



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

Regular Meeting Agenda
Monday, April 24, 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, Rose Beristianos and Karlene Cleland
- 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: March 27, 2017 Regular Meeting
 - B. Approval of Transmittals dated April 24, 2017: Batch OH144724 for \$28,373.77, Cal Card Batch OH144675 for \$1,768.05 and Cal Card Batch OH144725 for \$2,118.67.

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.

6. FINANCE BUSINESS

- A. Supplemental Transmittals

7. FIRE CHIEF'S REPORT

8. COMMITTEE REPORTS

- A. Finance Committee
- B. Personnel Committee

9. CORRESPONDENCE:

- 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 – Fire Exaction Fees

11. NEW BUSINESS:

- A. Discussion/Action – Tax Revenue Apportionment
- B. Discussion/Action – Chief's Contract

12. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS:

- 13. Closed Session:** Pursuant to Section 54954.5(f) - Labor Negotiation – Our Board of Directors will review Chief Jason Robitaille's Terms of Contract.

14. ADJOURNMENT:

- A. Discussion/Action – Next meeting tentatively scheduled for May 22, 2017



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Regular Meeting Minutes
Monday, March 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 Present: Kim Olson, Pat Garrahan, Keith Hafley, Sam Harris, Tim Runion, Ken Glissman and Pat Brown.
Board Members Absent: Marcus Omlin & Chris Allen
Staff Present: Rose Beristianos and Karlene Cleland
Staff Absent: Fire Chief Jason Robitaille
- 4. PUBLIC COMMENT: None**
- 5. CONSENT CALENDAR:**
 - A. Approval of Draft Minutes: February 27, 2017 Regular Meeting
 - B. Approval of Transmittals dated March 27, 2017: Batch OH144337 for \$7,339.83 and Cal Card Batch OH144288 for \$3,234.27
 - C. Approval of Journal Entry Request for \$6,640.26Tim Runion made the motion and Ken Glissman made the 2nd to approve the items on the Consent Calendar. Vote: 7-0-2
- 6. FINANCE BUSINESS**
 - A. Supplemental Transmittals
Tim Runion made the motion and Ken Glissman made the 2nd to approve Batch OH144399 for \$4,312.70 and another Batch for Sunset Communications for \$1,507.81. Vote: 7-0-2
- 7. FIRE CHIEF'S REPORT: None**
- 8. COMMITTEE REPORTS**
 - A. Finance Committee: None
 - B. Personnel Committee: None

9. CORRESPONDENCE: None

10. UNFINISHED BUSINESS:

- A. Discussion/Action – Fire Prevention Ordinance: This item was tabled until next meeting.

11. NEW BUSINESS:

This item was moved up to right after #4 Public Comment.

- A. Discussion/Action – Captain and Engineer Badge Pinning

John Ruoff had his Captain's Badge pinned on by his girlfriend Lyndsi Boore. Kim Olson pinned Dustin Galliazzo with his Engineer Badge.

12. BOARD OF DIRECTOR AND FIRE CHIEF COMMENTS

Sam Harris said that we are going to be financially tight and that we need to start working on next year's budget. Pat Garrahan said that he had the pleasure of attending the Fire Fighters' Appreciation Dinner that the Fire Support Team hosted, which was outstanding and thanked them very much. Pat Brown suggested the Board get involved to get the County moving forward on the Fire Exaction Fees and adjusting Tax Revenue Apportionments. Kim Olson asked that these items be put on next month's agenda. He also said that the Fire Fighters' Appreciation Dinner was very good and long overdue and that the Fire Support Team did an outstanding job. Tim Runion also said that the Fire Support Team did an outstanding job on the Dinner and congratulated John Ruoff and Dustin Galliazzo on their Badge Pinning.

CLOSED SESSION: Pursuant to Section 54956.9(a)1 - Pending Litigation

To discuss with legal counsel pending litigation between Al Engel and Jenny Lind Fire/Kim Olson:

This item was moved up to after #4 Public Comment and after the Badge Pinning

The Board went into closed session at 7:13 and came back into open session at 8:40 – No action was taken

13. ADJOURNMENT: The meeting was adjourned at 9:03 PM

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 3/27/17

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
				OH144399		
				SUPPLEMENTAL BILLS		
\$ 4,312.70				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: OH144399

Enter Date: 03/27/2017 Batch Status: BE User Total: 4,312.70

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: 03/27/2017
 Report: Batch Proof (Auditor) Time: 18:09:26

Inv Amt 1,264.53 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/20/2017</u> Invoice #: 156643 CUST# 10314 Vendor:0024914 <u>HI-TECH EMERGENCY VEH</u> PO BOX 1616 OAKDALE CA 95361-1616 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Separate Check: Relate To: Secondary Ref: PO#:	REFUND FY RETURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt 330.40 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/16/2017</u> Invoice #: 621378 ACCT# 90197 Vendor:0038243 <u>HUNT AND SONS INC</u> PO BOX 277670 SACRAMENTO CA 95827 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Separate Check: Relate To: Secondary Ref: PO#:	REFUND FY RETURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt 876.74 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/14/2017</u> Invoice #: 620067 ACCT# 90197 Vendor:0038243 <u>HUNT AND SONS INC</u> PO BOX 277670 SACRAMENTO CA 95827 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Separate Check: Relate To: Secondary Ref: PO#:	REFUND FY RETURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt 621.03 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/22/2017</u> Invoice #: U0073926 ACCT# 17823 Vendor:0041428 <u>VAN UNEN/MIERSMA PROP</u> PO BOX 96 RIPON CA 95366 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Separate Check: Relate To: Secondary Ref: PO#:	REFUND FY RETURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt 520.00 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/23/2017</u> Invoice #: 14164 CALAVERAS CONSOLIDATED FIRE Vendor:0041765 <u>FAST REPOSNE ON-SITE I</u> 1605 CAPITOLA RD SANTA CRUZ CA 95062 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Separate Check: Relate To: Secondary Ref: PO#:	REFUND FY RETURN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AP Entry Batch Proof

Batch ID: **OH144399**

Inv Amt **700.00** 22030010 CALCO-FHJLJPA 5241 Office Expense **JL:** Separate Check: Relate To:
Invoice Date Invoice #: 2203031017 CALAVERAS CONSOLIDATED FIRE Secondary Ref: PO#:
Vendor:0041471 ROD COOK DRYWALL PO BOX 352 BURSON CA 95225
Division Code: SPD2 Check Stock: AP Tax Code: REFUND FY RETURN

System Messages: Total 4,312.70

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 3/27/17

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
				SUNSET COMMUNICATIONS		
\$ 1,507.81 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

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 4/24/17

22030010

PO BOX 579

VALLY SPRINGS CA 95252

MAIL ALL CHECKS

Contact: JASON ROBITAILLE

Phone: 786-2227

Please initial any strikeovers/changes

INVOICE AMOUNT	PEID #	OBJECT NO.	INVOICE NO.	VENDOR NAME/ADDRESS	DESCRIPTION	Rd for RTRN dept
				OH144724		
				REGULAR BILLS		

\$ 28,373.77 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: OH144724

Enter Date: 04/19/2017 Batch Status: BE User Total: 28,373.77

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: 04/19/2017
 Report: Batch Proof (Auditor) Time: 19:08:31

Inv Amt 3,328.62 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>03/09/2017</u> Invoice #: 83145 ACCT# CC0JLF Vendor: W000798 COLUMBIA 22480 PARROTTS FERRY ROAD COLUMBIA CA 95310 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Secondary Ref: PO#:	Separate Check: REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>	Relate To:
Inv Amt 96.00 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>04/06/2017</u> Invoice #: 227731 CUST# 152333 Vendor: 0028552 CA DEPT OF JUSTICE PO BOX 944255 SACRAMENTO CA 94244-2550 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Secondary Ref: PO#:	Separate Check: REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>	Relate To:
Inv Amt 696.80 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>04/04/2017</u> Invoice #: 118711 CALAVERAS CONSOLIDATED FIRE Vendor: 0036364 ADVANTAGE GEAR INC 4670 PACIFIC ST STE 100 ROCKLIN CA 95677 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Secondary Ref: PO#:	Separate Check: REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>	Relate To:
Inv Amt 143.78 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>04/04/2017</u> Invoice #: 631793 ACCT# 90197 Vendor: 0038243 HUNT AND SONS INC PO BOX 277670 SACRAMENTO CA 95827 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Secondary Ref: PO#:	Separate Check: REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>	Relate To:
Inv Amt 296.81 22030010 CALCO-FHJLJPA 5241 Office Expense Invoice Date <u>04/11/2017</u> Invoice #: 633957 ACCT# 90197 Vendor: 0038243 HUNT AND SONS INC PO BOX 277670 SACRAMENTO CA 95827 Division Code: SPD2 Check Stock: AP Tax Code:	JL: Secondary Ref: PO#:	Separate Check: REFUND <input type="checkbox"/> FY <input type="checkbox"/> RETURN <input type="checkbox"/>	Relate To:

AP Entry Batch Proof

Batch ID: OH144724

Inv Amt	472.20	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/29/2017	Invoice #: 627151	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	3,555.71	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/06/2017	Invoice #: 83122	ACCT# CC0JLF	Secondary Ref:	PO#:	
Vendor:	W000798 COLUMBIA	22480 PARROTTS FERRY ROAD	COLUMBIA CA 95310			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	450.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/31/2017	Invoice #: 2203033117	MARCH 2017 INVOICE	Secondary Ref:	PO#:	
Vendor:	0041402 BERISTIANOS, ROSEMARIE	3573 BERKESEY LANE	VALLEY SPRINGS CA 95252			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	1,075.69	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/27/2017	Invoice #: CI006728	ACCT# PIE-0019	Secondary Ref:	PO#:	
Vendor:	W007765 GOLDEN STATE	7400 REESE ROAD	SACRAMENTO CA 95828			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	247.75	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	04/03/2017	Invoice #: 1010	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	W008136 FOUST, JAMES L	200 E HWY 12 STE E6	VALLEY SPRINGS CA 95252			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	4,671.81	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/24/2017	Invoice #: IN0007052	CUST# C201306	Secondary Ref:	PO#:	
Vendor:	W002221 MUNICIPAL EMERGENCY SER	43 VIEWRIDGE AVE STE A	SAN DIEGO CA 92123			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	263.25	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/29/2017	Invoice #: CI006755	ACCT# PIE-0019	Secondary Ref:	PO#:	
Vendor:	W007765 GOLDEN STATE	7400 REESE ROAD	SACRAMENTO CA 95828			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inv Amt	754.53	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	04/06/2017	Invoice #: 118759	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0036364 ADVANTAGE GEAR INC	4670 PACIFIC ST STE 100	ROCKLIN CA 95677			
Division Code:	SPD2	Check Stock: AP	Tax Code:		REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AP Entry Batch Proof

Batch ID: OH144724

Inv Amt	663.75	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/17/2017	Invoice #: 32939	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0031935	SCOTTS PPE RECON INC	827 BLACK DIAMOND WAY STE C120DI	CA 95240		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	6,969.94	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/30/2017	Invoice #: 32554	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0006747	MELLO TRANSMISSION CO	417 WINMOORE WAY STE A	MODESTO CA 95358		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	2,716.25	22030010 CALCO-FHJLJPA	5001 Salaries/Wages - Permanent	JL:	Separate Check:	Relate To:
Invoice Date	04/01/2017	Invoice #: 2203040117	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	W008928	WADDELL AND REED INC	1776 W MARCH LANE STE 360	STOCKTON CA 95207		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> RD
Inv Amt	647.31	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/27/2017	Invoice #: 021103	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0031315	DUNCAN, ALLEN	PO BOX 1346	SAN ANDREAS CA 95249		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	150.00	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	04/04/2017	Invoice #: 90281	CALAVERAS CONSOLIDATED FIRE	Secondary Ref:	PO#:	
Vendor:	0041553	GEISZLER CPA, ANTIONET	1743 GRAND CANAL BLVD STE 10	STOCKTON CA 95207		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	403.75	22030010 CALCO-FHJLJPA	5001 Salaries/Wages - Permanent	JL:	Separate Check:	Relate To: EX
Invoice Date	04/18/2017	Invoice #: 2203041817	HEALTH INSURANCE REIMB	Secondary Ref:	PO#:	
Vendor:	0036599	GAMMA, BRYAN	5690 MESSING RD	VALLEY SPRINGS CA 95252		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	660.94	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/31/2017	Invoice #: 2203033117	ACCT# 3578	Secondary Ref:	PO#:	
Vendor:	0002183	SENDERS MARKET INC	PO BOX 197	MOUNTAIN RANCHCA 95246		
Division Code:	SPD2	Check Stock:	AP	Tax Code:	REFUND	FY RETURN
					<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Inv Amt	15.41	22030010 CALCO-FHJLJPA	5241 Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	03/31/2017	Invoice #: 2203033117	ACCT ID# 101	Secondary Ref:	PO#:	
Vendor:	0041580	VILLAGE GAS N MART INC	10 VISTA DEL LAGO DR	VALLEY SPRINGS CA 95252		
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: OH144724

Inv Amt 93.47 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
Invoice Date Invoice #: 2203032817 CUST# 1068745 Secondary Ref: PO#:
Vendor:0041084 OREILLY AUTOMOTIVE STOPO BOX 9464 SPRINGFIELD MO 65801-9464
Division Code: SPD2 Check Stock: AP Tax Code: REFUND FY RETURN

System Messages: Total 28,373.77

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT**

Date: 4/24/17

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 OH144675		
				CAL CARD		
				\$ 1,768.05	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

PEID

Object
Code

37446

Receipt

Y or N

Description

CARD#	Date	Obj Code	Amount	Total	Person	Description
7685	2/27/17	5181	76.72		J RUOFF	STANLEY FETSCH & SON REPAIR
9787	3/22/17	5181	47.01	123.73	D GALLIAZZO	SENDERS
9787	3/14/17	5201	117.98	117.98	D GALLIAZZO	SENDERS
9114	2/24/17	5221	470.00		K CLELAND	ACTIVE 911
9114	3/10/17	5221	254.00	724.00	K CLELAND	INTL FIRE CHIEF ASSOC
5298	3/6/17	5241	14.99		R THOMAS	ADOBE SUBSCRIPTION
9114	3/15/17	5241	45.82		K CLELAND	STAPLES
9114	3/16/17	5241	40.34		K CLELAND	GO DADDY
LATE CHARG	3/22/17	5241	9.05	110.20	LATE FEE	LATE FEE
2728	3/17/17	5422	225.00	225.00	B GAMMA	FIRENUGGETS-TRAINING
9114	2/27/17	5501	119.98		K CLELAND	DIRECT TV
9114	3/2/17	5501	125.27		K CLELAND	VONAGE
9114	3/21/17	5501	75.00	320.25	K CLELAND	ATT
9787	3/20/17	5401	125.52	125.52	D GALLIAZZO	AGT BATTERY
9787	3/20/17	5401	12.27	12.27	D GALLIAZZO	AGT BATTERY SHIP
SALES TAX	3/20/17	5401	9.10	9.10	D GALLIAZZO	AGT TAX
			1,768.05	1,768.05		

04144675

AP Entry Batch Proof

Batch ID: OH144675

Enter Date: 04/17/2017 Batch Status: BE User Total: 1,768.05

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: 04/17/2017
 Report: Batch Proof (Auditor) Time: 19:36:09

<i>Inv Amt</i> 123.73 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
<i>Invoice Date</i> <u>03/22/2017</u> <i>Invoice #:</i> 2203032217 <i>ACCT#</i> 4246 0445 5566 1531 <i>Secondary Ref:</i> 5181 <i>PO#:</i>
<i>Vendor:</i> 0037446 <u>US BANK CORP PAYMENT \$O BOX 790428</u> 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"/> RD
<i>Inv Amt</i> 117.98 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
<i>Invoice Date</i> <u>03/22/2017</u> <i>Invoice #:</i> 2203032217 <i>ACCT#</i> 4246 0445 5566 1531 <i>Secondary Ref:</i> 5201 <i>PO#:</i>
<i>Vendor:</i> 0037446 <u>US BANK CORP PAYMENT \$O BOX 790428</u> 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"/> RD
<i>Inv Amt</i> 724.00 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
<i>Invoice Date</i> <u>03/22/2017</u> <i>Invoice #:</i> 2203032217 <i>ACCT#</i> 4246 0445 5566 1531 <i>Secondary Ref:</i> 5221 <i>PO#:</i>
<i>Vendor:</i> 0037446 <u>US BANK CORP PAYMENT \$O BOX 790428</u> 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"/> RD
<i>Inv Amt</i> 110.20 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
<i>Invoice Date</i> <u>03/22/2017</u> <i>Invoice #:</i> 2203032217 <i>ACCT#</i> 4246 0445 5566 1531 <i>Secondary Ref:</i> 5241 <i>PO#:</i>
<i>Vendor:</i> 0037446 <u>US BANK CORP PAYMENT \$O BOX 790428</u> 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"/> RD
<i>Inv Amt</i> 225.00 22030010 CALCO-FHJLJPA 5241 Office Expense JL: Separate Check: Relate To:
<i>Invoice Date</i> <u>03/22/2017</u> <i>Invoice #:</i> 2203032217 <i>ACCT#</i> 4246 0445 5566 1531 <i>Secondary Ref:</i> 5422 <i>PO#:</i>
<i>Vendor:</i> 0037446 <u>US BANK CORP PAYMENT \$O BOX 790428</u> 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"/> RD

AP Entry Batch Proof

Batch ID: OH144675

<i>Inv Amt</i>	320.25	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	03/22/2017	<i>Invoice #:</i>	2203032217	<i>ACCT#</i>	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					
<i>Division Code:</i>	SPD2	<i>Check Stock:</i>	AP	<i>Tax Code:</i>			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i>	125.52	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	03/22/2017	<i>Invoice #:</i>	2203032217	<i>ACCT#</i>	4246 0445 5566 1531	<i>Secondary Ref:</i>	5401	<i>PO#:</i>	
<i>Vendor:</i>	0037446	US BANK CORP PAYMENT \$PO BOX 790428		SAINT LOUIS MO 63179-0428					
<i>Division Code:</i>	SPD2	<i>Check Stock:</i>	AP	<i>Tax Code:</i>	NO		REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i>	12.27	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	03/22/2017	<i>Invoice #:</i>	2203032217	<i>ACCT#</i>	4246 0445 5566 1531	<i>Secondary Ref:</i>	5401 AGT SHIP	<i>PO#:</i>	
<i>Vendor:</i>	0037446	US BANK CORP PAYMENT \$PO BOX 790428		SAINT LOUIS MO 63179-0428					
<i>Division Code:</i>	SPD2	<i>Check Stock:</i>	AP	<i>Tax Code:</i>			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inv Amt</i>	9.10	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i>	03/22/2017	<i>Invoice #:</i>	2203032217	<i>SALES TAX</i>		<i>Secondary Ref:</i>	AGT BATTERY	<i>PO#:</i>	
<i>Vendor:</i>	0006810	STATE BOARD OF EQUALIZPO BOX 942879		SACRAMENTO CA 94279-6093					
<i>Division Code:</i>	STAX	<i>Check Stock:</i>	ST	<i>Tax Code:</i>			REFUND	FY	RETURN
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>System Messages:</i>							Total	1,768.05	

**CALAVERAS CONSOLIDATED FIRE
PROTECTION DISTRICT
22030010**

Date: 4/24/17

MAIL ALL CHECKS

Contact: JASON ROBITAILLE
Phone: 786-2227

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
				BATCH OH144725		
				CAL CARD		
\$ 2,118.67				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: OH144725

Enter Date: 04/19/2017 Batch Status: BE User Total: 2,118.67

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: 04/19/2017
 Report: Batch Proof (Auditor) Time: 19:08:31

Inv Amt	35.34	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	<u>04/17/2017</u>	Invoice #:	2203041717	ACCT#	4246 0445 5566 1531	Secondary Ref:	5141	PO#:
Vendor:	0037446	<u>US BANK CORP PAYMENT</u> 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"/>
Inv Amt	558.81	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	<u>04/17/2017</u>	Invoice #:	2203041717	ACCT#	4246 0445 5566 1531	Secondary Ref:	5181	PO#:
Vendor:	0037446	<u>US BANK CORP PAYMENT</u> 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"/>
Inv Amt	23.91	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	<u>04/17/2017</u>	Invoice #:	2203041717	ACCT#	4246 0445 5566 1531	Secondary Ref:	5201	PO#:
Vendor:	0037446	<u>US BANK CORP PAYMENT</u> 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"/>
Inv Amt	195.28	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	<u>04/17/2017</u>	Invoice #:	2203041717	ACCT#	4246 0445 5566 1531	Secondary Ref:	5241	PO#:
Vendor:	0037446	<u>US BANK CORP PAYMENT</u> 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"/>
Inv Amt	642.21	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:
Invoice Date	<u>04/17/2017</u>	Invoice #:	2203041717	ACCT#	4246 0445 5566 1531	Secondary Ref:	5401	PO#:
Vendor:	0037446	<u>US BANK CORP PAYMENT</u> 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"/>

AP Entry Batch Proof

Batch ID: OH144725

<i>Inv Amt</i> 300.00	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 04/17/2017	<i>Invoice #:</i> 2203041717	ACCT# 4246 0445 5566 1531			<i>Secondary Ref:</i> 5422	<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> 117.38	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 04/17/2017	<i>Invoice #:</i> 2203041717	ACCT# 4246 0445 5566 1531			<i>Secondary Ref:</i> 5453	<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> 245.74	22030010	CALCO-FHJLJPA	5241	Office Expense	JL:	Separate Check:	Relate To:	
<i>Invoice Date</i> 04/17/2017	<i>Invoice #:</i> 2203041717	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	2,118.67	

Cal Card Summary

PEID

Object
Code

37446
Receipt

CARD#	Date	Obj Code	Amount	Total	Person	Y or N	Description
7685	4/14/17	5141	35.34	35.34	J RUOFF		AMAZON
9787	3/30/17	5181	558.81	558.81	D GALLIAZZO		INTERSTATE TRUCK
7685	3/29/17	5201	23.91	23.91	J RUOFF		LIGHTBULB SURPLUS
5298	4/4/17	5241	14.99		R THOMAS		ADOBE SUBSCRIPT
LATE CHRGE	4/17/17	5241	9.05		LATE CHRGE		LATE CHRGE
9114	3/30/17	5241	146.06		K CLELAND		STAPLES
9114	4/7/17	5241	25.18	195.28	K CLELAND		STAPLES
2728	3/23/17	5401	642.21	642.21	B GAMMA		INTERSTATE ALLBATT
9114	4/17/17	5422	300.00	300.00	K CLELAND		SCOTTS PPE
953	4/17/17	5453	117.38	117.38	R HAMRE		NFPA
9114	3/27/17	5501	119.98		K CLELAND		DIRECT TV
9114	4/3/17	5501	125.76	245.74	K CLELAND		VONAGE
			2,118.67	2,118.67			