



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

Regular Meeting Agenda
September 23, 2024

CALL TO ORDER 5:00PM CLOSED SESSION

1. ROLL CALL:

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

STAFF: Fire Chief Rich Dickinson and Rose Beristianos

2. 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

CALL TO ORDER 6:00PM REGULAR SESSION

3. PLEDGE OF ALLEGIANCE

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

5. ROLL CALL

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

STAFF: Fire Chief Rich Dickinson and Rose Beristianos

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

7. 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

8. 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).)

9. CONSENT CALENDAR: The Consent Calendar includes routine financial and administrative actions and is usually approved by a single majority vote. There will be no discussion on these items prior to voting on the motion unless Board Members, the public or staff request specific items be discussed and/or removed from the Consent Calendar.

A. Approval of Draft Minutes: August 26, 2024, Regular Meeting

B. Approval of Regular Bills Transmittals OH183618, \$45,421.50

C. Approval of CalCard Transmittal OH183619, \$20,632.42

10. FINANCE BUSINESS

A. Supplemental Transmittals –

11. FIRE CHIEF'S REPORT

12. CORRESPONDENCE:

13. UNFINISHED BUSINESS: Since this Old Business has been discussed in prior meetings, the Chairman reserves the right to limit each speaker to three (3) minutes per person per topic. Ralph M. Brown Act Gov. (Code, § 54954.3(b).

A. Discussion/Action

14. NEW BUSINESS:

A. Discussion/Action – Approve Final Budget Attestation for Fiscal Year 2024/25

B. Discussion/Action – Approve Resolution No. 20240923A, Adopting a Conflict of Interest Code and Appendix of Designated Positions

15. COMMITTEE COMMENTS

16. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS

17. ADJOURNMENT:

Next Meeting Scheduled for October 28, 2024

This agenda shall be made available upon request in alternative formats to persons with a disability, as required by the Americans With Disabilities Act of 1990 (42 U.S.C. § 12132 and the Ralph M. Brown Act (California Government Code § 54954.2). Persons requesting a disability related modification or accommodation in order to participate in the meeting should contact the Calaveras Consolidated Fire Prot



CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT
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Regular Meeting DRAFT Minutes

August 26, 2024

1. CALL TO ORDER 6:00PM
2. ROLL CALL:
BOARD MEMBER PRESENT: Sam Harris, Ryan Hamre, Garrett Robertshaw, Roberta M. Corso, and Kyle Harvey

BOARD MEMBERS ABSENT: Keith Hafley, Pat Sullivan, Ken Glissman, Tim Runion

STAFF PRESENT: Fire Chief Rich Dickinson and Rose Beristianos
3. PLEDGE OF ALLEGIANCE
4. MOMENT OF SILENCE: To recognize and honor the efforts of the American Service Member and Public Safety Personnel
5. PUBLIC COMMENT: **FRANCISCO DELACRUZ SPOKE ABOUT ARTICLE IN VALLEY SPRINGS NEWS HOW IT MENTIONED BOARD MEMBERS ARE RUNNING UNOPPOSED**
6. CONSENT CALENDAR: **MOTION TO APPROVE THE CONSENT CALENDAR BY SAM HARRIS, SECONDED BY KYLE HARVEY, PASSED 5 YES, 4 ABSENT**
 - A. Approval of Draft Minutes: July 22, 2024, Regular Meeting
 - B. Approval of Regular Bills Transmittals OH183122, \$15,212.32
 - C. Approval of CalCard Transmittal OH183123, \$19,983.06
7. FINANCE BUSINESS
 - A. Supplemental Transmittals – **OH183141 REGULAR BILLS, MOTION TO APPROVE BY GARRETT ROBERTSON, SECONDED BY SAM HARRIS, PASSED 5 YES, 4 ABSENT**
8. FIRE CHIEF'S REPORT - **CHIEF GAVE HIS REPORT**

9. CORRESPONDENCE: **NONE**
10. UNFINISHED BUSINESS: **NONE**
11. NEW BUSINESS: **NONE**
12. COMMITTEE COMMENTS - **NONE**
13. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS – **ROUND TABLE COMMENTS FROM ALL IN ATTENDANCE**
14. ADJOURNMENT: **MOTION TO ADJOURN THE MEETING AT 6:21PM BY GARRETT ROBERTSHAW, SECONDED BY SAM HARRIS, PASSED 5 YES, 4 ABSENT**

DRAFT

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 9/23/2024

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
				OH183618		
				REGULAR BILLS		
\$ 45,421.50				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

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

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

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH183618**

Enter Date: 09/19/2024 Batch Status: BE User Total: 45,421.50

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: 09/20/2024
 Report: Batch Proof (Auditor) Time: 10:54:40

<i>Inv Amt</i> 2,500.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date:</i> <u>09/18/2024</u>	<i>Invoice #:</i> 2024-007	CALAVERAS CONSOLIDATED FIRE	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> <u>W006328</u> <u>BUHLER, BRYN</u>	PO BOX 2206	ARNOLD	CA 95223-2206	REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 560.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date:</i> <u>09/16/2024</u>	<i>Invoice #:</i> 7863	CALAVERAS CONSOLIDATED FIRE	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> <u>W014762</u> <u>NELSON, JOHN</u>	2711 TEJON STREET	LODI	CA 95242	REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 490.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date:</i> <u>09/16/2024</u>	<i>Invoice #:</i> 7864	CALAVERAS CONSOLIDATED FIRE	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> <u>W014762</u> <u>NELSON, JOHN</u>	2711 TEJON STREET	LODI	CA 95242	REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 5,880.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date:</i> <u>09/16/2024</u>	<i>Invoice #:</i> 7865	CALAVERAS CONSOLIDATED FIRE	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> <u>W014762</u> <u>NELSON, JOHN</u>	2711 TEJON STREET	LODI	CA 95242	REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 1,826.81	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date:</i> <u>09/06/2024</u>	<i>Invoice #:</i> INV861801	CUST# C4529	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> <u>0001129</u> <u>LN CURTIS AND SONS</u>	PO BOX 884921	LOS ANGELES	CA 90088-4921	REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

AP Entry Batch Proof

Batch ID: **OH183618**

Inv Amt	877.05	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	PYRMID MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W010458	BRADFORD, MICHAEL	4951 OLEANDER DRIVE	CARMICHAEL	CA	95608
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	931.41	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	COFFEE POT MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W010458	BRADFORD, MICHAEL	4951 OLEANDER DRIVE	CARMICHAEL	CA	95608
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	411.34	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	2ND COFFEE POT MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W010458	BRADFORD, MICHAEL	4951 OLEANDER DRIVE	CARMICHAEL	CA	95608
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	792.55	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	WILEY FLAT MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W014256	LIPSON, MATTHEW	730 OAK LEAF CIRCLE	ARROYO GRANDE	CA	93420
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	456.54	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	RAIL RIDGE MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W016094	CROSS, PARISH	225 SUNRISE DRIVE	MT SHASTA	CA	96067
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	633.39	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To: EX
Invoice Date:	09/10/2024	Invoice #:	2203091024	RAIL RIDGE MILEAGE REIMB	Secondary Ref:	PO#:
Vendor:	W016354	JOHN O CLARY JR	1123 ROCKY TERRACE DR.	GARDNERVILLE	NV	89460
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	379.50	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	07/01/2024	Invoice #:	96757	ACCT# CC0JLF	Secondary Ref:	PO#:
Vendor:	W000798	COLUMBIA	22480 PARROTTS FERRY ROAD	COLUMBIA	CA	95310
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>
Inv Amt	23,774.61	22030010 CALCO-FHJLJPA	5701 Capital Equipment	JL:	Separate Check:	Relate To:
Invoice Date:	09/18/2024	Invoice #:	97200	ACCT# CCF0JLF	Secondary Ref:	PO#:
Vendor:	W000798	COLUMBIA	22480 PARROTTS FERRY ROAD	COLUMBIA	CA	95310
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:	REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>

AP Entry Batch Proof

Batch ID: **OH183618**

Inv Amt	2,780.74	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	08/24/2024	Invoice #: 0020393808	CUST# 29599	Secondary Ref:	PO#:	
Vendor:	W002160 BRANNON TIRE	PO BOX 1988	STOCKTON CA 95201		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	100.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	08/25/2024	Invoice #: 1357560	JENNY LIND FIRE	Secondary Ref:	PO#:	
Vendor:	0006406 FOOTHILL SIERRA PEST C	11072 MT BROW RD	SONORA CA 95370		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	300.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	09/04/2024	Invoice #: 98392	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0041553 GEISZLER CPA, ANTIONET	1743 GRAND CANAL BLVD STE 10	STOCKTON CA 95207		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	101.89	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	08/25/2024	Invoice #: 2203082524	030 601 7130 001	Secondary Ref:	PO#:	
Vendor:	0007950 AT AND T	P.O. BOX 5075	CAROL STREAM IL 60197-5075		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	185.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	09/05/2024	Invoice #: 42342	INV# 42342	Secondary Ref:	PO#:	
Vendor:	W010944 TOP QUALITY INSULATION	105 MAIN STREET	VALLEY SPRINGS CA 95252		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	663.64	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	08/15/2024	Invoice #: 97046	CC0JLF	Secondary Ref:	PO#:	
Vendor:	W000798 COLUMBIA	22480 PARROTTS FERRY ROAD	COLUMBIA CA 95310		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	277.03	22030010 CALCO-FHJLJPA	5001 Salaries/Wages - Permanent	JL:	Separate Check:	Relate To:
Invoice Date:	08/20/2024	Invoice #: L0908148944	ACCT# 288-7046-7	Secondary Ref:	PO#:	
Vendor:	0037637 EMPLOYMENT	PO BOX 989061	WEST CA 95798-9061		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	1,500.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date:	08/31/2024	Invoice #: 2203083124	AUG 2024 SVCS	Secondary Ref:	PO#:	
Vendor:	0041402 BERISTIANOS, ROSEMARIE	3573 BERKESEY LANE	VALLEY SPRINGS CA 95252		REFUND	FY RETURN
Division Code:	SPD2	Check Stock: AP	Tax Code:	Contract:	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

System Messages:

Total

45,421.50

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 9/23/2024

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 OH183619		
				CAL CARD		

\$ 20,632.42 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

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

Kathy Gomez, Auditor-Controller

ROBERTA M CORSO

KEN GLISSMAN

KEITH HAFLEY

SAM HARRIS

RYAN HAMRE

PATRICK SULLIVAN

TIM RUNION

GARRETT ROBERTSHAW

KYLE HARVEY

By: _____
Deputy

CHIEF RICH DICKINSON

AP Entry Batch Proof

Batch ID: **OH183619**

Enter Date: Batch Status: BE User Total: 20,632.42

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: 09/20/2024
Report: Batch Proof (Auditor) Time: 10:55:49

Inv Amt	20,632.42	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date:	<input type="text" value="09/16/2024"/>	Invoice #:	2203091624	SEPTEMBER	2024	Secondary Ref:	PO#:		
Vendor:	0037446	US BANK CORP PAYMENT \$ PO BOX 790428		SAINT LOUIS MO 63179-0428			REFUND	FY	RETURN
Division Code:	SPD2	Check Stock:	AP	Tax Code:	Contract:		<input type="text"/>	<input type="text"/>	<input type="text" value="RD"/>

System Messages: Total **20,632.42**