

# A MEETING OF THE CITY COUNCIL OF THE CITY OF PARLIER

### "REGULAR MEETING"

DATE:

Wednesday, September 06, 2017

TIME:

6:30 P.M.

PLACE:

Parlier City Council Chambers

1100 E. Parlier Avenue Parlier, CA 93648

### 1. 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

### 2. <u>ADDITIONS/DELETIONS TO THE AGENDA:</u>

### 3. **APPOINTMENT**:

**3-A.** Approve the Employment agreement between the City of Parlier Jose Garza and appoint Mr. Garza as the Chief of Police effective on September 04, 2017.

### 4. <u>PRESENTATIONS/INFORMATIONAL:</u>

**4-A.** City Clerk Garza to administer the oath of office to Jose Garza for Chief of Police.

**4-B.** Presentation by Elisa Stewart, GENEZEN

**4-C.** Presentation by Starrrhub on the Calling Center

### 5. 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.

### 6. <u>CONSENT CALENDAR:</u>

- **6-A.** Approve the Check Reports dated August 09, 2017 through August 30, 2017.
- **6-B.** Approve and accept the Minutes dated September 16, 2017.
- 6-C. Approve the Police Service Agreement with the Parlier Unified School District for uniformed Police Coverage at Home Football Games at Parlier High School for fall 2017.
- 6-D. Consider approving the use and waive City Rental fees for a street closure on First Street between Fig and Newmark to hold a Motorcycle Run sponsored by the Parlier Lions Club, and consider use and waive City Rental fees for the use of the Senior Center Facility bathrooms.
- **6-E.** Consider approving the use and waive City Rental fees for The Parlier Rotary Car show on September 16, 2017 at Earl Ruth Park.
- **6-F.** Consider approving the use and waive City Rental Fees for Cooling-Civic Center located at 745 Tulare Street for Zumba, Dance, Art, GED and Karate Classes.
- **6-G.** Consider approving the Fourth Amendment to the First Amended Joint Powers Agreement Creating the Five Cities Economic Development Authority.

### 7. ADMINISTRATIVE REPORTS:

#### PLANNING DEPARTMENT:

- **7-A. SUBJECT:** City Council to Consider Approval of Site Plan for Fox Drug Store.
  - a. Staff Report
  - b. Public Comments
  - c. City Council Comments/Review/Action

**RECOMMENDATION:** City Council adopt **RESOLUTION NO. 2017-78**, approving the site plan for Dollar General.

# 8. <u>BRIEF COMMENTS: COUNCIL COMMUNICATIONS/COMMENTS:</u> CITY MANAGER

**CITY ATTORNEY** 

**CITY COUNCIL** 

### 9. 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.)

### 10. CLOSED SESSION:

### 10-A. Government Code section 54956.9(d)(1)

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
City of Parlier v. The Dow Chemical Co., et al., San Bernardino Superior Court,
Judicial Council Coordination Proceeding No. 4435
Case No. CGC-12-523400

### 10-B Government Code Section 54956.9

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9
(Deciding Whether to Initiate Litigation):
One Case

# 11. 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 eh 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.



AGENDA ITEM: 3-A
MEETING DATE: 9 4 1





# REPORT TO CITY COUNCIL

### **Proposed Motion:**

Approve Employment Agreement with Jose Garza, and appoint Jose Garza as Police Chief effective on September 04, 2017.

### Subject/Discussion:

Chief Ehle's contract has come to an end and his final date of employment with the City of Parlier is September 13, 2017. Therefore, the City Manager directed Chief Ehle to seek out and interview candidates interested in serving as the Chief of Police. The Chief created three different panels consisting of Professional's, City Staff, and Community members. The panels identified a top candidate and Chief Ehle made his recommendation to the City Manager who then directed the City Attorney to prepare an agreement with the selected candidate.

The proposed Agreement is for the employment of Jose Garza as the Police Chief beginning on September 04, 2017. The proposed compensation is \$14,250 per month with no additional benefits or accrual of leave time.

Mr. Garza has a long and outstanding history in law enforcement and Public Service. He is a former Fresno Police Department's Operations Commander of the Southeast District. Mr. Garza comes to us with over 36 years of experience in law enforcement.

# Recommendation:

That the City Council approve the Employment Agreement with Jose V. Garza, and appoint Jose Garza as Police Chief beginning on September 04, 2017.

### Attachments:

Police Chief Employment Agreement

Prepared by: Executive Assistant/Deputy City Clerk





### CITY OF PARLIER

# **Check Report**

By Check Number

| Vendor Number    | Vendor Name  | Payment Date             | Payment Type | Discount Amount | Payment Amount    | Number |
|------------------|--|--------------------------|--------------|-----------------|-------------------|--------|
| Bank Code: APBNK | -APBNK   |                          |              |                 |                   |        |
| T-M00            | T-MOBILE   | 08/24/2017               | Regular      | 0.00            | -110.08           | 37393  |
| METO2            | METLIFE - GROUP BENEFITS                               | 08/14/2017               | Regular      | 0.00            | 328.61            | 47240  |
| EOC01            | EOC - FOOD PREPARATION CENTER                          | 08/15/2017               | Regular      | 0.00            | 2,027.44          | 47242  |
| AT&05            | AT&T   | 08/15/2017               | Regular      | 0.00            | 392.66            | 47243  |
| AT&09            | AT&T   | 08/15/2017               | Regular      | 0.00            | 82.83             | 47244  |
| BAR06            | BARCELLOS, DANNY                                       | 08/15/2017               | Regular      | 0.00            | 855.34            | 47245  |
| CEN02            | CENTRAL VALLEY LOCK                                    | 08/15/2017               | Regular      | 0.00            | 301.94            | 47246  |
| SCO01            | CHAD SCHOEPNER   | 08/15/2017               | Regular      | 0.00            | 802.32            | 47247  |
| CLA05            | CLARK PEST CONTROL                                     | 08/15/2017               | Regular      | 0.00            |                   | 47248  |
| COM05            | COMCAST  | 08/15/2017               | Regular      | 0.00            | 400.24            |        |
| CORO3            | CORELOGIC SOLUTIONS, LLC                               | 08/15/2017               | Regular      | 0.00            | 125.00            | 47250  |
| D&D01            | D&D AIR CONDITIONING                                   | 08/15/2017               | Regular      | 0.00            | 195.00            |        |
| EIN01            | EINERSON'S PREPRESS                                    | 08/15/2017               | Regular      | 0.00            | 107.98            | 47252  |
| EWI01            | EWING IRRIGATION PRODUCTS                              | 08/15/2017               | Regular      | 0.00            | 390.97            | 47253  |
| FASOO            | FASTENAL COMPANY                                       | 08/15/2017               | Regular      | 0.00            | 365.17            |        |
| FRE13            | FRESNO COUNTY TREASURER                                | 08/15/2017               | Regular      | 0.00            | The second second | 47255  |
| G&K00            | G&K SERVICES INC.                                      | 08/15/2017               | Regular      | 0.00            | 117.42            |        |
| HDL02            | HINDERLITER, DE LLAMAS & ASSOCIATES                    | 08/15/2017               | Regular      | 0.00            | 1,298.53          | 47257  |
| HOPOO            | HOPKINS TECHNICAL PRODUCTS                             | 08/15/2017               | Regular      | 0.00            | 848.82            |        |
| KAI00            | KAISER FOUNDATION HEALTH                               | 08/15/2017               | Regular      | 0.00            | 12,240.10         |        |
| LAW01            | LAW & ASSOCIATES INVESTIGATIONS                        | 08/15/2017               | Regular      | 0.00            | 600.00            |        |
| MCC01            | McCORMICK, KABOT, JENNER & LEW                         | 08/15/2017               | Regular      | 0.00            | 112.50            |        |
| MEN18            | MENDOCINO AUTO SALES & RE                              | 08/15/2017               | Regular      | 0.00            | 1,092.53          |        |
| MOR05            | MORALES, DOMINGO A.                                    | 08/15/2017               | Regular      | 0.00            |                   | 47263  |
| MOT01            | MOTION MEDICAL DISTRIBUTING                            | 08/15/2017               | Regular      | 0.00            | 78.00             | 47264  |
| OFF01            | OFFICE DEPOT   | 08/15/2017               | Regular      | 0.00            | 152.95            | 47265  |
| PARO6            | PARLIER APOSTOLIC CHURCH                               | 08/15/2017               | Regular      | 0.00            | 210.00            |        |
| PAR1L            | PARLIER BUDDHIST CHURCH                                | 08/15/2017               | Regular      | 0.00            | 200.00            |        |
| PETO1            | PETTY CASH FUND  | 08/15/2017               | Regular      | 0.00            | 131.88            | 47268  |
| QUI02            | QUILL CORPORATION                                      | 08/15/2017               | Regular      | 0.00            | 436.21            |        |
| RED01<br>RSG01   | REDCO  | 08/15/2017               | Regular      | 0.00            | 170.02            |        |
| SAN1R            | RSG, INC.  | 08/15/2017               | Regular      | 0.00            | 1,725.00          |        |
| SOCOO            | SAN JOAQUIN VALLEY AIR                                 | 08/15/2017               | Regular      | 0.00            |                   | 47272  |
| CISO2            | SOCIAL VOCATIONAL SERVICE                              | 08/15/2017               | Regular      | 0.00            | 2,900.00          |        |
| STA1U            | SOPHIA SEPULVEDA                                       | 08/15/2017               | Regular      | 0.00            |                   | 47274  |
| STA19            | STATE OF CALLEDINA                                     | 08/15/2017               | Regular      | 0.00            | 946.46            | 47275  |
| T&J00            | STATE OF CALIFORNIA                                    | 08/15/2017               | Regular      | 0.00            | 392.00            | 47276  |
| SO 01            | T & J ARCO STATION                                     | 08/15/2017               | Regular      | 0.00            | 1,160.73          |        |
| ULIO1            | THE GAS CO.  | 08/15/2017               | Regular      | 0.00            | 264.21            |        |
| UN 01            | ULINE  | 08/15/2017               | Regular      | 0.00            | 125.41            |        |
| YAMO1            | unWIRED BROADBAND, INC. YAMABE & HORN ENGINEERING INC. | 08/15/2017               | Regular      | 0.00            | 149.99            |        |
| ALTO1            |  | 08/15/2017               | Regular      | 0.00            | 17,752.00         |        |
| BUS01            | ALTA MONTCLAIR/EBSA BUSH ENGINEERING INC.              | 08/17/2017               | Regular      | 0.00            |                   | 47282  |
| COR11            |  | 08/17/2017               | Regular      | 0.00            | 299,654.11        |        |
| GRO01            | CORTEZ TIRES   | 08/17/2017               | Regular      | 0.00            |                   | 47284  |
| LOZO3            | FERGUSON ENTERPRISES INC. LOZANO SMITH, LLP            | 08/17/2017               | Regular      | 0.00            |                   | 47285  |
| SPA00            | SPARKLETTS   | 08/17/2017<br>08/17/2017 | Regular      | 0.00            | 12,537.40         |        |
| VERO8            | VERIZON WIRELESS                                       |                          | Regular      | 0.00            | 81.64             |        |
| YAMO1            | YAMABE & HORN ENGINEERING INC.                         | 08/17/2017               | Regular      | 0.00            | 2,349.05          |        |
| YAMO1            | YAMABE & HORN ENGINEERING INC.                         | 08/17/2017               | Regular      | 0.00            | 6,381.30          |        |
| ADPO0            | ADP, INC.  | 08/17/2017<br>08/23/2017 | Regular      | 0.00            | 1,157.50          |        |
| ADI 00           | **Void**   | 08/23/2017               | Regular      | 0.00            | 425.36            |        |
| AT&09            | AT&T   | 08/23/2017               | Regular      | 0.00            | 0.00              |        |
| AIROS            | niai   | 00/23/201/               | Regular      | 0.00            | 488.39            | 47293  |

| Check Report   |   |                          |                    | Da                     | te Range: 08/10/201 | .7 - 08/30/2 |
|----------------|---|--------------------------|--------------------|------------------------|---------------------|--------------|
| Vendor Number  | Vendor Name                                       | Payment Date             | Payment Type       | <b>Discount Amount</b> | Payment Amount      | Number       |
| AUT01          | AUTO ZONE   | 08/23/2017               | Regular            | 0.00                   | 498.22              |              |
| BLU01          | BLUE SHIELD OF CALIFORNIA                         | 08/23/2017               | Regular            | 0.00                   | 18,442.88           | 47295        |
| CAROS          | **Void**  | 08/23/2017               | Regular            | 0.00                   |                     | 47296        |
| CARO3          | CARDENAS, DEMETRIA B.                             | 08/23/2017               | Regular            | 0.00                   | 172.87              |              |
| CLA05          | CLARK PEST CONTROL                                | 08/23/2017               | Regular            | 0.00                   | 190.00              | 47298        |
| COM05          | COMCAST   | 08/23/2017               | Regular            | 0.00                   | 473.73              | 47299        |
| DELOO          | DE LAGE LANDEN FINANCIAL                          | 08/23/2017               | Regular            | 0.00                   | 3,652.66            |              |
| DEPOD<br>DIRO1 | DEPARTMENT OF SOCIAL SERV                         | 08/23/2017               | Regular            | 0.00                   | 968.00              |              |
| G&K00          | DIRECTV   | 08/23/2017               | Regular            | 0.00                   |                     | 47302        |
| GAT01          | G&K SERVICES INC.                                 | 08/23/2017               | Regular            | 0.00                   | 117.42              |              |
| GIE02          | GATEWAY ENGINEERING, INC. GIERLICH-MITCHELL, INC. | 08/23/2017<br>08/23/2017 | Regular            | 0.00                   | 3,885.00            |              |
| HOM01          | HOME DEPOT CREDIT SERVICE                         | 08/23/2017               | Regular<br>Regular | 0.00                   | 8,712.23            | 47305        |
| JOR01          | JORGENSEN & COMPANY                               | 08/23/2017               | Regular            | 0.00                   | 1,147.53            |              |
| LOZ03          | LOZANO SMITH, LLP                                 | 08/23/2017               | Regular            | 0.00                   | 201.79              |              |
| MAT02          | MATSON ALARM CO. INC.                             | 08/23/2017               | Regular            | 0.00                   | 238.50              | 47308        |
| P.G01          | PACIFIC GAS & ELECTRIC                            | 08/23/2017               | Regular            | 0.00                   | 52,080.33           |              |
| POS02          | POSITIVE PROMOTIONS, INC.                         | 08/23/2017               | Regular            | 0.00                   | 331.06              |              |
| RIP01          | REEDLEY IRRIGATION & SUPP                         | 08/23/2017               | Regular            | 0.00                   |                     | 47312        |
| RLB01          | REEDLEY LUMBER & BUILDING                         | 08/23/2017               | Regular            | 0.00                   | 220.91              |              |
| SHR00          | SHRED-IT USA - FRESNO                             | 08/23/2017               | Regular            | 0.00                   | 100.54              |              |
| SOU07          | SOUTH COUNTY VETERINARY H                         | 08/23/2017               | Regular            | 0.00                   | 477.96              |              |
| STA1U          | STAR 1 MINI MART                                  | 08/23/2017               | Regular            | 0.00                   |                     | 47316        |
| SYS00          | SYSCO OF CENTRAL CALIFORN                         | 08/23/2017               | Regular            | 0.00                   | 810.68              |              |
| THE05          | THE OFFICE CITY                                   | 08/23/2017               | Regular            | 0.00                   | 60.85               | 47318        |
| ULI01          | ULINE   | 08/23/2017               | Regular            | 0.00                   | 30.10               | 47319        |
| UNI05          | UNITY IT  | 08/23/2017               | Regular            | 0.00                   | 196.26              | 47320        |
| USM01          | U-SAVE MARKET                                     | 08/23/2017               | Regular            | 0.00                   | 627.55              | 47321        |
| VOR01          | VORTAL, INC.                                      | 08/23/2017               | Regular            | 0.00                   | 200.00              | 47322        |
| EOC01          | EOC - FOOD PREPARATION CENTER                     | 08/25/2017               | Regular            | 0.00                   | 46.75               | 47323        |
| AUT01          | AUTO ZONE   | 08/25/2017               | Regular            | 0.00                   | 9.71                | 47324        |
| CAL1Y          | CALIFORNIA WATER SERVICES INC.                    | 08/25/2017               | Regular            | 0.00                   | 12,051.78           | 47325        |
| COR11          | CORTEZ TIRES                                      | 08/25/2017               | Regular            | 0.00                   | 480.00              |              |
| CISO2          | SOPHIA SEPULVEDA                                  | 08/25/2017               | Regular            | 0.00                   |                     | 47327        |
| YAM01          | YAMABE & HORN ENGINEERING INC.                    | 08/25/2017               | Regular            | 0.00                   | 592.50              |              |
| ABI10<br>ADP00 | ABILITY ANSWERING SERV.                           | 08/25/2017               | Regular            | 0.00                   | 115.31              |              |
| ADPOU          | ADP, INC.  **Void**                               | 08/25/2017               | Regular            | 0.00                   | 455.94              |              |
| BEL03          | ALMA M. BELTRAN                                   | 08/25/2017<br>08/25/2017 | Regular            | 0.00                   |                     | 47331        |
| AT&09          | AT&T  | 08/25/2017               | Regular<br>Regular | 0.00                   |                     | 47332        |
| AUT04          | AUTOMATED OFFICE SYSTEMS                          | 08/25/2017               | Regular            | 0.00                   |                     | 47333        |
| BRE14          | BRENNTAG PACIFIC, INC.                            | 08/25/2017               | Regular            | 0.00                   | 1,317.60            | 47334        |
| CEN19          | CENTRAL SANITARY SUPPLY                           | 08/25/2017               | Regular            | 0.00                   |                     | 47335        |
| EIN01          | EINERSON'S PREPRESS                               | 08/25/2017               | Regular            | 0.00                   | 225.01              |              |
| EFI00          | ENFINITY CENTRAL                                  | 08/25/2017               | Regular            | 0.00                   | 18,120.96           |              |
| EWI01          | EWING IRRIGATION PRODUCTS                         | 08/25/2017               | Regular            | 0.00                   | 2,257.60            |              |
| GON54          | GONZALEZ, WALLY                                   | 08/25/2017               | Regular            | 0.00                   | 94.50               |              |
| PETO1          | PETTY CASH FUND                                   | 08/25/2017               | Regular            | 0.00                   | 137.16              |              |
| QUI02          | QUILL CORPORATION                                 | 08/25/2017               | Regular            | 0.00                   | 694.86              | 47342        |
| ESC03          | SAMUEL A. ESCOBAR                                 | 08/25/2017               | Regular            | 0.00                   | 639.55              | 47343        |
| ESC03          | SAMUEL A. ESCOBAR                                 | 08/25/2017               | Regular            | 0.00                   | 150.00              | 47344        |
| BET02          | XL HEATING AND AIR CONDITIONING                   | 08/25/2017               | Regular            | 0.00                   | 85.00               | 47345        |
| YAM01          | YAMABE & HORN ENGINEERING INC.                    | 08/25/2017               | Regular            | 0.00                   | 33,223.68           | 47346        |
|                | **Void**  | 08/25/2017               | Regular            | 0.00                   | 0.00                | 47347        |
| AT&02          | A T & T MOBILITY                                  | 08/29/2017               | Regular            | 0.00                   | 336.60              | 47348        |
| ALT01          | ALTA MONTCLAIR/EBSA                               | 08/29/2017               | Regular            | 0.00                   | 100.00              | 47349        |
| AT&09          | AT&T  | 08/29/2017               | Regular            | 0.00                   | 171.28              | 47350        |
| CAL1Y          | CALIFORNIA WATER SERVICES INC.                    | 08/29/2017               | Regular            | 0.00                   | 17,174.99           |              |
| CUM01          | CUMMINS PACIFIC, LLC                              | 08/29/2017               | Regular            | 0.00                   | 1,763.57            |              |
| GROO1          | FERGUSON ENTERPRISES INC.                         | 08/29/2017               | Regular            | 0.00                   |                     | 47353        |
| FIV02          | FIVE CITIES EDA                                   | 08/29/2017               | Regular            | 0.00                   | 1,272.01            | 47354        |
|                |   |                          |                    |                        |                     |              |

### **Check Report**

Date Range: 08/10/2017 - 08/30/2017

| Vendor Number | Vendor Name                  | Payment Date | Payment Type | Discount Amount | Payment Amount | Number |
|---------------|------------------------------|--------------|--------------|-----------------|----------------|--------|
| MIC02         | GREEN AND CLEAN LANDSCAPING  | 08/29/2017   | Regular      | 0.00            | 350.00         | 47355  |
| HOM01         | HOME DEPOT CREDIT SERVICE    | 08/29/2017   | Regular      | 0.00            | 74.75          | 47356  |
| JOR01         | JORGENSEN & COMPANY          | 08/29/2017   | Regular      | 0.00            | 642.49         | 47357  |
| MET01         | METRO UNIFORM & ACCESSORI    | 08/29/2017   | Regular      | 0.00            | 1,306.25       | 47358  |
| NEW02         | NEW YORK LIFE INSURANCE      | 08/29/2017   | Regular      | 0.00            | 704.14         | 47359  |
| P.G01         | PACIFIC GAS & ELECTRIC       | 08/29/2017   | Regular      | 0.00            | 1,106.02       | 47360  |
| PAR1U         | PARLIER UNIFIED              | 08/29/2017   | Regular      | 0.00            | 1,185.46       | 47361  |
| PITO4         | PURCHASE POWER               | 08/29/2017   | Regular      | 0.00            | 1,000.00       | 47362  |
| RIP01         | REEDLEY IRRIGATION & SUPP    | 08/29/2017   | Regular      | 0.00            | 29.40          | 47363  |
| RLB01         | REEDLEY LUMBER & BUILDING    | 08/29/2017   | Regular      | 0.00            | 285.37         | 47364  |
| SEL01         | SELECT BUSINESS SYSTEMS INC. | 08/29/2017   | Regular      | 0.00            | 1,785.94       | 47365  |
| STA1B         | STANDARD INSURANCE CO.       | 08/29/2017   | Regular      | 0.00            | 1,395.09       | 47366  |
|               | **Void**                     | 08/29/2017   | Regular      | 0.00            | 0.00           | 47367  |
| REE01         | SUPERIOR POOL CARE           | 08/29/2017   | Regular      | 0.00            | 596.97         | 47368  |
| SYS00         | SYSCO OF CENTRAL CALIFORN    | 08/29/2017   | Regular      | 0.00            | 412.54         | 47369  |
| TER01         | TERMINIX PROCESSING CTR.     | 08/29/2017   | Regular      | 0.00            | 120.00         | 47370  |
| BNY01         | THE BANK OF NEW YORK MELLON  | 08/29/2017   | Regular      | 0.00            | 1,800.00       | 47371  |
| THE05         | THE OFFICE CITY              | 08/29/2017   | Regular      | 0.00            | 286.67         | 47372  |
| T-M00         | T-MOBILE                     | 08/29/2017   | Regular      | 0.00            | 56.65          | 47373  |
| UPP00         | UPPER KINGS BASIN IRWM AU    | 08/29/2017   | Regular      | 0.00            | 3,500.00       | 47374  |
| USM01         | U-SAVE MARKET                | 08/29/2017   | Regular      | 0.00            | 725.90         | 47375  |
| RSG01         | RSG, INC.                    | 08/30/2017   | Regular      | 0.00            | 1,545.00       | 47376  |
| GRA01         | GRANTED SOLUTIONS            | 08/30/2017   | Regular      | 0.00            | 6,206.30       | 47377  |
| JEF03         | JEFF MARK SCHILL             | 08/30/2017   | Regular      | 0.00            | 2,340.00       | 47378  |
|               |                              |              |              |                 |                |        |

### Bank Code APBNK Summary

|                | Payable | Payment |          |            |
|----------------|---------|---------|----------|------------|
| Payment Type   | Count   | Count   | Discount | Payment    |
| Regular Checks | 253     | 133     | 0.00     | 607,343.75 |
| Manual Checks  | 0       | 0       | 0.00     | 0.00       |
| Voided Checks  | 0       | 6       | 0.00     | -110.08    |
| Bank Drafts    | 0       | 0       | 0.00     | 0.00       |
| EFT's          | 0       | 0       | 0.00     | 0.00       |
|                | 253     | 139     | 0.00     | 607,233.67 |

**Check Report** 

# **Fund Summary**

 Fund
 Name
 Period
 Amount

 999
 POOL FUND
 8/2017
 607,233.67

 607,233.67
 607,233.67





### CITY OF PARLIER

By Check Number

| Vendor Number<br>Bank Code: APBNK-AP | Vendor Name<br>BNK      |              | Payment Date        | Payment Type                  | Discount Amo           | ount Paymen | t Amount | Number |
|--------------------------------------|-------------------------|--------------|---------------------|-------------------------------|------------------------|-------------|----------|--------|
| T-M00                                | T-MOBILE                |              | 08/24/2017          | Regular                       | (                      | 0.00        | -110.08  | 37393  |
| METO2                                | METLIFE - GROUP BENEFIT | 'S           | 08/14/2017          | Regular                       |                        | 0.00        | 328.61   |        |
| Payable #                            | Payable Type            | Payable Date | Payable Description | 0.0-1.A <del>2</del> 0.000110 | Discount Amount        |             |          | 17210  |
|                                      | Account Number          | Accou        | nt Name             | Item Description              |                        | on Amount   | unc      |        |
| 9-17                                 | Invoice                 | 08/14/2017   | LONG TERM DISAB     |                               | 0.00                   |             | 3.61     |        |
|                                      | 100-5200-5011           | INSUR        | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          | 9-17                   | 27.38       |          |        |
|                                      | 100-5400-5011           |              | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          | 9-17                   | 27.38       |          |        |
|                                      | 100-5410-5011           |              | ANCE-MED, DEN, V    | LONG TERM DISABILITY          |                        | 27.39       |          |        |
|                                      | 100-5610-5011           |              | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          |                        | 27.38       |          |        |
|                                      | 203-5600-5011           |              | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          |                        | 27.38       |          |        |
|                                      | 206-5600-5011           | INSUR        | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          | 9-17                   | 27.38       |          |        |
|                                      | 269-6303-5011           |              | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          |                        | 27.39       |          |        |
|                                      | 400-5300-5011           | INSUR        | ANCE- MED, DEN. V   | LONG TERM DISABILITY          | 9-17                   | 27.39       |          |        |
|                                      | 400-5600-5011           | INSUR        | ANCE- MED, DEN, V   | LONG TERM DISABILITY          | 9-17                   | 27.38       |          |        |
|                                      | 401-5300-5011           | INSUR        | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          | 9-17                   | 27.39       |          |        |
|                                      | 401-5600-5011           | INSUR        | ANCE-MED, DEN, VIS  | LONG TERM DISABILITY          | 9-17                   | 27.38       |          |        |
|                                      | 402-5300-5011           |              | ANCE-MED, DEN,VI    | LONG TERM DISABILITY          |                        | 27.39       |          |        |
|                                      |                         |              |                     | E                             |                        |             |          |        |
| EOC01                                | EOC - FOOD PREPARATION  |              | 08/15/2017          | Regular                       |                        | 0.00        | 2,027.44 | 47242  |
| Payable #                            | Payable Type            | Payable Date | Payable Description |                               | Discount Amount        |             | unt      |        |
| 22050                                | Account Number          |              | nt Name             | Item Description              |                        | ion Amount  |          |        |
| 33958                                | Invoice                 | 08/14/2017   | MEAL SUPPLIES SR    |                               | 0.00                   | 1,824       | 1.35     |        |
|                                      | 100-5615-6504           | FOOD         | SERVICES            | MEAL SUPPLIES SR CTR          |                        | 1,824.35    |          |        |
| 34004                                | Invoice                 | 08/14/2017   | SENIORS MEAL SU     | PPLIES                        | 0.00                   | 203         | 3.09     |        |
|                                      | 100-5615-6504           | FOOD         | SERVICES            | SENIORS MEAL SUPPLIE          | ES                     | 203.09      |          |        |
| AT&05                                | AT&T                    |              | 08/15/2017          | Regular                       |                        | 0.00        | 392.66   | 47243  |
| Payable #                            | Payable Type            | Payable Date | Payable Description | on                            | <b>Discount Amount</b> | Payable Amo | unt      |        |
|                                      | Account Number          | Accou        | nt Name             | Item Description              | Distribut              | ion Amount  |          |        |
| 1289-8-17                            | Invoice                 | 08/10/2017   | FRESNO LINE CITY    | HALL 8-17                     | 0.00                   | 392         | 2.66     |        |
|                                      | 100-5200-6510           | TELEPI       | HONE/DATA/PAGER     | FRESNO LINE CITY HALL         | L 8-17                 | 78.53       |          |        |
|                                      | 100-5620-6510           | TELEPI       | HONE/DATA/PAGER     | FRESNO LINE CITY HALL         | L 8-17                 | 78.54       |          |        |
|                                      | 100-5700-6510           | TELEPI       | HONE/DATA/PAGER     | FRESNO LINE CITY HALL         | L 8-17                 | 78.53       |          |        |
|                                      | 400-5300-6510           | TELEPI       | HONE/DATA & PAG     | FRESNO LINE CITY HALL         | L 8-17                 | 78.53       |          |        |
|                                      | 400-5600-6510           | TELEPI       | HONE/DATA/PAGER     | FRESNO LINE CITY HALL         | L 8-17                 | 78.53       |          |        |
| AT&09                                | AT&T                    |              | 08/15/2017          | Regular                       |                        | 0.00        | 82.83    | 47244  |
| Payable #                            | Payable Type            | Payable Date | Payable Description | on                            | <b>Discount Amount</b> | Payable Amo | unt      |        |
|                                      | Account Number          | Accou        | nt Name             | Item Description              | Distribut              | ion Amount  |          |        |
| 000009951711                         | Invoice                 | 08/10/2017   | PRESCHOOL PHON      | IE LINE                       | 0.00                   | 83          | 2.83     |        |
|                                      | 269-6303-6510           | TELEPI       | HONE/DATA/PAGER     | PRESCHOOL PHONE LIN           | NE                     | 82.83       |          |        |
| BARO6                                | BARCELLOS, DANNY        |              | 08/15/2017          | Regular                       |                        | 0.00        | 855.34   | 47245  |
| Payable #                            | Payable Type            | Payable Date | Payable Description | on                            | <b>Discount Amount</b> | Payable Amo | unt      |        |
|                                      | Account Number          | Accou        | nt Name             | Item Description              | Distribut              | ion Amount  |          |        |
| 8/8/2017                             | Invoice                 | 08/10/2017   | SRO TRAINING        |                               | 0.00                   | 85          | 5.34     |        |
|                                      | 100-5400-6503           | TRAVE        | L, MEETINGS & TR    | SRO TRAINING                  |                        | 855.34      |          |        |
| CENO2                                | CENTRAL VALLEY LOCK     |              | 08/15/2017          | Regular                       |                        | 0.00        | 301.94   | 47246  |

| Check Report               |  |   |   |  | D                                  | oate Range: 08/10/201  | 7 - 08/30/20 |
|----------------------------|--|---|---|--|------------------------------------|--|--------------|
| Vendor Number<br>Payable # | Vendor Name Payable Type   | Payable Date  | Payable Description                     |  | Discount Amount Pa                 |  | Number       |
| 50763                      | Account Number   |   | nt Name                                 | Item Description   | Distribution                       |  |              |
| 30703                      | Invoice<br>100-5400-6002   | 08/15/2017  | OPEN DOOR & REF                         |  | 0.00                               | 301.94   |              |
|                            | 100-3400-6002  | PARIS   | SUPPLIES                                | OPEN DOOR & REPLAC   | CE KNOB                            | 301.94   |              |
| SC001                      | CHAD SCHOEPNER   |   | 08/15/2017                              | Pogular  | 0.00                               | 002.22   | 470.47       |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     | Regular  | 0.00                               |  | 4/24/        |
| r ayable #                 | Account Number   | 550 St.   | nt Name                                 | Item Description   | Discount Amount Pa<br>Distribution |  |              |
| JULY 2017                  | Invoice  | 08/14/2017  | CARNIVAL PARK D                         | na managa ang ang ang ang  | 0.00                               |  |              |
| V 3 4 7 4 3 4 7            | 100-23101  | Sparting Control of the Association Access to the Association and | UNITY CENTER RE                         | CARNIVAL PARK DEP 7  |                                    | 802.32<br>500.00   |              |
|                            | 100-5617-45200   |   | UNITY CENTER RE                         | SALES % DUE TO CITY  | //1/                               | -500.00  |              |
|                            | 100-5617-45200   |   | UNITY CENTER RE                         | SALES 15% DUE TO CIT   | TV                                 | -697.68  |              |
|                            | 400-7100-46004   |   | LLANEOUS REVENU                         | HYDRANT METER DEP  |                                    | 1,500.00   |              |
|                            | what is to make the state of th |   | LE TITLE OF THE VEIVE                   | THE WATER DE   | •                                  | 1,300.00   |              |
| CLA05                      | CLARK PEST CONTROL   |   | 08/15/2017                              | Regular  | 0.00                               | ) 55.00  | 47248        |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     |  | Discount Amount Pa                 |  | 47240        |
| Will.                      | Account Number   | 252   | nt Name                                 | Item Description   | Distribution                       |  |              |
| 65294-8-17                 | Invoice  | 08/15/2017  | PD MONTHLY SER                          |  | 0.00                               | 55.00  |              |
|                            | 100-5400-6520  |   | SSIONAL SERVICES/                       | TOTAL CONTRACT STATE OF THE STA |                                    | 55.00  |              |
|                            |  |   |   |  |                                    | 33.00  |              |
| COM05                      | COMCAST  |   | 08/15/2017                              | Regular  | 0.00                               | 0 400.24   | 47249        |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     |  | Discount Amount Pa                 |  | 17213        |
|                            | Account Number   | Accour  | nt Name                                 | Item Description   | Distribution                       |  |              |
| 1665-8/3/17                | Invoice  | 08/15/2017  | PD PHONES & WIF                         |  | 0.00                               | 400.24   |              |
|                            | 100-5400-6510  | TELEPH  | HONE/DATA/PAGER                         | PD PHONES & WIFI 8-  |                                    | 400.24   |              |
|                            |  |   |   |  |                                    |  |              |
| CORO3                      | CORELOGIC SOLUTIONS, L   | LC  | 08/15/2017                              | Regular  | 0.00                               | 125.00   | 47250        |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     | on   | Discount Amount Pa                 | ayable Amount  |              |
|                            | Account Number   | Accour  | nt Name                                 | Item Description   | Distribution                       | Amount   |              |
| 81819731                   | Invoice  | 08/15/2017  | METRO SCAN ONL                          | INE DATA   | 0.00                               | 125.00   |              |
|                            | 100-5400-6520  | PROFE   | SSIONAL SERVICES/                       | METRO SCAN ONLINE  | DATA                               | 125.00   |              |
|                            | Sures - Committee and Sures Assessed Committee Committee of the Committee  |   | Microson - Microson - Microson - Contra |  |                                    |  |              |
| D&D01                      | D&D AIR CONDITIONING   |   | 08/15/2017                              | Regular  | 0.00                               | stenors and both   | 47251        |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     |  | Discount Amount Pa                 | 6.00 • 0.00 · 100 · 0.00 11 11 11 11 11 11 11 11 11 11 11 11 1 |              |
| 1020                       | Account Number   |   | nt Name                                 | Item Description   | Distribution                       |  |              |
| 1920                       | Invoice  | 08/15/2017  | ANIMAL DISPOSAL                         |  | 0.00                               | 195.00   |              |
|                            | 100-5410-6020  | ANIMA   | L FOOD                                  | ANIMAL DISPOSAL 7-1  | 17                                 | 195.00   |              |
| EINO1                      | EINIEDCONIC DDEDDECC   |   | 00/15/2017                              | DI   | 0.00                               | 0 107.00   |              |
| Payable #                  | EINERSON'S PREPRESS  Payable Type  | Pavable Date  | 08/15/2017                              | Regular  | 0.00                               |  | 4/252        |
| rayable #                  | Account Number   | Payable Date  | Payable Descriptions  The Name          |  | Discount Amount Pa                 |  |              |
| 16036                      | Invoice  | 08/14/2017  | BUSINESS CARDS                          | Item Description   | Distribution<br>0.00               |  |              |
| 20050                      | 100-5100-6000  |   | SUPPLIES                                | BUSINESS CARDS T. PI   |                                    | 59.39<br>59.39   |              |
| 4.6042                     |  |   |   | DOSINESS CARDS 1. FI   |                                    |  |              |
| <u>16043</u>               | Invoice  | 08/11/2017  | BUSINESS CARDS                          |  | 0.00                               | 48.59  |              |
|                            | 100-5100-6000  | OFFICE  | SUPPLIES                                | BUSINESS CARDS   |                                    | 48.59  |              |
| FW104                      | F11/11/2 (22)  | 7.2 <u>2</u> 2  | 2272222                                 | _ 2  |                                    | _  |              |
| EWI01                      | EWING IRRIGATION PROD  | ACCOUNTS AND ACCOUNTS AND ACCOUNTS  | 08/15/2017                              | Regular  | 0.0                                |  | 47253        |
| Payable #                  | Payable Type   | Payable Date  | Payable Description                     |  | Discount Amount Pa                 | 270  |              |
| 2054202                    | Account Number   |   | nt Name                                 | Item Description   | Distribution                       |  |              |
| 3854293                    | Invoice  | 08/15/2017  | PW SHOP PARTS                           | DIAL CLIOD DA DEC  | 0.00                               | 390.97   |              |
|                            | 400-5600-6002  | PARIS   | & SUPPLIES                              | PW SHOP PARTS  |                                    | 390.97   |              |
| EASOO                      | EASTENIAL CONADANIV  |   | 09/15/2017                              | Dogular  | 2.0                                | 0 255 :-   | 4705         |
| FASOO<br>Pavable #         | FASTENAL COMPANY   | Davable Date  | 08/15/2017                              | Regular  | 0.0                                |  | 4/254        |
| Payable #                  | Payable Type   | Payable Date  | Payable Descripti                       |  | Discount Amount P                  |  |              |
| CAREE36038                 | Account Number   |   | nt Name                                 | Item Description   | Distribution                       |  |              |
| C/1/1.1.20030              | Invoice<br>400-5600-6002   | 08/15/2017  | PW SHOP & WWT                           |  | 0.00                               | 365.17   |              |
|                            | 400-5600-6002<br>401-5600-6002   |   | & SUPPLIES                              | PW SHOP & WWTP S   |                                    | 182.59   |              |
|                            | -01-2000-000Z  | rAKI3   | SUPPLIES                                | PW SHOP & WWTP S   | DUTTLES                            | 182.58   |              |
| FRE13                      | FRESNO COUNTY TREASU   | RER   | 08/15/2017                              | Regular  | 0.0                                | 0 19,052.08  | 47255        |

|  |  |  |  |  |  |  |   |   | 7 - 08/30/20   |
|--|--|--|--|--|--|--|---|---|----------------|
| Vendor Number  | Vendor Name  | D 11 D .   | STANDARD STANDARD STANDARD STANDARD  | Payment Type   |  |  | ount Payme  |   | Number         |
| Payable #  | Payable Type   | Payable Date   | Payable Description  |  |  |  | Payable Amo   | ount                                      |                |
| CO14000  | Account Number   |  | nt Name  | Item Description   | ı  |  | ion Amount  |   |                |
| <u>SO14900</u>   | Invoice  | 08/15/2017   | DISPATCH & RMS/  |  |  | 0.00   | 19,05   | 2.08                                      |                |
|  | 100-5400-6520  |  | SSIONAL SERVICES/  | RMS/JMS ACCESS 7-17  |  |  | 180.83  |   |                |
|  | 100-5400-6520  | PROFE  | SSIONAL SERVICES/  | DISPATCH SERVICES 8-   | -17  |  | 18,871.25   |   |                |
| G&K00  | G&K SERVICES INC.  |  | 08/15/2017   | Regular  |  | //   | 0.00  | 117.42                                    | 47256          |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | T  | Discount A   |  | Payable Amo   |   | 47230          |
|  | Account Number   | At the second of the second of the second of   | nt Name  | Item Description   |  |  | ion Amount  |   |                |
| 6258138280   | Invoice  | 08/15/2017   | WEEKLY ROUTINE   | THE STATE OF THE S |  | 0.00   |   | 7.42                                      |                |
|  | 100-5200-6520  |  | SSIONAL SERVICES/  | CITY HALL SUPPLIES   |  | (07.507.053  | 21.33   |   |                |
|  | 100-5615-6520  |  | SSIONAL SERVICES/  | SR. CENTER SUPPLIES  |  |  | 3.98  |   |                |
|  | 100-5617-6520  |  | SSIONAL SERVICES   | COMM. CENTER SUPPL   | LIES   |  | 14.96   |   |                |
|  | 100-5620-6520  | PROFE  | SSIONAL SERVICES/  | FACILITY MAINT, UNIF   |  |  | 14.96   |   |                |
|  | 400-5600-6520  | PROFE  | SSIONAL SERVICES/  | PW UNIFORMS & SUPP   |  |  | 31.10   |   |                |
|  | 401-5600-6520  | PROFE  | SSIONAL SERVICES   | PW UNIFORMS & SUPP   |  |  | 31.09   |   |                |
| 110102   |  | _  |  | 1000 20  |  |  |   |   |                |
| HDL02  Payable #   | HINDERLITER, DE LLAMAS  Payable Type   |  | 08/15/2017   | Regular  |  |  | 0.00  | 1,298.53                                  | 47257          |
| Payable #  | ton a constant to the  | Payable Date   | Payable Description  |  |  |  | Payable Am  | ount                                      |                |
| 0037649 IN   | Account Number   |  | nt Name  | Item Description   |  |  | ion Amount  |   |                |
| 0027648-IN   | Invoice  | 08/11/2017   | SALES TAX SVCS 3   |  |  | 0.00   | 1,29  | 8.53                                      |                |
|  | 100-5300-6542  | CONTR  | ACT SERVICES   | SALES TAX SVCS 3RD C   | QTR  |  | 1,298.53  |   |                |
| НОРОО  | HOPKINS TECHNICAL PROI   | DUCTS  | 08/15/2017   | Regular  |  |  | 0.00  | 848.82                                    | 47258          |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | Mark Committee and Committee a | Discount A   |  | Payable Am  |   | 47230          |
|  | Account Number   | 10.00  | nt Name  | Item Description   |  |  | ion Amount  | ounc                                      |                |
| 3617300869   | Invoice  | 08/11/2017   | WATER WELL PAR   | 77.700 ST  |  | 0.00   |   | 8.82                                      |                |
|  | 400-5600-6002  | PARTS  | & SUPPLIES   | WATER WELL PARTS   |  |  | 848.82  |   |                |
|  |  |  |  |  |  |  |   |   |                |
| KAI00  | MAICED FOLINIDATION LIFE   |  | 00/45/0045   |  |  |  | 0.00  |   |                |
|  | KAISER FOUNDATION HEA  |  | 08/15/2017   | Regular  |  |  | 0.00  | 12,240.10                                 | 47259          |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | on   |  | Amount   | Payable Am  |   | 47259          |
| Payable #  | Payable Type<br>Account Number   | Payable Date<br>Accoun   | Payable Descriptiont Name  | on<br>Item Description   |  | Amount   |   |   | 47259          |
|  | Payable Type<br>Account Number<br>Invoice  | Payable Date<br>Account<br>08/15/2017  | Payable Descriptions  Name  HEALTH INSURAN   | on<br>Item Description<br>CE 8-17  |  | Amount   | Payable Ami<br>ion Amount<br>12,24  | ount                                      | 47259          |
| Payable #  | Payable Type<br>Account Number<br>Invoice<br>100-22197   | Payable Date Account 08/15/2017 EMPLO  | Payable Description<br>of Name<br>HEALTH INSURAN<br>OYEE MEDICAL INS.  | on  Item Description CE 8-17 EMPLOYEES PORTION   |  | Amount<br>Distribut  | Payable Amoint<br>12,24<br>2,983.18   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011  | Payable Date Account 08/15/2017 EMPLO INSUR  | Payable Descriptions  Name  HEALTH INSURAND  OYEE MEDICAL INS.  ANCE-MED, DEN, VIS   | Item Description CE 8-17 EMPLOYEES PORTION HEALTH INSURANCE 8-   | -17  | Amount<br>Distribut  | Payable Amoion Amount<br>12,24<br>2,983.18<br>2,430.62  | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR.  | Payable Description Name HEALTH INSURANDYEE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, V  | Item Description CE 8-17 EMPLOYEES PORTION HEALTH INSURANCE 8- HEALTH INSURANCE 8-   | -17<br>-17   | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR. INSUR.   | Payable Description Name HEALTH INSURAND DYEE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, VIS  | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  HEALTH INSURANCE 8-  HEALTH INSURANCE 8-  | -17<br>-17<br>-17  | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 100-5610-5011 203-5600-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR. INSUR. INSUR.  | Payable Description Name HEALTH INSURAND OF THE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, VIS  | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  HEALTH INSURANCE 8-  HEALTH INSURANCE 8-  HEALTH INSURANCE 8-   | -17<br>-17<br>-17<br>-17   | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13  | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 100-5610-5011 203-5600-5011 206-5600-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR. INSUR. INSUR. INSUR. INSUR.  | Payable Description Name HEALTH INSURAND OF THE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, VIS | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-   | -17<br>-17<br>-17<br>-17<br>-17                                    | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR. INSUR. INSUR. INSUR. INSUR. INSUR. INSUR.  | Payable Description Name HEALTH INSURAND PRE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, VI | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17                             | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46  | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011  | Payable Date Account 08/15/2017 EMPLO INSUR. INSUR. INSUR. INSUR. INSUR. INSUR. INSUR. INSUR. INSUR.   | Payable Description Name HEALTH INSURANT PAYEE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED,  | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17                      | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5610-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011  | Payable Date Account 08/15/2017 EMPLO INSUR.   | Payable Description Name HEALTH INSURAND PRE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VANCE-MED, VANCE-MED, VANCE-MED, VANCE-MED, | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17                      | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86  | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 400-5600-5011 401-5300-5011  | Payable Date Account 08/15/2017 EMPLO INSUR.   | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DEN | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-   | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17               | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011  | Payable Date Account 08/15/2017  EMPLO INSUR.  | Payable Description to Name HEALTH INSURANCE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VSANCE-MED, DEN, VISANCE-MED, D | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-   | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17        | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49  | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 400-5600-5011 401-5300-5011  | Payable Date Account 08/15/2017  EMPLO INSUR.  | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DEN | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-   | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17        | Amount<br>Distribut  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69   | ount                                      | 47259          |
| Payable #  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011  | Payable Date Account 08/15/2017 EMPLC INSUR.   | Payable Description Name HEALTH INSURANG PYEE MEDICAL INS. ANCE-MED, DEN, VIANCE-MED, DEN, VI   | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17        | Amount<br>Distribut<br>0.00  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34   | ount<br>0.10                              |                |
| Payable # 644006-8-17  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5610-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5600-5011 402-5300-5011  | Payable Date Account 08/15/2017 EMPLC INSUR.   | Payable Description to Name HEALTH INSURANCE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VSANCE-MED, DEN, VISANCE-MED, D | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- REGULAR  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount<br>Distribut<br>0.00  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49  | 600.00                                    |                |
| Payable # 644006-8-17  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5610-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5600-5011 401-5600-5011 LAW & ASSOCIATES INVES   | Payable Date Account 08/15/2017 EMPLC INSUR.  | Payable Description to Name HEALTH INSURANCE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VSANCE-MED, DEN, VISANCE-MED, DEN, VI   | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- REGULAR  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount<br>Distribut<br>0.00  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34   | 600.00                                    |                |
| Payable # 644006-8-17  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 401-5300-5011 LAW & ASSOCIATES INVES Payable Type  | Payable Date Account 08/15/2017 EMPLC INSUR.  | Payable Description Name HEALTH INSURAND PROBLEM MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, VISANCE | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- Regular  On  Item Description  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount<br>Distribut<br>0.00  | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount   | 600.00                                    |                |
| Payable # 644006-8-17  LAW01 Payable #                         | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5600-5011 401-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number   | Payable Date Account 08/15/2017 EMPLO INSUR. | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, VIICE-MED, DEN, VI | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- Regular  On  Item Description  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount Distribut 0.00  Amount Distribut                                | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount   | 600.00<br>ount                            |                |
| Payable #  644006-8-17  LAW01 Payable #  1465                  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 401-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520   | Payable Date Account 08/15/2017 EMPLO INSUR. | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VISANCE-MED, DEN, VISANCE-ME | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00                                     | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 60 600.00   | 600.00<br>ount                            | 47260          |
| Payable # 644006-8-17  LAW01 Payable # 1465  MCC01             | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 402-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520 McCORMICK, KABOT, JENN                                      | Payable Date Account 08/15/2017 EMPLO INSUR. | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VISTANCE-MED, D | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00                                     | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 60 600.00   | 600.00<br>ount<br>00.00                   | 47260          |
| Payable #  644006-8-17  LAW01 Payable #  1465                  | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 402-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520 McCORMICK, KABOT, JENI Payable Type                         | Payable Date Account 08/15/2017 EMPLO INSUR. | Payable Description Name HEALTH INSURAND PRE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DESCRIPTION NAME (1997) (19 | Item Description  Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- REGular  On  Item Description  //ESTIGATION BACKGROUND INVEST  Regular  On   | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00                                     | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 60 600.00  0.00 Payable Am                     | 600.00<br>ount<br>00.00                   | 47260          |
| Payable #  644006-8-17  LAW01 Payable #  1465  MCC01 Payable # | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 402-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520  McCORMICK, KABOT, JENI Payable Type Account Number         | Payable Date Account 08/15/2017 EMPLO INSUR. | Payable Description Name HEALTH INSURAND PRE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DESCRIPTION NAME  BACKGROUND INV SSIONAL SERVICES/  08/15/2017  Payable Description Name   | Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8-  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00  Amount Distribut 0.00              | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 600.00  0.00 Payable Amion Amount amion Amount | 600.00<br>ount<br>00.00<br>112.50<br>ount | 47260          |
| Payable # 644006-8-17  LAW01 Payable # 1465  MCC01             | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 401-5600-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520  McCORMICK, KABOT, JENI Payable Type Account Number Invoice | Payable Date Account 08/15/2017 EMPLC INSUR. | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DESCRIPTION NAME  BACKGROUND INV SSIONAL SERVICES/  08/15/2017 Payable Description Name ATTORNEY FEES   | Item Description  CE 8-17  EMPLOYEES PORTION HEALTH INSURANCE 8- Regular on Item Description //ESTIGATION BACKGROUND INVEST Regular on Item Description  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00                                     | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 60 600.00  0.00 Payable Amion Amount 11        | 600.00<br>ount<br>00.00                   | 47260          |
| Payable #  644006-8-17  LAW01 Payable #  1465  MCC01 Payable # | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 402-5300-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520  McCORMICK, KABOT, JENI Payable Type Account Number         | Payable Date Account 08/15/2017 EMPLC INSUR. | Payable Description Name HEALTH INSURAND PRE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DESCRIPTION NAME  BACKGROUND INV SSIONAL SERVICES/  08/15/2017  Payable Description Name   | Item Description  Item Description  CE 8-17  EMPLOYEES PORTION  HEALTH INSURANCE 8- REGular  On  Item Description  //ESTIGATION BACKGROUND INVEST  Regular  On   | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00  Amount Distribut 0.00              | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 600.00  0.00 Payable Amion Amount amion Amount | 600.00<br>ount<br>00.00<br>112.50<br>ount | 47260          |
| Payable #  644006-8-17  LAW01 Payable #  1465  MCC01 Payable # | Payable Type Account Number Invoice 100-22197 100-5400-5011 100-5410-5011 203-5600-5011 206-5600-5011 269-6303-5011 400-5300-5011 401-5300-5011 401-5300-5011 401-5600-5011 LAW & ASSOCIATES INVES Payable Type Account Number Invoice 100-5400-6520  McCORMICK, KABOT, JENI Payable Type Account Number Invoice | Payable Date Account 08/15/2017 EMPLC INSUR. | Payable Description Name HEALTH INSURAND PREE MEDICAL INS. ANCE-MED, DEN, VANCE-MED, DEN, VISANCE-MED, DESCRIPTION NAME  BACKGROUND INV SSIONAL SERVICES/  08/15/2017 Payable Description Name ATTORNEY FEES   | Item Description  CE 8-17  EMPLOYEES PORTION HEALTH INSURANCE 8- Regular on Item Description //ESTIGATION BACKGROUND INVEST Regular on Item Description  | -17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17<br>-17 | Amount 0.00  Amount Distribut 0.00  Amount Distribut 0.00  Amount 0.00 | Payable Amion Amount 12,24 2,983.18 2,430.62 332.42 46.09 334.13 334.13 1,883.46 546.69 1,415.86 546.69 1,113.49 273.34  0.00 Payable Amion Amount 60 600.00  0.00 Payable Amion Amount 11        | 600.00<br>ount<br>00.00<br>112.50<br>ount | 47260<br>47261 |

| Check Report         |  |  |                             |  |              | D           | ate Range: 08/10   | 0/201 | 7 - 08/30/20        |
|----------------------|--|--|-----------------------------|--|--------------|-------------|--|-------|---------------------|
| <b>Vendor Number</b> | Vendor Name                                  |  | Payment Date                | Payment Type   | Discoun      | t Amount    | Payment Amo  | ount  | Number              |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         | on   |              |             | yable Amount   |       |                     |
|                      | <b>Account Number</b>                        | Accou  | nt Name                     | Item Description   |              | tribution A | The control of the co |       |                     |
| 27681                | Invoice                                      | 08/15/2017   | REPAIR ANIMAL C             | ONTROL TRUCK   |              | 0.00        | 867.56   |       |                     |
|                      | 100-5410-6532                                | VEHIC  | E MAINTENANCE               | REPAIR ANIMAL CONTI  | ROL TRUC     |             | 867.56   |       |                     |
| 27932                | Invoice                                      | 08/15/2017   | BATTERY & DIAGN             | IOSTIC CHECK   |              | 0.00        | 224.97   |       |                     |
|                      | 100-5400-6532                                | ACCOUNT LESSON RECONSCIONATION   | LE MAINTENANCE              | BATTERY & DIAGNOST   |              | 0.00        | 224.97   |       |                     |
|                      | #  | VEITICE  | L MAINTENANCE               | DATTENT & DIAGNOST   | IC CHECK     |             | 224.97   |       |                     |
| MOR05                | MORALES, DOMINGO A.                          |  | 08/15/2017                  | Regular  |              | 0.00        |  | 1 77  | 47263               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         |  | Discount Ame |             | yable Amount   | 1.//  | 47203               |
| 0.400.000000         | Account Number                               | And the second s | nt Name                     | Item Description   |              | tribution A |  |       |                     |
| 8/9/17               | Invoice                                      | 08/15/2017   | SAFETY STEEL TOE            | V. SANDOD DATE A CITY OF ORDER OF THE POST |              | 0.00        | 91.77  |       |                     |
|                      | 400-5600-6002                                |  | & SUPPLIES                  | SAFETY STEEL TOE SHO   |              | 0.00        | 91.77  |       |                     |
|                      |  |  |                             |  |              |             | 52177  |       |                     |
| MOT01                | MOTION MEDICAL DISTRI                        | BUTING   | 08/15/2017                  | Regular  |              | 0.00        | 7  | 8.00  | 47264               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         |  | Discount Ame |             | yable Amount   | 0.00  | 1,201               |
|                      | <b>Account Number</b>                        | Accou  | nt Name                     | Item Description   |              | tribution A | 5 OF THE PROPERTY OF THE PROPE |       |                     |
| 31599                | Invoice                                      | 08/15/2017   | BLOOD DRAW KITS             | S  |              | 0.00        | 78.00  |       |                     |
|                      | 100-5400-6002                                | PARTS  | SUPPLIES                    | <b>BLOOD DRAW KITS</b>   |              |             | 78.00  |       |                     |
|                      |  |  |                             |  |              |             |  |       |                     |
| OFF01                | OFFICE DEPOT                                 |  | 08/15/2017                  | Regular  |              | 0.00        | 15   | 2.95  | 47265               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         | on   | Discount Am  | ount Pa     | yable Amount   |       |                     |
|                      | Account Number                               | Accou  | nt Name                     | Item Description   |              | tribution A |  |       |                     |
| 943135652001         | Invoice                                      | 08/14/2017   | FINANCE- OFFICE             | SUPPLIES   |              | 0.00        | 152.95   |       |                     |
|                      | 400-5300-6000                                | OFFICE   | SUPPLIES - FIN              | FINANCE- OFFICE SUPI   | PLIES        |             | 76.48  |       |                     |
|                      | 402-5300-6000                                | OFFICE   | SUPPLIES                    | FINANCE- OFFICE SUPI   | PLIES        |             | 76.47  |       |                     |
|                      |  |  |                             |  |              |             |  |       |                     |
| PARO6                | PARLIER APOSTOLIC CHUI                       | RCH  | 08/15/2017                  | Regular  |              | 0.00        |  | 0.00  | 47266               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         |  |              |             | yable Amount   |       |                     |
| 0/42/47              | Account Number                               |  | nt Name                     | Item Description   |              | tribution / |  |       |                     |
| 8/12/17              | Invoice                                      | 08/14/2017   | STREET CLOSURE              |  |              | 0.00        | 210.00   |       |                     |
|                      | 100-23101                                    |  | IUNITY CENTER RE            | BARRICADE DEP 8/12/  |              |             | 50.00  |       |                     |
|                      | 100-23101                                    |  | IUNITY CENTER RE            | STREET CLOSURE DEP   |              |             | 200.00   |       |                     |
|                      | 100-5617-45200                               | COMIN  | IUNITY CENTER RE            | RENTAL 8 BARRICADES  | S            |             | -40.00   |       |                     |
| PAR1L                | PARLIER BUDDHIST CHUR                        | CH   | 08/15/2017                  | Regular  |              | 0.00        | ) 20   | 00.00 | 47267               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Description         | , WZ   | Discount Am  |             | yable Amount   | 0.00  | 4/20/               |
| i dyabic ii          | Account Number                               | 1 to the second  | nt Name                     | Item Description   |              | tribution / | .3   |       |                     |
| 7/22/17              | Invoice                                      | 08/14/2017   | ST. CLOSURE DEP.            | 29 (2000) 1 (2000) 1 (A) (2000) 1 (2000) 2 (400) 1 (400) 1 (400) 1 (400)   | Dis          | 0.00        | 200.00   |       |                     |
|                      | 100-5617-45200                               |  | UNITY CENTER RE             |  |              | 0.00        | 200.00   |       |                     |
|                      | steelistaatistatistatistatistatistatistatist |  |                             | orr deducing per riner   | •            |             | 200.00   |       |                     |
| PETO1                | PETTY CASH FUND                              |  | 08/15/2017                  | Regular  |              | 0.00        | ) 13   | 1.88  | 47268               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Descripti           | on   | Discount Am  | ount Pa     | yable Amount   |       |                     |
|                      | Account Number                               | Accou  | nt Name                     | Item Description   | Dis          | tribution A | Amount   |       |                     |
| 8/10/17              | Invoice                                      | 08/14/2017   | REPLENISH PETTY             | CASH   |              | 0.00        | 131.88   |       |                     |
|                      | 100-5200-6002                                | PARTS  | SUPPLIES                    | CITY HALL SUPPLIES   |              |             | 8.66   |       |                     |
|                      | 100-5200-6503                                | TRAVE  | L, MEETINGS & TR            | MILEAGE REIMB BERT   | HA           |             | 5.85   |       |                     |
|                      | 100-5200-6503                                | TRAVE  | L, MEETINGS & TR            | MILEAGE REIMB,   |              |             | 39.80  |       |                     |
|                      | 100-5200-6503                                | TRAVE  | L, MEETINGS & TR            | PARKING QUARTERS N   | METER        |             | 2.00   |       |                     |
|                      | 100-5300-6002                                | PARTS  | SUPPLIES                    | CITY HALL SUPPLIES   |              |             | 8.66   |       |                     |
|                      | 100-5615-6002                                | PARTS  | SUPPLIES                    | SENIOR SUPPLIES  |              |             | 8.52   |       |                     |
|                      | 100-5615-6504                                | FOOD   | SERVICES                    | SENIOR MEAL SUPPLIE  | ES           |             | 11.29  |       |                     |
|                      | 100-5616-6002                                | PARTS  | SUPPLIES                    | POOL SUPPLIES  |              |             | 31.30  |       |                     |
|                      | 100-5616-6002                                | PARTS  | SUPPLIES                    | POOL SUPPLIES  |              |             | 7.14   |       |                     |
|                      | 100-5700-6002                                | PARTS  | SUPPLIES                    | CITY HALL SUPPLIES   |              |             | 8.66   |       |                     |
| 011103               | OHIII 602202:=:::::                          |  | 00/15/05                    | n  |              | 12012       | 200  |       | 19 <u>12</u> 12 200 |
| QUI02                | QUILL CORPORATION                            | Dought D.  | 08/15/2017                  | Regular  | Di           | 0.00        |  | 36.21 | 47269               |
| Payable #            | Payable Type                                 | Payable Date   | Payable Descripti           |  |              |             | ayable Amount  |       |                     |
| 8702744              | Account Number                               |  | nt Name                     | Item Description   | Dis          | tribution   |  |       |                     |
| 0/02/44              | Invoice<br>401-5600-6000                     | 08/15/2017<br>OFFICE   | WWTP SUPPLIES<br>E SUPPLIES | WWTP SUPPLIES  |              | 0.00        | 172.74<br>172.74   |       |                     |
|                      | 101 3000 0000                                | OFFIC  | LOUITLILO                   | AN AN IL SOLLFIES  |              |             | 1/2./4   |       |                     |

| Check Report                         |   |                        |  |                                       |                       |                   |           | 20/40/204                               |                |
|--------------------------------------|---|------------------------|--|---------------------------------------|-----------------------|-------------------|-----------|---|----------------|
| (8.5%)                               |   |                        |  |                                       |                       | ,                 | ate Kange | : 08/10/201                             | 7 - 08/30/2017 |
| Vendor Number<br>8702747             | Vendor Name<br>Invoice<br>400-5600-6000 | 08/15/2017<br>OFFICE   | Payment Date<br>PW SUPPLIES<br>SUPPLIES - P.W. | Payment Type PW SUPPLIES              | Discou                | nt Amoun<br>0.00  |           | nt Amount<br>2.72                       | Number         |
| 8707503                              | Invoice                                 |                        |  |                                       |                       | 0.00              |           |   |                |
| <u>0707303</u>                       | 401-5600-6000                           | 08/15/2017<br>OFFICE   | WWTP SUPPLIES<br>SUPPLIES                      | WWTP SUPPLIES                         |                       | 0.00              | 40.75     | 0.75                                    |                |
| RED01 Payable #                      | REDCO                                   | Davishla Data          | 08/15/2017                                     | Regular                               |                       | 0.0               |           | 170.02                                  | 47270          |
| rayable #                            | Payable Type Account Number             | Payable Date<br>Accoun | Payable Description                            |                                       | Discount Am           |                   |           | ount                                    |                |
| S5431                                | Invoice                                 | 08/11/2017             | PARKS SUPPLIES                                 | Item Description                      | Dis                   | tribution<br>0.00 |           | 0.02                                    |                |
| 99,19,10,                            | 100-5610-6002                           |                        | SUPPLIES                                       | PARKS SUPPLIES                        |                       | 0.00              | 170.02    | 0.02                                    |                |
|                                      | 200 0020 0002                           | TANTS                  | JOIT LIES                                      | PAINS SUPPLIES                        |                       |                   | 170.02    |   |                |
| RSG01                                | RSG, INC.                               |                        | 08/15/2017                                     | Regular                               |                       | 0.0               | 0         | 1,725.00                                | 47271          |
| Payable #                            | Payable Type                            | Payable Date           | Payable Description                            | 155                                   | Discount Am           |                   |           |   |                |
|                                      | Account Number                          | Accoun                 | t Name   | Item Description                      | Di                    | stribution        | Amount    |   |                |
| 1002711                              | Invoice                                 | 08/15/2017             | PROPERTY DISPOS                                | ITION 7-17                            |                       | 0.00              | 1,72      | 5.00                                    |                |
|                                      | 602-8100-6542                           | CONTRA                 | ACT SERVICES                                   | PROPERTY DISPOSITIO                   | N 7-17                |                   | 1,725.00  |   |                |
| SAN1R                                | SAN JOAQUIN VALLEY AIR                  |                        | 08/15/2017                                     | Regular                               |                       | 0.0               | 0         | 264.00                                  | 47272          |
| Payable #                            | Payable Type                            | Payable Date           | Payable Description                            | on                                    | Discount Am           | ount P            | ayable Am | ount                                    |                |
|                                      | Account Number                          | Accoun                 | t Name   | Item Description                      | Di                    | stribution        | Amount    |   |                |
| C266260                              | Invoice                                 | 08/11/2017             | ANNUAL PERMIT F                                | EES 17/18                             |                       | 0.00              | 26        | 4.00                                    |                |
|                                      | 401-5600-6520                           | PROFES                 | SSIONAL SERVICES                               | ANNUAL PERMIT FEES                    | 17/18                 |                   | 264.00    |   |                |
| 50500                                |   |                        |  |                                       |                       |                   |           |   |                |
| SOC00                                | SOCIAL VOCATIONAL SERV                  |                        | 08/15/2017                                     | Regular                               |                       | 0.0               |           | 2,900.00                                | 47273          |
| Payable #                            | Payable Type                            | Payable Date           | Payable Description                            |                                       | Discount An           |                   |           | ount                                    |                |
| 26C1712 IN                           | Account Number                          |                        | t Name   | Item Description                      | Di                    | stribution        |           | 2 22                                    |                |
| 36G1713-IN                           | Invoice<br>100-5600-6520                | 08/15/2017             | LANDSCAPE MAIN                                 |                                       | ANGE 0.4              | 0.00              |           | 0.00                                    |                |
|                                      | 100-5610-6520                           |                        | SSIONAL SERVICES/                              | LANDSCAPE MAINTEN                     | Provide Agranda Paris |                   | 580.00    |   |                |
|                                      | 204-5600-6520                           |                        | SSIONAL SERVICES/<br>SSIONAL SERVICES/         | LANDSCAPE MAINTEN                     |                       |                   | 580.00    |   |                |
|                                      | 213-5600-6520                           |                        | SSIONAL SERVICES/                              | LANDSCAPE MAINTEN. LANDSCAPE MAINTEN. |                       |                   | 580.00    |   |                |
|                                      | 243 3000 0320                           | FROFES                 | SIONAL SERVICES/                               | LANDSCAPE WAINTEN                     | ANCE 0-1              |                   | 1,160.00  |   |                |
| CISO2                                | SOPHIA SEPULVEDA                        |                        | 08/15/2017                                     | Regular                               |                       | 0.0               | 0         | 21.60                                   | 47274          |
| Payable #                            | Payable Type                            | Payable Date           | Payable Description                            | 2000                                  | Discount An           |                   |           | 100000000000000000000000000000000000000 | 4/2/4          |
|                                      | Account Number                          | Accoun                 | it Name  | Item Description                      |                       | stribution        |           |   |                |
| 7-17                                 | Invoice                                 | 08/14/2017             | MILEAGE REIMBUI                                | RSEMENT                               |                       | 0.00              | 1         | .6.20                                   |                |
|                                      | 400-5600-6011                           | FUEL                   |  | MILEAGE REIMBURSEN                    | MENT                  |                   | 16.20     |   |                |
| 8-17                                 | Invoice                                 | 08/14/2017             | MILEAGE REIMBUI                                | RSEMENT                               |                       | 0.00              |           | 5.40                                    |                |
|                                      | 400-5600-6011                           | FUEL                   |  | MILEAGE REIMBURSEN                    | MENT                  | 0.00              | 5.40      | 3110                                    |                |
| STA1U                                | STAR 1 MINI MART                        |                        | 08/15/2017                                     | Regular                               |                       | 0.0               | 0         | 946.46                                  | 47275          |
| Payable #                            | Payable Type                            | Payable Date           | Payable Description                            | 1.75                                  | Discount An           |                   |           |   | 47273          |
| and Print • Date yet Print a station | Account Number                          |                        | it Name  | Item Description                      |                       | stribution        |           | -                                       |                |
| 1754                                 | Invoice                                 | 08/11/2017             | PW FUEL 7-17                                   |                                       |                       | 0.00              |           | 0.10                                    |                |
|                                      | 401-5600-6011                           | FUEL                   |  | PW FUEL 7-17                          |                       |                   | 60.10     | numani (100 NEO)                        |                |
| 2                                    | Invoice                                 | 08/11/2017             | PW FUEL 7-17                                   |                                       |                       | 0.00              |           | 88.68                                   |                |
| _                                    | 401-5600-6011                           | FUEL                   |  | PW FUEL 7-17                          |                       | 5.00              | 68.68     | 0.00                                    |                |
| 202                                  | 20 20                                   |                        | DW 51151 7 47                                  |                                       |                       | 0.05              |           |   |                |
| 203                                  | Invoice                                 | 08/11/2017             | PW FUEL 7-17                                   | DW FUE: 7.47                          |                       | 0.00              |           | 66.66                                   |                |
|                                      | 401-5600-6011                           | FUEL                   |  | PW FUEL 7-17                          |                       |                   | 66.66     |   |                |
| 2981                                 | Invoice                                 | 08/11/2017             | PW FUEL 7-17                                   |                                       |                       | 0.00              |           | 66.66                                   |                |
|                                      | 401-5600-6011                           | FUEL                   |  | PW FUEL 7-17                          |                       |                   | 66.66     |   |                |

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401-5600-6011

400-5600-6011

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| Check Report       |                              |                        |                                   |                                   |                        | Date Range         | : 08/10/201                              | 7 - 08/30/2017 |
|--------------------|------------------------------|------------------------|-----------------------------------|-----------------------------------|------------------------|--------------------|--|----------------|
| Vendor Number      | Vendor Name<br>401-5600-6011 | FUEL                   | Payment Date                      | Payment Type<br>PW FUEL 7-17      | Discount Amou          | unt Payme<br>65.00 | nt Amount                                | Number         |
| 6907               | Invoice<br>100-5620-6011     | 08/11/2017<br>FUEL - I | FACILITY MAINT FUREC.             | JEL 7-17<br>FACILITY MAINT FUEL 7 | 0.00<br>7-17           | 64.93              | 4.93                                     |                |
| 7919               | Invoice<br>400-5600-6011     | 08/11/2017<br>FUEL     | PW FUEL 7-17                      | PW FUEL 7-17                      | 0.00                   | 98.00              | 8.00                                     |                |
| 8248               | Invoice<br>401-5600-6011     | 08/11/2017<br>FUEL     | PW FUEL 7-17                      | PW FUEL 7-17                      | 0.00                   | 7<br>72.55         | 2.55                                     |                |
| 8836               | Invoice<br>401-5600-6011     | 08/11/2017<br>FUEL     | PW FUEL 7-17                      | PW FUEL 7-17                      | 0.00                   | 68.39              | 8.39                                     |                |
| 9101               | Invoice<br>401-5600-6011     | 08/11/2017<br>FUEL     | PW FUEL 7-17                      | PW FUEL 7-17                      | 0.00                   | 66.00              | 66.00                                    |                |
| 9435               | Invoice<br>401-5600-6011     | 08/11/2017<br>FUEL     | PW FUEL 7-17                      | PW FUEL 7-17                      | 0.00                   | 60.60              | 60.60                                    |                |
| STA19              | STATE OF CALIFORNIA          |                        | 08/15/2017                        | Regular                           |                        | 0.00               | 392.00                                   | 47276          |
| Payable #          | Payable Type                 | Payable Date           | Payable Description               |                                   | Discount Amount        |                    | ount                                     |                |
| 246755             | Account Number<br>Invoice    | 08/15/2017             | t Name                            | Item Description                  |                        | on Amount          | 7.00                                     |                |
|                    | 100-5410-6520                |                        | FINGERPRINTS<br>SSIONAL SERVICES/ | FINGERPRINTS                      | 0.00                   | 287.00             | 37.00                                    |                |
| 251602             | Invoice                      | 08/15/2017             | ALCOHOL ANALYS                    | IS                                | 0.00                   | 10                 | 5.00                                     |                |
|                    | 100-5400-6544                | 5 38                   | ALYSIS & TESTING                  | ALCOHOL ANALYSIS                  | 0.00                   | 105.00             | 3.00                                     |                |
| T&J00              | T & J ARCO STATION           |                        | 08/15/2017                        | Regular                           | 0                      | 0.00               | 1,160.73                                 | 47277          |
| Payable #          | Payable Type                 | Payable Date           | Payable Description               | and the second                    | Discount Amount        |                    | N-00-000-00-00-00-00-00-00-00-00-00-00-0 | 4/2//          |
|                    | Account Number               |                        | it Name                           | Item Description                  |                        | on Amount          | ount                                     |                |
| 7-17               | Invoice                      | 08/11/2017             | PW FUEL 7-17                      | reem Description                  | 0.00                   |                    | 50.73                                    |                |
| 1550-44445 Enforce | 400-5600-6011                | FUEL                   | 1111022727                        | PW FUEL 7-17                      | 0.00                   | 580.37             | 70.73                                    |                |
|                    | 401-5600-6011                | FUEL                   |                                   | PW FUEL 7-17                      |                        | 580.36             |  |                |
| SO 01              | THE GAS CO.                  |                        | 08/15/2017                        | Regular                           | 0                      | 0.00               | 264.21                                   | 47278          |
| Payable #          | Payable Type                 | Payable Date           | Payable Description               | 5                                 | Discount Amount        | Payable Am         |  |                |
|                    | Account Number               | Accour                 | nt Name                           | Item Description                  | Distribution           | on Amount          |  |                |
| 7/17               | Invoice                      | 08/11/2017             | UTILITY SERVICES                  | 7-17                              | 0.00                   | 26                 | 64.21                                    |                |
|                    | 100-5400-6513                | GAS                    |                                   | 8770 S MENDOCINO A                | VE 7-17                | 30.44              |  |                |
|                    | 100-5615-6513                | GAS                    |                                   | 690 NEWMARK AVE 7-                | 17                     | 13.57              |  |                |
|                    | 100-5617-6513                | GAS                    |                                   | 1100 E PARLIER AVE 7-             | -17                    | 88.91              |  |                |
|                    | 100-5618-6513                | GAS                    |                                   | 745 TULARE ST 7-17                |                        | 0.06               |  |                |
|                    | 100-5620-6513                | GAS                    |                                   | 741.5 TULARE AVE 7-1              | 7                      | 18.54              |  |                |
|                    | 100-5620-6513                | GAS                    |                                   | 741 TULARE AVE 7-17               |                        | 35.04              |  |                |
|                    | 100-5620-6513                | GAS                    |                                   | 580 TULARE AVE 7-17               |                        | 29.32              |  |                |
|                    | 269-6303-6513                | GAS                    |                                   | 8000 S MENDOCINO A                | VE 7-17                | 48.33              |  |                |
| ULI01              | ULINE                        |                        | 08/15/2017                        | Regular                           | C                      | 0.00               | 125.41                                   | 47279          |
| Payable #          | Payable Type                 | Payable Date           | Payable Description               | on                                | <b>Discount Amount</b> | Payable Am         | ount                                     |                |
|                    | Account Number               | Accour                 | nt Name                           | Item Description                  | Distribution           | on Amount          |  |                |
| 89038090           | Invoice                      | 08/15/2017             | POLY BAG 36X36                    |                                   | 0.00                   | 12                 | 25.41                                    |                |
|                    | 100-5400-6002                | PARTS                  | SUPPLIES                          | POLY BAG 36X36                    |                        | 125.41             |  |                |
| UN 01              | unWIRED BROADBAND, IN        | IC.                    | 08/15/2017                        | Regular                           | C                      | 0.00               | 149.99                                   | 47280          |
| Payable #          | Payable Type                 | Payable Date           | Payable Description               |                                   | Discount Amount        |                    |  |                |
|                    | Account Number               | Accour                 | nt Name                           | Item Description                  |                        | on Amount          |  |                |
| INV00459809        | Invoice                      | 08/11/2017             | WWTP DATA                         |                                   | 0.00                   | 14                 | 19.99                                    |                |
|                    | 401-5600-6510                | TELEPH                 | IONE/DATA/PAGER                   | WWTP DATA                         |                        | 149.99             |  |                |
| YAMO1              | YAMABE & HORN ENGINE         | ERING INC.             | 08/15/2017                        | Regular                           | C                      | 0.00               | 17,752.00                                | 47281          |

| Check Report  |  |   |  |  |  | Date Range: 08/1   | .0/2017 - 08/3 | 0/20 |
|---|--|---|--|--|--|--|----------------|------|
| Vendor Number<br>Payable #  | Vendor Name<br>Payable Type<br>Account Number<br>Invoice   | Payable Date Accour 08/14/2017  | Payment Date Payable Description Name SWRCB WWTP GR  | Item Description   | Discount Amount  | nount Payment Am Payable Amount Ition Amount 17,752.00   | ount Numbe     | er   |
|   | 309-5600-6519  | ENGIN   | EERING FEES  | SWRCB WWTP GRANT   |  | 17,752.00  |                |      |
| ALTO1 Payable # 7/22 - 8/04   | ALTA MONTCLAIR/EBSA Payable Type Account Number Invoice  | Payable Date Accour   | 08/17/2017 Payable Descriptiont Name   | Item Description   | Distribu   | Payable Amount ation Amount  | 00.00 47282    |      |
| 1166 0104   | 100-22210  |   | 457 DEFERRED CO<br>FERRED COMPENS  | 457 DEFERRED COMP 8  | 0.00<br>3/04   | 100.00   |                |      |
| BUS01 Payable # 31-109-01   | BUSH ENGINEERING INC. Payable Type Account Number Invoice  | Payable Date Accour   | 08/17/2017 Payable Description It Name MENDOCINO & M.  | Item Description   |  | Payable Amount ation Amount  | 54.11 47283    |      |
|   | 222-5600-7022  |   | OCINO WIDENING   | MENDOCINO & MANNI  |  | 299,654.11<br>299,654.11   |                |      |
| COR11 Payable #  8/3/17   | CORTEZ TIRES Payable Type Account Number Invoice   | Payable Date<br>Accour<br>08/16/2017  | 08/17/2017 Payable Description Name UNIT # 126 PARTS   | Regular<br>on<br>Item Description  |  | Payable Amount ation Amount  | 10.00 47284    |      |
|   | 400-5600-6004  | TOOLS   | & MINOR EQUIPM   | UNIT # 126 PARTS   |  | 10.00  |                |      |
| GRO01 Payable #   | FERGUSON ENTERPRISES Payable Type Account Number   | Payable Date<br>Accour  | 08/17/2017<br>Payable Description<br>of Name   | Item Description   | Distrib  | Payable Amount ution Amount  | 85.75 47285    |      |
| 1288612   | Invoice<br>400-5600-6002   | 08/16/2017<br>PARTS   | PW SHOP SUPPLIE<br>& SUPPLIES  | S<br>PW SHOP SUPPLIES  | 0.00   | 685.75<br>685.75   |                |      |
| 10 (0.000 to 0.000 to 1   |  |   |  |  |  |  |                |      |
| LOZ03   | LOZANO SMITH, LLP  |   | 08/17/2017   | Regular  |  | 0.00 12,5  | 37.40 47286    |      |
| LOZO3<br>Payable #  | Payable Type   | Payable Date  | Payable Description  | on   |  | t Payable Amount   | 37.40 47286    |      |
|   | STATE OF THE STATE | Accour<br>08/16/2017  |  | on<br>Item Description   | Distribu<br>0.00   | t Payable Amount<br>ution Amount   | 37.40 47286    |      |
| Payable #   | Payable Type<br>Account Number<br>Invoice  | Accour<br>08/16/2017<br>ATTOR<br>08/16/2017   | Payable Description<br>It Name<br>GENERAL LEGAL SI   | on<br>Item Description<br>ERVICES 7-17<br>GENERAL LEGAL SERVIC   | Distribu<br>0.00   | t Payable Amount<br>ution Amount<br>2,536.20<br>2,536.20   | 37.40 47286    |      |
| Payable # 2032075   | Payable Type Account Number Invoice 100-5200-6521 Invoice  | Accour<br>08/16/2017<br>ATTOR<br>08/16/2017<br>ATTOR<br>08/16/2017  | Payable Description<br>t Name<br>GENERAL LEGAL SI<br>NEY SERVICES<br>LEGAL RETAINER 7  | on Item Description ERVICES 7-17 GENERAL LEGAL SERVIC 7-17 LEGAL RETAINER 7-17   | Distribu<br>0.00<br>CES 7-17<br>0.00                                 | t Payable Amount ution Amount 2,536.20 2,536.20 1,264.20 1,264.20  | 37.40 47286    |      |
| Payable #  2032075  2032076   | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice  | Account 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017   | Payable Description INAME GENERAL LEGAL SI NEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONI  | tem Description ERVICES 7-17 GENERAL LEGAL SERVIC 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7  | Distribu<br>0.00<br>CES 7-17<br>0.00<br>7-17                         | t Payable Amount ution Amount 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00   | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice  | Account 08/16/2017     ATTOR 08/16/2017     ATTOR 08/16/2017     ATTOR 08/16/2017     ATTOR 08/16/2017     ATTOR  | Payable Description to Name GENERAL LEGAL SINEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONINEY SERVICES PD LEGAL SERVICES   | Item Description ERVICES 7-17 GENERAL LEGAL SERVICE 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7 ES 7-17 PD LEAGL SERVICES 7-1  | Distribu 0.00 0.00 0.00 0.00 7-17 0.00 77 0.00 17                    | t Payable Amount ution Amount 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 1,855.00   | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  2032078                                     | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice 100-5400-6521 Invoice 400-5600-6521  | Account 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017 ATTOR 08/16/2017  | Payable Description In Name GENERAL LEGAL SI NEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONI NEY SERVICES PD LEGAL SERVICE NEY SERVICES PW LEGAL SERVICE NEY FEES   | Item Description ERVICES 7-17 GENERAL LEGAL SERVIC 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7 ES 7-17 PD LEAGL SERVICES 7-1 ES 7-17 PW LEGAL SERVICES 7- PW LEGAL SERVICES 7- S 7-17  | 0.00<br>CES 7-17<br>0.00<br>7-17<br>0.00<br>7-17<br>0.00<br>17<br>17 | t Payable Amount ution Amount 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00 1,855.00 1,855.00 630.00 630.00 630.00  | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  2032078  2032079                            | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice 100-5400-6521 Invoice 400-5600-6521 Invoice  | Account 08/16/2017     ATTOR 08/16/2017             | Payable Description Name GENERAL LEGAL SI NEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONI NEY SERVICES PD LEGAL SERVICE NEY SERVICES PW LEGAL SERVICE NEY FEES NEY FEES SA LEGAL SERVICE NEY SERVICES GENERAL LITIGATI          | Item Description ERVICES 7-17 GENERAL LEGAL SERVIC 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7 ES 7-17 PD LEAGL SERVICES 7-1 ES 7-17 PW LEGAL SERVICES 7- PW LEGAL SERVICES 7- S 7-17 SA LEGAL SERVICES 7-1 ON 7-17  | Distribution 0.000   | t Payable Amount ution Amount 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00 1,855.00 1,855.00 630.00 630.00 670.00 770.00 770.00 0 55.50                        | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  2032078  2032079                            | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice 100-5700-6521 Invoice 100-5400-6521 Invoice 400-5600-6521 Invoice 602-8100-6521 Invoice  | Account 08/16/2017 ATTOR 08/16/2017 O8/16/2017             | Payable Description Name GENERAL LEGAL SI NEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONI NEY SERVICES PD LEGAL SERVICE NEY SERVICES PW LEGAL SERVICE NEY FEES NEY FEES SA LEGAL SERVICE NEY SERVICES GENERAL LITIGATI          | Item Description ERVICES 7-17 GENERAL LEGAL SERVICE 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7 ES 7-17 PD LEAGL SERVICES 7-1 ES 7-17 PW LEGAL SERVICES 7- PW LEGAL SERVICES 7- S 7-17 SA LEGAL SERVICES 7-1 ON 7-17 GENERAL LITIGATION 7  | Distribution 0.000   | t Payable Amount ution Amount 2,536.20 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00 1,855.00 1,855.00 630.00 630.00 630.00 770.00 770.00 55.50                 | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  2032078  2032079  2032080  2032082          | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice 100-5400-6521 Invoice 400-5600-6521 Invoice 400-5600-6521 Invoice 602-8100-6521 Invoice 100-5200-6521 Invoice  | Account 08/16/2017 ATTOR | Payable Description Name GENERAL LEGAL SINEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONINEY SERVICES PD LEGAL SERVICES PW LEGAL SERVICES PW LEGAL SERVICENEY FEES NEY FEES SA LEGAL SERVICE NEY SERVICES GENERAL LITIGATION 7-1 | Item Description ERVICES 7-17 GENERAL LEGAL SERVICE-7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7-18 ES 7-17 PD LEAGL SERVICES 7-19 ES 7-17 PW LEGAL SERVICES 7-19 SA LEGAL SERVICES 7-10 ON 7-17 GENERAL LITIGATION 7-17 TCP LITIGATION 7-17 V COP 7-17                                 | Distribution   | t Payable Amount ution Amount 2,536.20 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00 1,855.00 1,855.00 630.00 630.00 630.00 770.00 770.00 755.50 55.50 351.50   | 37.40 47286    |      |
| Payable #  2032075  2032076  2032077  2032078  2032079  2032080  2032082  2032084 | Payable Type Account Number Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice 100-5700-6521 Invoice 100-5400-6521 Invoice 400-5600-6521 Invoice 602-8100-6521 Invoice 100-5200-6521 Invoice 100-5200-6521 Invoice  | Account 08/16/2017 ATTOR | Payable Description Name GENERAL LEGAL SINEY SERVICES LEGAL RETAINER 7 NEY SERVICES PLANNING & ZONINEY SERVICES PD LEGAL SERVICES PW LEGAL SERVICEN NEY FEES SA LEGAL SERVICEN NEY SERVICES GENERAL LITIGATION 7- NEY FEES DOUGHTY JAMES   | Item Description ERVICES 7-17 GENERAL LEGAL SERVICE 7-17 LEGAL RETAINER 7-17 ING 7-17 PLANNING & ZONING 7 ES 7-17 PD LEAGL SERVICES 7-1 ES 7-17 PW LEGAL SERVICES 7-1 SA LEGAL SERVICES 7-1 GENERAL LITIGATION 7 17 TCP LITIGATION 7-17 V COP 7-17 DOUGHTY JAMES V CO E 7-17 GENERAL FINANCE 7-1 | Distribut 0.00   | t Payable Amount ution Amount 2,536.20 2,536.20 2,536.20 1,264.20 1,264.20 980.00 980.00 980.00 630.00 630.00 630.00 770.00 770.00 770.00 55.50 55.50 351.50 351.50 105.00 | 37.40 47286    |      |

| ************************************** | Parameter and            |  | 3000 701 WW. do     |  |                 |          | Marige: 00/10/201 |        |
|--|--------------------------|--|---------------------|--|-----------------|----------|-------------------|--------|
| Vendor Number                          | Vendor Name              |  | Payment Date        | Payment Type   | Discount Am     | ount F   | Payment Amount    | Number |
| SPA00                                  | SPARKLETTS               |  | 08/17/2017          | Regular  |                 | 0.00     |                   | 47287  |
| Payable #                              | Payable Type             | Payable Date   | Payable Description | on I   | Discount Amount | Payab    | le Amount         |        |
|  | Account Number           |  | nt Name             | Item Description   | Distribut       | tion Amo | ount              |        |
| 68006551-7-13                          | Invoice                  | 08/16/2017   | PD WATER & DISP     | ENSER  | 0.00            |          | 81.64             |        |
|  | 100-5400-6002            | PARTS  | SUPPLIES            | PD WATER & DISPENSER   |                 | 8        | 1.64              |        |
|  |                          |  |                     |  |                 |          |                   |        |
| VER08                                  | VERIZON WIRELESS         |  | 08/17/2017          | Regular  |                 | 0.00     | 2,349.05          | 47288  |
| Payable #                              | Payable Type             | <b>Payable Date</b>  | Payable Description | on I   | Discount Amount | Payab    | le Amount         |        |
|  | Account Number           | Accou  | nt Name             | Item Description   | Distribut       | tion Amo | ount              |        |
| 9790535235                             | Invoice                  | 08/16/2017   | CELL PHONES SVC     | S 7-18   | 0.00            |          | 2,349.05          |        |
|  | 100-5100-6510            | TELEPI   | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 | 36       | 2.23              |        |
|  | 100-5400-6510            | TELEPI   | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 | 8        | 8.67              |        |
|  | 100-5620-6510            | TELEPI   | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 |          | 6.44              |        |
|  | 100-5700-6510            | TELEPI   | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 |          | 6.02              |        |
|  | 400-5600-6510            | TELEPI   | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 |          | 7.41              |        |
|  | 401-5600-6510            |  | HONE/DATA/PAGER     | CELL PHONES SVCS 7-18  |                 | 1,17     |                   |        |
|  |                          |  |                     |  |                 | _,_,     | 0.20              |        |
| YAM01                                  | YAMABE & HORN ENGINE     | ERING INC.   | 08/17/2017          | Regular  |                 | 0.00     | 6,381.30          | 47289  |
| Payable #                              | Payable Type             | Payable Date   | Payable Description |  | Discount Amount |          |                   | ., 203 |
|  | Account Number           | Accou  | nt Name             | Item Description   | Distribu        |          |                   |        |
| 38187                                  | Invoice                  | 08/16/2017   | MANNING & NEW       | SECTION OF SECURITION AND CONTRACTOR OF THE PROPERTY OF THE PR | 0.00            |          | 140.00            |        |
|  | 100-5700-6520            |  |                     | MANNING & NEWMARK  |                 | 14       | 0.00              |        |
| 38189                                  | In a state of            |  | 9.500               |  |                 |          |                   |        |
| 30103                                  | Invoice                  | 08/16/2017   | GENERAL FUND A      |  | 0.00            |          | 200.00            |        |
|  | 100-5200-6519            | ENGIN  | EERING FEES         | GENERAL FUND ACCOUN  | IT              | 20       | 0.00              |        |
| 38191                                  | Invoice                  | 08/16/2017   | COMM. DEV ACCO      | DUNT   | 0.00            |          | 1,348.80          |        |
|  | 100-5700-6519            | ENGIN  | EERING FEES         | COMM. DEV ACCOUNT  |                 | 1,34     | 8.80              |        |
| 38194                                  | Invoice                  | 08/16/2017   | PARLIER GENERAL     | DOLLAR   | 0.00            |          | 1,495.00          |        |
|  | 100-5700-6519            | to the second of | EERING FEES         | PARLIER GENERAL DOLLA  |                 | 1,49     |                   |        |
| 20200                                  |                          |  |                     |  |                 | 1,43     |                   |        |
| 38200                                  | Invoice                  | 08/16/2017   | TRACT 5607 PHAS     |  | 0.00            |          | 1,892.50          |        |
|  | 100-5700-6519            | ENGIN  | EERING FEES         | TRACT 5607 PHASE 3   |                 | 1,89     | 2.50              |        |
| 38203                                  | Invoice                  | 08/16/2017   | TRACT 6041 PLAN     | CHECK  | 0.00            |          | 387.50            |        |
|  | 100-5700-6519            | ENGIN  | EERING FEES         | TRACT 6041 PLAN CHECK  | <               | 38       | 7.50              |        |
| 38204                                  | Invoice                  | 08/16/2017   | TRACT 6038 SCHA     | EED  | 0.00            |          | 150.00            |        |
| M. M. tradina                          | 100-5700-6519            |  | EERING FEES         | TRACT 6038 SCHAFER   | 0.00            | 15       | 150.00            |        |
|  | 100 5700 0515            |  | LLKING FLLS         | TRACT 0036 SCHAFER   |                 | 15       | 0.00              |        |
| 38206                                  | Invoice                  | 08/16/2017   | DIAMOND WELD I      | NDUSTRIES  | 0.00            |          | 330.00            |        |
|  | 100-5700-6519            | ENGIN  | EERING FEES         | DIAMOND WELD INDUST  | TRIES           | 33       | 0.00              |        |
| 38209                                  | Invoice                  | 08/16/2017   | 2017 LLMD ASSES     | SMENTS   | 0.00            |          | 80.00             |        |
|  | 213-5700-6519            | ENGIN  | EERING FEES         | 2017 LLMD ASSESSMENT   | ΓS              | 8        | 0.00              |        |
| 38211                                  | Invoice                  | 08/16/2017   | JANG LLA REVIEW     |  | 0.00            |          |                   |        |
| <u> </u>                               | 100-5700-6519            |  |                     | IANC II A DEVIEW   | 0.00            |          | 357.50            |        |
|  | 100-3700-0313            | ENGIN  | EERING FEES         | JANG LLA REVIEW  |                 | 35       | 7.50              |        |
| YAM01                                  | YAMABE & HORN ENGINE     | EDING INC  | 08/17/2017          | Pogular  |                 | 0.00     | 4 457 50          | 47200  |
| Payable #                              | Payable Type             | Pavable Date   | Payable Description | Regular  | Dissount A      | 0.00     | 1,157.50          | 4/290  |
| r ayabic #                             | Account Number           | and the second s | nt Name             |  | Discount Amount | W 200    |                   |        |
| 8-18-17                                |                          |  |                     | Item Description   |                 | tion Am  |                   |        |
| 0-10-17                                | Invoice<br>218-5600-7001 | 08/17/2017   | MANNING AVE. PI     |  | 0.00            |          | 1,157.50          |        |
|  | 410-3000-700I            | CAPITA   | AL PROJECT          | MANNING AVE. PROJECT   | U .             | 1,15     | 7.50              |        |
| ADPO0                                  | ADD INC                  |  | 09/22/2017          | Dogular  |                 | 0.00     | 425.25            | 47204  |
| ADFOU                                  | ADP, INC.                |  | 08/23/2017          | Regular  |                 | 0.00     | 425.36            | 47291  |

| Check Report   |  |  |  |                                     |                   | Date Range: 08/10/2 | 2017 - 08/30/20 |
|--|--|--|--|-------------------------------------|-------------------|---------------------|-----------------|
| Vendor Number  | Vendor Name  |  | Payment Date   | Payment Type                        | Discount Amo      | ount Payment Amou   | nt Number       |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | 1950 555 03900                      |                   | Payable Amount      | Hamber          |
|  | Account Number   | The same of the sa | nt Name  | Item Description                    |                   | on Amount           |                 |
| 498319881  | Invoice  | 08/17/2017   | PAYROLL PROCESS  | A SCHOOL STORES OF SHORE AND STORES | 0.00              | 425.36              |                 |
| 133343004  | 100-5200-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 100-5400-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   |                     |                 |
|  |  |  | erannen eranna eran |                                     |                   | 100.93              |                 |
|  | 100-5410-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 100-5610-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 100-5617-6520  |  | SSIONAL SERVICES   | PAYROLL PROCESS 8/04/17             |                   | 21.63               |                 |
|  | 100-5620-6520  | PROFE  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 21.63               |                 |
|  | 100-5700-6520  | PROFE  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 14.42               |                 |
|  | 203-5600-6520  | PROFE  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 206-5600-6520  | PROF   | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 213-5600-6520  | PROF   | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  | 269-6303-6520  | PROFI  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 108.13              |                 |
|  | 400-5300-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 21.63               |                 |
|  | 400-5600-6520  |  | SSIONAL SERVICES/  | PAYROLL PROCESS 8/04/17             |                   | 28.84               |                 |
|  | 401-5300-6520  |  | ESSIONAL SERVICES  | PAYROLL PROCESS 8/04/17             |                   | 21.63               |                 |
|  | 401-5600-6520  |  | ESSIONAL SERVICES  | PAYROLL PROCESS 8/04/17             |                   |                     |                 |
|  | 402-5300-6520  |  | ESSIONAL SERVICES  |                                     |                   | 21.63               |                 |
|  |  |  |  | PAYROLL PROCESS 8/04/17             |                   | 14.42               |                 |
|  | 602-8100-6520  | PROFI  | ESSIONAL SERVICES/   | PAYROLL PROCESS 8/04/17             |                   | 7.21                |                 |
|  |  |  |  |                                     |                   |                     |                 |
| God I side for a position  | **Void**   |  | 08/23/2017   | Regular                             | 10                | 0.00 0.             | 00 47292        |
| AT&09  | AT&T   |  | 08/23/2017   | Regular                             |                   | 0.00 488.           | 39 47293        |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | on Dis                              | count Amount      | Payable Amount      |                 |
|  | Account Number   | Accou  | nt Name  | Item Description                    | Distribut         | ion Amount          |                 |
| 10088846   | Invoice  | 08/22/2017   | PHONES SVCS 7/1  | 3-8/12/17                           | 0.00              | 406.05              |                 |
|  | 100-5200-6510  | TELEP  | HONE/DATA/PAGER  | PHONES SVCS 7/13-8/12/1             | 7                 | 0.80                |                 |
|  | 100-5400-6510  |  | HONE/DATA/PAGER  | PHONES SVCS 7/13-8/12/1             |                   | 278.90              |                 |
|  | 400-5300-6510  |  | HONE/DATA & PAG  | PHONES SVCS 7/13-8/12/1             |                   | 20.86               |                 |
|  | 400-5600-6510  |  | HONE/DATA/PAGER  | PHONES SVCS 7/13-8/12/1             |                   | 20.86               |                 |
|  | 401-5600-6510  |  | HONE/DATA/PAGER  | PHONES SVCS 7/13-8/12/1             |                   | 84.63               |                 |
|  | 401-3000-0310  | TELEF  | HONE/DATA/PAGEN  | PHONES 3VC3 //15-0/12/1             | ,                 | 04.03               |                 |
| 10089193   | Invoice  | 08/22/2017   | SR CENTER SVCS 7   | Marketty (2007/2003)                | 0.00              | 82.34               |                 |
|  | 100-5615-6510  | TELEP  | HONE/DATA/PAGER  | SR. CENTER SVCS 7/13-8/13           | 2/17              | 82.34               |                 |
|  |  |  |  |                                     |                   |                     |                 |
| AUT01  | <b>AUTO ZONE</b>   |  | 08/23/2017   | Regular                             |                   | 0.00 498.           | 22 47294        |
| Payable #  | Payable Type   | Payable Date   | Payable Description  | on Dis                              | count Amount      | Payable Amount      |                 |
|  | Account Number   | Accou  | int Name   | Item Description                    | Distribut         | ion Amount          |                 |
| 3758418396   | Invoice  | 08/22/2017   | UNIT # 512 PARTS   |                                     | 0.00              | 6.83                |                 |
|  | 400-5600-6002  | 8 8  | & SUPPLIES   | UNIT # 512 PARTS                    |                   | 6.83                |                 |
| 2752442504   |  |  |  |                                     |                   |                     |                 |
| 3758418601   | Invoice  | 08/22/2017   | PW SHOP SUPPLIE  | ES .                                | 0.00              | 40.70               |                 |
|  | 400-5600-6002  | PART:  | S & SUPPLIES   | PW SHOP SUPPLIES                    |                   | 40.70               |                 |
| 3758425450   | Invoice  | 08/22/2017   | UNIT # 528 EQUIP   | MENT                                | 0.00              | 150.56              |                 |
|  | 400-5600-6004  |  | S & MINOR EQUIPM   |                                     |                   | 75.28               |                 |
|  | 401-5600-6004  |  | S & MINOR EQUIPM   |                                     |                   | 75.28               |                 |
|  | <u> </u>   | 1001   | S & WIIIVON EQUITIVI   | ONT # 328 EQUIT MENT                |                   | 73.28               |                 |
| 3758427560   | Invoice  | 08/22/2017   | PW SHOP TOOLS  |                                     | 0.00              | 60.75               |                 |
|  | 400-5600-6004  | TOOL   | S & MINOR EQUIPM   | PW SHOP TOOLS                       |                   | 60.75               |                 |
| 3758429798   | Invoice  | 08/22/2017   | UNIT # 514 MAIN  | TENANCE                             | 0.00              | 127.32              |                 |
| - Contraction of the Contraction | 400-5600-6004  | 10 10  |  | UNIT # 514 EQUIPMENT                | 0.00              | 63.66               |                 |
|  | Unit recognised in a significant residence of the significant residence of |  |  |                                     |                   |                     |                 |
|  | 400-5600-6532  | VEHIC  | CLE MAINTENANCE  | UNIT # 514 MAINTENANCE              |                   | 63.66               |                 |
| 3758429987   | Invoice  | 08/22/2017   | UNIT # 511 MAIN  | TENANCE                             | 0.00              | 112.06              |                 |
|  | 100-5620-6002  | PART   | SSUPPLIES  | <b>UNIT # 511 EQUIPMENT</b>         |                   | 56.03               |                 |
|  | 100-5620-6532  | VEHIC  | CLE MAINTENANCE  | UNIT # 511 MAINTENANCE              |                   | 56.03               |                 |
| 2750420726   |  |  |  |                                     |                   |                     |                 |
| 3758430736   | Invoice  | 90.415.000.05.0000.044.00  | UNIT # 511 MAIN  |                                     | 0.00              | 147.70              |                 |
|  | 100-5620-6532  | VEHIC  | CLE MAINTENANCE  | UNIT # 511 MAINTENANCE              |                   | 147.70              |                 |
| 3758430738   | Credit Memo  | 08/22/2017   | CREDIT INV. #375   | 58430736                            | 0.00              | -147.70             |                 |
|  | 100-5620-6532  | VEHIC  | CLE MAINTENANCE  | CREDIT INV. # 3758430736            | parametric (1998) | -147.70             |                 |
|  |  |  |  |                                     |                   |                     |                 |
| BLU01  | BLUE SHIELD OF CALIF   | ORNIA  | 08/23/2017   | Regular                             |                   | 0.00 18,442         | .88 47295       |
|  | DESCRIPTION OF CALIF   |  | 55/25/201/   |                                     |                   | 10,442              | .55 1/233       |

| Vendor Number                         | Vendor Name           |  | Payment Date        | Payment Type   | Discount Amo           | ount Paymer       | nt Amount | Number |
|---------------------------------------|-----------------------|--|---------------------|--|------------------------|-------------------|-----------|--------|
| Payable #                             | Payable Type          | Payable Date   | Payable Descriptio  | n  | <b>Discount Amount</b> | Payable Amo       | unt       |        |
|                                       | Account Number        | Accou  | unt Name            | Item Description   | Distribut              | ion Amount        |           |        |
| 172260371926                          | Invoice               | 08/22/2017   | HEALTH INSURANCE    | E 9-17   | 0.00                   | 18,44             | 2.88      |        |
|                                       | 100-22197             | EMPL   | OYEE MEDICAL INS.   | <b>EMPLOYEES' PORTION</b>  |                        | 2,175.30          |           |        |
|                                       | 100-5200-5011         | INSUF  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 125.12            |           |        |
|                                       | 100-5400-5011         | INSU   | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 5,206.43          |           |        |
|                                       | 100-5610-5011         | INSUF  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 194.28            |           |        |
|                                       | 100-5617-5011         | INSUF  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 337.86            |           |        |
|                                       | 100-5620-5011         | INSU   | RANCE-MED-DEN,VI    | HEALTH INSURANCE 9-1   | 17                     | 337.86            |           |        |
|                                       | 160-5400-5011         | INSU   | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 432.22            |           |        |
|                                       | 203-5600-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 91.81             |           |        |
|                                       | 206-5600-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   | 17                     | 91.82             |           |        |
|                                       | 213-5600-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   |                        | 286.09            |           |        |
|                                       | 269-6303-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-1   |                        | 7,499.88          |           |        |
|                                       | 400-5200-5011         |  | RANCE MED, DEN, VI  | HEALTH INSURANCE 9-1   |                        | 218.96            |           |        |
|                                       | 400-5300-5011         |  | RANCE- MED, DEN. V  | HEALTH INSURANCE 9-2   |                        | 288.42            |           |        |
|                                       | 400-5600-5011         |  | RANCE- MED, DEN, V  | HEALTH INSURANCE 9-2   |                        | 221.33            |           |        |
|                                       | 401-5200-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-2   |                        | 218.96            |           |        |
|                                       | 401-5300-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-2   |                        | 288.42            |           |        |
|                                       | 401-5600-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-2   |                        | 221.33            |           |        |
|                                       | 402-5300-5011         |  | RANCE-MED, DEN,VI   | HEALTH INSURANCE 9-2   |                        | 144.22            |           |        |
|                                       | 602-8100-5011         |  | RANCE-MED, DEN, VIS | HEALTH INSURANCE 9-3   |                        | 62.57             |           |        |
|                                       |                       |  |                     |  |                        | 02.57             |           |        |
|                                       | **Void**              |  | 08/23/2017          | Regular  |                        | 0.00              |           | 47296  |
| CAR03                                 | CARDENAS, DEMETRIA B. |  | 08/23/2017          | Regular  |                        | 0.00              | 172.87    | 47297  |
| Payable #                             | Payable Type          | Payable Date   | Payable Description | on   | Discount Amount        | Payable Amo       | ount      |        |
|                                       | Account Number        | Acco   | unt Name            | Item Description   | Distribut              | ion Amount        |           |        |
| 8/11/17                               | Invoice               | 08/22/2017   | PRESCHOOL SUPPL     | LIES   | 0.00                   | 17                | 2.87      |        |
|                                       | 269-6303-6540         | MISC   | ELLANEOUS EXPENS    | DOLLAR TREE SUPPLIES   |                        | 43.49             |           |        |
|                                       | 269-6303-6540         | MISC   | ELLANEOUS EXPENS    | WALMART SUPPLIES   |                        | 129.38            |           |        |
| CLA05                                 | CLARK PEST CONTROL    |  | 08/23/2017          | Regular  |                        | 0.00              | 190.00    | 47298  |
| Payable #                             | Payable Type          | Payable Date   | Payable Description |  | Discount Amount        |                   |           | 17230  |
| 12041 <b>1</b> .7112.25.201           | Account Number        |  | unt Name            | Item Description   |                        | ion Amount        | June      |        |
| 12479-8-17                            | Invoice               | 08/21/2017   | COM CTR SERVICE     |  | 0.00                   |                   | 5.00      |        |
| 18th 12th alabathan 18th and 18th day | 100-5617-6520         |  | ESSIONAL SERVICES   | COM CTR SERVICES 8-1   |                        | 65.00             | 5.00      |        |
| 20002 0 17                            |                       |  |                     |  |                        |                   | 22.22     |        |
| 28803-8-17                            | Invoice               | 08/21/2017   | SR CTR SERVICES 8   |  | 0.00                   |                   | 0.00      |        |
|                                       | 100-5615-6520         | PROF   | ESSIONAL SERVICES/  | SR CTR SERVICES 8-17   |                        | 60.00             |           |        |
| 99530-8-17                            | Invoice               | 08/21/2017   | CITY HALL SERVICE   | S 8-17   | 0.00                   | 6                 | 5.00      |        |
|                                       | 100-5200-6520         | PROF   | ESSIONAL SERVICES/  | CITY HALL SERVICES 8-1   | 17                     | 22.00             |           |        |
|                                       | 100-5700-6520         | PROF   | ESSIONAL SERVICES/  | CITY HALL SERVICES 8-1   | 17                     | 21.00             |           |        |
|                                       | 400-5300-6520         | PROF   | ESSIONAL SERVICES/  | CITY HALL SERVICES 8-1   | 17                     | 22.00             |           |        |
| COM05                                 | COMCAST               |  | 08/23/2017          | Regular  |                        | 0.00              | 472 72    | 47299  |
| Payable #                             | Payable Type          | Payable Date   | Payable Description |  | Discount Amount        |                   |           | 47299  |
| rayable #                             | Account Number        | NEW COLONIA TO A STREET OF COLONIA COL |                     |  |                        | CONTRACTOR STREET | ount      |        |
| 08/05/2017                            |                       |  | unt Name            | Item Description   |                        | tion Amount       | 00.04     |        |
| 08/05/2017                            | Invoice               | 08/21/2017   | VETERAN'S PARK S    |  | 0.00                   |                   | 06.04     |        |
|                                       | 100-5610-6520         | PROF   | ESSIONAL SERVICES/  | VETERAN'S PARK SVCS  | 0-1/                   | 106.04            |           |        |
| 8/3/17-1293                           | Invoice               | 08/22/2017   | PRESCHOOL SERVI     | CES 8-17   | 0.00                   | 36                | 57.69     |        |
|                                       | 269-6303-6510         | TELE   | PHONE/DATA/PAGER    | PRESCHOOL SERVICES   | 8-17                   | 367.69            |           |        |
| 25100                                 | DE LA CEL AVIETA      |  | 00/02/22-           | D. Control of the con |                        | 0.00              |           |        |
| DELOO                                 | DE LAGE LANDEN FINANC | IAL  | 08/23/2017          | Regular  |                        | 0.00              | 3,652.66  | 47300  |

| Спеск керогі    |                         |                                 |  |   |            |             | Date Range: (      | 08/10/201   | 7 - 08/30/201 |
|-----------------|-------------------------|---------------------------------|--|---|------------|-------------|--------------------|-------------|---------------|
| Vendor Number   | Vendor Name             |                                 | Payment Date   | Payment Type                            | Discou     | ınt Amou    | nt Payment         | Amount      | Number        |
| Payable #       | Payable Type            | Payable Date                    | Payable Description  |   |            |             | Payable Amou       |             | Number        |
| . ajabie ii     | Account Number          | 200                             | nt Name  |   |            |             | - 6                | iii.        |               |
| E E 7 4 E 2 O E |                         |                                 |  | Item Description                        | D          |             | n Amount           |             |               |
| 55745305        | Invoice                 | 08/21/2017                      | COPIERS LEASE PY   |   |            | 0.00        | 3,652.             | 66          |               |
|                 | 100-5200-6520           |                                 | SSIONAL SERVICES/  | COPIERS LEASE PYMT 9                    | 9-17       |             | 62.55              |             |               |
|                 | 100-5200-6520           | PROFE                           | SSIONAL SERVICES/  | COPIERS LEASE PYMT 9                    | 9-17       |             | 603.87             |             |               |
|                 | 100-5400-6520           | PROFE                           | SSIONAL SERVICES/  | COPIERS LEASE PYMT S                    | 9-17       |             | 654.47             |             |               |
|                 | 100-5615-6520           | PROFE                           | SSIONAL SERVICES/  | COPIERS LEASE PYMT S                    | 9-17       |             | 120.52             |             |               |
|                 | 100-5700-6520           | PROFE                           | SSIONAL SERVICES/  | COPIERS LEASE PYMT 9                    | 9-17       |             | 122.68             |             |               |
|                 | 269-6303-6520           |                                 | SSIONAL SERVICES/  | COPIERS LEASE PYMT                      |            |             | 787.80             |             |               |
|                 | 368-5700-6520           |                                 | SSIONAL SERVICES/  | COPIERS LEASE PYMT S                    |            |             | 61.34              |             |               |
|                 | 400-5300-6541           |                                 | Marian Company Company Committee Com |   |            |             |                    |             |               |
|                 |                         |                                 | CONTRACTS  | COPIERS LEASE PYMT S                    |            |             | 363.23             |             |               |
|                 | 400-5600-6541           |                                 | CONTRACTORS  | COPIERS LEASE PYMT S                    |            |             | 225.82             |             |               |
|                 | 401-5300-6541           | LEASE                           | CONTRACTORS  | COPIERS LEASE PYMT                      | 9-17       |             | 363.23             |             |               |
|                 | 401-5600-6541           | LEASE                           | CONTRACTORS  | COPIERS LEASE PYMT 9                    | 9-17       |             | 225.81             |             |               |
|                 | 576-5700-6520           | PROFE                           | SSIONAL SERVICES/  | COPIERS LEASE PYMT S                    | 9-17       |             | 61.34              |             |               |
|                 |                         |                                 |  |   |            |             |                    |             |               |
| DEPOD           | DEPARTMENT OF SOCIAL S  | ERV                             | 08/23/2017   | Regular                                 |            | 0.          | 00                 | 968.00      | 47301         |
| Payable #       | Payable Type            | Payable Date                    | Payable Description  | on                                      | Discount A | mount       | Payable Amou       | ınt         |               |
|                 | Account Number          | Accou                           | nt Name  | Item Description                        | D          | istributio  | n Amount           |             |               |
| 103808813-17    | Invoice                 | 08/22/2017                      | PRESCHOOL ANNU   | JAL LIC.                                |            | 0.00        | 968                | 00          |               |
|                 | 269-6303-6001           | ASSA (2554) (27-44)             | ATIONAL SUPPLIES   | PRESCHOOL ANNUAL I                      | LIC        | 0.00        | 968.00             | .00         |               |
|                 |                         | 01 210                          | 111011112 001 1 2120   | T RESCHOOL ANTONE I                     | LIC.       |             | 300.00             |             |               |
| DIRO1           | DIRECTV                 |                                 | 08/23/2017   | Regular                                 |            | 0           | 00                 | 62.24       | 47302         |
| Payable #       | Payable Type            | Payable Date                    |  |   | Discount A |             | oo<br>Payable Amoı |             | 4/302         |
| rayable #       |                         | THE AME                         | Payable Description  |   |            |             |                    | ınt         |               |
| 2222224525      | Account Number          |                                 | nt Name  | Item Description                        | L          |             | n Amount           |             |               |
| 32088916265     | Invoice                 | 08/21/2017                      | SENIOR CENTER S  |   |            | 0.00        | 63                 | .24         |               |
|                 | 100-5615-6520           | PROFE                           | SSIONAL SERVICES/  | SENIOR CENTER SVCS                      | 8-17       |             | 63.24              |             |               |
|                 |                         |                                 |  |   |            |             |                    |             |               |
| G&K00           | G&K SERVICES INC.       |                                 | 08/23/2017   | Regular                                 |            | 0.          | .00                | 117.42      | 47303         |
| Payable #       | Payable Type            | Payable Date                    | Payable Description  | on                                      | Discount A | mount       | Payable Amo        | unt         |               |
|                 | Account Number          | Accou                           | nt Name  | Item Description                        |            | istributio  | n Amount           |             |               |
| 6258140917      | Invoice                 | 08/17/2017                      | WEEKLY ROUTINE   | SERVICES                                |            | 0.00        | 117                | .42         |               |
|                 | 100-5200-6520           | PROFE                           | SSIONAL SERVICES/  | CITY HALL SUPPLIES                      |            |             | 21.33              |             |               |
|                 | 100-5615-6520           |                                 | SSIONAL SERVICES/  | SR. CENTER SUPPLIES                     |            |             | 3.98               |             |               |
|                 | 100-5617-6520           |                                 | SSIONAL SERVICES   | COMM. CENTER SUPP                       | ILIEC      |             | 14.96              |             |               |
|                 |                         |                                 |  |   |            |             |                    |             |               |
|                 | 100-5620-6520           |                                 | SSIONAL SERVICES/  | FACILITY MAINT. UNIF                    |            |             | 14.96              |             |               |
|                 | 400-5600-6520           |                                 | SSIONAL SERVICES/  | PW UNIFORMS & SUP                       |            |             | 31.10              |             |               |
|                 | 401-5600-6520           | PROFE                           | ESSIONAL SERVICES  | PW UNIFORMS & SUP                       | PLIES      |             | 31.09              |             |               |
|                 |                         | Marco                           |  |   |            | 1200        | 1272               |             |               |
| GAT01           | GATEWAY ENGINEERING,    |                                 | 08/23/2017   | Regular                                 |            |             | .00                | 3,885.00    | 47304         |
| Payable #       | Payable Type            | Payable Date                    | Payable Descripti  | on                                      | Discount A | mount       | Payable Amo        | unt         |               |
|                 | Account Number          | Accou                           | nt Name  | Item Description                        |            | Distributio | n Amount           |             |               |
| 17-030-01       | Invoice                 | 08/22/2017                      | TRACT 6038 PLAN  | CHECK                                   |            | 0.00        | 3,885              | .00         |               |
|                 | 100-5700-6520           | PROFE                           | ESSIONAL SERVICES/   | TRACT 6038 PLAN CHE                     | ECK        |             | 3,885.00           |             |               |
|                 |                         |                                 |  |   |            |             |                    |             |               |
| GIE02           | GIERLICH-MITCHELL, INC. |                                 | 08/23/2017   | Regular                                 |            | 0           | .00                | 8,712.23    | 47305         |
| Payable #       | Payable Type            | Payable Date                    | Payable Descripti  | on                                      | Discount A | mount       | Payable Amo        | unt         |               |
| \$              | Account Number          | 163                             | nt Name  | Item Description                        |            |             | n Amount           |             |               |
| DH 15014        | Invoice                 | 08/22/2017                      | ZEDIKER LIFT STAT  | 1 A A A A A A A A A A A A A A A A A A A | :=         | 0.00        | 8,712              | 22          |               |
| D11 13014       | 401-5600-6002           | ASSOCIATION OF THE TRACE OF THE | SUPPLIES   |   |            | 0.00        |                    | .23         |               |
|                 | 401-3600-6002           | PARTS                           | SUPPLIES   | ZEDIKER LIFT STATION                    | 4          |             | 8,712.23           |             |               |
| 1101401         | HOME DEDOT CREDIT CER   | 1105                            | 00/22/2017   | Danulau                                 |            | 0           | 00                 | 1 1 4 7 5 2 | 47206         |
| HOM01           | HOME DEPOT CREDIT SER   |                                 | 08/23/2017   | Regular                                 |            |             | .00                | 1,147.53    | 4/306         |
| Payable #       | Payable Type            | Payable Date                    | Payable Descripti  |   |            |             | Payable Amo        | unt         |               |
|                 | Account Number          | Accou                           | int Name   | Item Description                        | ı          | Distributio | on Amount          |             |               |
| <u>1193650</u>  | Invoice                 | 08/22/2017                      | CARPET CLEANING  | G SUPPLY                                |            | 0.00        | 134                | .94         |               |
|                 | 100-5200-6002           | PARTS                           | SUPPLIES   | CARPET CLEANING SU                      | JPPLY      |             | 44.98              |             |               |
|                 | 100-5400-6002           | PARTS                           | SUPPLIES   | CARPET CLEANING SU                      | JPPLY      |             | 44.98              |             |               |
|                 | 400-5300-6002           |                                 | SUPPLIES   | CARPET CLEANING SU                      |            |             | 44.98              |             |               |
| 1102551         | 85 87                   |                                 |  |   | N85405045  | 0.00        |                    |             |               |
| 1193651         | Invoice                 | 08/22/2017                      | CARPET MACHINE   |   |            | 0.00        |                    | 0.00        |               |
|                 | 100-5200-6002           | PARTS                           | SUPPLIES   | CARPET MACHINE REI                      | NIAL       |             | 16.67              |             |               |
|                 |                         |                                 |  |   |            |             |                    |             |               |

| Check Report                  |   |                                     |  |   |                                 | Date Range: 08/10/202  | 17 - 08/30/2017 |
|-------------------------------|---|-------------------------------------|--|---|---------------------------------|--|-----------------|
| Vendor Number                 | Vendor Name<br>100-5400-6002<br>400-5300-6002   |                                     | Payment Date<br>SUPPLIES<br>SUPPLIES                   | Payment Type CARPET MACHINE RENT CARPET MACHINE RENT  | AL                              | Payment Amount<br>16.66<br>16.67   | Number          |
| 3022589                       | Invoice<br>401-5600-6002  | 08/22/2017<br>PARTS                 | WWTP SUPPLIES<br>SUPPLIES                              | WWTP SUPPLIES   | 0.00                            | 113.83<br>113.83   |                 |
| 3022590                       | Invoice<br>400-5600-6002  | 08/22/2017<br>PARTS                 | PW SUPPLIES<br>& SUPPLIES                              | PW SUPPLIES   | 0.00                            | 105.24<br>105.24   |                 |
| 7164820                       | Invoice<br>100-5400-6002  | 08/22/2017<br>PARTS                 | PD FIBERGLASS DO<br>SUPPLIES                           | OR<br>PD FIBERGLASS DOOR  | 0.00                            | 641.93<br>641.93   |                 |
| 9021079                       | Invoice<br>100-5617-6002  | 08/22/2017<br>PARTS                 | CITY HALL SUPPLIES                                     | S<br>CITY HALL SUPPLIES   | 0.00                            | 67.11<br>67.11   |                 |
| 9193706                       | Invoice<br>100-5200-6002  | 08/22/2017<br>PARTS                 | CARPET CLEANING SUPPLIES                               | SUPPLY CARPET CLEANING SUPP   | 0.00<br>PLY                     | 13.39<br>13.39   |                 |
| 9193718                       | Invoice<br>100-5200-6002  | 08/22/2017<br>PARTS                 | CLEANING SUPPLIE<br>SUPPLIES                           | S<br>CLEANING SUPPLIES  | 0.00                            | 21.09<br>21.09   |                 |
| JOR01 Payable # 5470363/1     | JORGENSEN & COMPANY Payable Type Account Number Invoice   | Payable Date Account                | 08/23/2017 Payable Descriptiont Name BALANCE ON INV.   | Item Description  | Discount Amount                 |  | 47307           |
| 5682025                       | 100-5617-6520<br>Invoice  |                                     | SSIONAL SERVICES FIRE EXTINGUISHE                      | BALANCE ON INV. 56703   |                                 | 2.87   |                 |
| 3002023                       | 100-5400-6005   | VENUE - CONTRACTOR CONTRACTOR       | Y EQUIPMENT  | FIRE EXTINGUISHER MA  |                                 | 198.92   |                 |
| LOZO3<br>Payable #            | LOZANO SMITH, LLP Payable Type Account Number   | Payable Date                        | 08/23/2017 Payable Descriptiont Name                   | Regular<br>on<br>Item Description   | Discount Amount                 |  | 47308           |
| 2032205                       | Invoice<br>100-5200-6521  | 08/21/2017<br>ATTOR                 | DOUGHTY, J V COP<br>RNEY SERVICES                      |   | 0.00                            | 238.50<br>238.50   |                 |
| MAT02<br>Payable #<br>1621392 | MATSON ALARM CO. INC. Payable Type Account Number Invoice   | Payable Date Accou                  | 08/23/2017  Payable Descriptiont Name  PD MONTHLY SERV | Item Description  | Discount Amount                 |  | 47309           |
|                               | 100-5400-6520   | St. St. Common august.              | SSIONAL SERVICES/                                      | PD MONTHLY SERVICE  |                                 | 45.00  |                 |
| P.G01<br>Payable #            | PACIFIC GAS & ELECTRIC  Payable Type  Account Number  | Payable Date<br>Accou               | 08/23/2017<br>Payable Descriptiont Name                | Regular<br>on<br>Item Description   | Discount Amount                 | .00 52,080.33 Payable Amount on Amount   | 47310           |
| 7543-8-17                     | Invoice<br>200-5600-6512  | 08/22/2017<br>ELECT                 | STREET LIGHTS 8-1<br>RICITY                            | .7<br>STREET LIGHTS 8-17  | 0.00                            | 8,765.61<br>8,765.61   |                 |
| 8/16/17-9801                  | Invoice<br>200-5600-6512  | 08/22/2017<br>ELECT                 | TRAFFIC LIGHTS 7-<br>RICITY                            | 17<br>TRAFFIC LIGHTS 7-17   | 0.00                            | 86.81<br>86.81   |                 |
| 8/25/17-7560                  | Invoice<br>100-5200-6512<br>100-5400-6512<br>100-5610-6512<br>100-5615-6512<br>100-5620-6512<br>213-5600-6512<br>400-5300-6512<br>400-5600-6512<br>401-5300-6512<br>401-5600-6512 | ELECT ELECT ELECT ELECT ELECT ELECT |  | S 7-17  UTILITIES SERVICES 7-1: | 7<br>7<br>7<br>7<br>7<br>7<br>7 | 43,227.91 3,014.40 1,039.17 1,294.32 1,145.82 639.21 392.99 1,729.76 3,993.38 14,585.13 1,996.69 13,397.04 |                 |
| POSO2                         | POSITIVE PROMOTIONS, I  |                                     | 08/23/2017   | Regular   |                                 |  | 47311           |

| спеск керогі   |                                     |  |                                 |  |                        | Date Range: 08/10            | )/2017 - 08/30/ | 20 |
|--|-------------------------------------|--|---------------------------------|--|------------------------|------------------------------|-----------------|----|
| Vendor Number<br>Payable #   | Vendor Name<br>Payable Type         | Payable Date                               | Payment Date Payable Descriptio | Payment Type   | Discount Amount        | ount Payment Amount          | ount Number     |    |
| . ajaste n   | Account Number                      |  | nt Name                         | Item Description   |                        | on Amount                    |                 |    |
| 05825447   | Invoice                             | 08/22/2017                                 | HALLOWEEN BAGS                  |  | 0.00                   | 331.06                       |                 |    |
|  | 100-5400-6538                       |  | UNITY PROMO                     | HALLOWEEN BAGS   | 0.00                   | 331.06                       |                 |    |
|  | 200 0 100 0000                      | 0011111                                    | omi i nomo                      | TIMELO WEEK DAGS   |                        | 331.00                       |                 |    |
| RIP01  | REEDLEY IRRIGATION & SU             | IPP  | 08/23/2017                      | Regular  |                        | 0.00 6                       | 4.55 47312      |    |
| Payable #  | Payable Type                        | Payable Date                               | Payable Descriptio              | Caraca Ca | Discount Amount        | ADDRESS CO                   | 4.55 47512      |    |
|  | Account Number                      |  | nt Name                         | Item Description   |                        | ion Amount                   |                 |    |
| 2357   | Invoice                             | 08/22/2017                                 | SPRINKLER NOZZLE                | ren Mili   | 0.00                   | 64.55                        |                 |    |
| - Andrew Control Control   | 100-5400-6002                       | CONTRACTOR AND CONTRACTOR                  | SUPPLIES                        | SPRINKLER NOZZLES  | 0.00                   | 64.55                        |                 |    |
|  |                                     | 171113                                     | 3011 1113                       | JI MINNEEN NOZZEES   |                        | 04.33                        |                 |    |
| RLB01  | REEDLEY LUMBER & BUILD              | DING                                       | 08/23/2017                      | Regular  |                        | 0.00 22                      | 0.91 47313      |    |
| Payable #  | Payable Type                        | Payable Date                               | Payable Description             | (1 <del>77</del> )   | Discount Amount        |                              | 0.51 47515      |    |
| 9510000 · 250000000000000000000000000000000  | Account Number                      | 100  | nt Name                         | Item Description   |                        | ion Amount                   |                 |    |
| 141296   | Invoice                             | 08/17/2017                                 | PW SHOP SUPPLIES                |  | 0.00                   | 13.24                        |                 |    |
|  | 400-5600-6002                       |  | & SUPPLIES                      | PW SHOP SUPPLIES   | 0.00                   | 13.24                        |                 |    |
| 141400   |                                     |  |                                 |  |                        |                              |                 |    |
| 141499   | Invoice                             | 08/17/2017                                 | PW SHOP SUPPLIES                |  | 0.00                   | 56.08                        |                 |    |
|  | 400-5600-6002                       | PARIS                                      | & SUPPLIES                      | PW SHOP SUPPLIES   |                        | 56.08                        |                 |    |
| 141579   | Invoice                             | 08/17/2017                                 | PW SHOP SUPPLIES                | S  | 0.00                   | 61.47                        |                 |    |
|  | 400-5600-6002                       | PARTS                                      | & SUPPLIES                      | PW SHOP SUPPLIES   |                        | 61.47                        |                 |    |
| 141788   | Invoice                             | 08/17/2017                                 | PW SHOP SUPPLIES                | S  | 0.00                   | 71.12                        |                 |    |
| and the second s | 400-5600-6002                       |  | & SUPPLIES                      | PW SHOP SUPPLIES   | 0.00                   | 71.12                        |                 |    |
| 141050   | 20 00                               |  |                                 |  |                        |                              |                 |    |
| 141950   | Invoice                             | 08/17/2017                                 | WASTE WATER SU                  |  | 0.00                   | 19.00                        |                 |    |
|  | 401-5600-6002                       | PARIS                                      | SUPPLIES                        | WASTE WATER SUPPLI   | ES                     | 19.00                        |                 |    |
| SHR00  | CURED IT LICA EDECNIO               |  | 00/22/2017                      | Desules  |                        | 0.00                         | 0.54 47044      |    |
|  | SHRED-IT USA - FRESNO               | Davable Dete                               | 08/23/2017                      | Regular  |                        |                              | 0.54 47314      |    |
| Payable #  | Payable Type Account Number         | Payable Date                               | Payable Description             |  | Discount Amount        |                              |                 |    |
| 9122000994   |                                     |  | nt Name                         | Item Description   |                        | ion Amount                   |                 |    |
| 8122909884   | Invoice                             | 08/17/2017                                 | DOCUMENT SHREE                  |  | 0.00                   | 100.54                       |                 |    |
|  | 100-5400-6000                       | OFFICE                                     | SUPPLIES                        | DOCUMENT SHREDDIN  | 1G                     | 100.54                       |                 |    |
| SOU07  | SOUTH COUNTY VETERIN                | A DV. LI                                   | 09/22/2017                      | Dogular  |                        | 0.00                         | 7.00 47215      |    |
| Payable #  | SOUTH COUNTY VETERINA  Payable Type | Payable Date                               | 08/23/2017 Payable Description  | Regular  |                        |                              | 7.96 47315      |    |
| r ayable #   | Account Number                      |  | nt Name                         | Item Description   |                        | Payable Amount<br>ion Amount |                 |    |
| 183085   | Invoice                             | 08/17/2017                                 | SHEPARD MIX EXA                 | STATE THE HEADY MARKET ENGINEERS (SEE  | 0.00                   |                              |                 |    |
| 103003   | 100-5410-6013                       | 5. N 10 100 000 000 000 000 000 000 000 00 | L COSTS                         | SHEPARD MIX EXAM   | 0.00                   | 144.00<br>144.00             |                 |    |
|  | 100-3410-0013                       |  | L CO313                         | SHEPARD WIIN ENAIM   |                        | 144.00                       |                 |    |
| 183461   | Invoice                             | 08/17/2017                                 | CANINE EXAM                     |  | 0.00                   | 61.96                        |                 |    |
|  | 100-5410-6013                       | ANIMA                                      | AL COSTS                        | CANINE EXAM  |                        | 61.96                        |                 |    |
| 183706   | Invoice                             | 08/17/2017                                 | CANINE RESCUE EX                | XAM MEDS   | 0.00                   | 272.00                       |                 |    |
|  | 100-5410-6013                       | ANIMA                                      | AL COSTS                        | CANINE RESCUE EXAM   | IMEDS                  | 272.00                       |                 |    |
|  |                                     |  |                                 |  |                        |                              |                 |    |
| STA1U  | STAR 1 MINI MART                    |  | 08/23/2017                      | Regular  |                        | 0.00                         | 24.62 47316     |    |
| Payable #  | Payable Type                        | <b>Payable Date</b>                        | Payable Description             | on   | <b>Discount Amount</b> | Payable Amount               |                 |    |
|  | <b>Account Number</b>               | Accou                                      | nt Name                         | Item Description   | Distribut              | tion Amount                  |                 |    |
| 4433   | Invoice                             | 08/17/2017                                 | FUEL FOR PD UNIT                | Í  | 0.00                   | 24.62                        |                 |    |
|  | 100-5400-6011                       | FUEL                                       |                                 | FUEL FOR PD UNIT   |                        | 24.62                        |                 |    |
|  |                                     |  |                                 |  |                        |                              |                 |    |
| SYS00  | SYSCO OF CENTRAL CALIF              | ORN  | 08/23/2017                      | Regular  |                        | 0.00                         | 10.68 47317     |    |
| Payable #  | Payable Type                        | <b>Payable Date</b>                        | Payable Description             | on   | <b>Discount Amount</b> | Payable Amount               |                 |    |
|  | <b>Account Number</b>               | Accou                                      | nt Name                         | Item Description   | Distribu               | tion Amount                  |                 |    |
| 184270234  | Invoice                             | 08/22/2017                                 | PRESCHOOL MEAL                  | . SUPPLIES   | 0.00                   | 57.50                        |                 |    |
|  | 269-6303-6504                       | FOOD                                       | SERVICES                        | PRESCHOOL MEAL SUI   | PPLIES                 | 57.50                        |                 |    |
| 184275139  | Invoice                             | 08/22/2017                                 | PRESCHOOL MEAL                  | SLIPPLIES  | 0.00                   | 57.50                        |                 |    |
| 20741 3233   | 269-6303-6504                       |  | SERVICES                        | PRESCHOOL MEAL SUI   |                        | 57.50                        |                 |    |
|  |                                     |  |                                 |  |                        |                              |                 |    |
| <u>184277991</u>   | Invoice                             | 08/22/2017                                 | PRESCHOOL MEAL                  |  | 0.00                   | 638.18                       |                 |    |
|  | 269-6303-6504                       | FOOD                                       | SERVICES                        | PRESCHOOL MEAL SUI   | PPLIES                 | 638.18                       |                 |    |
| 184282752  | Invoice                             | 08/22/2017                                 | PRESCHOOL MEAL                  | SUPPLIES   | 0.00                   | 57.50                        |                 |    |
|  |                                     |  |                                 |  |                        |                              |                 |    |

| Check Report                |  |                        |  |  | -t   | Date Range: 08/10/201            | 7 - 08/30/2017 |
|-----------------------------|--|------------------------|--|--|--|----------------------------------|----------------|
| Vendor Number               | Vendor Name<br>269-6303-6504                                     | FOOD S                 | Payment Date<br>ERVICES  | Payment Type<br>PRESCHOOL MEAL SUP                       |  | t Payment Amount<br>57.50        | Number         |
| THE05<br>Payable #          | THE OFFICE CITY Payable Type Account Number                      | Payable Date<br>Accoun | 08/23/2017<br>Payable Descriptiont Name  | Regular<br>on<br>Item Description                        | 0.00 Discount Amount Properties Distribution     | ayable Amount                    | 47318          |
| IN-1443629                  | Invoice<br>100-5400-6000   | 08/17/2017<br>OFFICE   | PD OFFICE SUPPLIE<br>SUPPLIES  | S PD OFFICE SUPPLIES                                     | 0.00   | 57.08<br>57.08                   |                |
| <u>IN-1444504</u>           | Invoice<br>100-5400-6000   | 08/22/2017<br>OFFICE   | P.D OFFICE SUPPLI<br>SUPPLIES  | ES<br>P.D OFFICE SUPPLIES                                | 0.00   | 3.77<br>3.77                     |                |
| ULI01 Payable #  89348829   | ULINE Payable Type Account Number Invoice 100-5400-6002          | 08/17/2017             | 08/23/2017 Payable Description It Name KIT FOR HEATING S SUPPLIES                | Item Description   | 0.0 Discount Amount P Distribution 0.00 ER       | ayable Amount                    | 47319          |
| UNI05<br>Payable #<br>22034 | UNITY IT Payable Type Account Number Invoice 100-5400-6520       | 08/22/2017             | 08/23/2017  Payable Description It Name  SONICWALL SVCS (SSIONAL SERVICES)       | Item Description   | 0.0 Discount Amount P Distribution 0.00          | ayable Amount                    | 47320          |
| 22066                       | Invoice<br>100-5400-6520   | 08/22/2017             | REMOTE COMPUT  |  | 0.00   | 125.00<br>125.00                 |                |
| USM01<br>Payable #          | U-SAVE MARKET Payable Type Account Number                        | Payable Date Accoun    | 08/23/2017 Payable Descriptiont Name   | Regular<br>on<br>Item Description                        | 0.0 Discount Amount P                            | ayable Amount                    | 47321          |
| 08/16/17                    | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL<br>SERVICES   |  | 0.00   | 89.22<br>89.22                   |                |
| 8/10/17                     | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL<br>SERVICES   | SUPPLIES PRESCHOOL MEAL SUF                              | 0.00<br>PPLIES                                   | 183.53<br>183.53                 |                |
| 8/14/17                     | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL   | . SUPPLIES<br>PRESCHOOL MEAL SUF                         | 0.00<br>PPLIES                                   | 73.50<br>73.50                   |                |
| 8/15/17                     | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL   | . SUPPLIES<br>PRESCHOOL MEAL SUF                         | 0.00<br>PPLIES                                   | 93.66<br>93.66                   |                |
| 8/16/17                     | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL   | . SUPPLIES<br>PRESCHOOL MEAL SUP                         | 0.00   | 14.08<br>14.08                   |                |
| 8/21/17                     | Invoice<br>269-6303-6504   | 08/22/2017<br>FOOD S   | PRESCHOOL MEAL<br>SERVICES   | SUPPLIES PRESCHOOL MEAL SUP                              | 0.00<br>PPLIES                                   | 173.56<br>173.56                 |                |
| VORO1 Payable #             | VORTAL, INC. Payable Type Account Number Invoice                 | Payable Date Accour    | 08/23/2017 Payable Description It Name WEB HOSTING                               | Regular<br>on<br>Item Description                        | 0.0<br>Discount Amount F<br>Distribution<br>0.00 | ayable Amount                    | 47322          |
|                             | 100-5200-6520<br>100-5700-6520<br>400-5300-6520<br>400-5600-6520 | PROFE:                 | SSIONAL SERVICES/<br>SSIONAL SERVICES/<br>SSIONAL SERVICES/<br>SSIONAL SERVICES/ | WEB HOSTING<br>WEB HOSTING<br>WEB HOSTING<br>WEB HOSTING |  | 50.00<br>50.00<br>50.00<br>50.00 |                |
| Payable #                   | EOC - FOOD PREPARATION Payable Type Account Number               | Payable Date<br>Accour | 08/25/2017 Payable Descriptiont Name   | Item Description   | 0.0<br>Discount Amount F<br>Distribution         | Payable Amount<br>n Amount       | 47323          |
| 33191                       | Invoice<br>100-5615-6504   | 06/30/2017<br>FOOD     | MEAL SUPPLIES/ F<br>SERVICES   | EB 2017<br>MEAL SUPPLIES/ FEB 2                          | 0.00   | 46.75<br>46.75                   |                |

08/25/2017

Regular

**AUTO ZONE** 

AUT01

9.71 47324

0.00

| Vendor Number<br>Payable #   | Vendor Name<br>Payable Type  | Payable Date   | Payment Date Payable Description        | Payment Type                                       | Discount Am<br>Discount Amount | ount Payme   |                        | Number |
|--|--|--|---|--|--------------------------------|--------------|------------------------|--------|
| 00 THE BROWN ON COME   | Account Number   |  | nt Name                                 | Item Description                                   |                                | tion Amount  |                        |        |
| 3758381131   | Invoice  | 06/30/2017   | PW SHOP TOOLS                           |  | 0.00                           |              | 9.71                   |        |
|  | 400-5600-6004  |  | & MINOR EQUIPM                          | PW SHOP TOOLS                                      | 0.00                           | 9.71         | 5.71                   |        |
|  |  |  | a minon Equi m                          |  |                                | 3.71         |                        |        |
| CAL1Y  | CALIFORNIA WATER SERVI   | CES INC.   | 08/25/2017                              | Regular  |                                | 0.00         | 12,051.78              | 47325  |
| Payable #  | Payable Type   | Payable Date   | Payable Description                     |  | Discount Amount                |              | 11.0                   |        |
|  | Account Number   |  | nt Name                                 | Item Description                                   |                                | tion Amount  |                        |        |
| 0034833-IN   | Invoice  | 06/30/2017   | WATER & WWTP S                          |  | 0.00                           |              | 1.78                   |        |
|  | 400-5600-6011  | FUEL   |   | FUEL CHARGE 6-17                                   |                                | 30.00        | 2.70                   |        |
|  | 400-5600-6542  |  | ACT SERVICES                            | WATER SERVICES 6-17                                |                                | 5,150.00     |                        |        |
|  | 400-5600-6544  |  | ALYSIS & TESTING                        | WATER LAB ANALYSIS                                 | 6-17                           | 900.00       |                        |        |
|  | 401-5600-6002  |  | SUPPLIES                                | CHLORINE SUPPLIES 6-                               |                                | 12.52        |                        |        |
|  | 401-5600-6542  |  | ACT SERVICES                            | WWTP SERVICES 6-17                                 |                                | 5,179.26     |                        |        |
|  | 401-5600-6544  |  | ALYSIS & TESTING                        | WWTP LAB ANALYSIS                                  | 6-17                           | 780.00       |                        |        |
|  | solvellesiines Heefinsiinesiinesiinesiinesiinesii                        |  |   |  |                                | 700.00       |                        |        |
| COR11  | CORTEZ TIRES   |  | 08/25/2017                              | Regular  |                                | 0.00         | 480.00                 | 47326  |
| Payable #  | Payable Type   | Payable Date   | Payable Description                     | 5-10-10-10-10-10-10-10-10-10-10-10-10-10-          | Discount Amount                |              |                        | 17520  |
| •  | Account Number   | 107.07   | nt Name                                 | Item Description                                   |                                | ition Amount | ounc                   |        |
| 4-10-17  | Invoice  | 06/30/2017   | UNIT #518 EQUIP                         | 500 000 000 000 000 000 000 000 000 000            | 0.00                           |              | 0.00                   |        |
| anima III di anima | 401-5600-6004  | DISTRIBUTE AND SECURE OF THE PROPERTY OF THE P | & MINOR EQUIPM                          | UNIT #518 EQUIPMEN                                 |                                | 480.00       | 0.00                   |        |
|  |  | ,0020  | a minon Equi m                          | om noto equi men                                   |                                | 100.00       |                        |        |
| CISO2  | SOPHIA SEPULVEDA   |  | 08/25/2017                              | Regular  |                                | 0.00         | 32.94                  | 47327  |
| Payable #  | Payable Type   | Payable Date   | Payable Description                     | on   | Discount Amount                | Payable Am   | ount                   |        |
|  | <b>Account Number</b>  | Accou  | nt Name                                 | Item Description                                   |                                | ition Amount |                        |        |
| 5-17   | Invoice  | 06/30/2017   | MILEAGE REIMBU                          | RSEMENT  | 0.00                           | ) 1          | .8.90                  |        |
|  | 400-5600-6011  | FUEL   |   | MILEAGE REIMBURSEN                                 | MENT                           | 18.90        |                        |        |
| 6-17   | Invoice  | 06/30/2017   | MILEAGE REIMBU                          | RSEMENT  | 0.00                           | ) 1          | 4.04                   |        |
| adhaeathlain   | 400-5600-6011  | FUEL   |   | MILEAGE REIMBURSEN                                 |                                | 14.04        |                        |        |
|  |  |  |   | WILLY OF HEIMBONDER                                |                                | 11.01        |                        |        |
| YAM01  | YAMABE & HORN ENGINE   | ERING INC.   | 08/25/2017                              | Regular  |                                | 0.00         | 592.50                 | 47328  |
| Payable #  | Payable Type   | Payable Date   | Payable Description                     |  | Discount Amoun                 |              |                        |        |
|  | Account Number   | CONTRACTOR OF STREET OF STREET PROPERTY.   | nt Name                                 | Item Description                                   |                                | ition Amount |                        |        |
| 37535-2  | Invoice  | 06/30/2017   | CMAQ ALLEY IMPI                         |  | 0.00                           |              | 92.50                  |        |
|  | 204-5600-7019  | A A source   | ALLEY IMPROV PR                         | CMAQ ALLEY IMPROVI                                 |                                | 592.50       |                        |        |
|  | No you Green and transfer of an ill and a see at a see ill principality. |  |   |  |                                | 552.55       |                        |        |
| ABI10  | ABILITY ANSWERING SERV   | l <sub>a</sub>   | 08/25/2017                              | Regular  |                                | 0.00         | 115.31                 | 47329  |
| Payable #  | Payable Type   | Payable Date   | Payable Descripti                       | Child in the Worldon                               | Discount Amoun                 | t Payable Am |                        |        |
| 5.   | Account Number   | Accou  | nt Name                                 | Item Description                                   |                                | ution Amount |                        |        |
| 08-5-4345-8-17   | Invoice  | 08/24/2017   | PW ANSWERING S                          | 10 to annual 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 0.00                           |              | 15.31                  |        |
| And the control of th | 400-5600-6510  | The state of the s | HONE/DATA/PAGER                         | PW ANSWERING SVCS                                  | 1=00000                        | 115.31       | Comment of the Comment |        |
|  |  |  | ommerca (1 07010001001010 100.00707001) |  | SIRES CO. SING COV             | www.mad.     |                        |        |
| ADPO0  | ADP, INC.  |  | 08/25/2017                              | Regular  |                                | 0.00         | 455.94                 | 47330  |
|  | · · · · · · · · · · · · · · · · · · ·                                    |  | ,,                                      | -8   |                                |              |                        |        |

| Check Report   |                        |  |                     |  | 1                  | Date Range: 08/10/20 | 17 - 08/30/201 |
|--|------------------------|--|---------------------|--|--------------------|----------------------|----------------|
| Vendor Number  | Vendor Name            |  | Payment Date        | Payment Type   | Discount Amoun     | t Payment Amount     | Number         |
| Payable #  | Payable Type           | Payable Date                             | Payable Description | on   | Discount Amount Pa | ayable Amount        |                |
|  | Account Number         | Accou                                    | nt Name             | Item Description   | Distribution       | Amount               |                |
| 498664515  | Invoice                | 08/24/2017                               | TIME AND ATTEND     | DANCE  | 0.00               | 455.94               |                |
|  | 100-5200-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   | CE                 | 7.73                 |                |
|  | 100-5400-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   | CE                 | 108.19               |                |
|  | 100-5410-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   | CE                 | 7.73                 |                |
|  | 100-5610-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   | CE                 | 7.73                 |                |
|  | 100-5617-6520          |  | SSIONAL SERVICES    | TIME AND ATTENDANC   |                    | 23.18                |                |
|  | 100-5620-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 23.18                |                |
|  | 100-5700-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 15.46                |                |
|  | 203-5600-6520          | PROFE                                    | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 7.73                 |                |
|  | 206-5600-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   | CE                 | 7.72                 |                |
|  | 213-5600-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 7.73                 |                |
|  | 269-6303-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 115.92               |                |
|  | 400-5300-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 23.18                |                |
|  | 400-5600-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANO   |                    | 30.91                |                |
|  | 401-5300-6520          |  | SSIONAL SERVICES    | TIME AND ATTENDANO   |                    | 23.18                |                |
|  | 401-5600-6520          |  | SSIONAL SERVICES    | TIME AND ATTENDANO   |                    | 23.18                |                |
|  | 402-5300-6520          |  | SSIONAL SERVICES    | TIME AND ATTENDANC   |                    | 15.46                |                |
|  | 602-8100-6520          |  | SSIONAL SERVICES/   | TIME AND ATTENDANC   |                    | 7.73                 |                |
|  |                        |  | ,                   |  |                    | 7.75                 |                |
|  | **Void**               |  | 08/25/2017          | Regular  | 0.0                | 0 0 0                | 47331          |
| BELO3  | ALMA M. BELTRAN        |  | 08/25/2017          | Regular  | 0.0                |                      | 5 47332        |
| Payable #  | Payable Type           | Payable Date                             | Payable Description | 75.5   | Discount Amount P  |                      | 7 47332        |
| A C. (2004 - 100 - | Account Number         | - ELLI-10- CIERANIC SANTONIAN WATERANCE  | nt Name             | Item Description   | Distribution       |                      |                |
| SEP 12-15  | Invoice                | 08/25/2017                               | LOCC 2017 ANNU      | MARKET STANDARD STANDARD CONTRACTOR AND STANDARD | 0.00               | 639.55               |                |
|  | 100-5100-6503          |  | L, MEETINGS & TR    | LOCC 2017 ANNUAL CO  |                    | 199.55               |                |
|  | 100-5100-6503          |  | L, MEETINGS & TR    | LOCC 2017 ANNUAL CO  |                    | 440.00               |                |
|  |                        | 110372                                   | ic, meerings a m    | LOCG ZOTY MINONE CO  | 5141.              | 440.00               |                |
| AT&09  | AT&T                   |  | 08/25/2017          | Regular  | 0.0                | 00 195               | L 47333        |
| Payable #  | Payable Type           | Payable Date                             | Payable Description | Name of the Control o | Discount Amount P  |                      | . 47555        |
|  | Account Number         | 2 <del>7</del> 11                        | nt Name             | Item Description   | Distribution       |                      |                |
| 10089192   | Invoice                | 08/24/2017                               | WELL 2A SERVICES    | entermonen und sentermone de   | 0.00               | 19.51                |                |
| since Landau Landau  | 400-5600-6510          | AVAIDAGO/PERS                            |                     | WELL 2A SERVICES 7/1   |                    | 19.51                |                |
|  |                        | , , , ,                                  |                     | WEEL ENGLISHINGS 17 E  | 0/12               | 13.31                |                |
| AUTO4  | AUTOMATED OFFICE SYST  | FMS                                      | 08/25/2017          | Regular  | 0.0                | 00 45 49             | 9 47334        |
| Pavable #  | Payable Type           | Payable Date                             | Payable Description |  | Discount Amount P  |                      | 77334          |
| •  | Account Number         | 1.01                                     | nt Name             | Item Description   | Distribution       |                      |                |
| ARIN372470   | Invoice                | 08/24/2017                               | TCM LEASE PROPE     |  | 0.00               | 45.49                |                |
| · · · · · · · · · · · · · · · · · · ·  | 400-5300-6002          | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | SUPPLIES            | TCM LEASE PROPERTY   |                    | 45.49                |                |
|  |                        |  |                     | 7 5111 227 1151 21111  |                    | 101.15               |                |
| BRE14  | BRENNTAG PACIFIC, INC. |  | 08/25/2017          | Regular  | 0.0                | 00 1.317.60          | 0 47335        |
| Payable #  | Payable Type           | Payable Date                             | Payable Descripti   |  | Discount Amount F  | an anger an É        |                |
| William S. S. Const. (1997) Selection (1997)   | Account Number         | DOUBLES SALED TO SOURCE STATES OF SALES  | nt Name             | Item Description   | Distribution       |                      |                |
| BPI760375  | Invoice                | 08/24/2017                               | CHLORINE FOR W      |  | 0.00               | 454.06               |                |
|  | 400-5600-6002          |  | & SUPPLIES          | CHLORINE FOR WELL #  |                    | 454.06               |                |
| BDI7C027C  |                        |  |                     |  |                    |                      |                |
| BPI760376  | Invoice                | 08/24/2017                               | CHLORINE FOR W      |  | 0.00               | 409.48               |                |
|  | 400-5600-6002          | PARTS                                    | & SUPPLIES          | CHLORINE FOR WELL #  | 76                 | 409.48               |                |
| BPI760377  | Invoice                | 08/24/2017                               | CHLORINE FOR W      | ELL #9A  | 0.00               | 454.06               |                |
|  | 400-5600-6002          | PARTS                                    | & SUPPLIES          | CHLORINE FOR WELL #  | #9A                | 454.06               |                |
|  |                        |  |                     |  |                    |                      |                |
| CEN19  | CENTRAL SANITARY SUPP  | LY                                       | 08/25/2017          | Regular  | 0.0                | 00 672.9             | 0 47336        |
| Payable #  | Payable Type           | Payable Date                             | Payable Descripti   | on   | Discount Amount    | Payable Amount       |                |
|  | <b>Account Number</b>  | Accou                                    | int Name            | Item Description   | Distribution       | n Amount             |                |
| 672.90   | Invoice                | 08/24/2017                               | PW SHOP SUPPLIE     | ES   | 0.00               | 672.90               |                |
|  | 400-5600-6002          | PARTS                                    | & SUPPLIES          | PW SHOP SUPPLIES   |                    | 672.90               |                |
|  |                        |  |                     |  |                    |                      |                |
| EINO1  | EINERSON'S PREPRESS    |  | 08/25/2017          | Regular  | 0.0                | 00 225.0             | 1 47337        |
|  |                        |  |                     | 54.00  |                    |                      |                |

| Check Report                 |   |              |                     |  |                        | Date Range: 08/10/20 | 17 - 08/30/20 |
|------------------------------|---|--------------|---------------------|--|------------------------|----------------------|---------------|
| Vendor Number                | Vendor Name                                 |              | Payment Date        | <b>Payment Type</b>  | Discount Amo           | unt Payment Amount   | Number        |
| Payable #                    | Payable Type                                | Payable Date | Payable Description | on   | <b>Discount Amount</b> | Payable Amount       |               |
|                              | <b>Account Number</b>                       | Accou        | nt Name             | Item Description   | Distribution           | on Amount            |               |
| 16033                        | Invoice                                     | 08/25/2017   | INSPECTION REQU     | JEST FORMS   | 0.00                   | 225.01               |               |
|                              | 100-5700-6000                               | OFFICE       | SUPPLIES            | INSPECTION REQUEST   | ΓFORMS                 | 225.01               |               |
| EFI00                        | ENFINITY CENTRAL                            |              | 08/25/2017          | Regular  |                        | 0.00 18.120.96       | 47220         |
| Payable #                    | Payable Type                                | Payable Date | Payable Description |  | Discount Amount        |                      | 4/338         |
| i ayasic ii                  | Account Number                              |              | nt Name             | Item Description   |                        | on Amount            |               |
| 200100015121                 | Invoice                                     | 08/24/2017   | WWTP ELECTRICIT     | Seat No. 2 Co. 25 Co. 2 | 0.00                   | 18,120.96            |               |
|                              | 401-5600-6512                               | ELECT        |                     | WWTP ELECTRICITY 7   |                        | 18,120.96            |               |
| EWI01                        | EWING IRRIGATION PRO                        | DUCTS        | 08/25/2017          | Regular  |                        | 0.00 2.257.60        | 47220         |
| Payable #                    | Payable Type                                | Payable Date | Payable Descripti   |  | Discount Amount        |                      | 47339         |
| · ayabic ii                  | Account Number                              |              | nt Name             | Item Description   |                        | on Amount            |               |
| 3952477                      | Invoice                                     | 08/24/2017   | PARK SUPPLIES       | item bescription   | 0.00                   | 2,257.60             |               |
| Alle Market Market Land Land | 100-5610-6002                               |              | SUPPLIES            | PARK SUPPLIES  | 0.00                   | 2,257.60             |               |
| GON54                        | GONZALEZ, WALLY                             |              | 08/25/2017          | Pogular  |                        | 0.00 94.50           | 17240         |
| Payable #                    | Payable Type                                | Payable Date | Payable Descripti   | Regular  | Discount Amount        |                      | 47340         |
| 1 ayabic #                   | Account Number                              |              | nt Name             | Item Description   |                        | on Amount            |               |
| AUG 14-17                    | Invoice                                     | 08/24/2017   | MILEAGE REIMBU      | ro-romaniana and an analysis   | 0.00                   | 58.86                |               |
| 7.00 14 17                   | 100-5700-6011                               | FUEL         | WILLAGE KENVIDO     | MILEAGE REIMBURSE  |                        | 58.86                |               |
| AUG 7-10                     | Invoice                                     | 08/24/2017   | MILEAGE REIMBU      | IRSEMENT   | 0.00                   | 35.64                |               |
| 1100710                      | 100-5700-6011                               | FUEL         | WILLAGE KEIWIDO     | MILEAGE REIMBURSE  |                        | 35.64                |               |
|                              |   | , 522        |                     | WILLY OF HEIMBONSE   |                        | 33.04                |               |
| PETO1                        | PETTY CASH FUND                             |              | 08/25/2017          | Regular  | (                      | 0.00 137.16          | 47341         |
| Payable #                    | Payable Type                                | Payable Date | Payable Descripti   | on   | Discount Amount        |                      |               |
| (2.5 H                       | Account Number                              |              | nt Name             | Item Description   | Distributi             | on Amount            |               |
| 8-24-17                      | Invoice                                     | 08/24/2017   | REPLENISH PETTY     |  | 0.00                   | 137.16               |               |
|                              | 100-5300-6503                               |              | L, MEETINGS & TR    | DONUTS FOR FD PAN  |                        | 11.49                |               |
|                              | 100-5400-6002                               |              | SUPPLIES            | PD SWEARING SUPPL  | LIES                   | 7.38                 |               |
|                              | 100-5400-6002                               |              | SUPPLIES            | DMV FEES   |                        | 5.00                 |               |
|                              | 100-5400-6002                               |              | SUPPLIES            | CHIEF EHLE BATTERY   |                        | 21.41                |               |
|                              | 100-5400-6002                               |              | SUPPLIES            | CHILD MEAL   | NACNIT                 | 8.08                 |               |
|                              | 100-5400-6002<br>100-5400-6011              | FUEL         | SUPPLIES            | PD CAKE REIMBURSE<br>AGUILAR'S GAS REIM  |                        | 20.00<br>20.00       |               |
|                              | 100-5400-6534                               |              | E OUTREACH          | COMM OUTREACH SU   |                        | 30.00                |               |
|                              | 100-5615-6002                               |              | SUPPLIES            | SR CTR SUPPLIES  | OFFLILS                | 3.59                 |               |
|                              | 100-5615-6504                               |              | SERVICES            | SR CTR MEAL SUPPLIE  | FS                     | 10.21                |               |
|                              | pilentine the effective section the entered |              |                     |  |                        | 20.22                |               |
| QUI02                        | QUILL CORPORATION                           |              | 08/25/2017          | Regular  | į.                     | 0.00 694.86          | 6 47342       |
| Payable #                    | Payable Type                                | Payable Date | Payable Descripti   | ion  | Discount Amount        |                      |               |
| 0.000000                     | Account Number                              |              | nt Name             | Item Description   |                        | ion Amount           |               |
| 8887908                      | Invoice                                     | 08/24/2017   | PW OFFICE SUPPI     |  | 0.00                   | 99.28                |               |
|                              | 400-5600-6000                               |              | E SUPPLIES - P.W.   | PW OFFICE SUPPLIES   |                        | 99.28                |               |
| 8891842                      | Invoice                                     | 08/24/2017   | PW OFFICE SUPPI     |  | 0.00                   | 14.03                |               |
|                              | 400-5600-6000                               | OFFIC        | E SUPPLIES - P.W.   | PW OFFICE SUPPLIES   | į                      | 14.03                |               |
| 8927313                      | Invoice                                     | 08/24/2017   | PW SHOP SUPPLI      | ES   | 0.00                   | 345.82               |               |
|                              | 400-5600-6002                               | PARTS        | & SUPPLIES          | PW SHOP SUPPLIES   |                        | 345.82               |               |
| 8927694                      | Invoice                                     | 08/24/2017   | PW OFFICE SUPP      | LIES   | 0.00                   | 127.36               |               |
|                              | 400-5600-6000                               | OFFIC        | E SUPPLIES - P.W.   | PW OFFICE SUPPLIES   |                        | 127.36               |               |
| 8927703                      | Invoice                                     | 08/24/2017   | PW SHOP SUPPLI      | ES   | 0.00                   | 108.37               |               |
|                              | 400-5600-6002                               |              | S & SUPPLIES        | PW SHOP SUPPLIES   |                        | 108.37               |               |
|                              |   |              |                     |  |                        |                      |               |
| ESC03                        | SAMUEL A. ESCOBAR                           |              | 08/25/2017          | Regular  |                        | 0.00 639.5           | 5 47343       |
|                              |   |              |                     |  |                        |                      |               |

| Check Report               |   |                                      |  |   |              | D      | ate Range: 08/                          | 10/201 | 7 - 08/30/20   |
|----------------------------|---|--------------------------------------|--|---|--------------|--------|---|--------|----------------|
| Vendor Number<br>Payable # | Vendor Name<br>Payable Type<br>Account Number                     | Payable Date Accoun                  | Payment Date Payable Description                                 |   | Discount Amo | unt Pa | t Payment An<br>Iyable Amount<br>Amount | nount  | Number         |
| <u>SEPT 12-15</u>          | Invoice<br>100-5200-6503<br>100-5200-6503                         | 08/25/2017<br>TRAVEL                 | LOCC 2017 ANNUA<br>, MEETINGS & TR<br>, MEETINGS & TR            |   | ONF          | 0.00   | 639.55<br>199.55<br>440.00              |        |                |
| ESCO3 Payable #  JULY-SEP  | SAMUEL A. ESCOBAR Payable Type Account Number Invoice             | Payable Date Accoun 08/25/2017       | 08/25/2017 Payable Description t Name CELL PHONE REIM            | Item Description                            | Dist         |        | ayable Amount<br>Amount                 | 50.00  | 47344          |
| <u> </u>                   | 100-5200-6510   |                                      | ONE/DATA/PAGER   |   | ,            | 1.00   | 150.00<br>150.00                        |        |                |
| BET02<br>Payable #         | XL HEATING AND AIR CON<br>Payable Type<br>Account Number          | DITIONING  Payable Date  Accoun      | 08/25/2017 Payable Description                                   | Regular<br>on<br>Item Description           |              |        | )<br>ayable Amount<br>Amount            | 85.00  | 47345          |
| <u>1758</u>                | Invoice<br>100-5617-6520  | 08/24/2017                           | COMM CENTER A/   | 100000 1000 1000 10000 10000 1000 1000      | (            | 0.00   | 85.00<br>85.00                          |        |                |
| YAM01<br>Payable #         | YAMABE & HORN ENGINE<br>Payable Type<br>Account Number<br>Invoice | Payable Date<br>Accoun<br>08/24/2017 | 08/25/2017<br>Payable Description<br>t Name<br>UGD UTILITY DISTR | Item Description                            | Dist         |        | Ayable Amount<br>Amount<br>335.00       | 223.68 | 47346          |
| 38190                      | 200-5600-6519<br>Invoice<br>100-5600-6519                         | 08/24/2017                           | ERING FEES  PW GENERAL ACC                                       | UGD UTILITY DISTRICT OUNT PW GENERAL ACCOUN |              | 0.00   | 335.00<br>40.00<br>40.00                |        |                |
| 38192                      | Invoice<br>400-5600-6519  | 08/24/2017                           | WATER FUND ACT   |   |              | 0.00   | 715.00<br>715.00                        |        |                |
| 38193                      | Invoice<br>401-5600-6519  | 08/24/2017<br>ENGINE                 | SEWER FUND ACC   | OUNT<br>SEWER FUND ACCOUN                   |              | 0.00   | 475.00<br>475.00                        |        |                |
| <u>38195</u>               | Invoice<br>223-5600-7023  | 08/24/2017<br>MANNI                  |  | MANNING AVE ATP CY                          |              | 0.00   | 835.00<br>835.00                        |        |                |
| 38196                      | Invoice<br>218-5600-7001  |                                      | MANNING AVE W<br>L PROJECT                                       | MANNING AVE WESTB                           | OUND         |        | 3,504.31<br>3,504.31                    |        |                |
| 38197                      | Invoice<br>219-5600-7021  |                                      | MANNING AVE & :<br>NG AVE/ZEDIKER                                | MANNING AVE & ZEDI                          | KER          | 0.00   | 120.00<br>120.00                        |        |                |
| 38198                      | Invoice<br>220-5600-7006  |                                      | ACADEMY-5TH IN   | ACADEMY-5TH INT                             |              | 0.00   | 230.00                                  |        |                |
| 38199                      | Invoice<br>222-5600-7022  |                                      |  | MENDOCINO AVE WID                           | ENING        |        | 15,256.90<br>5,256.90                   |        |                |
| 38201                      | Invoice<br>309-5600-6519  |                                      | SWRCB WWTP GR  | SWRCB WWTP GRANT                            |              | 0.00   | 60.00                                   |        |                |
| 38202                      | Invoice<br>100-5600-6519  |                                      | EERING FEES  | COG ATP APPLICATION                         | N            | 0.00   | 170.00<br>170.00                        |        |                |
| 38205                      | Invoice<br>204-5600-7019  | T.                                   | ALLEY IMPROV PR  | CMAQ ALLEY IMPROVI                          | EMENTS       |        | 8,792.97<br>8,792.97                    |        |                |
| 38207                      | Invoice<br>100-5600-6519  |                                      | ENCROACHMENT<br>EERING FEES                                      | ENCROACHMENT PERI                           | MITS         | 0.00   | 290.00<br>290.00                        |        |                |
| 38208                      | Invoice<br>204-5600-6519  |                                      |  | MANNING & ZEDIKER                           | INT          | 0.00   | 277.00<br>277.00                        |        |                |
| 38212                      | Invoice<br>400-5600-6519  |                                      | JPA (GSA) TECHNI<br>EERING FEES                                  | CAL ADV<br>JPA (GSA) TECHNICAL              | ADV          |        | 1,060.00<br>1,060.00                    |        |                |
| 38213                      | Invoice<br>200-5600-6519  | 08/24/2017<br>ENGINI                 | 2018 RTP<br>EERING FEES  | 2018 RTP                                    |              | 0.00   | 1,062.50<br>1,062.50                    | !      |                |
| AT&02                      | **Void**<br>A T & T MOBILITY                                      |                                      | 08/25/2017<br>08/29/2017   | Regular<br>Regular                          |              | 0.0    |   |        | 47347<br>47348 |

| Check Report   |   |   |  |  |           |           | Date Ran                              | ge: 08/10/201             | 7 - 08/30/20 |
|--|---|---|--|--|-----------|-----------|---------------------------------------|---------------------------|--------------|
| Vendor Number<br>Payable #   | Vendor Name<br>Payable Type<br>Account Number | Payable Date                                | Payment Date Payable Descriptiont Name | Payment Type<br>on<br>Item Description   |           | Amount    | ount Paym<br>Payable Ai<br>ion Amount |                           | Number       |
| 287250673255-8-  |   | 08/29/2017                                  | MDTS FOR AIR CAI<br>HONE/DATA/PAGER    | Control and the control of the Contr |           | 0.00      |                                       | 336.60                    |              |
| ALT01  | ALTA MONTCLAIR/EBSA                           |   | 08/29/2017                             | Regular  |           |           | 0.00                                  | 100.00                    | 47349        |
| Payable #  | Payable Type                                  | Payable Date                                | Payable Description                    | on   | Discount  | Amount    | Payable A                             | mount                     |              |
| 0/5 0/10/17  | Account Number                                |   | nt Name                                | Item Description   |           |           | ion Amount                            |                           |              |
| 8/5-8/18/17  | Invoice<br>100-22210                          | 08/28/2017                                  | 457 DEFERRED CO<br>FERRED COMPENS      | MP PR 8-18<br>457 DEFERRED COMP  | DD 0 10   | 0.00      | 100.00                                | 100.00                    |              |
|  | 100 22210                                     | 437 01                                      | FERRED CONFERS                         | 457 DEFERRED COIVIF  | LV 0-10   |           | 100.00                                |                           |              |
| AT&09  | AT&T  |   | 08/29/2017                             | Regular  |           |           | 0.00                                  | 171.28                    | 47350        |
| Payable #  | Payable Type                                  | Payable Date                                | Payable Description                    | on   | Discount  | Amount    | Payable A                             | mount                     |              |
| 000010000101   | Account Number                                |   | nt Name                                | Item Description   |           |           | ion Amount                            |                           |              |
| 000010089191   | Invoice<br>269-6303-6510                      | 08/29/2017                                  |  | ICES 7/13-8/12/17  | 7/12 0/1  | 0.00      |                                       | 171.28                    |              |
|  | 203-0303-03.10                                | TELEPT                                      | HONE/DATA/PAGER                        | PRESCHOOL SERVICES   | //13-8/1  |           | 171.28                                |                           |              |
| CAL1Y  | CALIFORNIA WATER SERV                         | ICES INC.                                   | 08/29/2017                             | Regular  |           |           | 0.00                                  | 17,174.99                 | 47351        |
| Payable #  | Payable Type                                  | Payable Date                                | Payable Description                    |  | Discount  | Amount    | Payable A                             | ENGLISHED TO THE PROPERTY |              |
|  | Account Number                                |   | nt Name                                | Item Description   |           | Distribut | ion Amount                            | :                         |              |
| 0034977-IN   | Invoice                                       | 08/29/2017                                  | WATER & WWTP !                         |  |           | 0.00      |                                       | 174.99                    |              |
|  | <u>400-5600-6011</u><br>400-5600-6542         | FUEL  | ACT SERVICES                           | FUEL CHARGE 7-17   |           |           | 30.00                                 |                           |              |
|  | 400-5600-6544                                 |   | RACT SERVICES NALYSIS & TESTING        | WATER SERVICES 7-17<br>WATER LAB ANALYSIS  |           |           | 5,914.00<br>1,920.00                  |                           |              |
|  | 401-5600-6002                                 |   | SUPPLIES                               | CHLORINE SUPPLIES 7-   |           |           | 14.37                                 |                           |              |
|  | 401-5600-6542                                 |   | RACT SERVICES                          | WWTP SERVICES 7-17   |           |           | 7,764.62                              |                           |              |
|  | 401-5600-6544                                 | LAB Af                                      | NALYSIS & TESTING                      | WWTP LAB ANALYSIS  | 7-17      |           | 1,532.00                              |                           |              |
| 0.0.0  |   |   |  |  |           |           |                                       |                           |              |
| CUM01<br>Payable #   | CUMMINS PACIFIC, LLC Payable Type             | Payable Date                                | 08/29/2017 Payable Descripti           | Regular  | Discount  | t Amount  | 0.00 Payable A                        | 1,763.57                  | 47352        |
| rayable #  | Account Number                                | ESTATE OF COMPLETE TO VEHICLE OF THE SECOND | nt Name                                | Item Description   | Discoun   |           | rayable A<br>tion Amount              |                           |              |
| 022-90556  | Invoice                                       | 08/29/2017                                  | WELL 9-A REPAIR                        |  |           | 0.00      |                                       | 645.29                    |              |
|  | 400-5600-6531                                 | REPAIR                                      | RS & MAINTENANC                        | WELL 9-A REPAIR & M  | AINT.     |           | 645.29                                | )                         |              |
| 022-90559  | Invoice                                       | 08/29/2017                                  | WELL 9-A SERVICE                       | ES   |           | 0.00      |                                       | 559.32                    |              |
|  | 400-5600-6520                                 | PROFE                                       | SSIONAL SERVICES/                      | WELL 9-A SERVICES  |           |           | 559.32                                | 2                         |              |
| 022-90562  | Invoice                                       | 08/29/2017                                  | WELL 2-A SERVICE                       | ES   |           | 0.00      |                                       | 558.96                    |              |
|  | 400-5600-6520                                 | PROFE                                       | SSIONAL SERVICES/                      | WELL 2-A SERVICES  |           |           | 558.96                                | 5                         |              |
| GRO01  | LEDCTICON ENTEDDDICEC                         | INC   | 08/29/2017                             | Dogular  |           |           | 0.00                                  | 02.27                     | 47252        |
| Payable #  | FERGUSON ENTERPRISES Payable Type             | Payable Date                                | Payable Descripti                      |  | Discoun   | t Amount  | Payable A                             |                           | 47353        |
| /  | Account Number                                | 325   | nt Name                                | Item Description   | Discoun   |           | tion Amoun                            |                           |              |
| 1299383  | Invoice                                       | 08/28/2017                                  | PW SHOP PARTS 8                        | & SUPPLIES   |           | 0.00      |                                       | 269.88                    |              |
|  | 400-5600-6002                                 | PARTS                                       | & SUPPLIES                             | PW SHOP PARTS & SU   | IPPLIES   |           | 269.88                                | 3                         |              |
| CM109010   | Credit Memo                                   | 08/28/2017                                  | CREDIT INV. # 129                      | 99383  |           | 0.00      | g-                                    | -177.51                   |              |
|  | 400-5600-6002                                 | PARTS                                       | & SUPPLIES                             | CREDIT INV. # 129938   | 3         |           | -177.51                               | L                         |              |
| FIV02  | FIVE CITIES EDA                               |   | 08/29/2017                             | Pogular  |           |           | 0.00                                  | 1 272 01                  | 47254        |
| Payable #  | Payable Type                                  | Payable Date                                | Payable Descripti                      | Regular  | Discoun   | t Amount  | Payable A                             | 1,272.01                  | 4/354        |
| r dyddic ii  | Account Number                                |   | nt Name                                | Item Description   | Discoun   |           | tion Amoun                            |                           |              |
| 8/22/17  | Invoice                                       | 08/28/2017                                  | FIVE CITIES EDA 4                      |  |           | 0.00      |                                       | ,272.01                   |              |
|  | 100-5200-6501                                 | MEME  | BERSHIP DUES                           | FIVE CITIES EDA 4TH C  | QTR.      |           | 1,272.03                              | 1                         |              |
| MICOS  | CREEN AND CLEAN LAND                          | CCA DINIC                                   | 00/20/2017                             | Danisla  |           |           | 0.00                                  | 350.00                    | 47255        |
| MICO2  Payable #   | GREEN AND CLEAN LAND: Payable Type            | Payable Date                                | 08/29/2017 Payable Descripti           | Regular  | Discour   | t Amount  | 0.00<br>Payable A                     |                           | 47355        |
| i dyabic n   | Account Number                                |   | nt Name                                | Item Description   | Discouli  |           | tion Amoun                            |                           |              |
| 2758   | Invoice                                       | 08/29/2017                                  | PRESCHOOL LAW                          |  |           | 0.00      |                                       | 350.00                    |              |
| No. of the last of | 269-6303-6540                                 | MISCE                                       | LLANEOUS EXPENS                        | PRESCHOOL LAWN SV  | /CS. 8-17 |           | 350.00                                | 0                         |              |
| НОМ01  | HOME DEPOT CREDIT SER                         | RVICE                                       | 08/29/2017                             | Regular  |           |           | 0.00                                  | 74.75                     | 47356        |

|                             |                         |               |                     |   |                        | Dute Nange: 00/10/20 |          |
|-----------------------------|-------------------------|---------------|---------------------|---|------------------------|----------------------|----------|
| Vendor Number               | Vendor Name             |               | Payment Date        | Payment Type  | Discount Amo           | ount Payment Amount  | Number   |
| Payable #                   | Payable Type            | Payable Date  | Payable Description | on  | Discount Amount        | Payable Amount       |          |
|                             | Account Number          | Accour        | nt Name             | Item Description  | Distributi             | on Amount            |          |
| 7020887                     | Invoice                 | 08/29/2017    | LED LIGHTS 6PK      |   | 0.00                   | 74.75                |          |
|                             | <u>269-6303-6531</u>    | REPAIR        | S & MAINTENANC      | LED LIGHTS 6PK  |                        | 74.75                |          |
|                             |                         |               |                     |   |                        |                      |          |
| JOR01                       | JORGENSEN & COMPANY     |               | 08/29/2017          | Regular   | 80                     | 0.00 642.49          | 47357    |
| Payable #                   | Payable Type            | Payable Date  | Payable Description | on  | <b>Discount Amount</b> | Payable Amount       |          |
|                             | Account Number          | Accour        | nt Name             | Item Description  |                        | ion Amount           |          |
| 5683606                     | Invoice                 | 08/28/2017    | FIRE EXTINGUISHE    |   | 0.00                   | 393.03               |          |
| attended to the street only | 100-5400-6002           |               | SUPPLIES            | FIRE EXTINGUISHERS  | 0.00                   | 393.03               |          |
|                             |                         |               |                     |   |                        | 333.03               |          |
| 5684260                     | Invoice                 | 08/28/2017    | ANNUAL FIRE EXT     | SVCS 17/18  | 0.00                   | 249.46               |          |
|                             | 269-6303-6531           | REPAIR        | S & MAINTENANC      | ANNUAL FIRE EXT SVC                                       | S 17/18                | 249.46               |          |
|                             |                         |               |                     |   |                        |                      |          |
| MET01                       | METRO UNIFORM & ACCE    | SSORI         | 08/29/2017          | Regular   |                        | 0.00 1,306.25        | 47358    |
| Payable #                   | Payable Type            | Payable Date  | Payable Description | on  | <b>Discount Amount</b> | Payable Amount       |          |
|                             | <b>Account Number</b>   | Accour        | nt Name             | Item Description  | Distribut              | ion Amount           |          |
| 150007                      | Invoice                 | 08/28/2017    | GARZA UNIFORM       |   | 0.00                   | 476.46               |          |
|                             | 100-5400-5013           | UNIFO         | RM                  | GARZA UNIFORM   |                        | 476.46               |          |
| 150140                      | No. 10                  |               |                     |   |                        |                      |          |
| <u>150148</u>               | Invoice                 | 08/29/2017    | OC SPRAY            |   | 0.00                   | 19.98                |          |
|                             | 100-5400-6005           | SAFETY        | EQUIPMENT           | OC SPRAY  |                        | 19.98                |          |
| 54477                       | Invoice                 | 08/29/2017    | RAYMUNDO BULLI      | ET VEST   | 0.00                   | 809.81               |          |
|                             | 100-5400-6005           | SAFETY        | EQUIPMENT           | RAYMUNDO BULLET V   | EST                    | 809.81               |          |
|                             |                         |               |                     |   |                        |                      |          |
| NEW02                       | NEW YORK LIFE INSURANCE | CE            | 08/29/2017          | Regular   |                        | 0.00 704.14          | 47359    |
| Payable #                   | Payable Type            | Payable Date  | Payable Description |   | Discount Amount        |                      |          |
|                             | Account Number          |               | nt Name             | Item Description  |                        | ion Amount           |          |
| 021927560-8-17              | Invoice                 | 08/28/2017    | LIFE INSURANCE 8    |   | 0.00                   | 704.14               |          |
| 021327300 0 17              | 100-22109               |               |                     | LIFE INSURANCE 8-17                                       | 0.00                   |                      |          |
|                             | 100-22103               | INLVV         | ORK LIFE INSURAN    | LIFE INSURANCE 6-17                                       |                        | 704.14               |          |
| P.G01                       | PACIFIC GAS & ELECTRIC  |               | 09/20/2017          | Dogular   |                        | 0.00 1.106.02        | 47260    |
|                             |                         | Davishla Data | 08/29/2017          | Regular   |                        |                      | 4/360    |
| Payable #                   | Payable Type            | Payable Date  | Payable Description |   | Discount Amount        |                      |          |
| 4 500 5 0 4 7               | Account Number          |               | nt Name             | Item Description  |                        | ion Amount           |          |
| 16206-8-17                  | Invoice                 | 08/28/2017    | 741 TULARE ST       |   | 0.00                   | 342.41               |          |
|                             | 100-5620-6512           | ELECTE        | RICITY              | 741 TULARE ST   |                        | 342.41               |          |
| 31793-8-17                  | Invoice                 | 08/28/2017    | 8495 BELLA VISTA    |   | . 0.00                 | 9.86                 |          |
|                             | 200-5600-6512           | ELECTE        |                     | 8495 BELLA VISTA  |                        | 9.86                 |          |
| E1124 0 17                  |                         |               |                     |   |                        |                      |          |
| 51134-8-17                  | Invoice                 | 08/28/2017    | 8638 MADSEN J       | Thought Specificate and Astrophys Control Control Control | 0.00                   | 43.64                |          |
|                             | 200-5600-6512           | ELECTE        | RICITY              | 8638 MADSEN J   |                        | 43.64                |          |
| 65206-8-17                  | Invoice                 | 08/28/2017    | 741 TULARE ST       |   | 0.00                   | 9.86                 |          |
|                             | 100-5620-6512           | ELECTE        | RICITY              | 741 TULARE ST   |                        | 9.86                 |          |
| 00272 0 17                  |                         |               |                     |   | 2.22                   |                      |          |
| 80272-8-17                  | Invoice                 | 08/28/2017    | 745 TULARE ST       |   | 0.00                   | 655.10               |          |
|                             | 100-5618-6512           | ELECTI        | RICITY              | 745 TULARE ST   |                        | 655.10               |          |
| 96580-8-17                  | Invoice                 | 08/28/2017    | 558 J ST.           |   | 0.00                   | 45.15                |          |
|                             | 200-5600-6512           | ELECTI        | RICITY              | 558 J ST.   |                        | 45.15                |          |
|                             |                         |               |                     |   |                        |                      |          |
| PAR1U                       | PARLIER UNIFIED         |               | 08/29/2017          | Regular   |                        | 0.00 1,185.46        | 47361    |
| Payable #                   | Payable Type            | Payable Date  | Payable Description | W-201-W-1010  |                        | Payable Amount       | 00 T 3 T |
| - ajunio n                  | Account Number          |               | nt Name             |   |                        | tion Amount          |          |
| 180001                      |                         |               | FUEL FOR PD UNIT    | Item Description  |                        |                      |          |
| T00001                      | Invoice                 | 08/28/2017    | FUEL FUR PU UNI     |   | 0.00                   | 1,185.46             |          |
|                             | 100-5400-6011           | FUEL          |                     | FUEL FOR PD UNITS 7-                                      | -1/                    | 1,185.46             |          |
| DITO 4                      | DUDGUACE POLICE         |               | 00/00/0017          | 5   |                        | 0.00                 |          |
| PIT04                       | PURCHASE POWER          |               | 08/29/2017          | Regular   |                        | 0.00 1,000.00        | 47362    |
|                             |                         |               |                     |   |                        |                      |          |

| Vendor Number   | Vendor Name             |              | Payment Date   | Payment Type         | Discount Am            | ount Payment | Amount   | Number |
|-----------------|-------------------------|--------------|--|----------------------|------------------------|--------------|----------|--------|
| Payable #       | Payable Type            | Payable Date | 743 1535 164 (FASS VIIIA 164 A A A A A A A A A A A A A A A A A A A | n I                  | Discount Amount        |              | nt       |        |
|                 | Account Number          |              | count Name   | Item Description     |                        | ion Amount   |          |        |
| AUG. 2017-7988  | Invoice                 | 08/28/2017   | POSTING MACHINE  | REFILL               | 0.00                   | 1,000.0      | 00       |        |
|                 | 100-5200-6012           | PO           | STAGE, SHIPPING & FR   | POSTING MACHINE REFI | LL                     | 142.85       |          |        |
|                 | 100-5400-6012           | PO           | STAGE, SHIPPING & FR   | POSTING MACHINE REFI | LL                     | 142.85       |          |        |
|                 | 100-5700-6012           | PO           | STAGE, SHIPPING & FR   | POSTING MACHINE REFI | LL                     | 142.86       |          |        |
|                 | 400-5300-6012           | PO           | STAGE, SHIPPING & FR   | POSTING MACHINE REFI | LL                     | 142.86       |          |        |
|                 | 400-5600-6012           | PC           | OSTAGE, SHIPPING & FR  | POSTING MACHINE REFI | LL                     | 142.86       |          |        |
|                 | 401-5300-6012           | PO           | STAGE/SHIPPING & FR  | POSTING MACHINE REFI | LL                     | 142.86       |          |        |
|                 | 401-5600-6012           | PO           | STAGE, SHIPPING/FREI   | POSTING MACHINE REFI | LL                     | 142.86       |          |        |
| RIP01           | REEDLEY IRRIGATION & SU | IPP          | 08/29/2017   | Regular              |                        | 0.00         | 29.40    | 47363  |
| Payable #       | Payable Type            | Payable Date | e Payable Descriptio   | n                    | Discount Amount        | Payable Amou | nt       |        |
|                 | Account Number          | Ac           | count Name   | Item Description     | Distribut              | ion Amount   |          |        |
| RIS-POSLEFT-606 | Invoice                 | 08/28/2017   | LANDSCAPE SUPPL  | IES                  | 0.00                   | 29.4         | 10       |        |
|                 | 100-5610-6002           | PA           | RTS SUPPLIES   | LANDSCAPE SUPPLIES   |                        | 29.40        |          |        |
| RLB01           | REEDLEY LUMBER & BUILD  | ING          | 08/29/2017   | Regular              |                        | 0.00         | 285.37   | 47364  |
| Payable #       | Payable Type            | Payable Date | e Payable Description  | n                    | Discount Amount        | Payable Amou | nt       |        |
|                 | Account Number          | Ac           | count Name   | Item Description     | Distribu               | tion Amount  |          |        |
| 144599          | Invoice                 | 08/29/2017   | CENTER REPAIR ITE  | EMS                  | 0.00                   | 88.          | 74       |        |
|                 | 269-6303-6531           | RE           | PAIRS & MAINTENANC   | CENTER REPAIR ITEMS  |                        | 88.74        |          |        |
| 144613          | Invoice                 | 08/29/2017   | FURN FILTERS   |                      | 0.00                   | 94.          | 80       |        |
|                 | 269-6303-6531           | RE           | PAIRS & MAINTENANC   | FURN FILTERS         |                        | 94.80        |          |        |
| 709358          | Invoice                 | 08/29/2017   | PADLOCKS UNIVER  | SAL KEYS             | 0.00                   | 101.         | 83       |        |
|                 | 269-6303-6531           | RE           | PAIRS & MAINTENANC   | PADLOCKS UNIVERSAL K | (EYS                   | 101.83       |          |        |
| SEL01           | SELECT BUSINESS SYSTEM  | S INC.       | 08/29/2017   | Regular              |                        | 0.00         | 1,785.94 | 47365  |
| Payable #       | Payable Type            | Payable Dat  | e Payable Description  | n                    | <b>Discount Amount</b> | Payable Amou | nt       |        |
|                 | Account Number          | Ac           | count Name   | Item Description     | Distribu               | tion Amount  |          |        |
| 251506          | Invoice                 | 08/28/2017   | SHARP COPY MACI  | HINES 8-17           | 0.00                   | 1,785.       | 94       |        |
|                 | 100-5100-6541           | LE.          | ASE CONTRACTS  | SHARP COPY MACHINES  | 8-17                   | 198.44       |          |        |
|                 | 100-5200-6542           | CC           | ONTRACT SERVICES   | SHARP COPY MACHINES  | 8-17                   | 198.44       |          |        |
|                 | 100-5600-6520           | PR           | OFESSIONAL SERVICES/   | SHARP COPY MACHINES  | 8 8-17                 | 198.44       |          |        |
|                 | 100-5700-6542           | CC           | ONTRACT SERVICES   | SHARP COPY MACHINES  | 8 8-17                 | 198.44       |          |        |
|                 | 269-6303-6520           | PR           | ROFESSIONAL SERVICES/  | SHARP COPY MACHINES  | 8-17                   | 198.44       |          |        |
|                 | 368-5700-6520           | PR           | ROFESSIONAL SERVICES/  | SHARP COPY MACHINES  | 8-17                   | 198.43       |          |        |
|                 | 400-5300-6520           | PR           | ROFESSIONAL SERVICES/  | SHARP COPY MACHINES  | 8-17                   | 198.44       |          |        |
|                 | 400-5600-6542           | CC           | ONTRACT SERVICES   | SHARP COPY MACHINES  | 8 8-17                 | 198.44       |          |        |
|                 | 576-5700-6520           | PR           | ROFESSIONAL SERVICES/  | SHARP COPY MACHINES  | 8-17                   | 198.43       |          |        |
|                 |                         |              |  |                      |                        |              |          |        |

08/29/2017

Regular

STA1B

STANDARD INSURANCE CO.

0.00

1,395.09 47366

| спеск керогс   |  |                                  |  |                        |                  | Date Kange:   | 08/10/201 | 7 - 08/30/20 |
|--|--|----------------------------------|--|------------------------|------------------|---------------|-----------|--------------|
| Vendor Number  | Vendor Name  |                                  | Payment Date   | Payment Type           | Discount An      | nount Paymen  | t Amount  | Number       |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  | on                     | Discount Amount  |               |           |              |
|  | Account Number   | Accou                            | nt Name  | Item Description       | Distribu         | ution Amount  |           |              |
| 640476-09-17   | Invoice  | 08/28/2017                       | SURVIVOR LIFE INS  | 5. 9-17                | 0.00             | 1,395         | .09       |              |
|  | 100-5200-5011  | INSUR                            | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 9.52          |           |              |
|  | 100-5400-5011  | INSUR                            | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 438.83        |           |              |
|  | 100-5410-5011  |                                  | ANCE-MED, DEN, V   | SURVIVOR LIFE INS. 9-1 |                  | 27.28         |           |              |
|  | 100-5610-5011  |                                  | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 17.95         |           |              |
|  | 100-5617-5011  |                                  | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 13.74         |           |              |
|  | 100-5620-5011  |                                  | and the artifle will be a finished by the artifle by the artifle and |                        |                  |               |           |              |
|  | TOTAL CANADA STATE OF THE STATE |                                  | ANCE-MED-DEN,VI  | SURVIVOR LIFE INS. 9-1 |                  | 13.79         |           |              |
|  | 160-5400-5011  |                                  | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 31.64         |           |              |
|  | 203-5600-5011  |                                  | ANCE-MED,DEN,VIS   | SURVIVOR LIFE INS. 9-1 |                  | 24.73         |           |              |
|  | 206-5600-5011  |                                  | ANCE-MED,DEN,VIS   | SURVIVOR LIFE INS. 9-1 |                  | 24.73         |           |              |
|  | 213-5600-5011  |                                  | ANCE-MED,DEN,VIS   | SURVIVOR LIFE INS. 9-1 | 17               | 13.99         |           |              |
|  | 269-6303-5011  | INSUR                            | ANCE-MED,DEN,VIS   | SURVIVOR LIFE INS. 9-1 | 17               | 416.62        |           |              |
|  | 400-5200-5011  | INSUR                            | ANCE MED, DEN, VI  | SURVIVOR LIFE INS. 9-1 | 17               | 16.68         |           |              |
|  | 400-5300-5011  | INSUR                            | ANCE- MED, DEN. V  | SURVIVOR LIFE INS. 9-1 | L7               | 39.38         |           |              |
|  | 400-5600-5011  | INSUR                            | ANCE- MED, DEN, V  | SURVIVOR LIFE INS. 9-1 | L7               | 119.33        |           |              |
|  | 401-5200-5011  | INSUR                            | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 | L7               | 16.68         |           |              |
|  | 401-5300-5011  | INSUR                            | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 | L7               | 39.38         |           |              |
|  | 401-5600-5011  | INSUR                            | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 | L7               | 106.11        |           |              |
|  | 402-5300-5011  |                                  | ANCE-MED, DEN,VI   | SURVIVOR LIFE INS. 9-1 |                  | 19.95         |           |              |
|  | 602-8100-5011  |                                  | ANCE-MED, DEN, VIS   | SURVIVOR LIFE INS. 9-1 |                  | 4.76          |           |              |
|  |  |                                  |  | SOULT ON ELLE MO. 5    | .,               | 4.70          |           |              |
|  | **Void**   |                                  | 08/29/2017   | Regular                |                  | 0.00          | 0.00      | 47367        |
| REEO1  | SUPERIOR POOL CARE   |                                  | 08/29/2017   | Regular                |                  | 0.00          | 596.97    |              |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  |                        | Discount America |               |           | 4/308        |
| r ayabic #   | Account Number   |                                  |  |                        | Discount Amoun   |               | unt       |              |
| 4012   |  |                                  | nt Name  | Item Description       |                  | ution Amount  |           |              |
| 4012   | Invoice  | 08/28/2017                       | SWIMMING POOL  |                        | 0.00             |               | 5.97      |              |
|  | 100-5616-6520  | PROFE                            | SSIONAL SERVICES   | SWIMMING POOL SVC      | S 8-17           | 596.97        |           |              |
|  |  | 2 Yestillion 13                  |  | 980 Second Second      |                  |               |           |              |
| SYS00  | SYSCO OF CENTRAL CALIFO  | ORN                              | 08/29/2017   | Regular                |                  | 0.00          | 412.54    | 47369        |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  | on                     | Discount Amoun   | t Payable Amo | unt       |              |
|  | Account Number   | Accou                            | nt Name  | Item Description       | Distrib          | ution Amount  |           |              |
| 184285713  | Invoice  | 08/29/2017                       | PRESCHOOL MEAL   | . SUPPLIES             | 0.0              | 0 35!         | 5.04      |              |
|  | 269-6303-6504  | FOOD                             | SERVICES   | PRESCHOOL MEAL SUP     | PLIES            | 355.04        |           |              |
| 184290439  | Invoice  | 08/29/2017                       | PRESCHOOL MEAL   | CLIDDLIEC              | 0.0              | n E-          | 7.50      |              |
| 201220122  | 269-6303-6504  | paledrage on Horizon separations | SERVICES   | PRESCHOOL MEAL SUP     |                  |               | 7.30      |              |
|  | 207 0303 0304  | 1000                             | SERVICES   | PRESCHOOL WEAL SUP     | PLIES            | 57.50         |           |              |
| TERO1  | TERMINIA DEOCESCINO CA   | 'D                               | 08/20/2017   | Dogular                |                  | 0.00          | 120.00    | 47270        |
|  | TERMINIX PROCESSING CT   |                                  | 08/29/2017   | Regular                |                  | 0.00          | 120.00    | 4/3/0        |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  |                        | Discount Amoun   |               | ount      |              |
| 257700405  | Account Number   |                                  | nt Name  | Item Description       |                  | ution Amount  |           |              |
| 367789196  | Invoice  | 08/29/2017                       | PRESCHOOL SERVI  |                        | 0.0              |               | 5.00      |              |
|  | 269-6303-6540  | MISCE                            | LLANEOUS EXPENS  | PRESCHOOL SERVICES     | 8-17             | 75.00         |           |              |
| 367981329  | Invoice  | 08/28/2017                       | 580 TULARE SERVI   | ICES 8-17              | 0.0              | 0 4           | 5.00      |              |
|  | 100-5620-6520  |                                  | SSIONAL SERVICES/  |                        |                  | 45.00         |           |              |
|  | Annual Action of the Security Constitution of  |                                  | ,  |                        |                  |               |           |              |
| BNY01  | THE BANK OF NEW YORK   | MELLON                           | 08/29/2017   | Regular                |                  | 0.00          | 1,800.00  | 47371        |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  |                        | Discount Amoun   |               |           | 4/3/1        |
| T uyubic ii  | Account Number   |                                  | nt Name  | Item Description       |                  | ution Amount  | June      |              |
| 252-2041517  | Invoice  | 08/28/2017                       | REFUNDING BOND   |                        | 0.0              |               | 0.00      |              |
| 232-2041311  | 602-8100-6582  |                                  |  |                        |                  |               | 0.00      |              |
|  | 002-8100-6582  | ADIVIII                          | NISTRATIVE FEES  | REFUNDING BONDS 17     | //18             | 1,800.00      |           |              |
| THEOR  | TUE 055105 0171  |                                  | 00/00/00/  | 6-000000 a 6000        |                  |               |           |              |
| THEO5  | THE OFFICE CITY  |                                  | 08/29/2017   | Regular                |                  | 0.00          |           | 47372        |
| Payable #  | Payable Type   | Payable Date                     | Payable Description  |                        | Discount Amour   | - 150 S       | ount      |              |
| DESCRIPTION OF THE PROPERTY OF | Account Number   |                                  | nt Name  | Item Description       |                  | ution Amount  |           |              |
| IN-1445580   | Invoice  | 08/29/2017                       | PD OFFICE SUPPLI   | ES                     | 0.0              | 0 28          | 6.67      |              |
|  | 100-5400-6000  | OFFIC                            | E SUPPLIES   | PD OFFICE SUPPLIES     |                  | 286.67        |           |              |
|  |  |                                  |  |                        |                  |               |           |              |
| T-M00  | T-MOBILE   |                                  | 08/29/2017   | Regular                |                  | 0.00          | 56.65     | 47373        |
|  |  |                                  |  |                        |                  |               |           |              |

| CONTY 7: 20 2000 (14 ) 23 (4 ) 24 (4 ) 25 (4 ) 25 (4 ) 26 (4 ) 25 (4 ) 26 (4 ) 26 (4 ) 26 (4 ) 26 (4 ) 26 (4 )   |                             |              |                                   |                              |          |           | Date Range               | . 00/ 10/ 201 | 7 - 00/30/20 |
|--|-----------------------------|--------------|-----------------------------------|------------------------------|----------|-----------|--------------------------|---------------|--------------|
| Vendor Number<br>Payable #   | Vendor Name<br>Payable Type | Payable Date | Payment Date Payable Description  | Payment Type                 |          |           | unt Payme<br>Payable Amo |               | Number       |
| NO. OR OF PROSECUTO AND POSICION.  | Account Number              |              | nt Name                           | Item Description             |          |           | on Amount                |               |              |
| 8/19/17-3507   | Invoice                     | 08/29/2017   | WELL 9 SVCS 7/19-                 |                              |          | 0.00      |                          | 6.65          |              |
| 5/ 25/ 21 550/   | 400-5600-6510               |              |                                   | WELL 9 SVCS 7/19-8/18        | 0/17     | 0.00      | 56.65                    | 0.03          |              |
|  | 100 3000 0310               | ILLLII       | IONLYDAIAYTAGEN                   | WELL 9 3 VC3 7/19-8/10       | 0/1/     |           | 30.03                    |               |              |
| UPP00  | UPPER KINGS BASIN IRWIN     | I AU         | 08/29/2017                        | Regular                      |          | (         | 0.00                     | 3,500.00      | 47374        |
| Payable #  | Payable Type                | Payable Date | Payable Description               |                              | Discount |           | Payable Amo              | 10            | 47374        |
| ,  | Account Number              |              | nt Name                           | Item Description             | Discount |           | on Amount                | Juit          |              |
| 2018-06  | Invoice                     | 08/28/2017   | MEMBER DUES 20                    |                              |          | 0.00      |                          | 0.00          |              |
| 2010 00  | 401-5600-6520               |              | SSIONAL SERVICES                  |                              |          | 0.00      | 3,50                     | 0.00          |              |
|  | 401-3000-6320               | PROFE        | SSIONAL SERVICES                  | MEMBER DUES 2018             |          |           | 3,500.00                 |               |              |
| USM01  | U-SAVE MARKET               |              | 08/29/2017                        | Regular                      |          |           | 0.00                     | 725.90        | 47375        |
| Payable #  | Payable Type                | Payable Date | Payable Description               |                              | Discount |           | Payable Amo              |               | .,,,,        |
| real and a 💆 report or agreement status  | Account Number              | 5            | nt Name                           | Item Description             | Discount |           | on Amount                | Julie         |              |
| 8/17/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    | Alexandra Arron (Dobales III |          | 0.00      |                          | 0.05          |              |
| 0/1//1/  | 269-6303-6504               |              |                                   |                              | DUIC     | 0.00      |                          | 0.95          |              |
| 50 0   | 203-0303-0304               | FOOD.        | SERVICES                          | PRESCHOOL MEAL SUP           | PPLIES   |           | 90.95                    |               |              |
| 8/22/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    | . SUPPLIES                   |          | 0.00      | 6                        | 9.17          |              |
|  | 269-6303-6504               | FOOD :       | SERVICES                          | PRESCHOOL MEAL SUP           | PPLIES   |           | 69.17                    |               |              |
| 8/23/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    | SUPPPLIES                    |          | 0.00      | 12                       | 2.67          |              |
| and the same of th | 269-6303-6504               |              | SERVICES                          | PRESCHOOL MEAL SUF           | ODDITEC  | 0.00      | 122.67                   | .2.07         |              |
| 0.10 + 1+ ==   |                             |              |                                   |                              | FFFLILS  |           |                          |               |              |
| 8/24/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    |                              |          | 0.00      | 11                       | .3.30         |              |
|  | 269-6303-6504               | FOOD         | SERVICES                          | PRESCHOOL MEAL SUF           | PPLIES   |           | 113.30                   |               |              |
| 8/28/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    | SUPPLIES                     |          | 0.00      | 20                       | 0.17          |              |
|  | 269-6303-6504               | FOOD         | SERVICES                          | PRESCHOOL MEAL SUF           | PPLIES   |           | 200.17                   |               |              |
| 0/20/17  |                             |              |                                   |                              |          | 0.00      |                          |               |              |
| 8/29/17  | Invoice                     | 08/29/2017   | PRESCHOOL MEAL                    |                              |          | 0.00      |                          | 9.64          |              |
|  | 269-6303-6504               | FOOD         | SERVICES                          | PRESCHOOL MEAL SUF           | PPLIES   |           | 129.64                   |               |              |
| RSG01  | RSG, INC.                   |              | 08/30/2017                        | Regular                      |          |           | 0.00                     | 1,545.00      | 17376        |
| Payable #  | Payable Type                | Payable Date | Payable Description               | WERROON.                     | Discount |           | Payable Am               |               | 47370        |
| 30 Jay 2000-2009   | Account Number              | 15           | nt Name                           | Item Description             | Discount |           | ion Amount               | ount          |              |
| 1002373  | Invoice                     | 06/30/2017   | PMP PROPERTY DI                   |                              |          | 0.00      |                          | 5.00          |              |
| 1002373  | 602-8100-6542               |              | RACT SERVICES                     | PMP PROPERTY DISP. 3         | 2 17     | 0.00      | 120,                     | 33.00         |              |
|  | 002-8100-6342               |              | ACT SERVICES                      | PINIP PROPERTY DISP.         | 3-17     |           | 1,095.00                 |               |              |
| 1002374  | Invoice                     | 06/30/2017   | SUCCESSOR ANNU                    | JAL REPORT                   |          | 0.00      | 45                       | 0.00          |              |
|  | 602-8100-6542               | CONTR        | RACT SERVICES                     | SUCCESSOR ANNUAL F           | REPORT   |           | 450.00                   |               |              |
|  |                             |              | numerit (gerhein Sahluko aurin 10 |                              |          |           |                          |               |              |
| GRA01  | GRANTED SOLUTIONS           |              | 08/30/2017                        | Regular                      |          |           | 0.00                     | 6,206.30      | 47377        |
| Payable #  | Payable Type                | Payable Date | Payable Description               | on                           | Discount | Amount    | Payable Am               | ount          |              |
|  | Account Number              | Accou        | nt Name                           | Item Description             |          | Distribut | ion Amount               |               |              |
| <u>1559</u>  | Invoice                     | 08/30/2017   | TECH SVCS & HOU                   | JSING 8-17                   |          | 0.00      | 6,20                     | 06.30         |              |
|  | 368-5700-6520               | PROFE        | SSIONAL SERVICES/                 | TECH SVCS & HOUSING          | G 8-17   |           | 4,906.30                 |               |              |
|  | 576-5700-6520               | PROFE        | SSIONAL SERVICES/                 | TECH SVCS & HOUSING          | G 8-17   |           | 1,300.00                 |               |              |
|  |                             |              |                                   |                              |          |           | -277                     |               |              |
| JEF03  | JEFF MARK SCHILL            |              | 08/30/2017                        | Regular                      |          |           | 0.00                     | 2,340.00      | 47378        |
|  |                             |              |                                   |                              |          |           |                          |               |              |

#### **Check Report**

Date Range: 08/10/2017 - 08/30/2017

|                      |                       |              |                     |                     |                        | Date Range. 00/10/20 | 17 - 00/30/20 |
|----------------------|-----------------------|--------------|---------------------|---------------------|------------------------|----------------------|---------------|
| <b>Vendor Number</b> | Vendor Name           |              | Payment Date        | Payment Type        | Discount Amo           | unt Payment Amount   | Number        |
| Payable #            | Payable Type          | Payable Date | Payable Description | on                  | <b>Discount Amount</b> | Payable Amount       |               |
|                      | <b>Account Number</b> | Accou        | nt Name             | Item Description    | Distributi             | on Amount            |               |
| <u>5</u>             | Invoice               | 08/30/2017   | ACCOUNTING SER      | VICES 8-17          | 0.00                   | 2,340.00             |               |
|                      | 100-5300-6520         | PROFE        | SSIONAL SERVICES/   | ACCOUNTING SERVICES | S 8-17                 | 351.00               |               |
|                      | 400-5300-6520         | PROFE        | SSIONAL SERVICES/   | ACCOUNTING SERVICES | S 8-17                 | 585.00               |               |
|                      | 401-5300-6520         | PROFE        | SSIONAL SERVICES    | ACCOUNTING SERVICES | S 8-17                 | 585.00               |               |
|                      | 402-5300-6520         | PROFE        | SSIONAL SERVICES    | ACCOUNTING SERVICES | S 8-17                 | 234.00               |               |
|                      | 602-8100-6520         | PROFE        | SSIONAL SERVICES/   | ACCOUNTING SERVICES | S 8-17                 | 585.00               |               |
|                      |                       |              |                     |                     |                        |                      |               |

### Bank Code APBNK Summary

| Payment Type   | Payable<br>Count | Payment<br>Count | Discount | Payment    |
|----------------|------------------|------------------|----------|------------|
| Regular Checks | 253              | 133              | 0.00     | 607,343.75 |
| Manual Checks  | 0                | 0                | 0.00     | 0.00       |
| Voided Checks  | 0                | 6                | 0.00     | -110.08    |
| Bank Drafts    | 0                | 0                | 0.00     | 0.00       |
| EFT's          | 0                | 0                | 0.00     | 0.00       |
|                | 253              | 139              | 0.00     | 607 233 67 |

**Check Report** 

# **Fund Summary**

 Fund
 Name
 Period
 Amount

 999
 POOL FUND
 8/2017
 607,233.67

 607,233.67
 607,233.67





CITY OF PARLIER

By Check Number

| Vendor Number<br>Bank Code: APBNK-AP | Vendor Name<br>BNK  |   | Payment Date   | Payment Type   | Discount Amour  | nt Payment Amount   | Number     |
|--------------------------------------|---|---|--|--|---|---|------------|
| PERO1                                | CALPERS   |   | 08/15/2017   | Bank Draft   | 0.0   | 0 10,446.69   | DFT0000086 |
| Payable #                            | Payable Type  | Payable Date  | Payable Descriptio   | n  | Discount Amount P   | ayable Amount   |            |
|                                      | Account Number  | Accoun  | t Name   | Item Description   | Distribution  | Amount  |            |
| July 8-21, 2017                      | Invoice   | 08/10/2017  | PERS CONTRIBUTION  | ONS  | 0.00  | 10,446.69   |            |
|                                      | 100-22104   | PERS PA   | AYABLE   | PERS CONTRIBUTIONS   |   | 4,775.62  |            |
|                                      | 100-5200-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 124.26  |            |
|                                      | 100-5400-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 2,144.20  |            |
|                                      | 100-5410-5010   | PERS- P   | PENSION  | PERS CONTRIBUTIONS   |   | 88.57   |            |
|                                      | 100-5610-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 55.47   |            |
|                                      | 100-5617-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 36.93   |            |
|                                      | 100-5620-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 36.94   |            |
|                                      | 100-5700-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 155.41  |            |
|                                      | 160-5400-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 186.42  |            |
|                                      | 203-5600-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 78.98   |            |
|                                      | 206-5600-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 78.98   |            |
|                                      | 213-5600-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 49.17   |            |
|                                      | 269-6303-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 1,154.75  |            |
|                                      | 400-5200-5010   | PERS PI   | ENSION   | PERS CONTRIBUTIONS   |   | 217.46  |            |
|                                      | 400-5300-5010   | PERS PI   | ENSION   | PERS CONTRIBUTIONS   |   | 138.38  |            |
|                                      | 400-5600-5010   | PERS PI   | ENSION   | PERS CONTRIBUTIONS   |   | 345.33  |            |
|                                      | 401-5200-5010   | PERS PI   | ENSION   | PERS CONTRIBUTIONS   |   | 217.46  |            |
|                                      | 401-5300-5010   | PERS P  | ENSION   | PERS CONTRIBUTIONS   |   | 138.38  |            |
|                                      | 401-5600-5010   | PERS P  | ENSION   | PERS CONTRIBUTIONS   |   | 292.66  |            |
|                                      | 402-5300-5010   | PERS P  | ENSION   | PERS CONTRIBUTIONS   |   | 69.19   |            |
|                                      | 602-8100-5010   | PERS-P  | ENSION   | PERS CONTRIBUTIONS   |   | 62.13   |            |
|                                      |   |   |  |  |   |   |            |
| PERO1                                | CALPERS   |   | 08/23/2017   | Donl. Dueft  | 0.0   |   |            |
|                                      | 0.12.2.10   |   | 08/23/2017   | Bank Draft   | 0.0   | 00 4,676.05   | DFT0000087 |
| Payable #                            | Payable Type  | Payable Date  | Payable Description  |  | Discount Amount F   |   | DF10000087 |
| An order Section of the or           |   |   | New Property of the Property o |  |   | Payable Amount  | DF10000087 |
| Payable # 15023458                   | Payable Type<br>Account Number<br>Invoice   |   | Payable Description  | n<br>Item Description  | Discount Amount F   | Payable Amount  | DF10000087 |
| An order Section of the or           | Payable Type<br>Account Number<br>Invoice<br>100-5200-5010  | Accour<br>08/21/2017  | Payable Descriptiont Name  | n<br>Item Description  | Discount Amount F<br>Distribution<br>0.00                               | Payable Amount<br>n Amount  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010   | Accour<br>08/21/2017<br>PERS-P  | Payable Description<br>of Name<br>MISC UA LIABILITY  | n<br>Item Description<br>8-17  | Discount Amount F<br>Distribution<br>0.00                               | Payable Amount<br>n Amount<br>3,276.05  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P  | Payable Descriptiont Name MISC UA LIABILITY ENSION   | n<br>Item Description<br>8-17<br>MISC UA LIABILITY 8-17  | Discount Amount F<br>Distribution<br>0.00<br>7                          | Payable Amount<br>n Amount<br>3,276.05<br>112.21  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P  | Payable Description It Name MISC UA LIABILITY ENSION ENSION  | n<br>Item Description<br>8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7                                 | Payable Amount<br>n Amount<br>3,276.05<br>112.21<br>90.78   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P  | Payable Description It Name  MISC UA LIABILITY ENSION ENSION ENSION  | n<br>Item Description<br>8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7                               | Payable Amount<br>1 Amount<br>3,276.05<br>112.21<br>90.78<br>110.43   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P  | Payable Description It Name MISC UA LIABILITY ENSION ENSION ENSION ENSION ENSION   | n<br>Item Description<br>8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17<br>MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7 7 7                           | Payable Amount<br>3,276.05<br>112.21<br>90.78<br>110.43<br>110.43   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P  | Payable Description to Name MISC UA LIABILITY ENSION   | In Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7                       | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P  | Payable Description Name MISC UA LIABILITY ENSION ENSION ENSION ENSION ENSION ENSION ENSION ENSION ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17   | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7 7                     | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010   | Accour<br>08/21/2017<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS-P<br>PERS P  | Payable Description to Name MISC UA LIABILITY ENSION   | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7 7 7 7 7               | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 400-5600-5010 401-5200-5010   | Accour 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS-P PERS P PERS P PERS P PERS P   | Payable Description It Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7 7 7 7 7 7 7 7         | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5200-5010 401-5300-5010   | Accour 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P PERS P PERS P PERS P PERS P   | Payable Description It Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17   | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7 7 7 7 7 7 7 7         | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010   | Accour 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P PERS P PERS P PERS P PERS P   | Payable Description It Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7     | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5600-5010 402-5300-5010   | Accour  08/21/2017  PERS-P  PERS-P  PERS-P  PERS-P  PERS P  | Payable Description It Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7    | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47  | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010   | Accour 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS-P PERS P PERS P PERS P PERS P PERS P PERS P   | Payable Description It Name  MISC UA LIABILITY ENSION   | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54   | DF10000087 |
| An order Section of the or           | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5600-5010 402-5300-5010   | Accour 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS-P PERS P PERS P PERS P PERS P PERS P PERS P   | Payable Description It Name  MISC UA LIABILITY ENSION  | MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74  | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 400-5200-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5600-5010 402-5300-5010 602-8100-5010   | Accour  08/21/2017  PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description It Name  MISC UA LIABILITY ENSION  | MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11  | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 400-5200-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5300-5010 Invoice   | Accour  08/21/2017  PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description It Name  MISC UA LIABILITY ENSION  | MISC UA LIABILITY 8-1:  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00   | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 400-5200-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5600-5010 Invoice 100-5200-6520   | Accour  08/21/2017  PERS-P  PERS-P  PERS-P  PERS-P  PERS-P  PERS P  | Payable Description It Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77                                     | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 400-5200-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5300-5010 Invoice 100-5200-6520 100-5400-6520   | Account 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description Name MISC UA LIABILITY ENSION  | Item Description 8-17 MISC UA LIABILITY 8-17 GASB 68 REPORTS GASB 68 REPORTS                                       | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77 77.78                               | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 Invoice 100-5200-6520 100-5400-6520 100-5617-6520   | Account 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description Name MISC UA LIABILITY ENSION E | Item Description 8-17 MISC UA LIABILITY 8-17 GASB 68 REPORTS GASB 68 REPORTS GASB 68 REPORTS  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77 77.78 77.78                         | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5600-5010 Invoice 100-5200-6520 100-5400-6520 100-5617-6520 100-5620-6520               | Account 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description Name MISC UA LIABILITY ENSION E | Item Description 8-17 MISC UA LIABILITY 8-17 GASB 68 REPORTS  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77 77.78 77.78 77.78                   | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5300-5010 401-5600-5010 Invoice 100-5200-6520 100-5400-6520 100-5620-6520 100-5700-6520               | Account 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P   | Payable Description Name MISC UA LIABILITY ENSION E | Item Description 8-17 MISC UA LIABILITY 8-17 GASB 68 REPORTS  | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77 77.78 77.78 77.78 77.78             | DF10000087 |
| 15023458                             | Payable Type Account Number Invoice 100-5200-5010 100-5610-5010 203-5600-5010 206-5600-5010 213-5600-5010 269-6303-5010 400-5200-5010 400-5300-5010 401-5200-5010 401-5300-5010 401-5600-5010 401-5600-5010 Invoice 100-5200-6520 100-5617-6520 100-5620-6520 100-5700-6520 203-5600-6520 | Account 08/21/2017 PERS-P PERS-P PERS-P PERS-P PERS-P PERS P | Payable Description Name MISC UA LIABILITY ENSION E | Item Description 8-17 MISC UA LIABILITY 8-17 GASB 68 REPORTS | Discount Amount F Distribution 0.00  7  7  7  7  7  7  7  7  7  7  7  7 | Payable Amount 3,276.05 112.21 90.78 110.43 110.43 90.78 707.96 196.37 387.47 391.39 196.37 387.47 244.54 193.74 56.11 1,400.00 77.77 77.78 77.78 77.78 77.78 77.78 77.78 | DF10000087 |

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| спеск кероп   |                       |              |                     |                     | D.                     | ate Nange. 00/10/201  | 17 - 00/30/2017 |
|---------------|-----------------------|--------------|---------------------|---------------------|------------------------|-----------------------|-----------------|
| Vendor Number | Vendor Name           |              | <b>Payment Date</b> | Payment Type        | <b>Discount Amount</b> | <b>Payment Amount</b> | Number          |
|               | 269-6303-6520         | PROFE        | SSIONAL SERVICES/   | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 400-5200-6520         | PROFE        | SSIONAL SERVICES/   | GASB 68 REPORTS     |                        | 77.77                 |                 |
|               | 400-5300-6520         | PROFE        | SSIONAL SERVICES/   | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 400-5600-6520         | PROFE        | ESSIONAL SERVICES/  | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 401-5200-6520         | PROF         | ESSIONAL SERVICES   | GASB 68 REPORTS     |                        | 77.77                 |                 |
|               | 401-5300-6520         | PROF         | ESSIONAL SERVICES   | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 401-5600-6520         | PROF         | ESSIONAL SERVICES   | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 402-5300-6520         | PROFI        | ESSIONAL SERVICES   | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 402-5600-6520         | PROFI        | ESSIONAL SERVICES/  | GASB 68 REPORTS     |                        | 77.78                 |                 |
|               | 602-8100-6520         | PROFI        | ESSIONAL SERVICES/  | GASB 68 REPORTS     |                        | 77.77                 |                 |
| PERO1         | CALPERS               |              | 08/25/2017          | Bank Draft          | 0.00                   | 10,638.04             | DFT0000088      |
| Payable #     | Payable Type          | Payable Date | Payable Description | on                  | Discount Amount Pa     | yable Amount          |                 |
|               | <b>Account Number</b> | Accou        | int Name            | Item Description    | Distribution /         | Amount                |                 |
| AUG. 5-18     | Invoice               | 08/24/2017   | PERS CONTRIBUTI     | ONS                 | 0.00                   | 10,638.04             |                 |
|               | 100-22104             | PERS         | PAYABLE             | EMPLOYEES' CONTRIBU | JTIONS 4               | ,852.12               |                 |
|               | 100-5200-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 124.15                |                 |
|               | 100-5400-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  | 2                      | 2,229.47              |                 |
|               | 100-5410-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 102.89                |                 |
|               | 100-5610-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 55.64                 |                 |
|               | 100-5617-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 35.04                 |                 |
|               | 100-5620-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 35.04                 |                 |
|               | 100-5700-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 155.41                |                 |
|               | 160-5400-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 205.53                |                 |
|               | 203-5600-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 79.47                 |                 |
|               | 206-5600-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 79.47                 |                 |
|               | 213-5600-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  |                        | 49.19                 |                 |
|               | 269-6303-5010         | PERS-        | PENSION             | PERS CONTRIBUTIONS  | 1                      | 1,151.77              |                 |
|               | 400-5200-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 217.27                |                 |
|               | 400-5300-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 137.53                |                 |
|               | 400-5600-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 347.53                |                 |
|               | 401-5200-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 217.27                |                 |
|               | 401-5300-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 137.53                |                 |
|               | 401-5600-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 294.88                |                 |
|               | 402-5300-5010         | PERS         | PENSION             | PERS CONTRIBUTIONS  |                        | 68.76                 |                 |
|               | 602-8100-5010         | PERS-        | -PENSION            | PERS CONTRIBUTIONS  |                        | 62.08                 |                 |
|               |                       |              |                     |                     |                        |                       |                 |

### Bank Code APBNK Summary

|                | Payable | Payment |          |                |
|----------------|---------|---------|----------|----------------|
| Payment Type   | Count   | Count   | Discount | <b>Payment</b> |
| 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    | 4       | 3       | 0.00     | 25,760.78      |
| EFT's          | 0       | 0       | 0.00     | 0.00           |
|                | 4       | 3       | 0.00     | 25,760.78      |

#### **Fund Summary**

 Fund
 Name
 Period
 Amount

 999
 POOL FUND
 8/2017
 25,760.78

 25,760.78
 25,760.78



# MINUTES A MEETING OF THE CITY COUNCIL OF THE CITY OF PARLIER

#### **REGULAR MEETING**

Wednesday, August 16, 2017

#### 1. CALL TO ORDER/WELCOME:

The City Council Meeting of the City of Parlier was held at the City Council Chambers located at 1100 E. Parlier Avenue, Parlier, California 93648. Mayor Alma Beltran called the meeting to order at 6:30 P.M.

#### **ROLL CALL:**

Mayor Alma M. Beltran, Councilwoman Diane Maldonado, Councilman Trinidad Pimentel, City Clerk Dorothy Garza.

**Absent:** Mayor Pro-Tem Jose Escoto. Councilman Noe Rodriguez due to a car accident. **STAFF PRESENT:** Interim Police Chief Rick Ehle, City Attorney Mary Lerner, City Manager Sam Escobar, City Engineer Philip Romero and Administrator Assistant/Deputy City Clerk Bertha Augustine.

Flag Salute:

Mayor Alma M. Beltran

2. <u>ADDITIONS/DELETIONS TO THE AGENDA</u>: None.

#### 3. PRESENTATIONS/INFORMATIONAL:

**3-A.** Informational presentation by Alejandro Villegas with Champions for Change Goal is to create and increase healthy foods, prevent obesity, increase good nutrition and Physical activity. Champions is reaching out to the Community and Schools to present wellness programs.

**3-B.** Introduction of Reserve Officers.

Interim Police Chief Ehle introduced five new Reserve officers Omar Hernandez, Oscar Sepulveda, Juan Pineda, Raymundo Lopez Gutierrez, and Estevan Felix to the Council and audience. City Clerk Dorothy Garza swore in the Officers and there was a small reception afterwards. Chief also introduced the new Parlier Police Chief Jose Garza with 36 years of experience.

- **3-C.** Recognition of Officer Jonathon Pierro for receiving his Master's Degree. Interim Police Chief Ehle recognized Officer Jonathon Pierro for completing his master's degree in Criminal Justice science and Business.
- **3-D.** Genezen Presentation on Commercial and Medical Marijuana Alicia Stewart gave a presentation on the cannabis campus. It will create jobs for the city as well as bring sales tax and additional fees to the City of Parlier.

#### 4. 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.

#### The following people had Public Comments:

<u>Claudia Salinas</u> representative from Vidak's Office. She will be in Parlier once a week. If there is anything Parlier needs to let her know.

<u>Ellen Pond</u> Representative from Valadeo's office. She is available if anyone needs help in Veteran's Affairs, Social security, and Immigration issues.

**Humberto Gomez** suggested community Meetins need to imporove.

**Simon Garcia** thanked Councilman Pimentel and City Manager for looking into dumping next door to his house. He would like street light to be fixed and he would like to see police control the homeless.

#### 5. CONSENT CALENDAR:

#### **City Council:**

- **5-A.** Approved the Check Reports dated July 27, 2017 through August 09, 2017.
- **5-B.** Approved and accepted the Minutes dated August 02, 2017.
- **5-C.** Approved Travel expenses for Councilmember Rodriguez and City Manager Escobar to attend the ICSC Western Conference in Los Angeles October 2-4, 2017.
- **5-D**. Approved the use and the waiving of fees for Earl Ruth Park for the 3<sup>rd</sup> Annual Aftermath Car Show on September 16, 2017

\*Note: This item was cancelled.

**5-E.** Approve the use and the waiving of fees for Veteran's Park on August 19<sup>th</sup> 2017 for the 1<sup>st</sup> Annual Parlier Rotary Co-Ed Mush ball Tournament.

**M/s/C:** Motion to approve items A,B & C of the Consent Calendar by Maldonado, 2<sup>nd</sup> by Pimentel, 3-0, motion carried. **Absent:** Escoto and Rodriguez

**M/s/C:** Motion to approve item D Consent Calendar by Pimentel, 2<sup>nd</sup> by Maldonado, 3-0, motion carried. **Absent:** Escoto and Rodriguez.

#### 6. **ADMINISTRATIVE REPORTS:**

#### **ENGINEER DEPARTMENT:**

- **6-A. SUBJECT:** Budget Amendment for the South Kings Groundwater Sustainability Agency Joint Powers Authority (SKGSAJPA).
- a. Staff Report
- b. Public Comments
- c. City Council Comments/Review/Action

The City Council authorized **RESOLUTION NO. 2017-74**, approving a Budget Amendment for the 2016/2017 fiscal year authorizing the expenditure of Water Funds in the amount of \$8,000.00 for the initial deposit for current costs for the SKGSAJPA.

M/s/C: Motion to approve Resolution 2017-74 by Maldonado, 2<sup>nd</sup> by Pimentel, 3-0, motion carried. Absent: Escoto and Rodriguez.

- **6-B. SUBJECT:** Award of Contract for the Street Improvements for the Manning Avenue Westbound Lanes Reconstruction from Newmark Avenue to Zediker Avenue for Federal Project No. STPL-5252(019).
- a. Staff Report
- **b.** Public Comments
- c. City Council Comments/Review/Action

The City Council adopted **RESOLUTION 2017-75**, awarding the contract for the Manning Avenue Westbound Lanes Reconstruction from Newmark Avenue to Zediker Avenue, Federal Project No. STPL-5252(019) to Don Berry Construction, Inc. for the total amount of \$733,594.27 (Base Bid + Add Alternate 1) and authorized the City Manager to sign the Agreement upon City Attorney review and approval.

**M/s/C:** Motion to adopt Resolution 2017-75 by Pimentel, 2<sup>nd</sup> by Maldonado 3-0, Motion carried. Absent: Escoto and Rodriguez.

#### **POLICE DEPARTMENT:**

- **6-C. SUBJECT:** Extension of Professional Consulting Services Agreement to Assist the Police Department with Disposition of Property and Evidence.
- a. Staff Report
- b. Public Comments
- c. City Council Comments/Review/Action

#### Council approved

- 1. The request for the Police Department to extend the Professional Consulting Service Agreements with Contractors through FY 2017/2018 to help in the proper handling, testing, storage and disposal of evidence and property items within the Police Department's Evidence/Property Section.
- Police Chief Ehle and City Manager Sam Escobar gave permission.
- 3. Staff is recommending the Council approve funds in the Department's FY 2017/2018 budget in the amount of \$8,000 for consulting services to assist in reconciling the backlog of evidence and property items within the Police Department's Evidence/Property Section. (\$8,000.00) and adopt RESOLUTION 2017-76 Authorizing the City Manager to extend the Police Department's Evidence and Property Room Consulting Service Agreements with Ms. Julia Martinez and Mr. Dan Fries (Consultants) at a cost not to exceed \$8,000.00 through FY 2017/2018

**M/S/C:** Motion to adopt Resolution 2017-76 by Maldonado, 2<sup>nd</sup> by Pimentel. 3-0, motion carried. **Absent:** Escoto and Rodriguez.

#### **GRANTS:**

- **6-D. SUBJECT:** Authorization to apply for the San Joaquin Valley Air Pollution Control District Public Benefit Grant Program.
  - a. Staff Report
  - **b.** Public Comments
  - c. City Council Comments/Review/Action

The City Council approved **RESOLUTION 2017-77** authorizing City staff submit a Public Benefit Grant Program application to secure funding for the purchase of clean air vehicles.

**M/s/C:** Motion to approve Resolution 2017-77 by Pimentel, 2<sup>nd</sup> by Maldonado. 3-0, motion carried. **Absent:** Escoto and Rodriguez.

#### 7. BRIEF COMMENTS: COUNCILCOMMUNICATIONS/COMMENTS:

CITY MANAGER-Sam Escobar and Mayor will be going to Sacramento for CDBG for Heritage Park.

CITY ATTORNEY-Mary Lerner will be going to annual conerence.

CITY COUNCIL- Mayor is concerned, cannot see lines on road on Zediker Avneue, from South Ave. to Manning Ave. It can be very dangerous on foggy days. Wants to amend towing services with current service and other two services for standby.

Pimentel wants an update on pump on Zediker/Parlier Avenues. Engineer Philip Romero will follow up on letter that was sent out.

#### 8. 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.)

Humberto Gomez erged the Council to make a good choice on the Chief of Police.

#### 9. <u>CLOSED SESSION: (8:39</u>

#### 9-A. Government Code Section 54957

PUBLIC EMPLOYEE APPOINTMENT/EMPLOYMENT

Title: Chief of Police

#### 9-B. Government Code Section 54957.6

**CONFERENCE WITH LABOR NEGOTIATORS** 

Agency Representatives: Sam Escobar, City Manager and Mary Lerner, City

Attorney

Employee Organization: Unrepresented Employee Chief of Police

#### **ACTION ON CLOSED SESSION**

There was nothing to report on 9-A or 9-B.

#### 10. ADJOURNMENT:

Mayor Alma Beltran adjourned the meeting.

Dorothy Garza – City Clerk

Resolutions adopted: 2017-74,75,76 & 77.

Ordinances adopted: None.

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 eh 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.



Agenda Item: \_\_\_\_\_\_ Meeting Date: 9/6/17

## REPORT TO COUNCIL

SUBJECT: Police Service Agreement with the Parlier Unified School District for Uniformed Police Coverage at Home Football Games at Parlier High School for fall 2017

**RECOMMENDATIONS:** Staff recommends Council approve

1. The request from the Parlier School District for the Police Department to provide one uniformed police officer for security purposes at each of the six (6) home football games scheduled at Parlier High School in September and October 2017.

**BACKGROUND:** The Police Department has traditionally provided one or two uniformed police officers to the Parlier School District to attend home football games in September and October. On August 7, 2017 the Police Department received a request from the School District to provide them with a quote for the services of either one or two uniformed police officers to attend each home football game and provide security at the events. The attached quote for police services was prepared and submitted to the School District for review (Attachment 1). The School District responded back to the Police Department with a request for the services of one Police Officer for a period of four hours at each home game.

**BUDGET IMPACT**: The quote provided to the Parlier Unified School District for uniformed police services at each home football game included the cost of an overtime police officer and benefits. Therefore, the costs associated with this service agreement will be reimbursed in full by the School District.

#### Attachments:

- 1. A copy of the Police Service Agreement Quote prepared by Chief R. Ehle to the Parlier School District, dated August 7, 2017.
- 2. A copy of Parlier Unified School District Purchase Order No. 180385, for services from the Parlier Police Department for one (1) Police Officer to attend each of six (6) home football games, in the amount of \$1,224.96.

Prepared By:

Approved By:

Richard J. Ehle Chief of Police

Samuel Escobar City Manager



| Agenda Item:  |        |
|---------------|--------|
| Meeting Date: | 9/6/17 |

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Prepared By:

Approved By:

Richard J. Ehle Chief of Police

Samuel Escobar City Manager

### PARLIER POLICE DEPARTMENT

8770 S. Mendocino Avenue, Suite A Parlier, Ca. 93648 559-646-6600

Richard Ehle Interim Police Chief Rick.ehle@fcle.org



August 7, 2017

Parlier High School Attn. Administrative Secretary Cynthia Rangel 603 Third Street Parlier, CA 93648

RE: Police Service Agreement for Parlier High School Football Games

Dear Ms. Rangel, you requested a quote for the Parlier Police Department to provide either one or two police officers to attend football games from approximately 7:00 – 11:00 pm (4 hours) and for 4 hours for graduation as follows:

- September 8, 2017
- September 15, 2017
- September 29, 2017
- October 6, 2017
- October 20, 2017
- October 27, 2017
- June 7, 2018 (Graduation)

The costs associated with providing either one or two uniformed police officers and a marked police vehicle for these events is listed as follows:

- One police officer @ time and a half = \$51.04 an hour, or \$204.16 for 4 hours
- Two police officers @ time and a half = \$102.08 an hour, or \$408.32 for 4 hours.

The City of Parlier and the Parlier Police Department will invoice the School District for the police services and payment shall be made by the School District to the City of Parlier within 30 days of billing. The check should be made out to the City of Parlier. This agreement requires the signature from the bellow listed representatives from both the Parlier Police Department and the Parlier Unified School District.

Parlier School District, Business Managor

Date: 8-22-17

Richard J. Ehle, Chief of Police

Date:  $\sqrt{-22-17}$ 

180441

1117

Parlier Unified 900 Newmark Avenue Parlier CA 93648

(559) 646-2731

Invoice To:

900 NEWMARK AVENUE

PARLIER CA 93648-0000

.PARLIER U.S.D.

FAX: (559) 646-0118

Ship Prepaid To:

PARLIER HIGH SCHOOL 603 THIRD STREET PARLIER CA 93648-0000 Purchase Order

No.

The number below MUST appear on all invoices, pkgs., etc.

180385

Order Date: 08/16/2017

TO:

VE# 328

FAX# (

Phone# (559) 646-3545

Remit To:

CITY OF PARLIER 1100 E PARLIER AVE PARLIER CA 93648-0000

CITY OF PARLIER

1100 E PARLIER AVE PARLIER CA 93648-0000

| Quantity<br>Ordered | Unit of<br>Measure | Description of Articles or Se   | ervice       | Unit Price | То             | tal Cost                                     |
|---------------------|--------------------|---|--------------|------------|----------------|--|
| 6                   | Days               | Parlier PD Services Football<br>officer)<br>Dates: SEP - OCT 2017<br>Location: PHS Stadium<br>Time: 7-11 PM | Games (1     | \$204      | .16            | \$1,224.96                                   |
|                     |                    |   |              | Sub To     | unt:<br>Tax:   | \$1,224.96<br>\$0.00<br>\$0.00<br>\$1,224.96 |
|                     |                    |   |              | n 2        |                |  |
| equested            | Ву:                | Esau/Rodriguez L Auth   | orized By: W | ilson      | Requisition #: | 180441                                       |

Fu---Re----Y-G1---Fn---Ob-----Si--L1-L2

0100-11000-0-1135-8300-580029-005-00-0000

Amount \$1,224.96

- If unable to fill order or invoice exactly in accordance with description, unit and price heron, do not ship Advise us.
- 2. If price is omitted on order it is agreed that your price will be the towest prevailing market price
- 3. Orders not received on date specified may be cancelled by us
- 4. Goods subject to our inspection on arrival.
- 5. There must be a separate invoice for each purchase order
- 8. On orders F.O.B. Shipping Point prepay shipping charges, add to involce, and attach paid freight bill as evidence of prepayment charges.
- All materiats, supplies and equipment must comply with requirements of the California Occupational Safety and Health Act and all electrical equipment must comply with three wire grounding equipments

Approved

8-18-17



AGENDA ITEM:

Le-D

**MEETING DATE:** 

9/6/17

**DEPARTMENT:** 

Recreation Dept.

# REPORT TO CITY COUNCIL

#### SUBJECT:

Parlier lions Club would like to have a street closure on Saturday, October 7, 2017 for the motorcycle Run that will he held between Newmark Ave. and First St. in front of the Senior Center located at 690 S. Newmark Ave.

#### **RECOMMENDATION:**

Staff recommends the council approve the street closure fees to be waived for the motorcycle Run fundraiser to be held on Oct 7, 2017 on behalf of the Parlier Lions Club. They would also like to utilize the Senior Center for restroom use only all activities will be held outside the facility with a fee waiver as well.

#### **BACKGROUND:**

Parlier Lions club would like to have a fundraiser so that they can raise money for local organizations such as; FFA at the Parlier high School with college scholarships, also they host an annual pancake breakfast, as well as help other local organizations throughout the community. They will have some music entertainment, and food available. Since this organization has been such a great help, they would greatly appreciate some assistance with this fee waiver as proceeds raised will go right back to the community.

Prepared By:

Approved By:

Virginia Medina

Samuel Escobar



# RECREATION DEPARTMENT

1100 E. Parlier Avenue, Parlier, CA 93648 Phone: (559) 646-3700 Fax: (559) 646-0416

# STREET CLOSURE APPLICATION

| 2 OZOSORE ALTERCATION   |
|---|
| STREET NAME: First and News MARREVENT DATE: Oct 7, 2017   |
| TYPE OF EVENT: MOTOCYCLACUM ESTIMATED ATTENDANCE: 496+  |
| TIME: BAM - 3 pm P ( )  |
| APPLICANT/ORGANIZATION NAME: (QC()ec() )ODE()   |
| ADDRESS: P.O. BOY 755 Partier Cagolife PHONE # 559 590-1308   |
| REQUIREMENTS  |
| 2011  |
| MUST PROVIDE INSURANCE COVERING THE DAY OF THE EVENT  POLICY # DATE  DOG 78(743)   0   10   10   10   10   10   10   10                               |
| PARLIER POLICE DEPARTMEN NOISE CONTROL PERMIT   |
| MUST PROVIDE SIGNATURE OF SURROUNDING NEIGHBORS.  |
| SIGNATURE ADDRESS   |
|   |
| 3   |
| 4   |
| 5   |
| 6   |
| 7   |
|   |
| WILL LIVE ENTERTAINMENT BE PROVIDED?  |
| DESCRIPTION: DT Will be playing   |
| <i>( ( ( ( ( ( ( ( ( (</i>  |
| By signing by Land  |
| By signing below I acknowledge that I am aware that said block party is subject to direction  |
| and closure by the city. I am responsible for clean up at the conclusion of the event. A \$200.00 cleaning deposit is required for block party event. |
| cleaning deposit is required for block party event. OF PAR  |
| Applicant 1 DIS/2017 (S RECEIVED )  |
| Date  |
| Menully only 8/21/17 (AUG 18 2017)  |
| Sandra Rodriguez  |
| Recreation Coordinator  Date FINANCE DEPT.  |
| FOR OFFICE USE ONLY   |
| FEES FOR OFFICE USE ONLY  |
| AMOUNTS DATES TO THE PAYMENT  |
| AMOUNT DATE RECEIVED BY AMOUNT DATE CLEANING DEPOSIT \$200.00   |
| BARRICADE DEPOSIT \$50.00   |
| BARRICADES 3-4  |
| TOTAL FEES  |
|   |



#### Parlier Police Department AMPLIFIED NOISE PERMIT 8770 S. MENDOCINO AVE PARLIER, CA 93648 (559) 646-6600 (559) 646-6608(FAX)



| Date Received: 8/15/2017 Received by:   |
|---|
| Applicant (must be 18 years or older): Parlier Lion 5 CLUB  |
| Applicant's Address: P.O. BOX755, Parlier, CA 93648   |
| Day Phone: 559 - 590 - 1308 Alternative Phone:  |
| DATE OF EVENT: 10-07-17 TIME: 1000 AM/PM TO: 300 AM/PM (In order to be considered, this Application must be submitted to the Parlier Police Department five (5) business days prior to the event date)  |
| Please check all for which you are applying   |
| Type of Event:  |
| BirthdayWeddingAnniversaryQuinceañera Other: Motorcycle_  |
| RUN.  |
|   |
| Property Owner (If different from applicant):   |
| Property Owner (If different from applicant):   |
| Property Owner's Address: City of Parlier   |
| City: Parlier State: CA zip: 93648 Phone:   |
| Number of People Attending: 100 +   |
| Person Managing the Event: Carlos Herrer (Contact person or applicant must be on site during the entire event)  Person Managing the Event: Contact person or applicant must be on site during the entire event)  Pres. (Joseph Sanchez  Day Phone: 559 - 595 - 30 / 5 |
| (Contact person or applicant must be on site during the entire event)   |
| Day Phone: 559-590-1308 Alternative Phone: 559-595-3065   |
| Will Alcoholic Beverages be served? YES/NO Will alcohol Beverages be sold? YES/NO (If Alcohol is sold, an ABC Permit is REQUIRED and attached to application)   |
| Revocation of permits: any permit granted pursuant to this section shall be revocable at any time by the Chief or his designee for violations of the condition of the permit or a violation of this chapter.  |
| Applicant advised and provided with copies of the Parlier Municipal Codes Ordinances 6.13.040 Noise and 9.21.050 Social Host.   |
| Print Carlos Herrers Signature Call   |

NO ALCOHOL SHALL BE SERVED OR SOLD AFTER THE EVENT, OR ANYTIME AFTER THE EVENT ENDS AS IDENTIFIED ABOVE, NO ALCOHOL SHALL BE SERVED TO MINORS.



# RECREATION DEPARTMENT

1100 E. Parlier Avenue, Parlier, CA 93648 Phone: (559) 646-3545 Fax: (559) 646-8221

## STREET CLOSURE APPLICATION

EVENT DATE: OCH WIN

- 1 BLOCK PARTY REQUEST FORM MUST BE SUBMITTED FOR APPROVAL AT LEAST 30 DAYS PRIOR TO EVENT DATE.
- 2 BLOCK PARTY MUST ENDS AT 10:00PM.
- 3 APPLICANT MUST OBTAIN A SIGNED PETITION FROM SURROUNDING NEIGHBORS CONSETING TO STREET CLOSURE ON REQUESTED DATE.
- 4 FOR PROFIT OR COMMERCIAL EVENTS ARE PROHIBITED IN RESIDENTIAL NEIGHBORHOODS.
- 5 SALE OF FOOD AND/OR ALCOHOL IS PROHIBITED.
- 6 THE CHIEF OF POLICE WILL HAVE CONTROL OF NOISE DURING THE EVENT.
- 7 REQUESTED AREA TO BE CLEANED BY 12 NOON THE FOLLOWING DAY.
- 8 APPLICANT MUST PROVIDE BARRICADES THROUGH THE PUBLIC WORKS DEPARTMENT
- 9 APPLICANT MUST PROVIDE PROOF OF LIABILITY INSURANCE NAMING THE CITY OF PARLIER AS CO-INSURED.
- 10 INSURANCE IS A MILLION DOLLAR COVERAGE WHICH IS DUE TWO WEEKS PRIOR TO EVENT.

A \$200.00 CLEANING DEPOSIT IS REQUIRED. SHOULD ANY DAMAGES OCCUR TO CITY PROPERTY, OR SHOULD THE EVENNT CAUSE THE CITY TO USE ESCESIVE LABOR FOR CLEANUP, THE CITY SHALL RETAIRN THE DEPOSIT AND LIQUIDATE COSTS AGAINST IT IN PART AN UP TO ITS ENTIRETY, IF NECESSARY, TO RESTORE CITY PROPERTY BEING USED FOR EVENT. HOWEVER, IF THE COST OF DAMAGES ESCEEDS \$200.00 APPLICANT WILL BE BILLED OR AMOUNT IN ESCESS OF THE CLEANING DEPOSIT.

Applicant

icant ' D

Date

Recreation Coordinator



## PARLIER LIONS CLUB P.O. BOX 755 Parlier, CA. 93648

#### 2017

Mark your calendars! The Parlier Lions Club will be hosting our 2nd Annual Motorcycle Poker Run On Saturday October 7, 2017.

In order for the Parlier Lions Club to host this event e are in need of your help. The easiest way for you to support the Parlier Lions Club, the community of Parlier and to contribute to the success of this event is by selecting one of the sponsorships noted below

\$250 Sponsors

\$150 Sponsors

Two T-shirts

One T-shirt

Logo on T-shirt

Name on Sponsor Banner

Name On Banner

Certificate

Certificate

\*\* ALL SPONSORS, are also encouraged to come out and set up a booth of their own or supply us with any promotional gifts, special request announcements and a business banner of your choice to be advertised during this event

Your Support is Greatly Appreciated.

If you need additional information please contact: Chairperson Carlos Herrera at (559) 590-1308 or President Lion Joey Sanchez at (559)595-3065

Sincerely,

7resider¶Lion Joey Sanch∉z



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/22/2017

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

| ce        | e terms and conditions of the policy,<br>rtificate holder in lieu of such endors                        | certa<br>emei         | nin po<br>nt(s). | olicies may require an en  | dorsement. A state                                      | ement on this                            | s certificate does not cor  | nfer rights to the               |
|-----------|---|-----------------------|------------------|--|---|--|---|----------------------------------|
| D:        | SP Insurance  |                       |                  |  |   | ns<br>)-316-6705<br>bs@dspins.c          | FAX<br>(A/C, No):   | 1-888-467-2378                   |
|           | 900 E. Golf Road, Suite 650   | )                     |                  |  |   |  |   |                                  |
| So        | chaumburg, IL 60173   |                       |                  |  | 105.1   |  | DING COVERAGE   | NAIC#                            |
| HSURED    |   |                       |                  | nerican insura   | ance Company  | 22667                                    |   |                                  |
|           | 0   |                       |                  |  | INSURER B:  |  |   |                                  |
|           | rlier lions club 4a2  |                       |                  |  | INSURER C :   |  |   |                                  |
| pa        | rlier   |                       |                  |  | INSURER D :   |  |   |                                  |
|           |   |                       |                  |  | INSURER E :   |  |   |                                  |
| COL       | /ERAGES CER   | TIFIC                 | ATE              | AUUIDEO.   | INSURER F :   |  |   |                                  |
|           | HIS IS TO CERTIFY THAT THE POLICIES   |                       |                  | NUMBER:  | JE DECH ISSUED TO                                       | TUE MOUSE                                | REVISION NUMBER:  |                                  |
| CE<br>E>  | DICATED NOTWITHSTANDING ANY RE<br>ERTIFICATE MAY BE ISSUED OR MAY I<br>CCLUSIONS AND CONDITIONS OF SUCH | QUIR<br>PERT<br>POLIC | AIN.             | NI, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF ANY CONTRACT<br>ED BY THE POLICIE<br>BEEN REDUCED BY | OR OTHER D<br>S DESCRIBED<br>PAID CLAIMS | OCUMENT WITH DESDECT  | T TO MHICH THE                   |
| NSR<br>TR | TYPE OF INSURANCE   | INSR                  | WVD              | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY)                              | POLICY EXP<br>(MM/DD/YYYY)               | LIMITS  |                                  |
| 4         | GENERAL LIABILITY   |                       |                  |  |   |  |   | 1,000,000                        |
|           | X COMMERCIAL GENERAL LIABILITY  |                       |                  | HDOG27856202   | 09/01/2016  | 09/01/2017                               | PREMISES (Ea occurrence)  | 5 1,000,000                      |
|           | CLAIMS-MADE X OCCUR   |                       |                  |  |   |  | MED EXP (Any one person)  | 5,000                            |
|           | X Agg. Per Named Insured  |                       |                  |  |   |  | PERSONAL & ADV INJURY   | 5 1,000,000                      |
|           | is \$2,000,000  |                       |                  |  |   |  | GENERAL AGGREGATE   | s 10,000,000                     |
|           | GEN'L AGGREGATE LIMIT APPLIES PER   |                       |                  |  |   |  | PRODUCTS - COMP/OP AGG  | s 2,000,000                      |
|           | X POLICY PRO-<br>JECT LOC   |                       |                  |  |   | -  |   | \$                               |
| Д         | AUTOMOBILE LIABILITY  |                       |                  |  |   |  | COMBINED SINGLE LIMIT<br>(Ea accident)                              | s 1,000,000                      |
|           | ANY AUTO  |                       |                  | ISAH09044966   | 09/01/2016  | 09/01/2017                               | BODILY INJURY (Per person)  | S                                |
|           | ALL OWNED SCHEDULED AUTOS   |                       |                  |  |   |  | BODILY INJURY (Per accident)  | S                                |
|           | X HIRED AUTOS X NON-OWNED AUTOS   |                       |                  |  |   |  | PROPERTY DAMAGE<br>(Per accident)                                   | S                                |
|           |   |                       |                  |  |   |  |   | s                                |
|           | UMBRELLA LIAB OCCUR   |                       |                  |  |   |  | EACH OCCURRENCE   | \$                               |
|           | EXCESS LIAB CLAIMS-MADE   |                       |                  |  |   |  | AGGREGATE   | S                                |
|           | DED RETENTION'S   |                       |                  |  |   |  |   | s                                |
|           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |                       |                  |  |   |  | WC STATU- OTH-<br>TORY LIMITS ER                                    |                                  |
|           | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A                   |                  |  |   |  | E L EACH ACCIDENT   | S                                |
|           | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | 1117                  | 1                |  |   |  | E L DISEASE - EA EMPLOYEE   | S                                |
|           | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                       |                  |  |   |  | E.L. DISEASE - POLICY LIMIT   | S                                |
|           |   |                       |                  |  |   |  |   |                                  |
|           |   |                       |                  |  |   |  |   |                                  |
|           |   |                       |                  | Continue to the name who are considerated                              |   |  |   |                                  |
| P         | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>trovisions of the policy apply to the name<br>/25-8/29    |                       |                  |  | 2.0   |  | shown above: parlier lions/l  | resno fair display               |
| P         | PROVISIONS OF THE POLICY DO NOT   | APPL                  | Y TO             | THE SALE OR SERVING  | OF ALCOHOLIC BE   | VERAGES.                                 |   |                                  |
|           |   |                       |                  |  |   |  |   |                                  |
| CE        | RTIFICATE HOLDER  |                       |                  |  | CANCELLATION  | N .                                      |   |                                  |
| 6         | on cynthia s.ortega<br>90 s newmark st<br>earlier California 93648                                      |                       |                  |  | THE EXPIRATION  | ON DATE TH                               | DESCRIBED POLICIES BE C<br>HEREOF, NOTICE WILL I<br>ICY PROVISIONS. | ANCELLED BEFOR<br>BE DELIVERED I |
|           |   |                       |                  |  | AUTHORIZED REPRES                                       |  | She Cally   |                                  |

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AGENDA ITEM:

Le-E

**MEETING DATE:** 

9/6/17

DEPARTMENT:

Recreation Dept.

## REPORT TO CITY COUNCIL

#### SUBJECT:

Parlier Rotary would like to request a fee waiver for the use of the Earl Ruth Park on 9/16/17 to host a car show as well as have vendors selling food and non-profit organizations join this event.

#### **RECOMMENDATION:**

Staff recommends the council approve the Earl Ruth Park to be utilized on 9/16/17 by the Parlier Rotary Club as well as other community vendors and Non-Profit organizations that will be able to join this car show event.

#### **BACKGROUND:**

Parlier Rotary Club would like to host this event to allow the community to join in on the fun experienced at the car show as well as have a BBQ cook off. There will be other vendors both local businesses as well as Non-Profit organizations that will all collaborate together to make this event a success. They would appreciate a fee waiver so that this event may be possible for the community.

Prepared By:

Approved By:

Virginia Medina Account Technician III

Samuel Escobar City Manager



AGENDA ITEM:

LO-F

**MEETING DATE:** 

9/6/17

**DEPARTMENT:** 

Recreation Dept.

## REPORT TO CITY COUNCIL

#### SUBJECT:

Youth Centers of America would like to utilize the Civic/ Cooling Center located at 745 Tulare St. for the Zumba classes, Dance Class, Art/ GED Class, and Karate classes open to our Parlier Community.

#### **RECOMMENDATION:**

Staff recommends the council approve the facility use and fee waiver to utilize the Cooling/ Civic Center located at 745 Tulare St. for the following classes that are to be hosted such as; **Zumba** classes on Tuesdays, Wednesdays, and Thursday's from 6:00PM - 7:30PM. **Dance** class would be held on Monday's 4:00PM to 7:15PM and Friday's from 4:00PM to 8:15PM. **Art/ GED** class will be on Monday's, Wednesday's, and Friday's from 5:00 to 8:00PM. Karate would be on Tuesday's from 5:00 PM to 6:15 PM.

#### **BACKGROUND:**

Youth Center of America is a non-profit organization that has collaborated with the City of Parlier for several community events. Youth Centers of America has been committed to providing local youth and families with positive programming that enhances recreation and educational opportunities for all families living in Parlier.

Prepared By:

Approved By:

Virginia Medina Account Technician III Samuel Escobar City Manager



APPLICANT:

Youth Centers of America

# Attention: Francine Vindiola

# **RECREATION DEPARTMENT-COOLING CENTER**

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

EVENT DATE: 8/29/2017 - June 30, 2020

| DDRESS: 13700 E  | Parlie                                    | r Ave.  |                                     |   | ONE NUME            |           | 559-646-                                       | 3837               |
|--|---|---|-------------------------------------|---|---------------------|-----------|--|--------------------|
| YPE OF EVENT:Zu  | ımba (C                                   | Community P                                       | rogram                              | AL'   | ΓNUMBER             | :55       | 59-978-059                                     | 99                 |
| YPE OF EVENT:  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   | TOGTAIN                             | EST   | TIMATED A           | ATTEN     | NDANCE: _                                      | 150                |
| ID COPY SUBMIT   | TED                                       |   |                                     | TABLES: Y   | ES□ NO[             | <u>X</u>  | 1000000 TO |                    |
|  |   |   |                                     | CHAIRS: Y   | ES□ NO□             | ]         |  |                    |
| DEPOSIT  |   |   |                                     |   |                     |           | RATE   | TOTAL              |
| DEFOSIT  |   | TIME  |                                     |   | TOTAL HRS           | \$ 40     | 00.00  | waired             |
| HALL Tues, Wed   | Thur                                      |   | ТО                                  | 7:30 pm   | 1. 5                | \$ 15     | 50.00/per hr                                   | waired             |
| KITCHEN  | )   |   | ТО                                  |   |                     |           |  | MILTARO            |
| DECORATION AND SET   | ΓUP                                       |   | ТО                                  |   |                     |           | 35.00/per hr                                   |                    |
|  |   | I   |                                     |   |                     |           | 10.00/per hr                                   |                    |
|  |   |   |                                     |   |                     | TOTA      | <u>L</u>                                       | <u> </u>           |
|  |   | FOR   | OFFICE                              | USE ONLY  |                     |           |  |                    |
| DEPOSIT<br>(100.23101)   | Δ   | MOUNT   | DAT                                 | E DECI  | EIVED BY:           |           | СТА  | N/ID               |
|  |   |   | DATE                                | - NEO   | LIVED DI.           |           | STA  | IVIP               |
|  |   |   |                                     |   |                     |           |  |                    |
| PAYMENTS   |   |   | -                                   |   |                     |           |  |                    |
| (100-45200)  | 5-10-10-10-10-10-10-10-10-10-10-10-10-10- |   | DAT                                 | ATE RECEIVED BY:  |                     |           | STA  | MD                 |
|  |   | ***************************************           |                                     |   | LIVED DI.           |           | 314  | 1411               |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  |   |   |                                     |   | ·                   |           |  |                    |
|  |   |   |                                     |   |                     |           |  |                    |
|  | <u></u>                                   |   |                                     |   |                     |           |  |                    |
| The applicant upon execution hereof agree<br>(s) remed and for any civil liabilities arise<br>fees deposits, termination of present active<br>copy of this application. The event supe<br>surrounding area regarding excessive r | ity and future<br>rvisor and/or           | building use. Applicant's the Police Department r | signature is acl<br>eserves the rig | rive and abide by Facility<br>mowledgement that he shi<br>bit to close any function | Rules and Regulatio | ms may be | grounds for revoca                             | tion of permit, fo |
| The city of Parlier reserves the right to<br>the city's control  |   | /   |                                     |   | ather conditions, d | amages to | the facility or othe                           | er circumstances l |
| Denne  | 2   | Henn, YCA   |                                     |   | 08/29/20            | 017       |  |                    |
| Applicant/Responsible Party  | Jenn                                      | ie Fenn, YCA                                      | Presid                              | ent D   | ate                 |           |  |                    |
| Approved By:   |   |   |                                     |   | ate                 |           |  |                    |
|  |   |   |                                     | U   | 4114                |           |  |                    |



Jennie Fenn, YCA President

# RECREATION & COMMUNITY SERVICE DEPARTMENT

\_\_\_\_, hereby for myself, and heirs,

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

# **Waiver of Hold Harmless Agreement**

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 parties from said claims or liability, because of or arising of the acts of omissions of the participants, guests, visitors representatives, agents or invitee while renting City facility and hold harmless provisions shall be in full force and effeor not there shall be insurance policies covering and a claims or liability. I further also specifically agree that I free of any liability the City of Parlier for any accident, loss | defense of any of said<br>out of directly or indirectly<br>, volunteers, employees,<br>es. Said indemnification<br>ect regardless of whether<br>applicable to such injury,<br>shall indemnify and hold |
|--|--|
|  |  |
|  |  |
| Lance Lenn   | 08/29/2017   |
| Applicant/Responsible Party Jennie Fenn, YCA President   | Date   |



Approved By:

# **RECREATION DEPARTMENT**

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

| APPLICANT:  | Youth Centers of Amer   | ica   | EVENT DATE:  | 06/2017-06/   |
|---|---|---|--|---|
| ADDRESS:  | 13700 E Parlier Ave.  |   | PHONE NUMBER:  | 559-646-3837  |
| TYPE OF EVENT   | Community Program 2   | Ľumba   | ESTIMATED ATTENDANCE<br>500 MAX CAMPACITY  | 150   |
| CANCELLATI  | ONS   |   |  |   |
| Applicants t deposit.   | e, including security de  | posit, will<br>hese requi   | ays prior to the reserved eve<br>be refunded if these conditi<br>rements will forfeit the \$400<br>ee.   | ons are met   |
|   | FOR   | OFFICE USE  |  | STAND   |
| DEPOSIT   | \$ 400.00   | DATE  | RECEIVED BY:   | STAMP   |
| CANCELLATION F  | EE \$ 35.00   |   |  |   |
| fees deposits, termination of pres<br>copy of this application. The eve<br>surrounding area regarding exc | can activity and future building use. Applicant's sint supervisor and/ar the Police Department reseasive noise, or if the event appears to become right to cancel the event without motive due to | ignature is acknowledg<br>serves the right to clos<br>uncontrollable. | iditions set forth herein and shall assume full and complet bude by Facility Rules and Regulations may be grounds forment that he side has read and understands Facility Rules is any function due to property damage, aggravated as r dangerous weather conditions, damages to the facility of the facility o | or revocation of perma, forfea<br>and Regulations and has rece<br>saults, complaints from |

Date



#### CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

YOUTH-1

OP ID: DO

1,000,000

1,000,000

DATE (MM/DD/YYYY)

THIS CERTIFICATE OF LIADILITY INSURANCE 08/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

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). CONTACT NAME: Sandra Wiens ext. 1014
PHONE (A/C, No, Ext): 559-646-3618
E-MAIL E-MAIL Sandra@valleyregional.com PRODUCER Valley Regional Ins. Services Parlier Office FAX (A/C, No): 559-646-2860 563 Tulare Street Parlier, CA 93648 Rosa A. Valencia INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Philadelphia Insurance Co. 23850 INSURED Youth Centers of America INSURER B: State National Ins. Co. Jennie Fenn INSURER C : P.O. Box 453 INSURER D: Parlier, CA 93648 INSURER E INSURER F 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS GENERAL LIABILITY 1,000,000 EACH OCCURRENCE S DAMAGE TO RENTED PHPK1683650 07/15/2017 07/15/2018 COMMERCIAL GENERAL LIABILITY 300,000 \$ PREMISES (Ea occurrence) 5,000 CLAIMS-MADE | X | OCCUR MED EXP (Any one person) S 1,000,000 PERSONAL & ADV INJURY X Prof Liab 2,000,000 GENERAL AGGREGATE 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ POLICY PRO-\$ LOC COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) 5 AUTOS NON-OWNED PROPERTY DAMAGE (PER ACCIDENT) HIRED AUTOS AUTOS X UMBRELLA LIAB EACH OCCURRENCE 2,000,000 OCCUR EXCESS LIAB 07/15/2017 07/15/2018 PHUB593025 2,000,000 Δ CLAIMS-MADE AGGREGATE RETENTIONS WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NFA5151519 10/01/2016 | 10/01/2017 В 1,000,000 E.L. EACH ACCIDENT

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

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

| CERTIFICATE HOLDER                      | CANCELLATION  |
|---|---|
| City of Parlier<br>1100 E. Parlier Ave. | CITYP-1  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Parler, CA 93648                        | Landra of wiers   |

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below



# Attention: Francine Vindiola

# RECREATION DEPARTMENT-COOLING CENTER

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

| Dance  |           |          | EV        | ENT DATE:    | 06/2017-06       | 72020  |
|--|-----------|----------|-----------|--------------|------------------|--|
| Dance  |           |          | PHO       | ONE NUMB     | ER: 559-646      | -3837  |
| Dance  |           |          |           |              | : 559-978-059    |  |
| YPE OF EVENT: Dance  |           |          |           |              | TTENDANCE:       |  |
| D COPY SUBMITTED   |           |          | TABLES: Y | ESO NOD      | 3                |  |
|  |           |          | CHAIRS: Y | ES□ NO⊠      |                  |  |
|  |           |          |           |              | RATE             | TOTAL  |
| DEPOSIT  | TIME      |          |           | TOTAL HDC    | \$ 400.00        | waired   |
| IALL Monday  | 7 4:00 pm |          | 8:15 PM   | 3.25<br>4.25 | \$ 150.00/per hr | waived   |
| KITCHEN  |           |          | <u> </u>  | 11-3         | \$ 35.00/per hr  | WAIVEG   |
| DECORATION AND SET UP  |           | то       |           |              |                  |  |
|  |           |          |           | 1            | \$ 40.00/per hr  |  |
|  |           |          |           |              | TOTAL            | 1  |
| DEDOCIT  | FOR       | OFFICE U | ISE ONLY  |              |                  |  |
| DEPOSIT<br>(100.23101)   | AMOUNT    | DATE     | DEC       | EIVED DV.    | CT A             | n an   |
| (4001202)  | AMOONT    | DATE     | REC       | EIVED BY:    | 314              | MP   |
|  |           |          |           |              |                  |  |
| PAYMENTS   |           |          |           |              |                  | 1-7-00-  |
| (100-45200)  | AMOUNT    | DATE     | REC       | RECEIVED BY: |                  | AMP  |
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| en America de Carlos de Alexandro de Arta de Carlos de C |           |          |           |              |                  |  |
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|  |           |          | İ         |              |                  |  |



Jennie Fenn, YCA President

# RECREATION & COMMUNITY SERVICE DEPARTMENT

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

\_\_\_\_, hereby for myself, and heirs,

# **Waiver of Hold Harmless Agreement**

| executors and administrators agree to and shall prote            | ect. indemnify and hold       |
|--|-------------------------------|
| narmless the City of Parlier and all officers, agents, repres    | entatives 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 of  | out of directly or indirectly |
| the acts of omissions of the participants, guests, visitors      | s. volunteers, employees      |
| representatives, agents or invitee while renting City facility   | ies. Said indemnification     |
| and hold harmless provisions shall be in full force and eff      | ect regardless of whether     |
| or not there shall be insurance policies covering and a          | 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.                    |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
| 9-1  |                               |
| HHREO UNI  | 08/29/2017                    |
| Applicant/Responsible Party Jennie Fenn, YCA President           | Date                          |



Approved By:

# **RECREATION DEPARTMENT**

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

| APPLICANT:   | Youth Centers of Ameri   | ca   | EVENT DATE:   | 06/2017-06/20   |
|--|--|--|---|---|
| ADDRESS:   | 13700 E. Parlier Ave.  |  | PHONE NUMBER:   | 559-360-1857  |
| YPE OF EVENT   | Dance Program  |  | ESTIMATED ATTENDANC<br>500 MAX CAMPACITY  |   |
| CANCELLATI   | ONS  |  |   |   |
| Applicants deposit.  | ce, including security de  | eposit, will<br>these requi  | ays prior to the reserved ev<br>be refunded if these condi<br>rements will forfeit the \$40<br>ee.  | tions are met   |
|  |  | OFFICE USE   | ——————————————————————————————————————  |   |
|  | AMOUNT   | DATE   | RECEIVED BY:  | STAMP   |
| DEPOSIT  | \$ 400.00  |  |   |   |
| CANCELLATION F   | EE \$ 35.00  |  |   |   |
| fees/deposits, termination of pres<br>copy of this application. The eve<br>surrounding area regarding ex | ent activity and future building use. Applicant's:<br>ent supervisor and/or the Police Department re<br>cessive noise, or if the event appears to become | ranne to observe and<br>signature is acknowled<br>serves the right to clo<br>uncontrollable. | nditions set forth herein and shall assume full and comp<br>abide by Facility Rules and Regulations may be ground<br>centent that he she has read and understands Facility Ru<br>se any function due to property damage, aggravated<br>or dangerous weather conditions, damages to the faci | s for revocation of permit, forfe<br>les and Regulations and has ree<br>assaults, complaints from |

Date



#### CERTIFICATE OF LIABILITY INSURANCE

OUTH-1

OP ID: DO

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(les) 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). CONTACT Sandra Wiens ext. 1014 PRODUCER Valley Regional Ins. Services Parlier Office NAME: Sandra Wiens Ext. 1014
PHONE (A/C, No, Ext); 559-646-3618
E-MAIL
ADDRESS: Sandra@valleyregional.com FAX (A/C, No): 559-646-2860 563 Tulare Street Parlier, CA 93648 Rosa A. Valencia INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Insurance Co. 23850 Youth Centers of America INSURED INSURER B: State National Ins. Co. Jennie Fenn INSURER C: P.O. Box 453 INSURER D : Parlier, CA 93648 INSURER E INSURER F : 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. POLICY EFF POLICY EXP ADDLISUBR LIMITS TYPE OF INSURANCE POLICY NUMBER INSR WVD GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 07/15/2017 07/15/2018 PHPK1683650 300,000 A COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ X Prof Liab 2,000,000 GENERAL AGGREGATE \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED PROPERTY DAMAGE (PER ACCIDENT) HIRED AUTOS AUTOS \$ X UMBRELLA LIAB 2,000,000 EACH OCCURRENCE OCCUR \$ EXCESS LIAB 07/15/2017 07/15/2018 PHUB593025 2,000,000 A AGGREGATE CLAIMS-MADE RETENTIONS DED WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 10/01/2016 10/01/2017 B NFA5151519 E.L. EACH ACCIDENT 1,000,000 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: Zumba Class, Art Clss, GED Class, Dance Class and Karate Class CERTIFICATE HOLDER CANCELLATION CITYP-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Parlier ACCORDANCE WITH THE POLICY PROVISIONS. 1100 E. Parlier Ave.

Parler, CA 93648

AUTHORIZED REPRESENTATIVE

andra of wiers



# Attention: Francine Vindiola

# RECREATION DEPARTMENT-COOLING CENTER

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

| APPLICANT: Youth ADDRESS: 13700 E.  | Center   |  |  | , , ,                                  | EVI  | ENT DATE:  |                                    | 9-040-8221<br>08/29/2017<br>559-646-3                                 |  | 0                     |
|---|--|--|--|--|--|--|------------------------------------|---|--|-----------------------|
| TYPE OF EVENT: A  |  |  |  |  | AL.  | Г NUMBER   | :5                                 | 59-978-05   | 99   |                       |
| ID COPY SUBMIT  |  | <u> </u>   |  | TA                                     |  | ESE NOE  |                                    | NDANCE: _   | 20   | -                     |
|   |  |  |  | Cŀ                                     | HAIRS: Y   | ES[] NO[   | ]                                  |   |  |                       |
| DEPOSIT   |  | TIME   |  |  |  | POTAL HING   | \$ 4                               | 00.00   | Waire  | -                     |
| HALL Mon, Wed, F.   | ri.  | 5:00 pm  | TO<br>TO                                 | 8                                      | (copm  | TOTAL HRS  3   |                                    | 50.00/per hr  | waive  | 7                     |
| DECORATION AND SE   | T UP   |  | то                                       |  |  |  |                                    | 35.00/per hr<br>40.00/per hr  |  | -                     |
|   |  |  | 000000000000000000000000000000000000000  |  |  |  | TOT                                |   |  |                       |
|   |  | FOR  | OFFICE                                   | USI                                    | E ONLY   | (this on the second of the sec |                                    |   |  | 7                     |
| DEPOSIT<br>(100.23101)  | Į.   | AMOUNT   | DAT                                      | E                                      | RECI   | EIVED BY:  |                                    | STA   | MP   |                       |
| PAYMENTS<br>(100-45200)   | AMOUNT   |  | DAT                                      | TE RECEIVED BY:                        |  | STAMP  |                                    | MP  |  |                       |
|   |  |  |  |  |  |  |                                    |   |  | _                     |
| The applicant upon execution hereof agr (s) rented and for any civil habilities aris fees deposits, termination of present acti copy of this application. The event sup surrounding area regarding excessive The city of Partier reserves the right t the city's control.  Applicant/Responsible Part | wily and future ervisor and/or noise, or if the cancel the c | e building use. Applicant's si<br>r the Police Department res<br>e event appears to become | attare to obsignature is actives the ri- | crve an<br>knowle<br>glit to c<br>ble. | of abode by Facility)<br>redgement that he she<br>close any function (<br>d or dangerous wer | Rules and Regulation<br>e has read and under<br>fue to property dan  | ns may b<br>stands Fa<br>nage, agg | e grounds for revoca<br>wility Rules and Reg<br>gravated assaults, co | tion of permit, for<br>ulations and has re<br>omplaints from | feature of<br>eccived |
| Approved By:  |  |  |  |  | D  | ate  |                                    |   |  |                       |



Jennie Fenn, YCA Presdient

# RECREATION & COMMUNITY SERVICE DEPARTMENT

\_\_\_\_\_, hereby for myself, and heirs,

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

# **Waiver of Hold Harmless Agreement**

| , Hereby   | ioi mysen, and nens,          |
|--|-------------------------------|
| executors and administrators agree to and shall prote            | ect, indemnify and hold       |
| harmless the City of Parlier and all officers, agents, repres    | entatives 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 of  | out of directly or indirectly |
| the acts of omissions of the participants, guests, visitors      | , volunteers, employees.      |
| representatives, agents or invitee while renting City facility   | ies. Said indemnification     |
| and hold harmless provisions shall be in full force and effe     | ect regardless of whether     |
| or not there shall be insurance policies covering and a          | 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.                    |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
|  |                               |
| Jennie Fenn  | 08/29/2017                    |
|  |                               |
| Applicant/Responsible Party Jennie Fenn, YCA President           | Date                          |



# **RECREATION DEPARTMENT**

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

| APPLICANT:   | Youth Centers of Americ   | a  | EVENT DATE:  | 06/2017-06/2020   |  |  |
|--|---|--|--|---|--|--|
| ADDRESS:   | 13700 E. Parlier Ave.   |  | PHONE NUMBER:  |   |  |  |
| TYPE OF EVENT  | Art and GED class   | ESTIMATED ATTENDANCE 500 MAX CAMPACITY   |  |   |  |  |
| Applicants t   | ONS s must be received, in wr se, including security dep that do not conform to the e as \$35.00 charge for can   | osit, will l<br>nese requir  | pe refunded if these con<br>rements will forfeit the   | iditions are met.   |  |  |
|  | FOR (   | OFFICE USE   | ONLY   |   |  |  |
|  | AMOUNT  | DATE   | RECEIVED BY:   | STAMP   |  |  |
| DEPOSIT  | \$ 400.00   |  |  |   |  |  |
| CANCELLATION F   | EE \$ 35.00   |  |  |   |  |  |
| fees deposits, termination of prese<br>copy of this application. The eve<br>surrounding area regarding exc | cof agrees to abide by all City of Parher rules, regulates arising from the use of such City Facility(s). Facility(s) and future building use. Appleant's sign at supervisor and/or the Police Department rese essive noise, or if the event appears to become unright to cancel the event without motive due to part of the event without motive due to part y Jennie Fenn, YCA P. | nure in observe and at<br>nature is acknowledge<br>rves the right to close<br>icontrollable.<br>ower outages, bad or | nde by Facility Rules and Regulations may be gr<br>ment that he she has read and understands Facili<br>any function due to property damage, aggrav | ounds for revocation of permit, forfeiture of<br>ty Rules and Regulations and has received a<br>rated assaults, complaints from |  |  |
| Approved By:   |   |  | Date   | - Consideration   |  |  |



#### CERTIFICATE OF LIABILITY INSURANCE

YOUTH-1 O

OP ID: DO

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.

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PHONE (A/C, No, Ext): 559-646-3618
E-MAIL ADDRESS: Sandra@valleyregional.com Valley Regional Ins. Services FAX (A/C, No): 559-646-2860 Parlier Office 563 Tulare Street Parlier, CA 93648 Rosa A. Valencia INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Co. 23850 Youth Centers of America INSURED INSURER B : State National Ins. Co. Jennie Fenn INSURER C : P.O. Box 453 Parlier, CA 93648 INSURER D: INSURER E : INSURER F : CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER **GENERAL LIABILITY** 1,000,000 EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY PHPK1683650 07/15/2017 07/15/2018 300.000 A CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ X Prof Liab 2,000,000 GENERAL AGGREGATE 3 GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRODUCTS - COMP/OP AGG \$ POLICY PRO-JECT COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS 5 PROPERTY DAMAGE (PER ACCIDENT) HIRED AUTOS 2 UMBRELLA LIAB X X OCCUR EACH OCCURRENCE 2,000,000 \$ EXCESS LIAB 07/15/2017 07/15/2018 PHUB593025 2,000,000 CLAIMS-MADE AGGREGATE 5 DED RETENTIONS \$ WORKERS COMPENSATION X WC STATU-AND EMPLOYERS' LIABILITY NFA5151519 10/01/2016 10/01/2017 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NIA 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: Zumba Class, Art Clss, GED Class, Dance Class and Karate Class CERTIFICATE HOLDER CANCELLATION CITYP-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Parlier ACCORDANCE WITH THE POLICY PROVISIONS. 1100 E. Parlier Ave.

Parler, CA 93648

AUTHORIZED REPRESENTATIVE

andra of weers



# Attention: Francine Vindiola

# RECREATION DEPARTMENT-COOLING CENTER

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

| APPLICANT: Youth Co  |  |   |  |  |   |   |                                     | 5/2017-06 <b>/</b><br>559-646-                                       |   | _                  |
|--|--|---|--|--|---|---|-------------------------------------|--|---|--------------------|
| TYPE OF EVENT: Ka  | rate Clas  | SS  | eng age  |  |   |   | -                                   | 59-978-059<br>NDANCE: _  |   |                    |
| ID COPY SUBMITI  | ED [   | ]   |  | TAI  | BLES: Y   | ES NOE  | ]                                   |  |   |                    |
|  |  |   |  | СН   | AIRS: Y   | ESM NOC   | ]                                   |  |   |                    |
| DEPOSIT  |  |   |  |  |   |   | Ø 44                                | RATE   | TOTAL   |                    |
| DELOSIT  | TI   | IME   |  |  |   | TOTAL HRS   | 3 40                                | 00.00  | waired  |                    |
| HALL   | Tu   | iesdays 5pm   | TO   | (  | 5:15 pm   | 1.25  | \$ 1                                | 50.00/per hr   | waived  | \<br>\             |
| KITCHEN  |  |   | ТО   |  |   |   | \$                                  | 35.00/per hr   |   |                    |
| DECORATION AND SET   | UP   |   | ТО   |  |   |   | \$                                  | 40.00/per hr   |   |                    |
|  |  |   |  |  |   |   | TOT                                 | \L   |   |                    |
|  |  | FOR (   | OFFICE   | USE  | ONLY  |   |                                     |  |   | 1                  |
| DEPOSIT<br>(100.23101)   | AM   | OUNT  | DAT  |  |   | EIVED BY:   |                                     | STA  | MP  |                    |
| PAYMENTS<br>(100-45200)  | AM   | OUNT  | DAT  | ΓE   | REC   | EIVED BY:   |                                     | STA  | MP  | -                  |
| The applicant upon execution hereof agrees (s) rented and for my civil liabilities arising fees deposits, termination of present activit copy of this application. The event supersurrounding area regarding excessive no The city of Parlier reserves the right to othe city's control. | g from the use of<br>y and future build<br>visor and/or the<br>ise, or if the eve<br>ancel the event | such City Facility(s). F<br>ding use. Applicant's si<br>Police Department res<br>ent appears to become a<br>without motive due to | mlure to obs<br>gnature is ac<br>erves the ri-<br>incontrolla:<br>power outa | serve and<br>cknowled<br>ght to cl<br>ble.<br>ges, bad | I abide by Facility<br>dgement that he shose any function | Rules and Regulation<br>that read and under<br>due to property date | ons may b<br>rstands Fr<br>mage, ag | e grounds for revoca<br>activy Rules and Reg<br>gravated assaults, c | ation of permit, for<br>gulations and has re<br>complaints from | feiture<br>eccived |
| Applicant/Responsible Party  | Innnia E   | Fenn<br>on VCAD   | rogida   | nt.  | =   | 08/29/20  | )17                                 |  |   |                    |
| Approved By:   | jennie F   | eiii, ICA P   | reside   |  | _   | ate   |                                     |  |   |                    |



# 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,

| , Heleby  | ioi iliysell, allu lielis.   |
|---|------------------------------|
| executors and administrators agree to and shall prote   | ect indemnify and hold       |
| harmless the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers, agents, representations of the City of Parlier and all officers agents. | entatives 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 o  | ut of discattly or indicate  |
| the acts of omissions of the participants, quests wisiters  | at of directly or indirectly |
| the acts of omissions of the participants, guests, visitors   | , volunteers, employees,     |
| representatives, agents or invitee while renting City facilities  | es. Said indemnification     |
| and hold harmless provisions shall be in full force and effe  | ect regardless of whether    |
| or not there shall be insurance policies covering and a   | pplicable 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.                   |
|   |                              |
|   |                              |
|   |                              |
|   |                              |
|   |                              |
|   |                              |
|   |                              |
| Hanie Lenn  |                              |
| / 5 - 100/2   | 08/29/2017                   |
| Applicant/Responsible Party Jennie Fenn, YCA President  | Data                         |



# RECREATION DEPARTMENT

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

| ٨ | D | D | CI | N   | Pr. |
|---|---|---|----|-----|-----|
| 1 |   | 1 | 1  | 111 |     |

Youth Centers of America

EVENT DATE:

06/2017/06/2020

ADDRESS:

13700 E. Parlier Ave. Parlier CA 93648

PHONE NUMBER:

559-646-3837

TYPE OF EVENT

Karate Class Community Program

ESTIMATED ATTENDANCE

20

500 MAX CAMPACITY

#### CANCELLATIONS

- 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

|                  |    |        | R OFFICE USE ( |              |       |
|------------------|----|--------|----------------|--------------|-------|
|                  |    | AMOUNT | DATE           | RECEIVED BY: | STAMP |
|                  |    |        |                |              |       |
| DEPOSIT          | Ś  | 400.00 |                | 120          |       |
|                  | T  |        |                |              |       |
|                  |    |        |                |              |       |
| 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 Jennie Fenn, YCA President | 08/29/2017<br>Date |  |
|--|--------------------|--|
| Approved By:   | Date               |  |



#### CERTIFICATE OF LIABILITY INSURANCE

YOUTH-1

OP ID: DO

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.

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E-MAIL ADDRESS: Sandra@valleyregional.com FAX (A/C, No): 559-646-2860 Parlier Office 563 Tulare Street Parlier, CA 93648 Rosa A. Valencia INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co. 23850 INSURED Youth Centers of America INSURER B : State National Ins. Co. Jennie Fenn INSURER C : P.O. Box 453 INSURER D : Parlier, CA 93648 INSURER E : INSURER F : 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 07/15/2017 07/15/2018 X | COMMERCIAL GENERAL LIABILITY PHPK1683650 300,000 A CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY X Prof Liab 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PRODUCTS - COMP/OP AGG \$ POLICY PRO-JECT COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT) HIRED AUTOS \$ X UMBRELLA LIAB X 2,000,000 OCCUR EACH OCCURRENCE 5 EXCESS LIAB A PHUB593025 07/15/2017 07/15/2018 2,000,000 CLAIMS-MADE AGGREGATE 95 DED RETENTION S
WORKERS COMPENSATION X WC STATU-AND EMPLOYERS' LIABILITY B 10/01/2016 10/01/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NFA5151519 1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 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 Clss, GED Class, Dance Class and Karate Class CERTIFICATE HOLDER CANCELLATION CITYP-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Parlier ACCORDANCE WITH THE POLICY PROVISIONS. 1100 E. Parlier Ave. Parler, CA 93648 AUTHORIZED REPRESENTATIVE andra of wiens



#### Youth Centers of America, 13700 E Parlier Ave, Parlier CA 93648 Phone: 559-646-3837 Fax: 559-254-5196

Executive Director Israel Lara, Jr. President Jennie Fenn Vice President Joe Vasquez Secretary/Treasurer Alice Yamamoto Board Member Adan Lozano

August 29, 2017

To whom it may concern,

As a non-profit organization in the City of Parlier, Youth Centers of America board is requesting the Parlier City Council waive all fees and charges related to the use of the Cooling Center. Youth Centers of America is committed to providing local youth and families with positive programing that enhances recreation and educational opportunities for the families of the City of Parlier.

YCA has been a partner of the City of Parlier since 2008 and has recently opened a new location on 13700 E Parlier Ave. to provide direct services to the residents of Parlier and Fresno County.

The YCA board hopes the city council will waive the cost to operate the cooling center/civic center so that YCA may provide the Dance, Zumba, Karate and Art class.

We are requesting the use of the civic center for the following hours of operation:

#### **Zumba Class**

Tuesday 6:00 PM to 7:30 PM

Wednesday 6:00 PM - 7:30 PM

Thursday 6:00 PM - 7:30 PM

#### **Dance Class**

Monday 4:00 PM to 7:15 PM

Friday 4:00 PM to 8:15 PM

#### **Art Class**

Monday 5: 00 PM to 8:00 PM

Wednesday 5: 00 PM to 8:00 PM

Friday 5:00 PM to 8:00 PM

#### Karate

Tuesday 5:00 PM to 6:15 PM

If you have any questions please do not hesitate to contact me directly, Jennie Fenn, YCA President.

Thank you for your consideration.

Jennie Fenn, YCA President



AGENDA ITEM:

00/00

**MEETING DATE:** 

09/06/2017

DEPARTMENT:

**Administration** 

### REPORT TO CITY COUNCIL

#### SUBJECT:

Fourth Amendment to First Amended Joint Powers Agreement Creating the Five Cities Economic Development Authority.

#### **RECOMMENDATION:**

Honorable Mayor and Councilmembers:

Staff recommends Council consider approving the Five Cities Fourth Amendment that authorizes the City of Selma entering the JPA.

#### **BACKGROUND:**

The Member Agencies of the Authority have determined that, in order to broaden the economic development efforts of the Authority, it is desirable to include the City of Selma as a full-voting Member Agency of the Authority and to become a party to the Agreement.

#### PREPARED BY:

Samuel A. Escobar

**City Manager** 

# FOURTH AMENDMENT TO FIRST AMENDED JOINT POWERS AGREEMENT CREATING THE FIVE CITIES ECONOMIC DEVELOPMENT AUTHORITY

#### **RECITALS**

WHEREAS, the Cities of Fowler, Parlier, Reedley, Sanger and Selma entered into that certain First Amended Joint Powers Agreement creating the Five Cities Economic Development Authority (the "Agreement"); and

WHEREAS, the County of Fresno ("County") was added as a Member Agency of the Authority effective November 16, 2004, the City of Kingsburg was added as a Member Agency of the Authority effective December 5, 2006 and the City of Orange Cove was added as a Member of the Authority effective September 27, 2010; and

WHEREAS, the City of Selma, by the authority of it City Council at a regular meeting, relinquished membership to the Five Cities Joint Powers Economic Development Authority effective April 20, 2015, but thereafter approved membership at a regular meeting effective June 5, 2017; and

WHEREAS, the purpose of the Agreement is to permit each Member Agency that is a party to the Agreement to join together with other Member Agencies, under the Joint Powers Law, to create the Authority, as a public entity, separate and apart from the parties to the Agreement; and

WHEREAS, the purposes of the Authority are to provide staff resources, personnel and expertise to assist the local Member Agencies of the Authority, develop local economic development resources, establish cooperative relationships to pursue legislation, seek funding, plan the allocation of resources, and implement the Regional Economic Development Program and strategies for the benefit of the citizens and economies of the Member Agencies of the Authority; and

WHEREAS, the Member Agencies of the Authority have determined that, in order to further broaden the economic development efforts of the Authority, it is desirable to include the City of Selma as a full-voting Member Agency of the Authority and to become a party to the Agreement; and

WHEREAS, Article 21 of the Agreement permits a majority of the Board of the Member Agencies of the Authority to later add the City of Selma as a Member Agency of the Authority and as a signatory to the Agreement; and

WHEREAS, Article 26 of the Agreement permits a majority of the Member Agencies of the Authority to agree to such addition of the City of Selma by way of an amendment to the Agreement; and

WHEREAS, the Member Agencies approving this Fourth Amendment to the Agreement (the "Fourth Amendment"), and the City of Selma, authorize this Fourth Amendment in order to carry out all such purposes recited above.

NOW, THEREFORE, for and in consideration of all the mutual benefits, covenants, and agreements contained herein, the parties hereto agree to amend the Agreement as follows:

- Capitalized terms in this Fourth Amendment shall have the same definition thereof as provided in the Agreement, unless otherwise stated in this Fourth Amendment.
- 2. The last sentence of the second paragraph of page 1 of the Agreement shall be amended and restated as follows:
  "The Member Agencies shall be the local public entities listed in Exhibit 'A-2,' attached hereto and incorporated herein."
- 3. Exhibit "A-2" replacing original Exhbit "A" is attached to this Fourth Amendment and incorporated herein by reference.
- 4. Each party to this Fourth Amendment certifies that it intends to, and does, contract with all other parties which are signatory to this Fourth Amendment. Each party to this Fourth Amendment agrees that the addition of the City of Selma (hereinafter, the "City") as a Member Agency is in compliance with all applicable requirements of the Joint Powers Law, the Agreement, and the requirements of the Board, and that the date of admission of the City as a Member Agency to the Authority shall be on the date decided by a majority of the Members of the Board executing this Fourth Amendment. Upon such admission date, the City's membership as a Member of the Authority shall be confirmed.

- 5. The City's execution of this Fourth Amendment also shall be deemed to be an execution of the Agreement, as further amended by this Fourth Amendment. The foregoing provisions of this Fourth Agreement constitute the full and complete agreement of the parties with respect to the matters set forth in this Fourth Amendment. Except as otherwise amended herein, the Agreement, the First, Second and Third Amendments shall continue in full force and effect and in accordance with their terms and conditions.
- 6. The Secretary of the Board shall file a copy of this Fourth Amendment, and notice of the execution of this Fourth Amendment, with the Office of the California Secretary of State within thirty (30) days of the effective date of the Fourth Amendment, as required by California Government Code section 6503.5.

IN WITNESS WHEREOF, the parties hereto have executed this Fourth Amendment by their duly authorized officers.

#### COUNTY OF FRESNO

| Dated:  | Ву:                     |
|---|-------------------------|
|   | Brian Pacheco, Chairman |
| REVIEWED AND RECOMMENDE<br>FOR APPROVAL<br>Jean Rousseau, County Administra |                         |
| Ву:   |                         |
| REVIEWED AS TO LEGAL FORM<br>Daniel C. Cederborg, County Cour<br>By:        |                         |
| ATTEST:   |                         |

Bernice E. Seidel

Clerk to the Board of Supervisors

| By:                                  |                              |
|--------------------------------------|------------------------------|
| CITY                                 | OF FOWLER                    |
| Dated:                               | By:<br>David Cardenas, Mayor |
| ATTEST:                              | ,                            |
| Jeannie David, City Clerk            | _                            |
| CITY                                 | OF KINGSBURG                 |
| Dated:                               | By:<br>Michelle Roman, Mayor |
| ATTEST:                              | ,,,                          |
| Abigail Palsgaard, City Clerk        |                              |
| CITY                                 | OF ORANGE COVE               |
| Dated:                               | By:<br>Victor Lopez, Mayor   |
| ATTEST:                              | violer zopoz, mayor          |
| June V. Lopez-Bracamontes, City Cler | k                            |
|                                      | ( O. F. D. A. D. J. F. D.    |
| CITY                                 | OF PARLIER                   |
| Dated:                               | By:<br>Armando Lopez, Mayor  |
| ATTEST:                              |                              |

| Dorothy Garza, City Clerk          |
|------------------------------------|
| CITY OF REEDLEY                    |
| Dated: By: Anita Betancourt, Mayor |
| ATTEST:                            |
| Sylvia Plata, City Clerk           |
| CITY OF SANGER                     |
| Dated: By: Frank Gonzalez, Mayor   |
| ATTEST:                            |
| Becky Hernandez, City Clerk        |
| CITY OF SELMA                      |
| Dated: By:<br>Michael Derr, Mayor  |
| ATTEST:                            |
| Reyna Rivera, City Clerk           |
| APPROVED AS TO FORM:               |
| Neal Costanzo, City Attorney       |

# MEMBER AGENCIES OF THE FIVE CITIES ECONOMIC DEVELOPMENT AUTHORITY

City of Fowler 128 South Fifth Street Fowler, CA 93625

City of Kingsburg 1401 Draper Street Kingsburg, CA 93631

City of Orange Cove 633 Sixth Street Orange Cove, CA 93646

City of Parlier 1100 East Parlier Avenue Parlier, CA 93648

> City of Reedley 1717 Ninth Street Reedley, CA 93654

City of Sanger 1700 Seventh Street Sanger, CA 93657

City of Selma 1710 Tucker Street Selma, CA 93662

County of Fresno 2200 Tulare Street, Room 304 Fresno, CA 93721

# FIVE CITES ECONOMIC DEVELOPMENT AUTHORITY Resolution No. 2017-2

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE FIVE CITIES ECONOMIC DEVELOPMENT AUTHORITY AUTHORIZING THE ACCEPTANCE OF THE CITY OF SELMA AS A MEMBER

WHEREAS, the Cities of Fowler, Parlier, Reedley, Sanger and Selma entered into that certain Amended Joint Powers Agreement creating the Five Cities Economic Development Authority (the "Agreement"); and

WHEREAS, the County of Fresno (the "County") heretofore has been added as a Member of the Authority effective November 16, 2004 and the City of Kingsburg heretofore has been added as a Member of the Authority effective December 5, 2006 and the City of Orange Cove has been added as a Member of the Authority effective September 27, 2010; and

WHEREAS, the City of Selma, by the authority of the City Council at a regular meeting, relinquished membership to the Five Cities Joint Powers Economic Development Authority effective April 20, 2015 and has hereby approved membership at a regular meeting effective June 5, 2017; hereby directed to execute an Amendment to the Joint Powers Agreement; and

WHEREAS, Article 21 of the Agreement permits a majority of the Board of the Member Agencies of the Authority to later add the City of Selma as a Member Agency of the Authority and as a signatory to the Agreement; and

WHEREAS, Article 26 of the Agreement permits a majority of the Member Agencies of the Authority and the County to agree to such addition of the City of Selma by way of an Amendment to the Agreement; and

WHEREAS, the Member Agencies have approved this Fourth Amendment to the Agreement (the "Third Amendment") and the City of Selma, authorize this Fourth Amendment.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of all the mutual benefits, covenants, and agreements contained herein, the City of Selma is a duly authorized member with all rights and privileges thereof.

#### CERTIFICATION

I do hereby certify that the foregoing is a full, true, and correct copy of a resolution duly and regularly approved at a meeting of the Five Cities Economic Development Authority held on June 26, 2017 by the following vote to wit:

AYES:

**BOARD MEMBERS: 5** 

NOES:

**BOARD MEMBERS: 0** 

ABSTAIN:

**BOARD MEMBERS: 0** 

ABSENT:

**BOARD MEMBERS: 0** 

Buddy Mendes, Chair

Five Cities Economic Development Authority

ATTECT:

Jacob Villagomez, Secretary



AGENDA ITEM:

M-A

**MEETING DATE:** 

September 6, 2017

DEPARTMENT:

Community Development

### REPORT TO CITY COUNCIL

SUBJECT:

City Council to Consider Approval of Site Plan for Fox Drug Store

**RECOMMENDATION:** 

Staff recommends that the City Council adopts Resolution No. 17-XX, approving the site plan for Dollar General.

**BACKGROUND:** 

Owner:

Lunny Ronnie Jung and Dianne Kwok Jung

Representative:

Nick Crawford, Don Pickett & Associates

Location:

North side of Manning Avenue, approximately 950 feet east of Mendocino Avenue; APN 355-031-55; Parcel 2 of Parcel Map No.

2009-01 (see discussion below); no address

See attached map and photo

Site Size:

0.65 acre (existing); 0.66 acre (proposed)

Zoning:

C-4, Central Trading District

General Plan:

Community Commercial

Existing Use:

Vacant

Surrounding Uses:

North – Vacant, multifamily residential; C-4, R-3 East – Vacant (approved Dollar General); M-1

South - Multifamily residential; R-3

West - Vacant; C-5

Street Access:

Manning Avenue via irrevocable easement

#### PROPOSAL & DISCUSSION:

The owners propose to construct an approximately 6,275-square-foot building on the north side of Manning Avenue east of Mendocino Avenue, immediately west of the recently-approved Dollar General retail store. The site is vacant, and is disked for weed control, reducing or eliminating its value as habitat. While the location of the project is identified as APN 355-031-55 (Parcel 2 of Parcel Map No. 2009-01), the actual site to be utilized varies slightly in size and shape, and would include a small portion of currently-designated APN 355-031-54 (the Dollar General parcel). In order to accommodate the extent of development proposed, a lot line adjustment will be needed, for which the property owners have applied as part of a separate application. The existing and proposed parcel lines are illustrated on the attached site plan.

As part of Parcel Map No. 2009-01, easements were recorded to allow ingress and egress across the four parcels along with utilities and drainage. These easements are also shown on the site plan. The primary easement is centered on the line currently dividing Parcel 1 from Parcel 2. The southwestern corner of the Dollar General parcel would be extended slightly to the west such that the entire width of the easement and the proposed drive approach would be on that parcel. The owner is working with Dollar General to revise the conditions, covenants, and restrictions (CC&Rs) affecting all four parcels so that these reciprocal provisions remain in place while accommodating the adjusted parcel lines.

The structure is proposed as a shell building ultimately intended to house multiple office and/or retail tenants. As individual uses are proposed, tenant improvements will be installed to accommodate those uses. Permitted (by-right) uses would be allowed subject to a business license and building/civil plan approval. Should a proposed use be subject to a conditional use permit, it would be brought before the City Council for consideration.

The peak parapet height is 22 feet; this is below the C-4 maximum of 75 feet. There are no lot area, lot dimension, lot coverage, or building spacing requirements, and no setback requirements unless the C-4 site abuts a residential zone district, which this site does not. The project will provide improved circulation and parking areas, with a total of 39 spaces. Signage has not been proposed, but will be required to comply with the City's review and approval processes.

The Manning Avenue frontage will be landscaped, with additional landscaped areas along the eastern and western property lines and north of the structure. A total of ten (10) parking lot trees will be provided, along with shrubs, bark, and other ground cover. The operator will be responsible for the long-term maintenance of site facilities and landscaping. Stormwater will ultimately make its way to Manning Avenue. The project does not propose any additional fencing or walls.

Manning Avenue south of the site is largely improved. The City is currently undertaking a project to complete the northern pavement edge and install sidewalk, curb, and gutter from the existing curb return at Mendocino Avenue to the western edge of the Stormax facility to the east of this site. The City project will include installation of three drive approaches at locations identified by previously-approved development proposals: two associated with Parcel Map No. 2007-02 (Rite Aid), and the third with Parcel Map No. 2009-01 (Parlier Medical Center). The third drive approach coincides with the location of the easement for ingress and egress to the Dollar General site discussed earlier.

In the short term, access to this site will be via the Dollar General drive approach. The drive approach will offer full-access turning movements into and out of the site. As part of the Dollar General project, the median island south of the opening will be redesigned and reconstructed to allow this movement. The preliminary design for the median island reconstruction is shown on the site plan. Upon future development of the area to the west, an additional point of access from that area will be installed.

The site plan, floor plan, and elevations/perspective drawings are attached.

#### ANALYSIS:

In conjunction with the 14-parcel area to the west, this location was intended to serve as a primary office and commercial center within Parlier. The proposed development will be among the first in the area, and may help attract other businesses to the northeast of Manning and Mendocino.

#### Site Plan Review

Prior to approving a site plan, the City Council must make findings as prescribed by Parlier Municipal Code Section 18.40.040:

- 1. The project complies with all provisions of the Zoning Ordinance.

  The site is zoned C-4 Central Trading. The proposed use is permitted subject to approval of a site plan, and meets development standards related to lot area, dimensions, building height, setbacks, space between buildings, lot coverage, parking, access, and signage.
- 2. The following are so arranged that traffic congestion is avoided an pedestrian and vehicular safety are protected, and there will be no adverse effect on surrounding property:
  - a. Facilities and improvements

    The site plan indicates a logical layout of facilities typical for office development and consistent with the approved uses in the vicinity.
  - b. Vehicular ingress, egress, and internal circulation
    The project will have access to Manning Avenue, a super arterial street, via
    an irrevocable easement to a drive approach allowing full turning movements.
    Internal circulation provides access to onsite parking, and allows for future
    connection to abutting parcels. Circulation and parking are arranged to
    accommodate both passenger vehicles and trucks or larger vehicles.
  - c. Setbacks

    The project site does not abut a residential district, so there are no applicable setbacks.
  - d. Height of buildings

    The peak height of the proposed structures is 22 feet, which does not exceed the 75-foot maximum.
  - e. Location of service

    Water service is available in Manning Avenue and within the vacant parcels
    to the west. Sewer connection is available within the vacant parcel to the
    northwest. The project will surface drain to Manning Avenue.
  - f. Walls
    No fences or walls are proposed. Any future fences and walls will conform to
    the requirements of City of Parlier Standard Drawing Nos. M-3 to M-7.
  - g. Landscaping
    The project is required to provide a landscaping plan for review and approval
    by the Community Development Department. It would install landscaping
    along the Manning Avenue frontage as well as along its east and west
    property lines. Ten (10) parking lot trees will be installed and maintained
    along with various shrubs and ground cover
- 3. Proposed lighting is so arranged as to reflect the light away from adjoining properties.

The project is required to provide a lighting plan for the review and approval of the City Engineer. Said plan will indicate location, direction, and illumination levels of all lighting.

4. Proposed signs will not by size, location, color, or lighting interfere with traffic or limit visibility.

All signage must be approved pursuant to the standards and guidelines of the Parlier Municipal Code prior to installation.

#### **Environmental**

The first step in complying with CEQA is to determine whether the activity in question constitutes a "project" as defined by CEQA, Public Resources Code Section 21000, et seq. and the CEQA Guidelines, California Code of Regulations Section 15000, et seq. A "project" consists of the whole of an action (i.e. not the individual pieces or components) that may have a direct or reasonably foreseeable indirect effect on the environment. The second step is to determine whether the project is subject to or exempt from the statute. This proposal qualifies as a project under CEQA because it involves the issuance to a person of a "lease, permit, license, certificate, or other entitlement for use" as described in CEQA Guidelines Section 15378. However, the City has determined that the project is exempt from CEQA under CEQA Guidelines Section 15332, In-fill Development Projects. This category includes projects meeting the following criteria:

- 1. The project is consistent with the General Plan and the Zoning Ordinance;
- 2. The site is within the city limits and is no more than five acres in size;
- 3. The project has no value as habitat for endangered species.
- 4. The project would not result in significant effects related to traffic, noise, air quality, or water quality; and
- 5. The site can be served by all required utilities and services.

As described herein, the project meets the required criteria.

#### FISCAL IMPACT:

The project is subject to the City's Pipeline Project Development Impact Fee Incentive Program, under which development fees collected are reduced to 50% of what would otherwise be collected, excepting public safety fees. Fees collected for the project are outlined in the conditions of approval, and amount to \$7,630.30.

Fees for review and processing of applications and construction drawings are typically borne by the applicant, and are not affected by the Incentive Program.

Prepared By:

Neffrey O'Neal, AICP Contract City Planner

for Samuel Escobar City Manager



**AGENDA ITEM:** 

MEETING DATE:

September 6, 2017

DEPARTMENT:

Community **Development** 

## REPORT TO CITY COUNCIL

#### SUBJECT:

City Council to Consider Approval of Site Plan for Fox Drug Store

#### RECOMMENDATION:

Staff recommends that the City Council adopts Resolution No. 17-XX, approving the site plan for Dollar General.

#### **BACKGROUND:**

Owner:

Lunny Ronnie Jung and Dianne Kwok Jung

Representative:

Nick Crawford, Don Pickett & Associates

Location:

North side of Manning Avenue, approximately 950 feet east of Mendocino Avenue; APN 355-031-55; Parcel 2 of Parcel Map No.

2009-01 (see discussion below); no address

See attached map and photo

Site Size:

0.65 acre (existing); 0.66 acre (proposed)

Zoning:

C-4, Central Trading District

General Plan:

**Community Commercial** 

Existing Use:

Vacant

Surrounding Uses:

North - Vacant, multifamily residential; C-4, R-3 East - Vacant (approved Dollar General); M-1

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Street Access:

Manning Avenue via irrevocable easement

#### PROPOSAL & DISCUSSION:

The owners propose to construct an approximately 6,275-square-foot building on the north side of Manning Avenue east of Mendocino Avenue, immediately west of the recentlyapproved Dollar General retail store. The site is vacant, and is disked for weed control, reducing or eliminating its value as habitat. While the location of the project is identified as APN 355-031-55 (Parcel 2 of Parcel Map No. 2009-01), the actual site to be utilized varies slightly in size and shape, and would include a small portion of currently-designated APN 355-031-54 (the Dollar General parcel). In order to accommodate the extent of development proposed, a lot line adjustment will be needed, for which the property owners have applied as part of a separate application. The existing and proposed parcel lines are illustrated on the attached site plan.

As part of Parcel Map No. 2009-01, easements were recorded to allow ingress and egress across the four parcels along with utilities and drainage. These easements are also shown on the site plan. The primary easement is centered on the line currently dividing Parcel 1 from Parcel 2. The southwestern corner of the Dollar General parcel would be extended slightly to the west such that the entire width of the easement and the proposed drive approach would be on that parcel. The owner is working with Dollar General to revise the conditions, covenants, and restrictions (CC&Rs) affecting all four parcels so that these reciprocal provisions remain in place while accommodating the adjusted parcel lines.

The structure is proposed as a shell building ultimately intended to house multiple office and/or retail tenants. As individual uses are proposed, tenant improvements will be installed to accommodate those uses. Permitted (by-right) uses would be allowed subject to a business license and building/civil plan approval. Should a proposed use be subject to a conditional use permit, it would be brought before the City Council for consideration.

The peak parapet height is 22 feet; this is below the C-4 maximum of 75 feet. There are no lot area, lot dimension, lot coverage, or building spacing requirements, and no setback requirements unless the C-4 site abuts a residential zone district, which this site does not. The project will provide improved circulation and parking areas, with a total of 39 spaces. Signage has not been proposed, but will be required to comply with the City's review and approval processes.

The Manning Avenue frontage will be landscaped, with additional landscaped areas along the eastern and western property lines and north of the structure. A total of ten (10) parking lot trees will be provided, along with shrubs, bark, and other ground cover. The operator will be responsible for the long-term maintenance of site facilities and landscaping. Stormwater will ultimately make its way to Manning Avenue. The project does not propose any additional fencing or walls.

Manning Avenue south of the site is largely improved. The City is currently undertaking a project to complete the northern pavement edge and install sidewalk, curb, and gutter from the existing curb return at Mendocino Avenue to the western edge of the Stormax facility to the east of this site. The City project will include installation of three drive approaches at locations identified by previously-approved development proposals: two associated with Parcel Map No. 2007-02 (Rite Aid), and the third with Parcel Map No. 2009-01 (Parlier Medical Center). The third drive approach coincides with the location of the easement for ingress and egress to the Dollar General site discussed earlier.

In the short term, access to this site will be via the Dollar General drive approach. The drive approach will offer full-access turning movements into and out of the site. As part of the Dollar General project, the median island south of the opening will be redesigned and reconstructed to allow this movement. The preliminary design for the median island reconstruction is shown on the site plan. Upon future development of the area to the west, an additional point of access from that area will be installed.

The site plan, floor plan, and elevations/perspective drawings are attached.

#### ANALYSIS:

In conjunction with the 14-parcel area to the west, this location was intended to serve as a primary office and commercial center within Parlier. The proposed development will be among the first in the area, and may help attract other businesses to the northeast of Manning and Mendocino.

#### Site Plan Review

Prior to approving a site plan, the City Council must make findings as prescribed by Parlier Municipal Code Section 18.40.040:

- 1. The project complies with all provisions of the Zoning Ordinance.

  The site is zoned C-4 Central Trading. The proposed use is permitted subject to approval of a site plan, and meets development standards related to lot area, dimensions, building height, setbacks, space between buildings, lot coverage, parking, access, and signage.
- 2. The following are so arranged that traffic congestion is avoided an pedestrian and vehicular safety are protected, and there will be no adverse effect on surrounding property:
  - a. Facilities and improvements

    The site plan indicates a logical layout of facilities typical for office development and consistent with the approved uses in the vicinity.
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    an irrevocable easement to a drive approach allowing full turning movements.
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    connection to abutting parcels. Circulation and parking are arranged to
    accommodate both passenger vehicles and trucks or larger vehicles.
  - c. Setbacks The project site does not abut a residential district, so there are no applicable setbacks.
  - d. Height of buildings The peak height of the proposed structures is 22 feet, which does not exceed the 75-foot maximum.
  - e. Location of service

    Water service is available in Manning Avenue and within the vacant parcels
    to the west. Sewer connection is available within the vacant parcel to the
    northwest. The project will surface drain to Manning Avenue.
  - f. Walls
    No fences or walls are proposed. Any future fences and walls will conform to
    the requirements of City of Parlier Standard Drawing Nos. M-3 to M-7.
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All signage must be approved pursuant to the standards and guidelines of the Parlier Municipal Code prior to installation.

#### **Environmental**

The first step in complying with CEQA is to determine whether the activity in question constitutes a "project" as defined by CEQA, Public Resources Code Section 21000, *et seq.* and the CEQA Guidelines, California Code of Regulations Section 15000, *et seq.* A "project" consists of the whole of an action (i.e. not the individual pieces or components) that may have a direct or reasonably foreseeable indirect effect on the environment. The second step is to determine whether the project is subject to or exempt from the statute. This proposal qualifies as a project under CEQA because it involves the issuance to a person of a "lease, permit, license, certificate, or other entitlement for use" as described in CEQA Guidelines Section 15378. However, the City has determined that the project is exempt from CEQA under CEQA Guidelines Section 15332, In-fill Development Projects. This category includes projects meeting the following criteria:

- 1. The project is consistent with the General Plan and the Zoning Ordinance:
- 2. The site is within the city limits and is no more than five acres in size;
- 3. The project has no value as habitat for endangered species.
- 4. The project would not result in significant effects related to traffic, noise, air quality, or water quality; and
- The site can be served by all required utilities and services.

As described herein, the project meets the required criteria.

#### FISCAL IMPACT:

The project is subject to the City's Pipeline Project Development Impact Fee Incentive Program, under which development fees collected are reduced to 50% of what would otherwise be collected, excepting public safety fees. Fees collected for the project are outlined in the conditions of approval, and amount to \$7,630.30.

Fees for review and processing of applications and construction drawings are typically borne by the applicant, and are not affected by the Incentive Program.

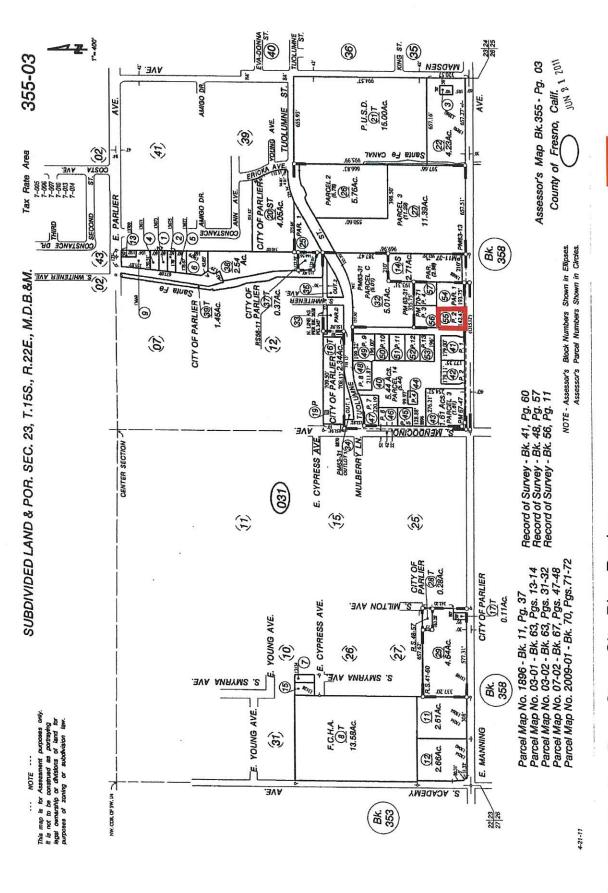
Prepared By:

Netfrey O'Neal, AICP Contract City Planner

for Samuel Escobar City Manager



City of Parlier Fox Drug Store Site Plan Review APN 355-031-55 No Address



City of Parlier Fox Drug Store Site Plan Review APN 355-031-55 No Address

Project Site