



**A MEETING OF THE CITY COUNCIL OF THE
CITY OF PARLIER**

“REGULAR MEETING”

DATE: THURSDAY, February 8, 2018
TIME: 6:30 P.M.
PLACE: Parlier City Council Chambers
1100 E. Parlier Avenue
Parlier, CA 93648

CALL TO ORDER/WELCOME:

Roll Call: Mayor Alma M. Beltran, Mayor Pro-Tem Jose Escoto, Councilwoman Diane Maldonado, Councilman Noe Rodriguez, Councilman Trinidad Pimental, City Clerk Dorothy Garza.

Flag Salute: Mayor Alma M. Beltran

ADDITIONS/DELETIONS TO THE AGENDA:

PRESENTATIONS/INFORMATIONAL: None

PUBLIC COMMENTS:

Note: State law allows the Council to briefly respond to questions on items raised by the public, which are not on the agenda. Government Code Section 54954.2(a). Alternatively, the Council may choose to direct staff to provide information at a following meeting. Any member of the public may comment on any matter within the jurisdiction of the City that is not on the agenda. Those wishing to comment should be recognized by the Mayor and approach the podium. Comments are limited to five (5) minutes.

CONSENT CALENDAR:

1. Approve the Check Reports dated January 12, 2018 through February 02, 2018.
2. Approve and accept the Minutes dated January 25, 2018.
3. Council to consider approving the use of the Parlier Community Center on February 25, 2018 for the Parlier Lions Annual Pancake Breakfast and waive all rental fees.
4. Council to consider approving the use of Earl Ruth Park and waive all rental fees on February 11, 2018 by Carlos Prado with La Unica Mexicana radio station for a fundraiser for DACA recipients. They will be selling food and have music entertainment.
5. Council to consider approving the use of the Cooling Center for Youth Centers of America and waive all rental fees for a dance class on Monday's from 4:45 PM through 8:15 PM, Tuesday's 4:45 PM through 6:00 PM, Wednesday's from 3:45 PM through 6:00 PM
6. Council to consider approving the use of the Parlier Senior Center by Children Services Network a nonprofit organization and waive all rental fees. They would like to use the Senior Center on Wednesday's for two hours in the evening once a week from February 2018 until April 2018.
7. Council to consider approving **Resolution No. 2018-03** A Resolution of the City Council of the City of Parlier Concerning the Industrial Retirement of Police Officer David Andrew Hall.
8. Waive the second reading and adopt Ordinance 2018 - 01 Amending Title 2, Chapter 2.04, Section 2.04.10, Subdivision A of the Municipal Code Relating to the time and place of City Council meetings.

ADMINISTRATIVE REPORTS:

ADMINISTRATION:

9. **SUBJECT:** Consideration and Approval of Amendment to City Manager Employment.

RECOMMENDATION: Staff recommends the City Council approve the Amendment to the City Manager Employment Agreement.

10. **SUBJECT:** Ratify Employment Agreement and appointment of Antonio Gastelum, as Finance Director effective on January 30, 2018

RECOMMENDATION: That the City Council ratify the Employment Agreement with Antonio Gastelum and ratify the decision made by City Manager Escobar to appoint Antonio Gastelum as Finance Director beginning on January 30, 2018 and approve

Resolution No. 2018-04 A resolution of the City Council of the City of Parlier Ratifying the City Managers Decision to hire Antonio Gastelum and Approving the Agreement for the Position of Finance Director.

- 11. SUBJECT:** Presentation by Dan Bergmann of IGService: Preliminary Results Supporting Sewer and Refuse Rate Increases.

Dan Bergmann of IGService performed a water rate study for Parlier resulting in revised water rates approved by the Parlier City Council effective January 1, 2016. Mr. Bergmann has followed with work on Parlier's Sewer and Refuse enterprise funds. Both need rates to be reset based on cost of service results (as did water). Additionally, both refuse and sewer need increased revenue to cover increasing operating costs in various categories. Mr. Bergmann has a presentation for each enterprise showing: fund balance trends, the balance of revenue and expense, the existing rate structure, cost of service results, and proposed rate increases over five years. The purpose of this presentation is to introduce City Council and the public to the preliminary results, and obtain comments.

RECOMMENDATION: Information only.

- 12. SUBJECT:** Discussion and Direction Regarding Measure Q Independent Oversight Committee.

RECOMMENDATION: Staff recommends the City Council select one member of City Council to assist the City Manager with review and recommendation of community members to the Independent Oversight Committee.

- 13. SUBJECT:** Consideration of Co-Sponsorship of the Parlier Round Up Parade and Carnival.

RECOMMENDATION: Council to consider Co-sponsoring the Parlier Round Up Carnival and Parade and, provide porta potties, trash cans, street closure of First Street between Newmark Avenue and J Street and parade route.

- 14. SUBJECT:** FY 2016/2017 Audit Report by Bryant Jolley.

RECOMMENDATION: Council to receive audit update as informational only.

- 15. SUBJECT:** Discussion and Direction on the Heritage Park status.

RECOMMENDATION: Council to discuss and direct staff regarding Heritage Park.

- 16. SUBJECT:** Discuss, Consider and Approve **Resolution No. 2018-05** Authorizing a Utility User Tax to Be Designated as Measure ____ and an Advisory Measure to be Designated Measure ___, and Requesting Fresno County Elections Office Conduct the Election and Requesting Consolidation of the Election.

RECOMMENDATION: Council to approve Resolution No. 2018-05 Authorizing a Utility User Tax to Be Designated as Measure ____ and Requesting Fresno County Elections Office Conduct the Election and Requesting Consolidation of the Election

17. SUBJECT: Discussion and Direction regarding status of The Parlier Post.

RECOMMENDATION: Staff recommends the City Council discuss and provide direction.

POLICE DEPARTMENT:

18. SUBJECT: Consideration and Approval of Police Department Expenditures.

RECOMMENDATION: Staff recommends the City Council approve the Police Department moving forward.

BRIEF COMMENTS: COUNCIL COMMUNICATIONS/COMMENTS:
CITY MANAGER:

CITY ATTORNEY

CITY COUNCIL

PUBLIC COMMENTS ON CLOSED SESSION:

(THIS PORTION OF THE MEETING IS RESERVED FOR PERSONS DESIRING TO ADDRESS THE COUNCIL ON AN ITEM WHICH IS TO BE CONSIDERED DURING CLOSED SESSION. SPEAKERS SHOULD LIMIT THEIR COMMENTS TO FIVE (5) MINUTES.)

CLOSED SESSION:

19. Government Code Section 54957.6

A. CONFERENCE WITH LABOR NEGOTIATORS

Agency representative: Sam Escobar, City Manager and Mary Lerner,
City Attorney

Employee Organization: Unrepresented Employees

20. Government Code Section 54957.6

B. CONFERENCE WITH LABOR NEGOTIATORS

Agency representative: Sam Escobar, City Manager and Mary Lerner,
City Attorney

Employee Organization: Parlier Police Officers Association

21. Government Code Section 54956.9 CONFERENCE WITH LEGAL COUNSEL –

ANTICIPATED LITIGATION Significant Exposure to Litigation Pursuant to Paragraph (2) or (3) of Subdivision (d) of Section 54956.9: 2 Cases

ADJOURNMENT:

ADA Notice: In compliance with the American with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk at (559) 646-3545 ext. 227. Notification 48 hours prior to the meeting will enable the City to make arrangements to ensure accessibility to this meeting.

Documents: Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at the front counter at City Hall located at 1100 E. Parlier Avenue, Parlier, CA during normal business hours. In addition, most documents are posted on the City's website at parlier.ca.us

STATEMENT ON RULES OF DECORUM AND ENFORCEMENT

The Brown Act provides that members of the public have a right to attend public meetings, to provide public comment on action items and under the public forum section of the agenda, and to criticize the policies, procedures, or services of the city or of the acts or omissions of the city council. The Brown Act also provides that the City Council has the right to exclude all persons who willfully cause a disruption of a meeting so that it cannot be conducted in an orderly fashion.

During a meeting of the Parlier City Council, there is a need for civility and expedition in the carrying out of public business in order to ensure that the public has a full opportunity to be heard and that the Council has an opportunity to conduct business in an orderly manner. The following is provided to place everyone on notice of the rules of decorum and enforcement.

GENERAL RULES OF DECORUM

While any meeting of the City Council is in session, the following rules of decorum shall be observed:

1. All remarks shall be addressed to the City Council as a whole and not to any single member, unless in response to a question from a member of the City Council.
2. A person who addresses the City Council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct (i) which is likely to provoke others to violent or riotous behavior, (ii) which disturbs the peace of the meeting by loud and unreasonable noise, (iii) which is irrelevant or repetitive, or (iv) which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.
3. A person, other than members of the Council and the person, who has the floor, shall not be permitted to enter into the discussion unless requested by the Mayor to speak.
4. Members of the City Council may not interrupt a person who has the floor and is making public comments. Members of the City Council shall wait until a person completes his or her public comments before asking questions or commenting. The Mayor shall then ask Council members if they have comments or questions.
5. No person in the audience at a Council meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, stamping of feet or other acts which disturb, disrupt or otherwise impeded the orderly conduct of any Council meeting.



CITY OF PARLIER

Check Report

By Check Number

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
ALT01	ALTA MONTCLAIR/EBSA	01/16/2018	Regular	0.00	100.00	48272
CLA05	CLARK PEST CONTROL	01/16/2018	Regular	0.00	190.00	48273
COM05	COMCAST	01/16/2018	Regular	0.00	519.64	48274
COR03	CORELOGIC SOLUTIONS, LLC	01/16/2018	Regular	0.00	125.00	48275
DIA11	DIAMOND COMMUNICATIONS	01/16/2018	Regular	0.00	1,025.00	48276
DIR01	DIRECTV	01/16/2018	Regular	0.00	57.49	48277
FRE13	FRESNO COUNTY TREASURER	01/16/2018	Regular	0.00	19,413.74	48278
KAI00	KAISER FOUNDATION HEALTH	01/16/2018	Regular	0.00	10,728.87	48279
P.G01	PACIFIC GAS & ELECTRIC	01/16/2018	Regular	0.00	18,152.71	48280
PET01	PETTY CASH FUND	01/16/2018	Regular	0.00	710.92	48281
	Void	01/16/2018	Regular	0.00	0.00	48282
RLB01	REEDLEY LUMBER & BUILDING	01/16/2018	Regular	0.00	571.76	48283
RSG01	RSG, INC.	01/16/2018	Regular	0.00	11,047.50	48284
SPA00	SPARKLETT'S	01/16/2018	Regular	0.00	78.88	48285
STA19	STATE OF CALIFORNIA	01/16/2018	Regular	0.00	81.00	48286
SO 01	THE GAS CO.	01/16/2018	Regular	0.00	1,933.17	48287
TYL00	TYLER TECHNOLOGIES, INC.	01/16/2018	Regular	0.00	23,117.45	48288
TAC00	5.11 TACTICAL SIGNATURE S	01/19/2018	Regular	0.00	237.50	48289
ABI10	ABILITY ANSWERING SERV.	01/19/2018	Regular	0.00	144.41	48290
ADT01	ADT SECURITY SERVICES	01/19/2018	Regular	0.00	363.43	48291
AHE01	AHERN RENTALS, INC	01/19/2018	Regular	0.00	90.00	48292
BEA01	BEATWEAR, INC.	01/19/2018	Regular	0.00	607.51	48293
BES03	BEST TIRES IN TOWN	01/19/2018	Regular	0.00	586.15	48294
BET05	BETHANEY LAWREN CUEVAS	01/19/2018	Regular	0.00	150.00	48295
BRE14	BRENNTAG PACIFIC, INC.	01/19/2018	Regular	0.00	1,583.59	48296
CAL1Y	CALIFORNIA WATER SERVICES INC.	01/19/2018	Regular	0.00	14,888.32	48297
CEN19	CENTRAL SANITARY SUPPLY	01/19/2018	Regular	0.00	538.32	48298
CEN02	CENTRAL VALLEY LOCK	01/19/2018	Regular	0.00	135.00	48299
CEN06	CENTRAL VALLEY TOXICOLOGY	01/19/2018	Regular	0.00	78.00	48300
CLA05	CLARK PEST CONTROL	01/19/2018	Regular	0.00	55.00	48301
COU09	COUNTY OF FRESNO	01/19/2018	Regular	0.00	151.73	48302
CUM01	CUMMINS PACIFIC, LLC	01/19/2018	Regular	0.00	2,415.43	48303
DEP01	DEPARTMENT OF CONSERVATIO	01/19/2018	Regular	0.00	1,696.06	48304
G&K00	G&K SERVICES INC.	01/19/2018	Regular	0.00	123.95	48305
HAA01	HAAKER EQUIPMENT COMPANY	01/19/2018	Regular	0.00	2,424.04	48306
GAR19	JOSE GARZA	01/19/2018	Regular	0.00	56.00	48307
MAT02	MATSON ALARM CO. INC.	01/19/2018	Regular	0.00	45.00	48308
MET01	METRO UNIFORM & ACCESSORI	01/19/2018	Regular	0.00	43.14	48309
COR11	MILTON CORTEZ	01/19/2018	Regular	0.00	25.00	48310
PRE44	PRESORT CENTER OF FRESNO, LLC	01/19/2018	Regular	0.00	567.95	48311
PRO01	PROVOST & PRITCHARD CONSULTING GROUP	01/19/2018	Regular	0.00	23,046.25	48312
R-N00	R-N MARKET	01/19/2018	Regular	0.00	104.06	48313
SHR00	SHRED-IT USA - FRESNO	01/19/2018	Regular	0.00	60.79	48314
SOC00	SOCIAL VOCATIONAL SERVICES	01/19/2018	Regular	0.00	2,900.00	48315
CIS02	SOPHIA SEPULVEDA	01/19/2018	Regular	0.00	82.00	48316
TER01	TERMINIX PROCESSING CTR.	01/19/2018	Regular	0.00	47.00	48317
FRE07	THE FRESNO BEE	01/19/2018	Regular	0.00	3,680.82	48318
THE05	THE OFFICE CITY	01/19/2018	Regular	0.00	107.47	48319
USA01	USA BLUE BOOK	01/19/2018	Regular	0.00	628.13	48320
VER08	VERIZON WIRELESS	01/19/2018	Regular	0.00	1,126.60	48321
VOR01	VORTAL, INC.	01/19/2018	Regular	0.00	200.00	48322
YAM01	YAMABE & HORN ENGINEERING INC.	01/19/2018	Regular	0.00	7,160.00	48323
ACE02	ACE TROPHY SHOP	01/23/2018	Regular	0.00	129.57	48324
ADP00	ADP, INC.	01/23/2018	Regular	0.00	594.71	48325

Check Report

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
	Void	01/23/2018	Regular	0.00	0.00	48326
AT&09	AT&T	01/23/2018	Regular	0.00	478.41	48327
BLU01	BLUE SHIELD OF CALIFORNIA	01/23/2018	Regular	0.00	20,714.50	48328
	Void	01/23/2018	Regular	0.00	0.00	48329
CAR03	CARDENAS, DEMETRIA B.	01/23/2018	Regular	0.00	183.22	48330
CIT22	CITY OF PARLIER	01/23/2018	Regular	0.00	1,916.67	48331
CIT22	CITY OF PARLIER	01/23/2018	Regular	0.00	419.20	48332
COM05	COMCAST	01/23/2018	Regular	0.00	366.33	48333
HOM01	HOME DEPOT CREDIT SERVICE	01/23/2018	Regular	0.00	590.64	48334
HUM01	HUMANA INSURANCE CO.	01/23/2018	Regular	0.00	4,509.77	48335
	Void	01/23/2018	Regular	0.00	0.00	48336
INT14	INTERSTATE GAS SERVICES, INC.	01/23/2018	Regular	0.00	3,685.20	48337
MET02	METLIFE - GROUP BENEFITS	01/23/2018	Regular	0.00	342.64	48338
	Void	01/23/2018	Regular	0.00	0.00	48339
OFF01	OFFICE DEPOT	01/23/2018	Regular	0.00	1,687.64	48340
QUI02	QUILL CORPORATION	01/23/2018	Regular	0.00	50.91	48341
SUP01	SUPPLYWORKS	01/23/2018	Regular	0.00	938.35	48342
SYS00	SYSCO OF CENTRAL CALIFORN	01/23/2018	Regular	0.00	939.54	48343
TER01	TERMINIX PROCESSING CTR.	01/23/2018	Regular	0.00	75.00	48344
UNI05	UNITY IT	01/23/2018	Regular	0.00	1,769.18	48345
USM01	U-SAVE MARKET	01/23/2018	Regular	0.00	1,109.26	48346
GON07	WALLY GONZALES	01/23/2018	Regular	0.00	62.07	48347
BES19	BEST TOURS & TRAVEL INC.	01/24/2018	Regular	0.00	1,450.00	48348
A-C00	A-C ELECTRIC COMPANY	01/25/2018	Regular	0.00	2,039.80	48349
ALT01	ALTA MONTCLAIR/ESBA	01/25/2018	Regular	0.00	100.00	48350
BUS01	BUSH ENGINEERING INC.	01/25/2018	Regular	0.00	55,793.24	48351
DEL00	DE LAGE LANDEN FINANCIAL	01/25/2018	Regular	0.00	3,653.21	48352
HER13	ECN POLYGRAPH & INVEST.	01/25/2018	Regular	0.00	1,200.00	48353
COU04	FRESNO COUNCIL OF GOVERNMENT	01/25/2018	Regular	0.00	200.00	48354
G&K00	G&K SERVICES INC.	01/25/2018	Regular	0.00	123.95	48355
GRA01	GRANTED SOLUTIONS	01/25/2018	Regular	0.00	3,000.00	48356
LEA01	LEAGUE OF CALIFORNIA CITIES	01/25/2018	Regular	0.00	6,730.00	48357
MET01	METRO UNIFORM & ACCESSORI	01/25/2018	Regular	0.00	809.81	48358
MID06	MID VALLEY PUBLISHING	01/25/2018	Regular	0.00	249.90	48359
NAT22	NATIONAL METER & AUTOMATI	01/25/2018	Regular	0.00	6,122.03	48360
P.G01	PACIFIC GAS & ELECTRIC	01/25/2018	Regular	0.00	9,106.04	48361
PIO01	PIONEER EQUIPMENT CO.	01/25/2018	Regular	0.00	736.19	48362
PRE44	PRESORT CENTER OF FRESNO, LLC	01/25/2018	Regular	0.00	795.72	48363
QUI02	QUILL CORPORATION	01/25/2018	Regular	0.00	1,042.28	48364
RED01	REDCO	01/25/2018	Regular	0.00	130.45	48365
SAN1H	SANGER NURSERY	01/25/2018	Regular	0.00	60.55	48366
SEL01	SELECT BUSINESS SYSTEMS INC.	01/25/2018	Regular	0.00	3,164.09	48367
SOU07	SOUTH COUNTY VETERINARY H	01/25/2018	Regular	0.00	337.86	48368
STA19	STATE OF CALIFORNIA	01/25/2018	Regular	0.00	245.00	48369
T&J00	T & J ARCO STATION	01/25/2018	Regular	0.00	1,153.48	48370
THO00	THOMSON REUTERS - WEST	01/25/2018	Regular	0.00	89.62	48371
UNI05	UNITY IT	01/25/2018	Regular	0.00	296.26	48372
YAM01	YAMABE & HORN ENGINEERING INC.	01/25/2018	Regular	0.00	47,049.25	48373
ADP00	ADP, INC.	02/01/2018	Regular	0.00	908.30	48380
	Void	02/01/2018	Regular	0.00	0.00	48381
	Void	02/01/2018	Regular	0.00	0.00	48382
BET05	BETHANEY LAWREN CUEVAS	02/01/2018	Regular	0.00	50.00	48383
CIT22	CITY OF PARLIER	02/01/2018	Regular	0.00	6,666.66	48384
CLA05	CLARK PEST CONTROL	02/01/2018	Regular	0.00	45.00	48385
CYN01	CYNTHIA SANDOVAL	02/01/2018	Regular	0.00	200.00	48386
D &00	D & D SERVICES, INC.	02/01/2018	Regular	0.00	195.00	48387
D&D01	D&D AIR CONDITIONING	02/01/2018	Regular	0.00	4,560.00	48388
DIA11	DIAMOND COMMUNICATIONS	02/01/2018	Regular	0.00	1,025.00	48389
AGU02	ESTELA AGUIRRE	02/01/2018	Regular	0.00	400.00	48390
HDL01	HDL COREN & CONE	02/01/2018	Regular	0.00	2,025.00	48391
JEF03	JEFF MARK SCHILL	02/01/2018	Regular	0.00	2,850.00	48392

Check Report

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
JOR01	JORGENSEN & COMPANY	02/01/2018	Regular	0.00	165.00	48393
GLO02	LISETTE GARZA	02/01/2018	Regular	0.00	120.00	48394
SAE01	MARIA SAENZ	02/01/2018	Regular	0.00	400.00	48395
MET01	METRO UNIFORM & ACCESSORI	02/01/2018	Regular	0.00	413.33	48396
MUN03	MUNICODE	02/01/2018	Regular	0.00	950.00	48397
NEW02	NEW YORK LIFE INSURANCE	02/01/2018	Regular	0.00	497.80	48398
P.G01	PACIFIC GAS & ELECTRIC	02/01/2018	Regular	0.00	170.55	48399
PAY01	PAY PLUS BENEFITS, INC.	02/01/2018	Regular	0.00	107.00	48400
PET01	PETTY CASH FUND	02/01/2018	Regular	0.00	124.48	48401
PIT04	PURCHASE POWER	02/01/2018	Regular	0.00	1,000.00	48402
STA1B	STANDARD INSURANCE CO.	02/01/2018	Regular	0.00	1,565.43	48403
	Void	02/01/2018	Regular	0.00	0.00	48404
SUP01	SUPPLYWORKS	02/01/2018	Regular	0.00	39.78	48405
SYS00	SYSCO OF CENTRAL CALIFORN	02/01/2018	Regular	0.00	467.32	48406
THE05	THE OFFICE CITY	02/01/2018	Regular	0.00	58.75	48407
LAW01	TIM J. LAW	02/01/2018	Regular	0.00	600.00	48408
UNIO5	UNITY IT	02/01/2018	Regular	0.00	1,370.31	48409
USM01	U-SAVE MARKET	02/01/2018	Regular	0.00	721.31	48410

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	240	125	0.00	367,939.34
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	0.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	240	133	0.00	367,939.34

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	240	125	0.00	367,939.34
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	0.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	240	133	0.00	367,939.34

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	1/2018	340,243.32
999	POOL FUND	2/2018	27,696.02
			367,939.34



CITY OF PARLIER

Check Report

By Check Number

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
ALTO1	ALTA MONTCLAIR/EBSA	01/16/2018	Regular	0.00	100.00	48272
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
12/23-1/05/18	Account Number	Account Name	Item Description	Distribution Amount		
	Invoice	01/11/2018	457 DEFERRED COMP 1/11	0.00	100.00	
	100-22210		457 DEFERRED COMPENS		100.00	
CLA05	CLARK PEST CONTROL	01/16/2018	Regular	0.00	190.00	48273
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
12479-1-18	Invoice	01/11/2018	COMM. CTR SERVICES 1-18	0.00	65.00	
	100-5617-6520		PROFESSIONAL SERVICES/ COMM. CTR SERVICES 1-18		65.00	
28803-1-18	Invoice	01/11/2018	SR. CTR SERVICES 1-18	0.00	60.00	
	100-5617-6520		PROFESSIONAL SERVICES/ SR. CTR SERVICES 1-18		60.00	
99530-1-18	Invoice	01/11/2018	CITY HALL SERVICES 1-18	0.00	65.00	
	100-5200-6520		PROFESSIONAL SERVICES/ CITY HALL SERVICES 1-18		21.66	
	100-5700-6520		PROFESSIONAL SERVICES/ CITY HALL SERVICES 1-18		21.67	
	400-5300-6520		PROFESSIONAL SERVICES/ CITY HALL SERVICES 1-18		21.67	
COM05	COMCAST	01/16/2018	Regular	0.00	519.64	48274
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1/03/18-1665	Invoice	01/11/2018	PD PHONES 1-18	0.00	413.60	
	100-5400-6510		TELEPHONE/DATA/PAGER PD PHONES 1-18		413.60	
1/5/18-7212	Invoice	01/16/2018	VETERAN'S PARK SVCS 1-18	0.00	106.04	
	100-5610-6520		PROFESSIONAL SERVICES/ VETERAN'S PARK SVCS 1-18		106.04	
COR03	CORELOGIC SOLUTIONS, LLC	01/16/2018	Regular	0.00	125.00	48275
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
81860499	Invoice	01/11/2018	CONTRACT SERVICES 12-17	0.00	125.00	
	100-5400-6520		PROFESSIONAL SERVICES/ CONTRACT SERVICES 12-17		125.00	
DIA11	DIAMOND COMMUNICATIONS	01/16/2018	Regular	0.00	1,025.00	48276
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
213317	Invoice	01/16/2018	CITY HALL ALARM 1-18	0.00	240.00	
	100-5200-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.28	
	100-5617-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.28	
	100-5620-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.29	
	100-5700-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.29	
	400-5300-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.28	
	401-5300-6520		PROFESSIONAL SERVICES/ CITY HALL ALARM 1-18		34.29	
	401-5600-6520		PROFESSIONAL SERVICES CITY HALL ALARM 1-18		34.29	
213318	Invoice	01/16/2018	741 TULARE ALARM 1-18	0.00	80.00	
	100-5620-6520		PROFESSIONAL SERVICES/ 741 TULARE ALARM 1-18		80.00	
213319	Invoice	01/16/2018	690 NEWMARK ALARM 1-18	0.00	170.00	
	100-5615-6520		PROFESSIONAL SERVICES/ 690 NEWMARK ALARM 1-18		170.00	
213320	Invoice	01/16/2018	580 TULARE ALARM 1-18	0.00	160.00	
	100-5620-6520		PROFESSIONAL SERVICES/ 580 TULARE ALARM 1-18		160.00	
213321	Invoice	01/16/2018	PRESCHOOL ALARM 1-18	0.00	90.00	
	269-6303-6520		PROFESSIONAL SERVICES/ PRESCHOOL ALARM 1-18		90.00	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
213322	Invoice	01/16/2018	745 TULARE ALARM 1-18	0.00	170.00	
	100-5618-6520		PROFESSIONAL SERVICES		170.00	
213323	Invoice	01/16/2018	POOL ALARM 1-18	0.00	80.00	
	100-5616-6520		PROFESSIONAL SERVICES		80.00	
213324	Invoice	01/16/2018	POOL EQUIP ALARM 1-18	0.00	35.00	
	100-5616-6520		PROFESSIONAL SERVICES		35.00	
DIRO1	DIRECTV	01/16/2018	Regular	0.00	57.49	48277
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
33271170555	Invoice	01/16/2018	SR. CTR SVCS 1-18	0.00	57.49	
	100-5615-6520		PROFESSIONAL SERVICES/		57.49	
			SR. CTR SVCS 1-18			
FRE13	FRESNO COUNTY TREASURER	01/16/2018	Regular	0.00	19,413.74	48278
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
SO15274	Invoice	01/11/2018	DISPATCH SVCS RMS FEES	0.00	19,413.74	
	100-5400-6520		PROFESSIONAL SERVICES/		19,052.08	
	100-5400-6520		PROFESSIONAL SERVICES/		180.83	
	100-5400-6520		PROFESSIONAL SERVICES/		180.83	
			RMS/JMS ACCESS FEES 12-17			
KAIOO	KAISER FOUNDATION HEALTH	01/16/2018	Regular	0.00	10,728.87	48279
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
644006-1-18	Invoice	01/11/2018	HEALTH INSURANCE 1-18	0.00	10,728.87	
	100-22197		EMPLOYEE MEDICAL INS.		2,568.00	
	100-5400-5011		INSURANCE-MED,DEN,VIS		1,838.62	
	100-5410-5011		INSURANCE-MED, DEN, V		332.42	
	100-5610-5011		INSURANCE-MED,DEN,VIS		46.09	
	203-5600-5011		INSURANCE-MED,DEN,VIS		334.13	
	206-5600-5011		INSURANCE-MED,DEN,VIS		334.13	
	269-6303-5011		INSURANCE-MED,DEN,VIS		1,379.41	
	400-5300-5011		INSURANCE- MED, DEN. V		546.69	
	400-5600-5011		INSURANCE- MED, DEN, V		1,415.86	
	401-5300-5011		INSURANCE-MED,DEN,VIS		546.69	
	401-5600-5011		INSURANCE-MED,DEN,VIS		1,113.49	
	402-5300-5011		INSURANCE-MED, DEN,VI		273.34	
P.G01	PACIFIC GAS & ELECTRIC	01/16/2018	Regular	0.00	18,152.71	48280
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1/23/18-7560	Invoice	01/16/2018	UTILITIES SVCS 12-17	0.00	18,152.71	
	100-5200-6512		ELECTRICITY		1,130.22	
	100-5400-6512		ELECTRICITY		454.45	
	100-5610-6512		ELECTRICITY		931.56	
	100-5615-6512		ELECTRICITY		285.16	
	100-5620-6512		ELECTRICITY		74.11	
	213-5600-6512		ELECTRICITY		401.44	
	269-6303-6512		ELECTRICITY		789.42	
	400-5300-6512		ELECTRICITY		1,333.77	
	400-5600-6512		ELECTRICITY		10,304.23	
	401-5300-6512		ELECTRICITY		666.89	
	401-5600-6512		ELECTRICITY		1,781.46	
PET01	PETTY CASH FUND	01/16/2018	Regular	0.00	710.92	48281

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
11/21/17-12/22/	Invoice	01/16/2018	REPLENISH PETTY CASH	0.00	710.92	
	100-5200-6503		TRAVEL, MEETINGS & TR		48.99	
	100-5200-6503		TRAVEL, MEETINGS & TR		35.94	
	100-5200-6503		TRAVEL, MEETINGS & TR		29.53	
	100-5200-6537		SPECIAL EVENT EXPENSE		26.91	
	100-5200-6537		SPECIAL EVENT EXPENSE		45.00	
	100-5200-6537		SPECIAL EVENT EXPENSE		65.05	
	100-5200-6537		SPECIAL EVENT EXPENSE		10.00	
	100-5400-6002		PARTS SUPPLIES		18.66	
	100-5400-6002		PARTS SUPPLIES		17.23	
	100-5400-6002		PARTS SUPPLIES		25.85	
	100-5400-6503		TRAVEL, MEETINGS & TR		24.00	
	100-5400-6503		TRAVEL, MEETINGS & TR		9.14	
	100-5400-6503		TRAVEL, MEETINGS & TR		32.00	
	100-5400-6503		TRAVEL, MEETINGS & TR		42.50	
	100-5615-6002		PARTS SUPPLIES		92.06	
	100-5615-6002		PARTS SUPPLIES		35.63	
	100-5615-6504		FOOD SERVICES		39.87	
	100-5620-6002		PARTS SUPPLIES		21.68	
	400-5300-6000		OFFICE SUPPLIES - FIN		45.44	
	401-5300-6000		OFFICE SUPPLIES		45.44	
	Void	01/16/2018	Regular	0.00	0.00	48282
RLB01	REEDLEY LUMBER & BUILDING	01/16/2018	Regular	0.00	571.76	48283
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
153860	Invoice	01/11/2018	GRAFFITI REMOVAL SUPPLIES	0.00	26.08	
	100-5610-6002		PARTS & SUPPLIES		26.08	
155694	Invoice	01/11/2018	COMM. CTR REPAIR SUPPLIES	0.00	117.22	
	100-5617-6002		PARTS SUPPLIES		117.22	
155772	Invoice	01/11/2018	COMM. CTR REPAIR SUPPLIES	0.00	154.53	
	100-5617-6002		PARTS SUPPLIES		154.53	
156147	Invoice	01/11/2018	PARK SUPPLIES	0.00	110.35	
	100-5610-6002		PARTS & SUPPLIES		110.35	
156246	Invoice	01/11/2018	PARK SUPPLIES	0.00	100.75	
	100-5610-6002		PARTS & SUPPLIES		100.75	
156335	Invoice	01/11/2018	GRAFFITI REMOVAL SUPPLIES	0.00	26.08	
	100-5610-6002		PARTS & SUPPLIES		26.08	
156359	Invoice	01/11/2018	PW SHOP SUPPLIES	0.00	35.75	
	400-5600-6002		PARTS & SUPPLIES		35.75	
339598	Invoice	01/11/2018	FINANCE CHARGE	0.00	1.00	
	100-5600-6520		PROFESSIONAL SERVICES/		1.00	
RSG01	RSG, INC.	01/16/2018	Regular	0.00	11,047.50	48284
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1003156	Invoice	01/11/2018	SA ADMIN SERVICES 12-17	0.00	1,522.50	
	602-8100-6542		CONTRACT SERVICES		1,522.50	
1003157	Invoice	01/11/2018	PMP SERVICES 12-17	0.00	8,845.00	
	602-8100-6542		CONTRACT SERVICES		8,845.00	
1003171	Invoice	01/11/2018	DISCLOSURE REPORTS 12-17	0.00	680.00	
	602-8100-6542		CONTRACT SERVICES		680.00	
SPA00	SPARKLETTES	01/16/2018	Regular	0.00	78.88	48285

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
15306726122817	Invoice	01/11/2018	PD WATER SVCS 12-17	0.00	78.88	
	100-5400-6002		PARTS SUPPLIES		78.88	
STA19	STATE OF CALIFORNIA	01/16/2018	Regular	0.00	81.00	48286
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
275946	Invoice	01/11/2018	FINANCE FINGERPRINT	0.00	81.00	
	100-5300-6520		PROFESSIONAL SERVICES/		81.00	
			FINANCE FINGERPRINT			
SO 01	THE GAS CO.	01/16/2018	Regular	0.00	1,933.17	48287
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12-17	Invoice	01/16/2018	UTILITY SERVICES 12-17	0.00	1,933.17	
	100-5400-6513	GAS	8770 S MENDOCINO AVE		273.53	
	100-5615-6513	GAS	690 S NEWMARK		267.81	
	100-5617-6513	GAS	1100 E PARLIER AVE		682.12	
	100-5618-6513	GAS	745 TULARE ST		186.98	
	100-5620-6513	GAS	580 TULARE ST		64.09	
	100-5620-6513	GAS	741.5 TULARE AVE		44.53	
	100-5620-6513	GAS	741 TULARE ST		144.01	
	269-6303-6513	GAS	8000 S MENDOCINO AVE		270.10	
TYL00	TYLER TECHNOLOGIES, INC.	01/16/2018	Regular	0.00	23,117.45	48288
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
025-211874	Invoice	01/16/2018	SUBSCRIPTION FEES 2018	0.00	23,117.45	
	100-5200-6501		MEMBERSHIP DUES		2,568.60	
	100-5400-6501		MEMBERSHIP DUES		2,568.61	
	100-5600-6501		MEMBERSHIP DUES		2,568.61	
	100-5700-6501		MEMBERSHIP DUES		2,568.61	
	269-6303-6501		MEMBERSHIP DUES		2,568.61	
	400-5300-6501		MEMBERSHIP DUES		2,568.60	
	401-5300-6501		MEMBERSHIP DUES		2,568.60	
	402-5300-6501		MEMBERSHIP DUES		2,568.60	
	602-8100-6501		MEMBERSHIP DUES		2,568.61	
TAC00	5.11 TACTICAL SIGNATURE S	01/19/2018	Regular	0.00	237.50	48289
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
617002	Invoice	01/19/2018	PDU SHIRT BOLDING	0.00	237.50	
	100-5400-5013		UNIFORM		237.50	
ABI10	ABILITY ANSWERING SERV.	01/19/2018	Regular	0.00	144.41	48290
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
08-5-4345-1/18	Invoice	01/19/2018	PW SERVICES 1-18	0.00	144.41	
	400-5600-6510		TELEPHONE/DATA/PAGER		144.41	
ADT01	ADT SECURITY SERVICES	01/19/2018	Regular	0.00	363.43	48291
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
401559711-1-18	Invoice	01/19/2018	PW SVCS 1/18-2/17/18	0.00	363.43	
	400-5600-6520		PROFESSIONAL SERVICES/		363.43	
			PW SVCS 1/18-2/17/18			
AHE01	AHERN RENTALS, INC	01/19/2018	Regular	0.00	90.00	48292

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
18424923-2	Invoice	01/19/2018	COMM. CENTER REPAIRS	0.00	90.00	
	100-5617-6531		REPAIRS & MAINTENANC		90.00	
BEA01	BEATWEAR, INC.	01/19/2018	Regular	0.00	607.51	48293
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
5041	Invoice	01/19/2018	UNIFORMS- FELIX	0.00	607.51	
	100-5400-5013		UNIFORM		607.51	
BES03	BEST TIRES IN TOWN	01/19/2018	Regular	0.00	586.15	48294
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/16/18	Invoice	01/19/2018	UNIT #526 MAINTENANCE	0.00	586.15	
	400-5600-6532		VEHICLE MAINTENANCE		586.15	
BET05	BETHANEY LAWREN CUEVAS	01/19/2018	Regular	0.00	150.00	48295
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/17/18	Invoice	01/19/2018	BLOOD DRAW	0.00	50.00	
	100-5400-6520		PROFESSIONAL SERVICES/		50.00	
18-0137	Invoice	01/19/2018	BLOOD DRAW	0.00	50.00	
	100-5400-6520		PROFESSIONAL SERVICES/		50.00	
18-091	Invoice	01/19/2018	BLOOD DRAW	0.00	50.00	
	100-5400-6520		PROFESSIONAL SERVICES/		50.00	
BRE14	BRENNTAG PACIFIC, INC.	01/19/2018	Regular	0.00	1,583.59	48296
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
BPI802180	Invoice	01/19/2018	ACID SWIMMING POOL	0.00	909.65	
	100-5616-6002		PARTS SUPPLIES		909.65	
BPI802181	Invoice	01/19/2018	CHLORINE SWIMMING POOL	0.00	673.94	
	100-5616-6002		PARTS SUPPLIES		673.94	
CAL1Y	CALIFORNIA WATER SERVICES INC.	01/19/2018	Regular	0.00	14,888.32	48297
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0036022-IN	Invoice	01/19/2018	MO ROUTINE SVCS 12-17	0.00	12,056.93	
	400-5600-6011		FUEL		30.00	
	400-5600-6520		PROFESSIONAL SERVICES/		12.63	
	400-5600-6542		CONTRACT SERVICES		5,008.30	
	400-5600-6544		LAB ANALYSIS & TESTING		900.00	
	401-5600-6542		CONTRACT SERVICES		5,326.00	
	401-5600-6544		LAB ANALYSIS & TESTING		780.00	
0036075-IN	Invoice	01/19/2018	WASTEWATER SVCS	0.00	2,831.39	
	401-5600-6520		PROFESSIONAL SERVICES		2,831.39	
CEN19	CENTRAL SANITARY SUPPLY	01/19/2018	Regular	0.00	538.32	48298
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
851962	Invoice	01/19/2018	PARK SUPPLIES	0.00	538.32	
	100-5610-6002		PARTS & SUPPLIES		538.32	
CEN02	CENTRAL VALLEY LOCK	01/19/2018	Regular	0.00	135.00	48299

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
51691	Invoice	01/19/2018	REPAIR JAIL DOOR LOCK	0.00	135.00	
	100-5400-6002		PARTS SUPPLIES		135.00	
CEN06	CENTRAL VALLEY TOXICOLOGY	01/19/2018	Regular	0.00	78.00	48300
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
270943	Invoice	01/19/2018	TOXICOLOGY TEST	0.00	78.00	
	100-5400-6544		LAB ANALYSIS & TESTING		78.00	
CLA05	CLARK PEST CONTROL	01/19/2018	Regular	0.00	55.00	48301
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
65294-1-18	Invoice	01/19/2018	PD SERVICES 1-18	0.00	55.00	
	100-5400-6520		PROFESSIONAL SERVICES/		55.00	
COU09	COUNTY OF FRESNO	01/19/2018	Regular	0.00	151.73	48302
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
17-013	Invoice	01/19/2018	PEOPLESOFT ACC. SYSTEM	0.00	151.73	
	100-5200-6520		PROFESSIONAL SERVICES/		50.58	
	100-5300-6520		PROFESSIONAL SERVICES/		50.58	
	400-5300-6520		PROFESSIONAL SERVICES/		50.57	
CUM01	CUMMINS PACIFIC, LLC	01/19/2018	Regular	0.00	2,415.43	48303
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
022-97593	Invoice	01/19/2018	ANNUAL SERVICES FEE 2018	0.00	1,231.56	
	400-5600-6520		PROFESSIONAL SERVICES/		1,231.56	
022-97597	Invoice	01/19/2018	ANNUAL SERVICES FEES 2018	0.00	1,183.87	
	401-5600-6520		PROFESSIONAL SERVICES		1,183.87	
DEP01	DEPARTMENT OF CONSERVATIO	01/19/2018	Regular	0.00	1,696.06	48304
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
2015-2017	Invoice	01/19/2018	HAZARD MAPPING FEES 15/17	0.00	1,696.06	
	100-5700-6583		REGULATORY FEES		29.86	
	100-5700-6583		REGULATORY FEES		31.61	
	100-5700-6583		REGULATORY FEES		317.56	
	100-5700-6583		REGULATORY FEES		616.83	
	100-5700-6583		REGULATORY FEES		155.32	
	100-5700-6583		REGULATORY FEES		185.61	
	100-5700-6583		REGULATORY FEES		6.27	
	100-5700-6583		REGULATORY FEES		9.06	
	100-5700-6583		REGULATORY FEES		69.44	
	100-5700-6583		REGULATORY FEES		116.82	
	100-5700-6583		REGULATORY FEES		92.80	
	100-5700-6583		REGULATORY FEES		64.88	
G&K00	G&K SERVICES INC.	01/19/2018	Regular	0.00	123.95	48305

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
6258468867	Invoice	01/19/2018	WEEKLY ROUTINE SERVICES	0.00	123.95	
100-5200-6520	PROFESSIONAL SERVICES/	CITY HALL SUPPLIES			23.39	
100-5615-6520	PROFESSIONAL SERVICES/	SR. CTR SUPPLIES			4.33	
100-5617-6520	PROFESSIONAL SERVICES/	COMM. CENTER SUPPLIES			16.42	
100-5620-6520	PROFESSIONAL SERVICES/	FACILITY MAINT. UNIFORMS			11.54	
400-5600-6520	PROFESSIONAL SERVICES/	PW UNIFORMS & SUPPLIES			34.14	
401-5600-6520	PROFESSIONAL SERVICES	PW UNIFORMS & SUPPLIES			34.13	
HAA01	HAAKER EQUIPMENT COMPANY	01/19/2018	Regular	0.00	2,424.04	48306
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
W49051	Invoice	01/19/2018	UNIT # 105 REPAIRS	0.00	2,424.04	
401-5600-6520	PROFESSIONAL SERVICES	UNIT # 105 REPAIRS			2,424.04	
GAR19	JOSE GARZA	01/19/2018	Regular	0.00	56.00	48307
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
JAN. 2018	Invoice	01/19/2018	PARK REIMBURSEMENT	0.00	56.00	
100-5400-6503	TRAVEL, MEETINGS & TR	PARK REIMBURSEMENT			56.00	
MAT02	MATSON ALARM CO. INC.	01/19/2018	Regular	0.00	45.00	48308
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1687031	Invoice	01/19/2018	ALARM SERVICES 2-18	0.00	45.00	
100-5400-6520	PROFESSIONAL SERVICES/	ALARM SERVICES 2-18			45.00	
MET01	METRO UNIFORM & ACCESSORI	01/19/2018	Regular	0.00	43.14	48309
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
156190	Invoice	01/19/2018	PDU PANTS	0.00	43.14	
100-5400-5013	UNIFORM	PDU PANTS			43.14	
COR11	MILTON CORTEZ	01/19/2018	Regular	0.00	25.00	48310
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1/10/18	Invoice	01/19/2018	UNIT #104 EQUIP. MAINT.	0.00	25.00	
401-5600-6520	PROFESSIONAL SERVICES	UNIT #104 EQUIP. MAINT.			25.00	
PRE44	PRESORT CENTER OF FRESNO, LLC	01/19/2018	Regular	0.00	567.95	48311
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
410043596	Invoice	01/19/2018	5150 FORMS	0.00	567.95	
100-5400-6002	PARTS SUPPLIES	5150 FORMS			567.95	
PRO01	PROVOST & PRITCHARD CONSULTING GROUP	01/19/2018	Regular	0.00	23,046.25	48312
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
66180	Invoice	01/19/2018	ON CALL PLANNING 12-17	0.00	4,411.04	
100-5700-6520	PROFESSIONAL SERVICES/	ON CALL PLANNING 12-17			4,411.04	
66181	Invoice	01/19/2018	TRACT NO. 6038 SCHAFFER	0.00	216.00	
100-5700-6520	PROFESSIONAL SERVICES/	TRACT NO. 6038 SCHAFFER			216.00	
66182	Invoice	01/19/2018	TRACT NO 6041 G.J GARDNER	0.00	24.00	
100-5700-6520	PROFESSIONAL SERVICES/	TRACT NO 6041 G.J GARDNER			24.00	
66183	Invoice	01/19/2018	ANNUAL HOUSING REPORT	0.00	756.00	
100-5700-6520	PROFESSIONAL SERVICES/	ANNUAL HOUSING REPORT			756.00	
66184	Invoice	01/19/2018	WWTP SERVICES 12-17	0.00	120.00	
401-5600-6520	PROFESSIONAL SERVICES	WWTP SERVICES 12-17			120.00	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
66185	Invoice	01/19/2018	CANNABIS REGULATIONS 12-17	0.00	17,519.21	
	100-5200-6001		CANNABIS OPERATIONAL		17,519.21	
R-N00	R-N MARKET	01/19/2018	Regular	0.00	104.06	48313
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1/17/18	Invoice	01/19/2018	FOOD FOR PUPPIES	0.00	104.06	
	100-5410-6020		ANIMAL FOOD		104.06	
SHR00	SHRED-IT USA - FRESNO	01/19/2018	Regular	0.00	60.79	48314
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
8123906857	Invoice	01/19/2018	DOCUMENT SHREDDING	0.00	60.79	
	100-5400-6000		OFFICE SUPPLIES		60.79	
SOC00	SOCIAL VOCATIONAL SERVICES	01/19/2018	Regular	0.00	2,900.00	48315
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
3611713-IN	Invoice	01/19/2018	LANDSCAPE SVCS 12-17	0.00	2,900.00	
	100-5600-6520		PROFESSIONAL SERVICES/		580.00	
	100-5610-6520		PROFESSIONAL SERVICES/		580.00	
	204-5600-6520		PROFESSIONAL SERVICES/		580.00	
	213-5600-6520		PROFESSIONAL SERVICES/		1,160.00	
CIS02	SOPHIA SEPULVEDA	01/19/2018	Regular	0.00	82.00	48316
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1/10/18	Invoice	01/19/2018	RECOGNITION DINNER RAFFLE	0.00	73.37	
	100-5100-6007		FOOD & SUPPLIES/ COM		73.37	
12/22/17	Invoice	01/19/2018	COMM. CHRISTMAS SUPPLIES	0.00	8.63	
	100-5100-6007		FOOD & SUPPLIES/ COM		8.63	
TER01	TERMINIX PROCESSING CTR.	01/19/2018	Regular	0.00	47.00	48317
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
371751309	Invoice	01/19/2018	580 TULARE SVCS 1-18	0.00	47.00	
	100-5620-6520		PROFESSIONAL SERVICES/		47.00	
FRE07	THE FRESNO BEE	01/19/2018	Regular	0.00	3,680.82	48318
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
332504-10	Invoice	01/19/2018	PUBLIC NOTICES	0.00	3,680.82	
	100-5200-6001		CANNABIS OPERATIONAL		1,936.62	
	100-5200-6500		ORDINANCE & PUBLISHIN		991.80	
	231-5700-6500		ORDINANCE & PUBLISHIN		364.80	
	231-5700-6500		ORDINANCE & PUBLISHIN		387.60	
THE05	THE OFFICE CITY	01/19/2018	Regular	0.00	107.47	48319
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
IN-1470604	Invoice	01/19/2018	HANGING FOLDER FRAME	0.00	6.10	
	100-5400-6000		OFFICE SUPPLIES		6.10	
IN-1471786	Invoice	01/19/2018	HANGING FOLDER FRAME	0.00	12.94	
	100-5400-6000		OFFICE SUPPLIES		12.94	
IN-1476655	Invoice	01/19/2018	NOTE PADS	0.00	6.47	
	100-5400-6000		OFFICE SUPPLIES		6.47	
IN-1477211	Invoice	01/19/2018	PD OFFICE SUPPLIES	0.00	81.96	
	100-5400-6000		OFFICE SUPPLIES		81.96	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
USA01	USA BLUE BOOK	01/19/2018	Regular	0.00	628.13	48320
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
457894	Invoice	01/19/2018	WATER METER REPAIRS	0.00	628.13	
	400-5600-6520		PROFESSIONAL SERVICES/ WATER METER REPAIRS		628.13	
VER08	VERIZON WIRELESS	01/19/2018	Regular	0.00	1,126.60	48321
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
9799407765	Invoice	01/19/2018	CELL PHONE SVCS 12-17	0.00	1,126.60	
	100-5100-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		373.25	
	100-5200-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		38.01	
	100-5400-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		184.60	
	100-5620-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		12.22	
	100-5700-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		51.19	
	400-5600-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		251.61	
	401-5600-6510	TELEPHONE/DATA/PAGER	CELL PHONE SVCS 12-17		215.72	
VOR01	VORTAL, INC.	01/19/2018	Regular	0.00	200.00	48322
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1290	Invoice	01/19/2018	WEB HOSTING	0.00	200.00	
	100-5200-6520	PROFESSIONAL SERVICES/	WEB HOSTING		50.00	
	100-5700-6520	PROFESSIONAL SERVICES/	WEB HOSTING		50.00	
	400-5300-6520	PROFESSIONAL SERVICES/	WEB HOSTING		50.00	
	400-5600-6520	PROFESSIONAL SERVICES/	WEB HOSTING		50.00	
YAM01	YAMABE & HORN ENGINEERING INC.	01/19/2018	Regular	0.00	7,160.00	48323
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
39206	Invoice	01/19/2018	PARLIER TRACT 5607	0.00	30.00	
	100-5700-6519	ENGINEERING FEES	PARLIER TRACT 5607		30.00	
39207	Invoice	01/19/2018	TRACT 5607-PHASE 2	0.00	462.50	
	100-5700-6519	ENGINEERING FEES	TRACT 5607-PHASE 2		462.50	
39209	Invoice	01/19/2018	2015-16 GENERAL FUND	0.00	240.00	
	100-5700-6519	ENGINEERING FEES	2015-16 GENERAL FUND		240.00	
39211	Invoice	01/19/2018	COMM. DEV ACCOUNT	0.00	1,040.00	
	100-5700-6519	ENGINEERING FEES	COMM. DEV ACCOUNT		1,040.00	
39214	Invoice	01/19/2018	PARLIER GENERAL DOLLAR	0.00	52.50	
	100-5700-6519	ENGINEERING FEES	PARLIER GENERAL DOLLAR		52.50	
39219	Invoice	01/19/2018	TRACT 5607 PHASE 3	0.00	1,370.00	
	100-5700-6519	ENGINEERING FEES	TRACT 5607 PHASE 3		1,370.00	
39220	Invoice	01/19/2018	RDA INDUSTRIAL PARK	0.00	620.00	
	602-8100-6520	PROFESSIONAL SERVICES/	RDA INDUSTRIAL PARK		620.00	
39223	Invoice	01/19/2018	DIAMOND WELD INDUSTRIES	0.00	60.00	
	100-5700-6519	ENGINEERING FEES	DIAMOND WELD INDUSTRIES		60.00	
39224	Invoice	01/19/2018	FHA OAK GROVE APTS	0.00	3,285.00	
	100-5700-6519	ENGINEERING FEES	FHA OAK GROVE APTS		3,285.00	
ACE02	ACE TROPHY SHOP	01/23/2018	Regular	0.00	129.57	48324
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
38767	Invoice	01/22/2018	EMPLOYEES' PLAQUES	0.00	129.57	
	100-5100-6007	FOOD & SUPPLIES/ COM	EMPLOYEES' PLAQUES		129.57	
ADP00	ADP, INC.	01/23/2018	Regular	0.00	594.71	48325

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
506745554	Invoice	01/22/2018	PAYROLL PROCESS 12/31	0.00	594.71	
	100-5100-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		55.75	
	100-5200-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	100-5400-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		157.97	
	100-5410-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	100-5610-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	100-5617-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		18.58	
	100-5620-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		18.58	
	100-5700-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	203-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	206-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	213-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	269-6303-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		148.71	
	400-5300-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		27.88	
	400-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		27.88	
	401-5300-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		18.58	
	401-5600-6520	PROFESSIONAL SERVICES	PAYROLL PROCESS 12/31		27.88	
	402-5300-6520	PROFESSIONAL SERVICES	PAYROLL PROCESS 12/31		18.58	
	602-8100-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 12/31		9.29	
	Void	01/23/2018	Regular	0.00	0.00	48326
AT&O9	AT&T	01/23/2018	Regular	0.00	478.41	48327
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
000010795403	Invoice	01/23/2018	PHONE SVCS 12/13-01/12	0.00	396.54	
	100-5200-6510	TELEPHONE/DATA/PAGER	PHONE SVCS 12/13-01/12		0.37	
	100-5400-6510	TELEPHONE/DATA/PAGER	PHONE SVCS 12/13-01/12		278.98	
	400-5300-6510	TELEPHONE/DATA & PAG	PHONE SVCS 12/13-01/12		20.31	
	400-5600-6510	TELEPHONE/DATA/PAGER	PHONE SVCS 12/13-01/12		20.38	
	401-5600-6510	TELEPHONE/DATA/PAGER	PHONE SVCS 12/13-01/12		76.50	
000010795750	Invoice	01/23/2018	SR. CTR SVCS 12/13-01/12	0.00	81.87	
	100-5615-6510	TELEPHONE/DATA/PAGER	SR. CTR SVCS 12/13-01/12		81.87	
BLU01	BLUE SHIELD OF CALIFORNIA	01/23/2018	Regular	0.00	20,714.50	48328
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
180150036841	Invoice	01/22/2018	HEALTH INSURANCE 2-18	0.00	20,714.50	
	100-22197	EMPLOYEE MEDICAL INS.	HEALTH INSURANCE 2-18		3,031.04	
	100-5200-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		313.11	
	100-5400-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		6,479.95	
	100-5610-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		194.28	
	100-5617-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		337.86	
	100-5620-5011	INSURANCE-MED-DEN,VI	HEALTH INSURANCE 2-18		337.86	
	160-5400-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		432.22	
	203-5600-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		91.81	
	206-5600-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		91.82	
	213-5600-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		286.09	
	269-6303-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		6,702.35	
	400-5200-5011	INSURANCE MED, DEN, VI	HEALTH INSURANCE 2-18		406.94	
	400-5300-5011	INSURANCE- MED, DEN, V	HEALTH INSURANCE 2-18		288.42	
	400-5600-5011	INSURANCE- MED, DEN, V	HEALTH INSURANCE 2-18		221.33	
	401-5200-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		406.94	
	401-5300-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		288.42	
	401-5600-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		221.33	
	402-5300-5011	INSURANCE-MED, DEN,VI	HEALTH INSURANCE 2-18		144.22	
	602-8100-5011	INSURANCE-MED,DEN,VIS	HEALTH INSURANCE 2-18		438.51	
	Void	01/23/2018	Regular	0.00	0.00	48329

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
CAR03	CARDENAS, DEMETRIA B.	01/23/2018	Regular	0.00	183.22	48330
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
01/15/18	Invoice	01/23/2018	REPAIR SUPPLIES	0.00	17.13	
	269-6303-6004		TOOLS & MINOR EQUIPM		17.13	
01/7/18	Invoice	01/23/2018	DOOR HINGE	0.00	8.10	
	269-6303-6531		REPAIRS & MAINTENANC		8.10	
1/15/18	Invoice	01/23/2018	HOME DEPOT- HOOKS	0.00	8.07	
	269-6303-6004		TOOLS & MINOR EQUIPM		8.07	
1/19/18	Invoice	01/23/2018	US POSTAL SERVICES	0.00	1.19	
	269-6303-6012		POSTAGE, SHIPPING & FR		1.19	
1/4/18	Invoice	01/23/2018	PARLIER GENERAL STORE	0.00	22.00	
	269-6303-6000		OFFICE SUPPLIES		22.00	
1/7/18	Invoice	01/23/2018	LOWES DOOR BRACELET	0.00	3.33	
	269-6303-6004		TOOLS & MINOR EQUIPM		3.33	
1/8/18	Invoice	01/23/2018	RICH ROBIN DISTRIBUTING	0.00	123.40	
	269-6303-6540		MISCELLANEOUS EXPENS		123.40	
CIT22	CITY OF PARLIER	01/23/2018	Regular	0.00	1,916.67	48331
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
INV02461	Invoice	01/22/2018	PRESCHOOL RENT 1-18	0.00	1,916.67	
	269-6303-6536		DAYCARE USE ALLOWANC		1,916.67	
CIT22	CITY OF PARLIER	01/23/2018	Regular	0.00	419.20	48332
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1/25/18-8000	Invoice	01/22/2018	PRESCHOOL UTILITIES 1-18	0.00	419.20	
	269-6303-6514		UTILITIES - WATER		419.20	
COM05	COMCAST	01/23/2018	Regular	0.00	366.33	48333
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1/3/18-1293	Invoice	01/22/2018	PRESCHOOL SVCS 1-18	0.00	366.33	
	269-6303-6510		TELEPHONE/DATA/PAGER		366.33	
HOM01	HOME DEPOT CREDIT SERVICE	01/23/2018	Regular	0.00	590.64	48334
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
1022664	Invoice	01/23/2018	PW WASTE CONTAINERS	0.00	78.74	
	100-5610-6002		PARTS & SUPPLIES		78.74	
2015757	Invoice	01/23/2018	COMM. CTR FLOODLIGHTS	0.00	286.20	
	100-5617-6002		PARTS SUPPLIES		143.10	
	100-5620-6002		PARTS SUPPLIES		143.10	
21100	Invoice	01/23/2018	CITY HALL ROOF REPAIR	0.00	160.98	
	100-5200-6002		PARTS SUPPLIES		160.98	
6023032	Invoice	01/23/2018	PD WASTE CONTAINERS	0.00	64.72	
	100-5400-6002		PARTS SUPPLIES		64.72	
HUM01	HUMANA INSURANCE CO.	01/23/2018	Regular	0.00	4,509.77	48335

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
433030647	Invoice	01/22/2018	STD, DENTAL & VISION 2-18	0.00	4,509.77	
	100-22106		LIFE, LTD & STD PAYABLE		259.85	
	100-22194		EMPLOYEE DENTAL INS W		1,656.82	
	100-22195		EMPLOYEE VISION INS. W		204.24	
	100-5200-5011		INSURANCE-MED,DEN,VIS		33.24	
	100-5400-5011		INSURANCE-MED,DEN,VIS		691.06	
	100-5410-5011		INSURANCE-MED, DEN, V		28.58	
	100-5610-5011		INSURANCE-MED,DEN,VIS		35.07	
	100-5617-5011		INSURANCE-MED,DEN,VIS		15.82	
	100-5620-5011		INSURANCE-MED-DEN,VI		15.83	
	100-5700-5011		INSURANCE-MED,DEN,VIS		2.83	
	160-5400-5011		INSURANCE-MED,DEN,VIS		73.00	
	203-5600-5011		INSURANCE-MED,DEN,VIS		35.80	
	206-5600-5011		INSURANCE-MED,DEN,VIS		35.79	
	213-5600-5011		INSURANCE-MED,DEN,VIS		33.64	
	269-6303-5011		INSURANCE-MED,DEN,VIS		758.37	
	400-5200-5011		INSURANCE MED, DEN, VI		44.04	
	400-5300-5011		INSURANCE- MED, DEN. V		75.08	
	400-5600-5011		INSURANCE- MED, DEN, V		161.42	
	401-5200-5011		INSURANCE-MED,DEN,VIS		44.03	
	401-5300-5011		INSURANCE-MED,DEN,VIS		75.08	
	401-5600-5011		INSURANCE-MED,DEN,VIS		147.82	
	402-5300-5011		INSURANCE-MED, DEN,VI		37.53	
	602-8100-5011		INSURANCE-MED,DEN,VIS		44.83	
	Void	01/23/2018	Regular	0.00	0.00	48336
INT14	INTERSTATE GAS SERVICES, INC.	01/23/2018	Regular	0.00	3,685.20	48337
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
7021403	Invoice	01/22/2018	CONSULTING SVCS OCT-NOV	0.00	3,685.20	
	401-5300-6520		PROFESSIONAL SERVICES/		1,228.40	
	402-5300-6520		PROFESSIONAL SERVICES		2,456.80	
MET02	METLIFE - GROUP BENEFITS	01/23/2018	Regular	0.00	342.64	48338
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
TS05946702-2-18	Invoice	01/22/2018	LONG TERM DIS. 2-18	0.00	342.64	
	100-5200-5011		INSURANCE-MED,DEN,VIS		5.56	
	100-5400-5011		INSURANCE-MED,DEN,VIS		122.06	
	100-5410-5011		INSURANCE-MED, DEN, V		5.10	
	100-5610-5011		INSURANCE-MED,DEN,VIS		4.12	
	100-5617-5011		INSURANCE-MED,DEN,VIS		3.08	
	100-5620-5011		INSURANCE-MED-DEN,VI		3.08	
	203-5600-5011		INSURANCE-MED,DEN,VIS		5.98	
	206-5600-5011		INSURANCE-MED,DEN,VIS		5.98	
	213-5600-5011		INSURANCE-MED,DEN,VIS		3.56	
	269-6303-5011		INSURANCE-MED,DEN,VIS		88.60	
	400-5200-5011		INSURANCE MED, DEN, VI		9.73	
	400-5300-5011		INSURANCE- MED, DEN. V		9.04	
	400-5600-5011		INSURANCE- MED, DEN, V		27.06	
	401-5200-5011		INSURANCE-MED,DEN,VIS		9.73	
	401-5300-5011		INSURANCE-MED,DEN,VIS		9.04	
	401-5600-5011		INSURANCE-MED,DEN,VIS		23.58	
	402-5300-5011		INSURANCE-MED, DEN,VI		4.54	
	602-8100-5011		INSURANCE-MED,DEN,VIS		2.80	
	Void	01/23/2018	Regular	0.00	0.00	48339
OFF01	OFFICE DEPOT	01/23/2018	Regular	0.00	1,687.64	48340

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
994181663001	Invoice	01/23/2018	PRESCHOOL OFFICE SUPPLIES	0.00	1,687.64	
	269-6303-6000		OFFICE SUPPLIES		1,687.64	
QUI02	QUILL CORPORATION	01/23/2018	Regular	0.00	50.91	48341
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3950642	Invoice	01/22/2018	OFFICE SUPPLIES	0.00	50.91	
	100-5200-6000		OFFICE SUPPLIES		50.91	
SUP01	SUPPLYWORKS	01/23/2018	Regular	0.00	938.35	48342
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
424359883	Invoice	01/22/2018	PRESCHOOL KITCHEN SUPPLIES	0.00	938.35	
	269-6303-6504		FOOD SERVICES		938.35	
SYS00	SYSO OF CENTRAL CALIFORN	01/23/2018	Regular	0.00	939.54	48343
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
184442426	Invoice	01/22/2018	PRESCHOOL MEAL SUPPLIES	0.00	59.06	
	269-6303-6504		FOOD SERVICES		59.06	
184445199	Invoice	01/22/2018	PRESCHOOL MEAL SUPPLIES	0.00	255.15	
	269-6303-6504		FOOD SERVICES		255.15	
184452724	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	566.27	
	269-6303-6504		FOOD SERVICES		566.27	
184457253	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	59.06	
	269-6303-6504		FOOD SERVICES		59.06	
TER01	TERMINIX PROCESSING CTR.	01/23/2018	Regular	0.00	75.00	48344
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
371503409	Invoice	01/22/2018	PRESCHOOL SVCS 12-17	0.00	75.00	
	269-6303-6540		MISCELLANEOUS EXPENS		75.00	
UNIO5	UNITY IT	01/23/2018	Regular	0.00	1,769.18	48345
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
MSP-22565	Invoice	01/22/2018	IT BILLING SVCS 12-17	0.00	1,769.18	
	100-5200-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	100-5400-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	100-5615-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	100-5700-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	200-5600-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	203-5600-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	206-5600-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	269-6303-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	400-5300-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	400-5600-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	401-5300-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	401-5600-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.09	
	602-8100-6520		PROFESSIONAL SERVICES/ IT BILLING SVCS 12-17		136.10	
USM01	U-SAVE MARKET	01/23/2018	Regular	0.00	1,109.26	48346
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/10/18	Invoice	01/22/2018	PRESCHOOL MEAL SUPPLIES	0.00	172.08	
	269-6303-6504		FOOD SERVICES		172.08	
1/15/18	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	101.87	

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	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		101.87	
1/16/18	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	172.96	
	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		172.96	
1/18/18	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	198.92	
	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		198.92	
1/22/18	Invoice	01/23/2018	PRESCHOOL MEAL SUPPLIES	0.00	185.40	
	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		185.40	
1/8/18	Invoice	01/22/2018	PRESCHOOL MEAL SUPPLIES	0.00	179.88	
	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		179.88	
1/9/18	Invoice	01/22/2018	PRESCHOOL MEAL SUPPLIES	0.00	98.15	
	269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		98.15	
GON07	WALLY GONZALES	01/23/2018	Regular	0.00	62.07	48347
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/16-1/18/18	Invoice	01/22/2018	MILEAGE REIMBURSEMENT	0.00	27.29	
	100-5700-6011	FUEL	MILEAGE REIMBURSEMENT		27.29	
1/8-1/11/18	Invoice	01/22/2018	MILEAGE REIMBURSEMENT	0.00	34.78	
	100-5700-6011	FUEL	MILEAGE REIMBURSEMENT		34.78	
BES19	BEST TOURS & TRAVEL INC.	01/24/2018	Regular	0.00	1,450.00	48348
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
38948	Invoice	05/15/2017	PRESCHOOL CHAFFEE ZOO 6-17	0.00	1,450.00	
	269-6303-9973	FIELD TRIP	PRESCHOOL CHAFFEE ZOO 6-17		1,450.00	
A-C00	A-C ELECTRIC COMPANY	01/25/2018	Regular	0.00	2,039.80	48349
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
41521	Invoice	01/24/2018	ZEDIKER LIFT STATION	0.00	2,039.80	
	401-5600-6520	PROFESSIONAL SERVICES	ZEDIKER LIFT STATION		2,039.80	
ALT01	ALTA MONTCLAIR/EBSA	01/25/2018	Regular	0.00	100.00	48350
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
JAN 6-19	Invoice	01/24/2018	457 DEFERRED COMP 1/24	0.00	100.00	
	100-22210	457 DEFERRED COMPENS	457 DEFERRED COMP 1/24		100.00	
BUS01	BUSH ENGINEERING INC.	01/25/2018	Regular	0.00	55,793.24	48351
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
PYMT # 2	Invoice	01/24/2018	MANNING AVE SAFE ROUTES	0.00	55,793.24	
	223-5600-7023	MANNING CURB, GUTTER	MANNING AVE SAFE ROUTES		55,793.24	
DEL00	DE LAGE LANDEN FINANCIAL	01/25/2018	Regular	0.00	3,653.21	48352

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
57744803	Invoice	01/25/2018	COPIER LEASE PYMT 2-18	0.00	3,653.21	
	100-5200-6520		PROFESSIONAL SERVICES/		603.87	
	100-5200-6520		PROFESSIONAL SERVICES/		63.10	
	100-5400-6520		PROFESSIONAL SERVICES/		654.47	
	100-5615-6520		PROFESSIONAL SERVICES/		120.52	
	100-5700-6520		PROFESSIONAL SERVICES/		122.68	
	269-6303-6520		PROFESSIONAL SERVICES/		787.80	
	368-5700-6520		PROFESSIONAL SERVICES/		61.34	
	400-5300-6541		LEASE CONTRACTS		363.23	
	400-5600-6541		LEASE CONTRACTORS		225.81	
	401-5300-6541		LEASE CONTRACTORS		363.23	
	401-5600-6541		LEASE CONTRACTORS		225.82	
	576-5700-6520		PROFESSIONAL SERVICES/		61.34	
HER13	ECN POLYGRAPH & INVEST.	01/25/2018	Regular	0.00	1,200.00	48353
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
PPD-DEC-2017	Invoice	01/25/2018	PRE-EMPL. POLYGRAPH	0.00	1,200.00	
	100-5400-6530		RECRUITMENT & ADVERT		1,200.00	
COU04	FRESNO COUNCIL OF GOVERN	01/25/2018	Regular	0.00	200.00	48354
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
APRIL 21-26	Invoice	01/24/2018	ONE VOICE TRIP 2018	0.00	200.00	
	100-5100-6503		TRAVEL, MEETINGS & TR		200.00	
G&K00	G&K SERVICES INC.	01/25/2018	Regular	0.00	123.95	48355
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
6258471155	Invoice	01/25/2018	WEEKLY ROUTINE SERVICES	0.00	123.95	
	100-5200-6520		PROFESSIONAL SERVICES/		23.39	
	100-5615-6520		PROFESSIONAL SERVICES/		4.33	
	100-5617-6520		PROFESSIONAL SERVICES/		16.42	
	100-5620-6520		PROFESSIONAL SERVICES/		11.54	
	400-5600-6520		PROFESSIONAL SERVICES/		34.14	
	401-5600-6520		PROFESSIONAL SERVICES		34.13	
GRA01	GRANTED SOLUTIONS	01/25/2018	Regular	0.00	3,000.00	48356
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1574	Invoice	01/25/2018	GRANT WRITING SVCS 1-18	0.00	3,000.00	
	100-5200-6520		PROFESSIONAL SERVICES/		3,000.00	
LEA01	LEAGUE OF CALIFORNIA CITIES	01/25/2018	Regular	0.00	6,730.00	48357
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
179315	Invoice	01/25/2018	MEMBERSHIP DUES 2018	0.00	6,730.00	
	100-5200-6501		MEMBERSHIP DUES		6,730.00	
MET01	METRO UNIFORM & ACCESSORI	01/25/2018	Regular	0.00	809.81	48358
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
54474	Invoice	01/25/2018	FELIX- BULLET VEST	0.00	809.81	
	100-5400-6005		SAFETY EQUIPMENT		809.81	
MID06	MID VALLEY PUBLISHING	01/25/2018	Regular	0.00	249.90	48359

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0307243-IN	Invoice	01/25/2018	CHANGING DATES & TIMES	0.00	85.50	
	100-5100-6500		ORDINANCE & PUBLISHIN		85.50	
0307450-IN	Invoice	01/25/2018	CHANGE DATES & TIMES	0.00	150.00	
	100-5100-6500		ORDINANCE & PUBLISHIN		150.00	
NOV4718-FC	Invoice	01/25/2018	FINANCE CHARGE	0.00	14.40	
	100-5200-6520		PROFESSIONAL SERVICES/		14.40	
			FINANCE CHARGE			
NAT22	NATIONAL METER & AUTOMATI	01/25/2018	Regular	0.00	6,122.03	48360
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
S1087256.001	Invoice	01/25/2018	WATER METER EQUIPMENT	0.00	3,512.77	
	400-5600-6004		TOOLS & MINOR EQUIPM		3,512.77	
S1087615.001	Invoice	01/25/2018	WATER EQUIPMENT	0.00	387.83	
	400-5600-6004		TOOLS & MINOR EQUIPM		387.83	
S1087615.002	Invoice	01/25/2018	WATER METER EQUIPMENT	0.00	511.92	
	400-5600-6004		TOOLS & MINOR EQUIPM		511.92	
S1090189.001	Invoice	01/25/2018	WATER METER EQUIPMET	0.00	1,709.51	
	400-5600-6004		TOOLS & MINOR EQUIPM		1,709.51	
P.G01	PACIFIC GAS & ELECTRIC	01/25/2018	Regular	0.00	9,106.04	48361
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
31793-1-18	Invoice	01/25/2018	8495 BELLA VISTA	0.00	10.51	
	200-5600-6512		ELECTRICITY		10.51	
65206-1-18	Invoice	01/25/2018	741 TULARE ST	0.00	42.56	
	100-5620-6512		ELECTRICITY		42.56	
7543-1-18	Invoice	01/25/2018	STREET LIGHTS 12-17	0.00	8,768.35	
	200-5600-6512		ELECTRICITY		8,768.35	
80272-1-18	Invoice	01/25/2018	745 TULARE ST	0.00	138.99	
	100-5618-6512		ELECTRICITY		138.99	
96580-1-18	Invoice	01/25/2018	558 J ST	0.00	68.94	
	200-5600-6512		ELECTRICITY		68.94	
9801-1-18	Invoice	01/25/2018	TRAFFIC LIGHTS 12-17	0.00	76.69	
	200-5600-6512		ELECTRICITY		76.69	
PIO01	PIONEER EQUIPMENT CO.	01/25/2018	Regular	0.00	736.19	48362
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
AP49368	Invoice	01/25/2018	UNIT #129 MAINTENANCE	0.00	736.19	
	401-5600-6002		PARTS SUPPLIES		736.19	
PRE44	PRESORT CENTER OF FRESNO, LLC	01/25/2018	Regular	0.00	795.72	48363
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
410043785	Invoice	01/24/2018	TRAFFIC CITES FORMS	0.00	795.72	
	100-5400-6002		PARTS SUPPLIES		795.72	
QUI02	QUILL CORPORATION	01/25/2018	Regular	0.00	1,042.28	48364
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3719438	Invoice	01/24/2018	PW OFFICE SUPPLIES	0.00	1.08	
	400-5600-6000		OFFICE SUPPLIES - P.W.		1.08	
3720628	Invoice	01/24/2018	PW OFFICE SUPPLIES	0.00	69.87	
	401-5600-6000		OFFICE SUPPLIES		69.87	
3720649	Invoice	01/25/2018	P.W SHOP SUPPLIES	0.00	191.72	

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	400-5600-6002	PARTS & SUPPLIES	P.W SHOP SUPPLIES		95.86	
	401-5600-6002	PARTS SUPPLIES	P.W SHOP SUPPLIES		95.86	
3720649-CM	Credit Memo	01/25/2018	PW SHOP SUPPLIES	0.00	-191.72	
	400-5600-6002	PARTS & SUPPLIES	PW SHOP SUPPLIES		-95.86	
	401-5600-6002	PARTS SUPPLIES	PW SHOP SUPPLIES		-95.86	
3814479	Invoice	01/24/2018	PW SHOP SUPPLIES	0.00	191.72	
	400-5600-6002	PARTS & SUPPLIES	PW SHOP SUPPLIES		95.86	
	401-5600-6002	PARTS SUPPLIES	PW SHOP SUPPLIES		95.86	
3905076	Invoice	01/24/2018	PW SHOP SUPPLIES	0.00	369.82	
	400-5600-6002	PARTS & SUPPLIES	PW SHOP SUPPLIES		184.91	
	401-5600-6002	PARTS SUPPLIES	PW SHOP SUPPLIES		184.91	
3963641	Invoice	01/25/2018	COMM. DEV OFFICE SUPPLIES	0.00	97.15	
	100-5700-6000	OFFICE SUPPLIES	COMM. DEV OFFICE SUPPLIES		97.15	
3988871	Invoice	01/25/2018	COMM. DEV. OFFICE SUPPLIES	0.00	312.64	
	100-5700-6000	OFFICE SUPPLIES	COMM. DEV. OFFICE SUPPLIES		312.64	
RED01	REDCO	01/25/2018	Regular	0.00	130.45	48365
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
56964	Invoice	01/24/2018	PARK SUPPLIES	0.00	130.45	
	100-5610-6002	PARTS & SUPPLIES	PARK SUPPLIES		130.45	
SAN1H	SANGER NURSERY	01/25/2018	Regular	0.00	60.55	48366
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
740155	Invoice	01/25/2018	PARK SUPPLIES	0.00	60.55	
	100-5610-6002	PARTS & SUPPLIES	PARK SUPPLIES		60.55	
SEL01	SELECT BUSINESS SYSTEMS INC.	01/25/2018	Regular	0.00	3,164.09	48367
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
257210	Invoice	01/25/2018	FINANCE TONER	0.00	9.00	
	400-5300-6000	OFFICE SUPPLIES - FIN	FINANCE TONER		9.00	
257839	Invoice	01/24/2018	BLACK TONER CARTRIDGE	0.00	9.00	
	100-5400-6541	LEASE CONTRACTS	BLACK TONER CARTRIDGE		9.00	
258017	Invoice	01/24/2018	PRESCHOOL TONER	0.00	9.00	
	269-6303-6000	OFFICE SUPPLIES	PRESCHOOL TONER		9.00	
258890	Invoice	01/25/2018	SHARP COPY MACHINES 1/18	0.00	3,137.09	
	100-5100-6541	LEASE CONTRACTS	SHARP COPY MACHINES 1/18		285.19	
	100-5200-6542	CONTRACT SERVICES	SHARP COPY MACHINES 1/18		285.19	
	100-5400-6541	LEASE CONTRACTS	SHARP COPY MACHINES 1/18		285.19	
	100-5600-6520	PROFESSIONAL SERVICES/	SHARP COPY MACHINES 1/18		285.19	
	100-5700-6542	CONTRACT SERVICES	SHARP COPY MACHINES 1/18		285.19	
	269-6303-6520	PROFESSIONAL SERVICES/	SHARP COPY MACHINES 1/18		285.19	
	368-5700-6520	PROFESSIONAL SERVICES/	SHARP COPY MACHINES 1/18		285.19	
	400-5300-6520	PROFESSIONAL SERVICES/	SHARP COPY MACHINES 1/18		285.19	
	400-5600-6542	CONTRACT SERVICES	SHARP COPY MACHINES 1/18		285.19	
	401-5300-6542	CONTRACT SERVICES	SHARP COPY MACHINES 1/18		285.19	
	576-5700-6520	PROFESSIONAL SERVICES/	SHARP COPY MACHINES 1/18		285.19	
SOU07	SOUTH COUNTY VETERINARY H	01/25/2018	Regular	0.00	337.86	48368
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
191522	Invoice	01/25/2018	KENNEL CLEANER	0.00	337.86	
	100-5410-6002	PARTS & SUPPLIES	KENNEL CLEANER		337.86	
STA19	STATE OF CALIFORNIA	01/25/2018	Regular	0.00	245.00	48369

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
281222	Invoice	01/25/2018	BREATH TEST - DUI	0.00	245.00	
	100-5400-6544		LAB ANALYSIS & TESTING		245.00	
T&J00	T & J ARCO STATION	01/25/2018	Regular	0.00	1,153.48	48370
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
12-17	Invoice	01/25/2018	PW FUEL 12-17	0.00	970.82	
	400-5600-6011		FUEL		790.61	
	401-5600-6011		FUEL		180.21	
12-29-17	Invoice	01/24/2018	TIRE ROTATION	0.00	40.00	
	100-5400-6532		VEHICLE MAINTENANCE		40.00	
DEC. 2017	Invoice	01/25/2018	PD FUEL 12-17	0.00	142.66	
	100-5400-6011		FUEL		142.66	
TH000	THOMSON REUTERS - WEST	01/25/2018	Regular	0.00	89.62	48371
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
6119512467	Invoice	01/25/2018	PC & VC CODE BOOK	0.00	89.62	
	100-5400-6002		PARTS SUPPLIES		89.62	
UNIO5	UNITY IT	01/25/2018	Regular	0.00	296.26	48372
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
22553	Invoice	01/25/2018	REMOTE, ONSITE TECHNICIAN	0.00	225.00	
	100-5400-6520		PROFESSIONAL SERVICES/		225.00	
			REMOTE, ONSITE TECHNICIAN			
22597	Invoice	01/25/2018	SONIC WALL AGREEMENT	0.00	71.26	
	100-5400-6520		PROFESSIONAL SERVICES/		71.26	
			SONIC WALL AGREEMENT			
YAM01	YAMABE & HORN ENGINEERING INC.	01/25/2018	Regular	0.00	47,049.25	48373
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
39208	Invoice	01/25/2018	UNDERGROUND UTILITY	0.00	35.00	
	200-5600-6519		ENGINEERING FEES		35.00	
39210	Invoice	01/25/2018	2015-16 PW ACCOUNT	0.00	919.50	
	100-5600-6519		ENGINEERING FEES		919.50	
39212	Invoice	01/25/2018	2015-16 GENERAL WATER	0.00	367.50	
	400-5600-6519		ENGINEERING FEES		367.50	
39213	Invoice	01/25/2018	2015-16 GENERAL SEWER	0.00	265.00	
	401-5600-6519		ENGINEERING FEES		265.00	
39215	Invoice	01/25/2018	MANNING AVE SRTS-ATP CYCLE	0.00	6,576.25	
	223-5600-7023		MANNING CURB, GUTTER		6,576.25	
39216	Invoice	01/25/2018	MANNING AVE WESTBOUND	0.00	6,126.75	
	218-5600-7001		CAPITAL PROJECT		6,126.75	
39217	Invoice	01/25/2018	MANNING ZEDIKER INT.	0.00	3,170.00	
	219-5600-7021		MANNING AVE/ZEDIKER		3,170.00	
39218	Invoice	01/25/2018	MENDOCINO WIDENING	0.00	10,609.50	
	222-5600-7022		MENDOCINO WIDENING		10,609.50	
39221	Invoice	01/25/2018	SWRCB WWTP GRANT	0.00	5,955.00	
	309-5600-6519		ENGINEERING FEES		5,955.00	
39222	Invoice	01/25/2018	CMAQ ALLEY IMPROVEMENTS	0.00	7,170.00	
	204-5600-7019		CMAQ ALLEY IMPROV PR		7,170.00	
39225	Invoice	01/25/2018	ENCROACHMENT PERMITS	0.00	170.00	
	100-5600-6519		ENGINEERING FEES		170.00	
39226	Invoice	01/25/2018	MANNING ZEDIKER INT	0.00	473.75	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
	204-5600-6519	MANNING & ZEDIKER 17-	MANNING ZEDIKER INT		473.75	
39227	Invoice	01/25/2018	MANNING AVE ATP CYCLE 2	0.00	4,640.00	
	224-5600-7025	MANNING AVE ATP CYCLE	MANNING AVE ATP CYCLE 2		4,640.00	
39228	Invoice	01/25/2018	JPA TECHNICAL ADVISORY	0.00	280.00	
	400-5600-6519	ENGINEERING FEES	JPA TECHNICAL ADVISORY		280.00	
39229	Invoice	01/25/2018	2017 CMAQ-STBG APP.	0.00	291.00	
	200-5600-6519	ENGINEERING FEES	2017 CMAQ-STBG APP.		291.00	
ADP00	ADP, INC.	02/01/2018	Regular	0.00	908.30	48380
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
507619130	Invoice	01/30/2018	TIME & ATTENDANCE	0.00	455.94	
	100-5100-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		42.74	
	100-5200-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	100-5400-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		121.11	
	100-5410-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	100-5610-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	100-5617-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		14.25	
	100-5620-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		14.25	
	100-5700-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	203-5600-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	206-5600-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	213-5600-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
	269-6303-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		114.02	
	400-5300-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		21.37	
	400-5600-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		21.37	
	401-5300-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		14.25	
	401-5600-6520	PROFESSIONAL SERVICES	TIME & ATTENDANCE		21.37	
	402-5300-6520	PROFESSIONAL SERVICES	TIME & ATTENDANCE		14.25	
	602-8100-6520	PROFESSIONAL SERVICES/	TIME & ATTENDANCE		7.12	
508093887	Invoice	02/01/2018	PAYROLL PROCESS 1/19	0.00	452.36	
	100-5100-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		42.41	
	100-5200-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	100-5400-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		120.16	
	100-5410-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	100-5610-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	100-5617-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		14.14	
	100-5620-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		14.14	
	100-5700-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	203-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	206-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	213-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	269-6303-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		113.07	
	400-5300-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		21.20	
	400-5600-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		21.20	
	401-5300-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		14.14	
	401-5600-6520	PROFESSIONAL SERVICES	PAYROLL PROCESS 1/19		21.20	
	402-5300-6520	PROFESSIONAL SERVICES	PAYROLL PROCESS 1/19		14.14	
	602-8100-6520	PROFESSIONAL SERVICES/	PAYROLL PROCESS 1/19		7.07	
	Void	02/01/2018	Regular	0.00	0.00	48381
	Void	02/01/2018	Regular	0.00	0.00	48382
BET05	BETHANEY LAWREN CUEVAS	02/01/2018	Regular	0.00	50.00	48383
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
01/21/2018	Invoice	02/01/2018	BLOOD DRAW	0.00	50.00	
	100-5400-6520	PROFESSIONAL SERVICES/	BLOOD DRAW		50.00	
CIT22	CITY OF PARLIER	02/01/2018	Regular	0.00	6,666.66	48384

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
INV02463	Invoice	02/01/2018	ADMIN FEES PRESCHOOL 11-17	0.00	3,333.33	
	269-6303-6542		ADMIN FEES - CITY OF PA		3,333.33	
INV02464	Invoice	02/01/2018	ADMIN FEES PRESCHOOL 12-17	0.00	3,333.33	
	269-6303-6542		ADMIN FEES - CITY OF PA		3,333.33	
CLA05	CLARK PEST CONTROL	02/01/2018	Regular	0.00	45.00	48385
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
85808-1-18	Invoice	02/01/2018	PD SERVICES 1-18	0.00	45.00	
	100-5410-6520		PROFESSIONAL SERVICES/		45.00	
			PD SERVICES 1-18			
CYN01	CYNTHIA SANDOVAL	02/01/2018	Regular	0.00	200.00	48386
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1/23/18	Invoice	01/30/2018	FUNERAL DEP. REFUND 1/23	0.00	200.00	
	100-23101		COMMUNITY CENTER RE		200.00	
			FUNERAL DEP. REFUND 1/23			
D &00	D & D SERVICES, INC.	02/01/2018	Regular	0.00	195.00	48387
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
56640	Invoice	02/01/2018	ANIMAL DISPOSAL 12-17	0.00	195.00	
	100-5410-6021		ANIMAL DISPOSAL		195.00	
			ANIMAL DISPOSAL 12-17			
D&D01	D&D AIR CONDITIONING	02/01/2018	Regular	0.00	4,560.00	48388
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
36220	Invoice	02/01/2018	PD REPLACE A/C UNIT	0.00	4,560.00	
	100-5400-6520		PROFESSIONAL SERVICES/		4,560.00	
			PD REPLACE A/C UNIT			
DIA11	DIAMOND COMMUNICATIONS	02/01/2018	Regular	0.00	1,025.00	48389
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
213839	Invoice	02/01/2018	CITY HALL ALARM 2-18	0.00	240.00	
	100-5200-6520		PROFESSIONAL SERVICES/		34.28	
	100-5617-6520		PROFESSIONAL SERVICES/		34.28	
	100-5620-6520		PROFESSIONAL SERVICES/		34.29	
	100-5700-6520		PROFESSIONAL SERVICES/		34.29	
	400-5300-6520		PROFESSIONAL SERVICES/		34.28	
	401-5300-6520		PROFESSIONAL SERVICES/		34.29	
	401-5600-6520		PROFESSIONAL SERVICES		34.29	
213840	Invoice	02/01/2018	741 TULARE ALARM 2-18	0.00	80.00	
	100-5620-6520		PROFESSIONAL SERVICES/		80.00	
			741 TULARE ALARM 2-18			
213841	Invoice	02/01/2018	690 NEWMARK ALARM 2-18	0.00	170.00	
	100-5615-6520		PROFESSIONAL SERVICES/		170.00	
			690 NEWMARK ALARM 2-18			
213842	Invoice	02/01/2018	580 TULARE ALARM 2-18	0.00	160.00	
	100-5620-6520		PROFESSIONAL SERVICES/		160.00	
			580 TULARE ALARM 2-18			
213843	Invoice	02/01/2018	PRESCHOOL ALARM 2-18	0.00	90.00	
	269-6303-6520		PROFESSIONAL SERVICES/		90.00	
			PRESCHOOL ALARM 2-18			
213844	Invoice	02/01/2018	745 TULARE ALARM 2-18	0.00	170.00	
	100-5618-6520		PROFESSIONAL SERVICES		170.00	
			745 TULARE ALARM 2-18			
213845	Invoice	02/01/2018	POOL ALARM 2-18	0.00	80.00	
	100-5616-6520		PROFESSIONAL SERVICES		80.00	
			POOL ALARM 2-18			
213846	Invoice	02/01/2018	POOL EQUIP. ALARM 2-18	0.00	35.00	
	100-5616-6520		PROFESSIONAL SERVICES		35.00	
			POOL EQUIP. ALARM 2-18			
AGU02	ESTELA AGUIRRE	02/01/2018	Regular	0.00	400.00	48390

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/13/18	Invoice	01/30/2018	SENIOR CTR. DEPOSIT 1/13	0.00	400.00	
	100-23101		COMMUNITY CENTER RE		400.00	
HDL01	HDL COREN & CONE	02/01/2018	Regular	0.00	2,025.00	48391
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0025034-IN	Invoice	01/30/2018	PROPERTY TAX 1ST QTR.	0.00	2,025.00	
	100-5300-6542		CONTRACT SERVICES		1,012.50	
	602-8100-6542		CONTRACT SERVICES		1,012.50	
JEF03	JEFF MARK SCHILL	02/01/2018	Regular	0.00	2,850.00	48392
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
11	Invoice	02/01/2018	ACCOUNTING SERVICES 1-18	0.00	2,850.00	
	100-5300-6520		PROFESSIONAL SERVICES/		427.50	
	400-5300-6520		PROFESSIONAL SERVICES/		712.50	
	401-5300-6520		PROFESSIONAL SERVICES/		712.50	
	402-5300-6520		PROFESSIONAL SERVICES		285.00	
	602-8100-6520		PROFESSIONAL SERVICES/		712.50	
JOR01	JORGENSEN & COMPANY	02/01/2018	Regular	0.00	165.00	48393
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
5713116	Invoice	01/30/2018	ANNUAL KITCHEN INSPECTION	0.00	165.00	
	100-5617-6520		PROFESSIONAL SERVICES/		165.00	
GLO02	LISETTE GARZA	02/01/2018	Regular	0.00	120.00	48394
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
422	Invoice	02/01/2018	COUNCIL BANNER PARADE	0.00	120.00	
	100-5100-6002		PARTS SUPPLIES		120.00	
SAE01	MARIA SAENZ	02/01/2018	Regular	0.00	400.00	48395
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/13/18	Invoice	01/30/2018	COMM CTR. DEPOSIT 1/13	0.00	400.00	
	100-23101		COMMUNITY CENTER RE		400.00	
MET01	METRO UNIFORM & ACCESSORI	02/01/2018	Regular	0.00	413.33	48396
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
156707	Invoice	02/01/2018	BARCELLOS UNIFORM	0.00	413.33	
	100-5400-5013		UNIFORM		413.33	
MUN03	MUNICODE	02/01/2018	Regular	0.00	950.00	48397
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
00300375	Invoice	02/01/2018	MUNICIPAL WEB HOSTING	0.00	950.00	
	100-5100-6520		PROFESSIONAL SERVICES/		135.71	
	100-5200-6520		PROFESSIONAL SERVICES/		135.71	
	100-5300-6520		PROFESSIONAL SERVICES/		135.71	
	100-5400-6520		PROFESSIONAL SERVICES/		135.71	
	100-5600-6520		PROFESSIONAL SERVICES/		135.72	
	100-5620-6520		PROFESSIONAL SERVICES/		135.72	
	100-5700-6520		PROFESSIONAL SERVICES/		135.72	
NEW02	NEW YORK LIFE INSURANCE	02/01/2018	Regular	0.00	497.80	48398

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
021927560-1-18	Invoice	01/30/2018	LIFE INSURANCE 1-18	0.00	497.80	
	100-22109		NEW YORK LIFE INSURAN		497.80	
P.G01	PACIFIC GAS & ELECTRIC	02/01/2018	Regular	0.00	170.55	48399
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
16206-1-18	Invoice	01/30/2018	741 TULARE ST P.W.	0.00	126.14	
	100-5620-6512		ELECTRICITY		126.14	
51134-1-18	Invoice	01/30/2018	8638 MADSEN AVE	0.00	44.41	
	200-5600-6512		ELECTRICITY		44.41	
PAY01	PAY PLUS BENEFITS, INC.	02/01/2018	Regular	0.00	107.00	48400
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
15531	Invoice	02/01/2018	CALPERS REPORTING 2-18	0.00	107.00	
	100-5200-6520		PROFESSIONAL SERVICES/		11.89	
	100-5400-6520		PROFESSIONAL SERVICES/		11.89	
	100-5620-6520		PROFESSIONAL SERVICES/		11.89	
	100-5700-6520		PROFESSIONAL SERVICES/		11.89	
	269-6303-6520		PROFESSIONAL SERVICES/		11.89	
	400-5300-6520		PROFESSIONAL SERVICES/		11.88	
	400-5600-6520		PROFESSIONAL SERVICES/		11.89	
	401-5300-6520		PROFESSIONAL SERVICES/		11.89	
	401-5600-6520		PROFESSIONAL SERVICES		11.89	
PET01	PETTY CASH FUND	02/01/2018	Regular	0.00	124.48	48401
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/5-1/30/18	Invoice	02/01/2018	REPLENISH PETTY CASH	0.00	124.48	
	100-5200-6011		FUEL		43.59	
	100-5400-6002		PARTS SUPPLIES		14.66	
	100-5400-6011		FUEL		21.73	
	100-5700-6011		FUEL		22.03	
	400-5300-6011		FUEL		22.47	
PIT04	PURCHASE POWER	02/01/2018	Regular	0.00	1,000.00	48402
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
JAN. 2018-7988	Invoice	01/30/2018	POSTING MACHINE REFILL	0.00	1,000.00	
	100-5200-6012		POSTAGE, SHIPPING & FR		142.85	
	100-5400-6012		POSTAGE, SHIPPING & FR		142.85	
	100-5700-6012		POSTAGE, SHIPPING & FR		142.86	
	400-5300-6012		POSTAGE, SHIPPING & FR		142.86	
	400-5600-6012		POSTAGE, SHIPPING & FR		142.86	
	401-5300-6012		POSTAGE/SHIPPING & FR		142.86	
	401-5600-6012		POSTAGE, SHIPPING/FREI		142.86	
STA1B	STANDARD INSURANCE CO.	02/01/2018	Regular	0.00	1,565.43	48403

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
640476-2-18	Invoice	01/30/2018	SURVIVOR LIFE 2-18	0.00	1,565.43	
	100-5200-5011		INSURANCE-MED,DEN,VIS		35.96	
	100-5400-5011		INSURANCE-MED,DEN,VIS		477.00	
	100-5410-5011		INSURANCE-MED, DEN, V		27.28	
	100-5610-5011		INSURANCE-MED,DEN,VIS		17.95	
	100-5617-5011		INSURANCE-MED,DEN,VIS		13.74	
	100-5620-5011		INSURANCE-MED-DEN,VI		13.79	
	160-5400-5011		INSURANCE-MED,DEN,VIS		31.64	
	203-5600-5011		INSURANCE-MED,DEN,VIS		24.73	
	206-5600-5011		INSURANCE-MED,DEN,VIS		24.73	
	213-5600-5011		INSURANCE-MED,DEN,VIS		13.99	
	269-6303-5011		INSURANCE-MED,DEN,VIS		416.62	
	400-5200-5011		INSURANCE MED, DEN, VI		43.11	
	400-5300-5011		INSURANCE- MED, DEN. V		39.38	
	400-5600-5011		INSURANCE- MED, DEN, V		119.33	
	401-5200-5011		INSURANCE-MED,DEN,VIS		43.11	
	401-5300-5011		INSURANCE-MED,DEN,VIS		39.38	
	401-5600-5011		INSURANCE-MED,DEN,VIS		106.11	
	402-5300-5011		INSURANCE-MED, DEN,VI		19.95	
	602-8100-5011		INSURANCE-MED,DEN,VIS		57.63	
	Void	02/01/2018	Regular	0.00	0.00	48404
SUP01	SUPPLYWORKS	02/01/2018	Regular	0.00	39.78	48405
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
425951902	Invoice	02/01/2018	PRESCHOOL KITCHEN SUPPLIES	0.00	39.78	
	269-6303-6504		FOOD SERVICES		39.78	
SYS00	SYSO OF CENTRAL CALIFORN	02/01/2018	Regular	0.00	467.32	48406
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
184460078	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	408.56	
	269-6303-6504		FOOD SERVICES		408.56	
184465087	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	58.76	
	269-6303-6504		FOOD SERVICES		58.76	
THE05	THE OFFICE CITY	02/01/2018	Regular	0.00	58.75	48407
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1477457	Invoice	02/01/2018	GEL PENS	0.00	8.58	
	100-5400-6000		OFFICE SUPPLIES		8.58	
1478576	Invoice	02/01/2018	LABLES	0.00	8.62	
	100-5400-6000		OFFICE SUPPLIES		8.62	
1480131	Invoice	02/01/2018	COPY PAPER	0.00	41.55	
	100-5400-6000		OFFICE SUPPLIES		41.55	
LAW01	TIM J. LAW	02/01/2018	Regular	0.00	600.00	48408
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1533	Invoice	02/01/2018	LAW ENFORCE BACKGROUND	0.00	600.00	
	100-5400-6530		RECRUITMENT & ADVERT		600.00	
UNI05	UNITY IT	02/01/2018	Regular	0.00	1,370.31	48409

Check Report

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
22614	Invoice	01/30/2018	COMPUTER FOR FD	0.00	1,370.31	
400-5300-7003	OFFICE EQUIPMENT	COMPUTER FOR FD		456.77		
401-5300-7003	OFFICE EQUIPMENT	COMPUTER FOR FD		456.77		
402-5200-7003	OFFICE EQUIP.	COMPUTER FOR FD		456.77		
USM01	U-SAVE MARKET	02/01/2018	Regular	0.00	721.31	48410
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1/23/18	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	199.50	
269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		199.50		
1/24/18	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	117.99	
269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		117.99		
1/25/18	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	72.14	
269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		72.14		
1/29/18	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	127.18	
269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		127.18		
1/31/18	Invoice	02/01/2018	PRESCHOOL MEAL SUPPLIES	0.00	204.50	
269-6303-6504	FOOD SERVICES	PRESCHOOL MEAL SUPPLIES		204.50		

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	240	125	0.00	367,939.34
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	0.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	240	133	0.00	367,939.34

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	240	125	0.00	367,939.34
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	0.00
Bank Drafts	0	0	0.00	0.00
EFT's	0	0	0.00	0.00
	240	133	0.00	367,939.34

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	1/2018	340,243.32
999	POOL FUND	2/2018	27,696.02
			367,939.34



CITY OF PARLIER

Check Report

By Check Number

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
PER01	CALPERS	01/16/2018	Bank Draft	0.00	12,166.73	DFT0000107
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
12/23/17-1/05/1	Invoice	01/11/2018	CONTRIBUTIONS 12/23-1/5	0.00	12,166.73	
100-22104	PERS PAYABLE	EMPLOYEES' PORTION	5,672.02			
100-5200-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	124.17			
100-5400-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	3,032.50			
100-5410-5010	PERS- PENSION	CONTRIBUTIONS 12/23-1/5	108.04			
100-5610-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	55.86			
100-5617-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	7.26			
100-5620-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	7.25			
100-5700-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	155.41			
160-5400-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	202.28			
203-5600-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	79.85			
206-5600-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	79.85			
213-5600-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	49.06			
269-6303-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	1,099.11			
400-5200-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	217.30			
400-5300-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	138.41			
400-5600-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	352.00			
401-5200-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	217.30			
401-5300-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	138.41			
401-5600-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	299.35			
402-5300-5010	PERS PENSION	CONTRIBUTIONS 12/23-1/5	69.21			
602-8100-5010	PERS-PENSION	CONTRIBUTIONS 12/23-1/5	62.09			
PER01	CALPERS	01/23/2018	Bank Draft	0.00	3,276.05	DFT0000108
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
15157233	Invoice	01/22/2018	UA LIABILITY 1-18	0.00	3,276.05	
100-5200-5010	PERS-PENSION	UA LIABILITY 1-18	111.77			
100-5610-5010	PERS-PENSION	UA LIABILITY 1-18	90.42			
203-5600-5010	PERS-PENSION	UA LIABILITY 1-18	109.99			
206-5600-5010	PERS-PENSION	UA LIABILITY 1-18	109.99			
213-5600-5010	PERS-PENSION	UA LIABILITY 1-18	90.42			
269-6303-5010	PERS-PENSION	UA LIABILITY 1-18	718.18			
400-5200-5010	PERS PENSION	UA LIABILITY 1-18	195.59			
400-5300-5010	PERS PENSION	UA LIABILITY 1-18	385.93			
400-5600-5010	PERS PENSION	UA LIABILITY 1-18	389.83			
401-5200-5010	PERS PENSION	UA LIABILITY 1-18	195.59			
401-5300-5010	PERS PENSION	UA LIABILITY 1-18	385.93			
401-5600-5010	PERS PENSION	UA LIABILITY 1-18	243.57			
402-5300-5010	PERS PENSION	UA LIABILITY 1-18	192.96			
602-8100-5010	PERS-PENSION	UA LIABILITY 1-18	55.88			
PER01	CALPERS	01/25/2018	Bank Draft	0.00	12,251.01	DFT0000109

Check Report

Date Range: 01/12/2018 - 02/01/2018

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
1/6-1/19/18	Invoice	01/25/2018	CONTRIBUTION FOR 1/6-1/19	0.00	12,251.01	
100-22104	PERS PAYABLE	EMPLOYEES PORTION			5,712.92	
100-5200-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			124.26	
100-5400-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			3,035.50	
100-5410-5010	PERS- PENSION	CONTRIBUTION FOR 1/6-1/19			108.04	
100-5610-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			55.71	
100-5617-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			3.63	
100-5620-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			3.62	
100-5700-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			155.41	
160-5400-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			205.53	
203-5600-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			78.73	
206-5600-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			78.73	
213-5600-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			49.37	
269-6303-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			1,150.38	
400-5200-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			217.46	
400-5300-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			138.24	
400-5600-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			349.59	
401-5200-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			217.46	
401-5300-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			138.24	
401-5600-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			296.94	
402-5300-5010	PERS PENSION	CONTRIBUTION FOR 1/6-1/19			69.12	
602-8100-5010	PERS-PENSION	CONTRIBUTION FOR 1/6-1/19			62.13	

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	0	0	0.00	0.00
Manual Checks	0	0	0.00	0.00
Voided Checks	0	0	0.00	0.00
Bank Drafts	3	3	0.00	27,693.79
EFT's	0	0	0.00	0.00
	3	3	0.00	27,693.79

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	0	0	0.00	0.00
Manual Checks	0	0	0.00	0.00
Voided Checks	0	0	0.00	0.00
Bank Drafts	3	3	0.00	27,693.79
EFT's	0	0	0.00	0.00
	3	3	0.00	27,693.79

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	1/2018	27,693.79
			27,693.79



CITY OF PARLIER

Refund Check Register

Refund Check Detail

UBPKT01112 - Refunds 01 UBPKT01111 Disconnect

Account	Name	Date	Check #	Amount	Code	Receipt	Amount	Type
012-0520-008	INC, KJ WORLDWIDE INVESTMENTS 520 THIRD ST PARLIER, CA 93648	1/30/2018	48374	55.55			55.55	Generated From Billing
022-0735-003	TORRES, IRENE 735 'H' ST. PARLIER, CA 93648	1/30/2018	48375	77.21	W		77.21	Deposit
058-8888-004	BUCIO, MIGUEL ANGEL H. 8883F MENDOCINO PARLIER, CA 93648	1/30/2018	48376	77.21	W	00101152	77.21	Deposit
Total Refunds: 3				Total Refunded Amount:			209.97	

Revenue Code Summary

Revenue Code	Amount
101 - WATER DEPOSIT	154.42
996 - UNAPPLIED CREDIT	55.55
Revenue Total:	209.97

General Ledger Distribution

Posting Date: 01/03/2018

Account Number	Account Name	Posting Amount	IFT
Fund: 400 - WATER			
400-11106	CASH POOL	-209.97	Yes
400-13104	A/R UTILITIES	55.55	
400-23100	UTILITIES DEPOSIT LIABILITY	154.42	
400 Total:		0.00	
Fund: 999 - POOL FUND			
999-11100	GENERAL CHECKING	-209.97	
999-24400	DUE TO WATER	209.97	Yes
999 Total:		0.00	
Distribution Total:		0.00	



CITY OF PARLIER

Refund Check Register

Refund Check Detail

UBPKT01105 - Refunds 01 UBPKT01103 Disconnect

Account	Name	Date	Check #	Amount	Code	Receipt	Amount	Type
067-3210-002	REYES, ARON 13210 ESPINOSA ST 8851 MILTON ST. PARLIER, CA 93648	1/30/2018	48377	154.41			154.41	Generated From Billing
076-8358-003	TREJO, ROBERTO 8358 COSTA AVE 1856 N. BIRCH AVE. REEDLEY, CA 93648	1/30/2018	48378	22.29			22.29	Generated From Billing
Total Refunds: 2				Total Refunded Amount:			176.70	

Revenue Code Summary

Revenue Code	Amount
996 - UNAPPLIED CREDIT	176.70
Revenue Total:	176.70

General Ledger Distribution

Posting Date: 01/02/2018

Account Number	Account Name	Posting Amount	IFT
Fund: 400 - WATER			
400-11106	CASH POOL	-176.70	Yes
400-13104	A/R UTILITIES	176.70	
400 Total:		0.00	
Fund: 999 - POOL FUND			
999-11100	GENERAL CHECKING	-176.70	
999-24400	DUE TO WATER	176.70	Yes
999 Total:		0.00	
Distribution Total:		0.00	



CITY OF PARLIER

Refund Check Register

Refund Check Detail

UBPKT01108 - Refunds 01 UBPKT01107 Disconnect

Account	Name	Date	Check #	Amount	Code	Receipt	Amount	Type
056-3202-003	SANCHEZ, ADRIANA 9575 S. MC CALL SELMA, CA 93662	1/30/2018	48379	56.37			56.37	Generated From Billing
Total Refunds: 1				Total Refunded Amount:	56.37			

Revenue Code Summary

Revenue Code	Amount
996 - UNAPPLIED CREDIT	56.37
Revenue Total:	56.37

General Ledger Distribution

Posting Date: 01/02/2018

Account Number	Account Name	Posting Amount	IFT
Fund: 400 - WATER			
400-11106	CASH POOL	-56.37	Yes
400-13104	A/R UTILITIES	56.37	
400 Total:		0.00	
Fund: 999 - POOL FUND			
999-11100	GENERAL CHECKING	-56.37	
999-24400	DUE TO WATER	56.37	Yes
999 Total:		0.00	
Distribution Total:		0.00	



AGENDA ITEM: # 3
MEETING DATE: 2/8/17
DEPARTMENT: RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Request for considering the approval of allowing Parlier Lions Club utilize the Community Center for the Parlier Lions Annual Pancake Breakfast to be hosted on 2/25/18.

RECOMMENDATION:

Staff recommends the City Council consider allowing Parlier Lions Club utilize the Community Center on February 25, 2017 for the Annual Pancake Breakfast. They would like to request a fee waiver associated with any fees to rent the Community Center for this event. It will take place from 6AM to 1PM.

BACKGROUND:

This pancake breakfast is an annual breakfast fundraiser for the Lions Club to gather funds to continue to offer assistance to the local schools here and other local non-profit organization.

Prepared By:

Approved By:

Virginia Medina
Account Technician III

Samuel Escobar
City Manager



RECREATION DEPARTMENT-COMMUNITY CENTER

1100 E. Parlier Ave., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: Parlier Lions Club

EVENT DATE: 2-25-17

ADDRESS: _____

PHONE NUMBER: 559-595-3065

ALT NUMBER: 559-832-0268

TYPE OF EVENT: Parlier Lions Annual Pancake Breakfast ESTIMATED ATTENDANCE: 300-400

ID COPY SUBMITTED ☐

TABLES: YES ☒ NO ☐

CHAIRS: YES ☒ NO ☐

					RATE	TOTAL
DEPOSIT					\$ 400.00	
	TIME			TOTAL HRS		
HALL	6:00 AM	TO	1 pm	5 hrs	\$ 150.00/per hr	
KITCHEN	6:00 am	TO	1 pm	5 hrs	\$ 35.00/per hr	
DECORATION AND SET UP	6:00 am	TO	1 pm	5 hrs	\$ 40.00/per hr	
					TOTAL	

FOR OFFICE USE ONLY

DEPOSIT (100.23101)	AMOUNT	DATE	RECEIVED BY:	STAMP
PAYMENTS (100-45200)	AMOUNT	DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Applicant/Responsible Party

Date

Approved By:

Date



RECREATION & COMMUNITY SERVICE DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Parlier Lions Club, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.

Joseph [Signature]
Applicant/Responsible Party

12-8-17
Date



RECREATION DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>Parlier Lions Club</u>	EVENT DATE:	<u>12-25-17</u>
ADDRESS:	<u>P.O. Box 755</u>	PHONE NUMBER:	<u>559-595-3065</u>
TYPE OF EVENT	<u>Pancake Breakfast</u>	ESTIMATED ATTENDANCE	<u>300-400</u>
		500 MAX CAPACITY	

CANCELLATIONS

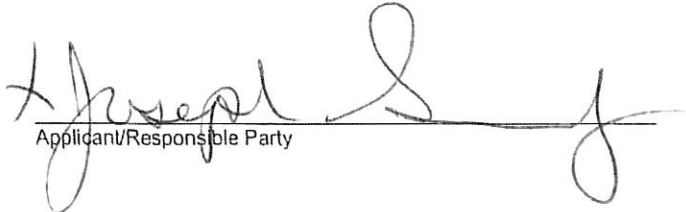
1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. **Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.**
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.


Applicant/Responsible Party

12-7-17
Date

Approved By: _____

Date _____



CLEAN UP GUIDELINES FOR THE COMMUNITY CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

To reduce the cost to you for clean up, we recommend you take responsibility for the following items:

Community Center

1. Throw away all paper products including tablecloths, cups, disposable plates, plastic ware, napkins, etc.
2. Throw away or recycle all cans.
3. Wipe down all tables.
4. Be sure all trash and garbage are placed in trashcans.
5. Empty all trash bags into dumpster.
6. Remove all decorations.
7. Sweep the floor.
8. Leave in the same condition as when you arrived.

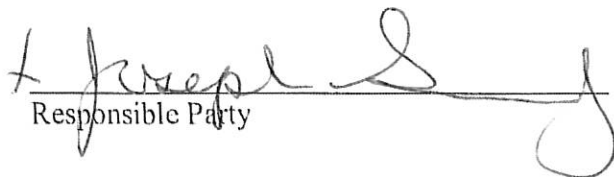
Kitchen

1. Empty trash into trash can.
2. Trash bags need to be placed in dumpster.
3. Sweep & Mop floor.
4. Leave in the same condition as when you arrived.
5. No grease to be discarded in any of sinks.
6. Stove / Refrigerator if used must be cleaned.
7. Cutting Board if used must be cleaned.
8. **After designated hours kitchen doors will be closed.**

Restrooms

1. Pick up all paper towels from the floor of the restroom, putting them in the trash cans.

Applicant will be responsible to pay an hour (1) for clean-up purposes after the end of your event. (11:00pm-12:00pm) Please be sure to use it for clean up purposes only.


Responsible Party

12-7-17
Date

Approved by

Date



RECREATION DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

FINAL EVENT INFORMATION FORM

Event Date: 2-25-17 Event Holder: Parlier Lions Club

Alcohol beverages: _____ kegs _____ cans (all kegs or cans in at one time)

Set-up (entertainment):

Band Set-up: _____ am/_____ pm

D.J. Set-up: _____ am/_____ pm

Set - up Decorations:

TIME-IN	<u>6:00 am</u>	
TIME-OUT	<u>1 pm</u>	

Friday from _____ pm /to _____ pm

EVENT DAY: 2-25-17

TIME-IN	<u>6 am</u>	
TIME-OUT	<u>1 pm</u>	

Doors open: from 7 am to 12 pm

Kitchen hours: from 6 am to 1 pm

STAFF

2-25-17
DATE

01/07/16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
DSP Insurance 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173		NAME: John Adams	
		PHONE (A/C, Ho, Ext): 1-800-316-6705	FAX (A/C, Ho): 1-888-467-2378
		E-MAIL ADDRESS: lionsclubs@dspins.com	
		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A:	ACE American Insurance Company
Parlier lions club 4a2 PARLIER California		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC #	22667

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			HDOG27867431	09/01/2017	09/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Agg. Per Named Insured is \$2,000,000						PERSONAL & ADV INJURY \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			ISAH09061046	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: Parlier Lions Annual Pancake Breakfast 02/25/2017.

PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

CERTIFICATE HOLDER**CANCELLATION**city of parlier
1100 E. Parlier ave
parlier California 93648

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENDA ITEM: # 4
MEETING DATE: 2/8/17
DEPARTMENT: RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Request for considering the approval of allowing Carlos Prado with La Unica Mexicana radio station representatives use Earl Ruth Park on February 11, 2018 to host a fundraiser for DACA recipients.

RECOMMENDATION:

Staff recommends the City Council consider allowing Carlos Prada a representative of La Unica Mexicana radio station use Earl Ruth Park to host a fundraiser for DACA recipients on February 11, 2018 from 11AM to 5PM. They will be selling food and having some music entertainment open to the community. They are requesting a fee waiver of all park fees associated with park rental.

BACKGROUND:

Carlos Prada would like to host this fundraiser to assist DACA recipients in any way that he can help them with the funds raised. This event will have some performances from singers, and dancers, as well as dancing horses. Since this Deferred Action for Childhood Arrivals or DACA program gives temporary protection to undocumented migrants who arrived in the U.S. as children and this program is currently facing the risk of being eliminated Carlos would like to do his part in helping this wonderful program.

Prepared By:

Approved By:

Virginia Medina
Account Technician III

Samuel Escobar
City Manager



Recreation & Community Services Department

1100 E. Parlier Avenue * Parlier, California 93648 * (559) 646-3546 ext. 221 FAX (559) 646-0416

PARK REQUESTED: ☐ Richard Flores Field ☒ Earl Ruth Park
☐ Veterans Memorial Park (DACA Fundraiser)

1. Applicant/Contact Person: La Unika mexicana 100.3FM / Carlos Prado
2. Telephone No: (559) 270-5348
3. Address: 4991 E. McKinley Ave Suite #105
4. Type of Event: _____
5. Date Requested: Feb-11-18 Hours: 11 AM to 5 PM

Rental Fee is \$35.00 an hour \$35.00 x _____ hr. (s) = _____

6. List any type of entertainment that will be provided: groups / Singer w/horse
7. Will electricity be required: yes no Hours: _____ to _____

*Electricity rate is charged at \$25.00 an hour \$25.00 x _____ hr. (s) = _____

Insurance: Provide copy of your homeowners/liability insurance insuring the City of Parlier for your event or any other insurance agency releasing all liability to the City of Parlier.

CONSUMPTION OR POSSESSION OF ALCOHOLIC BEVERAGES IS PROHIBITED PER
CITY ORDINANCE #84-06, SECTION 12.08.040

NOTE: NO VEHICLES ON GRASS AREA/SIDEWALK OR WILL BE TOWED

Applicant/Responsible Party [Signature]

Date 01-14-18

Recreation Department- [Signature]

Date 1-14-18

FOR OFFICE USE ONLY

FEES:

Deposit Fee: \$35.00

Deposit Paid on: _____ Received By: _____

Deposit Fee: \$35.00 (100.23101)
Hourly Fee: _____ (100.45200)
Electricity Fee: _____ (100.45200)

Payments Received:

Date: _____ Amount: _____ Received By: _____

TOTAL FEES: _____

Calculated by: _____

Date: _____ Amount: _____ Received By: _____

Date: _____ Amount: _____ Received By: _____



AGENDA ITEM: 5
MEETING DATE: 2/8/17
DEPARTMENT: RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Request for considering the approval of allowing Youth Centers of America to utilize the Cooling Center located at 745 Tulare St. for Dance Class.

RECOMMENDATION:

Staff recommends the City Council consider allowing Youth Centers of America to utilize the Cooling Center for a Dance class on Monday's at 4:45PM through 8:15PM, Tuesday's 4:45PM through 6:00PM, and Wednesdays from 3:45 through 6:00 PM. They would like to request the use of the Cooling Center from February 2018 until June 2020, as well as requesting a fee waiver to use the Cooling Center for this dance class.

BACKGROUND:

This Dance class will offer Hip Hop and Ballet classes that will be open to the children of our community. Currently Youth Centers of America has been utilizing the Cooling Center for Zumba Class and that class has been a great tool for keeping the members of the community healthy and active.

Prepared By:

Approved By:

Virginia Medina
Account Technician III

Samuel Escobar
City Manager



RECREATION DEPARTMENT-COOLING CENTER

745 Tulare St., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: YOUTH CENTERS OF AMERICA

EVENT DATE: 1/20/18 - 6/20/20

ADDRESS: 13700 E. PARLIER AVE

PHONE NUMBER: 559-646-3837

ALT NUMBER: 559-978-0599

TYPE OF EVENT: DANCE (HIP HOP & BALLET)

ESTIMATED ATTENDANCE: 125

ID COPY SUBMITTED ☐

TABLES: YES ☐ NO ☐

CHAIRS: YES ☒ NO ☐

				RATE	TOTAL
DEPOSIT				\$ 400.00	<i>waived</i>
	TIME		TOTAL HRS		
HALL MONDAYS	4:45 PM TO	8:15 PM	4.50	\$ 150.00/per hr	<i>waived</i>
KITCHEN		TO		\$ 35.00/per hr	
DECORATION AND SET UP		TO		\$ 40.00/per hr	
TUESDAYS	4:45 PM TO	6:00 PM	1.25		<i>waived</i>
WEDNESDAYS	3:45 PM TO	6:00 PM	2.25		<i>waived</i>
				TOTAL	

FOR OFFICE USE ONLY

DEPOSIT (100.23101)	AMOUNT	DATE	RECEIVED BY:	STAMP
PAYMENTS (100-45200)	AMOUNT	DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Applicant/Responsible Party

Approved By:

Date

Date

4/24/18

1-24-18

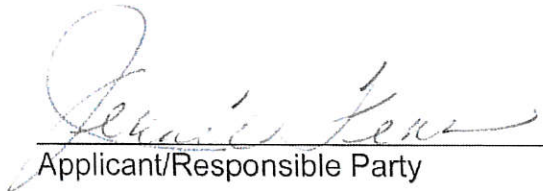


RECREATION & COMMUNITY SERVICE DEPARTMENT

745 Tulare St., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, JENNIE FENN, YCA PRESIDENT, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.


Applicant/Responsible Party

1/24/18
Date



RECREATION DEPARTMENT

745 Tulare St., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>YOUTH CENTERS OF AMERICA</u>	EVENT DATE:	<u>1/2018 - 6/2020</u>
ADDRESS:	<u>13700 E. PARLIER AVE</u>	PHONE NUMBER:	<u>559-646-3837</u>
TYPE OF EVENT	<u>DANCE CLASSES</u>	ESTIMATED ATTENDANCE	<u>125</u>
		500 MAX CAPACITY	

CANCELLATIONS

1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. **Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.**
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

[Signature]
Applicant/Responsible Party

[Signature]
Approved By:

1/24/18
Date

1/24/18
Date



YOUTH-1

OP ID: DO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Valley Regional Ins. Services
Parlier Office
563 Tulare Street
Parlier, CA 93643
Rosa A. Valencia

CONTACT NAME: Sandra Wiens ext. 1014

PHONE (A/C, No., Ext.): 559-646-3618

FAX (A/C, No.): 559-646-2860

E-MAIL ADDRESS: Sandra@valleyregional.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Insurance Co.

23350

INSURER B: State National Ins. Co.

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Youth Centers of America
Jennie Fenn
P.O. Box 453
Parlier, CA 93648

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PHPK1683650	07/15/2017	07/15/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prof Liab					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRER AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	PHUB593026	07/15/2017	07/15/2018	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000
	DED	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	NFA5151519	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Zumba Class, Art Class, GED Class, Dance Class and Karate Class

CERTIFICATE HOLDER

CITYP-1

City of Parlier
1100 E. Parlier Ave.
Parlier, CA 93643

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sandra A. Wiens



AGENDA ITEM:

6

MEETING DATE:

2/8/17

DEPARTMENT:

RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Request for considering the approval of allowing Children Services Network utilize the Senior Center to host professional Development Trainings for daycare providers in Parlier.

RECOMMENDATION:

Staff recommends the City Council consider allowing Children Services Network a nonprofit organization utilize the Senior Center with a requested fee waiver of any fees to rent the hall. They would like to use the Senior Center on Wednesdays for two hours in the evening once a week from February 2018 until April 2018.

BACKGROUND:

Under the umbrella of Children Services Network they offer support for daycare providers in our community and teach them how to offer quality care for the children. They offer trainings about brain development, and understanding children's behavior.

Prepared By:

Approved By:

Virginia Medina
Account Technician III

Samuel Escobar
City Manager



RECREATION DEPARTMENT-SENIOR CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>Aneli Leon (cvcsn)</u>	EVENT DATE:	<u>Feb. 2018 - April 2018</u>
ADDRESS:	<u>1911 N. Helm Ave</u> <u>Fresno CA 93727</u>	PHONE NUMBER:	<u>559 456 1100</u>
TYPE OF EVENT	<u>PJC-Child Development related classes -</u>	ALTERNATE NUMBER:	
		ESTIMATED ATTENDANCE	<u>10</u>
		200 MAX CAPACITY	

ID COPY SUBMITTED ☐

DEPOSIT	TIME	TO	TOTAL HRS	RATE	TOTAL
				\$ 400.00	
HALL		TO		\$ 75.00/per hr	
DECORATION AND SET UP		TO		\$ 40.00/per hr	
				TOTAL	

WILL ALCOHOLIC BEVERAGES BE:

SERVED: YES ☐ NO ☐ SOLD: YES ☐ NO ☒

TABLES: YES ☒ NO ☐

CHAIRS: YES ☒ NO ☐

WILL LIVE ENTERTAINMENT BE:

PROVIDED: YES ☐ NO ☐

FOR OFFICE USE ONLY				
DEPOSIT (100-23101)	AMOUNT	DATE	RECEIVED BY:	STAMP
PAYMENTS (100-45200)	AMOUNT	DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility(s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, hail or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Aneli Leon
Applicant/Responsible Party

1/10/18
Date

Approved By: _____

Date



SENIOR CENTER

1100 E. Parlier Ave, Parlier CA 93648
Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Aneli Leon, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.

Aneli L
Applicant/Responsible Party

1/09/18
Date



SENIOR CENTER

1100 E. Parlier Ave, Parlier CA 93648
Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Aneli Leon, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.

Aneli L
Applicant/Responsible Party

1/09/18
Date



RECREATION DEPARTMENT-SENIOR CENTER

1100 E. Parlier Ave, Parlier CA 93643 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>Aneli Leon (CVCSN)</u>	EVENT DATE:	<u>Jan - April 2018</u>
ADDRESS:	<u>1411 N. Helm Ave.</u> <u>Fresno CA 93727</u>	PHONE NUMBER:	<u>559 456-1100</u>
TYPE OF EVENT	<u>Jan - April 2018</u> <u>Prof. Development Trainings</u> <u>for Child Care Home Providers</u>	ESTIMATED ATTENDANCE	<u>10</u>
		200 MAX CAPACITY	

CANCELLATIONS

1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Aneli Leon
Applicant/Responsible Party

1/9/18
Date

Ving m
Approved By

1/9/18
Date



RECREATION DEPARTMENT - SENIOR CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Clean up Guidelines for Senior Center

To reduce the cost to you for clean up, we recommend you take responsibility for the following items:

Senior Center

1. Throw away all paper products including tablecloths, cups, disposable plates, plastic ware, napkins, etc.
2. Throw away or recycle all cans.
3. Wipe down all tables.
4. Be sure all trash and garbage are placed in trashcans.
5. Empty all trash bags into dumpster.
6. Remove all decorations.
7. Leave in the same condition as when you arrived.

Kitchen

1. Empty trash into trash can.
2. Trash bags need to be placed in dumpster.
3. Sweep & Mop floor.
4. Leave in the same condition as when you arrived.
5. No grease to be discarded in any sinks.
6. Refrigerator if used must be cleaned.
7. Cutting Board if used must be cleaned.

Restrooms

1. Pick up all paper towels from the floor of the restroom, putting them in the trash cans.

Applicant will be responsible to pay an hour (1) for clean-up purposes after the end of your event. (12:00am-1:00am) Please be sure to use it for clean up purposes only.

Amel Lio
Responsible Party

Approved by *[Signature]*

1/9/18
Date

1/9/18
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/9/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Walter R Reinhardt Insurance Agency, Inc. 499 West Shaw Avenue, Ste. 130 Fresno CA 93704-2516	CONTACT NAME: Brenda Esparza PHONE (A/C, No, Ext): (559) 226-4700 FAX (A/C, No): (559) 226-2345 E-MAIL ADDRESS: Brenda@reinhardtinsurance.com														
INSURED Central Valley Children's Services Network 1911 North Helm Ave Fresno CA 93727	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: NONPROFITS INS ALLIANCE OF CA</td><td></td></tr><tr><td>INSURER B: HARTFORD INSURANCE</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NONPROFITS INS ALLIANCE OF CA		INSURER B: HARTFORD INSURANCE		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: NONPROFITS INS ALLIANCE OF CA															
INSURER B: HARTFORD INSURANCE															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL1791810006

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2017-01187-NPO	8/24/2017	8/24/2018	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
			MED EXP (Any one person) \$ 20,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 3,000,000	
						PRODUCTS - COMP/OP AGG \$ 3,000,000	
							Employee Benefits \$ Included
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			2017-01187-NPO	8/24/2017	8/24/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
						Uninsured motorist combined \$ 1,000,000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2017-01187-UMB-NPO	8/24/2017	8/24/2018	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
			\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	51WEKU6227	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
A	Social Service Professional Improper Sexual Conduct			2017-01187-NPO	8/24/2017	8/24/2018	Per Occurrence 1,000,000
			Aggregate 3,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE Events: Jan. 16, 23, 30th / Feb. 6, 13, 20, 27/March 6, 13, 20, 27/April 3 and 10th

CERTIFICATE HOLDER

CANCELLATION

Parlier Senior Center
690 Newmark Ave
Parlier, CA 93648

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Walt Reinhardt/NYG

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AGENDA ITEM:

7

MEETING DATE:

2/8/08

DEPARTMENT:

Consent

REPORT TO CITY COUNCIL

SUBJECT:

Industrial Disability Retirement

RECOMMENDATION:

Staff recommends the Parlier City Council approve the following Resolution:

1. Resolution No. __ - A Resolution of the City Council of the City of Parlier Concerning the Industrial Retirement of Police Officer David Andrew Hall.

BACKGROUND:

PERS (Public Employee's Retirement System) allows a public safety employee of the City of Parlier may be retired with a disability pension when he or she is found substantially incapacitated from the performance of his or her usual duties. When an application has been made by a public safety employee, the City reviews the medical evidence and hears the recommendations of staff. Here, an application has been made by David Andrew Hall.

The injury or illness must be a result of or arise out of the course of employment with the City. In the case before you regarding Mr. Hall, all of these conditions, from staff's review and the City's requested fitness for duty physician which upheld the incapacity determination, have been met. Therefore, recommendation of approving the resolution is requested.

Attached: Resolution No. 2017-__

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PARLIER
CONCERNING THE INDUSTRIAL DISABILITY RETIREMENT OF
POLICE OFFICER DAVID ANDREW HALL**

WHEREAS, the City of Parlier contracts with the California Public Employees' Retirement System ("PERS") for the provision of retirement pensions for the City of Parlier's employees; and

WHEREAS, a local safety member of the City of Parlier may be retired with a disability pension where he is found substantially incapacitated from the performance of his or usual duties; and

WHEREAS, the contracting agency's governing body shall determine in the first instance if the local safety member is substantially incapacitated from the performance of his or her usual duties so as to be qualified for a PERS disability retirement pension; and

WHEREAS, David Andrew Hall is/was an employee of the City of Parlier serving in the position of Police Officer and a local safety member of PERS; and

WHEREAS, an application for industrial disability retirement has been made by or on behalf of David Andrew Hall; and

WHEREAS, the City of Parlier has reviewed the medical evidence and has heard the recommendation of staff.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Parlier that David Andrew Hall is found to be presently and substantially incapacitated in the performance of his usual duties as a Police Officer with the City of Parlier. Such incapacity is determined to be of a permanent or extended and uncertain duration. Permanent light duty modifications which offer comparable salary, benefits, and real promotional opportunities are not reasonably available. This determination has been made on the basis of competent medical evidence, and pursuant to Government Code sections 21154 and 21157.

BE IT FURTHER RESOLVED that it is determined that the disability is the result of injury or disease arising out of and in the course of David Andrew Hall's employment with the City of Parlier and therefore, the disability is industrial in nature.

It is further found that David Andrew Hall's disability was likely not caused by the actions of a third party. The City of Parlier has not filed an accident report regarding the cause of Mr. Hall's disability.

Neither the City of Parlier nor David Andrew Hall have filed a Petition with the Workers' Compensation Appeals Board for a finding of fact as to the industrial causation of the disability for the purposes of a PERS industrial disability retirement pursuant to Government Code section 21166.

BE IT FURTHER RESOLVED that David Andrew Hall's last date on paid status as Police Officer was February 13, 2013, upon the exhaustion of David Andrew Hall's accrued sick leave and compensatory time off. There is no dispute as to the last date on paid status.

The foregoing resolution was approved and adopted at a regular meeting of the City Council of the City of Parlier held on the ____ day of _____, 2018, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

APPROVED:

Mayor

ATTEST:

City Clerk/Deputy City Clerk

[00540534]



AGENDA ITEM:

8

MEETING DATE: 02/8/18

REPORT TO CITY COUNCIL

SUBJECTS:

Waive the second reading and adopt Ordinance 2018-01 Amending Title 2, Chapter 2.04, Section 2.04.10, Subdivision A of the Municipal Code Relating to the Time and Place of City Council Meetings.

RECOMMENDATIONS:

That the City Council approve Ordinance No. 2018-01.

BACKGROUND:

Title 2, Chapter 2.04, Section 2.04.010 of the City of Parlier's Municipal Code reflects that the City Council is to convene its regular meetings on the first and third Wednesday's of every month beginning at 6:30 P.M. Currently, the City Council routinely holds a 6:30 P.M. regular meeting on the second and fourth Thursday's of each month. The purpose of the ordinance is to amend the Municipal Code's to reflect the time and place for the Council meetings that the City Council has found to be most conducive to civic engagement of the citizens of Parlier. The new meeting dates and times will be the first and third Thursday's of each month at 6:30 P.M.

FISCAL IMPACT:

None at this time.

Prepared by:

Samuel A Escobar
City Manager

Attachment:
Ordinance 2018-01

ORDINANCE NO. 2018-01

**AN ORDINANCE AMENDING TITLE 2, CHAPTER 2.04, SECTION 2.04.010,
SUBDIVISION A OF THE CITY OF PARLIER MUNICIPAL CODE
RELATING TO THE TIME AND PLACE OF CITY COUNCIL MEETINGS**

THE CITY COUNCIL OF THE CITY OF PARLIER DOES ORDAIN AS FOLLOWS:

SECTION 1. Upon becoming effective, this Ordinance shall amend Title 2, Chapter 2.04, Section 2.04.010, Subdivision A of the Parlier Municipal Code to read as follows:

2.04.010 - Time and place of meetings.

A. Regular meetings of the City Council will be held at 1100 E. Parlier Avenue, Parlier, California on the first and third Thursday of each month at 6:30 p.m.

SECTION 2. The foregoing Ordinance No. 2018-01 was introduced at a special meeting of the City Council of the City of Parlier on the 18th day of January, 2018, and was passed and adopted at a regular meeting of the City Council on the 8th day of February 2018, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

APPROVED:

Mayor Alma Beltran
City of Parlier

ATTEST:

City Clerk
City of Parlier

STAFF REPORT

TO: PARLIER CITY COUNCIL

FROM: Mary Lerner, City Attorney

DATE: February 8, 2018

SUBJECT: Consideration and Approval of Amendment to City Manager Employment Agreement

Subject/Discussion:

On July 10, 2017, the City of Parlier ("City") appointed Samuel A. Escobar ("Escobar") as the City Manager pursuant to a City Manager Employment Agreement ("Agreement"). Mr. Escobar's starting salary was \$130,000.00/year.

Escobar has requested the following amendments to the Agreement:

1. Section 2 of the Agreement currently reflects an employment term from July 10, 2017 through July 10, 2020. The Amendment to the Agreement provides for a term of July 10, 2017 through July 10, 2022;
2. Section 3 of the Agreement currently reflects Salary Step increases through Step 3. The Amendment to Agreement reflects Salary Step increases through Step 5;
3. Section 3 of the Agreement currently specifies health benefits paid in full for the City Manager and 50% of dependent premiums paid along with a breakdown of the current insurance plans/providers. This section also currently sets forth dental, vision, life insurance and short/long term disability. The Amendment to Agreement provides that Mr. Escobar will receive the same benefits as other management employees and, should Mr. Escobar choose to forego medical, vision and dental coverage through the city, he may instead receive \$200.00/month;
4. Section 3(b)(xi) of the Agreement that currently provides for Escobar to receive \$500.00 in college reimbursement for course work completed toward his undergraduate degree is clarified to require Escobar to work toward his undergraduate degree;
5. Section 6 of the Agreement that currently provides for multiple written reports on various city matters including economic development and the financial status of the City is now amended to provide for monthly reports to the City Council regarding the same;
6. Section 8d of the Agreement that currently references no termination of Escobar within 90-days after seating of a new council is amended to reflect 180-days and the requirement of a super majority (4/5) vote in order to terminate Escobar; and
7. Section 9 of the Agreement that currently references a sliding scale with respect to severance pay for termination without cause from six (6) months to (4) months base salary depending on the length of employment, is amended to reflect severance pay equal to six (6) months base salary and continuation of health insurance benefits for six (6) months regardless of length of employment;

Except as specified in the Amendment to the City Manager Employment Agreement, all other provisions of the City Manager Employment Agreement shall continue in full force and effect.

Recommendation:

Staff Recommends the City Council approve the Amendment to the City Manager Employment Agreement.

Attachments:

1. Amendment to City Manager Employment Agreement
2. Original City Manager Employment Agreement

[00554137]

AMENDMENT TO CITY MANAGER EMPLOYMENT AGREEMENT

This Amendment to City Manager Agreement ("Amendment") is entered into this 8th day of February 2018, by and between the City of Parlier, a general law city, ("City") and Samuel A. Escobar ("Escobar") pursuant to the following recitals:

RECITALS

- A. City and Escobar entered into a City Manager Employment Agreement on July 10, 2017 ("Agreement").
- B. City and Escobar desire to amend the Agreement.

AGREEMENT

1. Section 2 of the Agreement that reads: "Term of Agreement. The term of this Agreement shall be July 10, 2017 (the "Effective Date") through July 10, 2020 unless otherwise sooner terminated by either party with or without cause. Thereafter, the Agreement shall automatically renew annually, unless otherwise terminated by either party with or without cause. During the term of this Agreement, ESCOBAR shall be a full-time Manager" is hereby amended to read in its entirety as follows:

*"Term of Agreement. The term of this Agreement shall be July 10, 2017 (the "Effective Date") through **July 10, 2022** unless otherwise sooner terminated by either party with or without cause. Thereafter, the Agreement shall automatically renew annually, unless otherwise terminated by either party with or without cause. During the term of this Agreement, ESCOBAR shall be a full-time Manager."*

2. That portion of Section 3 of the Agreement that appears immediately before section 3b of the Agreement and reads:

"Salary, Performance Evaluations, and Benefits. SALARY: Upon receipt of satisfactory Performance Evaluations by the City Council ESCOBAR will receive increases as noted per the timeline and schedule below. Such merit increase(s) shall not result in ESCOBAR's salary exceeding the City Council approved Salary Range. Such increases will be awarded, per satisfactory performance evaluation and provided that City has not declared a financial hardship and/or instituted a City wide salary-freeze. .

Per satisfactory Performance Evaluation by the City council ESCOBAR will receive increases on the City Manager Salary Range (83) as noted below:

- i. July 10, 2017 – Beginning Salary: \$130,000/yr. (Step 1)
- ii. January 10, 2018 - \$136,575/yr.
- iii July 10, 2018 – 143,150/yr. (Step 2)
- iv. July 10, 2019 – 150,307 (Step 3)

The current six (6) Step Salary Range is attached to this Agreement as Exhibit "1," and may be amended by the City Council from time to time.

The City council will continue to review ESCOBAR's performance after each year and throughout the life of the Agreement if extended. The City Council will consider salary and benefit modifications annually (July) based on employee's performance and as CITY finances may allow.

It is understood by both parties that any Cost of Living Adjustments or across the board increases given to other non-represented City employee classifications could amend this chart and will also be applicable to ESCOBAR” is hereby amended to read in its entirety as follows:

“a. Salary, Performance Evaluations, and Benefits. SALARY: Upon receipt of satisfactory Performance Evaluations by the City Council ESCOBAR will receive increases as noted per the timeline and schedule below. Such merit increase(s) shall not result in ESCOBAR’s salary exceeding the City Council approved Salary Range. Such increases will be awarded, per satisfactory performance evaluation and provided that City has not declared a financial hardship and/or instituted a City wide salary-freeze.

Per satisfactory Performance Evaluation by the City Council ESCOBAR will receive increases on the City Manager Salary Range (83) as noted below:

i. July 10, 2017 – Beginning Salary: \$130,000/yr. (Step 1)

ii. January 10, 2018 - \$136,575/yr.

iii July 10, 2018 – \$143,150/yr. (Step 2)

iv. July 10, 2019 – \$150,307 (Step 3)

v. July 10, 2020 - \$_____ (Step 4)

vi. July 10, 2021- \$_____ (Step 5)

The current six (6) Step Salary Range is attached to this Agreement as Exhibit “1,” and may be amended by the City Council from time to time.

The City Council will continue to review ESCOBAR’s performance after each year and throughout the life of the Agreement if extended. The City Council will consider salary and benefit modifications annually (July) based on employee’s performance and as CITY finances may allow.

It is understood by both parties that any Cost of Living Adjustments or across the board increases given to other non-represented City employee classifications could amend this chart and will also be applicable to ESCOBAR”

3. Section 3(b)(iv) of the Agreement that reads: “Health. ESCOBAR is eligible for fully paid health insurance for the employee and 50% dependent premium with tow insurance plans to choose from. City Contribution ceiling is Gold Plan for each program (Kaiser & Blue Shield). Employee pays difference for more expensive Platinum Plans (chart attached). CITY selects carrier if change is to occur. Other Insurance: Dental and Vision – CITY pays 50% employee & dependent premium. Life insurance, long-term disability, and short-term disability Is also available” is hereby amended to read in its entirety as follows:

“City agrees to provide Escobar with the same health, dental, vision, and life insurance that is provided to other management employees. If Escobar can provide to the Human Resources Department proof of insurance elsewhere (e.g., through a spouse), Escobar may choose to forego medical insurance, vision and dental coverage through City and may instead receive, on a monthly basis, an amount of \$200.00.”

4. Section 3(b)(xi) of the Agreement that reads: “College Tuition. ESCOBAR is working towards his college degree at CSU, Fresno. CITY will reimburse ESCOBAR for tuition at a maximum of \$500 per semester, based on a two semester system, for course work completed towards a degree. Reimbursement

will occur upon proof of a 3.0 grade or better per course and documentation of costs” is hereby amended to read in its entirety as follows:

“College Tuition. Escobar will work toward obtaining his college degree at an accredited university. City will reimburse Escobar for tuition at a maximum of \$500.00 per semester, based on a two semester system, for course work completed towards a degree. Reimbursement will occur upon proof of a 3.0 grade or better per course and documentation of costs.”

5. Section 6 of the Agreement that reads: “Written Reports: ESCOBAR shall provide the following written reports to the City Council:

a. Between 90 and 120 days of service, ESCOBAR shall present an initial progress/evaluation report, briefing Council on the economic financial [sic] of the City and his recommendations to address these and other major issues.

b. Between 180 and 195 days, ESCOBAR will provide a similar report on economic development status and opportunities.

c. Thereafter, ESCOBAR shall provide the above on an annual basis.

d. ESCOBAR shall provide Council with a monthly management report that highlights the City Manager and City departments’ major activities of the month” is hereby amended to read in its entirety as follows:

“Written Reports: Escobar will provide the City Council with monthly management and progress reports regarding the City Manager and City departments’ major activities.”

6. Section 8d of the Agreement that reads: “Termination of ESCOBAR after council election: council may not terminate ESCOBAR during a 90-day period after seating (swearing in of) a new council. if council seeks to terminate after the 90-days the above clause [sic] will & severance pay conditions will apply” is hereby amended to read in its entirety as follows:

“Termination of ESCOBAR After Council Election. The City Council may not terminate Escobar during a 180-day period after seating (swearing in of) a new council. If the City Council seeks to terminate after the 180-days, a 4/5 (super majority) City Council vote is required and the above at will clause and severance pay conditions will apply.”

7. Section 9 of the Agreement that reads: “Severance Pay. a. This severance pay provision in no way changes or modifies ESCOBAR’S status as an at-will employee. In the event CITY terminates ESCOBAR’S employment the below language shall not apply and CITY has no obligation under this Agreement to pay any severance pay in the event ESCOBAR is terminated for misconduct in office as defined below. The foregoing severance pay language shall not apply and CITY has no obligation under this Agreement to pay any severance amount in the event ESCOBAR resigns or terminates this agreement.

- Terminated without cause in the first year of this agreement, ESCOBAR will be entitled to severance pay in an amount equal to six months base salary. Continuation of health insurance benefits which ESCOBAR is receiving at the time of termination for a period of six (6) months.
- Terminated in the 2nd year of this agreement, ESCOBAR will be entitled to severance pay in an amount equal to Five (5) months base salary. Continuation of health insurance benefits which ESCOBAR is receiving at the time of termination for a period of five (5) months.

- Terminated in the 3rd year of this agreement or thereafter, ESCOBAR will be entitled to severance pay in an amount equal to four (4) months base salary. Continuation of health insurance benefits which ESCOBAR is receiving at the time of termination for a period of four (4) months”

is hereby amended to read in its entirety as follows:

“Severance Pay. a. This severance pay provision in no way changes or modifies Escobar’s status as an at-will employee. In the event Escobar is terminated for misconduct in office as defined in Paragraph No. 11 or voluntary resigns or terminates this Agreement, City shall have no obligation to pay severance pay. However, if Escobar is terminated without cause at any time during his employment with City, Escobar will be entitled to severance pay in an amount equal to six (6) months base salary and continuation of health insurance benefits Escobar is receiving at the time of termination for a period of six (6) months.”

8. Except as set forth in this Amendment to the City Manager Employment Agreement, all other provisions of the City Manager Employment Agreement entered into on July 10, 2017 shall continue in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the City Manager Employment Agreement on the date first set forth above.

CITY MANAGER

CITY OF PARLIER

Samuel A. Escobar

Mayor Alma Beltran



AGENDA ITEM: 10
MEETING DATE: 1/25/2018

REPORT TO CITY COUNCIL

Proposed Motion:

Approve Employment Agreement with Antonio Gastelum, and ratify appointment of Antonio Gastelum as Finance Director effective on January 30, 2018.

Subject/Discussion:

The City of Parlier's last Finance Director resigned her position as Finance Director in January 2017. Therefore, the City Manager recruited and interviewed candidates interested in serving as the Finance Director. The City Manager created two different panels. The panels identified a top candidate and City Manager Escobar then directed the City Attorney to prepare an agreement with the selected candidate.

The proposed Agreement is for the employment of Antonio Gastelum as the Finance Director beginning on January 30, 2018. The proposed compensation is \$7,306.19 per month (\$87,674.32-Step 1- per year) with additional benefits including the same retirement contributions, paid vacation leave, and sick leave that are also provided to other management employees and at the same accrual rates; paid Holidays in accordance with the City's personnel policies; and forty (40) hours of paid administrative leave per year.

Recommendation:

That the City Council approve the Employment Agreement with Antonio Gastelum and ratify the decision made by City Manager Escobar to appoint Antonio Gastelum as Finance Director beginning on January 30, 2018.

Attachments:

Antonio Gastelum Employment Agreement

Prepared by: Executive Assistant/Deputy City Clerk

CITY OF PARLIER

FINANCE DIRECTOR EMPLOYMENT AGREEMENT

This Finance Director Employment Agreement ("Agreement") is entered into on January 30, 2018, between the City of Parlier ("City"), a general law city, and _____ ("Employee"), both of whom understand as follows:

WHEREAS, City desires to engage the services of Employee as Finance Director of the City of Parlier; and

WHEREAS, _____ desires to become the Finance Director of the City of Parlier, and City desires to appoint _____ as Finance Director of the City of Parlier, subject to the terms and conditions of this Agreement; and

WHEREAS, it is the desire of both City and Employee to establish certain wages, hours and other terms.

NOW, THEREFORE, in consideration of mutual covenants herein contained, CITY and Employee agree as follows:

1. Employment. City hereby wishes Employee to serve in the position of City's Finance Director. Employee is an at-will employee serving at the pleasure of the City Manager subject to the terms and conditions set forth below. Employee's employment with the City as Finance Director is at the mutual consent of both Employee and the City. Except for applicable provisions of Federal and State laws, City ordinances and administrative rules, regulations, policies, and procedures, the terms and conditions of this Agreement shall be the sole governing document for Employee's employment with City.

2. Term of Employment. The term of this Agreement shall begin on January 23, 2018 ("Effective Date").

It is expressly understood and agreed that Employee serves as an at-will employee of the City, and that subject to the provisions set forth below, he may be terminated at any time by the City Manager with or without cause.

3. Termination of Agreement and Severance. The City Manager may terminate this Agreement at any time with or without cause by providing at least thirty (30) days' written notice to Employee. In the event of termination without cause, Employee shall be entitled to severance compensation for the balance of the term of this Agreement, or six (3) months whichever is less. Severance shall be paid in one lump sum in accordance with the current rate of pay.

Notwithstanding the above, it is understood and agreed that the first 12 months of employment shall constitute a probationary period during which period the City may also, in its absolute discretion, terminate Employee's employment for any reason without notice and without severance compensation.

4. Duties. The City hereby agrees to employ Employee as the Finance Director of the City

to perform and carry out the duties, responsibilities, and functions of the Finance Director for the City as specified in the Municipal Code of the City of Parlier, other Ordinances of the City, the Government and other codes of the State of California and to perform such other legally permissible and proper duties and functions as the City Manager may from time to time assign. Employee agrees that to the best of his ability and experience he will at all times loyally, conscientiously, and diligently perform all of the duties and obligations required of him either expressly or implicitly by the Municipal Code and other ordinances of the City, the City Manager, and the terms of this Agreement. The Finance Director shall be subject to the control and direction of the City Manager.

5. Compensation.

a. Salary. The City shall pay the Finance Director for his services an annual starting salary of \$87,674.32 (Step 1) payable in installments at the same time and in the same manner as other employees of the City.

b. Overtime. Employee shall be an exempt managerial employee and not subject to the overtime compensation provisions of State law and the Fair Labor Standards Act.

c. Compensation Adjustments. Under this Agreement, Employee shall be eligible for the following step increases, all subject to satisfactory employee evaluations to occur on or before the following dates:

1. August 1, 2018: Step 2 (\$92,058.04)
2. February 1, 2019: Step 3 (\$96,660.94)

d. Retirement Contributions. City agrees to enroll Employee in the City's retirement system and provide the same benefit that is provided to other management of the City.

e. Health, Retirement and Other Benefits. City agrees to provide Employee with the same health, dental, vision, and life insurance that is provided to other management employees.

f. Paid Vacation Leave. Employee shall earn vacation time each month in the same manner as other management employees of the City and shall be subject to the City's ordinances, rules, and policies pertaining to all management employees with regard to accrual, use, and conversation (to cash) of vacation time.

g. Administrative Leave. Employee shall be entitled to forty (40) hours of paid administrative leave per year which must be used during the fiscal year. Administrative leave hours may not be accumulated or converted into cash nor carried over into subsequent years.

h. Sick Leave. Employee shall accrue sick leave in the same manner as other management employees of the City, and shall be subject to the City's ordinances, rules, and policies pertaining to all management employees with regard to accrual, and use of sick leave.

i. Holidays. Employee shall be entitled to holiday leave time for all holidays as set forth in the City Personnel Policies.

6. Professional Development. Subject to available funds in the budget, the City agrees to pay the professional dues, subscriptions, travel and other business expenses of the Finance Director reasonably necessary for his continued and full participation in national, state, and local associations, professional organizations, governmental groups and committees thereof for the good of the City in accordance with the approved budget.

7. Expense Reimbursement. City will reimburse Employee for all sums necessarily incurred and paid by him in the performance of his duties. Employee shall submit a claim form to the City in the form and manner required by City policies.

8. Office and Time Spent. Employee shall maintain an office in City Hall and shall spend time in the performance of his duties for the City as is necessary or as may be required from time to time by the City Manager. Employee is expected to devote necessary time outside normal office hours to the business of the City. Employee shall not engage in outside employment without prior approval of the City Manager. Any such approvals given may be withdrawn at any time by the City Manager.

9. Performance Evaluations. The City Manager shall evaluate the performance of Employee in accordance with the provisions herein. The City Manager shall provide Employee adequate opportunity to discuss his evaluation with the City Manager.

10. Other Terms and Conditions of Employment.

a. Other Employment Terms and Conditions. The City Manager, in consultation with Employee, shall fix any other terms and conditions of employment as he or she may determine from time to time, relating to the performance of Employee provided such terms and conditions are not in conflict with the provisions of this Agreement or City Ordinances.

b. Applicability. All provisions of the City Ordinances and rules and regulations pertaining to City Personnel shall apply to Employee as they would to other management employees of the City except as herein expressly modified.

c. Indemnity. The City shall defend, indemnify and hold harmless Employee from all claims and actions arising out of Employee's employment which pertain to actions of Employee within the course and scope of his employment by the City. All provisions of this section shall survive the termination of this Agreement, and shall remain in effect after termination of Employee's employment at the City.

11. General Provisions.

a. Notice. Any notice required or desired to be given pursuant to this Agreement shall be given in writing by personal delivery or sent by certified mail, return receipt requested, postage prepaid to the parties hereto at their last known address. Notice shall be deemed given

as of the date of personal service or as of the date five (5) day following deposit of such notice in the United States mail.

b. Entire Agreement. This Agreement contains the entire agreement concerning the employment arrangements of Employee and shall supersede any prior agreements, promises, inducements, representations, or warranties made by either party pertaining to the employment of Employee. Any modifications of this Agreement will be effective only if made in writing and signed by both Employee and the City.

c. Binding Effect. This Agreement shall be binding upon the parties hereto and their respective heirs, personal representatives, and successors in interest. Employee's rights and interest arising under this Agreement are personal and may not be assigned.

d. Governing Law and Venue. This Agreement shall be governed by the laws of the State of California. The parties agree that, in the event of litigation, venue shall be in Fresno County, California.

e. No Assignment. Employee may not assign or transfer any rights granted or obligations assumed under this Agreement.

f. Modification. This Agreement may not be changed or supplemented orally. It may be only be modified or superseded by a written instrument executed by both parties.

g. Severability. If any provision of this Agreement, or any portion thereof, is held to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions of the Agreement shall continue in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the ____ day of February 2018.

_____, Finance Director

_____, Samuel A. Escobar, City Manager

ATTEST:

Approved as to form:

_____, Dorothy Garza, City Clerk

_____, Mary Lerner, City Attorney

[00547869]

RESOLUTION NO. 2018-

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PARLIER RATIFYING
THE CITY MANAGERS DECISION TO HIRE ANTONIO GASTELUM AND
APPROVING THE AGREEMENT FOR THE POSITION OF FINANCE DIRECTOR**

WHEREAS, the City Council desires to ratify the City Manager's decision to hire Antonio Gastelum as Finance Director. ; and

WHEREAS, Mr. Gastelum desires to become the Finance Director of the City of Parlier subject to the terms and conditions set forth in the Agreement attached hereto as Exhibit A. ; and

WHEREAS, the City conducted a thorough recruitment and search for the position of Finance Director and, after interviews and deliberation, the City Manager hired Mr. Gastelum to this position beginning January 30, 2018.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Parlier ratifies the City Manager's decision to hire Mr. Gastelum as the City Finance Director and approves the Finance Director Agreement attached as Exhibit A. .

The foregoing resolution was approved and adopted at a regular meeting of the City Council of the City of Parlier held on the 25th day of January 2018, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST:

City Clerk Dorothy Garza

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STAFF REPORT

TO: PARLIER CITY COUNCIL

FROM: Mary Lerner, City Attorney

DATE: February 8, 2018

SUBJECT: Discussion and Direction Regarding Measure Q Independent Oversight Committee

Subject/Discussion:

Measure Q, approved by the voters on November 8, 2016, added Chapter 3.25 to Title 3 to the Parlier Municipal Code pertaining to the special parcel tax for police protection services.

Municipal Code Section 3.25.050 (Accountability Measures) requires the Measure Q funds be placed in a special fund, and dedicated and used for only approved police protection services as authorized by a majority vote of the council.

Municipal Code Section 3.25.050 also requires City Council establish an Independent Oversight Committee ("Committee"), consisting of three Parlier residents, to review the use and expenditure of the tax proceeds, and to prepare and present an Annual Review Report ("Report") on issues relating to the use of the special tax proceeds. The Report must include the amount of revenues received under the special tax and the amount and purpose of disbursements. The Report is to be presented to the City Council no later than January 31 following each fiscal year in which the tax is collected.

The City Manager is required to nominate three community members to the Committee after a review of the qualifications of potential members. City Council is required to review the nominations and appoint. Committee Members serve two-year terms and are limited to a maximum of two consecutive terms. The expiration date of all terms is May 1. Any vacancy on the Committee shall be filled for the remainder of the unexpired term. The Committee is required to meet at least two times per year with additional meetings convened as necessary.

The City Manager requests one member of the City Council assist with review of qualifications and nomination of potential members.

Recommendation:

Staff Recommends the City Council select one member of City Council to assist the City Manager with review and recommendation of community members to the Committee.

Attachments:

1. Resolution No. 2016-29A
[00553439]

FILED

AUG 04 2016

RESOLUTION NO. 2016-29A

FRESNO COUNTY CLERK

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF
PARLIER AUTHORIZING A SPECIAL PARCEL TAX FOR POLICE
PROTECTION SERVICES TO BE DESIGNATED AS MEASURE " _ "
TO BE SUBMITTED TO THE VOTERS ON NOVEMBER 8, 2016**

WHEREAS, the City of Parlier has experienced, and continues to face, a dramatic critical decline in revenues and has reached a point where cutting expenses will not allow the City to ease the structural deficit without further cutting essential City services; and

WHEREAS, this unprecedented financial situation is due to several factors, including the declining total revenues for the City's General Fund and increasing general expenses to the City such as the rising costs of fuel, electricity and supplies. This has made it impossible for the City to balance its budget and still continue to provide critical services at an acceptable level; and

WHEREAS, in order to address the imminent shortfall of an unacceptable magnitude, the City has already negotiated certain position cuts and benefit reductions with the Police Officers Association; and

WHEREAS, unless it is able to increase its revenues, the City would have to include further cuts to public safety and other critical City services as a last resort; and

WHEREAS, because citizens of Parlier have expressed a strong desire to maintain public safety as a top priority, the City is proposing a solution that would help maintain these important services; and

WHEREAS, the City Council desires to adopt Ordinance No. 2016-03 to impose a special parcel tax for police protection services, subject to a two-thirds majority voter approval, as required by Cal. Const., art. XIIIID, § 3(2) and as allowed by Government Code Section 53978;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED by the City Council of the City of Parlier as follows:

SECTION 1: The City Council submits to the voters of the City of Parlier at its next regular municipal election to be held on November 8, 2016, a ballot measure for consideration of an ordinance for establishment of a Special Parcel Tax for Police Protection Services.

2016 AUG 4 AM 10:31:32

SECTION 2: The City Council requests the Fresno County Board of Supervisors that the election for this measure be consolidated with the statewide election also to be held on November 8, 2016.

SECTION 3: The question to be submitted to the voters with respect to the ballot measure shall be printed on the election ballot in the form set forth as follows:

To support local police services; maintain emergency response times and officer staffing levels; fight crime, drugs and gangs; shall City of Parlier levy a special parcel tax for police protection services only of \$120.00 on each single-family home, and specified amounts for multi-family units; mobile home spaces; commercial, agricultural, and industrial parcels, as outlined in Ordinance No. 2016-03, providing an estimated \$495,000 annually for five years, with independent annual audits, and benefiting City residents?	TAX - YES
	TAX - NO

SECTION 4: The following constitutes the synopsis of the measure to be voted on for purposes of meeting the publication requirements of Election Code Section 12111:

MEASURE TO BE VOTED ON

Notice is hereby given that the following measure is to be voted on at the general municipal election to be held in the City of Parlier, on Tuesday, the 8th day of November, 2016.

ADOPTION OF ORDINANCE APPROVING A SPECIAL PARCEL TAX FOR POLICE PROTECTION SERVICES

This proposed ordinance adds Chapter 3.25 to Title 3 of the Parlier Municipal Code establishing a special parcel tax to pay only for local police protection services for a period of five years. If approved by a two-thirds majority of voters, the ordinance would impose a tax in the amount of one hundred and twenty dollars (\$120.00) on each single-family residential parcel and each agricultural parcel, ninety-five dollars (\$95.00) per unit on each multi-family residential parcel, nine hundred seventy five dollars (\$975.00) on each commercial parcel, twelve hundred dollars (\$1200.00) on each industrial parcel, and one hundred dollars (\$100.00) per space on each mobile home parcel. The parcel tax would be subject to an annual review report as well as an oversight committee.

Dated: 8/3/16

City Elections Official
City of Parlier

SECTION 5: The full text of Ordinance 2016-03 is attached hereto as Exhibit A. The full text is not required to be printed in the Sample Ballot and Voters Pamphlet. However, the full text of the measure shall be made available at the office of the Fresno County Clerk/Registrar of Voters and the Parlier City Clerk's Office (559-646-3545).

SECTION 6: Passage of this measure requires a two-thirds majority of votes.

SECTION 7: The City of Parlier requests that the Fresno County Clerk/Registrar of Voters conduct the election and canvass the returns, and the City consents to reimburse the Registrar of Voters for all costs incurred for these services.

SECTION 8: In all particulars not recited in this resolution, the election shall be held and conducted as provided by law for holding municipal elections.

SECTION 9: Arguments in favor or against the proposed measure are permissible and shall be filed with the Fresno County Clerk/Registrar of Voters in accordance with Elections Code Section 9282. The City Manager and his staff are hereby directed to prepare and file a written argument in favor of the proposed measure not to exceed 300 words on behalf of the City Council. In the event an argument is filed against the measure, an argument against said proposition, the City Manager and his staff shall prepare and file a rebuttal argument on behalf of the City Council.

SECTION 10: Pursuant to Election Code 10002, the County Clerk/Registrar of Voters is hereby requested to take all steps incident to the preparation for and the holding of the election in accordance with law and these specifications.

SECTION 11: The City Attorney shall prepare an impartial analysis of the measure in accordance with Elections Code Section 9280 and file it with the Fresno County Clerk/Registrar of Voters.

SECTION 12: The City Clerk shall file a certified copy of this resolution with the Fresno County Clerk/Registrar of Voters as required by law. The City Clerk is hereby authorized and directed to work with the Fresno County Clerk/Registrar of Voters and take all steps necessary to cause placement of the measure on the ballot.

SECTION 13: The City Clerk and the City Attorney are authorized to make any typographical, clerical, non-substantive corrections to this resolution as may be deemed necessary by the Fresno County Clerk/Registrar of Voters.

The foregoing resolution was approved and adopted at a regular meeting of the City Council of the City of Parlier held on the 03 day of August, 2016, by the following vote:

AYES: Beltran, Villanueva, Padilla, Maldonado, Montano

NOES: None

ABSTAIN: None

ABSENT: None

APPROVED: 


Alma M. Beltran, Mayor

ATTEST:

Dorothy Garza
City Clerk

[00450064.9]

EXHIBIT "A" TO RESOLUTION NO. 2016-29A

ORDINANCE NO. 2016-03

AN ORDINANCE OF THE CITY OF PARLIER ADDING CHAPTER 3.25 TO TITLE 3 OF THE CITY OF PARLIER MUNICIPAL CODE PERTAINING TO A SPECIAL PARCEL TAX FOR POLICE PROTECTION SERVICES

THE CITY COUNCIL OF THE CITY OF PARLIER DOES ORDAIN AS FOLLOWS:

SECTION 1. Chapter 3.25 is added to Title 3 of the Parlier Municipal Code to read as follows:

CHAPTER 3.25 POLICE SPECIAL PARCEL TAX

3.25.010	Imposition of Special Police Parcel Tax
3.25.020	Maximum Tax Amounts
3.25.030	Exemptions
3.25.040	Administrative Determinations; Appeals Procedures
3.25.050	Accountability Measures
3.25.060	Collection With Property Taxes
3.25.070	Sunset Provision

3.25.010 Imposition of Police Special Parcel Tax. A special tax to fund police services is hereby imposed on every parcel of land in the City of Parlier. The tax shall be imposed each fiscal year in the amounts permitted by this Chapter. The tax imposed by this Chapter shall be a tax upon each parcel of property within the City and the tax shall not be measured by the value of the property.

3.25.020 Maximum Tax Amounts. The maximum annual amount of the tax imposed on each parcel pursuant to this Chapter shall be determined as follows:

A. A tax of one hundred twenty dollars (\$120.00) shall be imposed on each single-family residential parcel within the City. A "single-family residential parcel" shall mean a parcel zoned to accommodate single-family residences.

B. A tax of ninety-five dollars (\$95.00) shall be imposed on each multi-family residential unit within the City. A "multi-family residential unit" shall mean a building or portion of a building designed for or occupied by one family which is part of a multi-family residential unit parcel. A "multi-family residential unit parcel" shall mean a parcel zoned for a building or those portions thereof that accommodate or is intended to accommodate two or more residential units.

C. A tax of nine hundred seventy-five dollars (\$975.00) shall be imposed on each commercial parcel within the City. A "commercial parcel" shall mean a parcel zoned for commercial purposes within the City, and shall include any mixed-use zone having a commercial component.

D. A tax of twelve hundred dollars (\$1200.00) shall be imposed on each industrial parcel within the City. An "industrial parcel" shall mean a parcel zoned for light or heavy manufacturing purposes within the City, and shall include any mixed-use zone having an industrial component.

E. A tax of one hundred twenty dollars (\$120.00) shall be imposed on each agricultural parcel within the City. An "agricultural parcel" shall mean a parcel zoned to accommodate agricultural purposes only within the City.

F. A tax of one hundred dollars (\$100.00) shall be imposed on each space on a mobile home parcel within the City. A "mobile home parcel" shall mean a parcel zoned to accommodate a structure, transportable in one or more sections, designed to be used with or without a permanent foundation, which contains not more than one dwelling unit, and which is not a recreational vehicle, commercial coach or factory-built house.

G. Vacant, undeveloped properties shall be taxed the same as the type of property for which it is zoned. If the property is zoned for mixed-use, it shall be taxed at the higher rate for the zoned, mixed uses.

3.25.030 Exemptions.

A. Parcels owned by the City, federal or state government or any other public agency and parcels owned by any public or private entity that are specifically exempted from a parcel tax enacted as a special tax under applicable federal or state statute or regulation shall be exempt from the imposition of the Special Parcel Tax set forth in this Chapter.

B. Private property owners claiming an exemption under subsection A above shall file proof of exemption on a form prescribed by the City Manager prior to March 31 prior to the first fiscal year for which the exemption is sought.

3.25.040 Administrative Determinations; Appeal Procedures.

A. The records of the Fresno County Assessor as of March 1 of each year shall be used to determine each parcel for the calculation of the tax applicable to that parcel in the following fiscal year.

B. The City Manager, or authorized designee, shall administer the Special Parcel Tax under this Chapter.

C. Appeals of any determination of the City Manager shall be submitted in writing to the City Clerk within 30 days of the date of the notice of the determination. The City

Council shall consider the appeal and issue a decision to the appellant in writing not later than June 30 of the fiscal year prior to imposition of the tax.

3.25.050 Accountability Measures.

A. Special Fund: Use of Proceeds. In accordance with Government Code section 53978, the proceeds of the tax imposed by this Chapter shall be placed in a special fund and shall be dedicated and used only for approved police protection services as authorized by majority vote of the City Council.

B. Independent Oversight Committee. The City Council shall establish an independent Oversight Committee to review the Annual Report, as described below, on issues relating to the use of the special tax proceeds set forth in this Chapter. The Oversight Committee will independently review the use and expenditure of the tax proceeds and shall present an annual report to the City Council.

1. The Oversight Committee shall consist of three (3) members, each shall be a resident of the City of Parlier, who shall serve without compensation. The members shall be nominated by the City Manager following a review of their qualifications and appointed by City Council approval.

2. Members shall serve two-year terms, and each member shall serve until a successor is duly appointed and confirmed. Members are limited to a maximum of two consecutive terms. The expiration date of all terms shall be May 1. Any vacancy shall be filled for the remainder of the unexpired term. The Oversight Committee shall select a Chair from among its members annually. The Chair will serve a one-year term with the option of reappointment for one additional one-year term.

3. The Oversight Committee shall meet at least twice annually with additional meetings convened as necessary and as determined by the Chair, and shall set an attendance policy for the members.

C. Annual Review Report. An Annual Review Report shall be prepared by the Oversight Committee with support from the City Manager, or his designee, setting forth the amount of revenues received under the Special Tax and the amount and purpose of disbursements. The purpose is to assure accountability and the proper disbursement of the proceeds of the Special Tax. The Annual Review Report shall be presented to the City Council not later than January 31st following each fiscal year in which the tax is collected. The Annual Review Report shall be filed with and maintained in the City Clerk's office.

3.25.060 Collection With Property Taxes. The special tax imposed by this Chapter shall be due in the same manner, on the same dates, and subject to the same penalties and interest as established by law for other charges and taxes fixed and collected by the County of Fresno on behalf of the City of Parlier. The special tax imposed by this Chapter, together with all penalties and interest thereon, shall constitute a lien upon the parcel upon which it is levied until it has been paid, and shall constitute a personal obligation of the owners of the parcel on the date the tax is due.

3.25.070 Sunset Clause. The special tax described in this Chapter will sunset and expire by operation of law on June 30, 2022.

SECTION 2. Severability. If any section, subsection, sentence, clause phrase, or portion of this ordinance is for any reason held to be invalid or unenforceable by a court of competent jurisdiction, the remaining sections, subsections, sentences, clauses, phrases or portions of this ordinance shall nonetheless remain in full force and effect. The people of the City of Parlier hereby declare that they would have adopted each section, subsection, sentence, clause, phrase, or portions of this ordinance be declared invalid or unenforceable.

SECTION 3. Two-Thirds Approval: Effective Date. The tax imposed by this ordinance is a special tax. This ordinance shall be effective only if approved by two-thirds of the City's voters voting thereon on November 8, 2016, at the general election and shall go into effect immediately after the result of the vote is declared by the City Council. The City Manager is directed to convey to the County information as necessary to ensure the measure is effective on the next available tax roll.

INTRODUCED at a special meeting of the Council on the 27th day of July, 2016.

PASSED AND ADOPTED as an ordinance of the City of Parlier at a regular meeting of said Council on the _____ day of August, 2016, subject to a two-thirds vote of the Voters of the City of Parlier, County of Fresno, at a regular election held on November 8, 2016.

PUBLICATION AND CERTIFICATION. The City Clerk shall publish this ordinance, or a summary thereof, as required by applicable law. Upon approval by the voters, the City Clerk shall certify the passage of this ordinance by the voters, forward a copy of the adopted ordinance to the County of Fresno, and cause the ordinance to be codified in the Parlier Municipal Code.

APPROVED:

Alma M. Beltran, Mayor

ATTEST:

Dorothy Garza
City Clerk

[00452028.4.1]

STAFF REPORT

TO: PARLIER CITY COUNCIL

FROM: Jose Garza, Police Chief

DATE: February 8, 2018

SUBJECT: Consideration and Approval of Police Department Expenditures

Subject/Discussion:

A. Measure Q Funds.

Measure Q, approved by the voters on November 8, 2016, added Chapter 3.25 to Title 3 to the Parlier Municipal Code pertaining to the special parcel tax for police protection services.

Municipal Code Section 3.25.050 (Accountability Measures) requires the Measure Q funds be placed in a special fund, and dedicated and used for only approved police protection services as authorized by a majority vote of the council.

Expected funds from Measure Q are approximately \$500,000.00 per year. The County of Fresno Auditor-Controller has indicated that the Current Secured 1st apportionment for fiscal year 2017-2018 is \$258,861.94. To date, the City has not yet received nor expended any Measure Q funds.

The following is an estimate of potential expenditures of Measure Q funds. The City still needs to engage in the competitive bid process with respect to these requests.

1. Three (3) "Patrol Ready" Vehicle. Estimated Total Cost: \$48,441.56 per unit x three vehicles = \$145,324.68

Breakdown per vehicle:

Base Patrol Vehicle Purchase:

Vendor: Swanson Fahrney Ford, Selma
Model: 2018 Ford Utility Interceptor (Black)
Quote: \$28,557.20 (out-the-door) per unit

Equipment:

Vendor: Cook's Communications, Fresno
Equipment Package: Lighting, Radios, Racks, Cage, Etc.
Quote: \$15,315.26 per unit

Computers/Software:

Vendor: CDCE Inc., Yorba Linda, CA

Electronics Package: Detachable Computer Tablet, Keyboard/Software
Quote: \$2,850.00 per unit

Paint/Body:

Vendor: McCarty's Collision Center, Selma
Paint: White Over Black Base Color
Quote: \$1,319.10 per unit

Graphics/Decals:

Vendor: Graphic Design
Decals: Police and Emergency Information/Reference to Measure Q
Quote: \$300.00 - \$400.00 per unit

2. Unmarked Plain Vehicle. Estimated Total Cost: \$38,557.00

Base Patrol Vehicle Purchase:

Vendor: Swanson Fahrney Ford, Selma
Model: 2018 Ford Utility Interceptor (Black)
Quote: \$28,557.20 (out-the-door) per unit

Equipment:

Vendor: Cook's Communications, Fresno
Equipment Package: Lighting and, Radio
Quote: \$10,000 per unit

3. Officer Equipment and Training Funds Requested: \$30,000.00

4. Funds toward three additional officers: \$180,000.00

B. USDA Funds.

In addition, the police department has available USDA funds of \$40,000.00. Pending City Council approval of the expenditure, these funds would be used to purchase a plain vehicle for the Chief of Police which will be the same make and model as the new patrol cars.

These USDA funds were provided to the City of Parlier for use on public safety services including police vehicles.

Recommendation:

Staff Recommends the City Council approve.

Attachments:

1. PowerPoint Presentation Parlier Police Department Fleet Purchase
[00554195]