



CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT
6501 Jenny Lind Road, Valley Springs, CA 95252
Telephone: (209) 786-2227
www.calcofire.org

Special Meeting Agenda
January 6, 2025

1. CALL TO ORDER 5:00PM CLOSED SESSION

2. ROLL CALL:

BOARD MEMBER: Keith Hafley, Sam Harris, Ryan Hamre, Pat Sullivan.
Ken Glissman, Garrett Robertshaw, Roberta M. Corso, Kyle Harvey and Michael Rodgers

STAFF: Fire Chief Rich Dickinson and Rose Beristianos

3. ADJOURN TO CLOSED SESSION

- A.** Conference with Labor Negotiators (Gov Code Section 54957.7)
District Designated Representatives
Employee Organization: Calaveras Professional Firefighters Union IAFF Local 5149

REGULAR SESSION TO FOLLOW AFTER CLOSED SESSION IS COMPLETE

4. PLEDGE OF ALLEGIANCE

- 5. MOMENT OF SILENCE:** To recognize and honor the efforts of the American Service Member and Public Safety Personnel

6. REPORT OUT OF CLOSED SESSION

- A.** Conference with Labor Negotiator (Gov Code Section 54957.7)
District Designated Representatives
Employee Organization: Calaveras Professional Firefighters Union IAFF Local 5149

- 7. PUBLIC COMMENT:** The public may address the Board on any item of interest that is not on the agenda and is within the District's jurisdiction. For items that are on the agenda, public comment will be heard when the item is discussed. The Chairman reserves the right to limit each speaker to three (3) minutes per person and 15 minutes per topic. Ralph M Brown Act Gov. (Code, § 54954.3(b).) By law, the Board of Directors cannot make decisions on matters not on the agenda. Ralph M Brown Act Gov. (Code, § 54954.2(a).)

8. FINANCE BUSINESS

- A. Supplemental Transmittals – OH185270, Regular Bills \$27,368.73, OH185271, December Cal Card \$15,773.82

9. FIRE CHIEF'S REPORT

10. CORRESPONDENCE:

11. NEW BUSINESS:

- A. Discussion/Action – Duty Chief Position Discussion

12. COMMITTEE COMMENTS

13. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS

14. ADJOURNMENT: Next Meeting Scheduled for January 27, 2025

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 1/6/2025

MAIL ALL CHECKS

Contact: ROSE BERISTIANOS
Cell Phone: 482-3754

22030010
PO BOX 579
VALLEY SPRINGS CA 95252

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				OH185270		
				REG BILLS		

\$ 37,368.73 Grand Total

District agrees to retain original invoices for five years. Merchandise itemized above has been received or the services claimed have been performed and the expenditures are authorized and approved by

ROBERTA M CORSO
MICHAEL RODGERS
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
RYAN HAMRE
PATRICK SULLIVAN
GARRETT ROBERTSHAW
KYLE HARVEY

I hereby approved the above claim(s) and certify to the correctness of the computations.
Kathy Gomes, Auditor-Controller

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH185270**

Enter Date: 01/03/2025 Batch Status: BE User Total: 27,368.73

The undersigned, under penalty of perjury, states that the items on the attached claim are true and correct, that the amounts are properly due this claimant, and that no items have been previously paid. Furthermore, the articles or services specified in the attached claim were necessary, ordered for use by this department, and the articles or services have been delivered or performed as stated.

Authorized Signature: _____

Date: _____

Audited: _____

Distributed: _____

Paid: _____

User: BERISTIANOS,ROSE Batch Created By: BERISROS Date: 01/03/2025
 Report: Batch Proof (Auditor) Time: 15:41:44

Inv Amt	130.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	12/12/2024	Invoice #: 2203121224	2024 R5 TEAM STAGING MILE REIM	Secondary Ref:	PO#:	
Vendor:	W014519 DUNCAN, ALBERT	15918 THOMPSON RANCH RD	SANTA CLARITA CA 91387		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	495.95	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	12/12/2024	Invoice #: 2203121224	LAKE FIRE MILE REIMB	Secondary Ref:	PO#:	
Vendor:	W014519 DUNCAN, ALBERT	15918 THOMPSON RANCH RD	SANTA CLARITA CA 91387		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	2,165.80	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	12/12/2024	Invoice #: 2203121224	WILLAMETTE MILE REIMB	Secondary Ref:	PO#:	
Vendor:	W014519 DUNCAN, ALBERT	15918 THOMPSON RANCH RD	SANTA CLARITA CA 91387		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	1,088.10	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	12/12/2024	Invoice #: 2203121224	SHOE MILE REIMB	Secondary Ref:	PO#:	
Vendor:	W014519 DUNCAN, ALBERT	15918 THOMPSON RANCH RD	SANTA CLARITA CA 91387		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	23,488.88	22030010 CALCO-FHJLJPA	5701 Capital Equipment	JL:	Separate Check:	Relate To:
Invoice Date:	01/02/2025	Invoice #: 102111	CALCO FIRE	Secondary Ref:	PO#:	
Vendor:	0041332 CISCO FIRE SPRINKLERS	PO BOX 358	COPPEROPOLIS CA 95228-0358		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

System Messages:

Total **27,368.73**

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 1/6/2025

MAIL ALL CHECKS

Contact: ROSE BERISTIANOS
Cell Phone: 482-3754

22030010
PO BOX 579
VALLEY SPRINGS CA 95252

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				BATCH OH185271		
				CAL CARD		
\$ 15,773.82 PLUS TAX IF NEEDED						

District agrees to retain original invoices for five years. Merchandise itemized above has been received or the services claimed have been performed and the expenditures are authorized and approved by

ROBERTA M CORSO
KYLE HARVEY
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
RYAN HAMRE
PATRICK SULLIVAN
GARRETT ROBERTSHAW
MICHAEL RODGERS

I hereby approved the above claim(s) and certify to the correctness of the computations.

Kathy Gomes, Auditor-Controller

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH185271**

Enter Date: Batch Status: BE User Total: 15,773.82

The undersigned, under penalty of perjury, states that the items on the attached claim are true and correct, that the amounts are properly due this claimant, and that no items have been previously paid. Furthermore, the articles or services specified in the attached claim were necessary, ordered for use by this department, and the articles or services have been delivered or performed as stated.

Authorized Signature: _____

Date: _____

Audited: _____

Distributed: _____

Paid: _____

User: BERISTIANOS,ROSE Batch Created By: BERISROS Date: 01/03/2025
Report: Batch Proof (Auditor) Time: 15:42:18

Inv Amt	15,773.82	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	<input type="text" value="12/15/2024"/>	Invoice #:	2203121524		Dec CalCard Statement	Secondary Ref:		PO#:
Vendor:	0037446	US BANK CORP PAYMENT	PO BOX 790428		SAINT LOUIS	MO	63179-0428	REFUND
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:			FY
								RETURN
							<input type="text"/>	<input type="text"/>
								<input type="text" value="RD"/>

System Messages: Total **15,773.82**