



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

Regular Meeting Agenda
Monday, November 27, 2017 7:00 PM

- 1. CALL TO ORDER/PLEDGE OF ALLEGIANCE**
- 2. MOMENT OF SILENCE:** To recognize and honor the efforts of the American Service Members and Public Safety Personnel.
- 3. ROLL CALL:** Board Members: Kim Olson, Pat Garrahan, Keith Hafley, Sam Harris, Tim Runion, Ken Glissman, Chris Allen, Pat Brown and Marcus Omlin.

Staff: Fire Chief Jason Robitaille and Rose Beristianos
- 4. 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).)
- 5. 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: October 16, 2017 Regular Meeting
 - B. Approval of Transmittal dated 11/27/17 OH147742 \$16,002.90 regular bills, OH147740 \$6,244.54 October Cal Card, OH147741 \$5,521.06 November Cal Card
- 6. FINANCE BUSINESS**
 - A. Supplemental Transmittals

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 office reflected above, during regular business hours, at least forty-eight hours prior to the time of the meeting.

7. FIRE CHIEF'S REPORT

8. COMMITTEE REPORTS

- A. Finance Committee
- B. Personnel Committee

9. CORRESPONDENCE: Letter with donation, and multiple Thank you cards and letters from various Napa, Santa Rosa locations.

10. 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 – Fire Prevention Ordinance
- B. Discussion/Action – Renting out Co.1
- C. Discussion/Action – Article ‘P’ Section 1
- D. Discussion/Action – Fire Impact Fee Nexus Study
- E. Discussion/Action – Administrative Assistant Position- Harris
- F. Discussion/Action – Chief Job Announcement
- G. Discussion/Action – B/C positions

11. NEW BUSINESS:

- A. Discussion/Action – JPA
- B. Discussion /Action – Social Media Policy
- C. Discussion/Action - Ad Hoc Committee - Fire Chief Selection

12. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS:

13. ADJOURNMENT:

- A. Discussion/Action – Next meeting scheduled for December 2017 date to be discussed

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CALAVERAS CONSOLIDATED FIRE PROTECTION DISTRICT
6501 Jenny Lind Road, Valley Springs, CA 95252
Telephone: (209) 786-2227
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Special Meeting Minutes
Monday, October 16, 2017 7:00 PM

- 1. CALL TO ORDER/PLEDGE OF ALLEGIANCE**
- 2. MOMENT OF SILENCE:** To recognize and honor the efforts of the American Service Members and Public Safety Personnel.
- 3. ROLL CALL:** Board Members present: Keith Hafley, Sam Harris, Tim Runion, Ken Glissman, Pat Brown and Marcus Omlin.
Board Members absent: Kim Olson, Pat Garrahan, Chris Allen
Staff Present: Fire Chief Jason Robitaille and Rose Beristianos
- 4. PUBLIC COMMENT:** None
- 5. CONSENT CALENDAR:** Motion made by Ken Glissman to approve the consent calendar second by Keith Hafley. Vote 5-3-1
 - A. Approval of Draft Minutes: September 25, 2017 Regular Meeting
 - B. Approval of Transmittal dated 10/16/17 OH147211 \$22,572.92 regular bills
- 6. FINANCE BUSINESS:** None
- 7. FIRE CHIEF'S REPORT:** Chief Jason Robitaille gave his report.
- 8. COMMITTEE REPORTS**
 - A. Finance Committee: None Discussion that a meeting needs to happen.
 - B. Personnel Committee: None
- 9. CORRESPONDENCE:** None
- 10. UNFINISHED BUSINESS:**
 - A. Discussion/Action – Fire Prevention Ordinance ** No action taken continue
 - B. Discussion/Action – Renting out Co.1 ** No action taken continue
 - C. Discussion/Action – Article 'P' Section 1 ** No action taken continue

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 office reflected above, during regular business hours, at least forty-eight hours prior to the time of the meeting.

- D. Discussion/Action – Fire Impact Fee Nexus Study ** No action taken continue
- E. Discussion/Action – Administrative Assistant Position- Harris **Board discussion continue.
- F. Discussion/Action – Chief Job Announcement ** Board discussion on length of post, posting on website and other sites. Closing date November 20th.
- G. Discussion/Action -- JPA with local partners ** Discussion and remove from agenda.
- H. Discussion/Action – B/C positions ** Discussion continue

11. NEW BUSINESS: None

12. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS: Round table discussions and announcements.

13. ADJOURNMENT: Motion made by Keith Hafley second by Ken Glissman vote 6-3

DRAFT

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 Protection District at (209) 786-2227, during regular business hours, at least forty-eight hours prior to the time of the meeting.

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 11/27/17

MAIL ALL CHECKS

Contact: JASON ROBITAILLE
Phone: 786-2227

22030010
PO BOX 579
VALLY SPRINGS CA 95252

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				OH147742		
				REGULAR BILLS		
				\$ 16,002.90	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

PATRICK GARRAHAN
KIM OLSON
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
PAT BROWN
TIM RUNION
MARCUS OMLIN
CHRISTOPHER ALLEN

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

By: _____
Deputy

CHIEF JASON ROBITAILLE

AP Entry Batch Proof

Batch ID: OH147742

Enter Date: 11/20/2017 Batch Status: BE User Total: 16,002.90

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: 11/20/2017
 Report: Batch Proof (Auditor) Time: 20:25:41

<i>Inv Amt</i> 55.38	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> <u>10/31/2017</u>	<i>Invoice #:</i> 2203103117	ACCT# 7012	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0039611	<u>CALAVERAS AUTO SUPPLY</u> PO BOX 1510	SAN ANDREAS CA 95249		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 2,716.25	22030010 CALCO-FHJLJPA	5001 Salaries/Wages - Permanent	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> <u>11/01/2017</u>	<i>Invoice #:</i> 2203110117	NOVEMBER 2017	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> W008928	<u>WADDELL AND REED INC</u> 1776 W MARCH LANE STE 360	STOCKTON CA 95207		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 2,097.65	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> <u>08/01/2017</u>	<i>Invoice #:</i> 44755376	CUST# 5018498	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0028274	<u>DAPPER TIRE CO INC</u> PO BOX 847286	DALLAS TX 75284-7286		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 3,146.47	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> <u>08/08/2017</u>	<i>Invoice #:</i> 44781347	CUST# 5018498	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0028274	<u>DAPPER TIRE CO INC</u> PO BOX 847286	DALLAS TX 75284-7286		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 436.91	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> <u>11/10/2017</u>	<i>Invoice #:</i> 10028	CALAVERAS CONSOLIDATED FIRE	<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0041161	<u>SIERRA FOOTHILL FIRE E</u> 2795 GRAPEVINE GULCH RD	IONE CA 95640		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

AP Entry Batch Proof

Batch ID: OH147742

Inv Amt	446.75	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/31/2017	Invoice #:	2203103117	ACCT#	VM8988	Secondary Ref:	PO#:		
Vendor:	0041428	VAN UNEN/MIERSMA PROPR		PO BOX 96	RIPON	CA	95366		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	568.43	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/25/2017	Invoice #:	INV136155	CUST#	C4529	Secondary Ref:	PO#:		
Vendor:	0001129	LN CURTIS AND SONS		PO BOX 39000	SAN FRANCISCO	CA	94139		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	673.80	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/23/2017	Invoice #:	INV135648	CUST#	C4529	Secondary Ref:	PO#:		
Vendor:	0001129	LN CURTIS AND SONS		PO BOX 39000	SAN FRANCISCO	CA	94139		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	448.31	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	11/13/2017	Invoice #:	INV140169	CUST#	C4529	Secondary Ref:	PO#:		
Vendor:	0001129	LN CURTIS AND SONS		PO BOX 39000	SAN FRANCISCO	CA	94139		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	562.68	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/28/2017	Invoice #:	2203102817	CUST#	1068745	Secondary Ref:	PO#:		
Vendor:	0041084	OREILLY AUTOMOTIVE STO		PO BOX 9464	SPRINGFIELD	MO	65801-9464		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	446.11	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/18/2017	Invoice #:	728072	ACCT#	90197	Secondary Ref:	PO#:		
Vendor:	0038243	HUNT AND SONS INC		PO BOX 277670	SACRAMENTO	CA	95827		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	474.58	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/24/2017	Invoice #:	730873	ACCT#	90197	Secondary Ref:	PO#:		
Vendor:	0038243	HUNT AND SONS INC		PO BOX 277670	SACRAMENTO	CA	95827		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inv Amt	581.01	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
Invoice Date	10/25/2017	Invoice #:	731087	ACCT#	90197	Secondary Ref:	PO#:		
Vendor:	0038243	HUNT AND SONS INC		PO BOX 277670	SACRAMENTO	CA	95827		
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AP Entry Batch Proof

Batch ID: **OH147742**

<i>Inv Amt</i> 202.05	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 10/31/2017	<i>Invoice #:</i> 733572		ACCT# 90197		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0038243	<u>HUNT AND SONS INC</u>	PO BOX 277670	SACRAMENTO	CA 95827		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 413.33	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 11/06/2017	<i>Invoice #:</i> 737942		ACCT# 90197		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0038243	<u>HUNT AND SONS INC</u>	PO BOX 277670	SACRAMENTO	CA 95827		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 24.19	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 10/31/2017	<i>Invoice #:</i> 2203103117		ACCT# 3578		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0002183	<u>SENDERS MARKET INC</u>	PO BOX 197	MOUNTAIN RANCHCA	95246		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 1,000.00	22030010	CALCO-FHJLJPA	5244	Office Expense - Forms/Print	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 10/31/2017	<i>Invoice #:</i> 2203103117		OCT 2017 INVOICES		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0041402	<u>BERISTIANOS, ROSEMARIE</u>	3573 BERKESEY LANE	VALLEY SPRINGS	CA 95252		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 1,299.00	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 11/06/2017	<i>Invoice #:</i> 2203110617		MEMBER# 50926		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0028682	<u>CA SPECIAL DISTRICTS A</u>	1112 I ST STE 200	SACRAMENTO	CA 95814		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 375.00	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 11/01/2017	<i>Invoice #:</i> 90938		CALCO INV# 90938		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0041553	<u>GEISZLER CPA, ANTIONET</u>	1743 GRAND CANAL BLVD STE 10	STOCKTON	CA 95207		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Inv Amt</i> 35.00	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
<i>Invoice Date</i> 10/01/2017	<i>Invoice #:</i> 2203100117		CALAVERAS CONSOLIDATED FIRE		<i>Secondary Ref:</i>	<i>PO#:</i>	
<i>Vendor:</i> 0026476	<u>MOTHER LODE TRAINING</u>	CPO BOX 353	ANGELS CAMP	CA 95222		REFUND	FY RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
System Messages:						Total	16,002.90

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 11/27/17

22030010

MAIL ALL CHECKS

Contact: JASON ROBITAILLE

PO BOX 579

Phone: 786-2227

VALLY SPRINGS CA 95252

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				BATCH OH147740		
				CAL CARD		
\$ 6,244.54 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.
Rebecca Callen, Auditor-Controller

PATRICK GARRAHAN
KIM OLSON
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
PAT BROWN
TIM RUNION
MARCUS OMLIN
CHRISTOPHER ALLEN

By: _____
Deputy

CHIEF JASON ROBITAILLE

Cal Card Summary
Object
Code

PEID

37446

Receipt

CARD#	Date	Obj Code	Amount	Total	Person	Y or N	Description
2728	11/6/17	5111	309.49		B GAMMA		WEBER POINT UNIFORM
7685	11/13/17	5111	748.04		J RUOFF	Y	MYTERY RANCH - PPE
7685	11/13/17	5111	123.69		J RUOFF	Y	LEGEND DATA-NAME TAGS
9787	10/23/17	5111	382.25		D GALLIAZZO		BOOT BARN
9787	11/13/17	5111	42.90	1,606.37	D GALLIAZZO		OAK SAVANNA
5058	10/17/17	5131	54.55		K OLSON	Y	SHIKI SUSHI - MEALS ST
5058	10/18/17	5131	23.71		K OLSON	Y	DOUBLETREE - HOTEL ST
5058	10/19/17	5131	15.98		K OLSON	Y	DOUBLETREE - HOTEL ST
9606	10/18/17	5131	374.11		J BUTLER	Y	APPLEBEES-FOOD
1687	10/17/17	5131	25.74		R ALPERT	Y	SHIKI SUSHI - MEALS ST
1687	10/17/17	5131	18.42		R ALPERT	Y	CHILI'S
1687	10/17/17	5131	13.89		R ALPERT	Y	THE CUTTING BOARD
2728	10/31/17	5131	178.64	705.04	B GAMMA	Y	CVS- WATER
5074	10/27/17	5182	1,785.00		J ROBITAILLE		SHANDEL EQ
9606	10/24/17	5182	105.60		J BUTLER	Y	WILLITS POWER
9606	10/26/17	5182	705.25		J BUTLER		C AND C DESIGN
9787	10/19/17	5182	228.11	2,823.96	D GALLIAZZO	Y	RIVERVIEW TRUCKS
5074	10/25/17	5241	14.99		J ROBITAILLE		ADOBE- OFFICE EXP
5074	10/30/17	5241	92.64		J ROBITAILLE	Y	STAPLES
2728	10/23/17	5241	31.90		B GAMMA		CVS- MEDICINE
LATE FEE	11/15/17	5241	9.14	148.67	LATE FEE		LATE FEE
953	10/26/17	5243	5.67	5.67	R HAMRE	Y	USPS
5058	10/18/17	5478	15.88		K OLSON	Y	HILTON - HOTEL ST
5058	10/18/17	5478	205.78		K OLSON	Y	HILTON - HOTEL ST
5058	10/19/17	5478	117.94		K OLSON	Y	DOUBLETREE - HOTEL ST
1687	10/17/17	5478	206.53		R ALPERT	Y	ENTERPRISE
1687	10/18/17	5478	209.38	755.51	R ALPERT	Y	DOUBLETREE - HOTEL ST
5058	10/17/17	5480	72.14	72.14	K OLSON	Y	PILOT - FUEL ST
5058	11/2/17	5501	127.18	127.18	K OLSON	Y	VONAGE-
			6,244.54	6,244.54			

AP Entry Batch Proof

Batch ID: OH147740

Enter Date: 11/20/2017 Batch Status: BE User Total: 6,244.54

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: 11/20/2017
Report: Batch Proof (Auditor) Time: 19:53:56

Table with 5 rows of invoice data. Each row includes: Inv Amt, Invoice Date, Invoice #, ACCT#, Vendor, Division Code, Check Stock, Tax Code, JL, Secondary Ref, PO#, Separate Check, Refund, FY, Return, and Relate To.

AP Entry Batch Proof

Batch ID: OH147740

<i>Inv Amt</i>	755.51	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	10/16/2017	<i>Invoice #:</i>	2203101617	ACCT#	4246 0445 5566 1531	<i>Secondary Ref:</i>	5478	<i>PO#:</i>	
<i>Vendor:</i>	0037446	US BANK CORP PAYMENT PO BOX 790428		SAINT LOUIS MO 63179-0428					
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i>	72.14	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	10/16/2017	<i>Invoice #:</i>	2203101617	ACCT#	4246 0445 5566 1531	<i>Secondary Ref:</i>	5480	<i>PO#:</i>	
<i>Vendor:</i>	0037446	US BANK CORP PAYMENT PO BOX 790428		SAINT LOUIS MO 63179-0428					
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i>	127.18	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	10/16/2017	<i>Invoice #:</i>	2203101617	ACCT#	4246 0445 5566 1531	<i>Secondary Ref:</i>	5501	<i>PO#:</i>	
<i>Vendor:</i>	0037446	US BANK CORP PAYMENT PO BOX 790428		SAINT LOUIS MO 63179-0428					
Division Code:	SPD2	Check Stock:	AP	Tax Code:			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Messages:							Total	6,244.54	

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 11/27/17

22030010

MAIL ALL CHECKS

Contact: JASON ROBITAILLE

PO BOX 579

Phone: 786-2227

VALLY SPRINGS CA 95252

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				BATCH OH147741		
				CAL CARD		

\$ 5,521.06 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

PATRICK GARRAHAN
KIM OLSON
KEN GLISSMAN
KEITH HAFLEY
SAM HARRIS
PAT BROWN
TIM RUNION
MARCUS OMLIN
CHRISTOPHER ALLEN

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

By: _____
Deputy

CHIEF JASON ROBITAILLE

Cal Card Summary
Object
Code

PEID

37446

Receipt

CARD#	Date	Obj Code	Amount	Total	Person	Y or N	Description
7685	9/19/17	5001	635.44	635.44	J RUOFF	Y	BLUE SHIELD
5074	10/4/17	5111	238.42		J ROBITAILLE	Y	SIGNS BY RANDY -
9606	10/9/17	5111	146.65		J BUTLER	Y	CRESCENT WORK-CLOTHING
9787	10/11/17	5111	46.81		D GALLIAZZO		WALMART
9787	10/13/17	5111	92.32	524.20	D GALLIAZZO		BIG 5
9606	10/16/17	5131	500.54		J BUTLER	Y	CLAIM JUMPER-MEALS
1687	10/16/17	5131	22.01		R ALPERT	Y	BJ'S - MEALS ST
9787	10/12/17	5131	40.61		D GALLIAZZO		MK ECONO FOOD
9787	10/16/17	5131	70.45	633.61	D GALLIAZZO		MT MIKES - FOOD
5074	9/19/17	5182	281.65		J ROBITAILLE		LOWES
953	10/9/17	5182	38.58		R HAMRE	Y	LOWES-KNOX KEY
9787	9/22/17	5182	57.21	377.44	D GALLIAZZO	Y	SENDERS
5074	10/12/17	5221	48.00	48.00	J ROBITAILLE	Y	ACTIVE 911
5074	9/18/17	5241	79.99		J ROBITAILLE		FIRE RECRUIT- ADVERTISING
5074	9/25/17	5241	192.56		J ROBITAILLE		ATT - NEW CELL
5074	10/2/17	5241	753.50		J ROBITAILLE	Y	STAPLES
5074	10/2/17	5241	79.99	1,106.04	J ROBITAILLE		FIRE RECRUIT- ADVERTISING
5074	9/18/17	5477	375.00	375.00	J ROBITAILLE		CA ST FF- MEETING
5058	9/21/17	5478	147.71		K OLSON	Y	DOUBLETREE- HOTEL ST
5074	9/21/17	5478	287.68		J ROBITAILLE	Y	TRAVEL LODGE- HOTEL
1687	9/20/17	5478	755.16		R ALPERT	Y	ENTERPRISE -TRAVEL ST
1687	9/21/17	5478	147.71		R ALPERT	Y	DOUBLETREE- HOTEL ST
1687	10/2/17	5478	7.72	1,345.98	R ALPERT	Y	ENTERPRISE -TRAVEL ST
5058	9/19/17	5480	44.00		K OLSON	Y	EAGLE FEATHER-FUEL ST
5058	10/16/17	5480	77.06		K OLSON	Y	PILOT-FUEL ST
5058	10/16/17	5480	66.19		K OLSON	Y	CHEVRON-FUEL ST
1687	9/22/17	5480	15.00		R ALPERT	Y	EXXON - FUEL ST
1687	10/16/17	5480	33.37		R ALPERT	Y	SHELL - FUEL ST
7685	9/18/17	5480	105.00		J RUOFF		EB SANTA CLARA
7685	10/16/17	5480	8.77	349.39	J RUOFF		SHELL OIL - FUEL ST
5058	10/2/17	5501	125.96	125.96	K OLSON	Y	VONAGE
			5,521.06	5,521.06			

AP Entry Batch Proof

Batch ID: OH147741

Enter Date: 11/20/2017 Batch Status: BE User Total: 5,521.06

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: 11/20/2017
Report: Batch Proof (Auditor) Time: 19:53:56

Table with 5 rows of invoice data. Each row includes: Inv Amt, Invoice Date, Invoice #, ACCT#, Vendor, Division Code, Check Stock, Tax Code, JL, Secondary Ref, PO#, Separate Check, Relate To, and Refund/Return options (REFUND, FY, RETURN, RD).

AP Entry Batch Proof

Batch ID: OH147741

<i>Inv Amt</i> 1,106.04	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 11/15/2017	<i>Invoice #:</i> 2203111517	ACCT# 4246 0445 5566 1531	<i>Secondary Ref:</i> 5241	<i>PO#:</i>		
<i>Vendor:</i> 0037446	US BANK CORP PAYMENT \$PO BOX 790428	SAINT LOUIS	MO 63179-0428	REFUND	FY	RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i> 375.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 11/15/2017	<i>Invoice #:</i> 2203111517	ACCT# 4246 0445 5566 1531	<i>Secondary Ref:</i> 5477	<i>PO#:</i>		
<i>Vendor:</i> 0037446	US BANK CORP PAYMENT \$PO BOX 790428	SAINT LOUIS	MO 63179-0428	REFUND	FY	RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i> 1,345.98	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 11/15/2017	<i>Invoice #:</i> 2203111517	ACCT# 4246 0445 5566 1531	<i>Secondary Ref:</i> 5478	<i>PO#:</i>		
<i>Vendor:</i> 0037446	US BANK CORP PAYMENT \$PO BOX 790428	SAINT LOUIS	MO 63179-0428	REFUND	FY	RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i> 349.39	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 11/15/2017	<i>Invoice #:</i> 2203111517	ACCT# 4246 0445 5566 1531	<i>Secondary Ref:</i> 5480	<i>PO#:</i>		
<i>Vendor:</i> 0037446	US BANK CORP PAYMENT \$PO BOX 790428	SAINT LOUIS	MO 63179-0428	REFUND	FY	RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i> 125.96	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 11/15/2017	<i>Invoice #:</i> 2203111517	ACCT# 4246 0445 5566 1531	<i>Secondary Ref:</i> 5501	<i>PO#:</i>		
<i>Vendor:</i> 0037446	US BANK CORP PAYMENT \$PO BOX 790428	SAINT LOUIS	MO 63179-0428	REFUND	FY	RETURN
Division Code: SPD2	Check Stock: AP	Tax Code:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Messages:	Total				5,521.06	

Calaveras Consolidated:

Success in Rural America cannot be possible without a dedicated and well-oiled, fine-tuned volunteer fire protection district.

Thank you for what you do and for the sense of calm we feel because you're here.

Educating & inspiring the community is critical and essential.

Thank you again -

Please be safe -

Bill & Maryi Crane

\$120⁰⁰ unrestricted! (\$10./month)