



# 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

FEBRUARY 21, 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](mailto: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 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):
  - TRAINING



## Fall River Valley Fire Protection District

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

### **OLD BUSINESS:**

### **NEW BUSINESS:**

1. Discussion and possible action to approve consideration of letter of resignation from Clerk of the Board, Jody Morgan.
2. Discussion and possible action to post Clerk of the Board position.
3. Discussion and possible action on possible conflict of interest with Board Members and other entities.
4. Discussion and possible action on items as reported by Nolda Short, Shasta County Auditor.
5. Discussion and possible action to adopt a payment policy for Firefighters.
6. Discussion and possible action to elect a Vice Chairperson.
7. Discussion and possible action to direct the Chief to define fueling prices and fueling procedures.

### **CLOSED SESSION:**

1. Conference with Legal Counsel – Existing Litigation (Gov. Code section 54956.9(d)(1)  
Name of Case: Norman Joe Valdez

### **RECONVENE WITH PUBLIC:**

### **ADJOURNMENT**





# Fall River Valley Fire Protection District

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## MINUTES

January 17, 2025

CALL TO ORDER: 10:00 AM

Public Comment: Norman Valdez made comments

Fire Inspector: Jonathon Sims reported that he did one solar plan inspection since last meeting.

FRVFPD Volunteer Association: John Will informed the Board that they are gearing up for the Fireman's Carnival and that the Beef Raffle tickets are ready for disbursement.

Chief Report: Chief James White –

Incidents: 34 calls. 22 Medical, 6 Fire (1 Commercial, 1 Residential, 2 Alarms, and 2 Smoke Checks), 3 Traffic Collisions, 2 Assists, and 1 Hazard Electrical.

Equipment – Taking the Rescue to Hi-Tech for light bar, Type 3 going into McArthur after it's completed. Chief White is tracking Fuel charges with receipts. Staub will reduce our fuel costs if we make sure payments are to them within 30 days.

Donation – Noel Jacobsen's Sr. Project for a Pheasant Hunt at The Swamp was successful, and has donated \$2343.37 of the proceeds to the FRVFPD.

### ACTION ITEMS:

Minutes from December 2024 Meeting were moved, seconded and approved.  
DEATLEY/BRADEN

Claims for January 2024 were moved, seconded and approved. DEATLEY/BRADEN.

### Old Business:

Audit – Jody reported Jackie has been in contact with LSL, and LSL will begin working on them once again in April of 2025.

ATT & First Net review – Jonathon will write the process on how to get onto the WiFi on the Board at the Halls.



## Fall River Valley Fire Protection District

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### New Business:

Shasta County Authorization Page: Motion was moved, seconded, and carried to approve the new Authorization form with the signatures of the Board, including the new Board Member. DEATLEY/BRADEN.

### Closed Session:

1. Conference with Legal Counsel – Existing Litigation (Gov. Code section 54956.9(d)(1)  
Name of Case: Norman Joe Valdez
  - a. Board will seek guidance from legal counsel regarding the matter.
2. Public Employee Performance Evaluation(s) (Gov. Code section 54957(b)(1).
  - a. Board did not have a discussion regarding item placed on agenda due to not enough information.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jody L. Morgan".

Jody L. Morgan



FALL RIVER VALLEY FIRE PROTECTION DISTRICT  
DEPOSITS AND CLAIMS

Feb-25

Deposits	Date	Purpose	Amount
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Total Deposits

Expenditures	Date	Purpose	Amount
CCC, LLC	10/7/2024	FR HALL	\$ 1,475.00
ED STAUB & SONS	10/15/2024	FUEL	\$ 401.26
PGE	10/25/2024	FR HALL ELEC & GAS	\$ 123.71
PGE	11/25/2024	FR HALL ELEC & GAS	\$ 704.34
NHTS, INC	12/17/2024	HOSE AND LADDER TEST	\$ 1,837.20
HIWAY GARAGE	12/19/2024	FUEL	\$ 45.17
BITTERROOT STRUCTURAL	12/23/2024	DAY RD HALL	\$ 975.00
PGE	12/25/2024	FR HALL ELEC & GAS	\$ 667.43
LEO S JONES	12/31/2024	FUEL	\$ 73.42
HIWAY GARAGE	1/6/2025	FUEL	\$ 145.80
PGE	1/7/2025	MC HALL ELEC & GAS	\$ 290.74
PGE	1/12/2025	DAY HALL UTILITIES	\$ 93.27
ED STAUB & SONS	1/15/2024	FUEL	\$ 68.12
EXPRESS BUSINESS	1/19/2025	PAYROLL 1/19/25	\$ 1,587.06
ED STAUB & SONS	1/21/2025	FUEL	\$ 146.06
RICK GOMES REPAIR	1/23/2025	90 DAY INSP	\$ 1,235.00
JONATHON SIMS	1/23/2025	REIMB	\$ 498.77
NAPA SIERRA	1/25/2025	PARTS	\$ 39.19
PGE	1/26/2025	FR HALL ELEC & GAS	\$ 587.92
PGE	1/28/2025	MC HALL UTILITIES	\$ 98.17
PGE	1/28/2025	HWY 299 & GROVE	\$ 90.31
PGE	1/29/2025	PITTVILLE HALL	\$ 52.65
HI-TECH EVS, INC	1/31/2025	MINOR EQUIPMENT	\$ 1,887.99
ED STAUB & SONS	1/31/2025	FUEL	\$ 519.87
EXPRESS BUSINESS	2/2/2025	PAYROLL 02/02/25	\$ 3,912.17
HART BEEBE	2/4/2025	2024 QTR 4 INCIDENT REPORTS	\$ 275.00
KENNY & NORINE	2/6/2025	PROFESSIONAL SVS #9570	\$ 2,480.00
		Total Expenditures	<b>\$ 20,310.62</b>

BOARD SIGNATURES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

COAST COUNTIES CONSTRUCTION, LLC

**PEID:** VEND ADDR TYPE (AP,A1,A2,): 01  
**INV #:** XF100724A  
**INV DATE:** 10/07/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK											
							NC RE MH	PU AT PT ID											
1,475.00	00447	033700			CONCRETE PATCH WORK														
\$1,475.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)													
PO/ CONTRACT/ BLANKET PO #			FRVFPD - FALL RIVER HALL			21975 ROCKY RANCH RD  BURNEY, CA 96013													
<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  <u>USER ID</u>   <u>DATE</u> </td> <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>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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Signed _____			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.																
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																			
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																			

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

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

<b>Print or type.</b> <small>See Specific Instructions on page 3.</small>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>COAST COUNTIES CONSTRUCTION, LLC</b>
	<b>2</b>	Business name/disregarded entity name, if different from above. <b>SCOTT NELSON</b>
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>
	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>21975 ROCKY RANCH ROAD</b>
	<b>6</b>	City, state, and ZIP code <b>BURNEY, CA 96013</b>
	<b>7</b>	List account number(s) here (optional)
		Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	3	-	1	7	6	5	7	2	8

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person <b>SCOTT NELSON</b>	Date <b>JANUARY 1, 2024</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# COAST COUNTIES CONSTRUCTION

21975 ROCKY RANCH RD  
BURNEY, CA 96013

## INVOICE

**PREPARED FOR**

Fall River Valley Volunteer Fire Department  
43151 CA-299  
Fall River Mills, CA 96028

**PREPARED DATE**

October 7, 2024

SERVICES	TOTAL
• Concrete Patch Work	\$1475
<b>Outstanding balance</b>	<b>\$1475</b>

Please remit payment within 7 days of receipt. Thank you for your business!

Scott Nelson

# COAST COUNTIES CONSTRUCTION

21975 ROCKY RANCH RD  
BURNEY, CA 96013

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Fall River Valley Volunteer Fire Department  
43151 CA-299  
Fall River Mills, CA 96028

**PREPARED DATE**

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**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

ED STAUB AND SONS

**PEID:** VENDOR02017

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

01

**INV #:** 11472749

**INV DATE:** 10/15/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK																
							NC RE MH	PU AT PT ID																
401.26	00447	035900			CARDLOCK FUEL	234084																		
\$401.26	TOTAL				EXPLANATION (TEXT)	ADDRESS: (If different from remittance advice or if no invoice)																		
PO/ CONTRACT/ BLANKET PO # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>					PO BOX 488  KLAMATH FALLS, OR 97601																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARTIAL</td> <td style="width:50%;">FULL</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>								PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
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For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">                     I hereby certify that the above claim was examined and approved by this office.                       By Deputy County Auditor  <u>USER ID</u>   <u>DATE</u> </td> <td>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 colspan="3">                     I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.                 </td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <u>DATE</u>	APPROVED BY:	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
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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.																								

**CLAIMANT SIGNATURE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**DATE** \_\_\_\_\_





# INVOICE

Customer #:	234084
Payment Terms:	10TH OF THE MONTH 2% 10
Invoice #:	11472749
Invoice Date:	10/15/24
Due Date:	11/10/24
Total Due:	\$401.26
*Total if Paid in Full by 10/25/2024:	\$396.78

Page 1 of 1

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

FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR, CA 96056

VISIT WWW.EDSTAUB.COM TO PAY ONLINE

Make Check Payable to: ED STAUB & SONS PETROLEUM

Amount Enclosed: \$ \_\_\_\_\_

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

00002340840011472749000004012600000396783

Customer Name		Delivery/Service Address		Cust #	Invoice #	Inv Date
FALL RIVER FIRE DISTRICT				234084	11472749	10/15/24
Quantity	Item Number	Description	Unit Price	TOTAL		
0.00		Cardlock Invoice		\$401.26		

Sub Total	\$401.26
Charges	\$0.00
Taxes/Fees Total	\$0.00
<b>TOTAL DUE</b>	<b>\$401.26</b>

*Prompt Pay Discount	- \$4.48
*Total if Paid in Full by 10/25/2024	\$396.78

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

Invoice Number: 303716  
PO#: 303716

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

**California Proposition 65 Warning:**

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

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



**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 #:** XF102524A

**INV DATE:** 10/25/24

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK										
							NC RE MH	PU AT PT ID										
108.60	00447	036100			ELECTRIC 09/27/24 - 10/25/24	7137624533-9												
15.11	00447	036100			GAS 09/27/24 - 10/25/24	7137624533-9												
\$123.71	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			FALL RIVER HALL ELECTRIC & GAS			PO BOX 997300  SACRAMENTO, CA 95899-7300												
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<b>INSTRUCTIONS:</b> 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**

\_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 10/27/2024

Due Date: 11/13/2024

## 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

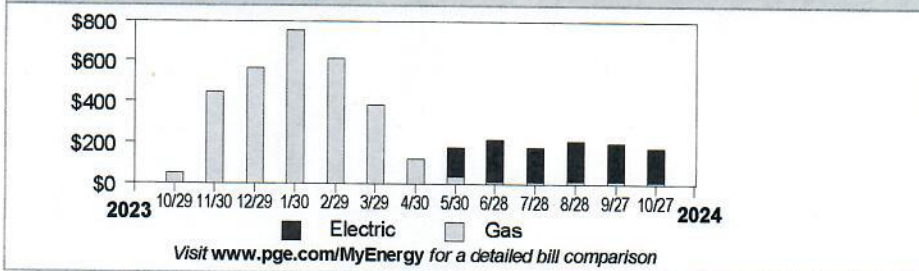
## Your Account Summary

Amount Due on Previous Statement	\$384.68
Payment(s) Received Since Last Statement	-384.68
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$163.77
Electric Adjustments	-55.17
Current Gas Charges	15.11

*\$ 108.60 <*

**Total Amount Due by 11/13/2024 \$123.71**

## Monthly Billing History



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

2 copies

99907137624533900000178880000012371



Account Number: **7137624533-9**  
Due Date: **11/13/2024**

Total Amount Due: **\$123.71**

Amount Enclosed:

\$

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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 10/27/2024  
Due Date: 11/13/2024

## Important Phone Numbers - Monday-Friday 7 a.m.-7 p.m., Saturday 8 a.m.-5 p.m.

**Customer Service (All Languages; Relay Calls Accepted) 1-800-743-5000**  
**TTY 7-1-1**

Servicio al Cliente en Español (Spanish) 1-800-660-6789  
華語客戶服務 (Chinese) 1-800-893-9555

Dịch vụ khách tiếng Việt (Vietnamese) 1-800-298-8438  
Business Customer Service 1-800-468-4743

### Rules and rates

You may be eligible for a lower rate. Find out about optional rates or view a complete list of rules and rates, visit [www.pge.com](http://www.pge.com) or call 1-800-743-5000.

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To avoid having service turned off while you wait for the outcome of a complaint to the CPUC specifically regarding the accuracy of your bill, please contact CAB for assistance. If your case meets the eligibility criteria, CAB will provide you with instructions on how to mail a check or money order to be impounded pending resolution of your case. You must continue to pay your current charges while your complaint is under review to keep your service turned on.

**If you are not able to pay your bill**, call PG&E to discuss how we can help. You may qualify for reduced rates under PG&E's CARE program or other special programs and agencies may be available to assist you. You may qualify for PG&E's Energy Savings Assistance Program which is an energy efficiency program for income-qualified residential customers.

### Important definitions

**Rotating outage blocks** are subject to change without advance notice due to operational conditions.

**Demand charge:** Many non-residential rates include a demand charge. Demand is a measurement of the highest usage of electricity in any single fifteen (or sometimes five) minute period during a monthly billing cycle. Demand is measured in kilowatts (or kW). High demand is usually associated with equipment start-up. By spreading equipment start-ups over a longer period of time, you may be able to lower demand and reduce your demand charges.

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**Recovery Bond Charge/Credit:** Your bill for electric service includes a charge that has been approved by the CPUC to repay bonds issued for certain costs related to catastrophic wildfires. The Recovery Bond Charge (RBC) rate is currently \$0.00650 per kWh. PG&E has also contributed certain amounts to a trust fund which is used to provide a customer credit equal to \$0.00650 per kWh (Recovery Bond Credit). The right to recover the RBC has been transferred to one or more Special Purpose Entities that issued the bonds and does not belong to PG&E. PG&E is collecting that portion of the RBC on behalf of the Special Purpose Entities.

**Gas Public Purpose Program (PPP) Surcharge.** Used to fund state-mandated gas assistance programs for low-income customers, energy efficiency programs, and public-interest research and development.

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**See the table reflecting "Your Electric Charges Breakdown" on the last page**

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Please do not mark in box. For system use only.

### Update My Information (English Only)

Please allow 1-2 billing cycles for changes to take effect

**Account Number: 7137624533-9**

Change my mailing address to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

### Ways To Pay

- **Online via web or mobile** at [www.pge.com/waystopay](http://www.pge.com/waystopay)
- **By mail:** Send your payment along with this payment stub in the envelope provided.
- **By debit card, Visa, MasterCard, American Express, or Discover:** Call 877-704-8470 at any time. (Our independent service provider charges a fee per transaction.)
- **At a neighborhood payment center:** To find a neighborhood payment center near you, please visit [www.pge.com](http://www.pge.com) or call 800-743-5000. Please bring a copy of your bill with you.





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 7137624533-9

Statement Date: 10/27/2024

Due Date: 11/13/2024

## Summary of your energy related services

	Meter Number	Usage	Amount
Service For: <b>43155 MAIN ST</b>			
Service Agreement ID: 7137624005 FIRE HALL			
Gas Charges	36675078	0.000000 Therms	\$15.11
<b>Total</b>			<b>\$15.11</b>
Service For: <b>43155 MAIN ST</b>			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	375.104000 kWh	\$163.77
Electric Adjustments			-55.17
<b>Total</b>			<b>\$108.60</b>



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 10/27/2024

Due Date: 11/13/2024

## Details of Gas Charges

09/27/2024 - 10/25/2024 (29 billing days)

Service For: 43155 MAIN ST

Service Agreement ID: 7137624005 FIRE HALL

Rate Schedule: GNR1 Gas Service to Small Commercial Customers

### 09/27/2024 – 09/30/2024

Customer Charge 4 days @ \$0.52106 \$2.08

### 10/01/2024 – 10/25/2024

Customer Charge 25 days @ \$0.52106 \$13.03

**Total Gas Charges \$15.11**

### Average Daily Usage (Therms / day)

Last Year	Last Period	Current Period
0.77	0.00	0.00

## Service Information

Meter #	36675078
Current Meter Reading	3,371
Prior Meter Reading	3,371
Total Usage	0.000000 Therms
Serial	F

## Additional Messages

**Customer Charge** To help deliver safe, reliable and affordable gas service to your business, PG&E charges a customer fee which is based on your highest average daily gas usage within the past 12 months. For the billing period ending on 01/29/2024, your highest average daily gas usage was 10.7 therms.





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 10/27/2024

Due Date: 11/13/2024

## Details of Electric Charges

09/26/2024 - 10/24/2024 (29 billing days)

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

### 09/26/2024 - 09/30/2024

Customer Charge	5 days @ \$0.32854	\$1.64
Energy Charges		
Peak	13.732000 kWh @ \$0.48257	6.63
Part Peak	11.180000 kWh @ \$0.43334	4.84
Off Peak	42.072000 kWh @ \$0.41253	17.36
Energy Commission Tax		0.02

### 10/01/2024 - 10/24/2024

Customer Charge	24 days @ \$0.32854	\$7.88
Energy Charges		
Peak	68.176000 kWh @ \$0.41924	28.58
Off Peak	239.944000 kWh @ \$0.40312	96.73
Energy Commission Tax		0.09

**Total Electric Charges \$163.77**

### Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	13.76	12.93

## Adjustments

CA Climate Credit -\$55.17

**Total Adjustments -\$55.17**

### Rate Identification Number



USCA-PGPG-0600-0000

www.pge.com/rin

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

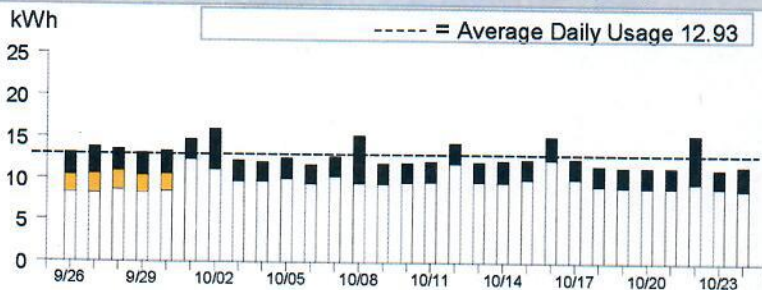
### Service Information

Meter #	1006709889
Total Usage	375.104000 kWh
Serial	F
Rotating Outage Block	50

### Additional Messages

**CA Climate Credit -**  
You received a Climate Credit on this month's electric bill. For more information about this California Climate Credit, visit [www.cpuc.ca.gov/smallbusinessclimatecredit](http://www.cpuc.ca.gov/smallbusinessclimatecredit)

## Electric Usage This Period: 375.104000 kWh, 29 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	21.83%	\$35.21
Part Peak <sup>2</sup>	2.99%	\$4.84
Off Peak <sup>3</sup>	75.18%	\$114.09
Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>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

<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



# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 7137624533-9  
Statement Date: 10/27/2024  
Due Date: 11/13/2024

## Your Electric Charges Breakdown (from page 2)

Generation	\$55.07
Transmission	11.77
Distribution	83.82
Electric Public Purpose Programs	9.57
Nuclear Decommissioning	-0.98
Wildfire Fund Charge	2.11
Recovery Bond Charge	2.44
Recovery Bond Credit	-2.44
Wildfire Hardening Charge	1.95
Competition Transition Charges (CTC)	0.36
Energy Cost Recovery Amount	-0.01
Taxes and Other	0.11
<b>Total Electric Charges</b>	<b>\$163.77</b>





**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 #:** XF112524A

**INV DATE:** 11/25/24

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										
249.57	00447	036100			ELECTRIC 10/26/24 - 11/25/24	7137624533-9												
454.77	00447	036100			GAS 10/26/24 - 11/25/24	7137624533-9												
\$704.34	<b>TOTAL</b>		<b>EXPLANATION (TEXT)</b>			<b>ADDRESS:</b> (If different from remittance advice or if no invoice)												
<b>PO/ CONTRACT/ BLANKET PO #</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <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> </div>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FALL RIVER HALL ELECTRIC & GAS			PO BOX 997300  SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
<b>For Value Received, I hereby sell, assign, transfer, and set over to</b> _____ <b>all my right,</b> <b>title and interest in the within claim.</b>  <b>Signed</b> _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  <b>By Deputy County Auditor USER ID</b>  <b>DATE</b>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <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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<b>INSTRUCTIONS:</b> 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**

**AUTHORIZED  
SIGNATURE**

**DATE**

**DATE**



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 11/26/2024

Due Date: 12/13/2024

## Service For:

FALL RIVER FIRE DISTRICT  
Please see details page.

## Questions about your bill?

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

## Ways To Pay

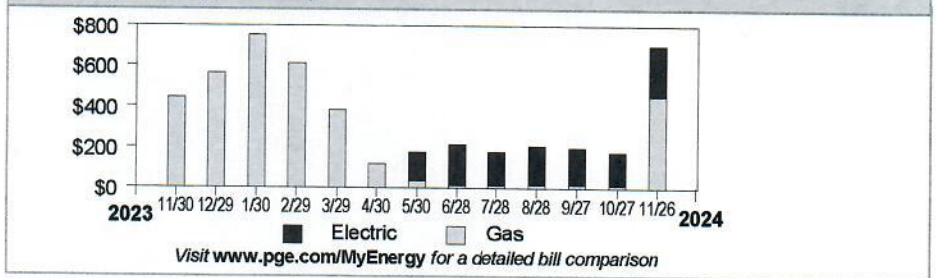
www.pge.com/waystopay

## Your Account Summary

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

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

## Monthly Billing History



## Important Messages

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

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

2 copies

99907137624533900000704340000082805



Account Number: <b>7137624533-9</b>	Due Date: <b>12/13/2024</b>	Total Amount Due: <b>\$828.05</b>	Amount Enclosed: \$ <input type="text"/>
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FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR, CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300





# ENERGY STATEMENT

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TTY 7-1-1

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Please do not mark in box. For system use only.

#### Update My Information (English Only)

Please allow 1-2 billing cycles for changes to take effect

**Account Number: 7137624533-9**

Change my mailing address to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

#### Ways To Pay

- **Online via web or mobile at [www.pge.com/waystopay](http://www.pge.com/waystopay)**
- **By mail:** Send your payment along with this payment stub in the envelope provided.
- **By debit card, Visa, MasterCard, American Express, or Discover:** Call 877-704-8470 at any time. (Our independent service provider charges a fee per transaction.)
- **At a neighborhood payment center:** To find a neighborhood payment center near you, please visit [www.pge.com](http://www.pge.com) or call 800-743-5000. Please bring a copy of your bill with you.





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 7137624533-9

Statement Date: 11/26/2024

Due Date: 12/13/2024

## Summary of your energy related services

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





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 11/26/2024

Due Date: 12/13/2024

## Details of Gas Charges

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

Service For: 43155 MAIN ST

Service Agreement ID: 7137624005 FIRE HALL

Rate Schedule: GNR1 Gas Service to Small Commercial Customers

### 10/26/2024 - 10/31/2024

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

### 11/01/2024 - 11/25/2024

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

**Total Gas Charges \$454.77**

### Average Daily Usage (Therms / day)

Last Year	Last Period	Current Period
7.18	0.00	7.19

## Service Information

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

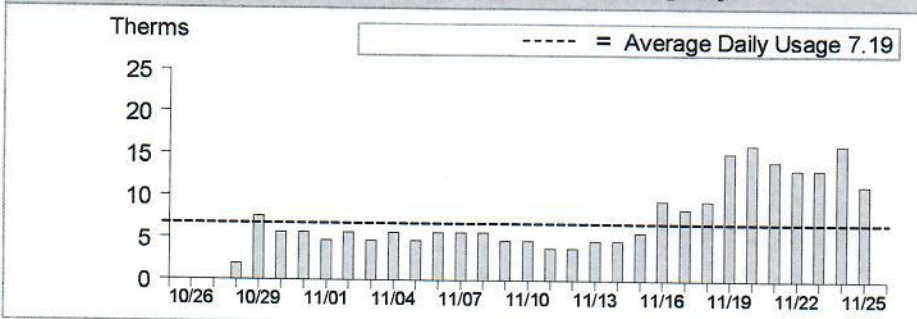
## Gas Procurement Costs (\$/Therm)

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

## Additional Messages

**Customer Charge** To help deliver safe, reliable and affordable gas service to your business, PG&E charges a customer fee which is based on your highest average daily gas usage within the past 12 months. For the billing period ending on 01/29/2024, your highest average daily gas usage was 10.7 therms.

## Gas Usage This Period: 223.000000 Therms, 31 billing days





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9

Statement Date: 11/26/2024

Due Date: 12/13/2024

## Details of Electric Charges

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

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

### 10/25/2024 - 11/24/2024

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

**Total Electric Charges \$249.57**

### Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	12.93	18.97

### Rate Identification Number



USCA-PGPG-0600-0000

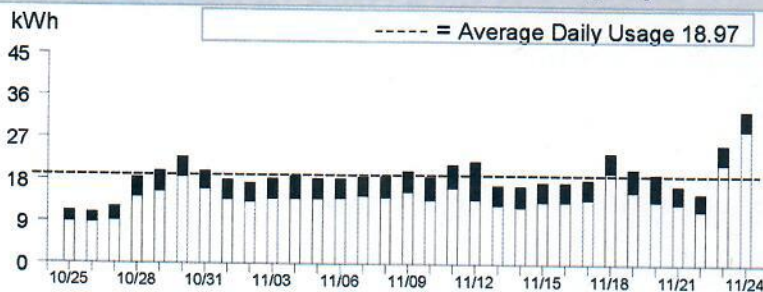
www.pge.com/rin

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

### Service Information

Meter #	1006709889
Total Usage	588.128000 kWh
Serial	F
Rotating Outage Block	50

## Electric Usage This Period: 588.128000 kWh, 31 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	22.43%	\$55.32
Part Peak <sup>2</sup>	0.00%	\$0.00
Off Peak <sup>3</sup>	77.57%	\$183.89
Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>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

<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





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 7137624533-9

Statement Date: 11/26/2024

Due Date: 12/13/2024

## Your Electric Charges Breakdown (from page 2)

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



COUNTY OF SHASTA

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

CLAIMANT NAME:

NATIONAL HOSE TESTING SPECIALTIES, INC

PEID: VEND ADDR TYPE (AP,A1,A2): 01
INV #: 51762
INV DATE: 12/17/24

Table with columns: AMOUNT, COST CNTR, ACCT, PROJ CODE, ACTY CODE, DESCRIPTION (30 CHAR), VENDOR ACCT # SECONDARY REF, R1 1099, R2 CHK. Includes rows for 2024 Fire Hose Testing and 2024 GROUND LADDER Testing.

\$1,837.20 TOTAL EXPLANATION (TEXT) ADDRESS: (If different from remittance advice or if no invoice)

PO/ CONTRACT/ BLANKET PO #
PARTIAL FULL
[ ] [x]

FIRE HOSE & Ground Ladder Testing

NHTS
P.O.Box 1024
Dallas, OR 97338

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: 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





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

# INVOICE

## 51762

Job # 24-11762

DATE: DECEMBER 17, 2024

**TO: FALL RIVER VALLEY FPD**  
 Attn: Accounts Payable  
 PO Box 670  
 McArthur, CA 96056

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

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

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

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

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

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

# FALL RIVER VALLEY FPD

## 2024 Hose Test Summary

### Hose Identification within Size Sequence

**Hose Size: 1.50"**

Hose ID	Length	PSI	Manuf Date	Manufacturer	P/F	Test Date
01	50'	150	Unknown	Unknown	Passed	12/02/2024
020	50'	300	Unknown	Unknown	Passed	12/02/2024
05-1	50'	300	2005	Unknown	Passed	12/02/2024
<b>Total 1.50"</b>	<b>150'</b>					
<b>Passed 1.50"</b>	<b>150'</b>					
<b>Failed 1.50"</b>	<b>0'</b>					



## FALL RIVER VALLEY FPD

### 2024 Hose Test Summary

#### Hose Identification within Size Sequence

**Hose Size: 1.75"**

Hose ID	Length	PSI	Manuf Date	Manufacturer	P/F	Test Date
22-2	50'	300	2022	North American Fire Hose	Passed	12/02/2024
01	50'	300	Unknown	Unknown	Passed	12/02/2024
02	50'	300	Unknown	Unknown	Passed	12/02/2024
05-1	50'	300	2005	North American Fire Hose	Passed	12/02/2024
07-13	50'	300	Unknown	Unknown	Passed	12/02/2024
10-18	50'	300	Unknown	Unknown	Passed	12/02/2024
11-18	50'	300	Unknown	Unknown	Passed	12/02/2024
15-1	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-2	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-3	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-30	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-4	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-40	50'	300	2015	North American Fire Hose	Passed	12/02/2024
17-1	50'	300	2017	North American Fire Hose	Passed	12/02/2024
22-1	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-10	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-2	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-3	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-30	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-4	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-40	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-5	50'	300	2022	North American Fire Hose	Passed	12/02/2024
22-6	50'	300	2022	North American Fire Hose	Passed	12/02/2024
24-1	10'	300	Unknown	North American Fire Hose	Passed	12/02/2024
3-18	50'	300	Unknown	Unknown	Passed	12/02/2024
<b>Total 1.75"</b>	<b>1210'</b>					
<b>Passed 1.75"</b>	<b>1210'</b>					
<b>Failed 1.75"</b>	<b>0'</b>					

## FALL RIVER VALLEY FPD

### 2024 Hose Test Summary

#### Hose Identification within Size Sequence

**Hose Size: 2.50"**

Hose ID	Length	PSI	Manuf Date	Manufacturer	P/F	Test Date
010	50'	150	Unknown	Unknown	Passed	12/02/2024
050	50'	300	Unknown	Key	Passed	12/02/2024
05-1	50'	300	2005	North American Fire Hose	Passed	12/02/2024
05-2	50'	300	2005	North American Fire Hose	Passed	12/02/2024
05-3	50'	300	2005	North American Fire Hose	Passed	12/02/2024
1	50'	300	Unknown	Unknown	Passed	12/02/2024
10	50'	300	Unknown	Unknown	Passed	12/02/2024
11	50'	300	Unknown	Unknown	Passed	12/02/2024
12	50'	300	Unknown	Unknown	Passed	12/02/2024
13	50'	300	Unknown	Unknown	Passed	12/02/2024
14	50'	300	Unknown	Unknown	Passed	12/02/2024
15	50'	300	Unknown	Unknown	Passed	12/02/2024
15-1	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-2	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-3	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-4	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-5	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-6	50'	300	2015	North American Fire Hose	Passed	12/02/2024
15-7	50'	300	2015	North American Fire Hose	Passed	12/02/2024
16	50'	300	Unknown	Unknown	Passed	12/02/2024
17	50'	300	Unknown	Unknown	Passed	12/02/2024
17-1	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-2	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-3	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-4	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-5	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-6	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-7	50'	300	2017	North American Fire Hose	Passed	12/02/2024
17-8	50'	300	2017	North American Fire Hose	Passed	12/02/2024
18	50'	300	Unknown	Unknown	Passed	12/02/2024
19	50'	300	Unknown	Unknown	Passed	12/02/2024
2	50'	300	Unknown	Unknown	Passed	12/02/2024
20	50'	300	Unknown	Unknown	Passed	12/02/2024
21	50'	300	Unknown	Unknown	Passed	12/02/2024
22	50'	300	Unknown	Unknown	Passed	12/02/2024
23	50'	300	Unknown	Unknown	Passed	12/02/2024
24	50'	300	Unknown	Unknown	Passed	12/02/2024
25	50'	300	Unknown	Unknown	Passed	12/02/2024



## FALL RIVER VALLEY FPD

### 2024 Hose Test Summary

#### Hose Identification within Size Sequence

**Hose Size: 2.50"**

Hose ID	Length	PSI	Manuf Date	Manufacturer	P/F	Test Date
27	50'	300	Unknown	Unknown	Passed	12/02/2024
28	50'	300	Unknown	Unknown	Passed	12/02/2024
280	50'	300	Unknown	Unknown	Passed	12/02/2024
29	50'	300	Unknown	Unknown	Passed	12/02/2024
3	50'	150	Unknown	Unknown	Passed	12/02/2024
30	50'	300	Unknown	Unknown	Passed	12/02/2024
31	50'	300	Unknown	Unknown	Passed	12/02/2024
32	50'	300	Unknown	Unknown	Passed	12/02/2024
33	50'	300	Unknown	Unknown	Passed	12/02/2024
34	50'	300	Unknown	Unknown	Passed	12/02/2024
35	50'	300	Unknown	Unknown	Passed	12/02/2024
36	50'	300	Unknown	Unknown	Passed	12/02/2024
37	50'	300	Unknown	Unknown	Passed	12/02/2024
38	50'	300	Unknown	Unknown	Passed	12/02/2024
39	50'	300	Unknown	Unknown	Passed	12/02/2024
4	50'	150	Unknown	Unknown	Passed	12/02/2024
75	50'	300	Unknown	Unknown	Passed	12/02/2024
75A	50'	300	Unknown	Unknown	Passed	12/02/2024
76	50'	300	Unknown	Unknown	Passed	12/02/2024
77	50'	300	Unknown	Unknown	Passed	12/02/2024
78	50'	150	Unknown	Unknown	Passed	12/02/2024
79	50'	150	Unknown	Unknown	Passed	12/02/2024
80	50'	150	Unknown	Unknown	Passed	12/02/2024
81	50'	300	Unknown	Unknown	Passed	12/02/2024
94-1	50'	300	1994	Unknown	Passed	12/02/2024
94-2	50'	300	1994	Unknown	Passed	12/02/2024
94-3	50'	300	1994	Unknown	Passed	12/02/2024
94-5	50'	150	1994	Unknown	Passed	12/02/2024
<b>Total 2.50"</b>	<b>3350'</b>					
<b>Passed 2.50"</b>	<b>3350'</b>					
<b>Failed 2.50"</b>	<b>0'</b>					
<b>Total - All Sizes</b>	<b>4710'</b>					
<b>Passed</b>	<b>4710'</b>					
<b>Failed</b>	<b>0'</b>					

**FALL RIVER VALLEY FPD**  
2024 Hose Test Summary  
Failure Analysis by Manufactured Date

<b>Manufactured Year</b>	<b>Hose Tested (feet)</b>	<b>Hose Failed (feet)</b>	<b>Percentage Failed</b>
Unknown	2660	0	0.00%
1994	200	0	0.00%
2005	250	0	0.00%
2015	650	0	0.00%
2017	450	0	0.00%
2022	500	0	0.00%
Totals	4710	0	0.00%





**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

HIWAY GARAGE

PEID: VENDOR016813

ADDR TYPE (AP,A1,A2): 01

INV #: 105288

INV DATE: 12/19/24

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				
45.17	00447	035900			FUEL							
\$45.17	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)						
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FUEL			44275 HWY 299E  MCARTHUR, CA 96056		
PARTIAL	FULL											
<input type="checkbox"/>	<input checked="" type="checkbox"/>											
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  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>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> 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 \_\_\_\_\_

**Hiway Garage**  
44275 Hwy 299 East  
McArthur, CA 96056

105268

CUSTOMER'S ORDER NO.		DATE				
		12-19-2024				
NAME						
Fall River Valley F.P.D.						
ADDRESS						
# R16						
CITY, STATE, ZIP						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
			✓			
QUAN.	DESCRIPTION	PRICE	AMOUNT			
1	7.8 UNLEADED		45.17			
2						
3	R16 / 4755 MILES					
4						
5						
6						
7						
8						
9						
10						
11						
12						
RECEIVED BY						



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		
<b>CURRENT</b>	<b>1-30 DAYS PAST DUE</b>	<b>31-60 DAYS PAST DUE</b>	<b>61-90 DAYS PAST DUE</b>	<b>OVER 90 DAYS PAST DUE</b>	<b>Amount Due</b>
559.17	580.43	0.00	0.00	0.00	\$1,139.60



**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

BITTERROOT STRUCTURAL PLLC

PEID: VEND

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

INV #: S24035sj

INV DATE: 12/23/24

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				
975.00	00447	033700			ENGINEERING SERVICES -= DAY RD							
\$975.00	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"/>	ENGINEERING SERVICES / DAY ROAD REMODEL			641 Kirpals way  Sagle, ID 83860		
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 _____			<b>AUDITOR USE ONLY</b>  I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <b>USER ID</b>  <b>DATE</b>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____						
<b>INSTRUCTIONS:</b> 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 \_\_\_\_\_



**Bitterroot Structural PLLC**

641 Kirpals Way  
Sagle, ID 83860 US  
+12085790174  
rich@broots.us



**INVOICE**

BILL TO  
Fall River Valley Fire District

INVOICE S24035sj  
DATE 12/23/2024  
TERMS Net 30  
DUE DATE 01/22/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
12/23/2024	Engineering Services	Day Road Firestation Remodel		975.00	975.00

We appreciate your business.  
You may pay by online with quickbooks or via Zelle, or mail a check.  
BITTERROOT STRUCTURAL 208-579-0174  
(Please do not use a credit card or an additional 3% will be billed)  
Thank you for your business.

BALANCE DUE **\$975.00**







# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 12/27/2024  
Due Date: 01/13/2025

## 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

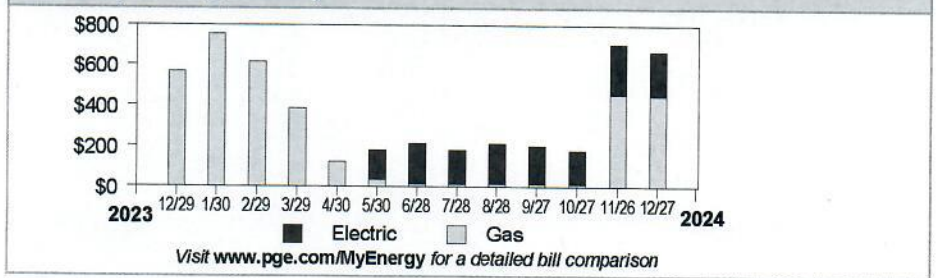
www.pge.com/waystopay

## Your Account Summary

Amount Due on Previous Statement	\$828.05
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$828.05
Current Electric Charges	\$216.58
Current Gas Charges	450.85

**Total Amount Due by 01/13/2025 \$1,495.48**

## Monthly Billing History



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

2 copies

99907137624533900000667430000149548



Account Number: **7137624533-9**  
Due Date: **01/13/2025**

Total Amount Due: **\$1,495.48**

Amount Enclosed:

\$

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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 12/27/2024  
Due Date: 01/13/2025

## 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

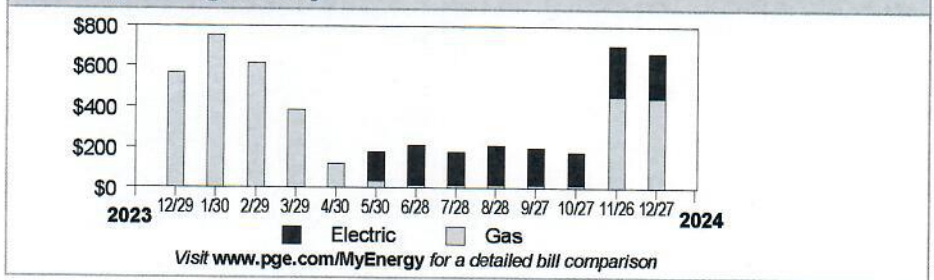
www.pge.com/waystopay

## Your Account Summary

Amount Due on Previous Statement	\$828.05
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$828.05
Current Electric Charges	\$216.58
Current Gas Charges	450.85

**Total Amount Due by 01/13/2025 \$1,495.48**

## Monthly Billing History



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

2 copies

99907137624533900000667430000149548



Account Number: **7137624533-9**  
Due Date: **01/13/2025**

Total Amount Due: **\$1,495.48**

Amount Enclosed:

\$

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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300







# PROPANE SERVICE

www.leojonespropane.com

## STATEMENT

"A Full Service Propane Company"

Remit to:

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

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

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

ACCOUNT I.D.	STMT. DATE
MCAVOL	12/31/24

TERMS: NET DUE UPON RECEIPT

DATE	REFERENCE	LOC	DESCRIPTION	CHARGES	PAYMENTS	AMOUNT DUE	
12/02/24	BAL FWRD		Balance Forward	295.31-		295.31-	
12/02/24	I093841	HE	Comm: 97.4@2.250	219.15	= 76.16		
12/02/24	I093841	HE	State Sales Tax	15.89		235.04	
12/10/24	I094296	HE	Comm: 55.4@2.250	124.65			
12/10/24	I094296	HE	State Sales Tax	9.04		133.69	
IF YOU ARE GETTING PAPER, WE NEED YOUR EMAIL?							
UNPAID FINANCE CHARGE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	NEW FINANCE CHARGE	NEW BALANCE	TOTAL AMOUNT DUE
	73.42					73.42	73.42

THE FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1.5% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%. THE FINANCE CHARGE IS COMPUTED ON THE ADJUSTED BALANCE. THE ADJUSTED BALANCE IS THE PREVIOUS BALANCE LESS PAYMENTS AND CREDITS APPEARING ON THIS STATEMENT.

TO ENSURE PROPER CREDIT, PLEASE RETURN THIS STUB WITH YOUR REMITTANCE  
SEE REVERSE SIDE FOR IMPORTANT INFORMATION



# PROPANE SERVICE

www.leojonespropane.com

Remit to:

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

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

## STATEMENT

AMOUNT REMITTED \$

ACCOUNT NUMBER	STATEMENT DATE	TOTAL AMOUNT DUE
21160	12/31/24	73.42

Please explain any differences between the total amount due and the amount of your remittance





**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

HIWAY GARAGE

**PEID:** VENDOR16813

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

**INV #:** 204210

**INV DATE:** 01/06/25

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										
67.74	00447	035900			FUEL													
78.06	00447	035900			FUEL													
\$145.80	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			FUEL			44275 HWY 299E												
<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"/>	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.			<b>AUDITOR USE ONLY</b> 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>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
BOARD MEMBER	DATE																	
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BOARD MEMBER	DATE																	
Signed _____			I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.															
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																		

**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

Hiway Garage Inc  
 44275 Hwy 299E  
 CA 96056

# Statement

Date
1/25/2025

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

Amount Due	Amount Enc.
\$726.23	

Date	Transaction	Amount	Balance		
12/23/2024	Balance forward		1,139.60		
01/06/2025	INV #204210. Due 02/05/2025. --- Diesel, 13.941 @ \$5.25931 = 73.32 --- Fuel Discount \$-5.58 --- Tax: 7.25 @ 7.25% = 0.00	67.74	1,207.34		
01/07/2025	PMT #7002449315.	-514.00	693.34		
01/08/2025	PMT #7002449540.	-45.17	648.17		
01/20/2025	INV #204226. Due 02/19/2025. --- Unleaded, 16.936 @ \$5.00886 = 84.83 --- Fuel Discount \$-6.77 --- Tax: 7.25 @ 7.25% = 0.00	78.06	726.23		
<b>CURRENT</b>	<b>1-30 DAYS PAST DUE</b>	<b>31-60 DAYS PAST DUE</b>	<b>61-90 DAYS PAST DUE</b>	<b>OVER 90 DAYS PAST DUE</b>	<b>Amount Due</b>
145.80	0.00	580.43	0.00	0.00	\$726.23



Hiway Garage  
44275 Hwy 299 East  
McArthur, CA 96056

204210

CUSTOMER'S ORDER NO.	DATE
	1-6-2025
NAME FALL RIVER VALLEY F.P.D	
ADDRESS E216	
CITY, STATE, ZIP	

SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
			✓			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	13.9 DIESEL		67.74
2			
3			
4	16,886 / JEFF WOODS		
5			
6			
7			
8			
9			
10			
11			
12			

RECEIVED BY \_\_\_\_\_

01-11

Thank You  
for Your Business!

Thank You  
for Your Business!

Hiway Garage  
44275 Hwy 299 East  
McArthur, CA 96056

204226

CUSTOMER'S ORDER NO.	DATE
	1-20-2025
NAME FALL RIVER VALLEY F.P.D	
ADDRESS	
CITY, STATE, ZIP	

SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
			✓			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	16.9 UNL		78.06
2			
3			
4	# U16 / MAINTENANCE		
5	BUD		
6			
7			
8			
9			
10			
11			
12			

RECEIVED BY \_\_\_\_\_

01-11

Thank You  
for Your Business!

Thank You  
for Your Business!

Thank You  
for Your Business!



**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 #: XF010725A  
 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														
45.19	00447	036100			ELECTRIC 12/7/24-1/7/25	1460476444-0																
245.55	00447	036100			GAS 12/7/24-1/7/25	1460476444-0																
\$290.74	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
PO/ CONTRACT/ BLANKET PO # _____			MCARTHUR MAIN HALL 2			PO BOX 997300																
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>						PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SACRAMENTO, CA 95899-7300												
PARTIAL	FULL																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td>APPROVED BY:</td> <td>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>By Deputy County Auditor USER ID</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor USER ID	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.			<table border="1"> <tr> <td rowspan="2">By Deputy County Auditor USER ID</td> <td>APPROVED BY:</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			By Deputy County Auditor USER ID	APPROVED BY:	DATE	BOARD MEMBER	DATE												
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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0  
Statement Date: 01/09/2025  
Due Date: 01/27/2025

## Service For:

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

## Your Account Summary

Amount Due on Previous Statement	\$358.50
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$358.50
Current Electric Charges	\$45.19
Current Gas Charges	245.55

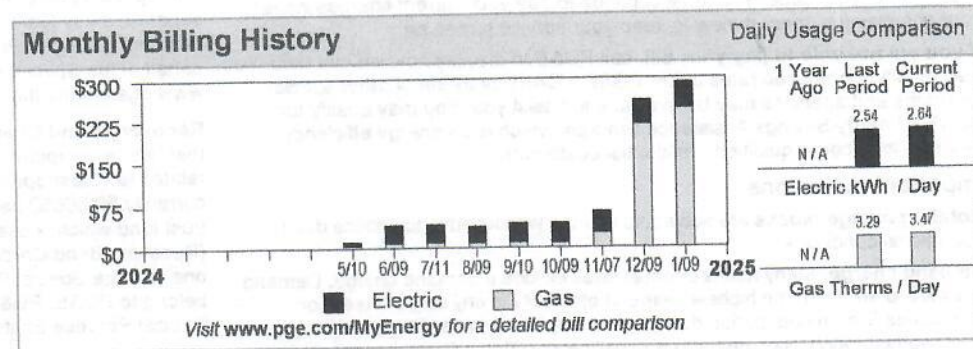
**Total Amount Due by 01/27/2025 \$649.24**

## 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



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

99901460476444000000290740000064924

86378013003252003001R0



Account Number: <b>1460476444-0</b>	Due Date: <b>01/27/2025</b>	Total Amount Due: <b>\$649.24</b>	Amount Enclosed: \$ <input type="text"/>
--	--------------------------------	--------------------------------------	---

863780130856 1 AB 0.593 720 3252 13  
FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR CA 96056-0670

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1460476444-0  
Statement Date: 01/09/2025  
Due Date: 01/27/2025

## Details of Electric Charges

12/07/2024 - 01/07/2025 (32 billing days)

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

## Service Information

Meter # 1009033324  
Total Usage 84.587000 kWh  
Serial P  
Rotating Outage Block 50

### 12/07/2024 - 12/31/2024

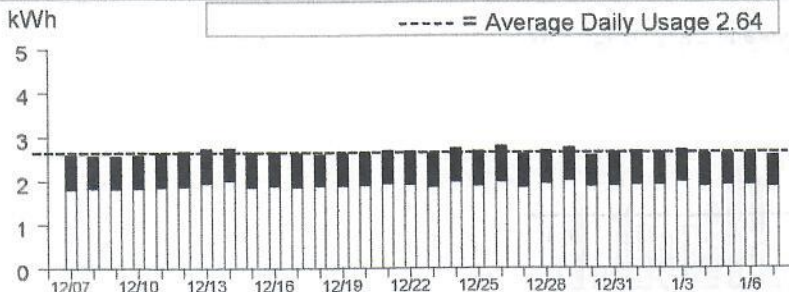
Customer Charge	25 days @ \$0.32854	\$8.21
Energy Charges		
Peak	18.733000 kWh @ \$0.41924	7.85
Off Peak	47.475000 kWh @ \$0.40312	19.14
Energy Commission Tax		0.02

### 01/01/2025 - 01/07/2025

Customer Charge	7 days @ \$0.32854	\$2.30
Energy Charges		
Peak	5.016000 kWh @ \$0.42827	2.15
Off Peak	13.363000 kWh @ \$0.41215	5.51
Energy Commission Tax		0.01

**Total Electric Charges \$45.19**

## Electric Usage This Period: 84.587000 kWh, 32 billing days



	Usage	Energy Charges
■ Peak <sup>1</sup>	28.07%	\$10.00
■ Part Peak <sup>2</sup>	0.00%	\$0.00
□ Off Peak <sup>3</sup>	71.93%	\$24.65
■ Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>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  
<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

86378013003252003002R0



Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison.





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 1460476444-0  
Statement Date: 01/09/2025  
Due Date: 01/27/2025

## Your Electric Charges Breakdown (from page 2)

Generation	\$12.26
Transmission	2.55
Distribution	27.37
Electric Public Purpose Programs	2.16
Nuclear Decommissioning	-0.17
Wildfire Fund Charge	0.49
Recovery Bond Charge	0.55
Recovery Bond Credit	-0.55
Wildfire Hardening Charge	0.44
Competition Transition Charges (CTC)	0.06
Taxes and Other	0.03
<b>Total Electric Charges</b>	<b>\$45.19</b>

86378013003252003003R0









# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 3879934300-9  
Statement Date: 01/13/2025  
Due Date: 01/30/2025

## Service For:

FALL RIVER FIRE DISTRICT  
29277 DAY RD  
MCARTHUR, CA 96056

## Your Account Summary

Amount Due on Previous Statement	\$180.07
Payment(s) Received Since Last Statement	-88.31
Previous Unpaid Balance	\$91.76
Current Electric Charges	\$93.27

**Total Amount Due by 01/30/2025 \$185.03**

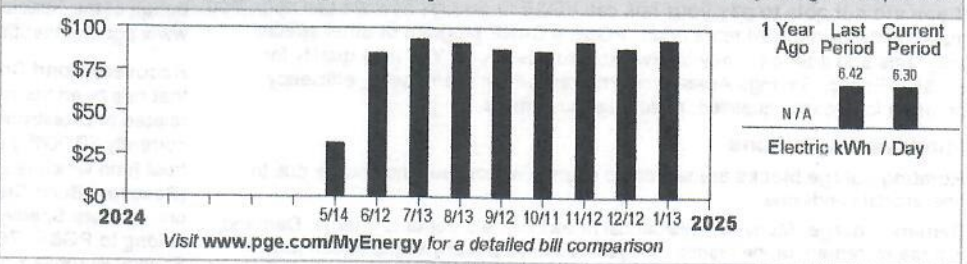
## Questions about your bill?

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

## Ways To Pay

[www.pge.com/waystopay](http://www.pge.com/waystopay)

## Electric Monthly Billing History



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

99903879934300900000093270000018503



Account Number: **3879934300-9** Due Date: **01/30/2025**

Total Amount Due: **\$185.03**

Amount Enclosed:

\$

865480133396 1 AB 0.593 722 4723 14



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



86548014004723002001R0



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 3879934300-9  
Statement Date: 01/13/2025  
Due Date: 01/30/2025

## Details of Electric Charges

12/12/2024 - 01/12/2025 (32 billing days)

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

### 12/12/2024 - 12/31/2024

Customer Charge	20 days @ \$0.32854	\$6.57
Energy Charges		
Peak	27.093000 kWh @ \$0.41924	11.36
Off Peak	98.250000 kWh @ \$0.40312	39.61
Energy Commission Tax		0.04

### 01/01/2025 - 01/12/2025

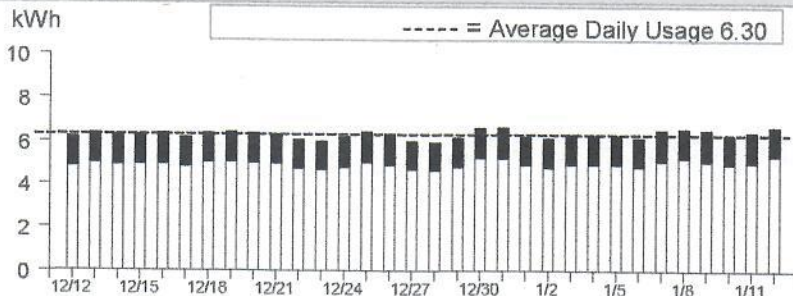
Customer Charge	12 days @ \$0.32854	\$3.94
Energy Charges		
Peak	16.138000 kWh @ \$0.42827	6.91
Off Peak	60.225000 kWh @ \$0.41215	24.82
Energy Commission Tax		0.02

**Total Electric Charges \$93.27**

## Service Information

Meter # 1008669299  
Total Usage 201.706000 kWh  
Serial S  
Rotating Outage Block 50

## Electric Usage This Period: 201.706000 kWh, 32 billing days



	Usage	Energy Charges
■ Peak <sup>1</sup>	21.43%	\$18.27
■ Part Peak <sup>2</sup>	0.00%	\$0.00
□ Off Peak <sup>3</sup>	78.57%	\$64.43
■ Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>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  
<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

86548014004723002002R0



Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison.





COUNTY OF SHASTA

CLAIMANT NAME:

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

ED STAUB AND SONS

PEID: VEND002017      ADDR TYPE (AP,A1,A2): 01  
INV #: 333044  
INV DATE: 01/15/25

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 NC RE MH	R2 CHK PU AT PT ID
68.12	00447	035900			UNL E10%	234084		

\$68.12	<b>TOTAL</b>	<b>EXPLANATION (TEXT)</b>	<b>ADDRESS:</b> (If different from remittance advice or if no invoice)				
PO/ CONTRACT/ BLANKET PO #		CARD: 708886312213124	PO BOX 488				
<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"/>		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		<b>AUDITOR USE ONLY</b>	<b>DISTRICT USE ONLY</b>				
____ all my right, title and interest in the within claim.							
Signed _____		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <b>USER ID</b>	APPROVED BY: BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____ BOARD MEMBER _____ DATE _____				
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.							
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CLAIMANT  
SIGNATURE

AUTHORIZED  
SIGNATURE

DATE

DATE





(541) 887-8545

Account Number: 234084  
 Invoice Number: 333044  
 Invoice Date: 01/15/2025  
 Invoice Total: \$68.12  
 Payment Due By: 02/10/25  
 Discount Date: 01/25/2025  
 Discount Amount: \$0.94

1994  
099966



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										
01/05/25	4:31p		FC-Fall River M, CA	0	0	UNL E10%	18.750	N	3.6332	68.12
<b>Subtotal</b>							<b>18.750</b>			<b>68.12</b>

GALLONS, AMOUNTS AND TAXES BY STATE BY PRODUCT										
State	Product	Average	Total	Federal	State	Other	Sales	Total	Gals With	Gals W/O
		Price	Amount	Tax	Tax	Tax	Tax	Gallons	State Tax	State Tax
CA	GASOLINE UNL REG ETH 10%	3.6331	68.12	0.13	11.71	0.00	1.50	18.75	18.75	0.00
CA	State Total	3.6331	68.12	0.13	11.71	0.00	1.50	18.75	18.75	0.00
	Invoice Total	3.6331	68.12	0.13	11.71	0.00	1.50	18.75	18.75	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
24 A/P	54.78	18.750	0.13	11.71	0.00	1.50	68.12
	54.78	18.750	0.13	11.71	0.00	1.50	68.12

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E	Fall River Mills	CA	18.75

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	18.8	68.12
<b>TOTAL</b>		<b>68.12</b>

CUSTOMER DISCOUNT \$ 0.94 PLEASE PAY THIS AMOUNT  
 The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$68.12  
 received 01/25/25 Volume eligible is 18.75 at a rate of \$ 0.0500

<b>INVOICE TOTALS</b>	<b>QUANTITY: 18.750</b>	<b>AMOUNT DUE: \$ 68.12</b>
-----------------------	-------------------------	-----------------------------

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.



**FALL RIVER FIRE DISTRICT**

**Acct Number: 234084**

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:** VENDOR11121 **ADDR TYPE:** (01,02,03,): 01  
**INV #:** XF011925A  
**INV DATE:** 01/19/25

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1	R2
							1099	CHK
							NC RE	PJ AT
							MH	PT ID
1,238.00	00447	011000			GROSS WAGES PPE 1/19/25			
76.76	00447	018100			SS TAX PP 1/6/25 - 1/19/25			
17.97	00447	018100			M/C TAX PP 1/6/25 -1/19/25			
68.09	00447	018400			UI PP 1/6/25 - 1/19/25			
186.24	00461	034800			HR SERVICES PPE 1/19/25			
1,587.06	<b>TOTAL</b>		<b>EXPLANATION (TEXT)</b>			<b>ADDRESS:</b> (If different from remittance advice or if no invoice)		

**PO/ CONTRACT/  
BLANKET PO #**

\_\_\_\_\_

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

FALL RIVER VALLEY FIRE PROTECTION DIST  
PAY PERIOD 1/6/25 - 1/19/25  
PAY DATE: 1/24/25  
ACH DEPOSIT BY 1/23/25 IF NOT POSSIBLE  
NOTIFY LORI

PO BOX 1469  
SHASTA LAKE, CA 96019

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

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

**AUDITOR  
USE ONLY**

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

By Deputy  
County Auditor  
USER ID

DATE

<b>DISTRICT USE ONLY</b>	
APPROVED BY:	
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
BOARD MEMBER	DATE
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**CLAIMANT SIGNATURE** Lori A. Yarnell  
**DATE** 01/20/25

**AUTHORIZED SIGNATURE** Opdy L Morgan  
**DATE** 1/21/25

OH103702



Client Id: A79  
Federal Id: 874786770

Payroll Summary  
Pay Date: January 24, 2025

State Id: 16477879  
SUI Id: 16477879

Prd Beginning: January 6, 2025

Prd Ending: January 19, 2025

**FALL RIVER VALLEY FIRE PROT**

**Units/Hours**  
Regular 46.00  
Tot Units/Hours 46.00

**Earnings/Pay**  
Regular 1238.00  
Total Pay 1238.00

**Misc Inc/(-)Ded**  
Total Other 0.00

**Employee Taxes**  
Fica Tax 76.76  
Medicare Tax 17.97  
Federal Tax 0.00  
CA State WH Tax 0.00

**Employer's Taxes**  
Fica Tax 76.76  
Medicare Tax 17.97  
Fed. Unempl (FUTA) 0.00  
CA Unempl (SUI) 66.85  
CA Training Tax 1.24

**Net Pay**  
Net Pay Checks 1143.27

Total W/H Taxes 94.73

Tot. Emplr's Taxes 162.82

Total Net Pay 1143.27

**TAXES & OTHER PAYMENTS**

Date	01/24/25	EFTPS	941	CK. EFTPS	Due	01/29/25	\$	189.46
Date	01/24/25	ST_EFTPS	SUI	CK. ST_EFTPS	Due	01/29/25	\$	68.09
Date	01/24/25	EXPRESS BUSINESS SERVICE	P	CK. 4010			\$	186.24

**DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 1587.06**

Prd Beginning: January 6, 2025

**Payroll Check Register**  
**FALL RIVER VALLEY FIRE PROTECTION DISTRICT**

Pay Date: January 24, 2025

Prd Ending: January 19, 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	4005
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63					230.87	4006
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73					46.17	4007
MORGAN, JODY	Gross Regular	24.00	22.00	528.00	FICA MCare	32.74 7.66					487.60	4008
SANTOYO, JACQUELINE	Gross Regular	20.00	12.00	240.00	FICA MCare	14.88 3.48					221.64	4009
Grand Total...	Gross Regular		0.00 46.00	1238.00 1238.00	FICA MCare	76.76 17.97					1143.27	



# Express Business Service

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

# Invoice

Date	Invoice #
1/20/2025	4895

<b>Bill To</b>
Fall River Valley Fire Protection Dist PO Box 670 McArthur, CA 96056

<b>Terms</b>
Net 10 days

Description	Quantity	Rate	Amount
1/24/25 Payroll		50.00	50.00
Tax deposit			
Postage	3	5.00	15.00
2024 Year-end Reports		2.59	2.59
2024 W-2's	5	85.00	85.00
Postage	5	6.00	30.00
		0.73	3.65

Thank you for your business.

**Total**

\$186.24



**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 #:** 11944354  
**INV DATE:** 01/21/25

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099	R2 CHK														
							NO RE MH	PU AT PT ID														
146.06	00447	035900			CARDLOCK FUEL	234084																
\$146.06	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			PO BOX 488  KLAMATH FALLS, OR 97601												
PARTIAL	FULL																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">           I hereby certify that the above claim was examined and approved by this office.             By Deputy County Auditor            USER ID _____             DATE _____         </td> <td>APPROVED BY:</td> <td></td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td colspan="3">           I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.         </td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor USER ID _____  DATE _____	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	I hereby certify, under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. code. Furthermore, that the articles or services specified in the above claim were necessary and were ordered by me for the purpose indicated above; that the articles or services have been delivered or performed as stated hereon except as otherwise indicated above by me.		
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**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_



# INVOICE

Customer #:	234084
Payment Terms:	10TH OF THE MONTH 2% 10
Invoice #:	11944354
Invoice Date:	01/21/25
Due Date:	02/10/25
Total Due:	\$148.28
*Total if Paid in Full by 01/31/2025	\$146.06

Page 1 of 1

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

FALL RIVER FIRE DISTRICT  
PO BOX 670  
MCARTHUR, CA 96056

VISIT WWW.EDSTAUB.COM TO PAY ONLINE

Make Check Payable to: ED STAUB & SONS PETROLEUM

Amount Enclosed: \$ \_\_\_\_\_

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

00002340840011944354000001482800000146065

Customer Name		Delivery/Service Address	Cust #	Invoice #	Inv Date
FALL RIVER FIRE DISTRICT		44015 HWY 299 E - FALL RIVER MILLS, CA 96028	234084	11944354	1/21/25
Quantity	Item Number	Description	Unit Price	TOTAL	
30.84	CARB ULS #2 CLEAF	CLEAR CARB ULTRA LOW SULFUR #2 DIESEL	\$3.5950	\$110.87	
		02 Fed DSL Exc:		\$7.49	
		03 CA DSL Exc:		\$14.00	
		05 Fed Lust:		\$0.03	
		05 Fed Oil Spill Dsl :		\$0.07	
		05 Fed Superfund Std (Gas/Dsl):		\$0.12	
		06 CA Env Fee:		\$0.25	
		09 CA 13% DSL Sales Tax:		\$15.45	

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

For Fuel or Service At:

44015 HWY 299 E - FALL RIVER MILLS, CA 96028

Sub Total	\$110.87
Charges	\$0.00
Taxes/Fees Total	\$37.41
<b>TOTAL DUE</b>	<b>\$148.28</b>

*Prompt Pay Discount	-\$2.22
*Total if Paid in Full by 01/31/2025	\$146.06

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

CARDLOCK SALE  
WATER ENGINE #15  
BUD

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

**California Proposition 65 Warning:**

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

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





**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

RICK GOMES REPAIR

**PEID:** VEND014871

**ADDR TYPE**  
(AP,A1,A2,): 1

**INV #:** 0832

**INV DATE:** 01/23/25

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													
1,235.00	00447	033500			90 DAY INSPECTIONS																
\$1,235.00	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)															
PO/ CONTRACT/ BLANKET PO #			90 DAY INSPECTIONS			2036 ERNEST WAY  ARCATA, CA 95521															
<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"/>									
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**CLAIMANT SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**AUTHORIZED SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_



# Rick Gomes Repair

2036 Ernest Way  
Arcata, CA 95521  
707-834-3873

NAME <i>Fab River Valley Fire District</i>		DATE <i>1-23-25</i>	
ADDRESS		PHONE	
APARTMENT		DATE PROMISED	
MAKE	MODEL NO.	SERIAL NO.	DATE OF ORIGINAL INSTALLATION
NATURE OF SERVICE <i>13 Days</i>		<input type="checkbox"/> ESTIMATE <input type="checkbox"/> CASH <input type="checkbox"/> WARRANTY <input type="checkbox"/> CHARGE <input type="checkbox"/> CONTRACT <input type="checkbox"/> C.O.D.	
QTY.	DESCRIPTION	PRICE	AMOUNT
<i>9.5 #</i>	<i>90 Day Inspection New engine F's Air leak on WT16</i>		<i>1235.00</i>
COMMENTS		TOTAL MATERIALS	
		TECHNICAL SERVICE TIME <input type="checkbox"/> SHOP <input type="checkbox"/> HOME	
		<input type="checkbox"/> PICK UP OR DELIVERY <input type="checkbox"/> SERVICE CALL CHARGE	
TECHNICIAN		DATE COMPLETED	TAX
Signature below constitutes acceptance of above service performed as being satisfactory - and that the equipment has been left in good condition.		TOTAL	<i>235.00</i>

B PRODUCT 631

0832

**COPY**

*Thank You*



**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

JONATHON SIMS

**PEID:** VEND011953

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

**INV #:** XF012325A

**INV DATE:** 01/23/25

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																				
458.77	00447	035752			DAY RD HALL PERMIT																							
40.00	00447	03550			FIRE EXTINGUISHER PART																							
\$498.77	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																						
PO/ CONTRACT/ BLANKET PO #			REIMBURSEMENT - PERMIT AND MINOR EQUIPMENT			90 GOOCH MILL ROAD  MCARTHUR, CA. 96056																						
<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"/>																
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USER ID	BOARD MEMBER	DATE																										
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INSTRUCTIONS:			By Deputy County Auditor			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.																						
<ol style="list-style-type: none"> <li>Complete, date and sign form.</li> <li>Obtain Department Head signature.</li> <li>Districts obtain board signatures.</li> <li>Attach supporting documentation.</li> <li>Forward to County Auditor-Controller.</li> </ol>			By Deputy County Auditor			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** \_\_\_\_\_





Jody Morgan <jmorgan@frvfiredistrict.org>

### Receipts for reimbursement

1 message

Jonathon Sims <jsims@frvfiredistrict.org>

To: Jody Morgan <jmorgan@frvfiredistrict.org>

Thu, Jan 23, 2025 at 8:22 PM

Jody,

here are some receipts that I need reimbursement from the district for.

1 is for the Building permit fees for Day Rd. Remodel for \$470.70 and the other is for a part we needed for our fire extinguishers from Wilgus Fire for \$40

Thanks

Jonathon

#### 2 attachments

 Wilgus Fire Receipt.pdf

1007K

 Receipt for Day Rd Building Permit.pdf

1058K

# ACI PAYMENTS, INC.

En Español

- Home
- Payment Center
- Help
- Official Extras

## Make A Payment

Select Service > Enter Amount > Accept Terms > Provide Details > Confirm Details > Digital Receipt



Shasta County - Treasurer/Tax Collector, CA

RES MGT (POS)

Customer's Signature Cust. copy

Your payment has been completed successfully.

Confirmation Number: 02327Q  
 Payment Date: Thursday, January 23, 2025  
 Payment Time: 01:01PM PT



### Payer Information

First Name: JONATHON SIMS  
 Country: United States  
 Permit Number: BCOM24-0078  
 Miscellaneous Information: SH

### Payment Option

Card Type: MasterCard  
 Card Number: \*\*\*\*\*3466  
 Card Verification Number: \*\*\*\*

### Payment Information

Payment Type: RES MGT (POS)  
 Payment Amount: \$458.77  
 Convenience Fee: \$11.93  
 Total Payment: \$470.70



Continue

This page supports 128-bit SSL encryption as verified by DigiCert.

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ACI Payments, Inc. is licensed as a money transmitter by the New York State Department of Financial Services, the Georgia Department of Banking and Finance, and by all other states and territories, where required. NMLS #936777. 6060 Coventry Dr. Elkhorn NE 68022. 1-800-487-4567







# Cash Register Receipt

County of Shasta

**Receipt Number**  
**R39786**

DESCRIPTION	ACCOUNT	QTY	PAID
<b>PermitTRAK</b>			<b>\$458.77</b>
<b>BCOM24-0078    Address: 29271 DAY RD    APN: 016620010000</b>			<b>\$458.77</b>
<b>BUILDING</b>			<b>\$255.06</b>
BUILDING FEE	28200-212200	0	\$152.80
SMIP - COMMERCIAL	28200-212600	0	\$1.40
SB 1473 BUILDING STANDARDS FEE	28200-212201	0	\$1.00
PLAN CHECK FEE	28200-212900	0	\$99.86
<b>PERMIT PROCESSING RESEARCH</b>			<b>\$199.71</b>
PERMIT PROCESSING RESEARCH	28200-212200	1	\$199.71
<b>SB1186 CASP FEE</b>			<b>\$4.00</b>
SB1186 CASP FEE	SB1186-CASp	0	\$4.00
<b>TOTAL FEES PAID BY RECEIPT: R39786</b>			<b>\$458.77</b>

Date Paid: Thursday, January 23, 2025

Paid By: MCARTHUR FIRE PROTECTION DIST

Cashier: SCH

Pay Method: CREDIT CARD 02327Q





**Wilgus Fire Control, Inc.**  
 **Safeguard Fire Protection**

4544 Mountain Lakes Blvd • Redding, California 96003  
 (530) 241-2465 • (800) 776-3046 • FAX 241-2473



INVOICE TO

Fall River Valley  
 Fire Protection  
 District

SHIP TO

DATE: 1/23/20 CUST. ORDER NO.: (530) 241-4875 TELEPHONE NO.: Annual  Monthly  Quarterly  Semi Annual  Emergency  NEW  CASH  CHARGE  CONTACT: Jonathan SNO REP.

QTY. ORD.	DESCRIPTION	UNIT PRICE	EXTENSION NON TAX	EXTENSION TAXABLE
	<b>PORTABLE FIRE EXTINGUISHER SERVICE:</b>			
	PRESSURIZED WATER - 2.5 GALLON			
	DRY CHEMICAL ( ) 2.5 ( ) 5 ( ) 6 ( ) 10 ( ) 20 ( ) 30			
	DRY CHEMICAL ( ) 2.5 ( ) 5 ( ) 6 ( ) 10 ( ) 20 ( ) 30			
	DRY CHEMICAL ( ) 2.5 ( ) 5 ( ) 6 ( ) 10 ( ) 20 ( ) 30			
	HALON 1211 ( ) 2.5 ( ) 5 ( ) 9 ( ) 13 ( ) 17 ( ) 20			
	CARBON DIOXIDE ( ) 2.5 ( ) 5 ( ) 7 ( ) 10 ( ) 15 ( ) 20			
	<b>HYDRO TESTING:</b>			
	CO2			
	PRESSURIZED WATER & AFFF (EVERY 5 YEARS)			
	DRY CHEMICAL & HALON (EVERY 12 YEARS) & (5 YR VEHICLES)			
	<b>HALON 6 YR. TEARDOWN</b>			
	<b>FIRE TRAINING</b>			
	<b>FIRE HOSE SERVICE</b>			
	<b>FIRE EXTINGUISHING AGENTS:</b>			
	LBS REGULAR DRY CHEMICAL (SODIUM BICARBONATE)			
	LBS MULTI-PURPOSE DRY CHEMICAL (AMMONIUM PHOSPHATE)			
	LBS PURPLE K DRY CHEMICAL (POTASSIUM BICARBONATE)			
	LBS HALON 1211 (BROMOCHLORODIFLUOROMETHANE)			
	CARBON DIOXIDE CHARGE			
	AD 24	37.00		
	<b>HAZMAT</b>			
	<b>SURCHARGE</b>			

It is expressly understood and agreed that the property described herein shall remain the property of Wilgus Fire Control, Inc. until its balance including service connected with sale shall be paid in full and that the company retains the right to recover and remove any such equipment sold under this service order or invoice. Expressly excluded from this provision is any equipment not sold or furnished by Wilgus Fire Control, Inc. but merely serviced by said company. A service charge of 1% (18% per annum) or \$1.00 minimum will be charged on all invoices past due. I agree to pay costs and attorneys fees incurred in the collection of this bill.

TAXABLE	37.00
TAX	2.40
NON TAX	
<b>TOTAL</b>	<b>40.00</b>

**TERMS: Net 10**

SIGNATURE \_\_\_\_\_

**Minimum Billing \$40.00**

**ORIGINAL INVOICE**

**144449**





**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

NAPA SIERRA

**PEID:** VSTM000018 **ADDR TYPE (AP,A1,A2,):** 01  
**INV #:** XFJAN25A  
**INV DATE:** 01/25/25

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									
31.10	00447	033500			INV 155-55781	5115											
8.09	00447	033500			INV 155-55796	5115											
\$39.19	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"/>	VENDOR ACCOUNT #5115			1289 MAIN STREET  SUSANVILLE, CA 96130							
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 _____			<b>AUDITOR USE ONLY</b>  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>		<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <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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**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_



Questions? Please call our office 530-257-5616

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

## STATEMENT

ACCT#	SM#	PAGE
5115	0	1

DATE	TYPE	REFERENCE	AMOUNT	P.O./CHECK/J.E.
01/15/2025	INV	155-55781	31.10	
01/15/2025	INV	155-55796	8.09	E 315

CURRENT	PAST DUE 30	PAST DUE 60	PAST DUE 90
39.19	0.00	0.00	0.00
DATE 01/25/2025	Total Owed		39.19
TERMS NET 10TH wo/SC	Total Dating		0.00
STORE 900002120	Total Due --->		39.19

NAPA Sierra  
 1289 Main St.  
 Susanville, CA 96130

ACCT#	BILL TO	TOTAL NOW DUE
5115	Fall River Valley F.P.D.	<b>39.19</b>
CLOSING DATE	01/25/2025	AMOUNT ENCLOSED \$





**AUTO PARTS**

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

Time: 11:37  
Date: 01/15/2025  
Page: 1/1

Invoice Number 055781  
  
eInvoice# SAC00155035781

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

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

Part Number	Line	Description	Quantity	Price	Net	Total
75208	NOL	Authorized Buyer: Bud Hendrickson DEXVIATF	4.00	14.98	7.25	29.00

Employee: 563 , Clayton  
Sales Rep: 0 , Salesman  
Accounting Day: 12

Customer Signature  
ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE  
Print by: \_\_\_\_\_  
Ver by: \_\_\_\_\_

Subtotal	29.00
Shasta County 7.2500%	2.10
<b>Total</b>	<b>31.10</b>
Charge Sale	31.10


CUSTOMER COPY



**AUTO PARTS**

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

Time: 13:36  
Date: 01/15/2025  
Page: 1/1

Invoice Number 055796  
  
eInvoice# SAC00155035796

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

Anticipated Time:  
Attention:  
Tax Exemption:  
PO#: E 315  
Terms: NET 10TH wo/SC

Part Number	Line	Description	Quantity	Price	Net	Total
G66102-0004	GAT	Authorized Buyer: Bud Hendrickson ADAPTERS	2.00	3.84	3.7700	7.54

Employee: 540 , Justin  
Sales Rep: 0 , Salesman  
Accounting Day: 12

Customer Signature  
ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE  
Print by: \_\_\_\_\_  
Ver by: \_\_\_\_\_

Subtotal	7.54
Shasta County 7.2500%	0.55
<b>Total</b>	<b>8.09</b>
Charge Sale	8.09

CUSTOMER COPY





**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 #: XF012624A  
 INV DATE: 01/26/24

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										
233.04	00447	036100			ELECTRIC 12/26/24 - 1/26/25	7137624533-9												
354.88	00447	036100			GAS 12/26/24 - 1/26/25	7137624533-9												
\$587.92	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO #			FALL RIVER HALL ELECTRIC & GAS			PO BOX 997300												
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>						PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<b>AUDITOR USE ONLY</b> 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>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <table border="1"> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE
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INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.																		
The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued.																		

CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 01/28/2025  
Due Date: 02/14/2025

## Service For:

FALL RIVER FIRE DISTRICT  
Please see details page.

## Your Account Summary

Amount Due on Previous Statement	\$1,495.48
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$1,495.48
Current Electric Charges	\$233.04
Current Gas Charges	354.88

**Total Amount Due by 02/14/2025 \$2,083.40**

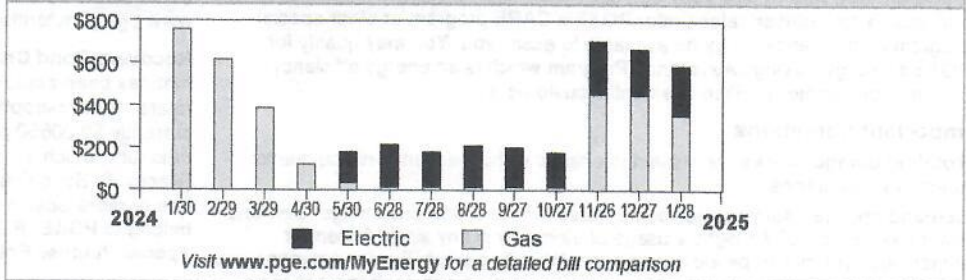
## Questions about your bill?

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

## Ways To Pay

www.pge.com/waystopay

## Monthly Billing History



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

2 copies

99907137624533900000587920000208340



Account Number: **7137624533-9**  
Due Date: **02/14/2025**

Total Amount Due: **\$2,083.40**

Amount Enclosed:

\$

873210133934 2 AB 0.593 736 163 15



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300

87321015000163003001L2





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 01/28/2025  
Due Date: 02/14/2025

## Summary of your energy related services

	Meter Number	Usage	Amount
Service For: <b>43155 MAIN ST</b>			
Service Agreement ID: 7137624005 FIRE HALL			
Gas Charges	36675078	153.000000 Therms	\$354.88
<b>Total</b>			<b>\$354.88</b>
Service For: <b>43155 MAIN ST</b>			
Service Agreement ID: 7134310997			
Electric Charges	1006709889	536.748000 kWh	\$233.04
<b>Total</b>			<b>\$233.04</b>

38.223

7.71 Gas Charges

11.000000 Therms

11.000000 Therms

11.000000 Therms

87321015000163003002L2



Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison.





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 7137624533-9  
Statement Date: 01/28/2025  
Due Date: 02/14/2025

## Details of Electric Charges

12/26/2024 - 01/26/2025 (32 billing days)

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

### 12/26/2024 - 12/31/2024

Customer Charge	6 days @ \$0.32854	\$1.97
Energy Charges		
Peak	21.632000 kWh @ \$0.41924	9.07
Off Peak	66.260000 kWh @ \$0.40312	26.71
Energy Commission Tax		0.03

### 01/01/2025 - 01/26/2025

Customer Charge	26 days @ \$0.32854	\$8.54
Energy Charges		
Peak	99.144000 kWh @ \$0.42827	42.46
Off Peak	349.712000 kWh @ \$0.41215	144.13
Energy Commission Tax		0.13

**Total Electric Charges \$233.04**

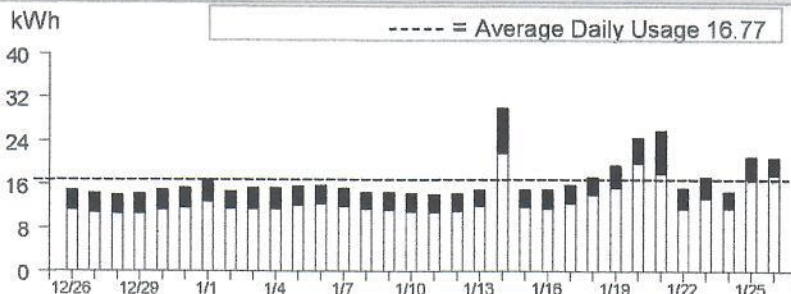
### Average Daily Usage (kWh / day)

Last Year	Last Period	Current Period
N/A	16.35	16.77

## Service Information

Meter #	1006709889
Total Usage	536.748000 kWh
Serial	F
Rotating Outage Block	50

## Electric Usage This Period: 536.748000 kWh, 32 billing days



	Usage	Energy Charges
Peak <sup>1</sup>	22.50%	\$51.53
Part Peak <sup>2</sup>	0.00%	\$0.00
Off Peak <sup>3</sup>	77.50%	\$170.84
Super Off Peak <sup>4</sup>	0.00%	\$0.00

<sup>1</sup>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

<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

87321015000163003003L2



**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 #:** XF012825A

**INV DATE:** 01/28/25

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										
98.17	00447	036100			ELECTRIC 12/30/24-1/28/25	6731296671-5												
\$98.17	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"/>	MCARTHUR MAIN HALL 1		PO BOX 997300  SACRAMENTO, CA 95899-7300							
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
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<b>INSTRUCTIONS:</b> 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**

**AUTHORIZED  
SIGNATURE**

**DATE**

**DATE**





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6731296671-5  
Statement Date: 01/29/2025  
Due Date: 02/18/2025

## Service For:

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

## Your Account Summary

Amount Due on Previous Statement	\$174.18
Payment(s) Received Since Last Statement	-108.62
Previous Unpaid Balance	\$65.56
Current Electric Charges	\$98.17

## Questions about your bill?

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

**Total Amount Due by 02/18/2025**

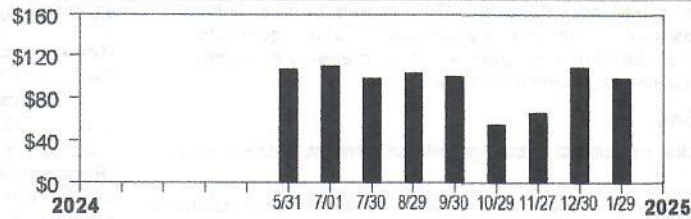
**\$163.73**

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago Period	Last Period	Current Period
N/A	7.28	7.10

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.

99906731296671500000098170000016373



Account Number: **6731296671-5** Due Date: **02/18/2025**

Total Amount Due: **\$163.73**

Amount Enclosed:

\$

873980138156 1 AB 0.593 754 6912 14



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300

87398014006912002001L2







**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 #: XF012825A

INV DATE: 01/28/25

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														
90.31	00447	036100			ELECTRIC 12/30/24-1/28/25	8770665653-2																
\$90.31	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)																
PO/ CONTRACT/ BLANKET PO # _____			HWY 299 & GROVE			PO BOX 997300  SACRAMENTO, CA 95899-7300																
<table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>									PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
PARTIAL	FULL																					
<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td colspan="2">APPROVED BY:</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>By Deputy County Auditor USER ID</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor USER ID	BOARD MEMBER	DATE
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By Deputy County Auditor USER ID	BOARD MEMBER	DATE																				
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CLAIMANT SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_





# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 8770665653-2  
Statement Date: 01/29/2025  
Due Date: 02/18/2025

## Service For:

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

## Your Account Summary

Amount Due on Previous Statement	\$105.47
Payment(s) Received Since Last Statement	-95.94
Previous Unpaid Balance	\$9.53
Current Electric Charges	\$90.31

## Questions about your bill?

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

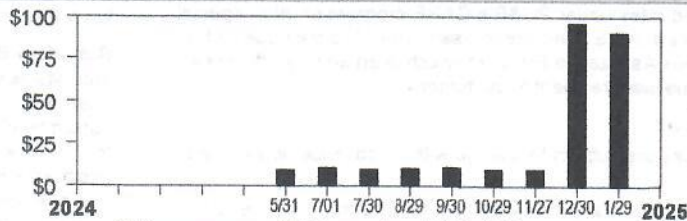
**Total Amount Due by 02/18/2025 \$99.84**

## Ways To Pay

www.pge.com/waystopay

## Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	6.33	6.46

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.

99908770665653200000090310000009984

87398014006913002001L2



Account Number: <b>8770665653-2</b>	Due Date: <b>02/18/2025</b>	Total Amount Due: <b>\$99.84</b>	Amount Enclosed: \$ <input type="text"/>
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873980138157 1 AB 0.593 754 6913 14



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300







**COUNTY OF SHASTA**

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

**CLAIMANT NAME:**

PG&E

**PEID:** VEND004720

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

**INV #:** XF012925A

**INV DATE:** 01/29/25

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										
52.65	00447	036100			ELECTRIC 12/31/24 - 1/29/25	0517883284-5												
\$52.65	TOTAL		EXPLANATION (TEXT)			ADDRESS: (If different from remittance advice or if no invoice)												
PO/ CONTRACT/ BLANKET PO # _____  <table border="1"> <tr> <td>PARTIAL</td> <td>FULL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			PARTIAL	FULL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PITTVILLE HALL			PO BOX 997300  SACRAMENTO, CA 95899-7300								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____			<b>AUDITOR USE ONLY</b>  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>		<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <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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**CLAIMANT  
SIGNATURE** \_\_\_\_\_  
  
**DATE** \_\_\_\_\_

**AUTHORIZED  
SIGNATURE** \_\_\_\_\_  
  
**DATE** \_\_\_\_\_





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 0517883284-5

Statement Date: 01/30/2025

Due Date: 02/18/2025

## 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	\$48.58
Payment(s) Received Since Last Statement	-22.70
Previous Unpaid Balance	\$25.88
Current Electric Charges	\$52.65

**Total Amount Due by 02/18/2025 \$78.53**

## Questions about your bill?

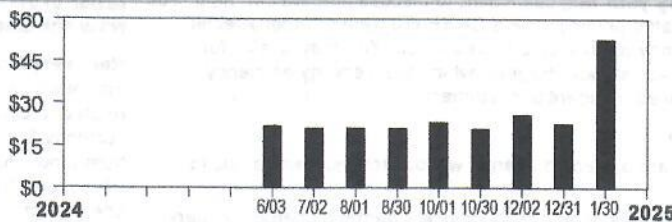
Business Specialist available:  
Mon-Fri: 7am to 6pm  
1-800-468-4743  
[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

## Ways To Pay

[www.pge.com/waystopay](http://www.pge.com/waystopay)

## Electric Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	1.11	3.43
Electric kWh / Day		

Visit [www.pge.com/MyEnergy](http://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.

99900517883284500000052650000007853



Account Number: 0517883284-5 Due Date: 02/18/2025

Total Amount Due: \$78.53

Amount Enclosed:



874710138047 1 AB 0.593 762 2561 16



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

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



87471016002561002001L2





COUNTY OF SHASTA

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

CLAIMANT NAME:

HI-TECH EVS, INC.

PEID: VEND

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

INV #: 180970

INV DATE: 01/31/25

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 NC RE MH	R2 CHK PU AT PT ID											
1,887.99	00447	035500			MINOR EQUIPMENT	10673													
\$1,887.99	TOTAL	EXPLANATION (TEXT)				ADDRESS: (if different from remittance advice or if no invoice)													
PO/ CONTRACT/ BLANKET PO #			EQUIPMENT NEEDED FOR FIRE ENGINE				PO BOX 1616												
<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"/>					OAKDALE CA, 95361								
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.			<b>AUDITOR USE ONLY</b> I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>  <b>DATE</b>				<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <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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<b>Signed</b> _____			<b>INSTRUCTIONS:</b> 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 \_\_\_\_\_



**Hi-Tech EVS, Inc.**

PO Box 1616  
 Oakdale, CA 95361-1616  
 US

**STATEMENT**

**CUSTOMER NO.:** 10673  
**PAGE:** 1  
**DATE:** 1/31/2025

**SOLD TO:** Fall River Valley Fire Protection District  
 PO Box 670  
 Mcarthur, CA 96056-0670  
 US  
 Attn: Rick Gomes

**REMIT TO ADDRESS:**  
 Hi-Tech Emergency Vehicle  
 444 West Greger Street  
 Oakdale, CA 95361

DOCUMENT NUMBER	DOCUMENT DATE	Type	REFERENCE/APPLIED NUMBER	DUE DATE	AMOUNT
180970	1/24/2025	IN		2/23/2025	1,887.99

IN - Invoice      PY - Applied Receipt      UC - Unapplied Cash      Thank you for keeping your account current.      **Total:** 1,887.99  
 DB - Debit Note      ED - Earned Discount      RF - Refund  
 CR - Credit Note      AD - Adjustment  
 IT - Interest Payable      PI - Prepayment

1 - 30 DAYS O/DUE 0.00	31 - 60 DAYS O/DUE 0.00	61 - 90 DAYS O/DUE 0.00	OVER 90 DAYS O/DUE 0.00
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**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 #:** 336732  
**INV DATE:** 01/31/25

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
46.97	00447	035900			UNL E10%	130043		
393.97	00447	035900			UNL E10% & CARBDSL	130043		
78.93	00447	035900			CARBDSL	130043		
\$519.87	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: 708886314676773 CARD: 708886314676799 CARD: 7088863146767107	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 \_\_\_\_\_

**INSTRUCTIONS:**

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

AUDITOR USE ONLY	DISTRICT USE ONLY	
I hereby certify that the above claim was examined and approved by this office.  By Deputy County Auditor <u>USER ID</u>	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE
	BOARD MEMBER	DATE

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**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_





(541) 887-8545

Account Number: 130043  
 Invoice Number: 336732  
 Invoice Date: 01/31/2025  
 Invoice Total: \$519.87  
 Payment Due By: 02/10/25  
 Discount Date: 02/10/2025  
 Discount Amount: \$3.73

180  
100516



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
<b>Card: 708886314676773 ALL PRODUCT</b>						<b>Previous Odometer: 16802</b>				
<b>Vehicle: 0</b>										
01/23/25	5:40p		FC-Fall River M, CA	0	11968	UNL E10%	12.253	N	3.8332	46.97
							<b>Subtotal</b>			<b>46.97</b>
<b>Card: 708886314676799 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
01/23/25	6:00a		FC-Burney, CA	0	0	UNL E10%	29.020	N	4.0203	116.67
01/23/25	2:58p		Lodi, CA	0	0	CARBDSL	42.180	N	4.9490	208.75
01/28/25	8:53p		FC-Fall River M, CA	0	0	UNL E10%	17.054	N	4.0203	68.55
							<b>Subtotal</b>			<b>393.97</b>
<b>Card: 7088863146767107 ALL PRODUCT</b>						<b>Previous Odometer: 0</b>				
<b>Vehicle: 0</b>										
01/21/25	11:34a		FC-Fall River M, CA	0	0	CARBDSL	16.337	N	4.8314	78.93
							<b>Subtotal</b>			<b>78.93</b>

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)	4.9162	287.68	14.22	28.25	0.42	31.50	58.52	58.52	0.00
CA	GASOLINE UNL REG ETH 10%	3.9808	232.19	8.85	36.41	0.00	5.11	58.33	58.33	0.00
CA	State Total	4.4493	519.87	23.07	64.66	0.42	36.61	116.84	116.84	0.00
	Invoice Total	4.4493	519.87	23.07	64.66	0.42	36.61	116.84	116.84	0.00

TOTALS BY CARD	PRICE	QUANTITY	FET	SET	MET	SST	AMOUNT
73 ALL PRODUCT	38.20	12.253	0.09	7.65	0.00	1.03	46.97
99 ALL PRODUCT	298.18	88.254	19.01	49.12	0.30	27.36	393.97
107 ALL PRODUCT	58.73	16.337	3.97	7.89	0.12	8.22	78.93
	395.11	116.844	23.07	64.66	0.42	36.61	519.87

TOTAL GALLONS BY SITE LOCATION				
Site	Street Address	City	State	Gallons
760003	37297 Main St	Burney	CA	29.02
760006	44015 Hwy 299 E	Fall River Mills	CA	45.644
760997	15250 NORTH THORNTON RD	Lodi	CA	42.18

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
UNL E10%	58.3	232.19

TOTAL GALLONS BY PRODUCT		
Product	Quantity	Amount
CARBDSL	58.5	287.68
<b>TOTAL</b>		<b>519.87</b>

CUSTOMER DISCOUNT \$ 3.73 PLEASE PAY THIS AMOUNT  
 The above discount may be deducted from the invoice total if payment is ==>> INVOICE TOTAL \$519.87  
 received 02/10/25 Volume eligible is 74.66 at a rate of \$ 0.0500

<b>INVOICE TOTALS</b>	<b>QUANTITY: 116.844</b>	<b>AMOUNT DUE: \$ 519.87</b>
-----------------------	--------------------------	------------------------------

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

CLAIMANT NAME:

EXPRESS BUSINESS SERVICE

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

PEID: VEND011121 ADDR TYPE (01,02,03,): 01  
 INV #: XF020225A  
 INV DATE: 02/02/25

AMOUNT	COST CNTR	ACCT	PROJ CODE	ACTY CODE	DESCRIPTION (30 CHAR)	VENDOR ACCT # SECONDARY REF	R1 1099 NC RE MH	R2 CHK PU AT PT ID
3,398.00	00447	011000			GROSS WAGES PPE 2/2/25			
210.68	00447	018100			SS TAX PP 1/20/25 - 2/2/25			
49.29	00447	018100			M/C TAX PP 1/20/25 -2/2/25			
186.89	00447	018400			UI PP 1/20/25 - 2/2/25			
67.31	00461	034800			HR SERVICES PPE 2/2/25			

<b>3,912.17</b>	TOTAL	<b>EXPLANATION (TEXT)</b> FALL RIVER VALLEY FIRE PROTECTION DIST PAY PERIOD 1/20/25 - 2/2/25 PAY DATE: 2/7/25	<b>ADDRESS:</b> (if different from remittance advice or if no invoice) PO BOX 1469 SHASTA LAKE, CA 96019
-----------------	-------	--	--

PO/ CONTRACT/  
BLANKET PO # \_\_\_\_\_

PARTIAL	FULL
<input type="checkbox"/>	<input 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	DISTRICT USE ONLY		
I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:		
	BOARD MEMBER	DATE	
	BOARD MEMBER	DATE	
By Deputy County Auditor <u>USER ID</u>	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.		

CLAIMANT  
SIGNATURE

Sari A. Yarnell

DATE

02/04/25

AUTHORIZED  
SIGNATURE

DATE

041015575



Client Id: A79  
Federal Id: 874786770

Payroll Summary  
Pay Date: February 7, 2025

State Id: 16477879  
SUI Id: 16477879

Prd Beginning: January 20, 2025

Prd Ending: February 2, 2025

**FALL RIVER VALLEY FIRE PROT**

**Units/Hours**

Regular 111.00

Tot Units/Hours 111.00

**Earnings/Pay**

Regular 3398.00

Total Pay 3398.00

**Misc Inc/(-)Ded**

Total Other 0.00

**Employee Taxes**

Fica Tax 210.68  
Medicare Tax 49.29  
Federal Tax 5.85  
CA State WH Tax 8.74

Total W/H Taxes 274.56

**Employer's Taxes**

Fica Tax 210.68  
Medicare Tax 49.29  
Fed. Unempl (FUTA) 0.00  
CA Unempl (SUI) 183.49  
CA Training Tax 3.40

Tot. Emplr's Taxes 446.86

**Net Pay**

Net Pay Checks 3123.44

Total Net Pay 3123.44

**TAXES & OTHER PAYMENTS**

Date	EFTPS	941	CK	EFTPS	Due	02/12/25	\$
02/07/25	ST_EFTPS	STWT	CK	ST_EFTPS	Due	02/12/25	525.79
02/07/25	ST_EFTPS	SUI	CK	ST_EFTPS	Due	02/12/25	8.74
02/07/25	EXPRESS BUSINESS SERVICE	P	CK	ST_EFTPS	Due	02/12/25	186.89
			CK	4017			67.31

DEDUCT THIS AMOUNT FROM YOUR CHECK BOOK ==> \$ 3912.17



Prd Beginning: January 20, 2025

**Payroll Check Register**  
**FALL RIVER VALLEY FIRE PROTECTION DISTRICT**  
 Pay Date: February 7, 2025

Prd Ending: February 2, 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	4011
HENDRICKSON, KENNETH	Gross Regular	250.00		250.00	FICA MCare	15.50 3.63					230.87	4012
JONES, SHERRI	Gross Regular	25.00	2.00	50.00	FICA MCare	3.10 0.73					46.17	4013
MORGAN, JODY	Gross Regular	24.00	42.00	1008.00	FICA MCare	62.50 14.62	CA - St W/h	8.74			922.14	4014
SANTOYO, JACQUELINE	Gross Regular	20.00	31.00	620.00	FICA MCare Fed W/h	38.44 8.99 5.85					566.72	4015
SIMS, JONATHON	Gross Regular	50.00	26.00	1300.00	FICA MCare	80.60 18.85					1200.55	4016
Grand Total...	Gross Regular		0.00 111.00	3398.00 3398.00	FICA MCare Fed W/h	210.68 49.29 5.85	CA - St W/h	8.74			3123.44	

# Express Business Service

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

# Invoice

Date	Invoice #
2/4/2025	4926

<b>Bill To</b>
Fall River Valley Fire Protection Dist PO Box 670 McArthur, CA 96056

<b>Terms</b>
Net 10 days

Description	Quantity	Rate	Amount
2/7/25 Payroll		50.00	50.00
Tax deposit	3	5.00	15.00
Postage		2.31	2.31

Thank you for your business.	<b>Total</b>	\$67.31
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**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 #:** 2025-001

**INV DATE:** 02/04/25

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										
275.00	00447	034851			2024 QTR 4 INCIDENT REPORTS													
\$275.00	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"/>	26636 S. NAVAJO PL  SUN LAKES, AZ 85248								
PARTIAL	FULL																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>																	
For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.  Signed _____																		
INSTRUCTIONS: 1. Complete, date and sign form. 2. Obtain Department Head signature. 3. Districts obtain board signatures. 4. Attach supporting documentation. 5. Forward to County Auditor-Controller.			<b>AUDITOR USE ONLY</b>  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>			<b>DISTRICT USE ONLY</b> <b>APPROVED BY:</b> <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																	
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**

**AUTHORIZED  
SIGNATURE**

**DATE**

**DATE**

**FIRE TRAINING AND GRANT WRITING**

26636 S. Navajo Pl.  
Sun Lakes, Az. 85248  
530-339-2735  
[Hbeebe083@gmail.com](mailto:Hbeebe083@gmail.com)

**INVOICE**  
2025-001  
February 4, 2025

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

Quantity	Description	Unit Price	Amount
1.	2024 4rd. quarter 55 Incident Reports reported to Cal Fire	13.75 hrs. \$20.00	\$275.00
2.	_____		
3.			
4.			

**Subtotal** N/A

**Total:** \$275.00

**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:**

KENNY & NORINE

**PEID:** VEND003256 **ADDR TYPE (AP,A1,A2,):** 01  
**INV #:** 100922  
**INV DATE:** 02/06/25

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																							
2,480.00	00447	034800			PROFESSIONAL SVS	FILE # 9570																									
\$2,480.00	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"/>	<p>For Value Received, I hereby sell, assign, transfer, and set over to _____ all my right, title and interest in the within claim.</p> <p>Signed _____</p>			<table border="1"> <tr> <th>AUDITOR USE ONLY</th> <th colspan="2">DISTRICT USE ONLY</th> </tr> <tr> <td rowspan="5">I hereby certify that the above claim was examined and approved by this office.</td> <td>APPROVED BY:</td> <td></td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td rowspan="2">By Deputy County Auditor USER ID</td> <td>BOARD MEMBER</td> <td>DATE</td> </tr> <tr> <td>DATE</td> <td></td> </tr> </table>			AUDITOR USE ONLY	DISTRICT USE ONLY		I hereby certify that the above claim was examined and approved by this office.	APPROVED BY:		BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	BOARD MEMBER	DATE	By Deputy County Auditor USER ID	BOARD MEMBER	DATE	DATE	
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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.																															

**CLAIMANT SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

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

**Date:**02/06/2025

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#:** 100922

### Billing Summary

<b>Invoice Amount:</b>	<b>\$2,480.00</b>
<b>Balance Due:</b>	<b>\$2,480.00</b>

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:** 02/06/2025

**Invoice #:** 100922

**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:** 03/08/2025

**Payments received after 02/06/2025 are not reflected in this statement.**

**Professional Services**

<b>Date</b>	<b>Details</b>	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>
01/03/2025	RA Email to Ryan Booth re facts for answer to complaint	0.20	\$300.00	\$60.00
01/06/2025	RA Email with Ryan Booth re phone call to discuss facts for answer to complaint	0.10	\$300.00	\$30.00
01/06/2025	RA Phone call with Ryan Booth to discuss declaration and needed documents for response to complaint	0.40	\$300.00	\$120.00
01/06/2025	RA Email to Ryan re follow-up after phone conversation	0.10	\$300.00	\$30.00
01/09/2025	RA Review and receipt of emails from Ryan Booth; phone call with Ryan re declarations and factual evidence	0.60	\$300.00	\$180.00
01/09/2025	RA Research appropriate labor laws and begin draft of response to complaint	1.00	\$300.00	\$300.00
01/13/2025	RA Email and phone call with Ryan Booth re self-representation at labor commissioner hearing	0.30	\$300.00	\$90.00
01/13/2025	RA Phone call with Ryan re labor commissioner hearing and meeting with the board closed session on Friday, January 17; email follow-up with Ryan re approval of closed session meeting agenda	0.40	\$300.00	\$120.00
01/13/2025	RA Email to Ryan Booth re closed session agenda	0.20	\$300.00	\$60.00
01/16/2025	RA Email to Ryan Booth re answer to labor claim timeline	0.20	\$300.00	\$60.00
01/16/2025	RA Email to Ryan Booth re closed session meeting for 1/17/25 and potential settlement of claim	0.20	\$300.00	\$60.00

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

01/17/2025	RA	Review file and prepare for closed session conference; closed session conference meeting with the board	1.00	\$300.00	\$300.00
01/23/2025	RA	Review receipt of email from Ryan Booth; Email to Ryan booth re status of settlement; discuss public records request	0.30	\$300.00	\$90.00
01/28/2025	RA	Phone call with Ryan Booth re status of settlement in preparation for hearing	0.10	\$300.00	\$30.00
01/29/2025	RA	Draft answer to labor complaint; revise declarations to attach to complaint; organize all exhibits to complaint (3.7 hours; however, no charge for 1.2)	2.50	\$300.00	\$750.00
01/29/2025	RA	Email correspondence with Ryan Booth re signed declarations; phone call with Ryan re declarations finalized	0.50	\$300.00	\$150.00
01/30/2025	JSK	Review answer to Valdez labor claim	0.20	\$250.00	\$50.00

<b>For professional services rendered</b>	<b>8.30</b>	<b>\$2,480.00</b>
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<b>Invoice Amount</b>	<b>\$2,480.00</b>
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<b>Balance Due</b>	<b>\$2,480.00</b>
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Jody L. Morgan  
44433 Dee Knoch Rd.  
Fall River Mills, CA 96028

January 17, 2025

Fall River Valley Fire Protection District  
Clerk of the Board  
44283 Hwy. 299 E./PO Box 670  
McArthur, CA 96056

Dear Fall River Valley Fire Protection District:

Please accept this letter of resignation as Clerk of the Board for Fall River Valley Fire Protection District. I have thought about this for quite some time and feel that my health has been put in jeopardy due to the continued stress from members of the public who have engaged in numerous attempts to threaten and harass the Board of Directors, Fire Chief(s), and myself. I have been untruthfully ridiculed, chastised, and have been made a product of slander over the past 3 years. I do have plentiful knowledge of my job duties and respectfully will stay as the Clerk of the Board until the appropriate person has been completely trained to replace my position.

My last day at Fall River Valley Fire Protection District will be determined by the time needed to help in the training process.

Sincerely,



Jody L. Morgan

E-15

Ed Staub and Sons  
Fall River Mills  
CA 96028

Ed Staub and Sons  
Fall River Mills  
CA 96028

4656

12/30/24 01:41:23 PM

02/10/25 12:48:12 PM

01/21/25 11:34:37 AM

SEQUENCE: 77746  
NITRO-ES-Uoyager  
XXXXXXXXXXXX0107  
AUTH# : 156444623145223  
TERM# : 723

SEQUENCE: 75526  
XXXXXXXXXXXX0107  
TERM# : 8403  
UOYAGER  
ENTRY METHOD: Chip 'C'

SEQUENCE: 73488  
XXXXXXXXXXXX0107  
TERM# : 6909  
UOYAGER  
ENTRY METHOD: Chip 'C'

Pump: 13  
DEF  
Quantity Gal: 3.763

Pump: 9  
UL Sulfur Prem Diesel 2  
Price: \$4.899/Gal  
Quantity Gal: 32.196  
Amount: \$157.73

Pump: 10  
Ultra Low Sulfur Diesel II  
CARB - 020  
Quantity Gal: 16.337

APPROVED P57262  
AID: A0000000049999C00016  
TUR: 0400000000  
TSI: E800

APPROVED 156444623145223

APPROVED P12732  
AID: A0000000049999C00016  
TUR: 0400000000  
TSI: E800

E-15

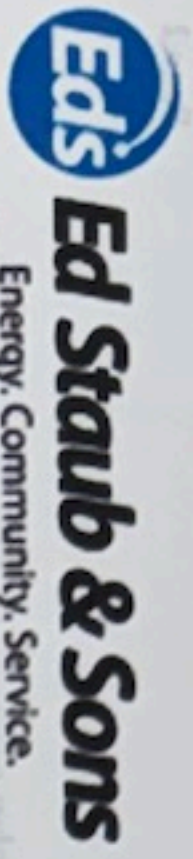
BWC

We Appreciate Your  
Business!

We Appreciate Your  
Business!  
E-15  
BWC

example





(541) 887-8545

Energy. Community. Service.

FALL RIVER FIRE DISTRICT  
PO BOX 670  
McArthur, CA 96056

Account Number: 234084  
Invoice Number: 342676  
Invoice Date: 02/15/2025  
Invoice Total: \$77.15  
Payment Due By: 03/10/25  
Discount Date: 02/25/2025  
Discount Amount: \$0.87

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

CARDLOCK INVOICE

Date	Time	Driver	Site	Mile Entry	Odometer	Product	Quantity	Taxed	Price	Amount
02/08/25	1:06p		FC-Fall River M. CA	0	0	PRE E10%	17.406	N	4.4332	77.15
							Subtotal			17.406

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. PREM ETH 10%	4.4324	77.15	0.12	10.86	0.00	1.70	17.41	17.41	17.41
CA	State Total	4.4324	77.15	0.12	10.86	0.00	1.70	17.41	17.41	17.41
			Invoice Total	0.12	10.86	0.00	1.70	17.41	17.41	17.41

TOTALS BY CARD	PRICE	QUANTITY	PET	SET	NET	SST	AMOUNT
24 A/P	64.47	17.406	0.12	10.86	0.00	1.70	77.15
	64.47	17.406	0.12	10.86	0.00	1.70	77.15

TOTAL GALLONS BY SITE LOCATION	Site	Street Address	City	State	Gallons
760006	44015 Hwy 299 E		Fall River Mills	CA	17.406

TOTAL GALLONS BY PRODUCT	Product	Quantity	Amount
PRE E10%		17.4	77.15
TOTAL		17.4	77.15

CUSTOMER DISCOUNT \$ 0.87 PLEASE PAY THIS AMOUNT  
The above discount may be deducted from the invoice total if payment is received 02/25/25 Volume eligible is 17.41 at a rate of \$ 0.0500

INVOICE TOTALS QUANTITY: 17.406 AMOUNT DUE: \$ 77.15

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.



PROPANE SERVICE

www.leojonespropane.com

Remit to:  
37289 HWY 299 E.  
BURNLEY, CA 96013  
(530) 335-2421

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

STATEMENT

ACCOUNT ID.	START DATE
MCAVOL	01/01/25

TERMS: NET DUE UPON RECEIPT

DATE	REFERENCE	LOC	DESCRIPTION	CHARGES	PAYMENTS	AMOUNT DUE
01/31/25	BAL FWRD NEW FC		Balance Forward New Fin Chrg	73.42 1.10		73.42 1.10
IF YOU ARE GETTING PAPER, WE NEED YOUR EMAIL?						
	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	NEW FINANCE CHARGE	NEW BALANCE
	73.42				1.10	74.52
						TOTAL AMOUNT DUE
						74.52

THE FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 1.5% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18%. THE FINANCE CHARGE IS COMPUTED ON THE ADJUSTED BALANCE. THE ADJUSTED BALANCE IS THE PREVIOUS BALANCE LESS PAYMENTS AND CREDITS APPEARING ON THIS STATEMENT.

STATEMENT

PROPANE SERVICE

Remit to:  
37289 HWY 299 E.  
BURNLEY, CA 96013  
(530) 335-2421

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

ACCOUNT ID.	STATEMENT DATE	TOTAL AMOUNT DUE	AMOUNT REMITTED \$
21160	01/01/25	74.52	

Please explain any differences between the total amount due and the amount of your remittance