o TRAINING

# Fall River Valley Fire Protection District



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

- FACILITIES
- EQUIPMENT
- INCIDENT REPORTS
- GRANTS
- APPROVAL OF MINUTES
- APPROVAL OF CLAIMS

#### **OLD BUSINESS:**

- 1. Discussion and possible action on Audit Update
- 2. Discussion and possible action to review Phone and Internet.

#### **NEW BUSINESS:**

1. Discussion and possible action to approve revised authorizations for Shasta County Auditor's Office

## **CLOSED SESSION:**

- 1. Conference with Legal Counsel Existing Litigation (Gov. Code section 54956.9(d)(1) Name of Case: Norman Joe Valdez
- 2. Public Employee Performance Evaluation(s) (Gov. Code section 54957(b)(1).

# **RECONVENE WITH PUBLIC:**

#### **ADJOURNMENT**

Special Meeting

Dec 20,2024

Call to order was made at 10:01 am by Pat Oilar

Flag Salute followed immediately after

Roll call of board members was made all members attended but Mike Pasternak

During Public Comment (Limited to agenda items per Gov. Code 5495>3(a))

\*Norman started to claim it was a violation of the brown act having a Special/Emergency meeting, he was then redirected to the bylaws of a Special/Emergency meeting by Pat.

# Approval of Claims:

UTILITY BILL- Fall River Fire Department Gas Bill is high.

Motion was approved for discussion on the Utility Bill.

- \*Norman suggests leaving the door closed during construction times.
- \* Bud says gas is high as the big heaters are being used in the bay instead of the little heaters.

(The heater has been breaking on and off for 3 yrs, and has been broken for 3 weeks now)

\*Pat suggests keeping the heat set at 45 degrees

\*Norman went off topic about when Jodi would be back, he had questions for her.

(Johnathon says point of order keep to agenda)

Pat called for motion.

Michelle Second the motion.

Tom-I

Pat-I

Michelle-I

Gary-I

MOTION CARRY'S APPROVED

1. Resolution 122024 to approve payment of \$306,178.33 for ne Fire Engine.

Motion has been moved to approve resolution 122024 of \$306,178.37 for the new Engine.

Michelle called the motion.

Gary has Second Motion.

Tom-I

Pat-I

Michelle-I

Gary-I

MOTION CARRY'S APPROVED

- 2. Discussion and possible action to approve expenditure for data recovery.
- \*\$2,800 for recovery of the documents for the computer.
- \* Hardware failure on the drive a component failure inside the drive.
- \* Drive will be rebuilt (20-40 Days to fix)

Gary made the motion.

Michelle Second the motion.

Tom-I

Pat-I

Michelle-I

Gary-I

MOTION CARRY'S APPROVED

3. Approval of Johnathon Sims to sign county documents for Day Rd remodel.

Gary made the motion.

Michelle second the motion.

Tom-I

Pat-I

Michelle-I

Gary-I

MOTION CARRY'S APPROVED

Respectfully submitted By Amanda Cossairt

# FALL RIVER VALLEY FIRE PROTECTION DISTRICT DEPOSITS AND CLAIMS

Dec-24

Dec-2	4			
Deposits	Date	Purpose	Α	mount
WSC SOLAR & ROOFING	12/19/2024	INSPECTION FEE	\$	100.00
CARLTON TREES		INSPECTION FEE	\$	
HARTFORD		DONATION INS CLAIM	\$	
FREEDOM FOREVER		INSPECTION FEE	\$	100.00
		Total Deposits	\$	1,300.00
Expenditures	Date	Purpose	A	mount
PGE	10/28/2024	HWY 299 & GROVE	\$	9.53
HART BEEBE	11/10/2024		\$	1,274.21
HART BEEBE	11/26/2024	2024 3RD QTR INCIDENT REP	\$	280.00
PGE		FR HALL ELEC & GAS	\$	704.34
HART BEEBE		GRANT WRITING	\$	175.00
US POST OFFICE	12/1/2024	BOX RENT	\$	154.00
PGE	12/2/2024	PITTVILLE HALL	\$	25.88
<b>KENNY &amp; NORINE</b>	12/6/2024	PROFESSIONAL SVS #9393	\$	650.00
KENNY & NORINE		PROFESSIONAL SVS #9393	\$	70.00
EXPRESS BUSINESS	12/8/2024	PAYROLL PPE 12/08/24	\$	2,020.29
HART BEEBE	12/9/2024	TRAINING	\$	1,050.00
LEO S JONES	12/10/2024	FUEL	\$	73.42
PGE	12/12/2024	DAY RD HALL	\$	88.31
<b>ED STAUB &amp; SONS</b>	12/15/2024	FUEL	\$	318.22
HIWAY GARAGE	12/19/2024	FUEL	\$	45.17
HART BEEBE	12/21/2024	GRANT WRITING	\$	500.00
<b>EXPRESS BUSINESS</b>		PAYROLL PPE 12/22/24	\$	1,459.07
HIWAY GARAGE	12/25/2024		\$	514.00
PGE		MC MAIN HALL 1	\$	108.62
PGE	12/30/2024	HWY 299 & GROVE	\$	95.94
PGE		PITTVILLE HALL	\$	22.70
ED STAUB & SONS	12/31/2024	FUEL	\$	15.34
ED STAUB & SONS	12/31/2024	FUEL	\$ \$ \$	66.97
<b>EXPRESS BUSINESS</b>	1/5/2025	PAYROLL PPE 1/5/2025	\$	938.31
KENNY & NORINE		PROFESSIONAL SVS #9570	\$	840.00
		Total Expenditures	\$	11,499.32
BOARD SIGNATURES	20-2			

1335 HILLTOP DR. REDDING, CA 96003 90-3828/1211

SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

5134

12/13/2024

PAY TO THE ORDER OF

FALL RIVER VALLEY FIRE

VOID AFTER 90 DAYS

\*\*100.00

One hundred and 00/100\*\*\*\*\*\*\*\*

**DOLLARS** 



FALL RIVER VALLEY FIRE PO BOX 670 McARTHUR, CA 96056

MEMO

"005134" ::121138288:

241019023

WSC SOLAR & ROOFING

12/13/2024

**FALL RIVER VALLEY FIRE** 

Date 12/05/2024 Type Bill

Reference F110524B

Original Amount 100.00

**Balance Due** 100.00

**Payment** 100.00 100.00

5134

Check Amount

**Plumas Checking** 

100.00

Sent to county - All three checks 12/19/24. Shasta County Auditor - controller's office. 1450 Court Street, Ste 238 Redding, Ce. 96001 - 1671

DOLLAR!



# **CARLTON CHRISTMAS TREES, LLC**

P.O. BOX 291 BURNEY, CA 96013 (530) 335-2529



SECURED BY

12/6/2024

PAY TO THE ORDER OF

Fall River Valley Fire Protection Distric

\*\*100.00

Fall River Valley Fire Protection Distric PO Box 670

McArthur, CA 96056

0

**MEMO** 

PO63265P 1:1211350451

7 5 100 50 E 511

CARLTON CHRISTMAS TREES, LLC

Fall River Valley Fire Protection Distric

11/26/2024 Bill

Type Reference F110524A

Original Amt. 100.00

Balance Due 100.00 Discount

12/6/2024

**Check Amount** 

63265

Payment 100.00 100.00

Cash in Bank - 2062

100.00

				LOSS	DATE 11/02/2024
	NB	VALUE	<sup>5</sup> SALVAGE	DEDUCTIBLE	NET LOSS
VOLUNTEER FIRE DEPARTMENT DONATION TRUCK UPSET 11/2/24	41	1,000.00	*		1,000.00

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120797153

CHECK #

TOTAL:

010053359-0

1,000.00



Claim Number 513 IM 91800

JPMorgan Chase Bank, N.A. Columbus, OH

0100533590

56-1544/441

DATE 12-09-2024

MMDDYYYY

One Thousand and 00/100

DOLLARS

\$1,000.00

PAY

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

TO THE P.O. BOX 670

ORDER OF MCARTHUR, CA 96056

12079715

The Hartford Issuing Office **OMAHA** 

"O100533590" CO44115443C

55037255811

Name

recdom Forever Northern California, Liescramento ca 957 190 Riverside Paulway 23 DEC 2024 PM7 L West Sacramento, CA 957005



Fall liver Valley Fire District POBOX 1070 MCATTHUR, CA. 91056

1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 արդիդարիառիլերիկարիրադրիարիկան

Sent to County - 12/27/24.

Sent to:

Shasta County Auditor - constroller's office

1450 Court street ste 238

Redding Ca. 96001 - 1671



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:

10/23/24

AMOUNT	COST	The state of the s	PROJ	ACTY	D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	Tienes,
	TE MA						GECONDART REF	NC RE MH	PU AT PT ID
9.53	00447	036100			ELECT	RIC 09/3024 - 10/28/24	8770665653-2		
\$9.53	TOTAL	Y		EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
For Value Received, assign, transfer, and	set over t	o all my right,		AUDIT	OR	DISTR	PO BOX 997300  SACRAMENTO, CA 9589	99-7300	
title and interest in th	ne within cl	aim.		USE O	NLY	APPROVED BY: BOARD MEMBER	l DA	TE.	
Signed  INSTRUCTIONS:				I hereby of that the a claim v	above	BOARD MEMBER	DA		
Complete, date and     Obtain Department		ture.		examined and approved by this office.		BOARD MEMBER		DATE	
4. Attach supporting de			By Deputy		BOARD MEMBER		DATE		
, and to obtain,	idditor oon	ironer.		County A USER	Charles 1	BOARD MEMBER	DA1	E	
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 een paid, and that the amount herein is justly due this laimant, and that the same is presented within one ear after the last item thereof has accrued.			provisions of Article Four, Cha code. Furthermore, that the a necessary and were ordered b articles or services have been		I hereby certify, under penalty of per provisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delived otherwise indicated above by me.	One, Division Four, Title One of or services specified in the all for the purpose indicated abor	f the Cali oove clain ve: that th	f. Gov. n were	
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			



Account No: 8770665653-2 Statement Date: 11/27/2024

Due Date:

12/16/2024

#### Service For:

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

#### Questions about your bill?

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

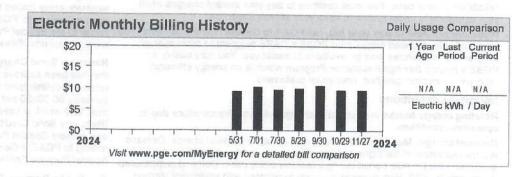
#### Ways To Pay

www.pge.com/waystopay

# Your Account Summary

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

Total A	Amount	Due	bv	12/16/2024	1
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#### 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.

#### 999087706656532000000953000000953



Account Number: 8770665653-2 12/16/2024

Due Date:

Total Amount Due: \$9.53

Amount Enclosed:

842710140293 1 AB 0.593 790 10329 14

իվահուրալ հերկի ինկի կային ինկին հասարի ինկին ինն

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

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



Account No: 8770665653-2

Statement Date:

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

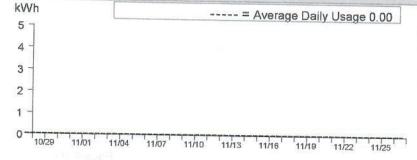
www.pge.com/rin

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 kW
Serial	H
Rotating Outage Block	50

# Electric Usage This Period: 0.000000 kWh, 29 billing days



The second secon		
	Usage	Energy Charges
Peak¹	0.00%	\$0.00
Part Peak²	0.00%	\$0.00
Off Peak <sup>3</sup>	0.00%	\$0.00
Super Off Peak <sup>4</sup>	0.00%	\$0.00

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

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

Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm

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



84271014010329002002R0



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

#### **CLAIMANT NAME:**

HART BEEBE

\_\_\_\_

INV DATE:

PEID: VEND008451

ADDR TYPE

(AP,A1,A2,):

02

INV #:

2024-0006 11/10/24

AMOUNT COST ACC		ACCT	PROJ						
107121				COBE			SECONDARY REF	NC RE	PU AT PT ID
1,274.21	1,274.21 00447 034851			FALL TRAINING REIMBURSEMENT					
\$1,274.21	TOTAL			EXPLANAT	ION	(TEXT)	ADDRESS: (If differe remittance advice or if no in	nt from	
For Value Received, assign, transfer, and	set over to	o all my right		AUDITO	R	DISTR	26636 S. NAVAJO PL SUN LAKES, AZ 85248 CT USE ONLY		
title and interest in t	he within cla	aim.		USE ONL	Υ_	APPROVED BY:			
Signed			ê	I hereby cer		BOARD MEMBER	l DA	E	
INSTRUCTIONS:				that the abo	s	BOARD MEMBER	DA	E	
Complete, date and     Obtain Department	Head signati			examined and approved by this office.		BOARD MEMBER	DATE		
4. Attach supporting de	Districts obtain board signatures.  Attach supporting documentation.  Forward to County Auditor-Controller.			By Deputy County Aud	у	BOARD MEMBER BOARD MEMBER			
The undersigned and				USER ID			DAT		
The undersigned, under he above claim and the rue and correct; that no been paid, and that the claimant, and that the rear after the last item	e items as the part therece amount her same is pres	nerein set ou of has hereto rein is justly sented within	ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me f articles or services have been deliver otherwise indicated above by me.	ne, Division Four, Title One or or services specified in the above for the purpose indicated above	the Calif. ove claim	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE	•		

# FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl. Sun Lakes, Az. 85248 530-339-2735 Hbeebe083@gmail.com INVOICE 2024-0006 Nov. 10, 2024

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

uant	ity Description	Unit Price	Amount
1.	Fall Training, " Confined Space Awareness Safety Training	\$100.00	\$100.00
	Burn Training Training	\$100.00	\$100.00
2.	Hi Mont Motel 2 nights	\$200.00	\$200.00
3.	Southwest Airlines	\$279.96	\$279.96
4.	Budget_Rental Car	\$463.01	\$463.01
5.	Airport Parking	\$56.97	\$56.97
6.	Burney Comet gas	\$25.00	\$25.00
7.	7 Meals; Grandma's kitchen & La Cosina Michcana	\$49.27	\$49.27

Subtotal N/A

Total: \$1.274.21

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



Compose

E'i

Inbox

8

Your E-receipt From Budget

Inbox x

Starred

Snoozed

Important

Sent

Drafts

More

Budget <budget@e.budget.com>

to me

■ Budget\*

Hi Hart,

Thank you for renting with Budget. Please remembe vehicle to avoid additional fees.

This is a one-time notification related to your recent

TOTAL CHARGES

#### \$ 463.01

 Base Rate:
 \$ 249.99

 Taxable Products/Services\*:
 \$ 44.88

 Non-Taxable Products/Services:
 \$ 137.67

 Rental Sales Tax:
 \$ 30.27

 Net Charges:
 \$ 463.01

\*Includes Fees and Surcharges

Thanks for renting with us. We hope you had a swee

Your e-receipt is available here

Simple does it.

Labels

[Imap]/Drafts

Hbeebe083@gmail.com

Junk E-mail

Notes

Personal

vendor training

Work

2017 Cal Fire grant incident reports

More

#### **Himont Motel**

43021 Bridge St., Fall River Mills, California, 96028, USA

Phone: (530) 336-5541; Fax: (530) 336-7051

E-mail: himontmotel1@gmail.com; Website: www.himontmotel.com

Hart William Beebe			Folio No.	221124102540402		
3982 E VIA DEL RANCHO RD			1 0110 140.	221124102548487		
GILBERT, AZ, 852985817, US	SA					
530-339-2735			Room	127		
Driver License	ID#	D0XXXXX17				
GILBERT	ID Country		Edit Pages Care	2		
NISSAN   ROGUE   2024	**************************************	G <del>illian</del>	168. Se Konsens te	Nov/22/2024 06:06:00 PM		
	-2.000		Date Out	Nov/24/2024 11:00:00 AM		
	3982 E VIA DEL RANCHO RD GILBERT, AZ, 852985817, U 530-339-2735 Driver License	3982 E VIA DEL RANCHO RD  GILBERT, AZ, 852985817, USA  530-339-2735  Driver License  GILBERT  ID #  GILBERT	3982 E VIA DEL RANCHO RD  GILBERT, AZ, 852985817, USA  530-339-2735  Driver License  ID # D0XXXXX17  GILBERT USA	3982 E VIA DEL RANCHO RD  GILBERT, AZ, 852985817, USA  530-339-2735  Driver License  ID # D0XXXXX17 # Of Guests  GILBERT ID Country USA Date In		

Description	Chargable Amount	
Nov/22/2024   Best Available	Chargable Amount	Payments
Rental Charge		
TOT	100.00	
PET FEE	10.00	
Other Charge	0.00	
Visa 4147XXXXXXX2899 - 03/2029	0.00	200.0
Nov/23/2024   Best Available		200.0
Rental Charge		
TOT	100.00	
Total	10.00	400y
·VMI	220.00	200.00

- **Total Charges:**  Authorize Payment 220.00 (Discount): 20.00 Total Deposit: 0,00 (Authorized Payments): 0.00 (Payments): 200.00
- 1. Check In: Check in is anytime after 3pm. Depending on the season office hours may vary. We will call/text you with information to get your room key(s) if you have not arrived by the time we close.

Balance:

0.00

- 2. After Hours Emergency, Staff can be reached by using the EMERGENCY PHONE located the office.
- 3. Check Out: Is at 11AM, Please leave your keys in the room.
- 4. Cancellation Policy: We have a 24 hour cancellation policy and a 48 hour cancellation policy on holidays. Cancellations/Modifications not within the 24/48 hour will result in a cancellation fee of the 1st nights room &tax. No show reservations will also be charged the 1st nights room & tax and the remaining days in the reservation will be cancelled.
- 5. Cash Paying Guests: There is a \$100 security Deposit, refundable at check out upon room inspection.
- 6. Parking There is no assigned parking. Please be respectful and leave space for cars to get through when
- 7. Phone Calls Local and 1-800 calls can be made from the room phones all others will require a calling card.
- 8. Privacy PolicyWe are committed to keeping your email address and personal information confidential. We do not sell, rent, or lease our contact data or lists to third parties and we will NEVER.
- 9. Property Policy- This property is privately owned and management reserves the right to refuse service to anyone. We will not be responsible for accidents or injury to guests or loss of money or property. You agree to hold the owners & employees of the Himont Motel harmless from any and all damages and/or liabilities to real and/or personal property, and/or bodily injury to you and members of your party while staying on this

Peppermile JSHKI

# Southwest's

Log in | Create account Español

FLIGHT | HOTEL | CAR | VACATIONS | CRUISES SPECIAL OFFERS RAPID REWARDS® Q

# Thanks for flying with us!

#### Trip summary

**₹** Flight

CONFIRMATION # 4YRPRJ

NOV 22 - 26 PHX >- RNO

FLIGHT TOTAL \$893.88 Car

CONFIRMATION# 12027270US3

PICK-UP RNO RETURN RNO 11/26/2024

ESTIMATED CAR TOTAL \$397.21

11/22 - Reno/Tahoe

NOV 22 - 26

# Phoenix, AZ to Reno/Tahoe, NV

#### Confirmation # 4YRPRJ

PASSENGERS	EST. POINTS	EXTRAS	FARE
Hart Beebe Rapid Rewards® Acct # 20060559282	+ 1,495 PTS	-	Wanna Get Away
Colton Massa	+ 1,495 <sup>pts</sup>		Wanna Get Away
Rhys Massa	÷ 1,495 <sup>P78</sup>		Wanna Get Away

Departing 11/22/24 Friday

Wanna Get Away (Passenger x3)

\$415.47

**DEPARTS** 

8:35 AM

PHX Phoenix, AZ - PHX FLIGHT 3895 🖘 + 📵

SCHEDULED AIRCRAFT Boeing 737-700 Subject to change

Nonstop



Reno/Tahoe, NV - RNO

TRAVEL TIME 2hr 0min

SUBTOTAL \$415.47

# Returning

11/26/24 Tuesday

Wanna Get Away (Passenger x3)

\$331.77



DEPARTS

RNO

Reno/Tahoe, NV - RNO

FLIGHT 794 🖘 + 🔯

SCHEDULED AIRCRAFT Boeing 737-700 Subject to change

Nonstop

ARRIVES

6:25 PM

TRAVEL TIME 1hr 45min

SUBTOTAL

\$331,77

Taxes & fees

\$146.64

Flight total

#### Icon legend

WiFi available



Live TV available

#### Helpful Information:

- Starting July 1, 2023 (12:00 a.m. CT), for Wanna Get Away® or Wanna Get Away Plus™ reward travel reservations (booked with points): If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, any points used for booking will be forfeited, along with any taxes and fees associated with your reward travel reservation. For Anytime or Business Select® reward travel reservations: the points used for booking will be redeposited to the purchaser's Rapid Rewards® account, and any taxes and fees associated with the reward travel reservation will be converted into a Transferable Flight Credit™ for future use.
- Please read the <u>fare rules</u> associated with this purchase.
- When booking with Rapid Rewards points, your points balance may not immediately update in your account.
- Cash + Points bookings will not earn Rapid Rewards points, tier qualifying points for A-List or A-List Preferred status, or Companion Pass qualifying
- REAL ID Requirement: Do you have a REAL ID? Beginning May 7, 2025, you will need a state-issued REAL ID compliant license or identification card, or another acceptable form of ID (such as a U.S. Passport), to fly within the United States. Visit www.tsa.gov for a list of acceptable forms of ID and additional information regarding REAL ID requirement.

# Budget, Mid-size SUV - Reno/Tahoe, NV (RNO)

Confirmation # 12027270US3

DRIVER

**Hart Beebe** 

## Car details



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

#### **CLAIMANT NAME:**

HART BEEBE

PEID:

VEND008451

ADDR TYPE

(AP,A1,A2,):

02

INV #:

2024-0008

INV DATE:

11/26/24

AMOUNT	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
280.00	00447	034800			2024	2nd market 70 to 11 to		MH	PTID
	00.111	034000			2024	3rd quarter -70 incident			
\$280.00	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inv	t from	
For Value Received, assign, transfer, and	set over to			AUDIT	OR	NISTO	Sun Lakes, Az. 85248		
title and interest in th	e within cla	aim.		USE ON		APPROVED BY:	CT USE ONLY		
Signed				I hereby c		BOARD MEMBER	DAT	Έ	
INSTRUCTIONS:				that the a	as	BOARD MEMBER	DAT	E	
Complete, date and     Obtain Department I		ure.		examined approved b office	y this	BOARD MEMBER	DAT	E	
Districts obtain boar     Attach supporting do	cumentatio	n.		By Depi		BOARD MEMBER	DAT	E	
5. Forward to County A				County Au USER I	uditor	BOARD MEMBER	DAT	E	
The undersigned, under the above claim and the true and correct; that not been paid, and that the claimant, and that the year after the last item	e items as to o part thereon amount hereons same is pres	herein set ou of has hereto rein is justly o sented within	t are fore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me tarticles or services have been delive otherwise indicated above by me.	ne, Division Four, Title One of or services specified in the ab- for the purpose indicated above	the Calif.	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE _						DATE			

#### FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl. Sun Lakes, Az. 85248 530-339-2735 INVOICE 2024-008 11-26-2024

Hbeebe083@gmail.com

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

uantity	Description		Unit Price	Amount
1. 202	4 3rd. quarter 70 Incident Reports reported to Cal Fire	14 hrs.	20.00	\$280.00
2.				
3.				
4.				

Subtotal N/A

Total: \$280.00

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





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

CLAIMANT NAME	CLA	IMA	NT	NA	ME
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PG&E

PEID:

VEND004720

ADDR TYPE (AP,A1,A2,):

(

04

INV #:

XF102424A

INV DATE:

11/26/24

AMOUNT	COST	ACCT	PROJ CODE			DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
249.57	00447	036100			FLECT	EDIC 00/24/24 40/04/40		MH	PTID
454.77	00447	036100				TRIC 09/26/24 - 10/24/24	7137624533-9		
434.77	00447	036100			GAS 0	99/27/24 - 10/25/24	7137624533-9		
		2							
\$704.34	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no income		
PO/ CONTRACT/ BLANKET PO#	PARTIAL	FULL		FALL RIVE ELECTRIC			PO BOX 997300  SACRAMENTO, CA 9589	99-7300	
For Value Received, assign, transfer, and	set over to	•							
title and interest in th	ne within cla	all my right, aim.		AUDIT USE OI		APPROVED BY:	ICT USE ONLY		
Signed				I hereby o	ertify	BOARD MEMBER	DAT	E	
INSTRUCTIONS:				that the a	vas	BOARD MEMBER	DAT	E	
<ol> <li>Complete, date and</li> <li>Obtain Department I</li> </ol>		ure.		examined approved I office	by this	BOARD MEMBER	DAT	E	
<ol> <li>Districts obtain board</li> <li>Attach supporting do</li> </ol>	cumentatio	n.		By Dep		BOARD MEMBER	DAT	E	
5. Forward to County A				County Au USER	uditor	BOARD MEMBER	DATE		
The undersigned, under the above claim and the true and correct; that not been paid, and that the claimant, and that item year after the last item	e items as to o part thereon amount hereon same is pre-	nerein set ou of has hereto rein is justly o sented within	t are fore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me t articles or services have been delive otherwise indicated above by me.	ne, Division Four, Title One or or services specified in the ab for the purpose indicated above	the Calif ove claim	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE _						DATE			

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

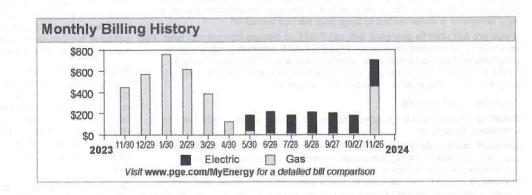
www.pge.com/waystopay

# 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



#### **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:

Due Date:

7137624533-9 12/13/2024

Total Amount Due:

\$828.05

Amount Enclosed:

841940132916 1 AB 0.593 746 9941 14

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

PG&E BOX 997300

SACRAMENTO, CA 95899-7300



84194014009941003001R0



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

#### **CLAIMANT NAME:**

HART BEEBE

PEID:	VEND008451	ADDR TYPE (AP,A1,A2,):	02	
INV #:	2084-000	- AD 1 SA - SENSO 33651		
	-2			_

INV DATE: 12/80/24

AMOUNT	COST	COST ACCT PROJ ACTY DESCRIPTION (30 CHAR)		VENDOR ACCT #	R1 1099	R2 CH			
	CNIK		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
175.00	00447	034800			GRAN	T WRITING #7GF24033			
								+	
	-								
A									
-									
\$175.00	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
For Value Received, assign, transfer, and	-	7.0					26636 S. Navajo PL Sun Lakes, Az. 85248		
		all my right		AUDIT	OR	DISTRI	CT USE ONLY		
title and interest in t	he within c	laim.		USE O	NLY	APPROVED BY:			
Signed				I hereby	certify	BOARD MEMBER	Į DA	TE	
INCTRICTIONS				that the a		BOARD MEMBER	DA	TE	
INSTRUCTIONS:  1. Complete, date and	l sign form			examine		BOARD MEMBER	l DA	TE	
Obtain Department	Head signa	ture.		approved office	Contract of the Contract of th				
3. Districts obtain boar	rd signature	s.		Onice	<b>.</b>	BOARD MEMBER	DA	TE	
<ol> <li>Attach supporting d</li> <li>Forward to County</li> </ol>				By Dep					
o. I of ward to county /	Additor-Con	uoller.		County A USER		BOARD MEMBER	Į DA	TE	
The undersigned, und the above claim and the true and correct; that rebeen paid, and that the claimant, and that the year after the last item	ne items as no part there e amount he same is pre	therein set of eof has heret erein is justly esented withi	ut are ofore due this	DATI		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One or services specified in the a for the purpose indicated abo	of the Cali bove clair ove; that the	if. Gov. n were ne
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			

# FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl. Sun Lakes, Az. 85248 530-339-2735 Hbeebe083@gmail.com INVOICE 2024-0005 Dec.1,2024

To: Fall River Valley Protection District

P.O. Box 670

McArthur, Ca, 96056

uantity Description	Unit Price	Amount
1. Grant writing fee for Cal Fire grant # 7GF24033		\$175.0
2.		
3.		
4.		

Subtotal N/A

Total: \$175.00

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





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

**CLAIMANT NAME:** 

Post Office

PEID:

VEND006370

12/01/24

ADDR TYPE (AP,A1,A2,):

00

INV DATE:

INV #: XF 010125

AMOUNT	COST	ACCT	PROJ	CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CH
154.00	00447	034500		PO	Box Dues		MH	PTIE
				1.0.	DOX Dues			1
		G						
								11
\$154.00	TOTAL			EXPLANATION	(TEVT)	ADDRESS: (If differen		
	101712			EXPLANATION	(IEXI)	ADDRESS: (If differen remittance advice or if no inv	t from oice)	
PO/ CONTRACT/ BLANKET PO#				P.O.Box Dues		44160 CA-299 STE 1		
Tie.			- 1					_
	PARTIAL	FULL				McArthur, Ca. 96056-99	998	
For Value Received		1				McArthur, Ca. 96056-99	998	
For Value Received, assign, transfer, and	I hereby sel	I,				McArthur, Ca. 96056-99	998	
assign, transfer, and	I hereby sell set over to	I,		AUDITOR		McArthur, Ca. 96056-99	998	
assign, transfer, and	I hereby sell set over to	I,		AUDITOR USE ONLY	APPROVED BY:	RICT USE ONLY		
assign, transfer, and	I hereby sell set over to	I,		USE ONLY I hereby certify	APPROVED BY: BOARD MEMBER			
assign, transfer, and	I hereby sell set over to	I,		I hereby certify that the above claim was	APPROVED BY:	RICT USE ONLY	E	
itle and interest in the signed  NSTRUCTIONS:  . Complete, date and	I hereby sell set over to a he within classing form.	I, ) all my right, aim.		I hereby certify that the above claim was examined and	BOARD MEMBER  BOARD MEMBER	RICT USE ONLY	E	
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Obtain Department	I hereby sell set over to a he within classing form.	I, all my right, nim.		I hereby certify that the above claim was	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER	PICT USE ONLY DATE	E	
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Department Districts obtain boar	I hereby sell set over to a sign form. Head signatures	II, all my right, aim.		I hereby certify that the above claim was examined and approved by this office.	BOARD MEMBER  BOARD MEMBER	PICT USE ONLY DATE	E	
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itle and interest in the signed  NSTRUCTIONS:  Complete, date and Obtain Department Districts obtain boar Attach supporting de	I hereby sell set over to a he within classing form. Head signatures ocumentation Auditor-Control	il, ill my right, aim.		I hereby certify that the above claim was examined and approved by this office.	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER	DATE DATE	E	
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Department Districts obtain boar Attach supporting desertion of the county of the undersigned, under above claim and the	I hereby sell set over to a he within classing form. Head signatures ocumentation Auditor-Control er penalty of the items as the second	all my right, aim.	es that	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor	APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of per	DATE DATE DATE DATE DATE DATE DATE DATE	E E	Cou
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Department Districts obtain boar Attach supporting do Forward to County A  the undersigned, under above claim and the undersigned that the een paid, and that the	sign form. Head signatures ocumentation Auditor-Control et items as the part there a amount her	il, of all my right, aim.  ure n. oller. perjury, state erein set ou of has herete ein is justiv	es that ut are ofore due this	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles	DATE  DATE	E E E y of the the Calif.	Moro
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Cobtain Department  Districts obtain boar  Attach supporting do  Forward to County A  the undersigned, under above claim and the undersigned, and that the aimant, and that the aimant, and that the	sign form. Head signatures ocumentation Auditor-Control et items as the o part there a amount her same is pres	il, of all my right, aim.  ure	es that ut are ofore due this	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delivered.	DATE  Trigury, that I have not violated an one, Division Four, Title One of or services specified in the abort for the purpose indicated above.	E  E  y of the the Calif. we claim at that the	were
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Obtain Department  Districts obtain boar  Attach supporting do  Forward to County A  the undersigned, under above claim and the undersigned, and that the aimant, and that the ear after the last item	sign form. Head signatures ocumentation Auditor-Control et items as the o part there a amount her same is pres	il, of all my right, aim.  ure	es that ut are ofore due this	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me	DATE  Trigury, that I have not violated an one, Division Four, Title One of or services specified in the abort for the purpose indicated above.	E  E  y of the the Calif. we claim at that the	were
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Department  Obtain Department  Districts obtain boar  Attach supporting dies. Forward to County A  the undersigned, under above claim and the undersigned, and that the aimant, and that the ear after the last item	sign form. Head signatures ocumentation Auditor-Control et items as the o part there a amount her same is pres	il, of all my right, aim.  ure	es that ut are ofore due this	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	DATE  Trigury, that I have not violated an one, Division Four, Title One of or services specified in the abort for the purpose indicated above.	E  E  y of the the Calif. we claim at that the	were
itle and interest in the signed  NSTRUCTIONS:  Complete, date and Obtain Department  Districts obtain boar  Attach supporting do  Forward to County A  the undersigned, under above claim and the undersigned, and that the aimant, and that the ear after the last item	sign form. Head signatures ocumentation Auditor-Control et items as the opart there a amount her same is pres	il, of all my right, aim.  ure	es that ut are ofore due this	I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perprovisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	DATE  Trigury, that I have not violated an one, Division Four, Title One of or services specified in the abort for the purpose indicated above.	E  E  y of the the Calif. we claim at that the	were

Address Here Post Office

NO POSTAGE NECESSARY ZIE IF MAILED UNITED STATES

MCARTHUR, CA 96056-9998 POSTMASTER

POSTMASTER

PO BOX FEE PAYMENT

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 99998

**BUSINESS REPLY MAIL** 

Return to Local Postmaster If Undeliverable as Addressed,



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

payment by any of the convenient options noted on the inside top portion of this envelope. 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

Semiannual

Annual

Amount

4

Sox #676 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 wi suspended until all associated charges are paid.

Please disregard this notice if payment has been made.

Thank you.

FALL RIVER VALLEY FIRE PROTECTION 6 Months: \$77.00 12 Months: \$154.00

Due Date: 12/31/2024

Post Office Box Service Fee Due

Notice 32-B, September 2010 | PSN 7610-03-000-8332



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 A

INV DATE:	12/02/24
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AMOUNT	COST	ACCT	PROJ CODE		D	ESCRIPTION (30 CHAR)	VENDOR ACCT #	R1 1099	R2 CH
			CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID
25.88	00447	036100			ELECT	TRIC 10/30/24 - 12/01/24	0517883284-5		
\$25.88	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no in		
PO/ CONTRACT/ BLANKET PO #				PITTVILLE	HALL		PO BOX 997300	voice)	
F	PARTIAL	FULL					SACRAMENTO, CA 958	99-7300	
For Value Received, I assign, transfer, and		II,							
title and interest in th		all my right, aim.		AUDITO		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby c		BOARD MEMBER	j DA	ΓE	
NSTRUCTIONS:				that the al	as	BOARD MEMBER	DA	ΓE	
<ol> <li>Complete, date and :</li> <li>Obtain Department F</li> </ol>		ure.		examined approved by office	y this	BOARD MEMBER	DAT	E	
<ol> <li>Districts obtain board</li> <li>Attach supporting do</li> </ol>	cumentation	n.		Ву Дери		BOARD MEMBER	DAT	E	
5. Forward to County A				County Au USER I	ditor	BOARD MEMBER	DAT	E	
The undersigned, unde he above claim and the rue and correct; that no been paid, and that the claimant, and that the s rear after the last item t	e items as the part there amount her same is pres	nerein set ou of has hereto rein is justly sented withi	ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One or or services specified in the about for the purpose indicated about	f the Calif love claim	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE						DATE			

041009259





Account No: 0517883284-5 Statement Date:

12/02/2024

Due Date:

12/19/2024

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

#### Questions about your bill?

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

#### Ways To Pay

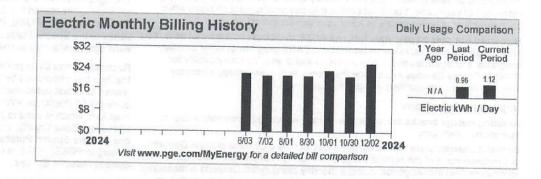
www.pge.com/waystopay

# Service For: 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

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

արթարդիվիրիկիորությանիկինիիիիի FALL RIVER FIRE DISTRICT

**PO BOX 670** MCARTHUR CA 96056-0670 PG&E BOX 997300 SACRAMENTO, CA 95899-7300



84366016001643002001R0

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			cit is state conn	
Peak	8.641000	kWh	@ \$0.41924	3.62
Off Peak			@ \$0.40312	11.41
Energy Commission Tax				0.01

# **Total Electric Charges**

\$25.88

#### Rate Identification Number



#### USCA-PGPG-0600-0000

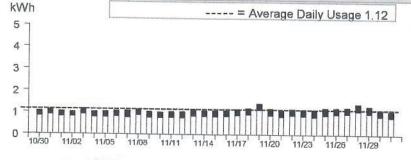
www.pge.com/rin

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

#### Service Information

ocivice illollilation	
Meter #	1008682001
Total Usage	36.955000 kWh
Serial	,
Rotating Outage Block	50

Electric Usage This Period: 36.955000 kWh, 33 billing days



Peak <sup>1</sup>	Usage 23.38%	Energy Charges \$3.62
Part Peak <sup>2</sup>	0.00%	\$0.00
Off Peak <sup>3</sup>	76.62%	\$11.41
Super Off Peak	0.00%	\$0.00

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

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

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

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



84366016001643002002R0



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

#### CLAIMANT NAME:

KENNY & NORINE

PEID: V

VEND003256

ADDR TYPE (AP,A1,A2,):

01

INV #:

100763

INV DATE: 12/06/24

AMOUNT COST ACCT PRO-			1	DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CH				
			COBL	CODE			SECONDARY REF	NC RE MH	PU AT PT ID	
300.00	00447	034800			PROFESSIONAL SVS		FILE # 9393			
350.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9393			
	-									
			_							
				2 21						
\$650.00	TOTAL						ADDDESS			
PO/ CONTRACT/	TOTAL		4	EXPLANA	ATION	(TEXT)	ADDRESS: (If different from remittance advice or if no invoice)			
For Value Received, assign, transfer, and							REDDING, CA 96001			
title and interest in th		all my right,		AUDIT			ICT USE ONLY			
	ie within Ch	ann.		USE O		APPROVED BY: BOARD MEMBER	I DAT	E		
Signed				I hereby of that the a		BOARD MEMBER				
INSTRUCTIONS:				claim w			DAT			
<ol> <li>Complete, date and</li> <li>Obtain Department I</li> </ol>		ure.		approved by this office.  By Deputy County Auditor		BOARD MEMBER	DAT	E		
Districts obtain board     Attach supporting do						BOARD MEMBER	DAT	E		
Forward to County A						BOARD MEMBER	DATE			
The undersigned, under	er penalty of	perjury, state	es that	USER		I hereby certify, under penalty of per	iury, that I have not violated a	ov of the		
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 trear after the last item thereof has accrued.			<u>DATE</u>		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					AUTHORIZED SIGNATURE					
DATE						DATE				

# **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**

| Section | Sect

\$ 207.60

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

on hand:



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

#### **CLAIMANT NAME:**

KENNY & NORINE

VEND003256 PEID:

ADDR TYPE

(AP,A1,A2,):

01

INV #:

100843

12/06/24 INV DATE:

AMOUNT COST ACCT PROJ		ACTY DESCRIPTION (30 CHAR)		SCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CHK				
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID	
70.00	00447	034800			PROFESSIONAL SVS		FILE # 9393			
\$70.00	TOTAL			EXPLANA	TION (	TEXT)	ADDRESS: (If different remittance advice or if no in			
PO/ CONTRACT/ BLANKET PO #  PARTIAL FULL			BROWN ACT RESEARCH QUESTION			1923 COURT STREET				
For Value Received	, I hereby s	√ sell,					REDDING, CA 96001			
assign, transfer, an		all my rig	ht,	AUDIT		DISTI APPROVED BY:	RICT USE ONLY			
itle and interest in the within claim. Signed		USE ONLY I hereby certify		BOARD MEMBER	DA		ATE			
INSTRUCTIONS:			that the above claim was		BOARD MEMBER	D,	DATE			
1. Complete, date ar 2. Obtain Departmer				examined and approved by this office.  By Deputy		BOARD MEMBER		DATE		
3. Districts obtain bo 4. Attach supporting	and the same of th					BOARD MEMBER	į	ATE		
5. Forward to County Auditor-Controller.		County Auditor USER ID		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 provisions of Article Four, Chapt code. Furthermore, that the articles or services have been dotherwise indicated above by me		es or services specified in the ne for the purpose indicated al ivered or performed as stated	e of the C above cla bove; that	alif. Gov aim wer the			
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE				
DATE						DATE				

# **Kenny & Norine**

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

Date:01/07/2025

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

Re: Fall River Valley Fire Protection District

File#: 9393

Invoice#: 100843

#### **Billing Summary**

Invoice Amount: \$70.00

Balance Due: \$70.00

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:01/07/2025 Invoice #: 100843

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: 02/06/2025

Payments received after 01/07/2025 are not reflected in this statement.

#### **Professional Services**

Date		Details	Hours	Rate	Amount	
12/18/2024	RA	Research question on Brown Act and reply to client	0.40	\$175.00	\$70.00	
		For professional services rendered	0.40	1	\$70.00	
		Invoice Amour	nt		\$70.00	
		Balance Du	e		\$70.00	



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

### **CLAIMANT NAME:**

EXPRESS BUSINESS SERVICE

PEID: VEND011121

ADDR TYPE (01,02,03,):

01

INV #:

XF120824A

INV DATE:

12/08/24

AMOUNT	COST	ACCT	PROJ	ACTY	DE	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 NC RE	R2 CHK	
1,782.00	00447	011000			GROSS	WAGES PPE 12/8/24		MH	PT ID	
110.48	00447	018100			SS TAX	PPE 11/25/24 - 12/8/24				
25.85	00447	018100			M/C TAX	C PPE 11/25/24 -12/8/24				
34.65	00447	018400			UI PPE	11/25/24 - 12/8/24				
67.31	00461	034800			HR SER	VICES PPE 12/8/24				
	604									
2,020.29	TOTAL			EXPLAN	ATION	(TEXT)	ADDRESS: (If differe	nt from		
For Value Received, assign, transfer, and	PARTIAL FULL or Value Received, I hereby sell,			PAY DATE	E: 12/13/ OSIT BY	25/24 - 12/8/24 24 2 12/12/24 IF NOT POSSIBLE	SHASTA LAKE, CA 9	6019		
		all my righ	nt,			ICT USE ONLY				
title and interest in t	he within o	claim.		USE O	NLY	APPROVED BY: BOARD MEMBER	I DA	TE		
Signed				I hereby that the			DATE			
			-	claim		BOARD MEMBER	DA	DATE		
The undersigned, ur	der penalty	of perjury,	states that	examine approved offic	by this	BOARD MEMBER	DA			
the above claim and true and correct; the been paid, and that the	at no part the	nereof has h herein is jus	eretofore			BOARD MEMBER	DATE			
claimant, and that t year after the la Furthermore, if I an	st item the	reof has acc	rued.	County A USER		BOARD MEMBER		DATE		
also certify that I is personal gain I may limited to, cash back frequent flier m	have deduc have recei earned on	ted the valu ved includir a personal	e of any ig, but not credit card.	DAT	E	I hereby certify, under penalty of pe provisions of Article Four, Chapter ( code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One s or services specified in the a for the purpose indicated abo	of the Ca bove cla ove; that	alif. Gov. aim were the	
CLAIMANT	A	DHI	111	Mask	1000	AUTHORIZED				
SIGNATURE	-//	VIVI	n. 1	10000	u	SIGNATURE				

### **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 Fax deposit Postage	3	50.00 5.00 2.31	50.00 15.00 2.31
Thank you for your business.		Total	\$67.31

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

Prd Beginning: November 25, 2024

Prd Ending: December 8, 2024

Employee	Earnings	Rate	Hours	Amount	Amount Federal	Amount	Amount State/Local	Amount	Amount Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 FICA 170.00 MCar	170.00 FICA 170.00 MCare	10.54 2.47					156.99	567
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 FICA 250.00 MCare	FICA MCare	15.50 3.63					230.87	568
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 FICA 50.00 MCar	50.00 FICA 50.00 MCare	3.10 0.73					46.17	569
MORGAN, JODY	Gross Regular	24.00	48.00	1152.00 FICA 1152.00 MCare	FICA MCare	71.42 CA 16.70	CA - St Wh	12.00			1051.88	570
SANTOYO, JACQUELINE	Gross Regular	20.00	8.00	160.00 FICA 160.00 MCare	FICA MCare	9.92 2.32					147.76	571
Grand Total	Gross Regular		0.00	1782.00 FICA 1782.00 MCare	FICA MCare	110.48 CA - 25.85	CA - St Wh	12.00			1633.67	

Client Id: A79 Federal Id: 874786770

Payroll Summary Pay Date: December 13, 2024

State Id: SUI Id: 16477879 16477879

Prd Beginning: November 25, 2024

## **FALL RIVER VALLEY FIRE PROT**

Prd Ending: December 8, 2024

Date 12/13/24 Date 12/13/24 Date 12/13/24 Date 12/13/24		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax	<b>Employee Taxes</b>	Tot Units/Hours	Regular	Units/Hours
EFTPS ST_EFTPS ST_EFTPS EXPRESS BUSINESS SERVICE		148.33	110.48 25.85 0.00 12.00	Taxes	68.00	68.00	ours
SERVICE	TAXES & OTHER PAYMENTS	Tot. Emplr's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA Unempl (SUI) CA Training Tax	<b>Employer's Taxes</b>	Total Pay	Regular	Earnings/Pay
941 Ck STWT Ck SUI Ck P Ck	PAYMENTS	170.98	110.48 25.85 0.00 34.02 0.63	Taxes	1782.00	1782.00	Pay
EFTPS Due 12/18/24 ST_EFTPS Due 12/18/24 ST_EFTPS Due 12/18/24 572		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 272.66 \$ 12.00 \$ 34.65 \$ 67.31		1633.67	1633.67	*	0.00		ed



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

### **CLAIMANT NAME:**

HART BEEBE

PEID:

VEND008451

ADDR TYPE

(AP,A1,A2,):

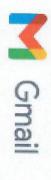
#02

INV #:

11877

INV DATE: 12/09/24

AMOUNT	COST	ACCT	PROJ		DI	ESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099 R2 CH	
	CNTR		CODE	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
1,050.00	00447	034800			CONFI	NED SPACE RESCUE AWARENES			
1000									
						THE PARTY OF THE P			
\$1,050.00	TOTAL			EVDI ANIA	TION	/	ADDRESS: (If differe	nt from	
\$1,050.00	IOIAL			EXPLANA	TION	(TEXT)	remittance advice or if no in		
	PARTIAL FULL ✓						26636 S NAVAJO PL		
For Value Received, assign, transfer, and							SUN LAKES, AZ 85248		
		all my righ	t,	AUDITOR DISTI		CT USE ONLY			
title and interest in t	he within c	laim.		USE ONLY APPROVED BY:		A CONTRACTOR OF THE PARTY OF TH			
Signed	-			I hereby o	ertify	BOARD MEMBER	Į DA	TE	
				that the a	bove	BOARD MEMBER	DA	TE	
INSTRUCTIONS:				claim v examine		BOARD MEMBER		TE	
<ol> <li>Complete, date and</li> <li>Obtain Department</li> </ol>	d sign form. : Head signa	iture.		approved	by this	BOARD MEMBER	DA	IE	
3. Districts obtain boa				office	э.	BOARD MEMBER	DA	TE	
4. Attach supporting of				By Dep					
5. Forward to County	Auditor-Cor	itroller.		County A USER		BOARD MEMBER	DA	TE	
The undersigned, und the above claim and t true and correct; that been paid, and that the claimant, and that the year after the last iten	he items as no part there ie amount he same is pr	therein set eof has here erein is justl esented with	out are etofore y due this	DATI		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	one, Division Four, Title One or services specified in the a for the purpose indicated about the purpose indicat	of the Cal bove clair ove; that t	if. Gov. m were he
CLAIMANT SIGNATURE			,			AUTHORIZED SIGNATURE			
DATE						DATE			



Jody Morgan <jmorgan@frvfiredistrict.org>

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

Hart Beebe <hbeebe083@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.

--- 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: <hbeebe083@gmail.com>

you are the responsible party, please remit payment as soon as possible. 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

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

Bill-to Party: Fall River Valley FPD

Invoice: 11877 (sign-in required)

Invoice Amount: \$ 1,050.00

Due Date: Invoice Date: 01/08/2025 12/09/2024

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?

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 <hbeebe083@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: hbeebe083@gmail.com <hbeebe083@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

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

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

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

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



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

### **CLAIMANT NAME:**

Leo S. Jones

PEID: VEND003529 ADDR TYPE (AP,A1,A2,):

01

INV #:

1094296

INV DATE:	12/10/24
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AMOUNT	COST	ACCT	PROJ	CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT #	R1 1099	R2 CH	
Seattle West			CODE	CODE		SECONDARY REF	NC RE MH	PU AT	
124.65	00447	035900		Co	ommercial Propane				
9.04	00447	102000		Sa	les Tax				
(60.27)	00447			VE	NDER ACCOUNT CREDIT				
\$73.42	TOTAL			EXPLANATION	ON /TEXT	ADDRESS: (If differe	nt from		
PO/ CONTRACT/	TOTAL			LAFLANATIO	ON (TEXT)	remittance advice or if no in			
BLANKET PO#					S CREDITED BY VENDER	37289 HWY 299E.			
	PARTIAL FULL			ACCOUNT NU	MBERS UPDATED 1/2/25	BURNEY, CA 96013			
or Value Received, assign, transfer, and					7				
itle and interest in th	ne within cla	all my right, aim.		AUDITOR DIST USE ONLY APPROVED BY:		TRICT USE ONLY			
Signed				I hereby cert	BOARD MEMBER	I DA	TE		
NSTRUCTIONS:				that the above		DA	TE	a.	
Complete, date and     Obtain Department		ure.		examined an approved by t		DA	DATE		
Districts obtain boar     Attach supporting do	d signatures	i.		office.  By Deputy	BOARD MEMBER	DA	DATE		
5. Forward to County A				County Audit	or BOARD MEMBER	DA	DATE		
The undersigned, under the above claim and the sure and correct; that note and correct; that the leen paid, and that the laimant, and that itemear after the last item	e items as to o part thereon amount hereon same is pre-	nerein set ou of has herete rein is justly sented withi	ut are ofore due this	DATE	provisions of Article Four, Chapte code. Furthermore, that the artic necessary and were ordered by r	I hereby certify, under penalty of perjury, that I have not violated any of provisions of Article Four, Chapter One, Division Four, Title One of the code. Furthermore, that the articles or services specified in the above necessary and were ordered by me for the purpose indicated above; the articles or services have been delivered or performed as stated hereof otherwise indicated above by me.		n were e	
LAIMANT IGNATURE					AUTHORIZED SIGNATURE				
ATE _					DATE				

04/007901



www.leojonespropane.com

Remit to:

11851 HOOTENANNY LN. REDDING, CA 96003 (530) 549-3100

0

0

37289 HWY 299 E. BURNEY, CA 96013 (530) 549-3100

FALL RIVER VALLEY FIRE DIST. P O BOX 670 MCARTHUR CA 96056-0670

### INVOICE

"A Full Service Propane Company"

ACCOUNT NO.	CUST. I.D.	INVOICE NO.	INVOICE DATE
21160	MCAVOL	I094296	12/10/24

FALL RIVER VALLEY
FIRE PROTECTION DISTRICT
DAY ROAD STATION
MCARTHUR CA 96056

INVOICE AMOUNT:

\$133.69

AMOUNT REMITTED \$ TO INSURE PROPER CREDIT PLEASE RETURN TOP HALF WITH REMITTANCE. DATE SLS CUST. ORDER NO. ORDER DATE SHIP VIA **TERMS** INVOICE NO. 12/10/24 18 30 DAY 1094296 QUANTITY ITEM NUMBER DESCRIPTION UNITS UNIT PRICE AMOUNT 55.40 Commercial Propane 2.25000 124.65 State Sales 9.04 Credit on Acct Did you know we have an app and online web-portal? Just search for leojonespropane Allows a quick efficient way to pay your invoices and check account balance. We would love to send your invoices directly to your email address, promptly after delivery. If interested, please call in and give us your email! **Merry Christmas!** Remit to: NOT-TAXABLE TAXABLE 11851 HOOTENANNY LN. 37289 HWY 299 E. BURNEY, CA 96013 INVOICE REDDING, CA 96003 PROPANE SERVICE \$9.04 \$124.65 TOTAL > \$133.69 (530) 549-3100 (530) 549-3100 www.leojonespropane.com

Balance Due: \$73.42

Thank You!



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

CLAIMANT NAME:

PG&E

PEID: VEND004720 ADDR TYPE

CK-02448531

(AP,A1,A2,):

04

INV #:

XF121124A

INV DATE:

12/12/24

AMOUNT	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT #		R2 CH	
90.24	20117						SECONDART REP	NC RE	PU AT PT ID	
88.31	00447	036100			ELEC.	TRIC 11/12/24 - 12/11/24	ADDRESS: (If differeremittance advice or if no in PO BOX 997300  SACRAMENTO, CA 958  DA  DA  DA  JULY  JULY			
								-		
\$88.31	TOTAL			EXPLANA	TION	(TEVT)	ADDRESS: (If differe	nt feeue		
PO/ CONTRACT/				LAI LAIVA	TION	(IEXI)	remittance advice or if no in	voice)		
BLANKET PO#				DAY RD HAI	LL		PO BOX 997300			
I	PARTIAL FULL						SACRAMENTO, CA 958	99-7300		
		1						77 7300		
For Value Received, I assign, transfer, and	hereby sel	II,								
<i>75.</i>	8	all my right,		AUDITO	OR	DISTR	RICT USE ONLY			
title and interest in th	e within cla	aim.		USE ON	LY	APPROVED BY:				
Signed				I hereby ce		BOARD MEMBER	I DA	TE		
INSTRUCTIONS:				that the ab		BOARD MEMBER	DA.	ΓE	1000	
Complete, date and	sign form.			examined	and	BOARD MEMBER				
<ol><li>Obtain Department I</li></ol>	Head signati			approved by office.	-			DATE		
<ol> <li>Districts obtain board</li> <li>Attach supporting do</li> </ol>						BOARD MEMBER	DA	DATE		
5. Forward to County A	uditor-Conti	roller.		By Depu County Au		BOARD MEMBER	I DAT	F		
The undersioned and				USER II				DATE		
The undersigned, unde the above claim and the	e items as th	nerein set out	are			I hereby certify, under penalty of pe	rjury, that I have not violated a	ny of the	0	
true and correct; that no been paid, and that the	amount her	ein is justly d	lue this	DATE		code. Furthermore, that the articles	or services specified in the ab	ove claim	were	
claimant , and that the s year after the last item	same is pres	sented within	one	21112		articles or services have been delive	ered or performed as stated he	ereon exce	e ept as	
	35. 1103					otherwise indicated above by me.				
CLAIMANT SIGNATURE						AUTHORIZED	Called By Called			
S. C.						SIGNATURE				
DATE _						DATE				

Account No: 3879934300-9

Statement Date: 12/12/2024

> Due Date: 12/30/2024

FALL RIVER FIRE DISTRICT 29277 DAY RD MCARTHUR, CA 96056

### Questions about your bill?

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

### Ways To Pay

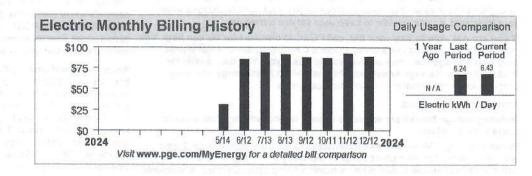
www.pge.com/waystopay

### Your Account Summary

Amount Due on Previous Statement	\$91.76
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$91.76
Current Electric Charges	\$88.31

Total Amount Due by 12/30/2024

\$180.07



### 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.

### 9990387993430090000088310000018007



Account Number: 3879934300-9 Due Date:

12/30/2024

Total Amount Due:

\$180.07

Amount Enclosed:

849760124706 1 AB 0.593 733 1573 14

Որանականի հերանանություն անականություն անականություն

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

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



84976014001573002001J2

8497601400157300200232



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 #:	322518			
INV DATE:	12/15/24			

AMOUNT	COST	ACCT	PROJ CODE		DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CH		
						SECONDARY REF	NC RE MH	PU AT PT ID		
65.06	00447	035900			73 ALL PRODUCT	130043				
253.16	00447	035900			107 All PRODUCT	130043				
			-							
\$318.22	TOTAL			EXPLANA	TION (TEXT)	ADDRESS: (If different remittance advice or if no invited in the control of the c	from			
BLANKET PO#  For Value Received, I assign, transfer, and	PARTIAL hereby set over to	FULL		CARD: 7088	86314676773 863146767107	PO BOX 488  KLAMATH FALLS, OR 97	7601			
itle and interest in th	e within cla	all my right, aim.		AUDITO USE ON	DIOTIN	ICT USE ONLY				
Signed				I hereby ce	BOARD MEMBER	DATI				
NSTRUCTIONS:				that the ab		DATE				
. Complete, date and . . Obtain Department I		ure.		examined approved by office.	/ this	DATE				
. Districts obtain board . Attach supporting do	cumentation	n.	-	By Deput	BOARD MEMBER	DATE				
. Forward to County A				County Aud	BOARD MEMBER	DATE				
e undersigned, under penalty of perjury, states that a above claim and the items as therein set out are e and correct; that no part thereof has heretofore en paid, and that the amount herein is justly due this limant, and that the same is presented within one ar after the last item thereof has accrued.			nt are ofore	DATE	provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me t	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.				
LAIMANT IGNATURE					AUTHORIZED SIGNATURE					
ATE _					DATE					

04/0/0629



(541) 887-8545

Account Number: 130043

Invoice Number: 322518 **Invoice Date:** 

12/15/2024

Page 1

Invoice Total:

\$318.22

Payment Due By: 01/10/25 **Discount Date:** 

12/25/2024

Discount Amount: \$3.42

Remit To:

Ed Staub & Sons Petroleum

PO Box 488

Klamath Falls, OR 97601

711 098976 McArthur Fire District PO Box 670 McArthur, CA 96056-0670

### CARDLOCK INVOICE

Date	Time	Driver	Site	-	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 70 Vehicle:		76773 ALL	PRODUCT				Previous Odometer: 1	10.000000000000000000000000000000000000	a macu	THE	Amount
12/09/24	5:21p		FC-Fall Riv	er M, CA	0	16802	CARBDSL	14.600	N	4.4562	65.06
Card: 70 Vehicle:		767107 ALI	PRODUCT				Subtotal Previous Odometer: 0	14.600			65.06
12/09/24	12:31p		FC-Fall Riv	er M, CA	0	0	CARBDSL	38.338	N	4.7308	181.37
12/13/24	12:50p		FC-Fall Riv	er M, CA	0	0	CARBDSL	15.500	N	4.6314	71.79
CALLO	NG 4340	*****		STATE BY PROI			Subtotal	53.838			253.16

_		Average	Total	Federal	State	Other	Sales	Total	Gals With	Gals W/O	
State	Product	Price Amount	Amount	Tax	Tax	Tax	Tax	Gallons	State Tax	State Tax	
CA	DIESEL #2 CARB (CA ONLY)	4.6498	318.22	13.09	33.04	0.48	33.03	68.44	68.44	0.00	
CA	State Total	4.6498	318.22	13.09	33.04	0.48	33.03	68.44	68.44	0.00	
	Invoice Total	4.6498	318.22	13.09	33.04	0.48	33.03	68.44	68.44	. 0.00	

PRICE	OUANTITY	FFT	SET	MET	com	
	QUILITITI	FEI	SEI	MEI	SST	AMOUNT
51.19	14.600	0.00	7.05	0.10	6.72	65.06
197.20	52.020	100000000			0.72	03.00
167.39	53.838	13.09	25.99	0.38	26.31	253.16
238.58	68 438	13.00	33.04	0.40	22.02	318 22
	51.19 187.39	51.19 14.600 187.39 53.838	51.19 14.600 0.00 187.39 53.838 13.09	51.19 14.600 0.00 7.05 187.39 53.838 13.09 25.99	51.19 14.600 0.00 7.05 0.10 187.39 53.838 13.09 25.99 0.38	51.19 14.600 0.00 7.05 0.10 6.72 187.39 53.838 13.09 25.99 0.38 26.31

TOTAL GALI	ONS BY SITE LOCATION			
Site	Street Address	City	State	Callena
760006	44015 Hwy 299 E	E-II D' A GIII	State	Gallons
	11010 11my 299 E	Fall River Mills	CA	68.438

TOTAL GALLONS BY PRODUCT							
Product	Quantity	Amount					
CARBDSL	68.4	318.22					
TOTAL		318.22					

CUSTOMER DISCOUNT \$ 3.42 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$318.22 received 12/25/24 Volume eligible is 68.44 at a rate of \$ 0.0500

**INVOICE TOTALS** 

**QUANTITY: 68.438** 

**AMOUNT DUE: \$ 318.22** 

Dear Valued Ed Staub & Sons Cardlock Customer,

If you are eligible for the prompt pay discount, payment in full for this invoice is due within 10 days after the date of this invoice. Please note that the prompt pay discount is \$.05 per gallon at sites owned and operated by Ed Staub and Sons.

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

If you have tax exempt fuel cards it is your responsibility to track the taxes on out of network transactions. Taxed column key: X=State Tax Exempt,T=Fully Taxed,N=Not Applicable.

Cardlock Department: 541-887-8545



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

### **CLAIMANT NAME:**

HIWAY GARAGE

PEID: VEND016813

ADDR TYPE

(AP,A1,A2,):

01

INV #:

105288

INV DATE: 12/19/24

	COST	ACCT	PROJ	CODE	C	ESCRIPTION (30 CHAR)	RIPTION (30 CHAR) VENDOR ACCT #		R2 CH
			OODL	CODE			SECONDARY REF	NC RE MH	PU AT PT ID
45.17	00447	035900							
43.17	00447	033900			Fuel				
					-				
\$45.17	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different	nt from	
PO/ CONTRACT/ BLANKET PO #				Fuel			remittance advice or if no in 44275 HWY 299E	voice)	
1.3	PARTIAL	FULL	h				MCARTHUR, CA 96056		
		1							
assign, transfer, and	set over to	o all my right		AUDITO			CT USE ONLY		
assign, transfer, and	set over to	o all my right	,	USE ON	ILY	DISTRI APPROVED BY: BOARD MEMBER	CT USE ONLY	E	
assign, transfer, and title and interest in the Signed	set over to	o all my right		I hereby ce	ILY ertify bove	APPROVED BY:		Hari	
assign, transfer, and title and interest in the	set over to	o all my right		I hereby co that the al claim wa examined	ertify bove as	APPROVED BY: BOARD MEMBER BOARD MEMBER	DAT	E	
title and interest in the signed  INSTRUCTIONS:  1. Complete, date and 2. Obtain Department	set over to	o all my right aim. ure.		I hereby co that the al claim wa examined approved b	ertify bove as and by this	APPROVED BY: BOARD MEMBER	DAT	E	
assign, transfer, and title and interest in the signed  INSTRUCTIONS:  1. Complete, date and 2. Obtain Department 3. Districts obtain boar	sign form. Head signated signatures	o all my right aim. ure.		I hereby co that the al claim wa examined approved b office.	ertify bove as and by this	APPROVED BY: BOARD MEMBER BOARD MEMBER	DAT	E	
For Value Received, assign, transfer, and title and interest in the Signed  INSTRUCTIONS:  1. Complete, date and 2. Obtain Department 3. Districts obtain boar 4. Attach supporting de 5. Forward to County A	sign form. Head signated signatures	o all my right aim. ure. s. n.		I hereby co that the al claim wa examined approved b	ertify bove as and by this	APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER	DAT	E E	
assign, transfer, and title and interest in the signed  INSTRUCTIONS:  1. Complete, date and 2. Obtain Department 3. Districts obtain boar 4. Attach supporting do 5. Forward to County A fine undersigned, under above claim and the above claim and the rue and correct; that n	sign form. Head signatures occumentation. Auditor-Conter penalty of e items as the opart there.	ure. s. n. perjury, sta herein set oo	tes that ut are	I hereby co that the all claim we examined approved b office.  By Deput County Au	ertify bove as and by this	APPROVED BY: BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perj provisions of Article Four, Chapter O	DAT  DAT  DAT  DAT  Ury, that I have not violated ane, Division Four, Title One of	E  E  TE  TE  TE  TE  THE  THE  THE  TH	. Gov.
ititle and interest in the signed  NSTRUCTIONS: 1. Complete, date and 2. Obtain Department 3. Districts obtain boar 4. Attach supporting do 5. Forward to County A 5. Forward to County A 6. The undersigned, under above claim and the above claim and the signed.	sign form. Head signated signatures ocumentation Auditor-Conter penalty of eitems as the opart there are amount her same is presented.	ure. s. n. roller. perjury, sta perein set or of has heret rein is justly sented withi	tes that ut are ofore due this	I hereby co that the all claim we examined approved b office.  By Deput County Au	ertify bove ras and by this uty iditor	APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER I hereby certify, under penalty of peri	DAT  DAT  DAT  DAT  DAT  DAT  Iury, that I have not violated at ne, Division Four, Title One of or services specified in the above or the purpose indicated above.	E  TE  TE  The properties of the Califforce claims over claims over the contract th	were
itile and interest in the signed  NSTRUCTIONS:  1. Complete, date and 2. Obtain Department 3. Districts obtain boar 4. Attach supporting do 5. Forward to County A free undersigned, under the above claim and the rue and correct; that no been paid, and that the claimant, and that the rear after the last item	sign form. Head signated signatures ocumentation Auditor-Conter penalty of eitems as the opart there are amount her same is presented.	ure. s. n. roller. perjury, sta perein set or of has heret rein is justly sented withi	tes that ut are ofore due this	I hereby co that the al claim wa examined approved b office.  By Deput County Au	ertify bove as and by this	APPROVED BY: BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perj provisions of Article Four, Chapter O code. Furthermore, that the articles enecessary and were ordered by me farticles or services have been delivered.	DAT  DAT  DAT  DAT  DAT  DAT  Iury, that I have not violated at ne, Division Four, Title One of or services specified in the above or the purpose indicated above.	E  TE  TE  The properties of the Califforce claims over claims over the contract th	were
ititle and interest in the signed  NSTRUCTIONS:  1. Complete, date and 2. Obtain Department 3. Districts obtain boar 4. Attach supporting do 5. Forward to County A fine undersigned, under the above claim and the rue and correct; that no been paid, and that the dear after the last item	sign form. Head signated signatures ocumentation Auditor-Conter penalty of eitems as the opart there are amount her same is presented.	ure. s. n. roller. perjury, sta perein set or of has heret rein is justly sented withi	tes that ut are ofore due this	I hereby co that the al claim wa examined approved b office.  By Deput County Au	ertify bove ras and by this	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty of perjorovisions of Article Four, Chapter Ocode. Furthermore, that the articles necessary and were ordered by me farticles or services have been deliver otherwise indicated above by me.	DAT  DAT  DAT  DAT  DAT  DAT  Iury, that I have not violated at ne, Division Four, Title One of or services specified in the above or the purpose indicated above.	E  TE  TE  The properties of the Califforce claims over claims over the contract th	were

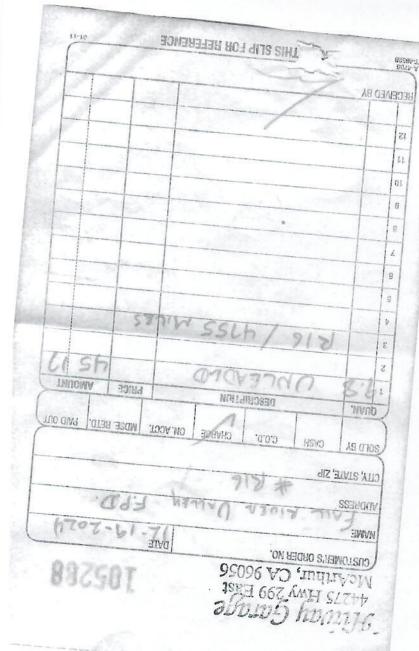
Hiway Garage Inc 44275 Hwy 299E CA 96056

### Statement

Date 12/25/2024

To:		
Fall River Valley Fir PO Box 670	e Protection Distric	
McArthur, California 96056	1	

				Amount Due	Amount Enc.	
				\$1,139.60		
Date		Transaction		Amount	Balance	
11/24/2024 12/19/2024	Balance forward INV #12948. Due 01/18/2025 Labor \$62.00 Parts & Accessories \$410 Environmental Fee \$8.00	26		514.00	580.4 1,094.4	
12/19/2024	Battery Fee, 2 @ \$2.00 = 4 Tax: 7.25 @ 7.25% = 29.7 INV #105288. Due 01/18/202 Unleaded, 9.8 @ \$5.00918 Fuel Discount \$-3.92 Tax: 7.25 @ 7.25% = 0.00	4 25. 3 = 49.09		45.17	1,139.6	
		32 				
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due	
559.17	580.43	0.00	0.00	0.00	\$1,139.60	



CT 105288 / FRU FPD

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

> 12/19/24 3:43:57 PM Register: 1 Trans #: 2040 Op ID: 91 Your cashier: Area

UNLEAD REG CA PUMP# 1 9.800 GAL @ \$5.009/GAL

\$49.09 99

DISCOUNTS APPLIED AFTER FUELING: Employee Discount \$-0.400/GAL \$-3.92

Fuel Item Total

\$45.17

Subtotal = \$45.17

Tax = \$0.00

Total = \$45.17

Change Due = \$0.00

Other

\$45.17

Footer

Customer Copy



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

### **CLAIMANT NAME:**

HART BEEBE

PEID:	VEND008451	ADDR TYPE (AP,A1,A2,):	02	
INV #:	2004-0007			

AMOUNT	COST	ACCT	PROJ	ACTY		DESCRIPTION (30 CHAR)	VENDOR ACCT	# R1 1099	B R 2 CL
	CNTR		CODE	CODE		(00000000000000000000000000000000000000	SECONDARY RE	F NC RE	PUA
500.00	00447	034800			GRAN	IT WRITING		MH	PTI
\$500.00	TOTAL			EXPLANA	TION	(TEYT)	ADDRESS: (If differ	ent from	
CONTRACT/				TRAINING			remittance advice or if no	nvoice)	
		- 10-20-					-		
	PARTIAL	FULL					26636 S. Navajo PL		
Value Received, I	havahaaai	<b>✓</b>							
sign, transfer, and	set over to	,					Sun Lakes, Az. 85248		
and interest in th	a e within cla	ll my right,		AUDITO		DISTR	RICT USE ONLY		
ned				USE ON		APPROVED BY: BOARD MEMBER	I DA	TE	
				I hereby co	ertify bove	BOARD MEMBER			
TRUCTIONS:				claim w	as		DA	TE	
omplete, date and sobtain Department F	sign form. lead signatu	Iro		examined approved b		BOARD MEMBER	j DA	TE	
istricts obtain board	l signatures.			office.		BOARD MEMBER	D4	TE	
ttach supporting do orward to County A	cumentation	l. Ollor		By Depu					
- Trail a to obtainly 74	aditor-contin	oller.		County Au USER II		BOARD MEMBER	DA	TE	
undersigned, under above claim and the	penalty of	perjury, stat	es that		-	I hereby certify, under penalty of per	rjury, that I have not violated	any of the	_
and correct; that no n paid, and that the	part thereo	f has hereto	fore			code. Furthermore, that the articles	One, Division Four, Title One or services specified in the services.	of the Calif.	Word
nant , and that the s after the last item t	ame is pres	ented within	one	DATE		articles or services have been delive	for the purpose indicated about	we that the	
spectary works	nereor nas a	iccrued.				otherwise indicated above by me.			p. 00
MANT ATURE						AUTHORIZED			
						SIGNATURE			
						DATE			

OH1010638

### FIRE TRAINING AND GRANT WRITING

26636 S. Navajo Pl. Sun Lakes, Az. 85248 530-339-2735 INVOICE 2024-0007 Dec.21 ,2024

Hbeebe083@gmail.com

To: Fall River Valley Protection District P.O. Box 670 McArthur, Ca, 96056								
Description	Unit Price	Amount						
t writing fee for FEMA grant EMW 2024-FG- 0487		\$500.00						
	0 Ca, 96056 	Description Unit Price						

Subtotal N/A

Total: \$500.00

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





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

### **CLAIMANT NAME:**

**EXPRESS BUSINESS SERVICE** 

PEID:

VEND011121

ADDR TYPE (01,02,03,):

01

INV #:

XF122224A

INV DATE:

12/22/24

AMOUNT	COST	ACCT	PROJ	CODE	D	ESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 NC RE	R2 CH
1,230.00	00447	011000			GROSS	S WAGES PPE 12/22/24		МН	PTID
76.26	00447	018100			SS TAX	C PPE 12/9/24 - 12/22/24			
17.85	00447	018100		-	M/C TA	X PPE 12/9/24 -12/22/24			
67.65	00447	018400			UI PPE	12/9/24 - 12/22/24		-	
67.31	00461	034800			HR SE	RVICES PPE 12/22/24			
1,459.07	TOTAL			EXPLANA	TION	/TEVT\	ADDRESS: (If different	at from	
PO/ CONTRACT/						LEY FIRE PROTECTION DIST	remittance advice or if no in	voice)	
For Value Received, assign, transfer, and	set over t	o all my right	·	ACH DEPO	DRI	/ 12/26/24 IF NOT POSSIBLE	SHASTA LAKE, CA 96  CT USE ONLY		
title and interest in the	e within c	laim.		USE O	VLY	APPROVED BY:	or our oner		
Signed				I hereby o	ertify	BOARD MEMBER	J DA1	E	
				that the a	bove	BOARD MEMBER	DAT	E	
The undersigned, und the above claim and	der penalty	of perjury, s	tates that	examined approved i	y this	BOARD MEMBER	DAT	E	
true and correct; that been paid, and that the claimant, and that the	t no part the e amount h	ereof has he erein is iustl	retofore v due this	By Dep	uty	BOARD MEMBER	DAT	E	
year after the las Furthermore, if I am	t item there a county or	of has accru	led. lovee, I	County Au USER	THE RESERVE OF THE PERSON NAMED IN	BOARD MEMBER	DAT		
also certify that I ha personal gain I may l limited to, cash back e frequent flier mile	nave receive earned on a	ed including personal cr	, but not edit card.	DATE		I hereby certify, under penalty of perj provisions of Article Four, Chapter O code. Furthermore, that the articles necessary and were ordered by me f articles or services have been delive otherwise indicated above by me.	ne, Division Four, Title One or or services specified in the about for the purpose indicated about	the Cali ove clair	if. Gov. n were
CLAIMANT	Ke	mil	1-4	arne	ell	AUTHORIZED SIGNATURE			
	-		U						The same of the sa

Client Id: A79 Federal Id: 874786770

Payroll Summary Pay Date: December 27, 2024

State Id: SUI Id: 16477879 16477879

Prd Beginning: December 9, 2024

### FALL RIVER VALLEY FIRE PROT

Prd Ending: December 22, 2024

Date 12/27/24 Date 12/27/24 Date 12/27/24 Date 12/27/24		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax	<b>Employee Taxes</b>	Tot Units/Hours	Regular	Units/Hours
EFTPS ST_EFTPS ST_EFTPS EXPRESS BUSINESS SERVICE		124.62	76.26 17.85 22.73 7.78	Taxes	50.00	50.00	ours
SSERVICE	TAXES & OTHER PAYMENTS	Tot. Empir's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA FUTA Credit Red. CA Unempl (SUI) CA Training Tax	Employer's Taxes	Total Pay	Regular	Earnings/Pay
941 Ck. STWT Ck. SUI Ck. P Ck.	PAYMENTS	161.76	76.26 17.85 0.00 0.00 66.42 1.23	Taxes	1230.00	1230.00	ау
EFTPS Due 01/02/25 ST_EFTPS Due 01/02/25 ST_EFTPS Due 01/02/25 577		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 210.95 \$ 7.78 \$ 67.65 \$ 67.31		1105.38	1105.38	ау	0.00		Ded

## Payroll Check Register FALL RIVER VALLEY FIRE PROTECTION DISTRICT Pay Date: December 27, 2024

Prd Beginning: December 9, 2024

Fra Beginning: December 9, 2024	mber 9, 2024			-	ay Date: De	Pay Date: December 27, 2024	2024			Prd Ending: December 22, 2024	ecember 2	2, 2024
Employee	Earnings	Rate	Hours	Amount	Amount Federal	Amount	Amount State/Local	Amount	Amount Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 FICA 170.00 MCar	170.00 FICA 170.00 MCare	10.54 2.47					156.99	573
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	250.00 FICA 250.00 MCare	15.50 3.63					230.87	574
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	50.00 FICA 50.00 MCare	3.10 0.73					46.17	575
SANTOYO, JACQUELINE	Gross Regular	20.00	38.00	760.00 760.00	FICA MCare Fed Wh	47.12 11.02 22.73	47.12 CA - St Wh 11.02 22.73	7.78			671.35	576
Grand Total	Gross Regular		0.00 50.00	1230.00 FICA 1230.00 MCare Fed W	FICA MCare Fed Wh	76.26 17.85 22.73	76.26 CA - St Wh 17.85 22.73	7.78			1105.38	

### **Express Business Service**

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

### Invoice

Date	Invoice #
12/18/2024	4856

Bill To

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

Terms
Net 10 days

Description			Net 10 days
Description	Quantity	Rate	Amount
I 2/27/24 Payroll Fax deposit Postage	3	50.00 5.00 2.31	50.00 15.00 2.3
rry Christmas and Happy New Year!!			
The state of the s		Total	\$67.31



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

CLA	IMAN	IT N	AME	=

HIWAY GARAGE

PEID: VEND016813 ADDR TYPE (AP,A1,A2,): 01

	COST	ACCT	PROJ	ACTY	DESCRIPTION (30 CHA	R)	ENDOR ACCT #	R1 1099	P2 CLU
	CNTR		CODE			The same of the sa	ECONDARY REF	NC RE	PU AT
514.00	00447	033500			INVOICE 12948 PARTS / LABOR			МН	PT ID
					THE TENTON ARTS / LABOR				
1							110		
							1		
\$514.00	TOTAL			EXPLANA	ATION (TEXT)	ADI	DRESS: (If differen	t from	
/ CONTRACT/							tance advice or if no inv	oice)	
ANKET PO#				Parts / Lal	bor	44	275 HWY 299E		
	PARTIAL	51111							
	PARTIAL	FULL				MC	CARTHUR, CA 96056		
r Value Received, I	hereby sel								
								.,	
sign, transfer, and	set over to			ALIDIT	OD 1	_			
	set over to	all my right,		AUDIT		DISTRICT U	SE ONLY		
and interest in th	set over to	all my right,		USE ON	NLY APPROVED BY: BOARD MEMBER	— DISTRICT U	SE ONLY	E	
and interest in th	set over to	all my right,		I hereby c	APPROVED BY: BOARD MEMBER bove BOARD MEMBER	DISTRICT U	DAT		
and interest in th	set over to	all my right,		I hereby c that the a claim w	PART APPROVED BY: BOARD MEMBER bove bove board MEMBER	DISTRICT U			
e and interest in the ned TRUCTIONS:	set over to a e within cla	o all my right, aim.		I hereby contract that the and claim we examined approved by	PALY APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER	DISTRICT U	DAT	E	
e and interest in the ned  TRUCTIONS: Complete, date and obtain Department Hoistricts obtain board	set over to a e within cla sign form. Head signatures.	all my right,		I hereby c that the a claim w examined	PALY APPROVED BY: BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER	DISTRICT U	DAT	E	
e and interest in the special complete, date and obtain Department in Districts obtain board strach supporting do	set over to a e within cla sign form. Head signatures. cumentatior	ure.		I hereby contract that the and claim we examined approved by office	PALY APPROVED BY: BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER	DISTRICT U	DAT	E	
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e and interest in the ined  STRUCTIONS: Complete, date and obtain Department Holistricts obtain board trach supporting do forward to County At undersigned, under	set over to a e within cla sign form. Head signatures. cumentatior uditor-Contr	all my right, aim.  ure	es that	I hereby contract that the and claim we examined approved by office	BOARD MEMBER  I hereby certify, under penalty	y of periury, tha	DAT	E E	
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and interest in the ned  TRUCTIONS:  omplete, date and a districts obtain board tach supporting do prward to County A country A country and the sand correct; that no paid, and that the sant, and that the sant, and that the sant, and that the sant and th	set over to a e within cla sign form. Head signatu d signatures. cumentatior uditor-Contr r penalty of the p part thereo amount here same is press	all my right, aim.  ure.  coller.  perjury, statuerein set out f has hereto ein is justly of eiented withir	es that t are fore	I hereby of that the a claim we examined approved to office.  By Deput County Au	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty provisions of Article Four, Ch. code. Furthermore, that the a	y of perjury, tha apter One, Div articles or serv by me for the p n delivered or p	DATI DATI DATI DATI DATI DATI DATI DATI	E  y of the the Calif.	were
e and interest in the ned  TRUCTIONS:  omplete, date and abtain Department Histricts obtain board tach supporting do prward to County Aundersigned, under above claim and the and correct; that not a paid, and that the safter the last item to the next item to the	set over to a e within cla sign form. Head signatu d signatures. cumentatior uditor-Contr r penalty of the p part thereo amount here same is press	all my right, aim.  ure.  coller.  perjury, statuerein set out f has hereto ein is justly of eiented withir	es that t are fore	I hereby of that the a claim we examined approved to office.  By Deput County Au	BOARD MEMBER  I hereby certify, under penalty provisions of Article Four, Checode. Furthermore, that the anecessary and were ordered articles or services have beer otherwise indicated above by	y of perjury, tha apter One, Div articles or serv by me for the p n delivered or p	DATI DATI DATI DATI DATI DATI DATI DATI	E  y of the the Calif.	were
e and interest in the ined  STRUCTIONS: Complete, date and including Department Holistricts obtain board attach supporting do forward to County A	set over to a e within cla sign form. Head signatu d signatures. cumentatior uditor-Contr r penalty of the p part thereo amount here same is press	all my right, aim.  ure.  coller.  perjury, statuerein set out f has hereto ein is justly of eiented withir	es that t are fore	I hereby of that the a claim we examined approved to office.  By Deput County Au	BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  BOARD MEMBER  I hereby certify, under penalty provisions of Article Four, Checode. Furthermore, that the anecessary and were ordered articles or services have beer	y of perjury, tha apter One, Div articles or serv by me for the p n delivered or p	DATI DATI DATI DATI DATI DATI DATI DATI	E  y of the the Calif.	were

### **HIWAY GARAGE INC**

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

12/13/2024 3:54	1:50 PM PST	Invoice #	<b>#12948</b>			Page:
FALL RIVE PO BOX 670 MCARTHUR		TECTION DISTRICT				Phone
Fleet #/Driver Created	: 1FD8W3F61KEF86000	PM PST	0	ag/State Color Odometer In Odometer Out	: 1581525/CA : Red : 4755 : 4755	
REPL	LABOR ITERIES GO DEAD IF VEH ED BATTERIES, FOUND 1	<u>Description</u> MISC LABOR ICLE IS NOT STARTED/ DRIVEN REG BATTERY BAD, AND 1 BATTERY WE, AND CLEANED ALL CONNECTIONS.	GULARLY.* AK.			<u>Pric</u> \$62.0
Parts Code	Reference	Description			17	
BAT -	7565 CORE	Battery - NAPA Legend 75 Month 850 CCA Top Post	12 Volts Group 6	Condition 55	<u>Unit Price</u> \$205.13	
BAT - -		Battery - NAPA Legend 75 Month	12 Volts Group 6	Condition 55		\$410.20 \$410.20 \$36.00 (\$36.00
BAT	CORE CORECREDIT	Battery - NAPA Legend 75 Month 850 CCA Top Post CORE CHARGE		less discount:  Default Rule @	\$205.13 \$18.00 (\$18.00) \$2.00	\$410.2 \$36.0 (\$36.00
BAT	CORE CORECREDIT	Battery - NAPA Legend 75 Month 850 CCA Top Post CORE CHARGE CORE CREDIT  Labor Parts Environmental Fee Charges		less discount:  Default Rule @	\$205.13 \$18.00 (\$18.00) \$2.00 \$28.20 7.25% Total	\$410.2 \$36.00 (\$36.00 \$4.00 \$410.26 \$8.00 \$4.00

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	Luch	



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

CLA	IMA	NT	NA	ME:
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PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF123024A

INV DATE:

12/30/24

AMOUNT	COST	ACCT	PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT#	R1 1099	R2 CH
	OH IX		CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID
108.62	00447	036100			ELEC	TRIC 11/27/24 - 12/29/24	6731296671-5		
\$108.62	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no inv		
PO/ CONTRACT/ BLANKET PO # For Value Received, assign, transfer, and				MCARTHUR	R MAIN	HALL 1	PO BOX 997300  SACRAMENTO, CA 9589	9-7300	
title and interest in th		all my right,		AUDITO		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby c	ertify	BOARD MEMBER	DAT	E	
INSTRUCTIONS:				that the a		BOARD MEMBER	DAT	E	
Complete, date and     Obtain Department	sign form. Head signat	ure.		examined approved b	y this	BOARD MEMBER	DAT	E	
<ol> <li>Districts obtain boar</li> <li>Attach supporting do</li> </ol>	d signatures ocumentation	n.		Office By Depu		BOARD MEMBER	DAT	E	
5. Forward to County A				County Au USER I	The second second	BOARD MEMBER	DAT	E);	
The undersigned, under the above claim and the true and correct; that no been paid, and that the claimant, and that the year after the last item	e items as the part there amount her same is pre-	nerein set ou of has hereto ein is justly sented within	it are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by metarticles or services have been delive otherwise indicated above by me.	one, Division Four, Title One of or services specified in the about for the purpose indicated about	the Calif. ove claim	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
DATE _						DATE			

### **ENERGY STATEMENT**

www.pge.com/MyEnergy

Account No: 6731296671-5 Statement Date:

Due Date:

12/30/2024 01/16/2025

### Service For:

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

### Questions about your bill?

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

### Ways To Pay

www.pge.com/waystopay

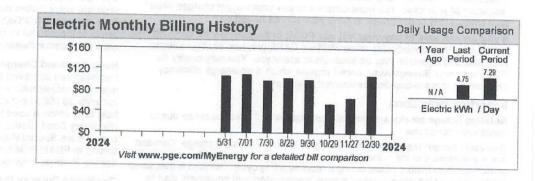
### **Your Account Summary**

Amount Due on Previous Statement Payment(s) Received Since Last Statement Previous Unpaid Balance **Current Electric Charges** 

\$65.56 > \$108.62

0.00

Total Amount Due by 01/16/2025



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

9990673129667150000010862000017418



Account Number:

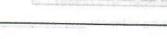
Due Date:

6731296671-5 01/16/2025

Total Amount Due:

\$174.18

Amount Enclosed:



858120126923 1 AB 0.593 690 992 12 կինիկիդիգիկուննկՈնինինդիկիկիկին

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

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



35812012000992002001B2

Account No: 6731296671-5 Statement Date: 12/30/2024

Due Date:

01/16/2025

### **Details of Electric Charges**

11/27/2024 - 12/29/2024 (33 billing days)

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

### 11/27/2024 - 12/29/2024

Customer Charge	33	davs	@\$0.32854	\$10.84
Energy Charges				Ψ10.04
Peak	46.112840	kWh	@ \$0.41924	19.33
Off Peak	194.430160	kWh	@ \$0.40312	78.38
Energy Commission Tax			G + 100 12	0.07

Service Information

 Meter #
 1008668780

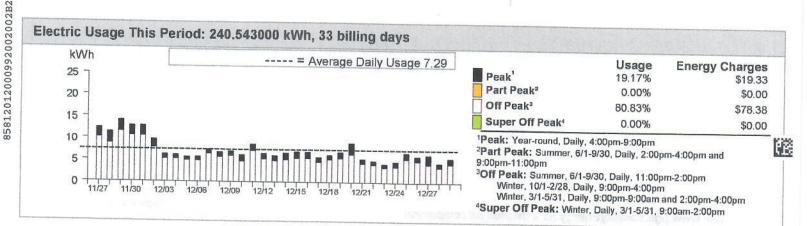
 Total Usage
 240.543000 kWh

 Serial
 H

 Rotating Outage Block
 50

### **Total Electric Charges**

\$108.62







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 #:

XF123024

INV DATE:

12/30/24

AMOUNT	COST	ACCT	PROJ		DESCRIPTION (30 CHAR)			R1 1099 R2 CH	
	CNIK		CODE	CODE		SECONDARY REF		PU AT	
95.94	00447	036100		ELE	CTRIC 11/27/24 -12/29/24	8770665653-2	MH	PTID	
				TAX TO					
COT 0.4	TOTAL								
	TOTAL			EXPLANATIO	N (TEXT)	ADDRESS: (If different from remittance advice or if no invoice)			
PO/ CONTRACT/ BLANKET PO #	PO/ CONTRACT/ BLANKET PO #  PARTIAL FULL			HWY 299 & GRC	OVE	PO BOX 997300			
				16 / S-		SACRAMENTO, CA 9589	9-7300		
For Value Received, assign, transfer, and	I hereby se	II,							
title and interest in th		all my right,		AUDITOR USE ONLY		RICT USE ONLY			
Signed				I hereby certify	APPROVED BY: BOARD MEMBER	DAT	E		
				that the above		DAT	E		
NSTRUCTIONS: 1. Complete, date and	sign form.			claim was examined and	BOARD MEMBER	l DAT		and some	
2. Obtain Department 3. Districts obtain boar	Head signate			approved by thi office.	S	54.1			
<ol> <li>Attach supporting do</li> </ol>	ocumentatio	n.		By Deputy	BOARD MEMBER	DATI			
o. Forward to County A	. Forward to County Auditor-Controller.			County Auditor USER ID	BOARD MEMBER	DATI	DATE		
The undersigned, under the above claim and the	e items as th	nerein set ou	it are		I hereby certify, under penalty of pe	rjury, that I have not violated an	y of the		
rue and correct; that n been paid, and that the claimant, and that the rear after the last item	o part therece amount her same is pres	of has hereto ein is justly sented withir	ofore due this	DATE	provisions of Article Four, Chapter (code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	or services specified in the about for the purpose indicated about	ve claim	were	
CLAIMANT	Berry				AUTHORIZED	1.			
					SIGNATURE				
ATE -					DATE		The state of the s		
						OH 101158	77		

Account No: 8770665653-2

Statement Date:

12/30/2024

Due Date: 01/16/2025

### Service For:

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

### Questions about your bill?

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

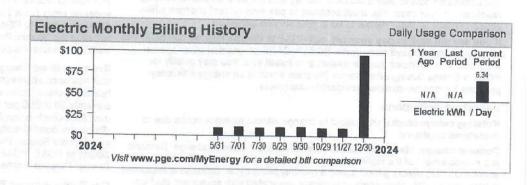
### Ways To Pay

www.pge.com/waystopay

### Your Account Summary

Amount Due on Previous Statement	\$9.53
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$9.53
Current Electric Charges	\$95.94

**Total Amount Due** by 01/16/2025 \$105.47



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

999087706656532000000959400000030547



Account Number:

Due Date:

8770665653-2 01/16/2025

Total Amount Due:

\$105.47

Amount Enclosed:

\$

858120126922 1 AB 0.593 690 991 12

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FALL RIVER FIRE DISTRICT PO BOX 670 MCARTHUR CA 96056-0670 PG&E BOX 997300 SACRAMENTO, CA 95899-7300



35812012000991002001B2

Account No: 8770665653-2

Statement Date:

12/30/2024

Due Date: 01/16/2025

### **Details of Electric Charges**

11/27/2024 - 12/29/2024 (33 billing days)

Service For: CORNER HWY 299 AND GROVE

Service Agreement ID: 8778099417 Rate Schedule: B1 Bus Low Use

### 11/27/2024 - 12/29/2024

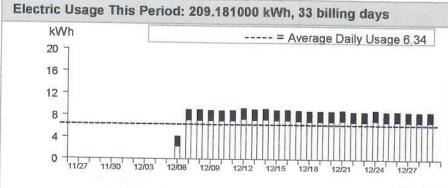
Customer Charge	33	days	@\$0.32854	\$10.84
Energy Charges				
Peak	44.340000	kWh	@ \$0.41924	18.59
Off Peak	164.841000	kWh	@ \$0.40312	66.45
Energy Commission Tax			G +	0.06

### **Total Electric Charges**

\$95.94

Service Information

Meter# 1008668753 Total Usage 209.181000 kWh Serial H Rotating Outage Block 50



Usage **Energy Charges** Peak1 21.19% \$18.59 Part Peak<sup>2</sup> 0.00% \$0.00 Off Peak<sup>3</sup> 78.81% \$66.45 Super Off Peak<sup>4</sup> 0.00% \$0.00

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

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

9:00pm-11:00pm

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

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



35812012000991002002B2



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

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	WIIA.	$\sim$		NA.	ıvı⊏

PG&E

PEID:

VEND004720

ADDR TYPE

(AP,A1,A2,):

04

INV #:

XF123124

INV DATE:

12/31/24

AMOUNT COST ACCT PROJ CNTR CODE			1	DESCRIPTION (30 CHAR)	VENDOR ACCT SECONDARY RE	-	R1 1099 R2 CH			
22.70	22.1.1	2000		THE STATE OF THE S		OLOGNDAKT KE	NC RE MH	PU AT PT ID		
22.70	22.70 00447 036100				ELEC	TRIC 12/02/24 - 12/30/24	0517883284-5			
		., ,								
K)										
\$22.70	TOTAL			EXPLANA	ATION	(TEXT)	ADDRESS: (If differemittance advice or if no			
BLANKET PO #  For Value Received, assign, transfer, and				PITTVILLE	HALL		PO BOX 997300  SACRAMENTO, CA 9	5899-7300		
title and interest in th		all my right		AUDIT			ICT USE ONLY		7	
Signed	io widiiii Cia	aiii.		USE O		APPROVED BY: BOARD MEMBER	0	ATE		
1				I hereby of that the a	bove	BOARD MEMBER		ATE		
INSTRUCTIONS:  1. Complete, date and	sign form.			claim v examined	d and	BOARD MEMBER		ATE		
Obtain Department I     Districts obtain book				approved office		DOADD MEMBER				
<ol> <li>Attach supporting do</li> </ol>	3. Districts obtain board signatures. 4. Attach supporting documentation.			By Deputy		BOARD MEMBER	DA.		ΓE	
5. Forward to County A	5. Forward to County Auditor-Controller.			County A		BOARD MEMBER		ATE		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			DATE		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Code. Furthermore, that the articles or services specified in the above of the necessary and were ordered by me for the purpose indicated above; that articles or services have been delivered or performed as stated hereon of the otherwise indicated above by me.			n were		
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE				
DATE _						DATE				

Account No: 0517883284-5 Statement Date:

12/31/2024

Due Date:

01/17/2025

### Service For:

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

### Questions about your bill?

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

### Ways To Pay

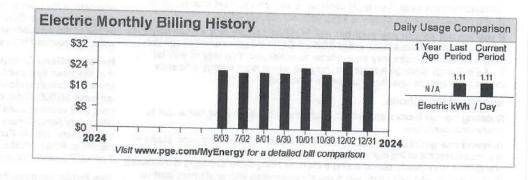
www.pge.com/waystopay

### **Your Account Summary**

Amount Due on Previous Statement \$25.88 Payment(s) Received Since Last Statement 0.00 Previous Unpaid Balance \$25.88 **Current Electric Charges** \$22.70

Total Amount Due by 01/17/2025

\$48.58



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

### 99900517883284500000022700000004858



Account Number:

Due Date:

0517883284-5 01/17/2025

Total Amount Due:

\$48.58

Amount Enclosed:

858970123966 1 AB 0.593 681 313 13

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

PG&E BOX 997300 SACRAMENTO, CA 95899-7300



85897013000313002001B2

Account No: 0517883284-5

Statement Date:

12/31/2024

Due Date: 01/17/2025

### **Details of Electric Charges**

12/02/2024 - 12/30/2024 (29 billing days)

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

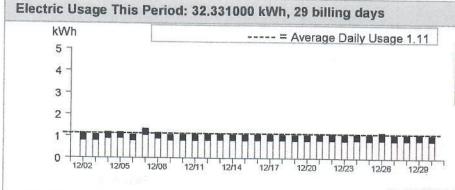
**Total Electric Charges** 

Customer Charge	29	days	@\$0.32854	\$9.53
Energy Charges				
Peak	7.968000	kWh	@ \$0.41924	3.34
Off Peak	24.363000	kWh	@ \$0.40312	9.82
Energy Commission Tax				0.01

### Service Information

\$22.70

Meter#	1008682001
Total Usage	32.331000 kWh
Serial	J
Rotating Outage Block	50



Usage **Energy Charges** Peak1 24.64% \$3.34 Part Peak<sup>2</sup> 0.00% \$0.00 Off Peak<sup>3</sup> 75.36% \$9.82 Super Off Peak<sup>4</sup> 0.00% \$0.00

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

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

Off Peak: Summer, 6/1-9/30, Daily, 11:00pm-2:00pm Winter, 10/1-2/28, Daily, 9:00pm-4:00pm Winter, 3/1-5/31, Daily, 9:00pm-9:00am and 2:00pm-4:00pm

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



35897013000313002002B2



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 #:

327287

INV DATE: 12/31/24

AMOUNT	COST	THE PARTY OF THE P	ACCT PROJ			DESCRIPTION (30 CHAR)	VENDOR ACCT #	R1 1099 R2 CH	
			CODE	CODE			SECONDARY REF	NC RE	PU AT PT ID
15.34	00447	035900			DEF-E	BULK	ADDRESS: (If differe remittance advice or if no in PO BOX 488  KLAMATH FALLS, OR		
\$15.34	TOTAL			EXPLANA	TION	(TEXT)			
PO/ CONTRACT/ BLANKET PO #  For Value Received,	PARTIAL I hereby se	FULL ✓		CARD: 7088	886314	16767	PO BOX 488  KLAMATH FALLS, OR 9	7601	
assign, transfer, and title and interest in the	8	all my right,		AUDITO		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby co	ertify	BOARD MEMBER	DAT	E	
INSTRUCTIONS:			-	that the at	as	BOARD MEMBER	DAT	E	
<ol> <li>Complete, date and</li> <li>Obtain Department I</li> </ol>	Head signati			examined approved b office.	y this	BOARD MEMBER	DATE		
<ol> <li>Attach supporting do</li> </ol>	Districts obtain board signatures.     Attach supporting documentation.			BOARD MEMBER By Deputy		BOARD MEMBER	DATE		
	. Forward to County Auditor-Controller.			County Au USER II		BOARD MEMBER DA		E	
he undersigned, under penalty of perjury, states that the above claim and the items as therein set out are use and correct; that no part thereof has heretofore een paid, and that the amount herein is justly due this laimant, and that the same is presented within one ear after the last item thereof has accrued.			it are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter Code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	the Calif.	were	
CLAIMANT BIGNATURE						AUTHORIZED SIGNATURE			
DATE _						DATE			



(541) 887-8545

Account Number: 130043

Invoice Number: 327287

**Invoice Date:** 

12/31/2024

Page 1

Invoice Total:

\$15.34

Payment Due By: 01/10/25 **Discount Date:** 

01/10/2025

Discount Amount: \$0.19

181



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: 708 Vehicle: 0		5767107 AI	LL PRODUCT			Previous Odometer:		Tuacu	Tite	Amount
12/30/24	1:41p		FC-Fall River M, CA	0	0	DEF-BULK	3.763	N	4.0744	15.34
GALLON	NS, AMO	OUNTS AN	D TAXES BY STATE BY	PRODUCT		Subtotal	3.763	5.38	2-03-036-16-11	15.34
			Average	Total Federal	State	Other Sales '	Fotal	Cala With		T TWO

		Average	Total	Federal	State	Other	Sales	Total	Gals With	Gals W/O
State	Product	Price	Amount	Tax	Tax	Tax	Tax	Gallons	State Tax	State Tax
CA	DEF - BULK	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.7
CA	State Total	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.7
	Invoice Total	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.1

TOTALS BY CARD	PRICE	OUANTITY	FET	SET	MET	SST	AMOVINI
107 ALL PRODUCT	1100			DEL	MEI	991	AMOUNT
I WEET KODOCT	14.30	3.763	0.00	0.00	0.00	1.04	15.34
	14.30	3.763	0.00	0.00	0.00	1.04	15.34

TOTAL GALI	ONS BY SITE LOCATION			
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	3,763
		(2003)) (2003)	CA	3./63

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
DEF-BULK		Amount
TOTAL	3.8	15.34
		15.34

CUSTOMER DISCOUNT \$ 0.19 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$15.34 received 01/10/25 Volume eligible is 3.76 at a rate of \$ 0.0500

### INVOICE TOTALS

### **QUANTITY: 3.763**

**AMOUNT DUE: \$ 15.34** 

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



# **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 #:

328327

INV DATE:

12/31/24

AMOUNT	COST	ACCT	PROJ	THE RESERVE OF THE PARTY OF THE	[	DESCRIPTION (30 CHAR)	VENDOR ACCT #		R2 CHK	
				OODL			SECONDARY REF	NC RE	PU AT PT ID	
66.97	00447	035900			UNL I	E10%	234084		1110	
		-								
\$66.97	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different	ot from		
PO/ CONTRACT/						(IEXI)	remittance advice or if no in	voice)		
For Value Received, I assign, transfer, and	hereby sel	FULL /					KLAMATH FALLS, OR 9	97601		
title and interest in th	e within cla	ıll my right, ıim.		AUDITO		APPROVED BY:	CT USE ONLY			
Signed					-	BOARD MEMBER	DA1	E		
3				I hereby ce that the ab	ove	BOARD MEMBER	DAT	F		
INSTRUCTIONS:  1. Complete, date and	sian form			claim wa examined		BOARD MEMBER				
2. Obtain Department F	lead signatu			approved by office.		BOARD WEMBER	DAT	E		
<ol> <li>Districts obtain board</li> <li>Attach supporting do</li> </ol>						BOARD MEMBER	DAT	E		
5. Forward to County A	uditor-Contr	oller.		By Deput County Aud USER ID	ditor	BOARD MEMBER	DAT	E	-	
the above claim and the true and correct; that no been paid, and that the claimant, and that the s	e undersigned, under penalty of perjury, states that above claim and the items as therein set out are and correct; that no part thereof has heretofore an paid, and that the amount herein is justly due this mant, and that the same is presented within one ar after the last item thereof has accrued.			DATE		provisions of Article Four, Chapter Or code. Furthermore, that the articles of necessary and were ordered by me for	of perjury, that I have not violated any of the pter One, Division Four, Title One of the Calif. Goviticles or services specified in the above claim were y me for the purpose indicated above; that the delivered or performed as stated hereon except as			
CLAIMANT BIGNATURE						AUTHORIZED SIGNATURE				
DATE						DATE				



(541) 887-8545

Account Number: 234084

Invoice Number: 328327

Page 1

**Invoice Date:** 

12/31/2024 \$66.97

**Invoice Total:** Payment Due By: 01/10/25 **Discount Date:** 

01/10/2025

Discount Amount: \$0.92



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	Mise	c Entry O	dometer	Produ	ct	(	Quantity	Taxed I	Price	Amount
Card: ' Vehicle	7088863122 e: 0	13124 A/P					Previo	us Odomo			THAT I	rice	Amount
12/22/2	4 12:34a		FC-Fall River M, CA		0 0		UNL E	E10% ubtotal		18.433 18.433	N	3.6332	
CALL	ONG ANG	TINIMO ANTO					51	ubtotai		10.433			66.97
		UNTS AND	TAXES BY STATE BY P	RODUCT Average	Total	Federal	State	Other	Sales	Total	Gals Wi	ith	Gals W/O
State	Product				Total Amount	Federal Tax			Sales Tax		Gals Wi		
	Product	UNTS AND		Average		100	State Tax	Other		Total	State Ta	ax	Gals W/O State Tax
State	Product	E UNL REC		Average Price	Amount	Tax	State Tax	Other Tax	Tax	Total Gallons	State Ta		Gals W/O

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	53.86	18.433	0.13	11.51	0.00	1.47	66.97
	53.86	18.433	0.13	11.51	0.00	1.47	66.97

TOTAL GALI	ONS BY SITE LOCATION			
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	
			CA	18.433

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	18.4	66.97
TOTAL		66.97

CUSTOMER DISCOUNT \$ 0.92 PLEASE PAY THIS AMOUNT

The above discount may be deducted from the invoice total if payment is ===>> INVOICE TOTAL \$66.97 received 01/10/25 Volume eligible is 18.43 at a rate of \$ 0.0500

INVOICE TOTALS

**QUANTITY: 18.433** 

AMOUNT DUE: \$ 66.97

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



# **COUNTY OF SHASTA**

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

# **CLAIMANT NAME:**

EXPRESS BUSINESS SERVICE

PEID: VEND011121

ADDR TYPE

(01,02,03,):

01

INV #:

XF010525A

INV DATE:

01/05/25

AMOUNT	COST	ACCT	PROJ CODE	CODE	D	ESCRIPTION (30 CHAR)	VENDOR ACCT# SECONDARY REF	R1 1099 NC RE	R2 CHK
770.00	00447	011000			GROSS	WAGES PPE 1/5/25		МН	PTID
47.74	00447	018100		<del>                                     </del>		PPE 12/23/24 - 1/5/25			-
11.18	00447	018100		1	M/C TA	X PPE 12/23/24 -1/5/25		-	
42.35	00447	018400			UI PPE	12/23/24 - 1/5/25			
67.04	00461	034800				RVICES PPE 1/5/25			
938.31	TOTAL			EXPLANA	TION	(TEXT)	ADDRESS: (If different remittance advice or if no income		
For Value Received, assign, transfer, and				PAY DATE: ACH DEPO NOTIFY LO	SIT BY	25 / 1/9/25 IF NOT POSSIBLE	SHASTA LAKE, CA 96	019	
title and interest in t	he within c	all my righ laim.	t,	AUDITO		DISTR APPROVED BY:	ICT USE ONLY		
Signed				I hereby ce	ertify	BOARD MEMBER	Į DA1	E	
				that the all		BOARD MEMBER	DAT	E	
The undersigned, un	der penalty	of periury, s	tates that	examined approved b	y this	BOARD MEMBER	DAT	E	
the above claim and true and correct; the	the items a at no part th	s therein se ereof has he	et out are eretofore	office.		BOARD MEMBER	DAT	E	
been paid, and that the claimant, and that the year after the lase Furthermore, if I am	ne same is p st item there a county o	oresented wi eof has accr r district em	ithin one ued. olovee. I	By Depu County Au USER II	ditor	BOARD MEMBER	DAT	E	
also certify that I h personal gain I may limited to, cash back frequent flier mil	ave deducte have receive arned on a	ed the value red including personal cr	of any but not redit card	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One of or services specified in the all for the purpose indicated above	f the Cal	lif. Gov. m were
CLAIMANT SIGNATURE	So	rial	· ya	rneli	0	AUTHORIZED SIGNATURE			
DATE	01/06/25		U			DATE			
							0410115	97	

Client Id: A79 Federal Id: 874786770

Payroll Summary Pay Date: January 10, 2025

State Id: SUI Id:

Prd Beginning: December 23, 2024

# **FALL RIVER VALLEY FIRE PROT**

16477879 16477879

Prd Ending: January 5, 2025

Date 01/10/25  Date 01/10/25  Date 01/10/25		Total W/H Taxes	Fica Tax Medicare Tax Federal Tax CA State WH Tax	<b>Employee Taxes</b>	Tot Units/Hours	Regular	Units/Hours
EFTPS ST_EFTPS EXPRESS BUSINESS SERVICE		58.92	47.74 11.18 0.00 0.00	axes	27.00	27.00	urs
ERVICE	TAXES & OTHER PAYMENTS	Tot. Emplr's Taxes	Fica Tax Medicare Tax Fed. Unempl (FUTA) CA Unempl (SUI) CA Training Tax	<b>Employer's Taxes</b>	Total Pay	Regular	Earnings/Pay
941 CK SUI CK P CK	AYMENTS	101.27	47.74 11.18 0.00 41.58 0.77	axes	770.00	770.00	ау
EFTPS Due 01/15/25 ST_EFTPS Due 01/15/25 4004		Total Net Pay	Net Pay Checks	Net Pay	Total Other		Misc Inc/(-)Ded
\$ 117.84 \$ 42.35 \$ 67.04		711.08	711.08		0.00		Ď

64

Prd Beginning: December 23, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT
Pay Date: January 10, 2025

Prd Beginning: December 23, 2024	ember 23, 2024				Pay Date	Pay Date: January 10, 2025	2025			Prd Ending: January 5, 2025	January 5,	2025
Employee	Earnings	Rate	Hours	Amount	Amount Federal	Amount State/L	State/Local	Amount	Amount Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 170.00	170.00 FICA 170.00 MCare	10.54 2.47					156.99	4000
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 FICA 250.00 MCare	FICA MCare	15.50 3.63					230.87	4001
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	50.00 FICA 50.00 MCare	3.10 0.73					46.17	4002
SANTOYO, JACQUELINE	Gross Regular	20.00	15.00	300.00 FICA 300.00 MCare	FICA MCare	18.60 4.35					277.05	4003
Grand Total	Gross Regular		0.00 27.00	770.00 FICA 770.00 MCare	FICA MCare	47.74 11.18					711.08	

# **Express Business Service**

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

# Invoice

Date	Invoice #
1/6/2025	4882

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

Terms Net 10 days

Description	Quantity	Rate	Amount
1/10/25 Payroli Tax deposit Postage	3	50.00 5.00 2.04	50.00 15.00 2.04
dappy New Year!!		Total	\$67.04



# **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 #:

100844

INV DATE:

01/07/25

AMOUNT	COST	ACCT	PROJ	ACTY DESCRIPTION (30 CHAR)			VENDOR ACCT # R1 1099 F		
							SECONDARY REF	NC RE MH	PU AT PT ID
60.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9570		
780.00	00447	034800			PROF	ESSIONAL SVS	FILE # 9570		
\$840.00	TOTAL		7000	EXPLANA	TION	(TEXT)	ADDRESS: (If differer	nt from	
PO/ CONTRACT/						(ILXI)	remittance advice or if no inv	voice)	
For Value Received, assign, transfer, and title and interest in the	set over to	o all my right,		AUDIT			REDDING, CA 96001		
	ic within th	allii.		USE OI	VLY	APPROVED BY: BOARD MEMBER	I DA1	E	
Signed				I hereby o					
NSTRUCTIONS:				claim w	/as	BOARD MEMBER	DAT	E	
Complete, date and     Obtain Department I		ure		examined and approved by this		BOARD MEMBER	DATE		
3. Districts obtain board				office		BOARD MEMBER		DATE	
4. Attach supporting do				By Dep	uty				
5. Forward to County A				County Au USER		BOARD MEMBER	DAT	E	
The undersigned, under the above claim and the rue and correct; that ne the peen paid, and that the claimant, and that the rear after the last item.	e items as to o part there amount he same is pre	herein set ou of has hereto rein is justly sented within	ut are ofore due this	DATE		I hereby certify, under penalty of per provisions of Article Four, Chapter C code. Furthermore, that the articles necessary and were ordered by me articles or services have been delive otherwise indicated above by me.	One, Division Four, Title One or or services specified in the ab for the purpose indicated about	f the Calif ove claim	were
CLAIMANT SIGNATURE						AUTHORIZED SIGNATURE			
ATE _						DATE		88	

# **Kenny & Norine**

1923 Court Street Redding, CA 96001

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

# INVOICE

Date:01/07/2025 Invoice #: 100844

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: 02/06/2025

# Payments received after 01/07/2025 are not reflected in this statement.

### **Professional Services**

Date		Details	Hours	Rate	Amount
12/02/2024	RA	Complete and submit Appearance Sheet to Labor Commissioner's Office	0.20	\$300.00	\$60.00
12/11/2024	RA	Review all documents and begin drafting response to claim	2.60	\$300.00	\$780.00
		For professional services rendered	2.80		\$840.00
		Invoice Amount			\$840.00
		Balance Due			\$840.00

# **Kenny & Norine**

1923 Court Street
Redding, CA 96001

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

Date:01/07/2025

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#: 100844

# **Billing Summary**

Invoice Amount: \$840.00

Balance Due: \$840.00

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

# COUNTY OF SHASTA SPECIAL DISTRICT SIGNATURE AUTHORIZATIONS

This form will provide Board signature verification for the Auditor-Controller. This form will be kept on file and used to ensure the legitimacy of submitted documents. Except for specific Board Resolutions on file, submission of this form will supersede any previous authorities on file for the Special District and must be updated per changes as they occur within the Board or staff.

Date:	
DISTRICT NAME	DISTRICT COST CENTER NUMBER
Please print name:	
BOARD MEMBER	SIGNATURE
SECRETARY/CLERK  The following people are authorized by Board	SIGNATURE  d to approve (sign) documents. Attach board minutes or resolution with
pecific details regarding signing authority. (	(Requires Majority vote of Board)
1st Alternate Name	SIGNATURE
2 <sup>nd</sup> Alternate Name	SIGNATURE
Authorized by Board to <u>pick-up</u> payroll check	ks and other bulk issued checks. (See Note Below)
1 <sup>st</sup> Alternate Name	SIGNATURE
2 <sup>nd</sup> Alternate Name	SIGNATURE

This authorization supersedes all prior notices.

NOTE: It is the policy of the Auditor-Controller that checks are to be issued directly to the payee. Exceptions to this policy are only upon approval of the Auditor-Controller.