



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 jmorgan@frvfiredistrict.org. Mailed and emailed comments must be received one day prior to the meeting to be included.

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

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

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

- CALL TO ORDER:
- FLAG SALUTE:
- ROLL CALL OF BOARD MEMBERS:
- 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):
 - 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.

1. 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

Deposits	Date	Purpose	Amount
WSC SOLAR & ROOFING	12/19/2024	INSPECTION FEE	\$ 100.00
CARLTON TREES	12/19/2024	INSPECTION FEE	\$ 100.00
HARTFORD	12/19/2024	DONATION INS CLAIM	\$ 1,000.00
FREEDOM FOREVER	12/27/2024	INSPECTION FEE	\$ 100.00
		Total Deposits	\$ 1,300.00

Expenditures	Date	Purpose	Amount
PGE	10/28/2024	HWY 299 & GROVE	\$ 9.53
HART BEEBE	11/10/2024	TRAINING	\$ 1,274.21
HART BEEBE	11/26/2024	2024 3RD QTR INCIDENT REP	\$ 280.00
PGE	11/26/2024	FR HALL ELEC & GAS	\$ 704.34
HART BEEBE	12/1/2024	GRANT WRITING	\$ 175.00
US POST OFFICE	12/1/2024	BOX RENT	\$ 154.00
PGE	12/2/2024	PITTVILLE HALL	\$ 25.88
KENNY & NORINE	12/6/2024	PROFESSIONAL SVS #9393	\$ 650.00
KENNY & NORINE	12/6/2024	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
ED STAUB & SONS	12/15/2024	FUEL	\$ 318.22
HIWAY GARAGE	12/19/2024	FUEL	\$ 45.17
HART BEEBE	12/21/2024	GRANT WRITING	\$ 500.00
EXPRESS BUSINESS	12/22/2024	PAYROLL PPE 12/22/24	\$ 1,459.07
HIWAY GARAGE	12/25/2024	PART/LABOR	\$ 514.00
PGE	12/30/2024	MC MAIN HALL 1	\$ 108.62
PGE	12/30/2024	HWY 299 & GROVE	\$ 95.94
PGE	12/31/2024	PITTVILLE HALL	\$ 22.70
ED STAUB & SONS	12/31/2024	FUEL	\$ 15.34
ED STAUB & SONS	12/31/2024	FUEL	\$ 66.97
EXPRESS BUSINESS	1/5/2025	PAYROLL PPE 1/5/2025	\$ 938.31
KENNY & NORINE	1/7/2025	PROFESSIONAL SVS #9570	\$ 840.00
		Total Expenditures	\$ 11,499.32

BOARD SIGNATURES



WSC SOLAR & ROOFING
7671 AIRPORT RD
REDDING, CA 96002
530-338-2425
www.wsc.solar

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

5134

12/13/2024

PAY TO THE ORDER OF FALL RIVER VALLEY FIRE

\$ **100.00

One hundred and 00/100*****

DOLLARS

PROTECTED AGAINST FRAUD

FALL RIVER VALLEY FIRE
PO BOX 670
McARTHUR, CA 96056

VOID AFTER 90 DAYS

⑈005134⑈ ⑆121138288⑆

241019023⑈

WSC SOLAR & ROOFING

5134

12/13/2024

FALL RIVER VALLEY FIRE

Date	Type	Reference	Original Amount	Balance Due	Payment
12/05/2024	Bill	F110524B	100.00	100.00	100.00
			Check Amount		100.00

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, Ca - 96001 - 1671

63265



CARLTON CHRISTMAS TREES, LLC

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

TRI-COUNTIES BANK

BURNEY OFFICE
37093 MAIN STREET BURNEY, CA 96013 (916) 335-2215

90-3504/1211



12/6/2024

PAY TO THE ORDER OF **Fall River Valley Fire Protection Distric**

\$ ****100.00**

One Hundred and 00/100*****

DOLLAR

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



Deanna Carlton
AUTHORIZED SIGNATURE

MEMO

⑈063265⑈ ⑆121135045⑆

121002062⑈

CARLTON CHRISTMAS TREES, LLC

Fall River Valley Fire Protection Distric

12/6/2024

63265

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
11/26/2024	Bill	F110524A	100.00	100.00		100.00
					Check Amount	100.00

Cash in Bank - 2062

100.00

OMAHA

12/09/2024

PAYEE	CLAIMANT	INSURED	POLICY #	87 LST 221407
FALL RIVER VALLEY FIRE PROTECT P.O. BOX 670 MCARTHUR, CA 96056	TUCKERS TRANSPORT INC 12954 ROAD 3 SE MOSES LAKE, WA 98837	TUCKERS TRANSPORT INC 12954 ROAD 3 SE MOSES LAKE, WA 98837	CLAIM #	513 IM 91800
			CHECK #	010053359-0
			LOSS DATE	11/02/2024

STATEMENT OF LOSS	NB	VALUE	SALVAGE	DEDUCTIBLE	NET LOSS
VOLUNTEER FIRE DEPARTMENT DONATION TRUCK UPSET 11/2/24	41	1,000.00			1,000.00
TOTAL:					1,000.00

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120797153



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

The Hartford

Authorized Signature
Issuing Office
Name OMAHA

120797153

⑈0100533590⑈ ⑆044115443⑆

550372558⑈

Freedom Forever LLC
Permit Account
43445 Business Park Dr, 110
Temecula, CA 92590

48811

11-35/1210

DATE 12/23/2024

PAY TO THE ORDER OF

Fall River Valley Fire District

\$ 100.00

One hundred dollars + 00/100

DOLLARS

Bank of America

FOR

⑈048811⑈ ⑆121000358⑆ 325077132738⑈

Freedom Forever Northern California, LLC
190 Riverside Parkway
West Sacramento, CA 95605

SACRAMENTO CA 957
23 DEC 2024 PM 7 L



Fall River Valley Fire District
PO Box 670
McArthur, CA 96056

96056-



Sent to County - 12/27/24

Sent to :

Shasta County Auditor - controller's office
1450 Court Street, Ste 238

Redding, Ca. 96001-1671



ENERGY STATEMENT

www.pge.com/MyEnergy

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

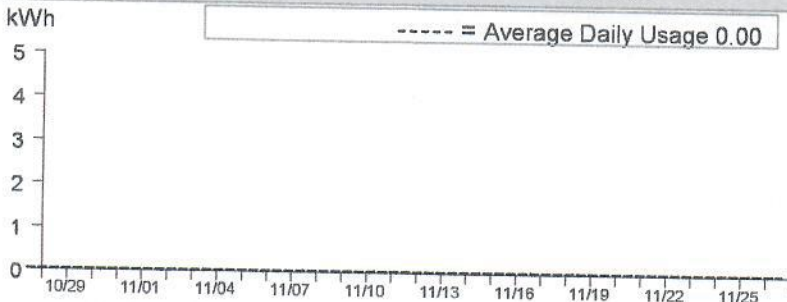
www.pge.com/rin

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 kWh
Serial	H
Rotating Outage Block	50

Electric Usage This Period: 0.000000 kWh, 29 billing days



	Usage	Energy Charges
Peak ¹	0.00%	\$0.00
Part Peak ²	0.00%	\$0.00
Off Peak ³	0.00%	\$0.00
Super Off Peak ⁴	0.00%	\$0.00

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

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

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

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

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

84271014010329002002R0



COUNTY OF SHASTA

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

CLAIMANT NAME:

HART BEEBE

PEID: VEND008451

ADDR TYPE
 (AP,A1,A2): 02

INV #: 2024-0006

INV DATE: 11/10/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
1,274.21	00447	034851			FALL TRAINING REIMBURSEMENT							
\$1,274.21	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TRAINING			26636 S. NAVAJO PL SUN LAKES, AZ 85248		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u> <u>DATE</u>			DISTRICT USE ONLY APPROVED BY: BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____						
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.						

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

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

Quantity	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



Inbox 8

Your E-receipt From Budget

Inbox x

Starred

Snoozed

Important

Sent

Drafts

More

Budget <budget@e.budget.com>
to me

Labels

[imap]/Drafts

Hbeebe083@gmail.com

Junk E-mail

Notes

Personal

vendor training

Work

2017 Cal Fire grant

incident reports

More



Hi Hart,

Thank you for renting with Budget. Please remember 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:	\$ 137.87
Rental Sales Tax:	\$ 30.27
Net Charges:	\$ 463.01

**Includes Fees and Surcharges*

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

Your e-receipt is available [here](#)

Simple does it.

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

Name	Hart William Beebe		Folio No.	221124102548487	
Address	3982 E VIA DEL RANCHO RD GILBERT, AZ, 852985817, USA				
Phone #	530-339-2735		Room	127	
ID Type	Driver License	ID #	D0XXXXX17	# Of Guests	2
Issue Place	GILBERT	ID Country	USA	Date In	Nov/22/2024 06:06:00 PM
Vehicle Info.	NISSAN ROGUE 2024		Date Out	Nov/24/2024 11:00:00 AM	
Company					

Description	Chargable Amount	Payments
Nov/22/2024 Best Available		
Rental Charge	100.00	
TOT	10.00	
PET FEE	0.00	
Other Charge	0.00	
Visa 4147XXXXXXXXX2899 - 03/2029		200.00
Nov/23/2024 Best Available		
Rental Charge	100.00	
TOT	10.00	
Total	220.00	200.00

^ Authorize Payment

Total Charges:	220.00
(Discount):	20.00
Total Deposit:	0.00
(Authorized Payments):	0.00
(Payments):	200.00
Balance:	0.00

- 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.
- 2. After Hours Emergency, Staff can be reached by using the EMERGENCY PHONE located outside 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 parking larger vehicles.
- 7. Phone Calls** Local and 1-800 calls can be made from the room phones all others will require a calling card.
- 8. Privacy Policy** We 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

Peppermill J5HX1



Log in | Create account | Español

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

Thanks for flying with us!

Trip summary

✈ Flight

CONFIRMATION #
4YRPRJ

NOV 22 - 26
PHX ✈ RNO

FLIGHT TOTAL
\$893.88

🚗 Car

CONFIRMATION #
12027270US3

PICK-UP RETURN
RNO RNO
11/22/2024 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 PTS	—	Wanna Get Away
Rhys Massa	+ 1,495 PTS	—	Wanna Get Away

Departing

11/22/24 Friday

Wanna Get Away \$415.47
(Passenger x3)



DEPARTS

8:35 AM

PHX
Phoenix, AZ - PHX

FLIGHT
3895 📶 + 📺

SCHEDULED AIRCRAFT
Boeing 737-700
Subject to change

Nonstop



ARRIVES

9:35 AM**RNO**

Reno/Tahoe, NV - RNO

TRAVEL TIME

2hr 0min

SUBTOTAL

\$415.47**Returning**

11/26/24 Tuesday

Wanna Get Away
(Passenger x3)**\$331.77**

DEPARTS

3:40 PM**RNO**

Reno/Tahoe, NV - RNO

FLIGHT

794

SCHEDULED AIRCRAFT

Boeing 737-700

Subject to change

Nonstop



ARRIVES

6:25 PM**PHX**

Phoenix, AZ - PHX

TRAVEL TIME

1hr 45min

SUBTOTAL

\$331.77

Taxes & fees

\$146.64

Flight total**\$893.88****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 [fare rules](#) 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 points.
- 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.

NOV 22 - 26

Budget, Mid-size SUV - Reno/Tahoe, NV (RNO)**Confirmation # 12027270US3**

DRIVER

Hart Beebe**Car details**



COUNTY OF SHASTA

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

CLAIMANT NAME:

HART BEEBE

PEID: VEND008451

ADDR TYPE
 (AP,A1,A2): 02

INV #: 2024-0008

INV DATE: 11/26/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK				
							NC RE MH	PU AT PT ID				
280.00	00447	034800			2024 3rd quarter -70 incident							
\$280.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3rd quarter - 70 incident reports			26636 S. Navajo PL Sun Lakes, Az. 85248		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor <u>USER ID</u>		DISTRICT USE ONLY APPROVED BY: BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____							
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			<u>DATE</u>		I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.							
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____

DATE _____

AUTHORIZED SIGNATURE _____

DATE _____

OH 10/22/22

FIRE TRAINING AND GRANT WRITING

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

INVOICE
2024-008
11-26-2024

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

Quantity	Description	Unit Price	Amount
1.	2024 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



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

Quantity	Description	Unit Price	Amount
1.	Grant writing fee for Cal Fire grant # 7GF24033		\$175.00
2.			
3.			
4.			

Subtotal N/A

Total: \$175.00

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





COUNTY OF SHASTA

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

CLAIMANT NAME: PAID

Post Office

PEID: VEND006370

ADDR TYPE (AP,A1,A2,): 07

INV #: XF 010125 A

INV DATE: 12/01/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK
							NC RE MH	PU AT PT ID
154.00	00447	034500			P.O.Box Dues			
\$154.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)		

PO/ CONTRACT/
 BLANKET PO # _____

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

P.O.Box Dues

44160 CA-299 STE 1
 McArthur, Ca. 96056-9998

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

Signed _____

- INSTRUCTIONS:
1. Complete, date and sign form.
 2. Obtain Department Head signature.
 3. Districts obtain board signatures.
 4. Attach supporting documentation.
 5. Forward to County Auditor-Controller.

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

AUDITOR USE ONLY	DISTRICT USE ONLY	
I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID _____ DATE _____	APPROVED BY:	
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE

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

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

0H/009250

Print
Post Office
Address Here

City, State, ZIP Code

POSTMASTER
PO BOX FEE PAYMENT
POSTMASTER

POSTMASTER
MCARTHUR, CA 96056-9998

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 99998

BUSINESS REPLY MAIL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



If Undeliverable as Addressed,
Return to Local Postmaster

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

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

Annual
 Semiannual

\$ _____
Amount

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

Please disregard this notice if payment has been made.

Thank you.

Box #670 96056
FALL RIVER VALLEY FIRE PROTECTION
6 Months: \$77.00 12 Months: \$154.00
Due Date: 12/31/2024

Post Office Box Service Fee Due



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service For:

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

Your Account Summary

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

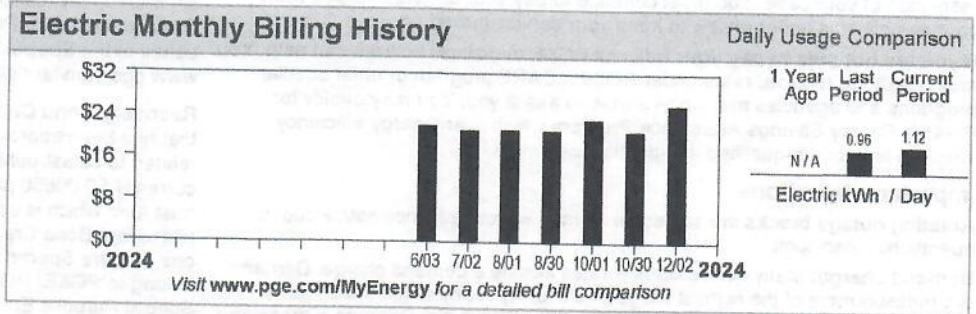
Total Amount Due by 12/19/2024 \$25.88

Questions about your bill?

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

Ways To Pay

www.pge.com/waystopay



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: \$ <input type="text"/>
--	--------------------------------	-------------------------------------	---

843660140106 1 AB 0.593 789 1643 16



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



84366016001643002001R0



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Details of Electric Charges

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

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

10/30/2024 - 12/01/2024

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

Total Electric Charges \$25.88

Rate Identification Number



USCA-PGPG-0600-0000

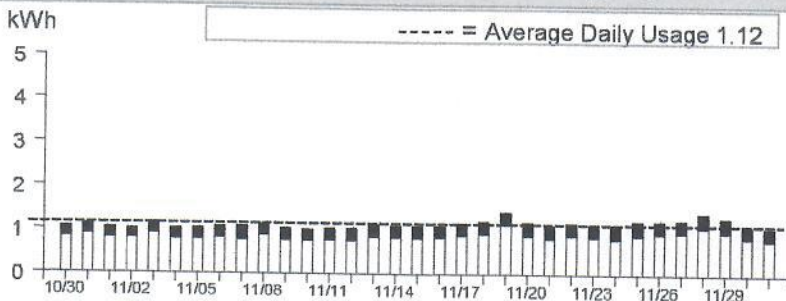
www.pge.com/rin

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

Service Information

Meter #	1008682001
Total Usage	36.955000 kWh
Serial	J
Rotating Outage Block	50

Electric Usage This Period: 36.955000 kWh, 33 billing days



	Usage	Energy Charges
■ Peak ¹	23.38%	\$3.62
■ Part Peak ²	0.00%	\$0.00
■ Off Peak ³	76.62%	\$11.41
■ Super Off Peak ⁴	0.00%	\$0.00

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

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

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

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

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

84366016001643002002R0

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

INVOICE

Date: 12/06/2024
Invoice #: 100763
Matter: Fall River Valley Fire Protection District
File #: 9393

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

Due Date: 01/05/2025

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

Professional Services

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

For professional services rendered 2.60 \$650.00

Invoice Amount \$650.00

Balance Due \$650.00

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

Date: 12/06/2024

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

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

Billing Summary

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

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

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		\$70.00

Invoice Amount \$70.00

Balance Due \$70.00

Express Business Service

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

Invoice

Date	Invoice #
12/9/2024	4845

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

Terms
Net 10 days

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

Thank you for your business.

Total

\$67.31

Prd Beginning: November 25, 2024

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

Prd Ending: December 8, 2024

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00 170.00	FICA MCare	10.54 2.47					156.99	567
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00 250.00	FICA MCare	15.50 3.63					230.87	568
JONES, SHERRI	Gross Regular	25.00	2.00	50.00 50.00	FICA MCare	3.10 0.73					46.17	569
MORGAN, JODY	Gross Regular	24.00	48.00	1152.00 1152.00	FICA MCare	71.42 16.70	CA - St Wh	12.00			1051.88	570
SANTOYO, JACQUELINE	Gross Regular	20.00	8.00	160.00 160.00	FICA MCare	9.92 2.32					147.76	571
Grand Total...	Gross Regular		0.00 68.00	1782.00 1782.00	FICA MCare	110.48 25.85	CA - St Wh	12.00			1633.67	

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: December 13, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: November 25, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: December 8, 2024

Units/Hours

Regular 68.00

Tot Units/Hours 68.00

Earnings/Pay

Regular 1782.00

Total Pay 1782.00

Misc Inc/(-)Ded

Total Other 0.00

Employee Taxes

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

Employer's Taxes

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

Net Pay

Net Pay Checks 1633.67

Total W/H Taxes 148.33

Tot. Emplr's Taxes 170.98

Total Net Pay 1633.67

TAXES & OTHER PAYMENTS

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

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

CK - 02449163



COUNTY OF SHASTA

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

CLAIMANT NAME:

HART BEEBE

PEID: VENDOR08451

**ADDR TYPE
(AP,A1,A2,):** 02

INV #: 11877

INV DATE: 12/09/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK														
							NC RE MH	PU AT PT ID														
1,050.00	00447	034800			CONFINED SPACE RESCUE AWARENES																	
\$1,050.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
PO/ CONTRACT/ BLANKET PO #			TRAINING			26636 S NAVAJO PL SUN LAKES, AZ 85248																
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>									PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
PARTIAL	FULL																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID</td> <td>APPROVED BY:</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>DATE</td> <td colspan="2">I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID	APPROVED BY:	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.	
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																						
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																						

**CLAIMANT
SIGNATURE**

DATE

**AUTHORIZED
SIGNATURE**

DATE

OH 1009253



Jody Morgan <jmorgan@frvfiredistrict.org>

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

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,
Hart

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

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

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

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

To: <hbeebe083@gmail.com>

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

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

Bill-to Party:	Fall River Valley FPD
Invoice:	<u>11877</u> (sign-in required)
Invoice Amount:	\$ 1,050.00
Invoice Date:	12/09/2024
Due Date:	01/08/2025
Description:	Confined Space Rescue Awareness - CSRA1461

Sign in to the California Office of the State Fire Marshal | State Fire Training to see and pay invoices.

(If this link does not work, copy and paste the following link into a web browser: <https://osfm-sft.acadisonline.com/AcadisViewer/FromEmail?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>

Mon, Dec 9, 2024 at 2:59 PM

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

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.

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

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

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

See the **Course Delivery** webpage for more information.

Thank you,

Kathryn Horrell

Office of the State Fire Marshal

State Fire Training

kathryn.horrell@fire.ca.gov

Leo S. Jones

Ver# 003529

PROPANE SERVICE

www.leojonespropane.com

INVOICE

"A Full Service Propane Company"

Remit to:

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

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

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

S
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L
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T
O

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

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	I094296
QUANTITY	ITEM NUMBER	DESCRIPTION	UNITS	UNIT PRICE	AMOUNT	
55.40		Commercial Propane State Sales		2.25000	124.65 9.04	
		Credit on Acct				<60.27>

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!

Leo S. Jones
PROPANE SERVICE
www.leojonespropane.com

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

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

NOT-TAXABLE	TAXABLE	INVOICE TOTAL
\$9.04	\$124.65	\$133.69

Balance Due: \$73.42

Thank You!



(541) 887-8545

Account Number: 130043
 Invoice Number: 322518
 Invoice Date: 12/15/2024
 Invoice Total: \$318.22
 Payment Due By: 01/10/25
 Discount Date: 12/25/2024
 Discount Amount: \$3.42

711
098976



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: 708886314676773 ALL PRODUCT						Previous Odometer: 1				
Vehicle: 0										
12/09/24	5:21p		FC-Fall River M, CA	0	16802	CARBDSL	14.600	N	4.4562	65.06
							Subtotal		14.600	65.06
Card: 7088863146767107 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
12/09/24	12:31p		FC-Fall River M, CA	0	0	CARBDSL	38.338	N	4.7308	181.37
12/13/24	12:50p		FC-Fall River M, CA	0	0	CARBDSL	15.500	N	4.6314	71.79
							Subtotal		53.838	253.16

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DIESEL #2 CARB (CA ONLY)	4.6498	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

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	51.19	14.600	0.00	7.05	0.10	6.72	65.06
107 ALL PRODUCT	187.39	53.838	13.09	25.99	0.38	26.31	253.16
	238.58	68.438	13.09	33.04	0.48	33.03	318.22

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	68.438

TOTAL GALLONS BY PRODUCT	
Product	Quantity
CARBDSL	68.4
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

Hiway Garage Inc
 44275 Hwy 299E
 CA 96056

Statement

Date
12/25/2024

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

		Amount Due	Amount Enc.		
		\$1,139.60			
Date	Transaction	Amount	Balance		
11/24/2024	Balance forward		580.43		
12/19/2024	INV #12948. Due 01/18/2025. --- Labor \$62.00 --- Parts & Accessories \$410.26 --- Environmental Fee \$8.00 --- Battery Fee, 2 @ \$2.00 = 4.00 --- Tax: 7.25 @ 7.25% = 29.74	514.00	1,094.43		
12/19/2024	INV #105288. Due 01/18/2025. --- Unleaded, 9.8 @ \$5.00918 = 49.09 --- Fuel Discount \$-3.92 --- Tax: 7.25 @ 7.25% = 0.00	45.17	1,139.60		
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

FIRE TRAINING AND GRANT WRITING

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

hbeebe083@gmail.com

INVOICE
2024-0007
Dec.21 ,2024

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

Quantity	Description	Unit Price	Amount
1.	Grant writing fee for FEMA grant EMW 2024-FG- 0487		\$500.00
2.			
3.			
4.			

Subtotal N/A

Total: \$500.00

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



Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: December 27, 2024

State Id: 16477879
SUI Id: 16477879

Prd Beginning: December 9, 2024

FALL RIVER VALLEY FIRE PROT

Prd Ending: December 22, 2024

Units/Hours

Regular 50.00

Earnings/Pay

Regular 1230.00

Misc Inc/(-)Ded

Tot Units/Hours 50.00

Total Pay 1230.00

Total Other 0.00

Employee Taxes

Fica Tax 76.26
Medicare Tax 17.85
Federal Tax 22.73
CA State WH Tax 7.78

Employer's Taxes

Fica Tax 76.26
Medicare Tax 17.85
Fed. Unempl (FUTA) 0.00
CA FUTA Credit Red. 0.00
CA Unempl (SUI) 66.42
CA Training Tax 1.23

Net Pay

Net Pay Checks 1105.38

Total W/H Taxes 124.62

Tot. Emplr's Taxes 161.76

Total Net Pay 1105.38

TAXES & OTHER PAYMENTS

Date	12/27/24	EFTPS	941	CK.	EFTPS	Due	01/02/25	\$	210.95
Date	12/27/24	ST_EFTPS	STWT	CK.	ST_EFTPS	Due	01/02/25	\$	7.78
Date	12/27/24	ST_EFTPS	SUI	CK.	ST_EFTPS	Due	01/02/25	\$	67.65
Date	12/27/24	EXPRESS BUSINESS SERVICE	P	CK.	577			\$	67.31

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 1459.07

Prd Beginning: December 9, 2024

Payroll Check Register
FALL RIVER VALLEY FIRE PROTECTION DISTRICT

Pay Date: December 27, 2024

Prd Ending: December 22, 2024

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00	FICA MCare	10.54 2.47					156.99	573
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63					230.87	574
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73					46.17	575
SANTOYO, JACQUELINE	Gross Regular	20.00	38.00	760.00	FICA MCare Fed Wh	47.12 11.02 22.73	CA - St Wh	7.78			671.35	576
Grand Total...	Gross Regular		0.00 50.00	1230.00 1230.00	FICA MCare Fed Wh	76.26 17.85 22.73	CA - St Wh	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	Quantity	Rate	Amount
12/27/24 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.31	2.31
Total			\$67.31

Merry Christmas and Happy New Year!!



COUNTY OF SHASTA

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

CLAIMANT NAME:

HIWAY GARAGE

CK # 02449315

PEID: VENDOR16813 ADDR TYPE (AP,A1,A2,): 01
 INV #: 12948
 INV DATE: 12/25/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
514.00	00447	033500			INVOICE 12948 PARTS / LABOR													
\$514.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Parts / Labor			44275 HWY 299E MCARTHUR, CA 96056								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID _____ DATE _____			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.			The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.												

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

011010636

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

12/19/2024 3:54:50 PM PST

Invoice #12948

Page:1

Phone:

FALL RIVER VALLEY FIRE PROTECTION DISTRICT

PO BOX 670
 MCARTHUR, CA 96056

Vehicle : 2019 Ford F350 Super Duty 1 Ton - Pickup 6.2 L 379 CID
 VIN : 1FD8W3F61KEF86000
 Fleet #/Driver : R16 /
 Created : 12/19/2024 3:47:23 PM PST
 Invoiced : 12/19/2024 3:54:44 PM PST

Tag/State : 1581525/CA
 Color : Red
 Odometer In : 4755
 Odometer Out : 4755

Labor/Notes

Technician	Reference	Description	Price
T1	LABOR	MISC LABOR	\$62.00
* BATTERIES GO DEAD IF VEHICLE IS NOT STARTED/ DRIVEN REGULARLY.* TESTED BATTERIES, FOUND 1 BATTERY BAD, AND 1 BATTERY WEAK. REPLACED BOTH BATTERIES, AND CLEANED ALL CONNECTIONS.			

Parts

Code	Reference	Description	Condition	Unit Price	Price
BAT	7565	Battery - NAPA Legend 75 Month 12 Volts Group 65 850 CCA Top Post		\$205.13	\$410.26
-	CORE	CORE CHARGE		\$18.00	\$36.00
-	CORECREDIT	CORE CREDIT		(\$18.00)	(\$36.00)
-	CABATTERYTAX			\$2.00	\$4.00

Labor	\$62.00
Parts	\$438.46 less discount: \$28.20	\$410.26
Environmental Fee	\$8.00
Charges	\$4.00
Sales Tax	Default Rule @ 7.25%	\$29.74

Total \$514.00
PAYMENT \$0.00
BALANCE DUE \$514.00

Technician Code T1 Certification #

Approvals

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

Customer Signature _____





ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service Information

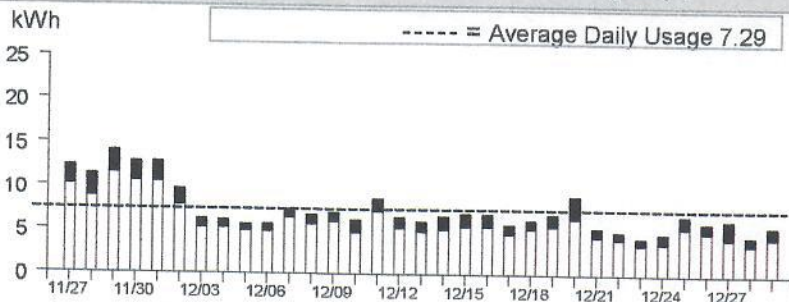
Meter # 1008668780
Total Usage 240.543000 kWh
Serial H
Rotating Outage Block 50

11/27/2024 - 12/29/2024

Customer Charge	33 days @ \$0.32854	\$10.84
Energy Charges		
Peak	46.112840 kWh @ \$0.41924	19.33
Off Peak	194.430160 kWh @ \$0.40312	78.38
Energy Commission Tax		0.07

Total Electric Charges \$108.62

Electric Usage This Period: 240.543000 kWh, 33 billing days



	Usage	Energy Charges
■ Peak ¹	19.17%	\$19.33
■ Part Peak ²	0.00%	\$0.00
■ Off Peak ³	80.83%	\$78.38
■ Super Off Peak ⁴	0.00%	\$0.00

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

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COUNTY OF SHASTA

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

CLAIMANT NAME:

PG&E

PEID: VEND004720

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

INV #: XF123024

INV DATE: 12/30/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
95.94	00447	036100			ELECTRIC 11/27/24 -12/29/24	8770665653-2												
\$95.94	TOTAL	EXPLANATION (TEXT)				ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HWY 299 & GROVE				PO BOX 997300 SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____		AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE		DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>					BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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BOARD MEMBER	DATE																	
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.		The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																
CLAIMANT SIGNATURE _____ DATE _____		AUTHORIZED SIGNATURE _____ DATE _____																

0H 1011587



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service Information

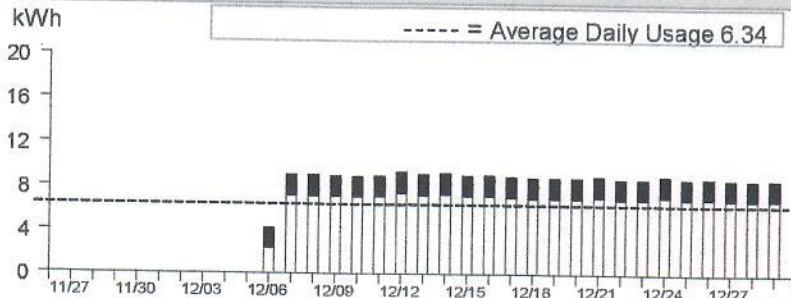
Meter # 1008668753
Total Usage 209.181000 kWh
Serial H
Rotating Outage Block 50

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		0.06

Total Electric Charges \$95.94

Electric Usage This Period: 209.181000 kWh, 33 billing days



	Usage	Energy Charges
■ Peak ¹	21.19%	\$18.59
■ Part Peak ²	0.00%	\$0.00
□ Off Peak ³	78.81%	\$66.45
■ Super Off Peak ⁴	0.00%	\$0.00

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

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

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

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

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

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ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 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

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

Questions about your bill?

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

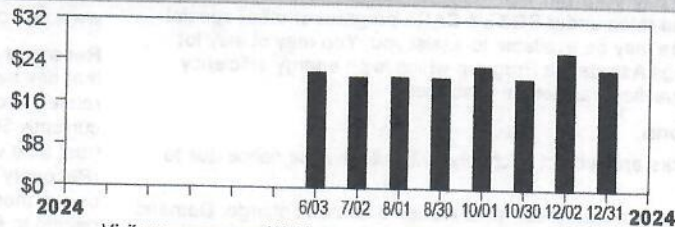
Total Amount Due by 01/17/2025 \$48.58

Ways To Pay

www.pge.com/waystopay

Electric Monthly Billing History

Daily Usage Comparison



1 Year Last Ago Period

Current Period
N/A 1.11 1.11
Electric kWh / Day

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

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

99900517883284500000022700000004858



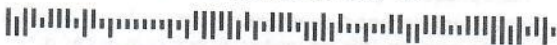
Account Number: 0517883284-5
Due Date: 01/17/2025

Total Amount Due: \$48.58

Amount Enclosed:



858970123966 1 AB 0.593 681 313 13



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

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



858970130003130002001B2



ENERGY STATEMENT

www.pge.com/MyEnergy

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

Service Information

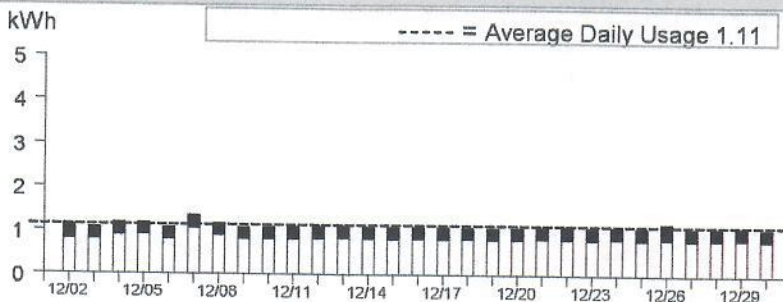
Meter # 1008682001
Total Usage 32.331000 kWh
Serial J
Rotating Outage Block 50

12/02/2024 - 12/30/2024

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

Total Electric Charges \$22.70

Electric Usage This Period: 32.331000 kWh, 29 billing days



	Usage	Energy Charges
Peak ¹	24.64%	\$3.34
Part Peak ²	0.00%	\$0.00
Off Peak ³	75.36%	\$9.82
Super Off Peak ⁴	0.00%	\$0.00

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

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

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

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

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

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(541) 887-8545

Account Number: 130043
 Invoice Number: 327287
 Invoice Date: 12/31/2024
 Invoice Total: \$15.34
 Payment Due By: 01/10/25
 Discount Date: 01/10/2025
 Discount Amount: \$0.19

181
099511



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: 7088863146767107 ALL PRODUCT						Previous Odometer: 0				
Vehicle: 0										
12/30/24	1:41p		FC-Fall River M, CA	0	0	DEF-BULK	3.763	N	4.0744	15.34
Subtotal							3.763			15.34

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	DEF - BULK	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.76
CA	State Total	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.76
	Invoice Total	4.0765	15.34	0.00	0.00	0.00	1.04	3.76	0.00	3.76

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
107 ALL PRODUCT	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 GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	3.763

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

MCARTHUR FIRE DISTRICT

Acct Number: 130043

Page 2

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 CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK							
							NC RE MH	PU AT PT ID							
66.97	00447	035900			UNL E10%	234084									
\$66.97	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)									
PO/ CONTRACT/ BLANKET PO # _____ <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARD: 708886312213124			PO BOX 488 KLAMATH FALLS, OR 97601					
PARTIAL	FULL														
<input type="checkbox"/>	<input checked="" type="checkbox"/>														
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim. Signed _____			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE			DISTRICT USE ONLY APPROVED BY:									
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.						<table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER
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BOARD MEMBER	DATE														
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The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.												

CLAIMANT SIGNATURE _____
 DATE _____

AUTHORIZED SIGNATURE _____
 DATE _____

OH 1012471



(541) 887-8545

Account Number: 234084
 Invoice Number: 328327
 Invoice Date: 12/31/2024
 Invoice Total: \$66.97
 Payment Due By: 01/10/25
 Discount Date: 01/10/2025
 Discount Amount: \$0.92

245
099511



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

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Misc Entry	Odometer	Product	Quantity	Taxed	Price	Amount
Card: 708886312213124 A/P						Previous Odometer: 0				
Vehicle: 0										
12/22/24	12:34a		FC-Fall River M, CA	0	0	UNL E10%	18.433	N	3.6332	66.97
Subtotal							18.433			66.97

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average Price	Total Amount	Federal Tax	State Tax	Other Tax	Sales Tax	Total Gallons	Gals With State Tax	Gals W/O State Tax
CA	GASOLINE UNL REG ETH 10%	3.6332	66.97	0.13	11.51	0.00	1.47	18.43	18.43	0.00
CA	State Total	3.6332	66.97	0.13	11.51	0.00	1.47	18.43	18.43	0.00
	Invoice Total	3.6332	66.97	0.13	11.51	0.00	1.47	18.43	18.43	0.00

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

Client Id: A79
Federal Id: 874786770

Payroll Summary
Pay Date: January 10, 2025

State Id: 16477879
SUI Id: 16477879

Prd Beginning: December 23, 2024

Prd Ending: January 5, 2025

FALL RIVER VALLEY FIRE PROT

Units/Hours

Regular 27.00

Tot Units/Hours 27.00

Earnings/Pay

Regular 770.00

Total Pay 770.00

Misc Incl/(-)Ded

Total Other 0.00

Employee Taxes

Fica Tax 47.74
Medicare Tax 11.18
Federal Tax 0.00
CA State WH Tax 0.00

Total W/H Taxes 58.92

Employer's Taxes

Fica Tax 47.74
Medicare Tax 11.18
Fed. Unempl (FUTA) 0.00
CA Unempl (SUI) 41.58
CA Training Tax 0.77

Tot. Emplr's Taxes 101.27

Net Pay

Net Pay Checks 711.08

Total Net Pay 711.08

TAXES & OTHER PAYMENTS

Date	01/10/25	EFTPS	941	CK. EFTPS	Due	01/15/25	\$	117.84
Date	01/10/25	ST_EFTPS	SUI	CK. ST_EFTPS	Due	01/15/25	\$	42.35
Date	01/10/25	EXPRESS BUSINESS SERVICE	P	CK. 4004			\$	67.04

DEDUCT THIS AMOUNT FROM YOUR CHECKBOOK ==> \$ 938.31

Prd Beginning: December 23, 2024

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

Prd Ending: January 5, 2025

Employee	Earnings	Rate	Hours	Amount	Federal	Amount	State/Local	Amount	Ded / Inc	Amount	Net Pay	Check No
DAY, CARL	Gross Regular	17.00	10.00	170.00	FICA MCAre	10.54 2.47					156.99	4000
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCAre	15.50 3.63					230.87	4001
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCAre	3.10 0.73					46.17	4002
SANTOYO, JACQUELINE	Gross Regular	20.00	15.00	300.00	FICA MCAre	18.60 4.35					277.05	4003
Grand Total...	Gross Regular		0.00 27.00	770.00 770.00	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 Protection Dist PO Box 670 McArthur, CA 96056

Terms
Net 10 days

Description	Quantity	Rate	Amount
1/10/25 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.04	2.04

Happy 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 CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
60.00	00447	034800			PROFESSIONAL SVS	FILE # 9570												
780.00	00447	034800			PROFESSIONAL SVS	FILE # 9570												
\$840.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			PROFESSIONAL SERVICES			1923 COURT STREET REDDING, CA 96001												
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>									PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			AUDITOR USE ONLY I hereby certify that the above claim was examined and approved by this office. By Deputy County Auditor USER ID DATE			DISTRICT USE ONLY APPROVED BY: <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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Signed _____ INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.															
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**CLAIMANT
SIGNATURE**

DATE

**AUTHORIZED
SIGNATURE**

DATE

OH 1012474

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		<u>2.80</u>		<u>\$840.00</u>

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:	<u> </u> \$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

BOARD MEMBER

SIGNATURE

BOARD MEMBER

SIGNATURE

BOARD MEMBER

SIGNATURE

BOARD MEMBER

SIGNATURE

SECRETARY/CLERK

SIGNATURE

The following people are authorized by Board to approve (sign) documents. Attach board minutes or resolution with specific details regarding signing authority. (Requires Majority vote of Board)

1st Alternate Name

SIGNATURE

2nd Alternate Name

SIGNATURE

Authorized by Board to pick-up payroll checks and other bulk issued checks. (See Note Below)

1st Alternate Name

SIGNATURE

2nd 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.