

Date: October 14, 2019 (Monday)

Time: 6:30 p.m.

Place: City Council Chambers

145 N. Magnolia

Woodlake, CA 93286

In compliance with the Americans with Disabilities Act and the California Ralph M. Brown Act, if you need special assistance to participate in this meeting, including auxiliary aids, translation requests, or other accommodations, or to be able to access this agenda and documents in the agenda packet, please contact City Hall at 559-564-8055 at least 3 days prior to the meeting.

The full agenda including staff reports and supporting materials are available at City Hall.

I. CALL TO ORDER & WELCOME

II. PLEDGE OF ALLEGIANCE

III. PUBLIC COMMENTS

This portion of the meeting is reserved for persons wishing to address the Council on items within its jurisdiction but not on this agenda. NOTE: Prior to action by the Council on any item on this agenda, the public may comment on that item. Unscheduled comments may be limited to 3 minutes.

All items on the Consent Agenda are considered to be routine and non-controversial by City staff and will be approved by one motion if no member of the Council or public wishes to comment or ask questions. Items pulled from the Calendar will be considered separately.

IV. CONSENT CALENDAR –ACTION AND INFORMATION ITEMS

Request Approval of the Consent Calendar Action Items (IV A-C)

- A. Action: Approval of Minutes of the regular meeting held on September 23, 2019 (Pages 1-4)
- B. Action: Approval of Warrants (Pages 5-69)
- C. Action: Adoption of Resolution: Approval of the September 2019 Monthly Report of Investments (Pages 70-72)

V. ACTION/DISCUSSION ITEMS

- A. Information: Swearing In: Officer Zach Fleeman, Officer Juan Gonzalez, Officer Kevin Wheat
- B. Information: Presentation by Sol Nunez, MidValley Disposal
- C. Information: Presentation from Greater Kaweah Groundwater Sustainability Agency Regarding the Groundwater Sustainability Plan
- D. Action: Adoption of Resolution: Appointment of _____ to Serve on the City of Woodlake City Council from October 14, 2019 through December 31, 2022 (Pages 73-75)
- E. Action: Adoption of Resolution: Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code – **PUBLIC HEARING** (Pages 76-85)
- F. Action: Adoption of Resolution: Extend Expiration Date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision) (Pages 86-88)
- G. Action: Adoption of Resolution: Select QK, Inc. to Perform Engineering Design Services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project (Pages 89-95)
- H. Action: Adoption of Resolution: Approval of the Parking Restrictions Within City Limits that Prohibits Street Parking for Vehicles on Naranjo Blvd. from Acacia St. to Mulberry St. (Pages 96-97)

VI. OTHER BUSINESS

- A. Information: Items from Staff
- B. Information: Items from Council Member
- C. Request from Council Members for Future Agenda Items

VII. CLOSED SESSION

As provided in the Ralph M. Brown Act, Government Code sections 54950 et seq., the Governing Board may meet in closed session with members of its staff and its attorneys. These sessions are not open to the public and may not be attended by members of the public. The matters the Council will meet on in closed session are identified below or are those matters appropriately identified in open session as requiring immediate attention and arising after the posting of the agenda. Any public reports of action taken in the closed session will be made in accordance with Government Code sections 54957.1

“Documents: If distributed to the Council less than 72 hours before a regular meeting, any public records which are subject to public inspection and pertain to an open-session item on the regular meeting agenda shall be available at the following address at the time they are distributed to a majority of the Council: 350 North Valencia Boulevard, Woodlake, California 93286. Public records distributed to the Council at a public meeting will be available to the public at such meeting if they were prepared by the City.

Exemptions and details in Government Code § 54957.5 (a) shall apply.”

II. ADJOURN

The next scheduled City Council meeting will be held on Monday, October 28, 2019 at 6:30 p.m. at City Council Chambers located at 145 N. Magnolia, Woodlake, CA 93286.

City Council:

Rudy Mendoza - Mayor

Frances Ortiz - Vice Mayor

Greg Gonzalez Jr. - Councilmember

Jose L. Martinez - Councilmember

PRESENT: Councilmembers Mendoza, Ortiz & Martinez
OTHERS: Lara, Waters, Marquez, Brownson & Zacarias
ABSENT:

FLAG SALUTE

PUBLIC COMMENT

Lucky Oldfield, 35802 Road 180, Woodlake – Mr. Oldfield reported there are two events coming up for everyone to enjoy. On every 4th Saturday of the month, the airport has an Open Hangar Day which allows the public to visit the hangar. On Saturday, October 5th, the Woodlake Flying Tigers EAA Chapter #1292 will host Fly for Food from 8 am to 2 pm. Bring a bag of unopened, non-perishable food to be donated to the Woodlake area food bank and receive a free ride aboard one of the small EAA club member's airplane around the Woodlake area. Last year 1300 lbs. of food were donated to the food bank and all the members would like to make this year even more successful. Also, George Benson will host a day where Veterans may fly for free. If anyone is interested, please contact Lucky or George early to reserve your spot.

IV. CONSENT CALENDAR –ACTION AND INFORMATION ITEMS

Request Approval of the Consent Calendar Action Items (IV. A-C)

- A. Action: Approval of Minutes of the regular meeting held on September 9, 2019
- B. Action: Approval of Warrants
- C. Action: Adoption of Resolution: Approval of the August 2019 Monthly Report of Investments

ON A MOTION BY ORTIZ, SECOND BY MARTINEZ IT WAS VOTED TO APPROVE THE CONSENT CALENDAR. APPROVED UNANIMOUSLY.

V. ACTION/DISCUSSION ITEMS

- A. Action: Adoption of Resolution: Approval of Expenditure Plan for Local Law Enforcement Funds as Authorized by Assembly Bill 3229-**PUBLIC HEARING**
Chief Marquez reported the following: Assembly Bill (AB) 3229 declares that there is a need for additional resources at the local level to fight crime and protect public safety. To do so, AB 3229 creates the Citizens Option for Public Safety (COPS) Program. The bill allocates money to cities and counties for law enforcement and public safety purposes. The City of Woodlake was awarded \$100,000 in COPS funds for the current fiscal year. This same amount has been awarded annually to the City for the past decade. The City of Woodlake has posted a notice for public hearing to invite the public to comment on the proposed expenditures. COPS funds must be used on front line law enforcement services and may not be used to supplant existing law enforcement services. "Front line law enforcement services" is not specifically defined, but it includes "anti-gang" and "community crime prevention programs". There is no provision in AB 3229 permitting requests for funding to be made directly by community activists to the town council.

**PUBLIC COMMENT OPEN 6:35 PM
PUBLIC COMMENT CLOSE 6:35 PM**

ON A MOTION BY MARTINEZ, SECOND BY ORTIZ IT WAS VOTED TO ADOPT THE RESOLUTION AND APPROVE THE EXPENDITURE PLAN FOR THE LOCAL LAW ENFORCEMENT FUNDS. APPROVED UNANIMOUSLY.

- B. Action: Adoption of Resolution: City of Woodlake 2018-2019 Impact Fee Report
PUBLIC HEARING

City Administrator Lara reported the following: The City of Woodlake collects impact fees on new development to fund new or expanded infrastructure as needed to provide services and capacity related to water, water treatment, water collection, storm drain and parks and recreation. The City is required to conduct a public hearing annually within 180 days after the last day of each fiscal year and report on the impact fees collected and spent for the past fiscal year as per Government Code Section 66006.

**PUBLIC HEARING OPEN 6:38 PM
PUBLIC HEARING CLOSED 6:38 PM**

ON A MOTION BY ORTIZ, SECOND BY MARTINEZ IT WAS VOTED TO ADOPT THE RESOLUTION AND APPROVE THE CITY OF WOODLAKE 2018-2019 MPACT FEE SCHEDULE. APPROVED UNANIMOUSLY.

- C. Action: Adoption of Resolution: Approval to Appoint an Ad Hoc Advisory Committee to Recommend a Candidate to Replace Council Member Louie Lopez
City Clerk Zacarias reported the following: On August 19, 2019, Councilmember Louie Lopez submitted his letter of resignation as a Woodlake City Council Member to City Administrator Ramon Lara. Councilmember Louie Lopez's term was to expire December 2022. At the September 9, 2019, City Council meeting Council accepted the resignation of Louie Lopez and instructed staff to accept applications for a new Council Member to complete the remainder of the term. Applications will be received until October 4, 2019. At the same meeting Council instructed staff to work on the formation of an Ad Hoc Committee made up of two Council Members to interview potential candidates and make a recommendation on a candidate to fill the current vacant Council seat for the remainder of the term. When Council previously had to appoint an Ad Hoc Committee for the replacement of a Councilmember the Committee was compromised of the Mayor and Vice-Mayor. Council would appoint the two members to work on the Committee.
ON A MOTION BY MARTINEZ, SECOND BY ORTIZ IT WAS VOTED TO ADOPT THE RESOLUTION AND APPOINT AN AD HOC COMMITTEE. APPROVED UNANIMOUSLY.

- D. Action: Adoption of Resolution: Approve the Notice of Completion for the City of Woodlake South Valencia ADA Project
City Administrator Lara reported the following: The City of Woodlake South Valencia ADA Project constructed curb, gutters, ramps, sidewalks and storm drain improvements on South Valencia Boulevard (SR 245) from Bravo Avenue south to the Wutchumna Ditch. The project was funded with Minor SHOPP, Measure R and Local Funds. The engineer's estimate for the project was one million five hundred and sixty-six thousand dollars. At the August 13, 2018, City Council meeting the project was awarded to Bill Nelson General Engineering Construction, Inc. in the amount of one million six hundred and thirteen thousand six hundred and eighty-five dollars (\$1,613,685.00). The project had fourteen total change orders totaling one hundred and sixty-nine thousand four hundred and twenty-nine dollars and eleven cents (\$169,429.11) list of change orders is attached. Most of the change order work was to add streetlights and replace sewer laterals. The total cost of the project was one million seven hundred and eighty-three thousand one hundred and fourteen dollars and eleven cents (\$1,783,114.11).

ON A MOTION BY ORTIZ, SECOND BY MARTINEZ IT WAS VOTED TO ADOPT THE RESOLUTION AND APPROVE THE NOTICE OF COMPLETION FOR THE CITY OF WOODLAKE SOUTH VALENCIA ADA PROJECT. APPROVED UNANIMOUSLY.

VI. OTHER BUSINESS

A. Information: Items from Staff

Community Services Director Waters – Reported the GSA will have a draft report available soon for viewing. Also, GSA representative will be attending a council meeting to discuss report.

City Administrator Lara – Reported the Parks and Rec. soccer league is going well. The property at Blair and Ropes is currently in the cleaning process and is potentially a site for an industrial park.

Chief Marquez – Reported the Police and Fire Department will be hosting a National Night Out on October 5th from 5 pm to 9 pm at Miller Brown Park.

B. Information from Council

Vice-Mayor Ortiz -Reported she really enjoyed Mariachifest. It was a great event.

Councilmember Martinez – Reported he is happy to see how many kids are participating in the Soccer program.

Mayor Mendoza – Reported TCOE is having a Create TC Arts Coalition on October 3rd from 7:30 am to 10:30 am. QK is having their Client Appreciation Celebration on October 18th from 4:30 pm to 7:30 pm. Mayor Mendoza also attended a conference in DC and the topic of discussion was Air Quality Rules. Mayor Mendoza and his wife are celebrating 25 years married and congratulations also to Councilmember Martinez and his wife for celebrating 43 years of marriage.

VII. CLOSED SESSION

NOTICE TO THE PUBLIC

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VIII. ADJOURN

The next scheduled City Council meeting will be held on Monday, October 14, 2019 at 6:30 p.m. at City Council Chambers located at 145 N. Magnolia, Woodlake, CA 93286.

City Council:

Rudy Mendoza - Mayor

Frances Ortiz - Vice Mayor

Greg Gonzalez Jr. - Councilmember

Jose L. Martinez - Councilmember

Meeting adjourned at 7:00 PM

Submitted by,

Irene Zacarias

City Clerk

City of Woodlake
Summary of Disbursements and Payroll
City Council Meeting October 14, 2019

PAYROLL

9/27/2019 (City)	\$58,311.43
9/27/2019 (Fire)	\$18,375.65

Gross Payroll	\$76,687.08
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DISBURSMENTS / WARRANTS

10/10/2019	\$367,878.99
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Total Disbursements	\$367,878.99
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WIRES

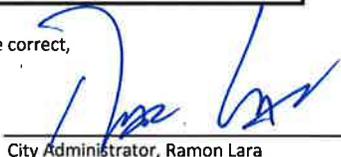
PAYROLL TAX WIRE	CITY	\$ 11,746.05
	FIRE	\$ 4,979.22

USDA - Water Loan
 USDA - Sewer Loan
 USDA - Airport Loan
 USDA - Fire Truck Loan

Total Wire Amount Sent Out	\$ 16,725.27
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Amount to be Approved	\$ 461,291.34
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I, Ramon Lara, certify under penalty of perjury that the above listed accounts are correct, due and payable to the best of my knowledge.



 City Administrator, Ramon Lara

**Passed and adopted at a regular meeting of the City Council of the
 City of Woodlake on the 14th day of October 2019.
 by the following vote:**

Ayes:
Noes:
Absent:
Abstain:

 Mayor, Rudy Mendoza

 City Clerk, Irene Zacarias

PERIOD 2 DATING 9/08/2019- 9/21/2019 CHECK DATE 9/27/2019
DIRECT DEPOSIT IS TURNED ON

CHECK NUMBER	CHECK AMOUNT	CODE	CHECK SEQ
48807	1,613.17	220	1 STUB ONLY
48808	4,206.13	208	1 STUB ONLY
48809	2,210.67	210	1 STUB ONLY
48810	1,038.02	206	1 STUB ONLY
48811	2,904.86	212	1 STUB ONLY
48812	2,341.73	207	1 STUB ONLY
48813	1,161.41	173	1 STUB ONLY
48814	1,736.98	571	1 STUB ONLY
48815	1,335.13	576	1 STUB ONLY
48816	1,628.48	568	1 STUB ONLY
48817	2,105.70	539	1 STUB ONLY
48818	1,897.84	575	1 STUB ONLY
48819	1,182.33	555	1 STUB ONLY
48820	1,664.40	564	1 STUB ONLY
48821	2,219.38	572	1 STUB ONLY
48822	3,108.35	549	1 STUB ONLY
48823	1,579.31	566	1 STUB ONLY
48824	2,030.90	554	1 STUB ONLY
48825	2,878.80	577	1 STUB ONLY
48826	1,808.16	215	1 STUB ONLY
48827	1,820.70	134	1 STUB ONLY
48828	1,218.63	223	1 STUB ONLY
48829	2,044.97	218	1 STUB ONLY
48830	1,048.79	222	1 STUB ONLY
48831	1,405.02	216	1 STUB ONLY
48832	1,801.52	219	1 STUB ONLY
48833	1,389.96	159	1 STUB ONLY
48834	2,227.85	209	1 STUB ONLY
48835	1,653.40	211	1 STUB ONLY
48836	1,107.72	214	1 STUB ONLY
48837	1,941.12	188	1 STUB ONLY

PERIOD 2 DATING 9/08/2019- 9/21/2019 CHECK DATE 9/27/2019
 DIRECT DEPOSIT IS TURNED ON

CHECK NUMBER	CHECK AMOUNT	EMPLOYEE/BANK/VENDOR NAME	CODE	CHECK SEQ
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TOTALS FOR CHECK FORM: STUB

NEGOTIABLE CHECKS	AMOUNT	NAME	COUNTS
	0.00	*EMPLOYEE CHECKS	0
	0.00	*VENDOR CHECKS	0
	0.00	*BANK CHECKS	0
	0.00	**TOTAL NEGOTIABLE CHECKS	0

OTHER CHECKS

	0.00	*MANUAL CHECKS	0
	0.00	*CANCELLED CHECKS	0
	0.00	**TOTAL FOR CHECK FORM	

NON-NEGOTIABLE CHECKS

	58,311.43	*DIRECT DEPOSIT STUBS	31
	0.00	*VENDOR DIR DEP STUBS	0

PAY INFORMATION

F E A T U R E D I S T R I B U T I O N

RUN- 9/25/2019 11:13:17 PAGE 1

GROSS PAY

CITY-GROSS REPORT-PAYROLL #07-3Q FY19/20
09/08/19-09/21/19 - PAY DAY 09/27/19

PR4B0R-V14.08

Paymate

EMP #	CUR AMT	CUR HRS	
223	1,346.25	86.50	
215	2,579.66	82.34	
571	2,398.08	93.00	
214	2,433.96	83.50	
576	1,660.00	82.00	
568	2,103.54	80.00	
159	1,814.51	86.66	
220	2,048.00	85.00	
539	2,996.38	80.00	
575	2,408.85	94.00	
188	2,525.23	80.00	
555	1,547.54	80.00	
209	2,799.85	80.00	
564	2,103.69	80.00	
208	5,859.84	80.00	
173	1,812.46	80.00	
572	2,873.93	107.00	
549	4,603.85	80.00	
566	2,582.28	90.00	
554	2,469.23	80.00	
210	2,997.70	80.00	
577	3,720.00	80.00	
211	2,876.29	80.00	
206	1,547.55	80.00	
218	2,357.23	114.00	
222	1,278.75	83.50	
216	1,760.35	83.00	
219	2,021.39	96.00	
134	2,621.93	92.00	
212	4,228.16	80.00	
207	2,846.31	80.00	
PAGE TOTALS ***	31 EMPLOYEES	79,222.79	2,638.50
FEATURE TOTALS *	31 EMPLOYEES	79,222.79	2,638.50

PAY INFORMATION

O/T T-1/2 03

F E A T U R E D I S T R I B U T I O N

CITY-O/T REPORT-PAYROLL #07-3Q FY19/20
09/08/19-09/21/19 - PAY DAY 09/27/19

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PR4B0R-V14.08

Paymate

EMP #	CUR AMT	CUR HRS
223	146.25	6.50
215	102.12	2.34
571	465.08	13.00
214	139.12	3.50
576	60.00	2.00
159	201.43	6.66
220	175.54	5.00
575	500.85	14.00
572	965.93	27.00
566	394.44	10.00
218	917.70	34.00
222	78.75	3.50
216	93.74	3.00
219	431.86	16.00
134	472.40	12.00
PAGE TOTALS ***	15 EMPLOYEES	5,145.21
FEATURE TOTALS *	15 EMPLOYEES	5,145.21
		158.50

PERIOD 2 DATING 9/08/2019- 9/21/2019 CHECK DATE 9/27/2019
 DIRECT DEPOSIT IS TURNED ON

CHECK NUMBER	CHECK AMOUNT	CODE	CHECK SEQ
48798	4,065.24	4044	1 STUB ONLY
48799	217.40	4023	1 STUB ONLY
48800	1,196.79	4042	1 STUB ONLY
48801	449.24	4036	1 STUB ONLY
48802	4,065.24	4048	1 STUB ONLY
48803	150.50	4026	1 STUB ONLY
48804	2,251.59	4018	1 STUB ONLY
48805	1,752.90	4022	1 STUB ONLY
48806	4,226.75	4041	1 STUB ONLY

TOTALS FOR CHECK FORM: STUB

NEGOTIABLE CHECKS	COUNTS
0.00 *EMPLOYEE CHECKS	0
0.00 *VENDOR CHECKS	0
0.00 *BANK CHECKS	0
0.00 **TOTAL NEGOTIABLE CHECKS	0

OTHER CHECKS

0.00 *MANUAL CHECKS	0
0.00 *CANCELLED CHECKS	0
0.00 **TOTAL FOR CHECK FORM	

NON-NEGOTIABLE CHECKS

18,375.65 *DIRECT DEPOSIT STUBS	9
0.00 *VENDOR DIR DEP STUBS	0

PAY INFORMATION

F E A T U R E D I S T R I B U T I O N

RUN- 9/25/2019 11:13:05 PAGE 1
PR4B0R-V14.08 Paymate

GROSS PAY

FIRE-GROSS REPORT-PAYROLL #07-3Q FY19/20
09/08/19-09/21/19 - PAY DAY 09/27/19

EMP #	CUR AMT	CUR HRS
4044	4,781.70	207.00
4023	264.00	24.00
4042	1,624.24	112.00
4036	528.00	48.00
4048	4,781.70	207.00
4026	165.00	15.00
4018	2,856.27	80.00
4022	2,027.10	112.00
4041	5,477.81	255.00
PAGE TOTALS ***	22,505.82	1,060.00
9 EMPLOYEES		
FEATURE TOTALS *	22,505.82	1,060.00
9 EMPLOYEES		

BANK	VENDOR	CHECK#	DATE	AMOUNT
BANK BANK OF THE SIERRA				
001819	IMMEDIATE CARE MEDICAL G	14086	10/14/19	66.38
001870	PRECISION REHAB & OROTHO	14087	10/14/19	88.38
001525	KAWEAH DELTA MEDICAL FOU	14088	10/14/19	145.59
001525	KAWEAH DELTA MEDICAL FOU	14089	10/14/19	55.21
001569	VALLEY CHILDRENS HOSPITA	14090	10/14/19	243.99
001733	DEMERA MD/RICHARD	14091	10/14/19	50.32
001525	KAWEAH DELTA MEDICAL FOU	14092	10/14/19	5.00
001525	KAWEAH DELTA MEDICAL FOU	14093	10/14/19	45.00
001525	KAWEAH DELTA MEDICAL FOU	14094	10/14/19	45.00
001870	PRECISION REHAB & OROTHO	14095	10/14/19	45.00
001235	PRO PT	14096	10/14/19	22.50
001242	KAWEAH DELTA MEDICAL CEN	14097	10/14/19	1,480.80
001819	IMMEDIATE CARE MEDICAL G	14098	10/14/19	132.76
001525	KAWEAH DELTA MEDICAL FOU	14099	10/14/19	69.49
001285	VISALIA FAMILY PRACTICE	14100	10/14/19	94.64
001525	KAWEAH DELTA MEDICAL FOU	14101	10/14/19	105.50
001926	THE NEPHROLOGY GROUP	14102	10/14/19	43.58
001525	KAWEAH DELTA MEDICAL FOU	14103	10/14/19	31.92
001236	LAB CORP. OF AMERICA	14104	10/14/19	74.88
000783	AFLAC	67600	10/11/19	496.02
000944	AMERIPRIDE UNIFORM SERVI	67601	10/11/19	551.88
.91003	ANGULO/ESMERALDA	67602	10/11/19	122.60
001114	AT & T MOBILITY	67603	10/11/19	395.68
001212	AT&T	67604	10/11/19	255.45
001801	AT&T (NEW)	67605	10/11/19	1,152.54
001913	AUTOZONE STORE 4485	67606	10/11/19	38.69
001888	AVENU IN (FKA CONDUENT)	67607	10/11/19	3,204.81
000464	AWARDS & SIGNS UNLIMITED	67608	10/11/19	75.95
000364	B. S. & E. CO. INC.	67609	10/11/19	568.88
000334	BANK OF AMERICA	67610	10/11/19	2,171.05
001373	BATTERY SYSTEMS	67611	10/11/19	624.99
001315	BILL WALL'S DIRECT APPRO	67612	10/11/19	436.12
000351	BSK ASSOCIATES	67613	10/11/19	750.00
000915	CA STATE DISBURSEMENT UN	67614	10/11/19	430.14
000956	CA STATE DISBURSEMENT UN	67615	10/11/19	700.60
001089	CA TURF EQUIPMENT & SUPP	67616	10/11/19	376.66
001199	CALIF BUILDING STDS COMM	67617	10/11/19	100.00
001350	CALIFORNIA CHOICE	67618	10/11/19	29,899.05
001748	CALIFORNIA STATE	67619	10/11/19	801.22
001144	CALIFORNIA STATE DISBURS	67620	10/11/19	50.00
001750	CENTRAL VALLEY TOXICOLOG	67621	10/11/19	146.00
000964	CIVIL AIR PATROL MAGAZIN	67622	10/11/19	495.00
000863	CRAIGS AUTO PARTS	67623	10/11/19	1,103.18
001716	CWEA TCP	67624	10/11/19	89.00
001920	D.M.V. RENEWAL	67625	10/11/19	10.00
000107	DEPARTMENT OF CONSERVATI	67626	10/11/19	313.33
000753	DEPARTMENT OF JUSTICE	67627	10/11/19	436.00
001887	DIRECT TV	67628	10/11/19	92.86

BANK	VENDOR	CHECK#	DATE	AMOUNT
BANK BANK OF THE SIERRA				
001441	DORADO/DENISE K.	67629	10/11/19	1,200.00
001875	E.D.I.S.	67630	10/11/19	865.00
001666	EXETER PLUMBING CO.	67631	10/11/19	950.00
000887	FERGUSON ENTERPRISES, IN	67632	10/11/19	990.43
001764	FIRST DATA GLOBAL LEASIN	67633	10/11/19	31.76
000898	FOOTHILLS SUN-GAZETTE/TH	67634	10/11/19	1,292.50
000196	FRESNO OXYGEN	67635	10/11/19	27.33
000283	FRUIT GROWERS SUPPLY CO.	67636	10/11/19	1,259.46
001900	G&S SERVICES	67637	10/11/19	489.85
.91001	GAONA/JUVENAL	67638	10/11/19	144.22
000025	GAS COMPANY/THE	67639	10/11/19	177.39
000252	GIANT AUTO GROUP	67640	10/11/19	318.27
001723	GRISWOLD,LASALLE,COBB,	67641	10/11/19	722.20
000846	GUARDIAN-APPLETON	67642	10/11/19	3,167.19
000497	HAAKER EQUIPMENT COMPANY	67643	10/11/19	1,971.07
001339	HAMNER JEWELL ASSOCIATES	67644	10/11/19	363.82
001343	HEALTH WISE SERVICES	67645	10/11/19	150.00
001923	HIGH SIERRA AG INC	67646	10/11/19	7,205.00
000807	IDEA PRINTING & GRAPHICS	67647	10/11/19	315.93
000688	ISU INSURANCE SERVICES	67648	10/11/19	7,145.00
001419	JACKSON MOBILE GLASS	67649	10/11/19	169.00
000129	JENSEN & PILEGARD	67650	10/11/19	2.52
000542	K R C SAFETY CO., INC.	67651	10/11/19	319.71
001168	KNIGHTS OF COLUMBUS	67652	10/11/19	100.00
.90903	LEMUS/MARIA G	67653	10/11/19	90.00
001799	MENDEZ CONCRETE PUMPING	67654	10/11/19	278.00
001796	MIDWEST MOTOR SUPPLY	67655	10/11/19	10.06
001729	MOTHER LODE CONCRETE COM	67656	10/11/19	937.90
001815	NUTRIEN AG SOLUTIONS	67657	10/11/19	1,021.14
000038	OFFICE DEPOT	67658	10/11/19	298.67
001154	PORTERVILLE/ CITY OF	67659	10/11/19	540.00
001087	PROTECTION ONE	67660	10/11/19	60.92
000022	QUAD - KNOPF	67661	10/11/19	10,037.88
001924	QUADRAPLEX	67662	10/11/19	303.62
000476	RODRIQUEZ/TONY	67663	10/11/19	150.00
000983	ROLAND R. ROSALES	67664	10/11/19	1,981.00
001127	SANTA FE AGGREGATES, INC	67665	10/11/19	338.00
001706	SCI CONSULTING GROUP	67666	10/11/19	2,793.76
000291	SIERRA AUTO & TRUCK REPA	67667	10/11/19	560.00
000731	SIERRA SANITATION	67668	10/11/19	743.00
.91002	SOLIS/ANGELICA	67669	10/11/19	168.19
000024	SOUTHERN CALIF EDISON CO	67670	10/11/19	5,598.28
001178	SPENCE FENCE COMPANY INC	67671	10/11/19	800.00
001605	ST JOHN'S RIVER	67672	10/11/19	330.00
001145	STANTEC CONSULTING SERVI	67673	10/11/19	844.00
001098	STILLWELL/DAVID	67674	10/11/19	6,904.31
000280	SWRCB FEES	67675	10/11/19	180.00
001284	TEAMSTERS LOCAL UNION NO	67676	10/11/19	352.00

BANK	VENDOR	CHECK#	DATE	AMOUNT	
BANK BANK OF THE SIERRA					
001124	TF TIRE & SERVICE	67677	10/11/19	980.22	
001473	TOP DOG TRAINING CENTER	67678	10/11/19	3,300.00	
001727	TRANSUNION RISK AND ALTE	67679	10/11/19	50.00	
001453	TULARE CO. SHERIFF'S OFF	67680	10/11/19	394.16	
000868	TULARE COUNTY (868)	67681	10/11/19	16,598.00	
000031	TULARE COUNTY GER SER AC	67682	10/11/19	302.99	
001520	ULINE	67683	10/11/19	1,100.09	
000726	UNITED RENTALS NORTHWES	67684	10/11/19	2,477.66	
001806	UPHOLSTERY BY BRENT	67685	10/11/19	250.00	
001210	US BANK	67686	10/11/19	1,261.28	
001696	VALENTI/MARY	67687	10/11/19	800.00	
000141	VALLEY IND & FAM MED GRP	67688	10/11/19	137.66	
000832	VERIZON WIRELESS	67689	10/11/19	816.98	
000428	VISALIA/CITY OF	67690	10/11/19	1,000.05	
000027	WOODLAKE GROWERS SUPPLY	67691	10/11/19	38.77	
000028	WOODLAKE HARDWARE CO	67692	10/11/19	1,036.00	
000206	WOODLAKE UNIFIED SCHOOL	67693	10/11/19	4,178.28	
BANK OF THE SIERRA				148,154.16	***

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
AFLAC SUPPLMNTL INS 10/2019	496.02	ACCIDENT & DIS INS WITHH	001.0000.200.038		628464		394 00047
AMERIPRIDE UNIFORM SERVI UNIFORM SERVICE 10/2019	254.65	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		SEPT 2019		394 00214
UNIFORM SERVICE 10/19	19.71	UNIFORM ALLOWANCE	001.0418.050.011		SEPT 2019		394 00215
UNIFORM SERVICE 10/19	2.46	UNIFORM ALLOWANCE	021.0424.050.011		SEPT 2019		394 00216
UNIFORM SERVICE 10/2019	219.31	UNIFORM ALLOWANCE	062.0462.050.011		SEPT 2019		394 00217
UNIFORM SERVICE 10/2019	55.75	UNIFORM ALLOWANCE	063.0463.050.011		SEPT 2019		394 00218
	551.88	*VENDOR TOTAL					
ANGULO/ESMERALDA WTR DEP RFND 10/2019	122.60	UTILITY DEPOSITS	001.0000.200.034		128 HERMOSA		394 00132
AT & T MOBILITY FD CELL PHONES 10/2019	395.68	TELEPHONE	004.0414.060.020		15422749		394 00065
AT&T OFFICE PHONES 10/2019	58.70	SPECIAL DEPARTMENT EXPEN	001.0410.060.029				394 00051
SHOP DEPT PHONES 10/19	89.46	TELEPHONE	001.0418.060.020				394 00052
WATER DEPT PHONES 10/19	19.56	TELEPHONE	063.0463.060.020				394 00053
SEWER DEPT PHONES 10/19	19.56	TELEPHONE	062.0462.060.020				394 00054
AIRPORT ATM LINE 10/19	19.57	UTILITIES	041.0441.060.021				394 00055
CALNET3 10/2019	48.60	TELEPHONE	004.0414.060.020		13647753		394 00087
	255.45	*VENDOR TOTAL					
AT&T (NEW) FD INTERNET USE 10/19	75.07	TELEPHONE	004.0414.060.020		4483550509		394 00028
GENERAL ADMIN 10/2019	5.30	TELEPHONE	001.0402.060.020		4483550509		394 00029
CITY CLERK 10/2019	5.22	TELEPHONE	001.0403.060.020		4483550509		394 00030
FINANCE 10/2019	9.56	TELEPHONE	001.0404.060.020		4483550509		394 00031
PLANNING 10/2019	6.01	TELEPHONE	001.0405.060.020		4483550509		394 00032
BLDNG INSPECTION 10/2019	4.27	TELEPHONE	001.0415.060.020		4483550509		394 00033
PBL WRKS/ENGNRNG 10/19	8.69	TELEPHONE	001.0416.060.020		4483550509		394 00034
PARKS 10/2019	30.27	TELEPHONE	001.0421.060.020		4483550509		394 00035
STREETS 10/2019	11.70	TELEPHONE	001.0422.060.020		4483550509		394 00036
REFUSE 10/2019	85.13	TELEPHONE	061.0461.060.020		4483550509		394 00037
SEWER 10/2019	237.92	TELEPHONE	062.0462.060.020		4483550509		394 00038
WATER DEPT 10/2019	181.32	TELEPHONE	063.0463.060.020		4483550509		394 00039
TRANSIT 10/2019	15.33	TELEPHONE	021.0424.060.020		4483550509		394 00040
PD INTERNET USE 10/19	225.29	TELEPHONE	001.0411.060.020		4483550509		394 00041
RD YRD INTRNET USE 10/19	75.07	TELEPHONE	001.0418.060.020		4483550509		394 00042
CTY HALL PHONES 10/2019	88.20	TELEPHONE	001.0410.060.020		5072700505		394 00043
PD PHONES 10/19	88.19	TELEPHONE	001.0411.060.020		5072700505		394 00044
	1,152.54	*VENDOR TOTAL					
AUTOZONE STORE 4485 SUPPLIES 09/2019	38.69	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		4485035580		394 00005

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
AVENU IN (FKA CONDUENT) MNTNLY APP HSTNG 10/19	3,204.81	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		006610		394 00063
AWARDS & SIGNS UNLIMITED SPONSOR BANNER 10/2019	75.95	SPONSOR FEES	001.0306.000.072		6855		394 00022
B. S. & E. CO. INC. VIBRATOR/CNCRTE 10/19	37.06	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		202391		394 00007
EASYSTRIP/FREIGHT 10/19	531.82	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		202625		394 00236
	568.88	*VENDOR TOTAL					
BANK OF AMERICA							
OFFICE SUPPLIES 10/2019	13.99	OFFICE SUPPLIES	004.0414.060.023				394 00186
OFFICE SUPPLIES 10/2019	15.74	OFFICE SUPPLIES	004.0414.060.023				394 00187
OFFICE SUPPLIES 10/19	9.95	OFFICE SUPPLIES	004.0414.060.023				394 00188
OFFICE SUPPLIES 10/2019	23.47	OFFICE SUPPLIES	004.0414.060.023				394 00189
TRAINING 10/2019	36.62	TRAINING EXPENSE	004.0414.060.037				394 00190
POSTAGE 10/2019	1.30	POSTAGE	004.0414.060.022				394 00191
FIRE STATN MAINT 10/2019	28.99	FIRE STATION MAINTENANC	004.0414.060.034				394 00192
VEHICLE MAINT. 10/2019	6.68	VEHICLE MAINTENANCE/OPER	004.0414.060.032				394 00193
RADIO & PAGER 10/2019	54.38	RADIO & PAGER MAINTENANC	004.0414.060.033				394 00194
RADIO & PAGER 10/2019	84.80	RADIO & PAGER MAINTENANC	004.0414.060.033				394 00195
FIRE STN MAINT 10/2019	195.00	FIRE STATION MAINTENANC	004.0414.060.034				394 00196
TRAINING 10/2019	154.00	TRAINING EXPENSE	004.0414.060.037				394 00197
FIRE PREVENTION 10/2019	1,384.35	FIRE PREVENTION	004.0414.060.041				394 00198
OOC 10/2019	30.01	TRAVEL, CONFERENCES & MT	004.0414.060.030				394 00199
OOC 10/2019	29.23	TRAVEL, CONFERENCES & MT	004.0414.060.030				394 00200
FIRE STN MAINT 10/2019	40.84	FIRE STATION MAINTENANC	004.0414.060.034				394 00201
HH FIRE STATION 10/2019	51.28	HOUSEHOLD FIRE STATION	004.0414.060.016				394 00202
VEHICLE MAINT 10/2019	10.42	VEHICLE MAINTENANCE/OPER	004.0414.060.032				394 00203
	2,171.05	*VENDOR TOTAL					
BATTERY SYSTEMS WWTf 10/2019	624.99	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		5093855		394 00011
BILL WALL'S DIRECT APPRO SERVICES 10/2019	66.68	CONTRACTURAL SERVICES	001.0411.060.028		16127		394 00015
SERVICES 10/2019	279.44	CONTRACTURAL SERVICES	001.0411.060.028		16128		394 00014
SERVICES 10/2019	90.00	CONTRACTURAL SERVICES	001.0411.060.028		16139		394 00046
	436.12	*VENDOR TOTAL					
BSK ASSOCIATES							
WEEKLY EFFLUENT 10/2019	185.00	CONTRACTURAL SERVICES	062.0462.060.028		A926167		394 00006
BACTI 10/2019	90.00	CONTRACTURAL SERVICES	063.0463.060.028		A926750		394 00008
WEEKLY EFFLUENT 10/19	73.00	CONTRACTURAL SERVICES	062.0462.060.028		A926918		394 00009
BACTI 10/2019	90.00	CONTRACTURAL SERVICES	063.0463.060.028		A927352		394 00105
WEEKLY EFFLUENT 10/2019	102.00	CONTRACTURAL SERVICES	062.0462.060.028		A927396		394 00106
BACTI 10/2019	210.00	CONTRACTURAL SERVICES	063.0463.060.028		A927579		394 00113
	750.00	*VENDOR TOTAL					

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
CA STATE DISBURSEMENT UN EMPLOYEE W/HLDNGS 10/19	430.14	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00219
CA STATE DISBURSEMENT UN EMPLOYEE W/HLDNGS 10/2019	700.60	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00222
CA TURF EQUIPMENT & SUPP STRTR SLNOID SHFT 10/19	251.30	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		426959		394 00004
SUPPLIES 10/2019	28.92	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427541		394 00109
HANDLE MOLDING 10/19	19.92CR	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427542		394 00110
STARTER ASSY 10/2019	53.93	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		427543		394 00108
SUPPLIES 10/2019	62.43	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427699		394 00111
	376.66	*VENDOR TOTAL					
CALIF BUILDING STDS COMM CA BLD STND COMM 10/19	100.00	BUILDING PERMITS	001.0302.000.022		JULY-SEPT.2019		394 00096
CALIFORNIA CHOICE							
CITY EMPLOYEES 10/19	146.23	HEALTH INSURANCE	001.0402.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	312.29	HEALTH INSURANCE	001.0403.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	453.80	HEALTH INSURANCE	001.0404.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	181.96	HEALTH INSURANCE	001.0405.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	459.62	HEALTH INSURANCE	001.0415.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	127.54	HEALTH INSURANCE	001.0416.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,071.81	HEALTH INSURANCE	001.0418.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	303.60	HEALTH INSURANCE	001.0421.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	264.09	HEALTH INSURANCE	001.0422.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,073.80	HEALTH INSURANCE	061.0461.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	5,398.90	HEALTH INSURANCE	062.0462.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	4,028.66	HEALTH INSURANCE	063.0463.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,230.05	HEALTH INSURANCE	021.0424.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	283.54	HEALTH INSURANCE	029.0429.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	52.19	HEALTH INSURANCE	001.0406.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	62.81	HEALTH INSURANCE	060.0460.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	6.58	HEALTH INSURANCE	072.0472.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	6.58	HEALTH INSURANCE	086.0486.050.008		NOV 2019		394 00176
CTY INS W/H EMP 10/2019	3,400.00	HEALTH INSURANCE WITHHEL	001.0000.200.031		NOV 2019		394 00177
FIRE EXPENSE 10/2019	3,700.64	HEALTH INSURANCE	004.0414.050.008		NOV 2019		394 00178
FIRE INS W/H EMP 10/19	337.04	HEALTH INSURANCE WITHHEL	004.0000.200.031		NOV 2019		394 00179
PD EXPENSE 10/2019	6,997.32	HEALTH INSURANCE	001.0411.050.008		NOV 2019		394 00180
	29,899.05	*VENDOR TOTAL					
CALIFORNIA STATE EMPLOYEE W/HLDNGS 10/2019	801.22	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00223
CALIFORNIA STATE DISBURS EMPLOYEE W/HLDNGS 10/19	50.00	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00221
CENTRAL VALLEY TOXICOLOG TOXICOLOGY REPORT 10/19	146.00	CONTRACTURAL SERVICES	001.0411.060.028		292541		394 00103

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
CIVIL AIR PATROL MAGAZIN 1/4 PG AD 10/19	495.00	SPECIAL DEPARTMENT EXPEN	041.0441.060.029	RL 1122443		394 00024
CRAIGS AUTO PARTS						
LED LAMP 10/2019	29.21	VEHICLE MAINTENANCE/OPER	004.0414.060.032	718746		394 00158
OIL/FILTER 10/2019	27.30	VEHICLE MAINTENANCE/OPER	004.0414.060.032	718749		394 00159
ANTIFREEZE GALL 10/19	29.33	VEHICLE MAINTENANCE/OPER	004.0414.060.032	718783		394 00160
GLSS CLNR/ABSRBR 10/19	27.14	VEHICLE MAINTENANCE/OPER	004.0414.060.032	719221		394 00161
BATTERY 10/2019	174.99	VEHICLE MAINTENANCE/OPER	062.0462.060.032	719391		394 00119
FLASHER-ELECTRIC 10/19	30.43	VEHICLE MAINT/OPERATIONS	021.0424.060.032	719690		394 00120
CREDIT 10/2019	1.41CR	SPECIAL DEPARTMENT EXPEN	001.0418.060.029	719838		394 00121
BATTERY 10/2019	129.61	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	719879		394 00122
BRAKE PADS 10/2019	533.73	VEHICLE MAINTENANCE/OPER	001.0411.060.032	719948		394 00123
DISK BRAKE 10/2019	13.03	SPECIAL DEPARTMENT EXPEN	001.0418.060.029	719967		394 00124
AIR FILTER 10/2019	27.44	VEHICLE MAINTENANCE/OPER	004.0414.060.032	719985		394 00162
13MM 12P COM WREN 10/19	10.27	SPECIAL DEPARTMENT EXPEN	001.0418.060.029	719997		394 00125
MEGUIARS CAR WSH 10/19	14.12	CONTRACTURAL SERVICES	001.0411.060.028	720087		394 00126
SUPPLIES 10/2019	19.35	VEHICLE MAINTENANCE/OPER	062.0462.060.032	720098		394 00127
JUMP CAB 10/2019	23.91	SPECIAL DEPARTMENT EXPEN	060.0460.060.029	720417		394 00128
AMG125 FUSE 10/2019	7.68	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	720434		394 00129
FUSE HLDR/FUSE 10/2019	7.05	VEHICLE MAINTENANCE/OPER	004.0414.060.032	720495		394 00163
	1,103.18	*VENDOR TOTAL				
CWEA TCP CWEA RNEWL ORNELAS 10/19	89.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	OCTOBER 2019		394 00019
D.M.V. RENEWAL PTI SERVICE FEE 10/19	10.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	LP#49C8736		394 00064
DEMERA MD/RICHARD ALLERGY 10/2019	50.32	HEALTH INSURANCE	001.0411.050.008			406 00006
DEPARTMENT OF CONSERVATI STRNG MOTION 10/2019	313.33	BUILDING PERMITS	001.0302.000.022	JULY-SEPT.2019		394 00097
DEPARTMENT OF JUSTICE BLD ALCHL ANALYSIS 10/19	35.00	CONTRACTURAL SERVICES	001.0411.060.028	405416		394 00012
FINGERPRINT 10/2019	401.00	CONTRACTURAL SERVICES	001.0411.060.028	407751		394 00210
	436.00	*VENDOR TOTAL				
DIRECT TV FIRE STATION 10/2019	92.86	UTILITIES	004.0414.060.021	36719182464		394 00080
DORADO/DENISE K. EMPLEE W/HLDNGS 10/19	1,200.00	GARNISHMENT OF WAGES WIT	001.0000.200.033	OCT. 2019		394 00220
E.D.I.S.						
EMPLYEES & RETREES 10/19	9.69	HEALTH INSURANCE	001.0403.050.008	NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	14.08	HEALTH INSURANCE	001.0404.050.008	NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	5.64	HEALTH INSURANCE	001.0405.050.008	NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	14.26	HEALTH INSURANCE	001.0415.050.008	NOV. 2019		394 00267

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
E. D. I. S.						
EMPLOYEEES & RETREES 10/19	3.95	HEALTH INSURANCE	001.0416.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	33.26	HEALTH INSURANCE	001.0418.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	9.42	HEALTH INSURANCE	001.0421.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	8.19	HEALTH INSURANCE	001.0422.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	33.33	HEALTH INSURANCE	061.0461.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	167.58	HEALTH INSURANCE	062.0462.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	125.04	HEALTH INSURANCE	063.0463.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	38.18	HEALTH INSURANCE	021.0424.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	8.80	HEALTH INSURANCE	029.0429.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	1.62	HEALTH INSURANCE	001.0406.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	1.94	HEALTH INSURANCE	060.0460.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	0.20	HEALTH INSURANCE	072.0472.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	0.20	HEALTH INSURANCE	086.0486.050.008	NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	4.62	HEALTH INSURANCE	001.0402.050.008	NOV. 2019		394 00267
PD EXPENSE 10/2019	240.00	HEALTH INSURANCE	001.0411.050.008	NOV. 2019		394 00268
FIRE DEPT. 10/2019	120.00	HEALTH INSURANCE	004.0414.050.008	NOV. 2019		394 00269
ADMIN. 10/2019	0.50	HEALTH INSURANCE	001.0403.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.73	HEALTH INSURANCE	001.0404.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.29	HEALTH INSURANCE	001.0405.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.74	HEALTH INSURANCE	001.0415.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.20	HEALTH INSURANCE	001.0416.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	1.73	HEALTH INSURANCE	001.0418.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.49	HEALTH INSURANCE	001.0421.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.42	HEALTH INSURANCE	001.0422.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	1.73	HEALTH INSURANCE	061.0461.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	8.72	HEALTH INSURANCE	062.0462.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	6.51	HEALTH INSURANCE	063.0463.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	1.98	HEALTH INSURANCE	021.0424.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.45	HEALTH INSURANCE	029.0429.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.08	HEALTH INSURANCE	001.0406.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.10	HEALTH INSURANCE	060.0460.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008	NOV. 2019		394 00270
ADMIN. 10/2019	0.31	HEALTH INSURANCE	001.0402.050.008	NOV. 2019		394 00270
	865.00	*VENDOR TOTAL				
EXETER PLUMBING CO. CMNTY CNTR SERVICE 10/19	950.00	PARKS AND REC EXPENSES	001.0421.060.042	119223		394 00084
FERGUSON ENTERPRISES, IN SUPPLIES 10/2019	990.43	SPECIAL DEPARTMENT EXPEN	063.0463.060.029	1493221		394 00086
FIRST DATA GLOBAL LEASIN LEASE FOR CC TRMNL 10/19	31.76	SPECIAL DEPARTMENT EXPEN	001.0410.060.029			394 00056
FOOTHILLS SUN-GAZETTE/TH WDLK HSLG ELEMENT 10/19	368.50	SPECIAL DEPARTMENT EXPEN	001.0402.060.029	55017		394 00204
CITY'S FISCAL YEAR 10/19	132.00	SPECIAL DEPARTMENT EXPEN	001.0402.060.029	55021		394 00205

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
FOOTHILLS SUN-GAZETTE/TH NOTICE OF VACANCY 10/19	71.50	CONTRACTURAL SERVICES	001.0402.060.028		55057		394 00025
7 PNTS/CNCRD CNTR 10/19	720.50	SPECIAL DEPARTMENT EXPEN	001.0402.060.029		55065		394 00206
	1,292.50	*VENDOR TOTAL					
FRESNO OXYGEN MEDICAL OXYGEN 10/2019	27.33	MEDICAL SUPPLIES	004.0414.060.040		6244650		394 00164
FRUIT GROWERS SUPPLY CO. ADPTR/BUSHNG/ADPTR 10/19	18.43	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083467		394 00239
CREDIT 10/19	12.17	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083514		394 00238
BARB HOSE/BUSHING 10/19	16.61	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083516		394 00237
CLMP VCTALIC CPLR 10/19	41.07	CONTRACTURAL SERVICES	001.0421.060.028		92083585		394 00240
ADPTR QUICK ALUM 10/19	17.60	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92084121		394 00241
ADPTR QUICK ALUM 10/19	17.60	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92084758		394 00242
SUPPLIES 10/2019	240.46	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92084883		394 00243
SUPPLIES 10/2019	57.62	ORCHARD EXPENSES	062.0462.060.046		92085033		394 00248
SUPPLIES 10/19	15.22	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085177		394 00245
BUSHING 10/019	1.76	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085193		394 00247
COUPLER PVC 10/2019	0.72	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085227		394 00246
COUPLR SLIP REPR 10/19	13.32	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92085303		394 00244
PREFILTER 10/2019	25.72	ORCHARD EXPENSES	062.0462.060.046		92085721		394 00250
SUPPLIES 10/2019	74.48	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92085951		394 00249
COUPLERS 10/2019	6.51	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086391		394 00251
SUPPLIES 10/2019	143.44	ORCHARD EXPENSES	062.0462.060.046		92086491		394 00252
SUPPLIES 10/2019	201.29	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086623		394 00254
SUPPLIES 10/2019	16.32	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086673		394 00253
TUBE FEEDER 10/2019	4.96	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086751		394 00255
CNTRLLR/SOLENOID 10/2019	123.25	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92087255		394 00256
SUPPLIES 10/2019	32.05	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92087355		394 00257
SUPPLIES 10/2019	55.68	ORCHARD EXPENSES	062.0462.060.046		92088469		394 00258
A.ORNELAS BOOTS 10/2019	147.52	UNIFORM ALLOWANCE	062.0462.050.011		92088862		394 00259
	1,259.46	*VENDOR TOTAL					
G&S SERVICES VEHICLE RPR E-286 10/19	169.95	VEHICLE MAINTENANCE/OPER	004.0414.060.032		252		394 00172
VEHICLE RPR P-86 10/2019	319.90	VEHICLE MAINTENANCE/OPER	004.0414.060.032		253		394 00171
	489.85	*VENDOR TOTAL					
GAONA/JUVENAL WTR DEP REFUND 10/19	144.22	UTILITY DEPOSITS	001.0000.200.034		171 S.MGNLIA A		394 00130
GAS COMPANY/THE CTY BUILDINGS 10/19	104.25	UTILITIES	001.0410.060.021				394 00077
CITY YARD 10/2019	14.79	UTILITIES	001.0418.060.021				394 00078
325 E. ANTELOPE 10/19	17.27	UTILITIES	004.0414.060.021				394 00089
FIRE STATION 10/2019	25.40	UTILITIES	004.0414.060.021				394 00090
120 N. MAGNOLIA 10/2019	15.68	UTILITIES	004.0414.060.021				394 00091
	177.39	*VENDOR TOTAL					

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
GIANT AUTO GROUP							
SERVICES WPD 10/2019	61.35	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376058		394 00115
SERVICES 10/2019	69.75	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376073		394 00116
SERVICES 10/2019	59.42	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376086		394 00157
SERVICES 10/2019	70.91	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376111		394 00209
SERVICES 10/2019	56.84	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376134		394 00208
	318.27	*VENDOR TOTAL					
GRISWOLD, LASALLE, COBB, CITY COUNCIL 10/2019	647.50	LEGAL SERVICES - RETAINE	001.0410.060.025				394 00100
472 OLV LN ABTMNT 10/19	74.70	LEGAL SERVICES - RETAINE	001.0402.060.025				394 00101
	722.20	*VENDOR TOTAL					
GUARDIAN-APPLETON							
EMPLYER CNTRBTNS 10/19	14.56	HEALTH INSURANCE	001.0402.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	30.96	HEALTH INSURANCE	001.0403.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	44.99	HEALTH INSURANCE	001.0404.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	18.04	HEALTH INSURANCE	001.0405.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	45.56	HEALTH INSURANCE	001.0415.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	12.64	HEALTH INSURANCE	001.0416.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	106.26	HEALTH INSURANCE	001.0418.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	30.09	HEALTH INSURANCE	001.0421.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	26.18	HEALTH INSURANCE	001.0422.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	106.45	HEALTH INSURANCE	061.0461.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	535.25	HEALTH INSURANCE	062.0462.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	399.40	HEALTH INSURANCE	063.0463.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	121.94	HEALTH INSURANCE	021.0424.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	28.11	HEALTH INSURANCE	029.0429.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	5.17	HEALTH INSURANCE	001.0406.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	6.22	HEALTH INSURANCE	060.0460.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	0.65	HEALTH INSURANCE	072.0472.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	0.65	HEALTH INSURANCE	086.0486.050.008		OCTOBER 2019		394 00058
PD EMPLOYEES 10/2019	1,151.34	HEALTH INSURANCE	001.0411.050.008		OCTOBER 2019		394 00059
FIRE DEPT EMPLOYEES 10/19	482.73	HEALTH INSURANCE	004.0414.050.008		OCTOBER 2019		394 00060
	3,167.19	*VENDOR TOTAL					
HAAKER EQUIPMENT COMPANY							
BLADE KIT 10/2019	82.43	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		C55483		394 00010
SUPPLIES 10/2019	1,888.64	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		C56035		394 00235
	1,971.07	*VENDOR TOTAL					
HAMNER JEWELL ASSOCIATES PRE AQSTN/RW AQSTN 10/19	363.82	CONTRACTURAL SERVICES	023.0590.744.028		10507		394 00207
HEALTH WISE SERVICES KIOSK MED WASTE 10/2019	150.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		54450		394 00227
HIGH SIERRA AG INC SITE SPRAY 10/2019	1,925.00	ORCHARD EXPENSES	062.0462.060.046		2942		394 00092

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
HIGH SIERRA AG INC							
SITE SPRAY 10/2109	1,870.00	ORCHARD EXPENSES	062.0462.060.046		3082		394 00093
SITE SPRAY 10/2019	3,410.00	ORCHARD EXPENSES	062.0462.060.046		3556		394 00094
	7,205.00	*VENDOR TOTAL					
IDEA PRINTING & GRAPHICS							
REGULAR ENVELOPES 10/19	315.93	OFFICE SUPPLIES	001.0410.060.023		104768		394 00026
IMMEDIATE CARE MEDICAL G							
PHYSICIAN VISIT 10/2019	66.38	HEALTH INSURANCE	001.0411.050.008				406 00001
SERVICES 10/2019	132.76	HEALTH INSURANCE	001.0411.050.008				406 00013
	199.14	*VENDOR TOTAL					
ISU INSURANCE SERVICES							
INS. & BONDING 10/2019	7,145.00	INSURANCE & BONDING	004.0414.060.027		12601		394 00079
JACKSON MOBILE GLASS							
WINDSHIELD CHIPS 10/19	169.00	CONTRACTURAL SERVICES	001.0411.060.028		IN2019-0024		394 00099
JENSEN & PILEGARD							
BOLT HEX 10/2019	2.52	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		411682		394 00228
K R C SAFETY CO., INC.							
SUPPLIES 10/2019	151.01	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		43960		394 00002
SHOVEL/RAR BCK TRN 10/19	43.92	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		43963		394 00001
SUPPLIES 10/2019	124.78	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		44113		394 00114
	319.71	*VENDOR TOTAL					
KAWEAH DELTA MEDICAL CEN							
OUT PTNT SURGERY 10/19	14.07	HEALTH INSURANCE	001.0402.050.008				406 00012
OUT PTNT SURGERY 10/19	29.90	HEALTH INSURANCE	001.0403.050.008				406 00012
OUT PTNT SURGERY 10/19	43.45	HEALTH INSURANCE	001.0404.050.008				406 00012
OUT PTNT SURGERY 10/19	17.42	HEALTH INSURANCE	001.0405.050.008				406 00012
OUT PTNT SURGERY 10/19	44.01	HEALTH INSURANCE	001.0415.050.008				406 00012
OUT PTNT SURGERY 10/19	12.21	HEALTH INSURANCE	001.0416.050.008				406 00012
OUT PTNT SURGERY 10/19	102.63	HEALTH INSURANCE	001.0418.050.008				406 00012
OUT PTNT SURGERY 10/19	29.07	HEALTH INSURANCE	001.0421.050.008				406 00012
OUT PTNT SURGERY 10/19	25.28	HEALTH INSURANCE	001.0422.050.008				406 00012
OUT PTNT SURGERY 10/19	102.82	HEALTH INSURANCE	061.0461.050.008				406 00012
OUT PTNT SURGERY 10/19	516.98	HEALTH INSURANCE	062.0462.050.008				406 00012
OUT PTNT SURGERY 10/19	385.77	HEALTH INSURANCE	063.0463.050.008				406 00012
OUT PTNT SURGERY 10/19	117.78	HEALTH INSURANCE	021.0424.050.008				406 00012
OUT PTNT SURGERY 10/19	27.15	HEALTH INSURANCE	029.0429.050.008				406 00012
OUT PTNT SURGERY 10/19	4.99	HEALTH INSURANCE	001.0406.050.008				406 00012
OUT PTNT SURGERY 10/19	6.01	HEALTH INSURANCE	060.0460.050.008				406 00012
OUT PTNT SURGERY 10/19	0.63	HEALTH INSURANCE	072.0472.050.008				406 00012
OUT PTNT SURGERY 10/19	0.63	HEALTH INSURANCE	086.0486.050.008				406 00012
	1,480.80	*VENDOR TOTAL					

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
KAWEAH DELTA MEDICAL FOU						
XRAYS 10/2019	1.45	HEALTH INSURANCE	001.0402.050.008			406 00003
XRAYS 10/2019	2.94	HEALTH INSURANCE	001.0403.050.008			406 00003
XRAYS 10/2019	4.27	HEALTH INSURANCE	001.0404.050.008			406 00003
XRAYS 10/2019	1.71	HEALTH INSURANCE	001.0405.050.008			406 00003
XRAYS 10/2019	4.32	HEALTH INSURANCE	001.0415.050.008			406 00003
XRAYS 10/2019	1.20	HEALTH INSURANCE	001.0416.050.008			406 00003
XRAYS 10/2019	10.09	HEALTH INSURANCE	001.0418.050.008			406 00003
XRAYS 10/2019	2.85	HEALTH INSURANCE	001.0421.050.008			406 00003
XRAYS 10/2019	2.48	HEALTH INSURANCE	001.0422.050.008			406 00003
XRAYS 10/2019	10.10	HEALTH INSURANCE	061.0461.050.008			406 00003
XRAYS 10/2019	50.82	HEALTH INSURANCE	062.0462.050.008			406 00003
XRAYS 10/2019	37.92	HEALTH INSURANCE	063.0463.050.008			406 00003
XRAYS 10/2019	11.58	HEALTH INSURANCE	021.0424.050.008			406 00003
XRAYS 10/2019	2.66	HEALTH INSURANCE	029.0429.050.008			406 00003
XRAYS 10/2019	0.49	HEALTH INSURANCE	001.0406.050.008			406 00003
XRAYS 10/2019	0.59	HEALTH INSURANCE	060.0460.050.008			406 00003
XRAYS 10/2019	0.06	HEALTH INSURANCE	072.0472.050.008			406 00003
XRAYS 10/2019	0.06	HEALTH INSURANCE	086.0486.050.008			406 00003
SERVICES 10/2019	0.59	HEALTH INSURANCE	001.0402.050.008			406 00004
SERVICES 10/2019	1.11	HEALTH INSURANCE	001.0403.050.008			406 00004
SERVICES 10/2019	1.62	HEALTH INSURANCE	001.0404.050.008			406 00004
SERVICES 10/2019	0.64	HEALTH INSURANCE	001.0405.050.008			406 00004
SERVICES 10/2019	1.64	HEALTH INSURANCE	001.0415.050.008			406 00004
SERVICES 10/2019	0.45	HEALTH INSURANCE	001.0416.050.008			406 00004
SERVICES 10/2019	3.82	HEALTH INSURANCE	001.0418.050.008			406 00004
SERVICES 10/2019	1.08	HEALTH INSURANCE	001.0421.050.008			406 00004
SERVICES 10/2019	0.94	HEALTH INSURANCE	001.0422.050.008			406 00004
SERVICES 10/2019	3.83	HEALTH INSURANCE	061.0461.050.008			406 00004
SERVICES 10/2019	19.27	HEALTH INSURANCE	062.0462.050.008			406 00004
SERVICES 10/2019	14.38	HEALTH INSURANCE	063.0463.050.008			406 00004
SERVICES 10/2019	4.39	HEALTH INSURANCE	021.0424.050.008			406 00004
SERVICES 10/2019	1.01	HEALTH INSURANCE	029.0429.050.008			406 00004
SERVICES 10/2019	0.18	HEALTH INSURANCE	001.0406.050.008			406 00004
SERVICES 10/2019	0.22	HEALTH INSURANCE	060.0460.050.008			406 00004
SERVICES 10/2019	0.02	HEALTH INSURANCE	072.0472.050.008			406 00004
SERVICES 10/2019	0.02	HEALTH INSURANCE	086.0486.050.008			406 00004
PHYSICIAN VISIT 10/19	0.13	HEALTH INSURANCE	001.0402.050.008			406 00007
PHYSICIAN VISIT 10/19	0.10	HEALTH INSURANCE	001.0403.050.008			406 00007
PHYSICIAN VISIT 10/19	0.14	HEALTH INSURANCE	001.0404.050.008			406 00007
PHYSICIAN VISIT 10/19	0.05	HEALTH INSURANCE	001.0405.050.008			406 00007
PHYSICIAN VISIT 10/19	0.14	HEALTH INSURANCE	001.0415.050.008			406 00007
PHYSICIAN VISIT 10/19	0.04	HEALTH INSURANCE	001.0416.050.008			406 00007
PHYSICIAN VISIT 10/19	0.34	HEALTH INSURANCE	001.0418.050.008			406 00007
PHYSICIAN VISIT 10/19	0.09	HEALTH INSURANCE	001.0421.050.008			406 00007
PHYSICIAN VISIT 10/19	0.08	HEALTH INSURANCE	001.0422.050.008			406 00007
PHYSICIAN VISIT 10/19	0.34	HEALTH INSURANCE	061.0461.050.008			406 00007
PHYSICIAN VISIT 10/19	1.74	HEALTH INSURANCE	062.0462.050.008			406 00007
PHYSICIAN VISIT 10/19	1.30	HEALTH INSURANCE	063.0463.050.008			406 00007
PHYSICIAN VISIT 10/19	0.39	HEALTH INSURANCE	021.0424.050.008			406 00007
PHYSICIAN VISIT 10/19	0.09	HEALTH INSURANCE	029.0429.050.008			406 00007

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
KAWEAH DELTA MEDICAL FOU						
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	001.0406.050.008			406 00007
PHYSICIAN VISIT 10/19	0.02	HEALTH INSURANCE	060.0460.050.008			406 00007
PHYSICIAN VISIT 10/19		HEALTH INSURANCE	072.0472.050.008			406 00007
PHYSICIAN VISIT 10/19		HEALTH INSURANCE	086.0486.050.008			406 00007
PHYSICIAN VISIT 10/2019	0.52	HEALTH INSURANCE	001.0402.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.90	HEALTH INSURANCE	001.0403.050.008			406 00008
PHYSICIAN VISIT 10/2019	1.32	HEALTH INSURANCE	001.0404.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.52	HEALTH INSURANCE	001.0405.050.008			406 00008
PHYSICIAN VISIT 10/2019	1.33	HEALTH INSURANCE	001.0415.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.37	HEALTH INSURANCE	001.0416.050.008			406 00008
PHYSICIAN VISIT 10/2019	3.11	HEALTH INSURANCE	001.0418.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.88	HEALTH INSURANCE	001.0421.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.76	HEALTH INSURANCE	001.0422.050.008			406 00008
PHYSICIAN VISIT 10/2019	3.12	HEALTH INSURANCE	061.0461.050.008			406 00008
PHYSICIAN VISIT 10/2019	15.71	HEALTH INSURANCE	062.0462.050.008			406 00008
PHYSICIAN VISIT 10/2019	11.72	HEALTH INSURANCE	063.0463.050.008			406 00008
PHYSICIAN VISIT 10/2019	3.57	HEALTH INSURANCE	021.0424.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.82	HEALTH INSURANCE	029.0429.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.15	HEALTH INSURANCE	001.0406.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.18	HEALTH INSURANCE	060.0460.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008			406 00008
PHYSICIAN VISIT 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008			406 00008
PHYSICIAN VISIT 10/19	0.52	HEALTH INSURANCE	001.0402.050.008			406 00009
PHYSICIAN VISIT 10/19	0.90	HEALTH INSURANCE	001.0403.050.008			406 00009
PHYSICIAN VISIT 10/19	1.32	HEALTH INSURANCE	001.0404.050.008			406 00009
PHYSICIAN VISIT 10/19	0.52	HEALTH INSURANCE	001.0405.050.008			406 00009
PHYSICIAN VISIT 10/19	1.33	HEALTH INSURANCE	001.0415.050.008			406 00009
PHYSICIAN VISIT 10/19	0.37	HEALTH INSURANCE	001.0416.050.008			406 00009
PHYSICIAN VISIT 10/19	3.11	HEALTH INSURANCE	001.0418.050.008			406 00009
PHYSICIAN VISIT 10/19	0.88	HEALTH INSURANCE	001.0421.050.008			406 00009
PHYSICIAN VISIT 10/19	0.76	HEALTH INSURANCE	001.0422.050.008			406 00009
PHYSICIAN VISIT 10/19	3.12	HEALTH INSURANCE	061.0461.050.008			406 00009
PHYSICIAN VISIT 10/19	15.71	HEALTH INSURANCE	062.0462.050.008			406 00009
PHYSICIAN VISIT 10/19	11.72	HEALTH INSURANCE	063.0463.050.008			406 00009
PHYSICIAN VISIT 10/19	3.57	HEALTH INSURANCE	021.0424.050.008			406 00009
PHYSICIAN VISIT 10/19	0.82	HEALTH INSURANCE	029.0429.050.008			406 00009
PHYSICIAN VISIT 10/19	0.15	HEALTH INSURANCE	001.0406.050.008			406 00009
PHYSICIAN VISIT 10/19	0.18	HEALTH INSURANCE	060.0460.050.008			406 00009
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	072.0472.050.008			406 00009
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	086.0486.050.008			406 00009
LAB/DIAGNOSTIC 10/19	0.75	HEALTH INSURANCE	001.0402.050.008			406 00014
LAB/DIAGNOSTIC 10/19	1.40	HEALTH INSURANCE	001.0403.050.008			406 00014
LAB/DIAGNOSTIC 10/19	2.03	HEALTH INSURANCE	001.0404.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.81	HEALTH INSURANCE	001.0405.050.008			406 00014
LAB/DIAGNOSTIC 10/19	2.06	HEALTH INSURANCE	001.0415.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.57	HEALTH INSURANCE	001.0416.050.008			406 00014
LAB/DIAGNOSTIC 10/19	4.81	HEALTH INSURANCE	001.0418.050.008			406 00014
LAB/DIAGNOSTIC 10/19	1.36	HEALTH INSURANCE	001.0421.050.008			406 00014
LAB/DIAGNOSTIC 10/19	1.18	HEALTH INSURANCE	001.0422.050.008			406 00014
LAB/DIAGNOSTIC 10/19	4.82	HEALTH INSURANCE	061.0461.050.008			406 00014

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
KAWEAH DELTA MEDICAL FOU						
LAB/DIAGNOSTIC 10/19	24.26	HEALTH INSURANCE	062.0462.050.008			406 00014
LAB/DIAGNOSTIC 10/19	18.10	HEALTH INSURANCE	063.0463.050.008			406 00014
LAB/DIAGNOSTIC 10/19	5.52	HEALTH INSURANCE	021.0424.050.008			406 00014
LAB/DIAGNOSTIC 10/19	1.27	HEALTH INSURANCE	029.0429.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.23	HEALTH INSURANCE	001.0406.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.28	HEALTH INSURANCE	060.0460.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.02	HEALTH INSURANCE	072.0472.050.008			406 00014
LAB/DIAGNOSTIC 10/19	0.02	HEALTH INSURANCE	086.0486.050.008			406 00014
SERVICES 10/19	31.92	HEALTH INSURANCE	001.0411.050.008			406 00016
SERVICES 10/2019	0.81	HEALTH INSURANCE	001.0402.050.008			406 00017
SERVICES 10/2019	1.48	HEALTH INSURANCE	001.0403.050.008			406 00017
SERVICES 10/2019	2.15	HEALTH INSURANCE	001.0404.050.008			406 00017
SERVICES 10/2019	0.86	HEALTH INSURANCE	001.0405.050.008			406 00017
SERVICES 10/2019	2.18	HEALTH INSURANCE	001.0415.050.008			406 00017
SERVICES 10/2019	0.60	HEALTH INSURANCE	001.0416.050.008			406 00017
SERVICES 10/2019	5.09	HEALTH INSURANCE	001.0418.050.008			406 00017
SERVICES 10/2019	1.44	HEALTH INSURANCE	001.0421.050.008			406 00017
SERVICES 10/2019	1.25	HEALTH INSURANCE	001.0422.050.008			406 00017
SERVICES 10/2019	5.10	HEALTH INSURANCE	061.0461.050.008			406 00017
SERVICES 10/2019	25.68	HEALTH INSURANCE	062.0462.050.008			406 00017
SERVICES 10/2019	19.16	HEALTH INSURANCE	063.0463.050.008			406 00017
SERVICES 10/2019	5.85	HEALTH INSURANCE	021.0424.050.008			406 00017
SERVICES 10/2019	1.34	HEALTH INSURANCE	029.0429.050.008			406 00017
SERVICES 10/2019	0.24	HEALTH INSURANCE	001.0406.050.008			406 00017
SERVICES 10/2019	0.29	HEALTH INSURANCE	060.0460.050.008			406 00017
SERVICES 10/2019	0.03	HEALTH INSURANCE	072.0472.050.008			406 00017
SERVICES 10/2019	0.03	HEALTH INSURANCE	086.0486.050.008			406 00017
LAB/DIAGNOSTIC 10/19	31.92	HEALTH INSURANCE	001.0411.050.008			406 00019
	502.71	*VENDOR TOTAL				
KNIGHTS OF COLUMBUS CLNG DEP REFUND 10/2019	100.00	DEPOSITS FORM OTHERS	001.0000.200.035	19-078		394 00057
LAB CORP. OF AMERICA LAB/DIAGNOSTIC 10/19	74.88	HEALTH INSURANCE	001.0411.050.008			406 00020
LEMUS/MARIA G SOCCER REFUND 10/19	90.00	SOCCER FEES	001.0306.000.073	RICHARD&DAVID		394 00016
MENDEZ CONCRETE PUMPING SERVICES 10/2019	278.00	CONTRACTURAL SERVICES	060.0460.060.028	944582		394 00018
MIDWEST MOTOR SUPPLY SP EXTRACTOR 10/19	10.06	SPECIAL DEPARTMENT EXPEN	001.0418.060.029	7432991		394 00104
MOTHER LODGE CONCRETE COM PEA GRAVEL PUMP 10/19	937.90	CONTRACTURAL SERVICES	060.0460.060.028	8469896		394 00023

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
NUTRIEN AG SOLUTIONS SNIPER 10/2019	1,021.14	ORCHARD EXPENSES	062.0462.060.046		40580651		394 00234
OFFICE DEPOT							
CDS/FOLDERS 10/19	118.73	OFFICE SUPPLIES	001.0410.060.023		374496609001		394 00262
PLANNER 10/2019	14.17	OFFICE SUPPLIES	001.0410.060.023		374499471001		394 00263
ENVELOPE CLSP CRDT 10/19	15.18CR	OFFICE SUPPLIES	001.0410.060.023		375450091001		394 00260
BINDERS 10/2019	108.95	OFFICE SUPPLIES	001.0410.060.023		375763657001		394 00261
POUCH LMNTR/PAPER 10/19	72.00	OFFICE SUPPLIES	001.0410.060.023		375834942001		394 00264
	298.67	*VENDOR TOTAL					
PORTERVILLE/ CITY OF ANIMAL CONTROL 10/2019	540.00	CONTRACTURAL SERVICES	001.0411.060.028		201909250653		394 00173
PRECISION REHAB & OROTHO							
PHYSICAL THERAPY 10/19	0.94	HEALTH INSURANCE	001.0402.050.008				406 00002
PHYSICAL THERAPY 10/19	1.78	HEALTH INSURANCE	001.0403.050.008				406 00002
PHYSICAL THERAPY 10/19	2.59	HEALTH INSURANCE	001.0404.050.008				406 00002
PHYSICAL THERAPY 10/19	1.03	HEALTH INSURANCE	001.0405.050.008				406 00002
PHYSICAL THERAPY 10/19	2.62	HEALTH INSURANCE	001.0415.050.008				406 00002
PHYSICAL THERAPY 10/19	0.72	HEALTH INSURANCE	001.0416.050.008				406 00002
PHYSICAL THERAPY 10/19	6.12	HEALTH INSURANCE	001.0418.050.008				406 00002
PHYSICAL THERAPY 10/19	1.73	HEALTH INSURANCE	001.0421.050.008				406 00002
PHYSICAL THERAPY 10/19	1.50	HEALTH INSURANCE	001.0422.050.008				406 00002
PHYSICAL THERAPY 10/19	6.13	HEALTH INSURANCE	061.0461.050.008				406 00002
PHYSICAL THERAPY 10/19	30.85	HEALTH INSURANCE	062.0462.050.008				406 00002
PHYSICAL THERAPY 10/19	23.02	HEALTH INSURANCE	063.0463.050.008				406 00002
PHYSICAL THERAPY 10/19	7.03	HEALTH INSURANCE	021.0424.050.008				406 00002
PHYSICAL THERAPY 10/19	1.62	HEALTH INSURANCE	029.0429.050.008				406 00002
PHYSICAL THERAPY 10/19	0.29	HEALTH INSURANCE	001.0406.050.008				406 00002
PHYSICAL THERAPY 10/19	0.35	HEALTH INSURANCE	060.0460.050.008				406 00002
PHYSICAL THERAPY 10/19	0.03	HEALTH INSURANCE	072.0472.050.008				406 00002
PHYSICAL THERAPY 10/19	0.03	HEALTH INSURANCE	086.0486.050.008				406 00002
PHYSICAL THERAPY 10/19	0.52	HEALTH INSURANCE	001.0402.050.008				406 00010
PHYSICAL THERAPY 10/19	0.90	HEALTH INSURANCE	001.0403.050.008				406 00010
PHYSICAL THERAPY 10/19	1.32	HEALTH INSURANCE	001.0404.050.008				406 00010
PHYSICAL THERAPY 10/19	0.52	HEALTH INSURANCE	001.0405.050.008				406 00010
PHYSICAL THERAPY 10/19	1.33	HEALTH INSURANCE	001.0415.050.008				406 00010
PHYSICAL THERAPY 10/19	0.37	HEALTH INSURANCE	001.0416.050.008				406 00010
PHYSICAL THERAPY 10/19	3.11	HEALTH INSURANCE	001.0418.050.008				406 00010
PHYSICAL THERAPY 10/19	0.88	HEALTH INSURANCE	001.0421.050.008				406 00010
PHYSICAL THERAPY 10/19	0.76	HEALTH INSURANCE	001.0422.050.008				406 00010
PHYSICAL THERAPY 10/19	3.12	HEALTH INSURANCE	061.0461.050.008				406 00010
PHYSICAL THERAPY 10/19	15.71	HEALTH INSURANCE	062.0462.050.008				406 00010
PHYSICAL THERAPY 10/19	11.72	HEALTH INSURANCE	063.0463.050.008				406 00010
PHYSICAL THERAPY 10/19	3.57	HEALTH INSURANCE	021.0424.050.008				406 00010
PHYSICAL THERAPY 10/19	0.82	HEALTH INSURANCE	029.0429.050.008				406 00010
PHYSICAL THERAPY 10/19	0.15	HEALTH INSURANCE	001.0406.050.008				406 00010
PHYSICAL THERAPY 10/19	0.13	HEALTH INSURANCE	060.0460.050.008				406 00010
PHYSICAL THERAPY 10/19	0.01	HEALTH INSURANCE	072.0472.050.008				406 00010
PHYSICAL THERAPY 10/19	0.01	HEALTH INSURANCE	086.0486.050.008				406 00010

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
PRECISION REHAB & OROTHO	133.38	*VENDOR TOTAL				
PRO PT						
PHYSICAL THERAPY 10/2019	0.30	HEALTH INSURANCE	001.0402.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.45	HEALTH INSURANCE	001.0403.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.66	HEALTH INSURANCE	001.0404.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.26	HEALTH INSURANCE	001.0405.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.66	HEALTH INSURANCE	001.0415.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.18	HEALTH INSURANCE	001.0416.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.55	HEALTH INSURANCE	001.0418.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.44	HEALTH INSURANCE	001.0421.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.38	HEALTH INSURANCE	001.0422.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.56	HEALTH INSURANCE	061.0461.050.008			406 00011
PHYSICAL THERAPY 10/2019	7.85	HEALTH INSURANCE	062.0462.050.008			406 00011
PHYSICAL THERAPY 10/2019	5.86	HEALTH INSURANCE	063.0463.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.78	HEALTH INSURANCE	021.0424.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.41	HEALTH INSURANCE	029.0429.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.07	HEALTH INSURANCE	001.0406.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.09	HEALTH INSURANCE	060.0460.050.008			406 00011
PHYSICAL THERAPY 10/2019		HEALTH INSURANCE	072.0472.050.008			406 00011
PHYSICAL THERAPY 10/2019	22.50	*VENDOR TOTAL	086.0486.050.008			406 00011
PROTECTION ONE						
WWTP ALARM 10/2019	60.92	CONTRACTURAL SERVICES	063.0463.060.028			394 00225
QUAD - KNOFF						
N.VLCA BLVD IMPROV 10/19	148.50	CONTRACTURAL SERVICES	022.0590.740.028	100797		394 00067
WDLK S. VAL PROJ 10/19	355.50	CONTRACTURAL SERVICES	020.0590.734.028	100798		394 00066
CYCLE 5 ATP APP 10/19	2,148.30	CONTRACTURAL SERVICES	001.0416.060.028	100799		394 00072
STARTZ DEVELOPMENT 10/19	178.20	CONTRACTURAL SERVICES	001.0416.060.028	100800		394 00073
TERRACE FAM APTS 10/19	852.39	CONTRACTURAL SERVICES	001.0416.060.028	100801		394 00069
GENERAL SERVICES 10/19	3,553.89	CONTRACTURAL SERVICES	001.0416.060.028	100802		394 00074
PREMIUM EXTRCTS 10/19	214.56	CONTRACTURAL SERVICES	001.0416.060.028	100803		394 00071
N.VLNCA EXT PROJ 10/19	903.00	CONTRACTURAL SERVICES	023.0590.744.028	100804		394 00068
CST RCK SBDVSN PH3 10/19	1,683.54	CONTRACTURAL SERVICES	001.0416.060.028	100805		394 00070
	10,037.88	*VENDOR TOTAL				
QUADRAPLEX						
M/L CABLE/CRTRIDGE 10/19	303.62	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	88126		394 00095
RODRIGUEZ/TONY						
T.RDRGUEZ BOOTS 10/2019	150.00	UNIFORM ALLOWANCE	062.0462.050.011	10/2019		394 00085
ROLAND R. ROSALES						
TRANSCRIPT SERV. 10/19	1,981.00	CONTRACTURAL SERVICES	001.0411.060.028	19-0287/170967		394 00165
SANTA FE AGGREGATES, INC						
FILL DIRT 10/2019	287.75	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	2025140		394 00083

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
SANTA FE AGGREGATES, INC CONCRETE MIX 10/2019	50.25 338.00	SPECIAL DEPARTMENT EXPEN *VENDOR TOTAL	060.0460.060.029		2025548		394 00272
SCI CONSULTING GROUP CNNBIS RLTD CNSLTG 10/19 CNNBIS CONSLTNG 10/19	1,396.88 1,396.88 2,793.76	CONTRACTURAL SERVICES CONTRACTURAL SERVICES *VENDOR TOTAL	001.0407.060.028 001.0407.060.028		C8534 C8535		394 00076 394 00075
SIERRA AUTO & TRUCK REPA SERVICES 10/2019	560.00	CONTRACTURAL SERVICES	060.0460.060.028		001991		394 00271
SIERRA SANITATION BTHROOM RNTL 10/2019	743.00	SPECIAL DEPARTMENT EXPEN	001.0406.060.029		102338		394 00231
SOLIS/ANGELICA WTR DEP RFD/CRDT 10/19	168.19	UTILITY DEPOSITS	001.0000.200.034		249 MANZANILLO		394 00131
SOUTHERN CALIF EDISON CO PLAZA 10/2019 COMMUNITY CENTER 10/19 ORCHARD 10/2019 WELL #13 10/2019 320 E. ANTELOPE 10/2019 ORCHARD 10/2019 ORCHARD 10/2019 ORCHARD 10/2019 WATER DEPT. 10/2019 STREETS DEPT. 10/2019 MNZNILLO LIFT STN 10/19	132.25 1,744.13 10.56 2,964.68 100.89 190.14 155.82 177.40 112.12 10.29 5,598.28	UTILITIES SPECIAL DEPARTMENT EXPEN ORCHARD EXPENSES UTILITIES UTILITIES ORCHARD EXPENSES ORCHARD EXPENSES UTILITIES UTILITIES SPECIAL DEPARTMENT EXPEN *VENDOR TOTAL	001.0422.060.021 001.0421.060.029 062.0462.060.046 063.0463.060.021 004.0414.060.021 001.0421.060.046 001.0421.060.046 063.0463.060.021 001.0422.060.021 063.0463.060.029				394 00027 394 00045 394 00049 394 00050 394 00088 394 00174 394 00175 394 00181 394 00182 394 00226
SPENCE FENCE COMPANY INC SERVICES 10/2019	800.00	CONTRACTURAL SERVICES	001.0421.060.028		14407		394 00112
ST JOHN'S RIVER ASSESSMNT #689 10/2019	330.00	UTILITIES	001.0421.060.021		576		394 00183
STANTEC CONSULTING SERVI ONCALL REPORTING 10/19	844.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		1563695		394 00082
STILLWELL/DAVID INTEREST 10/2019 PRINCIPAL 10/2019	2,257.91 4,646.40 6,904.31	INTEREST EXPENSE SEWER LOAN 240K D STILLW *VENDOR TOTAL	062.0462.060.065 062.0000.200.064		NOV 2019 NOV 2019		394 00229 394 00230
SWRCB FEES ENFORCMENT ACT. 10/19	180.00	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		EW-1018591		394 00048
TEAMSTERS LOCAL UNION NO WPD UNION DUES 10/2019	352.00	POLICE ASS'N DUES WITHHE	001.0000.200.030		OCT. 2019		394 00017

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
TF TIRE & SERVICE SUPPLIES 10/2019	766.60	STATE OF GOOD REPAIR - S	021.0424.060.033		EX-207252		394 00266
DUMP TRAILER TIRES 10/19	213.62	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		EX-207267		394 00107
	980.22	*VENDOR TOTAL					
THE NEPHROLOGY GROUP							
LAB/DIAGNOSTIC 10/2019	0.51	HEALTH INSURANCE	001.0402.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.88	HEALTH INSURANCE	001.0403.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	1.27	HEALTH INSURANCE	001.0404.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.51	HEALTH INSURANCE	001.0405.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	1.29	HEALTH INSURANCE	001.0415.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.35	HEALTH INSURANCE	001.0416.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	3.02	HEALTH INSURANCE	001.0418.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.85	HEALTH INSURANCE	001.0421.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.74	HEALTH INSURANCE	001.0422.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	3.02	HEALTH INSURANCE	061.0461.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	15.21	HEALTH INSURANCE	062.0462.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	11.35	HEALTH INSURANCE	063.0463.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	3.46	HEALTH INSURANCE	021.0424.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.79	HEALTH INSURANCE	029.0429.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.14	HEALTH INSURANCE	001.0406.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.17	HEALTH INSURANCE	060.0460.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008				406 00018
LAB/DIAGNOSTIC 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008				406 00018
	43.58	*VENDOR TOTAL					
TOP DOG TRAINING CENTER NRCTC DT CRS RNGER 10/19	3,300.00	CONTRACTURAL SERVICES	001.0411.060.028		1181		394 00118
TRANSUNION RISK AND ALTE SERVICES 10/2019	50.00	CONTRACTURAL SERVICES	001.0411.060.028				394 00117
TULARE CO. SHERIFF'S OFF EMPLEE W/HLDNGS 10/19	394.16	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00224
TULARE COUNTY (868) DISPATCH SERVICES 10/19	16,598.00	SPECIAL DEPARTMENT EXPEN	001.0411.060.029		JULY-SEPT 2019		394 00184
TULARE COUNTY GER SER AC UNATTENDED CAR TAG 10/19	302.99	CONTRACTURAL SERVICES	001.0411.060.028		020093		394 00098
ULINE CLEANING SUPPLIES 10/19	1,100.09	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		112862876		394 00233
UNITED RENTALS NORTHWES PLUG FLOW/PLG HOSE 10/19	2,477.66	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		173335151-002		394 00081
UPHOLSTERY BY BRENT RCVR SEAT&REPD #63 10/19	250.00	CONTRACTURAL SERVICES	021.0424.060.028		6441		394 00232

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
US BANK							
CITY PRINTER 10/2019	823.74	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		394408298		394 00061
PD PRINTER 10/2019	437.54	SPECIAL DEPARTMENT EXPEN	001.0411.060.029		394408298		394 00062
	1,261.28	*VENDOR TOTAL					
VALENTI/MARY PRE EMPLOYMNT PSHYC 10/19	800.00	CONTRACTURAL SERVICES	001.0411.060.028		GNZALEZ/WHEAT		394 00013
VALLEY CHILDRENS HOSPITA HSPTL OUT PTNT 10/19	243.99	HEALTH INSURANCE	001.0411.050.008				406 00005
VALLEY IND & FAM MED GRP SERVICES D.HALL 10/2019	137.66	CONTRACTURAL SERVICES	001.0411.060.028		384505		394 00265
VERIZON WIRELESS							
PD CELL PHONES 10/2019	406.72	TELEPHONE	001.0411.060.020		AUG16-SEPT1519		394 00020
CITY CELL PHONES 10/2019	12.37	TELEPHONE	001.0403.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	12.30	TELEPHONE	001.0404.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	8.20	TELEPHONE	001.0405.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	24.61	TELEPHONE	001.0415.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	4.10	TELEPHONE	001.0416.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	8.20	TELEPHONE	001.0418.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	20.51	TELEPHONE	001.0421.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	12.30	TELEPHONE	001.0422.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	24.61	TELEPHONE	061.0461.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	65.64	TELEPHONE	021.0424.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	108.71	TELEPHONE	062.0462.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	108.71	TELEPHONE	063.0463.060.020		AUG16-SEP1519		394 00021
	816.98	*VENDOR TOTAL					
VISALIA FAMILY PRACTICE							
PHYSICIAN VISIT 10/2019	0.97	HEALTH INSURANCE	001.0402.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.91	HEALTH INSURANCE	001.0403.050.008				406 00015
PHYSICIAN VISIT 10/2019	2.77	HEALTH INSURANCE	001.0404.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.11	HEALTH INSURANCE	001.0405.050.008				406 00015
PHYSICIAN VISIT 10/2019	2.81	HEALTH INSURANCE	001.0415.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.78	HEALTH INSURANCE	001.0416.050.008				406 00015
PHYSICIAN VISIT 10/2019	6.55	HEALTH INSURANCE	001.0418.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.85	HEALTH INSURANCE	001.0421.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.61	HEALTH INSURANCE	001.0422.050.008				406 00015
PHYSICIAN VISIT 10/2019	6.57	HEALTH INSURANCE	061.0461.050.008				406 00015
PHYSICIAN VISIT 10/2019	33.04	HEALTH INSURANCE	062.0462.050.008				406 00015
PHYSICIAN VISIT 10/2019	24.65	HEALTH INSURANCE	063.0463.050.008				406 00015
PHYSICIAN VISIT 10/2019	7.52	HEALTH INSURANCE	021.0424.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.73	HEALTH INSURANCE	029.0429.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.31	HEALTH INSURANCE	001.0406.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.38	HEALTH INSURANCE	060.0460.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.04	HEALTH INSURANCE	072.0472.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.04	HEALTH INSURANCE	086.0486.050.008				406 00015
	94.64	*VENDOR TOTAL					

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
VISALIA/CITY OF HAZ MAT MAINT FEE 10/19	1,000.05	CONTRACTURAL SERVICES	001.0402.060.028		JUL 19-JUN 20		394 00102
WOODLAKE GROWERS SUPPLY CANNED DOG FOOD 10/19	17.94	SPECIAL DEPARTMENT EXPEN	001.0411.060.029		249488		394 00213
STATION MAINT. 10/2019	8.00	FIRE STATION MAINTENANC	004.0414.060.034		250582		394 00211
STATION MAINT. 10/2019	12.83	FIRE STATION MAINTENANC	004.0414.060.034		250583		394 00212
	38.77	*VENDOR TOTAL					
WOODLAKE HARDWARE CO STATION MAINT. 10/2019	8.91	FIRE STATION MAINTENANC	004.0414.060.034		A91151		394 00166
NUTS/BOLTS 10/2019	5.72	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		A91341		394 00133
PADLOCK/BATTERY 10/19	135.55	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A91346		394 00134
NUTS/BOLTS 10/2019	15.66	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A91391		394 00135
BLK CABLE TIE 10/19	7.60	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A91632		394 00137
STRP VEHICLE RCVRY 10/19	44.46	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A91764		394 00153
STATION MAINT. 10/2019	21.74	FIRE STATION MAINTENANC	004.0414.060.034		A91913		394 00167
TAILPIECE/STRAINER 10/19	27.48	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92000		394 00140
PIPE NIPPLE GALV 10/19	4.67	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92007		394 00141
TAILPIECE/J BEND 10/19	23.90	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92012		394 00139
SUPPLIES 10/2019	16.93	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92026		394 00142
NUTS/BOLTS 10/2019	13.70	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A92079		394 00155
NAILS/BOLTS 10/2019	2.49	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92169		394 00143
STRAP TIES 10/2019	23.81	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A92227		394 00156
SHOE GOO 10/2019	10.85	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92280		394 00145
DUAL CASTER 10/2019	11.94	ORCHARD EXPENSES	001.0421.060.046		A92452		394 00146
MASTERLOCK 10/2019	169.52	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92527		394 00148
STATION MAINT. 10/2019	31.39	FIRE STATION MAINTENANC	004.0414.060.034		A92550		394 00169
ANT/ROACH KILLER 10/19	8.69	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92581		394 00149
STATION MAINT. 10/2019	3.56	FIRE STATION MAINTENANC	004.0414.060.034		A92616		394 00170
GAL MINERAL SPIRIT 10/19	22.60	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		A92821		394 00150
SAND 10/2019	195.53	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		A92833		394 00151
POLY DECK SCRUB 10/19	21.73	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		B68412		394 00136
BITS/SCREWS 10/2019	71.30	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		B68565		394 00138
DBL LOOP CHAIN 10/2019	17.23	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68634		394 00152
NUTS/BOLTS 10/2019	15.52	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68742		394 00154
SUPPLIES 10/2019	38.88	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68937		394 00144
STATION MAINT. 10/2019	15.76	FIRE STATION MAINTENANC	004.0414.060.034		B68989		394 00168
SAND 10/2019	48.88	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B69106		394 00147
	1,036.00	*VENDOR TOTAL					
WOODLAKE UNIFIED SCHOOL SUMMER 2019 SWIM 10/19	4,178.28	CONTRACTURAL SERVICES	001.0421.060.028		2036		394 00185

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:	148,154.16						

RECORDS PRINTED = 000591

Schedule of Bills

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE	APPROVED BY

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
AFLAC SUPPLMNTL INS 10/2019	496.02	ACCIDENT & DIS INS WITHH	001.0000.200.038		628464		394 00047
AMERIPRIDE UNIFORM SERVI UNIFORM SERVICE 10/2019	254.65	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		SEPT 2019		394 00214
UNIFORM SERVICE 10/19	19.71	UNIFORM ALLOWANCE	001.0418.050.011		SEPT 2019		394 00215
UNIFORM SERVICE 10/19	2.46	UNIFORM ALLOWANCE	021.0424.050.011		SEPT 2019		394 00216
UNIFORM SERVICE 10/2019	219.31	UNIFORM ALLOWANCE	062.0462.050.011		SEPT 2019		394 00217
UNIFORM SERVICE 10/2019	55.75	UNIFORM ALLOWANCE	063.0463.050.011		SEPT 2019		394 00218
	551.88	*VENDOR TOTAL					
ANGULO/ESMERALDA WTR DEP RFND 10/2019	122.60	UTILITY DEPOSITS	001.0000.200.034		128 HERMOSA		394 00132
AT & T MOBILITY FD CELL PHONES 10/2019	395.68	TELEPHONE	004.0414.060.020		15422749		394 00065
AT&T OFFICE PHONES 10/2019	58.70	SPECIAL DEPARTMENT EXPEN	001.0410.060.029				394 00051
SHOP DEPT PHONES 10/19	89.46	TELEPHONE	001.0418.060.020				394 00052
WATER DEPT PHONES 10/19	19.56	TELEPHONE	063.0463.060.020				394 00053
SEWER DEPT PHONES 10/19	19.56	TELEPHONE	062.0462.060.020				394 00054
AIRPORT ATM LINE 10/19	19.57	UTILITIES	041.0441.060.021				394 00055
CALNET3 10/2019	48.60	TELEPHONE	004.0414.060.020		13647753		394 00087
	255.45	*VENDOR TOTAL					
AT&T (NEW) FD INTERNET USE 10/19	75.07	TELEPHONE	004.0414.060.020		4483550509		394 00028
GENERAL ADMIN 10/2019	5.30	TELEPHONE	001.0402.060.020		4483550509		394 00029
CITY CLERK 10/2019	5.22	TELEPHONE	001.0403.060.020		4483550509		394 00030
FINANCE 10/2019	9.56	TELEPHONE	001.0404.060.020		4483550509		394 00031
PLANNING 10/2019	6.01	TELEPHONE	001.0405.060.020		4483550509		394 00032
BLDNG INSPECTION 10/2019	4.27	TELEPHONE	001.0415.060.020		4483550509		394 00033
PBL WRKS/ENGNRNG 10/19	8.69	TELEPHONE	001.0416.060.020		4483550509		394 00034
PARKS 10/2019	30.27	TELEPHONE	001.0421.060.020		4483550509		394 00035
STREETS 10/2019	11.70	TELEPHONE	001.0422.060.020		4483550509		394 00036
REFUSE 10/2019	85.13	TELEPHONE	061.0461.060.020		4483550509		394 00037
SEWER 10/2019	237.92	TELEPHONE	062.0462.060.020		4483550509		394 00038
WATER DEPT 10/2019	181.32	TELEPHONE	063.0463.060.020		4483550509		394 00039
TRANSIT 10/2019	15.33	TELEPHONE	021.0424.060.020		4483550509		394 00040
PD INTERNET USE 10/19	225.29	TELEPHONE	001.0411.060.020		4483550509		394 00041
RD YRD INTRNET USE 10/19	75.07	TELEPHONE	001.0418.060.020		4483550509		394 00042
CTY HALL PHONES 10/2019	88.20	TELEPHONE	001.0410.060.020		5072700505		394 00043
PD PHONES 10/19	88.19	TELEPHONE	001.0411.060.020		5072700505		394 00044
	1,152.54	*VENDOR TOTAL					
AUTOZONE STORE 4485 SUPPLIES 09/2019	38.69	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		4485035580		394 00005

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
AVENU IN (FKA CONDUENT) MNTHLY APP HSTNG 10/19	3,204.81	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		006610		394 00063
AWARDS & SIGNS UNLIMITED SPONSOR BANNER 10/2019	75.95	SPONSOR FEES	001.0306.000.072		6855		394 00022
B. S. & E. CO. INC. VIBRATOR/CNC RTE 10/19	37.06	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		202391		394 00007
EASYSTRIIP/FREIGHT 10/19	531.82	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		202625		394 00236
	568.88	*VENDOR TOTAL					
BANK OF AMERICA							
OFFICE SUPPLIES 10/2019	13.99	OFFICE SUPPLIES	004.0414.060.023				394 00186
OFFICE SUPPLIES 10/2019	15.74	OFFICE SUPPLIES	004.0414.060.023				394 00187
OFFICE SUPPLIES 10/19	9.95	OFFICE SUPPLIES	004.0414.060.023				394 00188
OFFICE SUPPLIES 10/2019	23.47	OFFICE SUPPLIES	004.0414.060.023				394 00189
TRAINING 10/2019	36.62	TRAINING EXPENSE	004.0414.060.037				394 00190
POSTAGE 10/2019	1.30	POSTAGE	004.0414.060.022				394 00191
FIRE STATN MAINT 10/2019	28.99	FIRE STATION MAINTENANC	004.0414.060.034				394 00192
VEHICLE MAINT. 10/2019	6.68	VEHICLE MAINTENANCE/OPER	004.0414.060.032				394 00193
RADIO & PAGER 10/2019	54.38	RADIO & PAGER MAINTENANC	004.0414.060.033				394 00194
RADIO & PAGER 10/2019	84.80	RADIO & PAGER MAINTENANC	004.0414.060.033				394 00195
FIRE STN MAINT 10/2019	195.00	FIRE STATION MAINTENANC	004.0414.060.034				394 00196
TRAINING 10/2019	154.00	TRAINING EXPENSE	004.0414.060.037				394 00197
FIRE PREVENTION 10/2019	1,384.35	FIRE PREVENTION	004.0414.060.041				394 00198
OOC 10/2019	30.01	TRAVEL, CONFERENCES & MT	004.0414.060.030				394 00199
OOC 10/2019	29.23	TRAVEL, CONFERENCES & MT	004.0414.060.030				394 00200
FIRE STN MAINT 10/2019	40.84	FIRE STATION MAINTENANC	004.0414.060.034				394 00201
HH FIRE STATION 10/2019	51.28	HOUSEHOLD FIRE STATION	004.0414.060.016				394 00202
VEHICLE MAINT 10/2019	10.42	VEHICLE MAINTENANCE/OPER	004.0414.060.032				394 00203
	2,171.05	*VENDOR TOTAL					
BATTERY SYSTEMS WWTF 10/2019	624.99	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		5093855		394 00011
BILL WALL'S DIRECT APPRO SERVICES 10/2019	66.68	CONTRACTURAL SERVICES	001.0411.060.028		16127		394 00015
SERVICES 10/2019	279.44	CONTRACTURAL SERVICES	001.0411.060.028		16128		394 00014
SERVICES 10/2019	90.00	CONTRACTURAL SERVICES	001.0411.060.028		16139		394 00046
	436.12	*VENDOR TOTAL					
BSK ASSOCIATES							
WEEKLY EFFLUENT 10/2019	185.00	CONTRACTURAL SERVICES	062.0462.060.028		A926167		394 00006
BACTI 10/2019	90.00	CONTRACTURAL SERVICES	063.0463.060.028		A926750		394 00008
WEEKLY EFFLUENT 10/19	73.00	CONTRACTURAL SERVICES	062.0462.060.028		A926918		394 00009
BACTI 10/2019	90.00	CONTRACTURAL SERVICES	063.0463.060.028		A927352		394 00105
WEEKLY EFFLUENT 10/2019	102.00	CONTRACTURAL SERVICES	062.0462.060.028		A927396		394 00106
BACTI 10/2019	210.00	CONTRACTURAL SERVICES	063.0463.060.028		A927579		394 00113
	750.00	*VENDOR TOTAL					

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
CA STATE DISBURSEMENT UN EMPLOYEE W/HLDNGS 10/19	430.14	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00219
CA STATE DISBURSEMENT UN EMPLOYEE W/HLDNGS 10/2019	700.6C	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00222
CA TURF EQUIPMENT & SUPP STRTR SLNOID SHFT 10/19	251.3C	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		426959		394 00004
SUPPLIES 10/2019	28.92	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427541		394 00109
HANDLE MOLDING 10/19	19.92CR	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427542		394 00110
STARTER ASSY 10/2019	53.93	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		427543		394 00108
SUPPLIES 10/2019	62.43	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		427699		394 00111
	376.66	*VENDOR TOTAL					
CALIF BUILDING STDS COMM CA BLD STND COMM 10/19	100.00	BUILDING PERMITS	001.0302.000.022		JULY-SEPT.2019		394 00096
CALIFORNIA CHOICE							
CITY EMPLOYEES 10/19	146.23	HEALTH INSURANCE	001.0402.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	312.29	HEALTH INSURANCE	001.0403.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	453.80	HEALTH INSURANCE	001.0404.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	181.96	HEALTH INSURANCE	001.0405.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	459.62	HEALTH INSURANCE	001.0415.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	127.54	HEALTH INSURANCE	001.0416.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,071.81	HEALTH INSURANCE	001.0418.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	303.60	HEALTH INSURANCE	001.0421.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	264.09	HEALTH INSURANCE	001.0422.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,073.80	HEALTH INSURANCE	061.0461.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	5,398.90	HEALTH INSURANCE	062.0462.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	4,028.66	HEALTH INSURANCE	063.0463.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	1,230.05	HEALTH INSURANCE	021.0424.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	283.54	HEALTH INSURANCE	029.0429.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	52.19	HEALTH INSURANCE	001.0406.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	62.81	HEALTH INSURANCE	060.0460.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	6.58	HEALTH INSURANCE	072.0472.050.008		NOV 2019		394 00176
CITY EMPLOYEES 10/19	6.58	HEALTH INSURANCE	086.0486.050.008		NOV 2019		394 00176
CTY INS W/H EMP 10/2019	3,400.00	HEALTH INSURANCE WITHHEL	001.0000.200.031		NOV 2019		394 00177
FIRE EXPENSE 10/2019	3,700.64	HEALTH INSURANCE	004.0414.050.008		NOV 2019		394 00178
FIRE INS W/H EMP 10/19	337.04	HEALTH INSURANCE WITHHEL	004.0000.200.031		NOV 2019		394 00179
PD EXPENSE 10/2019	6,997.32	HEALTH INSURANCE	001.0411.050.008		NOV 2019		394 00180
	29,899.05	*VENDOR TOTAL					
CALIFORNIA STATE EMPLEE W/HLDNGS 10/2019	801.22	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00223
CALIFORNIA STATE DISBURS EMPLEE W/HLDNGS 10/19	50.00	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00221
CENTRAL VALLEY TOXICOLOG TOXICOLOGY REPORT 10/19	146.00	CONTRACTURAL SERVICES	001.0411.060.028		292541		394 00103

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
CIVIL AIR PATROL MAGAZIN 1/4 PG AD 10/19	495.00	SPECIAL DEPARTMENT EXPEN	041.0441.060.029		RL 1122443		394 00024
CRAIGS AUTO PARTS							
LED LAMP 10/2019	29.21	VEHICLE MAINTENANCE/OPER	004.0414.060.032		718746		394 00158
OIL/FILTER 10/2019	27.30	VEHICLE MAINTENANCE/OPER	004.0414.060.032		718749		394 00159
ANTIFREEZE GALL 10/19	29.33	VEHICLE MAINTENANCE/OPER	004.0414.060.032		718783		394 00160
GLSS CLNR/ABSRBR 10/19	27.14	VEHICLE MAINTENANCE/OPER	004.0414.060.032		719221		394 00161
BATTERY 10/2019	174.99	VEHICLE MAINTENANCE/OPER	062.0462.060.032		719391		394 00119
FLASHER-ELECTRIC 10/19	30.43	VEHICLE MAINT/OPERATIONS	021.0424.060.032		719690		394 00120
CREDIT 10/2019	1.41CR	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		719838		394 00121
BATTERY 10/2019	129.61	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		719879		394 00122
BRAKE PADS 10/2019	533.73	VEHICLE MAINTENANCE/OPER	001.0411.060.032		719948		394 00123
DISK BRAKE 10/2019	13.03	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		719967		394 00124
AIR FILTER 10/2019	27.44	VEHICLE MAINTENANCE/OPER	004.0414.060.032		719985		394 00162
13MM 12P COM WREN 10/19	10.27	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		719997		394 00125
MEGUIARS CAR WSH 10/19	14.12	CONTRACTURAL SERVICES	001.0411.060.028		720087		394 00126
SUPPLIES 10/2019	19.35	VEHICLE MAINTENANCE/OPER	062.0462.060.032		720098		394 00127
JUMP CAB 10/2019	23.91	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		720417		394 00128
AMG125 FUSE 10/2019	7.68	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		720434		394 00129
FUSE HLDLDR/FUSE 10/2019	7.05	VEHICLE MAINTENANCE/OPER	004.0414.060.032		720495		394 00163
	1,103.18	*VENDOR TOTAL					
CWEA TCP							
CWEA RNEWL ORNELAS 10/19	89.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		OCTOBER 2019		394 00019
D.M.V. RENEWAL							
PTI SERVICE FEE 10/19	10.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		LP#49C8736		394 00064
DEMERA MD/RICHARD							
ALLERGY 10/2019	50.32	HEALTH INSURANCE	001.0411.050.008				406 00006
DEPARTMENT OF CONSERVATI							
STRNG MOTION 10/2019	313.33	BUILDING PERMITS	001.0302.000.022		JULY-SEPT.2019		394 00097
DEPARTMENT OF JUSTICE							
BLD ALCHL ANALYSIS 10/19	35.00	CONTRACTURAL SERVICES	001.0411.060.028		405416		394 00012
FINGERPRINT 10/2019	401.00	CONTRACTURAL SERVICES	001.0411.060.028		407751		394 00210
	436.00	*VENDOR TOTAL					
DIRECT TV							
FIRE STATION 10/2019	92.86	UTILITIES	004.0414.060.021		36719182464		394 00080
DORADO/DENISE K.							
EMPLEE W/HLDNGS 10/19	1,200.00	GARNISHMENT OF WAGES WIT	001.0000.200.033		OCT. 2019		394 00220
E.D.I.S.							
EMPLYEES & RETREES 10/19	9.69	HEALTH INSURANCE	001.0403.050.008		NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	14.08	HEALTH INSURANCE	001.0404.050.008		NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	5.64	HEALTH INSURANCE	001.0405.050.008		NOV. 2019		394 00267
EMPLYEES & RETREES 10/19	14.26	HEALTH INSURANCE	001.0415.050.008		NOV. 2019		394 00267

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
E. D. I. S.							
EMPLOYEEES & RETREES 10/19	3.95	HEALTH INSURANCE	001.0416.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	33.26	HEALTH INSURANCE	001.0418.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	9.42	HEALTH INSURANCE	001.0421.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	8.19	HEALTH INSURANCE	001.0422.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	33.33	HEALTH INSURANCE	061.0461.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	167.58	HEALTH INSURANCE	062.0462.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	125.04	HEALTH INSURANCE	063.0463.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	38.18	HEALTH INSURANCE	021.0424.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	8.80	HEALTH INSURANCE	029.0429.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	1.62	HEALTH INSURANCE	001.0406.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	1.94	HEALTH INSURANCE	060.0460.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	0.20	HEALTH INSURANCE	072.0472.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	0.20	HEALTH INSURANCE	086.0486.050.008		NOV. 2019		394 00267
EMPLOYEEES & RETREES 10/19	4.62	HEALTH INSURANCE	001.0402.050.008		NOV. 2019		394 00267
PD EXPENSE 10/2019	240.00	HEALTH INSURANCE	001.0411.050.008		NOV. 2019		394 00268
FIRE DEPT. 10/2019	120.00	HEALTH INSURANCE	004.0414.050.008		NOV. 2019		394 00269
ADMIN. 10/2019	0.50	HEALTH INSURANCE	001.0403.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.73	HEALTH INSURANCE	001.0404.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.29	HEALTH INSURANCE	001.0405.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.74	HEALTH INSURANCE	001.0415.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.20	HEALTH INSURANCE	001.0416.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	1.73	HEALTH INSURANCE	001.0418.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.49	HEALTH INSURANCE	001.0421.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.42	HEALTH INSURANCE	001.0422.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	1.73	HEALTH INSURANCE	061.0461.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	8.72	HEALTH INSURANCE	062.0462.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	6.51	HEALTH INSURANCE	063.0463.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	1.98	HEALTH INSURANCE	021.0424.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.45	HEALTH INSURANCE	029.0429.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.08	HEALTH INSURANCE	001.0406.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.10	HEALTH INSURANCE	060.0460.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008		NOV. 2019		394 00270
ADMIN. 10/2019	0.31	HEALTH INSURANCE	001.0402.050.008		NOV. 2019		394 00270
	865.00	*VENDOR TOTAL					
EXETER PLUMBING CO. CMNTY CNTR SERVICE 10/19	950.00	PARKS AND REC EXPENSES	001.0421.060.042		119223		394 00084
FERGUSON ENTERPRISES, IN SUPPLIES 10/2019	990.43	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		1493221		394 00086
FIRST DATA GLOBAL LEASIN LEASE FOR CC TRMNL 10/19	31.76	SPECIAL DEPARTMENT EXPEN	001.0410.060.029				394 00056
FOOTHILLS SUN-GAZETTE/TH WDLK HSGING ELEMENT 10/19	368.50	SPECIAL DEPARTMENT EXPEN	001.0402.060.029		55017		394 00204
CITY'S FISCAL YEAR 10/19	132.00	SPECIAL DEPARTMENT EXPEN	001.0402.060.029		55021		394 00205

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
FOOTHILLS SUN-GAZETTE/TH NOTICE OF VACANCY 10/19	71.50	CONTRACTURAL SERVICES	001.0402.060.028		55057		394 00025
7 PNTS/CNCRD CNTR 10/19	720.50	SPECIAL DEPARTMENT EXPEN	001.0402.060.029		55065		394 00206
	1,292.50	*VENDOR TOTAL					
FRESNO OXYGEN MEDICAL OXYGEN 10/2019	27.33	MEDICAL SUPPLIES	004.0414.060.040		6244650		394 00164
FRUIT GROWERS SUPPLY CO. ADPTR/BUSHNG/ADPTR 10/19	18.43	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083467		394 00239
CREDIT 10/19	12.17	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083514		394 00238
BARB HOSE/BUSHING 10/19	16.61	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		92083516		394 00237
CLMP VCTALIC CPLR 10/19	41.07	CONTRACTURAL SERVICES	001.0421.060.028		92083585		394 00240
ADPTR QUICK ALUM 10/19	17.60	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92084121		394 00241
ADPTR QUICK ALUM 10/19	17.60	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92084758		394 00242
SUPPLIES 10/2019	240.46	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92084883		394 00243
SUPPLIES 10/2019	57.62	ORCHARD EXPENSES	062.0462.060.046		92085033		394 00248
SUPPLIES 10/19	15.22	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085177		394 00245
BUSHING 10/019	1.76	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085193		394 00247
COUPLER PVC 10/2019	0.72	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		92085227		394 00246
COUPLR SLIP REPR 10/19	13.32	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92085303		394 00244
PREFILTER 10/2019	25.72	ORCHARD EXPENSES	062.0462.060.046		92085721		394 00250
SUPPLIES 10/2019	74.48	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92085951		394 00249
COUPLERS 10/2019	6.51	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086391		394 00251
SUPPLIES 10/2019	143.44	ORCHARD EXPENSES	062.0462.060.046		92086491		394 00252
SUPPLIES 10/2019	201.29	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086623		394 00254
SUPPLIES 10/2019	16.32	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086673		394 00253
TUBE FEEDER 10/2019	4.96	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92086751		394 00255
CNTRLLR/SOLENOID 10/2019	123.25	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		92087255		394 00256
SUPPLIES 10/2019	32.05	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		92087355		394 00257
SUPPLIES 10/2019	55.68	ORCHARD EXPENSES	062.0462.060.046		92088469		394 00258
A.ORNELAS BOOTS 10/2019	147.52	UNIFORM ALLOWANCE	062.0462.050.011		92088862		394 00259
	1,259.46	*VENDOR TOTAL					
G&S SERVICES VEHCL RPR E-286 10/19	169.95	VEHICLE MAINTENANCE/OPER	004.0414.060.032		252		394 00172
VEHCL RPR P-86 10/2019	319.90	VEHICLE MAINTENANCE/OPER	004.0414.060.032		253		394 00171
	489.85	*VENDOR TOTAL					
GAONA/JUVENAL WTR DEP REFUND 10/19	144.22	UTILITY DEPOSITS	001.0000.200.034		171 S.MGNLIA A		394 00130
GAS COMPANY/THE CTY BUILDINGS 10/19	104.25	UTILITIES	001.0410.060.021				394 00077
CITY YARD 10/2019	14.79	UTILITIES	001.0418.060.021				394 00078
325 E. ANTELOPE 10/19	17.27	UTILITIES	004.0414.060.021				394 00089
FIRE STATION 10/2019	25.40	UTILITIES	004.0414.060.021				394 00090
120 N. MAGNOLIA 10/2019	15.68	UTILITIES	004.0414.060.021				394 00091
	177.39	*VENDOR TOTAL					

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
GIANT AUTO GROUP							
SERVICES WPD 10/2019	61.35	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376058		394 00115
SERVICES 10/2019	69.75	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376073		394 00116
SERVICES 10/2019	59.42	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376086		394 00157
SERVICES 10/2019	70.91	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376111		394 00209
SERVICES 10/2019	56.84	VEHICLE MAINTENANCE/OPER	001.0411.060.032		376134		394 00208
	318.27	*VENDOR TOTAL					
GRISWOLD, LASALLE, COBB, CITY COUNCIL 10/2019	647.50	LEGAL SERVICES - RETAINE	001.0410.060.025				394 00100
472 OLV LN ABTMNT 10/19	74.70	LEGAL SERVICES - RETAINE	001.0402.060.025				394 00101
	722.20	*VENDOR TOTAL					
GUARDIAN-APPLETON							
EMPLYER CNTRBTNS 10/19	14.56	HEALTH INSURANCE	001.0402.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	30.96	HEALTH INSURANCE	001.0403.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	44.99	HEALTH INSURANCE	001.0404.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	18.04	HEALTH INSURANCE	001.0405.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	45.56	HEALTH INSURANCE	001.0415.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	12.64	HEALTH INSURANCE	001.0416.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	106.26	HEALTH INSURANCE	001.0418.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	30.09	HEALTH INSURANCE	001.0421.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	26.18	HEALTH INSURANCE	001.0422.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	106.45	HEALTH INSURANCE	061.0461.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	535.25	HEALTH INSURANCE	062.0462.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	399.40	HEALTH INSURANCE	063.0463.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	121.94	HEALTH INSURANCE	021.0424.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	28.11	HEALTH INSURANCE	029.0429.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	5.17	HEALTH INSURANCE	001.0406.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	6.22	HEALTH INSURANCE	060.0460.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	0.65	HEALTH INSURANCE	072.0472.050.008		OCTOBER 2019		394 00058
EMPLYER CNTRBTNS 10/19	0.65	HEALTH INSURANCE	086.0486.050.008		OCTOBER 2019		394 00058
PD EMPLOYEES 10/2019	1,151.34	HEALTH INSURANCE	001.0411.050.008		OCTOBER 2019		394 00059
FIRE DEPT EMPLOYEES 10/19	482.73	HEALTH INSURANCE	004.0414.050.008		OCTOBER 2019		394 00060
	3,167.19	*VENDOR TOTAL					
HAAKER EQUIPMENT COMPANY							
BLADE KIT 10/2019	82.43	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		C55483		394 00010
SUPPLIES 10/2019	1,888.64	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		C56035		394 00235
	1,971.07	*VENDOR TOTAL					
HAMNER JEWELL ASSOCIATES PRE AQSTN/RW AQSTN 10/19	363.82	CONTRACTURAL SERVICES	023.0590.744.028		10507		394 00207
HEALTH WISE SERVICES KIOSK MED WASTE 10/2019	150.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		54450		394 00227
HIGH SIERRA AG INC SITE SPRAY 10/2019	1,925.00	ORCHARD EXPENSES	062.0462.060.046		2942		394 00092

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
HIGH SIERRA AG INC							
SITE SPRAY 10/2109	1,870.00	ORCHARD EXPENSES	062.0462.060.046		3082		394 00093
SITE SPRAY 10/2019	3,410.00	ORCHARD EXPENSES	062.0462.060.046		3556		394 00094
	7,205.00	*VENDOR TOTAL					
IDEA PRINTING & GRAPHICS							
REGULAR ENVELOPES 10/19	315.93	OFFICE SUPPLIES	001.0410.060.023		104768		394 00026
IMMEDIATE CARE MEDICAL G							
PHYSICIAN VISIT 10/2019	66.38	HEALTH INSURANCE	001.0411.050.008				406 00001
SERVICES 10/2019	132.76	HEALTH INSURANCE	001.0411.050.008				406 00013
	199.14	*VENDOR TOTAL					
ISU INSURANCE SERVICES							
INS. & BONDING 10/2019	7,145.00	INSURANCE & BONDING	004.0414.060.027		12601		394 00079
JACKSON MOBILE GLASS							
WINDSHIELD CHIPS 10/19	169.00	CONTRACTURAL SERVICES	001.0411.060.028		IN2019-0024		394 00099
JENSEN & PILEGARD							
BOLT HEX 10/2019	2.52	SPECIAL DEPARTMENT EXPEN	029.0429.060.029		411682		394 00228
K R C SAFETY CO., INC.							
SUPPLIES 10/2019	151.01	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		43960		394 00002
SHOVEL/RAR BCK TRN 10/19	43.92	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		43963		394 00001
SUPPLIES 10/2019	124.78	SPECIAL DEPARTMENT EXPEN	001.0422.060.029		44113		394 00114
	319.71	*VENDOR TOTAL					
KAWEAH DELTA MEDICAL CEN							
OUT PTNT SURGERY 10/19	14.07	HEALTH INSURANCE	001.0402.050.008				406 00012
OUT PTNT SURGERY 10/19	29.90	HEALTH INSURANCE	001.0403.050.008				406 00012
OUT PTNT SURGERY 10/19	43.45	HEALTH INSURANCE	001.0404.050.008				406 00012
OUT PTNT SURGERY 10/19	17.42	HEALTH INSURANCE	001.0405.050.008				406 00012
OUT PTNT SURGERY 10/19	44.01	HEALTH INSURANCE	001.0415.050.008				406 00012
OUT PTNT SURGERY 10/19	12.21	HEALTH INSURANCE	001.0416.050.008				406 00012
OUT PTNT SURGERY 10/19	102.63	HEALTH INSURANCE	001.0418.050.008				406 00012
OUT PTNT SURGERY 10/19	29.07	HEALTH INSURANCE	001.0421.050.008				406 00012
OUT PTNT SURGERY 10/19	25.28	HEALTH INSURANCE	001.0422.050.008				406 00012
OUT PTNT SURGERY 10/19	102.82	HEALTH INSURANCE	061.0461.050.008				406 00012
OUT PTNT SURGERY 10/19	516.98	HEALTH INSURANCE	062.0462.050.008				406 00012
OUT PTNT SURGERY 10/19	385.77	HEALTH INSURANCE	063.0463.050.008				406 00012
OUT PTNT SURGERY 10/19	117.78	HEALTH INSURANCE	021.0424.050.008				406 00012
OUT PTNT SURGERY 10/19	27.15	HEALTH INSURANCE	029.0429.050.008				406 00012
OUT PTNT SURGERY 10/19	4.99	HEALTH INSURANCE	001.0406.050.008				406 00012
OUT PTNT SURGERY 10/19	6.01	HEALTH INSURANCE	060.0460.050.008				406 00012
OUT PTNT SURGERY 10/19	0.63	HEALTH INSURANCE	072.0472.050.008				406 00012
OUT PTNT SURGERY 10/19	0.63	HEALTH INSURANCE	086.0486.050.008				406 00012
	1,480.80	*VENDOR TOTAL					

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
KAWEAH DELTA MEDICAL FOU						
XRAYS 10/2019	1.45	HEALTH INSURANCE	001.0402.050.008			406 00003
XRAYS 10/2019	2.94	HEALTH INSURANCE	001.0403.050.008			406 00003
XRAYS 10/2019	4.27	HEALTH INSURANCE	001.0404.050.008			406 00003
XRAYS 10/2019	1.71	HEALTH INSURANCE	001.0405.050.008			406 00003
XRAYS 10/2019	4.32	HEALTH INSURANCE	001.0415.050.008			406 00003
XRAYS 10/2019	1.20	HEALTH INSURANCE	001.0416.050.008			406 00003
XRAYS 10/2019	10.09	HEALTH INSURANCE	001.0418.050.008			406 00003
XRAYS 10/2019	2.85	HEALTH INSURANCE	001.0421.050.008			406 00003
XRAYS 10/2019	2.48	HEALTH INSURANCE	001.0422.050.008			406 00003
XRAYS 10/2019	10.10	HEALTH INSURANCE	061.0461.050.008			406 00003
XRAYS 10/2019	50.82	HEALTH INSURANCE	062.0462.050.008			406 00003
XRAYS 10/2019	37.92	HEALTH INSURANCE	063.0463.050.008			406 00003
XRAYS 10/2019	11.58	HEALTH INSURANCE	021.0424.050.008			406 00003
XRAYS 10/2019	2.66	HEALTH INSURANCE	029.0429.050.008			406 00003
XRAYS 10/2019	0.49	HEALTH INSURANCE	001.0406.050.008			406 00003
XRAYS 10/2019	0.59	HEALTH INSURANCE	060.0460.050.008			406 00003
XRAYS 10/2019	0.06	HEALTH INSURANCE	072.0472.050.008			406 00003
XRAYS 10/2019	0.06	HEALTH INSURANCE	086.0486.050.008			406 00003
SERVICES 10/2019	0.59	HEALTH INSURANCE	001.0402.050.008			406 00004
SERVICES 10/2019	1.11	HEALTH INSURANCE	001.0403.050.008			406 00004
SERVICES 10/2019	1.62	HEALTH INSURANCE	001.0404.050.008			406 00004
SERVICES 10/2019	0.64	HEALTH INSURANCE	001.0405.050.008			406 00004
SERVICES 10/2019	1.64	HEALTH INSURANCE	001.0415.050.008			406 00004
SERVICES 10/2019	0.45	HEALTH INSURANCE	001.0416.050.008			406 00004
SERVICES 10/2019	3.82	HEALTH INSURANCE	001.0418.050.008			406 00004
SERVICES 10/2019	1.08	HEALTH INSURANCE	001.0421.050.008			406 00004
SERVICES 10/2019	0.94	HEALTH INSURANCE	001.0422.050.008			406 00004
SERVICES 10/2019	3.83	HEALTH INSURANCE	061.0461.050.008			406 00004
SERVICES 10/2019	19.27	HEALTH INSURANCE	062.0462.050.008			406 00004
SERVICES 10/2019	14.38	HEALTH INSURANCE	063.0463.050.008			406 00004
SERVICES 10/2019	4.39	HEALTH INSURANCE	021.0424.050.008			406 00004
SERVICES 10/2019	1.01	HEALTH INSURANCE	029.0429.050.008			406 00004
SERVICES 10/2019	0.18	HEALTH INSURANCE	001.0406.050.008			406 00004
SERVICES 10/2019	0.22	HEALTH INSURANCE	060.0460.050.008			406 00004
SERVICES 10/2019	0.02	HEALTH INSURANCE	072.0472.050.008			406 00004
SERVICES 10/2019	0.02	HEALTH INSURANCE	086.0486.050.008			406 00004
PHYSICIAN VISIT 10/19	0.13	HEALTH INSURANCE	001.0402.050.008			406 00007
PHYSICIAN VISIT 10/19	0.10	HEALTH INSURANCE	001.0403.050.008			406 00007
PHYSICIAN VISIT 10/19	0.14	HEALTH INSURANCE	001.0404.050.008			406 00007
PHYSICIAN VISIT 10/19	0.05	HEALTH INSURANCE	001.0405.050.008			406 00007
PHYSICIAN VISIT 10/19	0.14	HEALTH INSURANCE	001.0415.050.008			406 00007
PHYSICIAN VISIT 10/19	0.04	HEALTH INSURANCE	001.0416.050.008			406 00007
PHYSICIAN VISIT 10/19	0.34	HEALTH INSURANCE	001.0418.050.008			406 00007
PHYSICIAN VISIT 10/19	0.09	HEALTH INSURANCE	001.0421.050.008			406 00007
PHYSICIAN VISIT 10/19	0.08	HEALTH INSURANCE	001.0422.050.008			406 00007
PHYSICIAN VISIT 10/19	0.34	HEALTH INSURANCE	061.0461.050.008			406 00007
PHYSICIAN VISIT 10/19	1.74	HEALTH INSURANCE	062.0462.050.008			406 00007
PHYSICIAN VISIT 10/19	1.30	HEALTH INSURANCE	063.0463.050.008			406 00007
PHYSICIAN VISIT 10/19	0.39	HEALTH INSURANCE	021.0424.050.008			406 00007
PHYSICIAN VISIT 10/19	0.09	HEALTH INSURANCE	029.0429.050.008			406 00007

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P	ID	LINE
KAWEAH DELTA MEDICAL FOU									
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	001.0406.050.008					406	00007
PHYSICIAN VISIT 10/19	0.02	HEALTH INSURANCE	060.0460.050.008					406	00007
PHYSICIAN VISIT 10/19		HEALTH INSURANCE	072.0472.050.008					406	00007
PHYSICIAN VISIT 10/19		HEALTH INSURANCE	086.0486.050.008					406	00007
PHYSICIAN VISIT 10/2019	0.52	HEALTH INSURANCE	001.0402.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.90	HEALTH INSURANCE	001.0403.050.008					406	00008
PHYSICIAN VISIT 10/2019	1.32	HEALTH INSURANCE	001.0404.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.52	HEALTH INSURANCE	001.0405.050.008					406	00008
PHYSICIAN VISIT 10/2019	1.33	HEALTH INSURANCE	001.0415.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.37	HEALTH INSURANCE	001.0416.050.008					406	00008
PHYSICIAN VISIT 10/2019	3.11	HEALTH INSURANCE	001.0418.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.88	HEALTH INSURANCE	001.0421.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.76	HEALTH INSURANCE	001.0422.050.008					406	00008
PHYSICIAN VISIT 10/2019	3.12	HEALTH INSURANCE	061.0461.050.008					406	00008
PHYSICIAN VISIT 10/2019	15.71	HEALTH INSURANCE	062.0462.050.008					406	00008
PHYSICIAN VISIT 10/2019	11.72	HEALTH INSURANCE	063.0463.050.008					406	00008
PHYSICIAN VISIT 10/2019	3.57	HEALTH INSURANCE	021.0424.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.82	HEALTH INSURANCE	029.0429.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.15	HEALTH INSURANCE	001.0406.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.18	HEALTH INSURANCE	060.0460.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008					406	00008
PHYSICIAN VISIT 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008					406	00008
PHYSICIAN VISIT 10/19	0.52	HEALTH INSURANCE	001.0402.050.008					406	00009
PHYSICIAN VISIT 10/19	0.90	HEALTH INSURANCE	001.0403.050.008					406	00009
PHYSICIAN VISIT 10/19	1.32	HEALTH INSURANCE	001.0404.050.008					406	00009
PHYSICIAN VISIT 10/19	0.52	HEALTH INSURANCE	001.0405.050.008					406	00009
PHYSICIAN VISIT 10/19	1.33	HEALTH INSURANCE	001.0415.050.008					406	00009
PHYSICIAN VISIT 10/19	0.37	HEALTH INSURANCE	001.0416.050.008					406	00009
PHYSICIAN VISIT 10/19	3.11	HEALTH INSURANCE	001.0418.050.008					406	00009
PHYSICIAN VISIT 10/19	0.88	HEALTH INSURANCE	001.0421.050.008					406	00009
PHYSICIAN VISIT 10/19	0.76	HEALTH INSURANCE	001.0422.050.008					406	00009
PHYSICIAN VISIT 10/19	3.12	HEALTH INSURANCE	061.0461.050.008					406	00009
PHYSICIAN VISIT 10/19	15.71	HEALTH INSURANCE	062.0462.050.008					406	00009
PHYSICIAN VISIT 10/19	11.72	HEALTH INSURANCE	063.0463.050.008					406	00009
PHYSICIAN VISIT 10/19	3.57	HEALTH INSURANCE	021.0424.050.008					406	00009
PHYSICIAN VISIT 10/19	0.82	HEALTH INSURANCE	029.0429.050.008					406	00009
PHYSICIAN VISIT 10/19	0.15	HEALTH INSURANCE	001.0406.050.008					406	00009
PHYSICIAN VISIT 10/19	0.18	HEALTH INSURANCE	060.0460.050.008					406	00009
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	072.0472.050.008					406	00009
PHYSICIAN VISIT 10/19	0.01	HEALTH INSURANCE	086.0486.050.008					406	00009
LAB/DIAGNOSTIC 10/19	0.75	HEALTH INSURANCE	001.0402.050.008					406	00014
LAB/DIAGNOSTIC 10/19	1.40	HEALTH INSURANCE	001.0403.050.008					406	00014
LAB/DIAGNOSTIC 10/19	2.03	HEALTH INSURANCE	001.0404.050.008					406	00014
LAB/DIAGNOSTIC 10/19	0.81	HEALTH INSURANCE	001.0405.050.008					406	00014
LAB/DIAGNOSTIC 10/19	2.06	HEALTH INSURANCE	001.0415.050.008					406	00014
LAB/DIAGNOSTIC 10/19	0.57	HEALTH INSURANCE	001.0416.050.008					406	00014
LAB/DIAGNOSTIC 10/19	4.81	HEALTH INSURANCE	001.0418.050.008					406	00014
LAB/DIAGNOSTIC 10/19	1.36	HEALTH INSURANCE	001.0421.050.008					406	00014
LAB/DIAGNOSTIC 10/19	1.18	HEALTH INSURANCE	001.0422.050.008					406	00014
LAB/DIAGNOSTIC 10/19	4.82	HEALTH INSURANCE	061.0461.050.008					406	00014

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
KAWEAH DELTA MEDICAL FOU							
LAB/DIAGNOSTIC 10/19	24.26	HEALTH INSURANCE	062.0462.050.008				406 00014
LAB/DIAGNOSTIC 10/19	18.10	HEALTH INSURANCE	063.0463.050.008				406 00014
LAB/DIAGNOSTIC 10/19	5.52	HEALTH INSURANCE	021.0424.050.008				406 00014
LAB/DIAGNOSTIC 10/19	1.27	HEALTH INSURANCE	029.0429.050.008				406 00014
LAB/DIAGNOSTIC 10/19	0.23	HEALTH INSURANCE	001.0406.050.008				406 00014
LAB/DIAGNOSTIC 10/19	0.28	HEALTH INSURANCE	060.0460.050.008				406 00014
LAB/DIAGNOSTIC 10/19	0.02	HEALTH INSURANCE	072.0472.050.008				406 00014
LAB/DIAGNOSTIC 10/19	0.02	HEALTH INSURANCE	086.0486.050.008				406 00014
SERVICES 10/19	31.92	HEALTH INSURANCE	001.0411.050.008				406 00016
SERVICES 10/2019	0.81	HEALTH INSURANCE	001.0402.050.008				406 00017
SERVICES 10/2019	1.48	HEALTH INSURANCE	001.0403.050.008				406 00017
SERVICES 10/2019	2.15	HEALTH INSURANCE	001.0404.050.008				406 00017
SERVICES 10/2019	0.86	HEALTH INSURANCE	001.0405.050.008				406 00017
SERVICES 10/2019	2.18	HEALTH INSURANCE	001.0415.050.008				406 00017
SERVICES 10/2019	0.60	HEALTH INSURANCE	001.0416.050.008				406 00017
SERVICES 10/2019	5.09	HEALTH INSURANCE	001.0418.050.008				406 00017
SERVICES 10/2019	1.44	HEALTH INSURANCE	001.0421.050.008				406 00017
SERVICES 10/2019	1.25	HEALTH INSURANCE	001.0422.050.008				406 00017
SERVICES 10/2019	5.10	HEALTH INSURANCE	061.0461.050.008				406 00017
SERVICES 10/2019	25.68	HEALTH INSURANCE	062.0462.050.008				406 00017
SERVICES 10/2019	19.16	HEALTH INSURANCE	063.0463.050.008				406 00017
SERVICES 10/2019	5.85	HEALTH INSURANCE	021.0424.050.008				406 00017
SERVICES 10/2019	1.34	HEALTH INSURANCE	029.0429.050.008				406 00017
SERVICES 10/2019	0.24	HEALTH INSURANCE	001.0406.050.008				406 00017
SERVICES 10/2019	0.29	HEALTH INSURANCE	060.0460.050.008				406 00017
SERVICES 10/2019	0.03	HEALTH INSURANCE	072.0472.050.008				406 00017
SERVICES 10/2019	0.03	HEALTH INSURANCE	086.0486.050.008				406 00017
LAB/DIAGNOSTIC 10/19	31.92	HEALTH INSURANCE	001.0411.050.008				406 00019
	502.71	*VENDOR TOTAL					
KNIGHTS OF COLUMBUS CLNG DEP REFUND 10/2019	100.00	DEPOSITS FORM OTHERS	001.0000.200.035		19-078		394 00057
LAB CORP. OF AMERICA LAB/DIAGNOSTIC 10/19	74.88	HEALTH INSURANCE	001.0411.050.008				406 00020
LEMUS/MARIA G SOCCER REFUND 10/19	90.00	SOCCER FEES	001.0306.000.073		RICHARD&DAVID		394 00016
MENDEZ CONCRETE PUMPING SERVICES 10/2019	278.00	CONTRACTURAL SERVICES	060.0460.060.028		944582		394 00018
MIDWEST MOTOR SUPPLY SP EXTRACTOR 10/19	10.06	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		7432991		394 00104
MOTHER LODE CONCRETE COM PEA GRAVEL PUMP 10/19	937.90	CONTRACTURAL SERVICES	060.0460.060.028		8469896		394 00023

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
NUTRIEN AG SOLUTIONS SNIPER 10/2019	1,021.14	ORCHARD EXPENSES	062.0462.060.046		40580651		394 00234
OFFICE DEPOT CDS/FOLDERS 10/19	118.73	OFFICE SUPPLIES	001.0410.060.023		374496609001		394 00262
PLANNER 10/2019	14.17	OFFICE SUPPLIES	001.0410.060.023		374499471001		394 00263
ENVELOPE CLSP CRDT 10/19	15.18CR	OFFICE SUPPLIES	001.0410.060.023		375450091001		394 00260
BINDERS 10/2019	108.95	OFFICE SUPPLIES	001.0410.060.023		375763657001		394 00261
POUCH LMNTR/PAPER 10/19	72.00	OFFICE SUPPLIES	001.0410.060.023		375834942001		394 00264
	298.67	*VENDOR TOTAL					
PORTERVILLE/ CITY OF ANIMAL CONTROL 10/2019	540.00	CONTRACTURAL SERVICES	001.0411.060.028		201909250653		394 00173
PRECISION REHAB & OROTHO PHYSICAL THERAPY 10/19	0.94	HEALTH INSURANCE	001.0402.050.008				406 00002
PHYSICAL THERAPY 10/19	1.78	HEALTH INSURANCE	001.0403.050.008				406 00002
PHYSICAL THERAPY 10/19	2.59	HEALTH INSURANCE	001.0404.050.008				406 00002
PHYSICAL THERAPY 10/19	1.03	HEALTH INSURANCE	001.0405.050.008				406 00002
PHYSICAL THERAPY 10/19	2.62	HEALTH INSURANCE	001.0415.050.008				406 00002
PHYSICAL THERAPY 10/19	0.72	HEALTH INSURANCE	001.0416.050.008				406 00002
PHYSICAL THERAPY 10/19	6.12	HEALTH INSURANCE	001.0418.050.008				406 00002
PHYSICAL THERAPY 10/19	1.73	HEALTH INSURANCE	001.0421.050.008				406 00002
PHYSICAL THERAPY 10/19	1.50	HEALTH INSURANCE	001.0422.050.008				406 00002
PHYSICAL THERAPY 10/19	6.13	HEALTH INSURANCE	061.0461.050.008				406 00002
PHYSICAL THERAPY 10/19	30.85	HEALTH INSURANCE	062.0462.050.008				406 00002
PHYSICAL THERAPY 10/19	23.02	HEALTH INSURANCE	063.0463.050.008				406 00002
PHYSICAL THERAPY 10/19	7.03	HEALTH INSURANCE	021.0424.050.008				406 00002
PHYSICAL THERAPY 10/19	1.62	HEALTH INSURANCE	029.0429.050.008				406 00002
PHYSICAL THERAPY 10/19	0.29	HEALTH INSURANCE	001.0406.050.008				406 00002
PHYSICAL THERAPY 10/19	0.35	HEALTH INSURANCE	060.0460.050.008				406 00002
PHYSICAL THERAPY 10/19	0.03	HEALTH INSURANCE	072.0472.050.008				406 00002
PHYSICAL THERAPY 10/19	0.03	HEALTH INSURANCE	086.0486.050.008				406 00002
PHYSICAL THERAPY 10/19	0.52	HEALTH INSURANCE	001.0402.050.008				406 00010
PHYSICAL THERAPY 10/19	0.90	HEALTH INSURANCE	001.0403.050.008				406 00010
PHYSICAL THERAPY 10/19	1.32	HEALTH INSURANCE	001.0404.050.008				406 00010
PHYSICAL THERAPY 10/19	0.52	HEALTH INSURANCE	001.0405.050.008				406 00010
PHYSICAL THERAPY 10/19	1.33	HEALTH INSURANCE	001.0415.050.008				406 00010
PHYSICAL THERAPY 10/19	0.37	HEALTH INSURANCE	001.0416.050.008				406 00010
PHYSICAL THERAPY 10/19	3.11	HEALTH INSURANCE	001.0418.050.008				406 00010
PHYSICAL THERAPY 10/19	0.88	HEALTH INSURANCE	001.0421.050.008				406 00010
PHYSICAL THERAPY 10/19	0.76	HEALTH INSURANCE	001.0422.050.008				406 00010
PHYSICAL THERAPY 10/19	3.12	HEALTH INSURANCE	061.0461.050.008				406 00010
PHYSICAL THERAPY 10/19	15.71	HEALTH INSURANCE	062.0462.050.008				406 00010
PHYSICAL THERAPY 10/19	11.72	HEALTH INSURANCE	063.0463.050.008				406 00010
PHYSICAL THERAPY 10/19	3.57	HEALTH INSURANCE	021.0424.050.008				406 00010
PHYSICAL THERAPY 10/19	0.82	HEALTH INSURANCE	029.0429.050.008				406 00010
PHYSICAL THERAPY 10/19	0.15	HEALTH INSURANCE	001.0406.050.008				406 00010
PHYSICAL THERAPY 10/19	0.18	HEALTH INSURANCE	060.0460.050.008				406 00010
PHYSICAL THERAPY 10/19	0.01	HEALTH INSURANCE	072.0472.050.008				406 00010
PHYSICAL THERAPY 10/19	0.01	HEALTH INSURANCE	086.0486.050.008				406 00010

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
PRECISION REHAB & OROTHO	133.38	*VENDOR TOTAL				
PRO PT						
PHYSICAL THERAPY 10/2019	0.30	HEALTH INSURANCE	001.0402.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.45	HEALTH INSURANCE	001.0403.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.66	HEALTH INSURANCE	001.0404.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.26	HEALTH INSURANCE	001.0405.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.66	HEALTH INSURANCE	001.0415.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.18	HEALTH INSURANCE	001.0416.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.55	HEALTH INSURANCE	001.0418.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.44	HEALTH INSURANCE	001.0421.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.38	HEALTH INSURANCE	001.0422.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.56	HEALTH INSURANCE	061.0461.050.008			406 00011
PHYSICAL THERAPY 10/2019	7.85	HEALTH INSURANCE	062.0462.050.008			406 00011
PHYSICAL THERAPY 10/2019	5.86	HEALTH INSURANCE	063.0463.050.008			406 00011
PHYSICAL THERAPY 10/2019	1.78	HEALTH INSURANCE	021.0424.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.41	HEALTH INSURANCE	029.0429.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.07	HEALTH INSURANCE	001.0406.050.008			406 00011
PHYSICAL THERAPY 10/2019	0.09	HEALTH INSURANCE	060.0460.050.008			406 00011
PHYSICAL THERAPY 10/2019		HEALTH INSURANCE	072.0472.050.008			406 00011
PHYSICAL THERAPY 10/2019		HEALTH INSURANCE	086.0486.050.008			406 00011
	22.50	*VENDOR TOTAL				
PROTECTION ONE						
WWTP ALARM 10/2019	60.92	CONTRACTURAL SERVICES	063.0463.060.028			394 00225
QUAD - KNOPF						
N.VLCA BLVD IMPROV 10/19	148.50	CONTRACTURAL SERVICES	022.0590.740.028	100797		394 00067
WDLK S. VAL PROJ 10/19	355.50	CONTRACTURAL SERVICES	020.0590.734.028	100798		394 00066
CYCLE 5 ATP APP 10/19	2,148.30	CONTRACTURAL SERVICES	001.0416.060.028	100799		394 00072
STARTZ DEVELOPMENT 10/19	178.20	CONTRACTURAL SERVICES	001.0416.060.028	100800		394 00073
TERRACE FAM APTS 10/19	852.39	CONTRACTURAL SERVICES	001.0416.060.028	100801		394 00069
GENERAL SERVICES 10/19	3,553.89	CONTRACTURAL SERVICES	001.0416.060.028	100802		394 00074
PREMIUM EXTRCTS 10/19	214.56	CONTRACTURAL SERVICES	001.0416.060.028	100803		394 00071
N.VLNCA EXT PROJ 10/19	903.00	CONTRACTURAL SERVICES	023.0590.744.028	100804		394 00068
CST RCK SBDVSN PH3 10/19	1,683.54	CONTRACTURAL SERVICES	001.0416.060.028	100805		394 00070
	10,037.88	*VENDOR TOTAL				
QUADRAPLEX						
M/L CABLE/CRTRIDGE 10/19	303.62	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	88126		394 00095
RODRIGUEZ/TONY						
T.RDRGUEZ BOOTS 10/2019	150.00	UNIFORM ALLOWANCE	062.0462.050.011	10/2019		394 00085
ROLAND R. ROSALES						
TRANSCRIPT SERV. 10/19	1,981.00	CONTRACTURAL SERVICES	001.0411.060.028	19-0287/170967		394 00165
SANTA FE AGGREGATES, INC						
FILL DIRT 10/2019	287.75	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	2025140		394 00083

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
SANTA FE AGGREGATES, INC CONCRETE MIX 10/2019	50.25 338.00	SPECIAL DEPARTMENT EXPEN *VENDOR TOTAL	060.0460.060.029		2025548		394 00272
SCI CONSULTING GROUP CNNBIS RLTD CNSLTG 10/19 CNNBIS CONSLTNG 10/19	1,396.88 1,396.88 2,793.76	CONTRACTURAL SERVICES CONTRACTURAL SERVICES *VENDOR TOTAL	001.0407.060.028 001.0407.060.028		C8534 C8535		394 00076 394 00075
SIERRA AUTO & TRUCK REPA SERVICES 10/2019	560.00	CONTRACTURAL SERVICES	060.0460.060.028		001991		394 00271
SIERRA SANITATION BTHROOM RNTL 10/2019	743.00	SPECIAL DEPARTMENT EXPEN	001.0406.060.029		102338		394 00231
SOLIS/ANGELICA WTR DEP RFD/CRDT 10/19	168.19	UTILITY DEPOSITS	001.0000.200.034		249 MANZANILLO		394 00131
SOUTHERN CALIF EDISON CO PLAZA 10/2019 COMMUNITY CENTER 10/19 ORCHARD 10/2019 WELL #13 10/2019 320 E. ANTELOPE 10/2019 ORCHARD 10/2019 ORCHARD 10/2019 ORCHARD 10/2019 WATER DEPT. 10/2019 STREETS DEPT. 10/2019 MNZNILLO LIFT STN 10/19	132.25 1,744.13 10.56 2,964.68 100.89 190.14 155.82 177.40 112.12 10.29 5,598.28	UTILITIES SPECIAL DEPARTMENT EXPEN ORCHARD EXPENSES UTILITIES UTILITIES ORCHARD EXPENSES ORCHARD EXPENSES UTILITIES UTILITIES SPECIAL DEPARTMENT EXPEN *VENDOR TOTAL	001.0422.060.021 001.0421.060.029 062.0462.060.046 063.0463.060.021 004.0414.060.021 001.0421.060.046 001.0421.060.046 063.0463.060.021 001.0422.060.021 063.0463.060.029				394 00027 394 00045 394 00049 394 00050 394 00088 394 00174 394 00175 394 00181 394 00182 394 00226
SPENCE FENCE COMPANY INC SERVICES 10/2019	800.00	CONTRACTURAL SERVICES	001.0421.060.028		14407		394 00112
ST JOHN'S RIVER ASSESSMNT #689 10/2019	330.00	UTILITIES	001.0421.060.021		576		394 00183
STANTEC CONSULTING SERVI ONCALL REPORTING 10/19	844.00	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		1563695		394 00082
STILLWELL/DAVID INTEREST 10/2019 PRINCIPAL 10/2019	2,257.91 4,646.40 6,904.31	INTEREST EXPENSE SEWER LOAN 240K D STILLW *VENDOR TOTAL	062.0462.060.065 062.0000.200.064		NOV 2019 NOV 2019		394 00229 394 00230
SWRCB FEES ENFORCMENT ACT. 10/19	180.00	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		EW-1018591		394 00048
TEAMSTERS LOCAL UNION NO WPD UNION DUES 10/2019	352.00	POLICE ASS'N DUES WITHHE	001.0000.200.030		OCT. 2019		394 00017

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM INVOICE	PO#	F/P ID LINE
TF TIRE & SERVICE						
SUPPLIES 10/2019	766.60	STATE OF GOOD REPAIR - S	021.0424.060.033	EX-207252		394 00266
DUMP TRAILER TIRES 10/19	213.62	SPECIAL DEPARTMENT EXPEN	062.0462.060.029	EX-207267		394 00107
	980.22	*VENDOR TOTAL				
THE NEPHROLOGY GROUP						
LAB/DIAGNOSTIC 10/2019	0.51	HEALTH INSURANCE	001.0402.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.88	HEALTH INSURANCE	001.0403.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	1.27	HEALTH INSURANCE	001.0404.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.51	HEALTH INSURANCE	001.0405.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	1.29	HEALTH INSURANCE	001.0415.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.35	HEALTH INSURANCE	001.0416.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	3.02	HEALTH INSURANCE	001.0418.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.85	HEALTH INSURANCE	001.0421.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.74	HEALTH INSURANCE	001.0422.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	3.02	HEALTH INSURANCE	061.0461.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	15.21	HEALTH INSURANCE	062.0462.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	11.35	HEALTH INSURANCE	063.0463.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	3.46	HEALTH INSURANCE	021.0424.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.79	HEALTH INSURANCE	029.0429.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.14	HEALTH INSURANCE	001.0406.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.17	HEALTH INSURANCE	060.0460.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.01	HEALTH INSURANCE	072.0472.050.008			406 00018
LAB/DIAGNOSTIC 10/2019	0.01	HEALTH INSURANCE	086.0486.050.008			406 00018
	43.58	*VENDOR TOTAL				
TOP DOG TRAINING CENTER						
NRCTC DT CRS RNGER 10/19	3,300.00	CONTRACTURAL SERVICES	001.0411.060.028	1181		394 00118
TRANSUNION RISK AND ALTE						
SERVICES 10/2019	50.00	CONTRACTURAL SERVICES	001.0411.060.028			394 00117
TULARE CO. SHERIFF'S OFF						
EMPLEE W/HLDNGS 10/19	394.16	GARNISHMENT OF WAGES WIT	001.0000.200.033	OCT. 2019		394 00224
TULARE COUNTY (868)						
DISPATCH SERVICES 10/19	16,598.00	SPECIAL DEPARTMENT EXPEN	001.0411.060.029	JULY-SEPT 2019		394 00184
TULARE COUNTY GER SER AC						
UNATTENDED CAR TAG 10/19	302.99	CONTRACTURAL SERVICES	001.0411.060.028	020093		394 00098
ULINE						
CLEANING SUPPLIES 10/19	1,100.09	SPECIAL DEPARTMENT EXPEN	001.0418.060.029	112862876		394 00233
UNITED RENTALS NORTHWES						
PLUG FLOW/PLG HOSE 10/19	2,477.66	SPECIAL DEPARTMENT EXPEN	060.0460.060.029	173335151-002		394 00081
UPHOLSTERY BY BRENT						
RCVR SEAT&REPD #63 10/19	250.00	CONTRACTURAL SERVICES	021.0424.060.028	6441		394 00232

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VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
US BANK							
CITY PRINTER 10/2019	823.74	SPECIAL DEPARTMENT EXPEN	001.0410.060.029		394408298		394 00061
PD PRINTER 10/2019	437.54	SPECIAL DEPARTMENT EXPEN	001.0411.060.029		394408298		394 00062
	1,261.28	*VENDOR TOTAL					
VALENTI/MARY PRE EMPLOYMNT PSHYC 10/19	800.00	CONTRACTURAL SERVICES	001.0411.060.028		GNZALEZ/WHEAT		394 00013
VALLEY CHILDRENS HOSPITA HSPTL OUT PTNT 10/19	243.99	HEALTH INSURANCE	001.0411.050.008				406 00005
VALLEY IND & FAM MED GRP SERVICES D.HALL 10/2019	137.66	CONTRACTURAL SERVICES	001.0411.060.028		384505		394 00265
VERIZON WIRELESS							
PD CELL PHONES 10/2019	406.72	TELEPHONE	001.0411.060.020		AUG16-SEPT1519		394 00020
CITY CELL PHONES 10/2019	12.37	TELEPHONE	001.0403.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	12.30	TELEPHONE	001.0404.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	8.20	TELEPHONE	001.0405.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	24.61	TELEPHONE	001.0415.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	4.10	TELEPHONE	001.0416.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	8.20	TELEPHONE	001.0418.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	20.51	TELEPHONE	001.0421.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	12.30	TELEPHONE	001.0422.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	24.61	TELEPHONE	061.0461.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	65.64	TELEPHONE	021.0424.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	108.71	TELEPHONE	062.0462.060.020		AUG16-SEP1519		394 00021
CITY CELL PHONES 10/2019	108.71	TELEPHONE	063.0463.060.020		AUG16-SEP1519		394 00021
	816.98	*VENDOR TOTAL					
VISALIA FAMILY PRACTICE							
PHYSICIAN VISIT 10/2019	0.97	HEALTH INSURANCE	001.0402.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.91	HEALTH INSURANCE	001.0403.050.008				406 00015
PHYSICIAN VISIT 10/2019	2.77	HEALTH INSURANCE	001.0404.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.11	HEALTH INSURANCE	001.0405.050.008				406 00015
PHYSICIAN VISIT 10/2019	2.81	HEALTH INSURANCE	001.0415.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.78	HEALTH INSURANCE	001.0416.050.008				406 00015
PHYSICIAN VISIT 10/2019	6.55	HEALTH INSURANCE	001.0418.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.85	HEALTH INSURANCE	001.0421.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.61	HEALTH INSURANCE	001.0422.050.008				406 00015
PHYSICIAN VISIT 10/2019	6.57	HEALTH INSURANCE	061.0461.050.008				406 00015
PHYSICIAN VISIT 10/2019	33.04	HEALTH INSURANCE	062.0462.050.008				406 00015
PHYSICIAN VISIT 10/2019	24.65	HEALTH INSURANCE	063.0463.050.008				406 00015
PHYSICIAN VISIT 10/2019	7.52	HEALTH INSURANCE	021.0424.050.008				406 00015
PHYSICIAN VISIT 10/2019	1.73	HEALTH INSURANCE	029.0429.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.31	HEALTH INSURANCE	001.0406.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.38	HEALTH INSURANCE	060.0460.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.04	HEALTH INSURANCE	072.0472.050.008				406 00015
PHYSICIAN VISIT 10/2019	0.04	HEALTH INSURANCE	086.0486.050.008				406 00015
	94.64	*VENDOR TOTAL					

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
VISALIA/CITY OF HAZ MAT MAINT FEE 10/19	1,000.05	CONTRACTURAL SERVICES	001.0402.060.028		JUL 19-JUN 20		394 00102
WOODLAKE GROWERS SUPPLY CANNED DOG FOOD 10/19	17.94	SPECIAL DEPARTMENT EXPEN	001.0411.060.029		249488		394 00213
STATION MAINT. 10/2019	8.00	FIRE STATION MAINTENANC	004.0414.060.034		250582		394 00211
STATION MAINT. 10/2019	12.83	FIRE STATION MAINTENANC	004.0414.060.034		250583		394 00212
	38.77	*VENDOR TOTAL					
WOODLAKE HARDWARE CO STATION MAINT. 10/2019	8.91	FIRE STATION MAINTENANC	004.0414.060.034		A91151		394 00166
NUTS/BOLTS 10/2019	5.72	SPECIAL DEPARTMENT EXPEN	062.0462.060.029		A91341		394 00133
PADLOCK/BATTERY 10/19	135.55	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A91346		394 00134
NUTS/BOLTS 10/2019	15.66	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A91391		394 00135
BLK CABLE TIE 10/19	7.60	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A91632		394 00137
STRP VEHICLE RCVRY 10/19	44.46	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A91764		394 00153
STATION MAINT. 10/2019	21.74	FIRE STATION MAINTENANC	004.0414.060.034		A91913		394 00167
TAILPIECE/STRAINER 10/19	27.48	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92000		394 00140
PIPE NIPPLE GALV 10/19	4.67	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92007		394 00141
TAILPIECE/J BEND 10/19	23.90	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92012		394 00139
SUPPLIES 10/2019	16.93	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92026		394 00142
NUTS/BOLTS 10/2019	13.70	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A92079		394 00155
NAILS/BOLTS 10/2019	2.49	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92169		394 00143
STRAP TIES 10/2019	23.81	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		A92227		394 00156
SHOE GOO 10/2019	10.85	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		A92280		394 00145
DUAL CASTER 10/2019	11.94	ORCHARD EXPENSES	001.0421.060.046		A92452		394 00146
MASTERLOCK 10/2019	169.52	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92527		394 00148
STATION MAINT. 10/2019	31.39	FIRE STATION MAINTENANC	004.0414.060.034		A92550		394 00169
ANT/ROACH KILLER 10/19	8.69	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		A92581		394 00149
STATION MAINT. 10/2019	3.56	FIRE STATION MAINTENANC	004.0414.060.034		A92616		394 00170
GAL MINERAL SPIRIT 10/19	22.60	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		A92821		394 00150
SAND 10/2019	195.53	SPECIAL DEPARTMENT EXPEN	063.0463.060.029		A92833		394 00151
POLY DECK SCRUB 10/19	21.73	SPECIAL DEPARTMENT EXPEN	001.0418.060.029		B68412		394 00136
BITS/SCREWS 10/2019	71.30	SPECIAL DEPARTMENT EXPEN	060.0460.060.029		B68565		394 00138
DBL LOOP CHAIN 10/2019	17.23	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68634		394 00152
NUTS/BOLTS 10/2019	15.52	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68742		394 00154
SUPPLIES 10/2019	38.88	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B68937		394 00144
STATION MAINT. 10/2019	15.76	FIRE STATION MAINTENANC	004.0414.060.034		B68989		394 00168
SAND 10/2019	48.88	SPECIAL DEPARTMENT EXPEN	001.0421.060.029		B69106		394 00147
	1,036.00	*VENDOR TOTAL					
WOODLAKE UNIFIED SCHOOL SUMMER 2019 SWIM 10/19	4,178.28	CONTRACTURAL SERVICES	001.0421.060.028		2036		394 00185

ACS FINANCIAL SYSTEM
10/11/2019 10:30:43

Schedule of Bills

CITY OF WOODLAKE
GL540R-V08.12 PAGE 18

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P	ID	LINE
REPORT TOTALS:	148,154.16								

RECORDS PRINTED = 000591

Schedule of Bills

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE APPROVED BY
.....
.....

ACS FINANCIAL SYSTEM
10/07/2019 14:

Check Register

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

BANK VENDOR

CHECK# DATE

AMOUNT

REPORT TOTALS:

204,154.01

RECORDS PRINTED - 000003

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
AT&T							
PLNT RRNGMNT ARL 10/19	60,000.00	CONSTRUCTION	020.0590.744.072		201661		424 00001
PLNT RRNGMNT ARL 10/19	60,000.00	CONSTRUCTION	022.0590.744.072		201661		424 00002
PLNT RRNGMNT ARL 10/19	84,154.01	CONTRACTURAL SERVICES	024.0590.744.072		201661		424 00003
	204,154.01	*VENDOR TOTAL					

ACS FINANCIAL SYSTEM
10/07/2019 14:17:33

Schedule of Bills

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:	204,154.01						

RECORDS PRINTED = 000003

Schedule of Bills

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE APPROVED BY
.....
.....

ACS FINANCIAL SYSTEM
09/27/2019 19:

Check Register

CITY OF WOODLAKE
GL540R-V08.12 PAGE 1

BANK	VENDOR	CHECK#	DATE	AMOUNT	
BANK	BANK OF THE SIERRA				
001922	HETTICK/RHYANNE	67597	09/27/19	1,182.33	
	BANK OF THE SIERRA			1,182.33	***

ACS FINANCIAL SYSTEM
09/27/2019 19:

Check Register

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

BANK VENDOR

CHECK# DATE AMOUNT

REPORT TOTALS:

1,182.33

RECORDS PRINTED - 000001

Schedule of Bills

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
HETTICK/RHYANNE RHYANNE HETTICK PR 10/19	1,182.33	SALARIES, REGULAR	001.0411.050.001		PAYROLL SEPT		395 00001

ACS FINANCIAL SYSTEM
09/27/2019 19:12:25

Schedule of Bills

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

VENDOR NAME	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
DESCRIPTION							
REPORT TOTALS:	1,182.33						

RECORDS PRINTED = 000001

Schedule of Bills

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE APPROVED BY
.....
.....

ACS FINANCIAL SYSTEM
10/03/2019 16:

Check Register

CITY OF WOODLAKE
GL540R-V08.12 PAGE 1

BANK	VENDOR	CHECK#	DATE	AMOUNT	
BANK	BANK OF THE SIERRA				
	000519 SO. CA. EDISON	67598	10/03/19	13,983.50	
	BANK OF THE SIERRA			13,983.50	***

ACS FINANCIAL SYSTEM
10/03/2019 16:

Check Register

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

BANK VENDOR

CHECK# DATE

AMOUNT

REPORT TOTALS:

13,983.50

RECORDS PRINTED - 000001

ACS FINANCIAL SYSTEM
10/03/2019 16:53:38

Schedule of Bills

CITY OF WOODLAKE
GL540R-V08.12 PAGE 1

VENDOR NAME DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P ID LINE
SO. CA. EDISON SCE INSTALL 10/2019	13,983.50	CONTRACTURAL SERVICES	001.0406.060.028		7590236550		416 00001

ACS FINANCIAL SYSTEM
10/03/2019 16:53:38

Schedule of Bills

CITY OF WOODLAKE
GL540R-V08.12 PAGE 2

VENDOR NAME	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	CLAIM	INVOICE	PO#	F/P	ID	LINE
DESCRIPTION									
REPORT TOTALS:	13,983.50								

RECORDS PRINTED - 000001

Schedule of Bills

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE APPROVED BY
.....
.....

Disbursement History Report

CHECK#	DATE	VENDOR	VENDOR NAME DETAIL DESCR	AMOUNT	CLAIM INVOICE PROJECT	PO#	SOURCE/JE/ID	LINE	ACCOUNT NAME FUND & ACCOUNT
67596	09/23/19	1779	PRI MANAGEMENT GROUP R.HETTICK TRNG 10/19	404.99	6981		D-101419-388 N	00001	TRAINING EXPENSE BANK 001.0411.060.037

City of Woodlake

AGENDA ITEM IV-C

October 14, 2019

Prepared by Ramon Lara, City Staff

SUBJECT:

Action: Adoption of Resolution: Approval of the September 2019 Monthly Report of Investments

BACKGROUND:

Pursuant to Section 3.24.050 of the Woodlake Municipal Code the Finance Department prepares a report listing all investments of the City of Woodlake. The City's temporary idle cash, those funds not immediately needed to pay current bills, is invested in accordance with the City's Investment Policy that was approved by Resolution No. 09-05 which was adopted on February 9, 2009.

DISCUSSION:

The first objective of the investment policy is to secure the safety of the invested funds. The second objective is to match the availability (liquidity) of the funds to the cash flow needs of the organization. The third objective, that is only considered after the first two objectives have been met, is yield, or the earnings rate.

RECOMMENDATIONS:

Staff recommends that Council approve the September 2019 Monthly Report of Investments as submitted.

FISCAL IMPACT:

There is no fiscal impact.

ATTACHMENTS:

1. Resolution: Approval of the September 2019 Monthly Report of Investments
2. September Monthly Report of Investments

BEFORE THE CITY COUNCIL
OF THE CITY OF WOODLAKE
COUNTY OF TULARE
STATE OF CALIFORNIA

In the matter of:

APPROVAL OF THE SEPTEMBER) Resolution No:
2019 MONTHLY REPORT OF)
INVESTMENTS)

Councilmember _____, offered the following resolution and moved its adoption. Approve the City of Woodlake’s September 2019 Monthly Report of Investments.

WHEREAS, pursuant to Section 3.24.050 of the Woodlake Municipal Code, monthly, the Finance Department shall prepare a report listing of all investments of the City of Woodlake; and

WHEREAS, the City’s temporary idle cash, those funds not immediately needed to pay current bills, is invested in accordance with the City’s Investment Policy that was approved by Resolution No. 09-05.

NOW, THEREFORE, THE CITY OF WOODLAKE DOES RESOLVE to approve the City of Woodlake’s September 2019 Monthly Report of Investments.

The foregoing resolution was adopted upon a motion of Councilmember _____, and seconded by Councilmember _____, and carried by the following vote at the City Council meeting held on October 14, 2019.

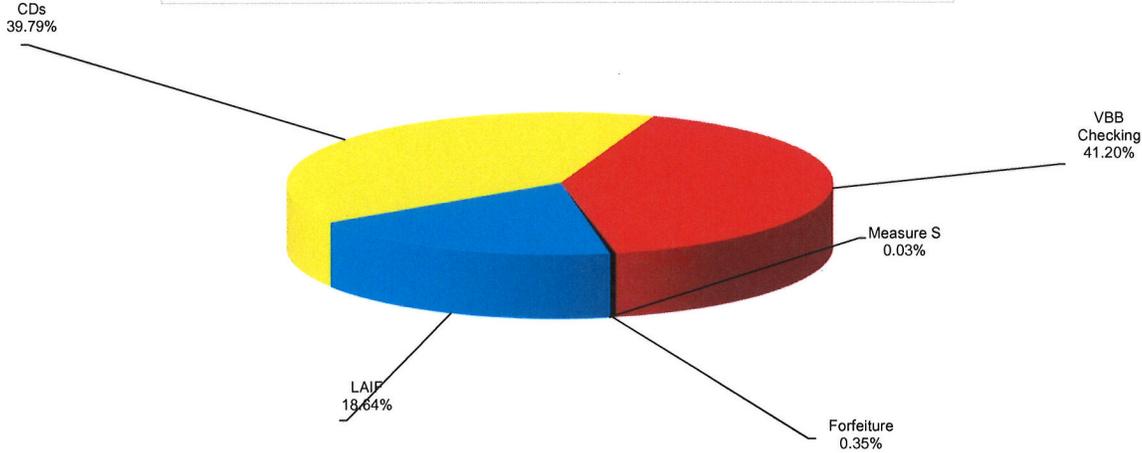
- AYES:
- NOES:
- ABSTAIN:
- ABSENT:

Rudy Mendoza, Mayor

ATTEST:

Irene Zacarias, City Clerk

City of Woodlake - Investment Report

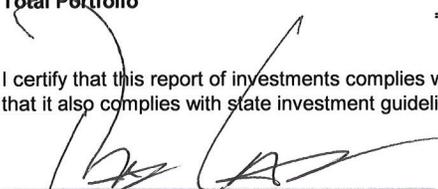


September 30, 2019

<u>Investment Type</u>	<u>Principal</u>	<u>Percent of Portfolio</u>	<u>Yield to Maturity</u>	<u>Settlement Date</u>	<u>Maturity</u>
Checking - Bank of the Sierra	\$2,853,841	41.2%	None	N/A	N/A
Checking - Asset Forfeiture	\$24,140	0.3%	0.05%	N/A	Monthly
Measure S - cash	\$1,981	0.0%	None	N/A	N/A
LAIF	\$1,290,810	18.6%	1.90%	N/A	Daily
MBS - miscellaneous Portfolio Holdings	\$0	0.0%	N/A	N/A	
Finance500 - Miscellaneous cash	\$2,821	0.0%	N/A	N/A	
State Bank India - 09/11/19	\$99,944	1.4%	3.15%	09/11/14	09/11/19
American Express Centurion - 10/21/20	\$100,023	1.4%	2.00%	10/21/15	10/21/20
Goldman Sachs - 01/27/21	\$49,698	0.7%	2.00%	01/27/16	01/27/21
Sussexbank Franklin - 01/28/21	\$47,857	0.7%	2.16%	01/28/16	01/28/21
Discover BK Greenwood - 06/21/21	\$152,315	2.2%	2.23%	06/20/18	06/21/21
Sallie Mae Bk Salt Lake City - 06/21/21	\$152,315	2.2%	2.15%	12/20/18	06/21/21
Synchrony BK Retail - 06/22/21	\$152,318	2.2%	1.84%	06/22/18	06/22/21
Citibank Natl Assn Sioux Falls - 10/26/21	\$101,075	1.5%	2.99%	10/26/18	10/26/21
First UTD BK & Trcompany Durant OK - 04/26/2	\$100,283	1.4%	2.99%	04/26/19	04/26/24
State BK India New York NY - 06/19/24	\$100,157	1.4%	2.99%	06/19/19	06/19/24
Discover BK Greenwood - 11/23/21	\$98,474	1.4%	2.06%	11/23/16	11/23/21
American Express Centurion - 04/19/22	\$149,994	2.2%	2.48%	04/19/17	04/19/22
Capital One - 06/14/22	\$150,386	2.2%	2.41%	06/14/17	06/14/22
Capital One - 06/14/22	\$150,386	2.2%	2.41%	06/14/17	06/14/22
Federal Natl Mtg - 10/09/19	\$255,203	3.7%	0.00%	10/09/84	10/09/19
BMW BK North Amer - 12/10/19	\$99,374	1.4%	3.10%	12/10/14	12/10/19
CIT BK Salt Lake City - 12/24/19	\$250,093	3.6%	0.00%	12/24/14	12/24/19
Synchrony BK Retail - 03/06/20	\$250,170	3.6%	2.15%	03/06/15	03/06/20
Comenity Cap - 06/01/21	\$92,918	1.3%	2.25%	05/31/17	06/01/21
Morgan Stanley BK - 02/07/24	\$199,996	2.9%	1.90%	02/07/19	02/07/24

Total Portfolio \$6,926,569 100%

I certify that this report of investments complies with the City's adopted investment policy and that it also complies with state investment guidelines pursuant to Government Code Section 16481.2 .


 Ramon Lara, City Administrator

10/04/19
 Date

City of Woodlake

AGENDA ITEM V-D

October 14, 2019

Prepared by Ramon Lara, City Staff

SUBJECT:

Action: Adoption of Resolution: Appointment of _____ to serve on the City of Woodlake City Council from October 14, 2019 through December 31, 2022

BACKGROUND:

At the September 9, 2019 City of Woodlake City Council meeting, staff presented the resignation letter submitted by Louie Lopez for his Council seat. At that meeting, the City Council unanimously accepted the resignation of Louie Lopez.

DISCUSSION:

At the September 23, 2019, Council instructed staff to immediately begin the recruitment for the vacant Council position. The vacancy was published in the local newspaper, social media and the City's website. All potential applicants were given until October 4, 2019 to submit their application and resume if interested in the vacancy.

At the same meeting, Council appointed an Ad Hoc Advisory Committee, comprised of Mayor Mendoza and Vice-Mayor Ortiz, to recommend a candidate to replace Louie Lopez. All applications were submitted to the Ad Hoc Advisory Committee for their review.

The Ad Hoc Advisory Committee interviewed the following seven applicants:

1. Lucy Cardenas
2. Lucinda Ellis
3. Florencio Guerra
4. Leticia Lucatero-Acosta
5. Frances Mann
6. Henry SantaCruz
7. William Valero

RECOMMENDATIONS:

No staff recommendation.

FISCAL IMPACT:

There is no fiscal impact.

ATTACHMENTS:

1. Resolution: Appointment of Council Member to Serve on the City of Woodlake City Council from October 14, 2019 through December 31, 2022.

City of Woodlake

AGENDA ITEM V- E

October 14, 2019

Prepared by Jason Waters, City Staff

SUBJECT:

Action: Adoption of Resolution: Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code – **PUBLIC HEARING**

BACKGROUND:

Chapter 5.48.030 – This addition to the municipal code adds a definition for “non-storefront” retail licenses.

Chapter 5.48.055 – Non-Storefront Dispensary - This addition to the Woodlake Municipal Code sets forth the conditions by which a cannabis business may receive a “non-storefront retail” cannabis regulatory permit. The proposed addition would limit non-storefront retail cannabis sales to licensed manufacturers, distributors and cultivators that have active Woodlake Cannabis Regulatory Permits.

DISCUSSION:

The purpose of this public hearing is to give citizens an opportunity to make their comments known regarding the proposed amendments and/or additions to the ordinances listed to Chapter 5.48, Cannabis Businesses.

The proposed ordinance would allow the City to issue “non-storefront retail” licenses to cannabis businesses that have received a manufacturing, distribution or cultivation license in the City of Woodlake.

Recent state rules have clarified that cities cannot prevent the delivery of cannabis products, even if that city bans cannabis retailers. The result of this rule is an increased desire from cannabis companies to sell cannabis via a delivery service. Currently, the City allows for two storefront dispensaries, which would not change if the proposed ordinance were adopted. The proposed ordinance would allow Woodlake cultivators, manufacturers and distributors to sell and deliver cannabis but would not allow them to act as a storefront business.

City Staff will also recommend waiving the first reading of the ordinance and setting the date of a second reading and public hearing to November 25, 2019.

RECOMMENDATIONS:

Adoption of Resolution: Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code

FISCAL IMPACT:

The General Fund will not be impacted through adoption of the amendments to the above said ordinances.

ATTACHMENTS:

1. Draft Amendment: Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code
2. Resolution: Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code
3. Non-Storefront Retail Fact Sheet

BEFORE THE CITY COUNCIL
OF THE CITY OF WOODLAKE
COUNTY OF TULARE
STATE OF CALIFORNIA

In the matter of:

RECEIVING PUBLIC COMMENTS AND)	
WAIVING THE 1st READING)	Resolution No.
SETTING DATE FOR 2 ND READING OF)	
CHAPTER 5.48 CANNABIS BUSINESSES)	
OF CITY MUNICIPAL CODE)	

Councilmember , offered the following resolution to Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code

WHEREAS, the City of Woodlake wishes to add or amend the following ordinances:

5.48.010 - Definitions

“Non-Storefront Dispensary” or “Non-Storefront Retail” is defined as the selling and delivering of Cannabis and cannabis goods to customers from a licensed premise that is not open to the public.

5.48.030 – Commercial Cannabis Business Minimum Operational Requirements and Restrictions.

H. Retail Sales. The storefront retail sale of cannabis is expressly prohibited unless the business has a non-storefront retail license.

5.48.055 – Non-Storefront Dispensary

A. Non-storefront retail licenses are limited to licensed Manufacturers, Distributors and Cultivators with active Woodlake Cannabis Regulatory Permits.

B. Non-storefront dispensaries may delivery in accordance with Municipal Code Section 5.48.050 (P)

C. Non-storefront dispensaries must meet the building and security requirements in Municipal Code Section 5.48.030 (A, B, C, D, E, F, H, I, J, K, L, M, N, Q, R)

D. A licensed non-storefront retailer may only engage in sales and deliveries between the hours of 6:00 a.m. and 10:00 p.m. Pacific Time.

E. Delivery must be made to a physical address in any jurisdiction within California that is not on publicly owned land, a school, a day care, or a youth center

F. During delivery, the employee must carry a copy of the retailer’s license, the employee’s government-issued identification, and an identification badge provided by the licensed retailer.

G. - A delivery request receipt must be prepared for each delivery of cannabis goods and contain all the items listed in section 5420 of the Bureau’s regulations.

H. Delivery must be made using an enclosed motor vehicle equipped with a GPS device and secure storage for cannabis goods.

I. A facility certificate of occupancy is required to operate a non-storefront retail business.

J. The business must comply with all applicable State laws related to non-storefront retail cannabis.

WHEREAS, the City of Woodlake wishes to amend the Municipal Code; and

WHEREAS, the City of Woodlake held a public hearing at the October 14, 2019 City Council meetings to receive comments regarding these ordinances; and

WHEREAS, the City Council set the 2nd hearing date for November 25, 2019.

NOW, THEREFORE, THE CITY OF WOODLAKE DOES RESOLVE to Receive Public Comments, Waive 1st Reading, and Set 2nd Reading Date for Ordinance Amending Chapter 5.48 Cannabis Businesses of the Municipal Code.

The foregoing resolution was adopted upon a motion of Councilmember, and seconded by Councilmember, and carried by the following vote at the City Council meeting held on October 14, 2019.

AYES:

NOES:

ABSTAIN:

ABSENT:

Rudy Mendoza, Mayor

ATTEST:

Irene Zacarias, City Clerk

CANNABIS RETAILER (NON-STOREFRONT) FACT SHEET



RETAILER (NON-STOREFRONT): Sells cannabis goods to customers exclusively through delivery. A retailer non-storefront must have a licensed premises to store the cannabis goods for delivery. The premises of a non-storefront retailer shall not be open to the public.

RETAILER (NON-STOREFRONT) REQUIREMENTS

- **Hours of operation**
 - A licensed retailer may only engage in sales and deliveries between the hours of 6:00 a.m. and 10:00 p.m. Pacific Time.
- **Cannabis goods for sale**
 - A licensed retailer may only sell cannabis goods, cannabis accessories, and licensees' branded merchandise or promotional materials.
 - A licensed retailer may only receive cannabis goods for sale from a licensed distributor.
 - All cannabis goods must comply with all packaging and labeling requirements.
 - A licensed retailer may not sell cannabis goods that are expired.
- **Delivery**
 - All delivery customers must provide a valid proof of identification.
 - Persons 21 years of age or older may purchase adult-use cannabis goods.
 - Persons 18 years of age or older may purchase medicinal cannabis goods with a valid physician's recommendation.
 - Delivery employees must verify the age by inspecting a valid form of identification of all delivery customers, in person, before they complete delivery of the cannabis goods.
 - Delivery must be made to a physical address in any jurisdiction within California that is not on publicly owned land, a school, a day care, or a youth center.
 - During delivery, the employee must carry a copy of the retailer's license, the employee's government-issued identification, and an identification badge provided by the licensed retailer.
 - The delivery employee shall not carry cannabis goods valued in excess of \$5,000 at any time, with no more than \$3,000 of cannabis goods that are not already part of a customer order that was processed prior to leaving the premises.
 - A delivery request receipt must be prepared for each delivery of cannabis goods and contain all the items listed in section 5420 of the Bureau's regulations.
 - Delivery must be made in person by a direct employee of the licensed retailer. An independent contractor, third-party courier service, or an individual employed through a staffing agency would not be considered directly employed by the licensed retailer.
 - Delivery must be made using an enclosed motor vehicle equipped with a GPS device and secure storage for cannabis goods.
 - A vehicle used by a licensed retailer for delivery purposes is not required to be owned by the licensee.
- **Customer returns**
 - A licensed retailer may accept customer returns but may not resell the returned cannabis goods. The returned cannabis goods may be destroyed or, if defective, returned to the distributor from which they were obtained.



• **Cannabis goods packaging, labeling, and exit packaging**

- A licensed retailer may not accept, possess, or sell cannabis goods that are not packaged for final sale. A retailer may not package or label cannabis goods.
- All cannabis goods sold must be in an opaque exit package before delivery to the customer.
- Through December 31, 2019, all cannabis goods must either be in a child-resistant package or in a child-resistant exit package. All cannabis goods packaging shall be tamper-evident; and resealable if it contains more than one serving.
- Beginning January 1, 2020, a package containing cannabis goods shall be resealable, tamper-evident, and child resistant.
- Immature cannabis plants and seeds sold by a licensed retailer are not required to be placed in resealable, tamper-evident, child-resistant packaging.

• **Shipments and inventory**

- Licensed retailers can only receive shipments from licensed distributors between the hours of 6:00 a.m. and 10:00 p.m. Pacific Time.
- Licensed retailers must be able to account for all inventory of cannabis goods and provide the Bureau with inventory records upon request.

• **Retailer to retailer transfer**

- Cannabis goods may be transported by a licensed distributor from one retail location to another retail location if the retail licenses for both locations are held by the same licensee.

• **Records**

- A licensed retailer must maintain financial records, personnel records, training records, contracts, permits, security records, destruction records, data entered into track-and-trace, and an accurate record of all sales for seven years. All records must be made available to the Bureau upon request.

ORDINANCE NO. _____

RECEIVE PUBLIC COMMENTS, WAIVE 2ND
READING, AND ADOPT ORDINANCE AMENDING
CHAPTER 5.48, CANNABIS BUSINESSES OF THE
MUNICIPAL CODE

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

Section 1. PURPOSE. The provisions of this ordinance are intended in order to identify the requirements by which a non-storefront cannabis business may operate within the city of Woodlake.

Section 2. CODE ENACTMENT. Section 5.48, Cannabis Businesses and within the Woodlake Municipal Code is hereby enacted to read as follows:

5.48.010 - Definitions

“Non-Storefront Dispensary” or “Non-Storefront Retail” is defined as the selling and delivering of Cannabis and cannabis goods to customers from a licensed premise that is not open to the public.

5.48.030 – Commercial Cannabis Business Minimum Operational Requirements and Restrictions.

H. Retail Sales. The storefront retail sale of cannabis is expressly prohibited unless the business has a non-storefront retail license.

5.48.055 – Non-Storefront Dispensary

A. Non-storefront retail licenses are limited to licensed Manufacturers, Distributors and Cultivators with active Woodlake Cannabis Regulatory Permits.

B. Non-storefront dispensaries may delivery in accordance with Municipal Code Section 5.48.050 (P)

C. Non-storefront dispensaries must meet the building and security requirements in Municipal Code Section 5.48.030 (A, B, C, D, E, F, H, I, J, K, L, M, N, Q, R)

D. A licensed non-storefront retailer may only engage in sales and deliveries between the hours of 6:00 a.m. and 10:00 p.m. Pacific Time.

E. Delivery must be made to a physical address in any jurisdiction within California that is not on publicly owned land, a school, a day care, or a youth center

F. During delivery, the employee must carry a copy of the retailer’s license, the employee’s government-issued identification, and an identification badge provided by the licensed retailer.

- G. - A delivery request receipt must be prepared for each delivery of cannabis goods and contain all the items listed in section 5420 of the Bureau's regulations.
- H. Delivery must be made using an enclosed motor vehicle equipped with a GPS device and secure storage for cannabis goods.
- I. A facility certificate of occupancy is required to operate a non-storefront retail business.
- J. The business must comply with all applicable State laws related to non-storefront retail cannabis.

Section 3. CEQA REVIEW. The City Council hereby finds that this ordinance is not subject to review under the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines section 15061(b)(3) [there is no possibility the activity in question may have a significant affirmative effect on the environment].

Section 4. NO LIABILITY. The provisions of this ordinance shall not in any way be construed as imposing any duty of care, liability or responsibility for damage to person or property upon the City of Woodlake, or any official, employee or agent thereof.

Section 5. PENDING ACTIONS. Nothing in this ordinance or in the codes hereby adopted shall be construed to affect any suit or proceeding pending or impending in any court, or any rights acquired, or liability incurred, or any cause or causes of action acquired or existing, under any act or ordinance or code repealed by this ordinance, nor shall any just or legal right or remedy of any character be lost, impaired or affected by this ordinance.

Section 6. SEVERABILITY. If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this ordinance, or its application to any person or circumstance, is for any reason held to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases of this ordinance, or its application to any other person or circumstance. The City Council of the City of Woodlake hereby declares that it would have adopted each section, subsection, subdivision, paragraph, sentence, clause or phrase hereof, irrespective of the fact that any one or more other sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases hereof be declared invalid or unenforceable.

Section 7. CONSTRUCTION. The City Council intends this ordinance to supplement, not to duplicate or contradict, applicable state and federal law and this ordinance shall be construed in light of that intent. To the extent the provisions of the Woodlake Municipal Code as amended by this ordinance are substantially the same as provisions in the Woodlake Municipal Code existing prior to the effectiveness of this ordinance, then those amended provisions shall be construed as continuations of the earlier provisions and not as new enactments.

Section 8. EFFECTIVE DATE. The foregoing ordinance shall take effect thirty (30) days from the date of the passage hereof. Prior to the expiration of fifteen (15) days from the enactment hereof a certified copy of this ordinance shall be posted in the office of the City Clerk pursuant to Government Code section 36933(c)(1) and a summary shall be published once in the Foothill Sun Gazette, a newspaper printed and published in the City of Woodlake, State of California, together with the names of the Council members voting for and against the same.

THE FOREGOING ORDINANCE was passed and adopted by the City Council of the City of Woodlake, State of California, on _____, 2019 at a regular meeting of said Council duly and regularly convened on said day by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

Rudy Mendoza
Mayor, City of Woodlake

ATTEST: _____
Irene Zacarias
City Clerk

DRAFT

City of Woodlake

AGENDA ITEM V-F

October 14, 2019

Prepared by Jason Waters, City Staff

SUBJECT:

Action: Adoption of Resolution: Extend Expiration Date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision)

BACKGROUND

The Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision) map was approved by the City Council in 2016.

DISCUSSION:

The applicant is requesting an extension on Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision) in order to complete the escrow process.

The map expired on March 28, 2019 while the applicant was attempting to sell the property. The applicant has requested that the map's expiration date be extended from September 28, 2019 until December 28, 2019 in order to complete the sale of the property before the final map is recorded.

RECOMMENDATIONS:

That the Woodlake City Council extend the expiration date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision).

FISCAL IMPACT:

There is no fiscal impact.

ATTACHMENTS:

1. Resolution: Extend Expiration Date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision)
2. Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision)

BEFORE THE CITY COUNCIL
OF THE CITY OF WOODLAKE
COUNTY OF TULARE
STATE OF CALIFORNIA

In the matter of:

APPROVING EXTENSION THE EXPIRATION DATE)
OF TENTATIVE SUBDIVISION MAP 15-02,) Resolution No.
TURNER/MATHIAS (GREENWOOD SUBDIVISION))

Councilmember, offered the following resolution and moved its adoption. Extend Expiration Date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision).

WHEREAS, the applicant has an approved tentative map; and

WHEREAS, the applicant wishes to extend the expiration date until December 28, 2019 in order to complete the sale of the property; and

WHEREAS, the City Council may grant an extension; and

NOW, THEREFORE, BE IT RESOLVED that the Woodlake City Council hereby approves to extend the expiration date of Tentative Subdivision Map 15-02, Turner/Mathias (Greenwood Subdivision) until December 28, 2019.

The foregoing resolution was adopted upon a motion of Councilmember , and seconded by Councilmember, and carried by the following vote at the City Council meeting held on October 14, 2019.

AYES:
NOES:
ABSTAIN:
ABSENT:

Rudy Mendoza, Mayor

ATTEST:

Irene Zacarias, City Clerk

GREENWOOD SUBDIVISION

VESTING TENTATIVE SUBDIVISION MAP AND PLANNED DEVELOPMENT (PD)

BEING A DIVISION OF A PORTION OF THE N 1/2 SEC. 36, T.17S., R.26E., M.D.S. & M., IN THE CITY OF WOODLAKE, COUNTY OF TULARE, STATE OF CALIFORNIA.

- * ZONING AMENDMENT/GENERAL PLAN AMENDMENT
- * ANNEXATION REQUIRED SOUTH OF BRAVO AVENUE

APN	060-170-096, 080, 081, 082, 076
ACREAGE:	31.13 AC
FLOOD ZONE:	ZONE X
ZONING (EXISTING):	R-1-7, RM-2, CS
ZONING (PROPOSED):	PDR-1-7, CS
ELECTRICITY:	SOUTHERN CALIFORNIA EDISON
WATER:	CALIFORNIA WATER SERVICE
SEWER:	CITY OF WOODLAKE
TELEPHONE:	AT&T
REFUSE:	CITY OF WOODLAKE
NATURAL GAS:	SOUTHERN CALIFORNIA GAS
EXISTING USE:	VACANT
PROPOSED USE:	SINGLE FAMILY RESIDENTIAL AND MULTI-FAMILY

PDR-1-7 LOT MIX: (*SETBACKS TO BE REDUCED)

7,000 SF LOTS	GROSS ACREAGE: 15.45 AC
	NET ACREAGE: 8.67 AC
	TOTAL UNITS: 49 (5.46 DU/AC)
5,000 SF MIX LOTS	GROSS ACREAGE: 13.66 AC
	NET ACREAGE: 9.46 AC
	TOTAL UNITS: 77 (8.14 DU/AC)

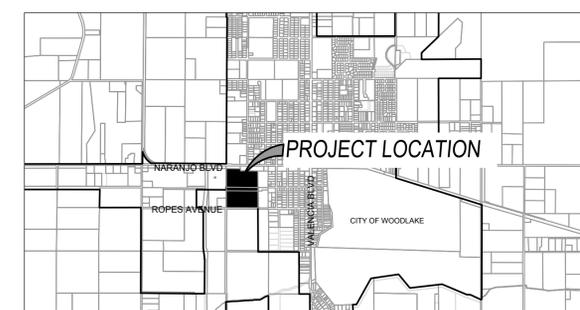
COMMERCIAL:
PARK SPACE: 1.42 AC
LANDSCAPE LOTS:
 LOT A: 8,172 S.F.
 LOT B: 895 S.F.
 LOT C: 895 S.F.

TOTAL NET DENSITY: 124 UNITS
TOTAL NET ACREAGE: 19.94 AC

PD MINIMUM SETBACKS:
 8' FRONT (20' TO GARAGE)
 5' SIDE
 10' BACK

MINIMUM LOT SIZE: 5,000 SQ. FT.

*Minor Deviation (Administrative approval) shall be approved with this Tentative Map to allow for minor deviation from setbacks and minimum lot depth.



VICINITY MAP

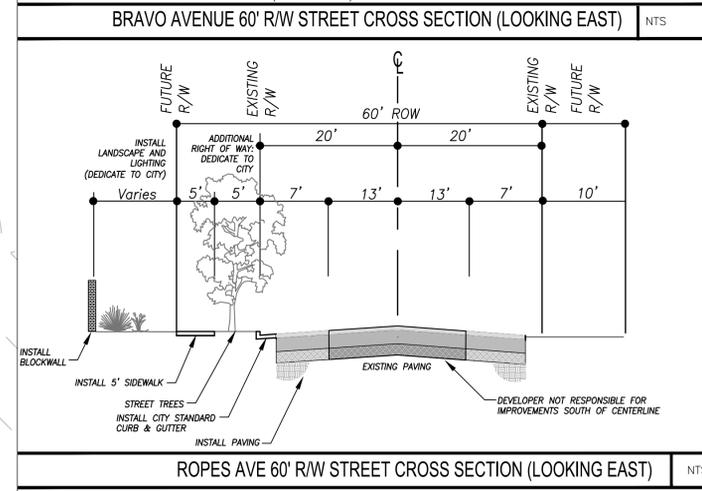
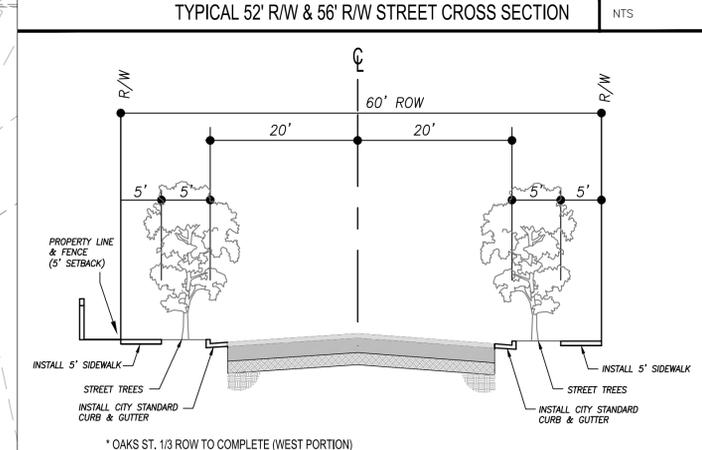
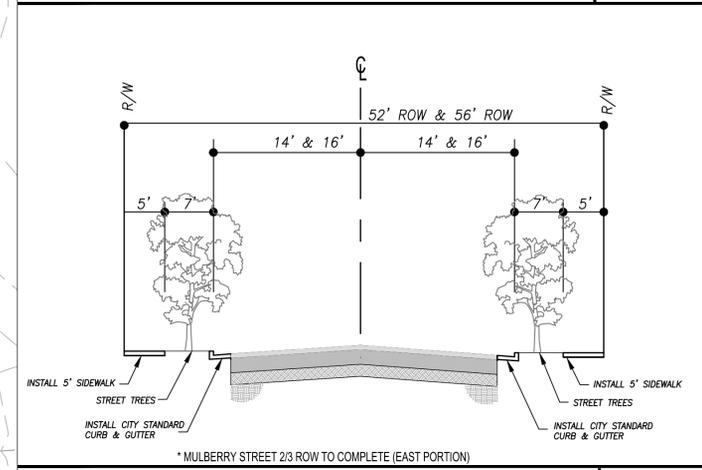
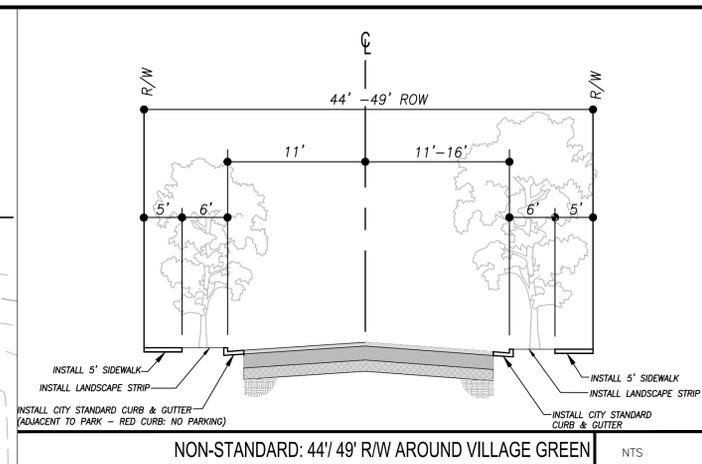
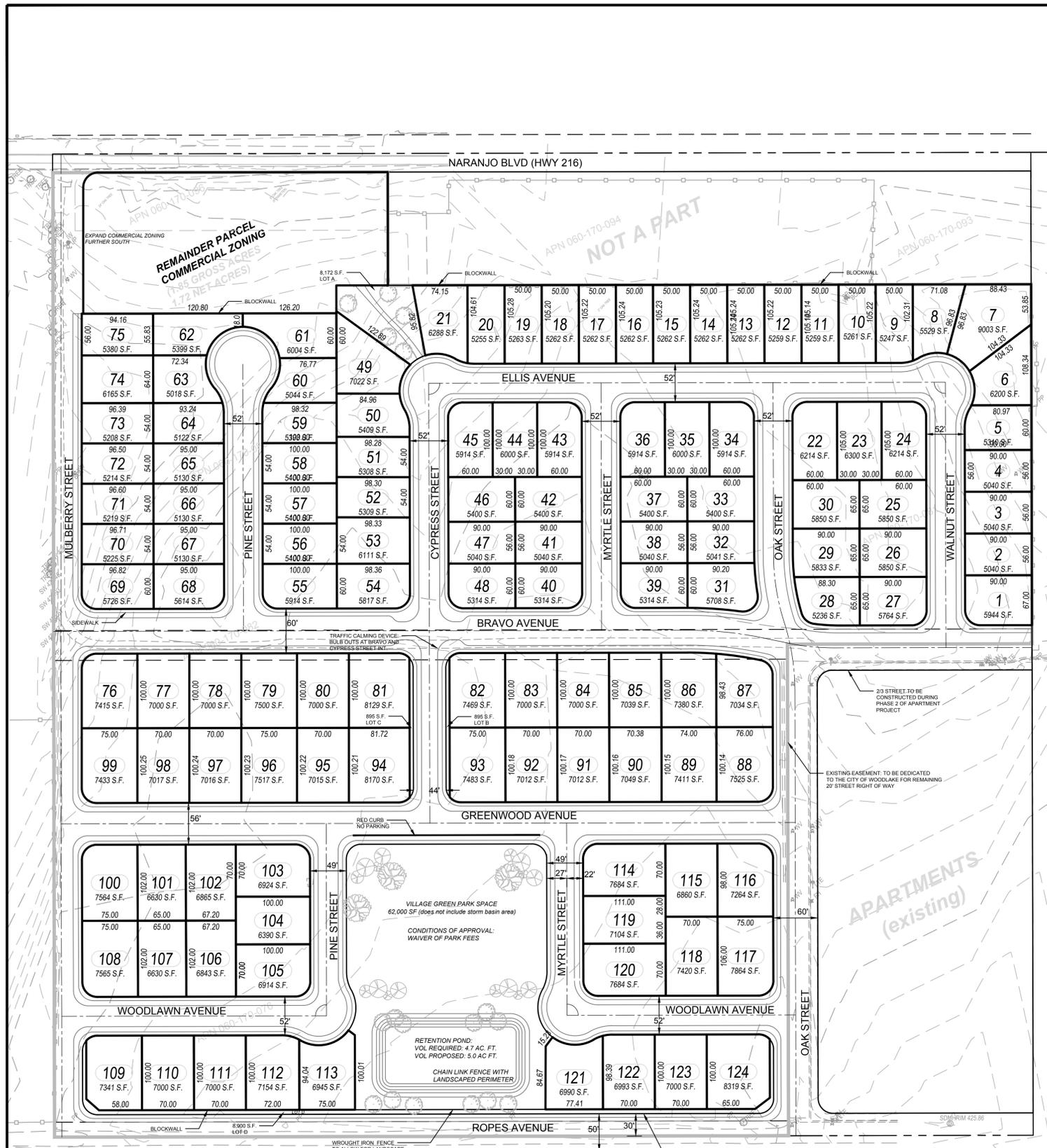
SCALE: 1"=1/2 MILE

PREPARED FOR:
TURNER / MATHIAS

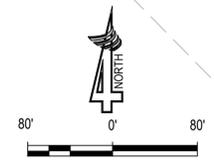
PREPARED BY:



324 S. SANTE FE STA. A
 VISALIA, CA 93292
 TEL: 559.802.3052
 FAX: 559.802.3215



UTILITIES CONCEPT:
 STORM DRAIN - ONSITE STORM POND BASIN (4.7 AC. FT REQUIRED, 5.0 AC. FT PROPOSED)
 SANITARY SEWER - CONNECT TO EXISTING 6" SS LINE AT BRAVO AVE & OAKS STREET (LIFT STATION MAY BE REQUIRED)
 WATER - LOOPED SYSTEM TO CONNECT TO EXISTING 6" WATER MAIN AT BRAVO AVE AND 12" WATER MAIN AT ROPES AVE



City of Woodlake

AGENDA ITEM V-G

October 14, 2019

Prepared by Ramon Lara, City Staff

SUBJECT:

Action: Adoption of Resolution: Select QK, Inc. to Perform Engineering Design Services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project

BACKGROUND:

The City of Woodlake Sierra and Castlerock Roundabout will construct a roundabout, curb, gutters, ramps, sidewalks, street lights and storm drain improvements at the intersection of Sierra Ave. and Castle Rock St. The intersection has become congested with the increase in school traffic, park and recreation traffic and residential development. A roundabout at the intersection would alleviate the congestion and make it pedestrian and bicycle safe.

DISCUSSION:

The City would like to begin the preliminary engineering, environmental and right-of-way process on the project. The City will cover the expenditures associated with these services with Measure R and local streets funds.

The City put out an RFP/RFQ for the project to find a firm that will provide preliminary engineering, environmental and right-of-way services. The City is currently working with the Tulare County Association of Governments to secure CMAQ and local funds to construct the project.

The City received two proposals. Those proposals were from QK, Inc and 4 Creeks, Inc. Both firms submitted competitive proposals and performed well during their interviews. The panel concluded that both firms were qualified to perform the services. After scoring the proposals and presentations by each firm the panel recommends that the City select QK, Inc to provide engineering design services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project.

RECOMMENDATIONS:

That Council approve QK, Inc. to Perform Engineering Design Services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project.

FISCAL IMPACT:

No fiscal impact to the General Fund. All expenditures associated with engineering, environmental and right-of-way for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project will be covered by Measure R and local street funds.

ATTACHMENTS:

1. Resolution: Select QK, Inc. to Perform Engineering Design Services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project
2. Attachment No. 1 – Cost for Design Engineering Services

BEFORE THE CITY COUNCIL
OF THE CITY OF WOODLAKE
COUNTY OF TULARE
STATE OF CALIFORNIA

In the matter of:

SELECT QK, INC. TO PERFORM ENGINEERING) Resolution No.
DESIGN SERVICES FOR THE CITY)
OF WOODLAKE SIERRA AVE. AND CASTLE)
ROCK ST. ROUNDABOUT PROJECT)

Councilmember _____, offered the following resolution and moved its adoption. Select QK, Inc to perform engineering design services for the City of Woodlake Sierra Ave. and Castle Rock St. Roundabout Project

WHEREAS, the City of Woodlake wishes to develop the Sierra Ave. and Castle Rock St. Roundabout Project by constructing a roundabout, curb, gutters, ramps, sidewalks, street lights and storm drain improvements at the intersection of Sierra Ave. and Castle Rock St.; and

WHEREAS, the project will reduce congestion and increase pedestrian and bicycle safety at the intersection; and

WHEREAS, the City would like to begin the preliminary engineering, environmental and right-of-way process on the project; and

WHEREAS, the City will cover the expenditures associated with these services with Measure R and local street funds; and

NOW, THEREFORE, THE CITY OF WOODLAKE DOES RESOLVE to select QK, Inc to perform engineering design services for the Castle Rock St. Roundabout Project for a fee of two hundred and sixty-one thousand six hundred dollars (\$261,600.00) while authorizing the City Administrator to execute all necessary documents.

The foregoing resolution was adopted upon a motion of Councilmember _____, and seconded by Councilmember _____, and carried by the following vote at the City Council meeting held on October 14, 2019.

- AYES:
- NOES:
- ABSTAIN:
- ABSENT:

Rudy Mendoza, Mayor

ATTEST:

Irene Zacarias, City Clerk

Proposed Fee

As directed by the RFP, the proposed fee and copy of QK's 2019 fee schedule have been provided under this separate sealed cover.

Based on the Scope of Services presented in our proposal, below is QK's proposed fixed fee for Engineering Design Services for a Roundabout at the intersection of Sierra Avenue and Castle Rock Street for the City of Woodlake. The work will be invoiced monthly; fixed fee will be based upon the percentage of work completed within each billing period and time and materials fees will be based on the level of effort in terms of hours relative to our Charge Rate Schedule.

Task	Description	Total
PRELIMINARY ENGINEERING PHASE		
Task 1.0 Project Management (Fixed Fee)		
	Project Management	\$5,500
Subtotal Task 1.0		\$5,500
Task 2.0 Project Initiation (Fixed Fee)		
	Site Visit and Project Initiation Meeting	\$2,600
Subtotal Task 2.0		\$2,600
Task 3.0 Topographic Survey and Corner Records (Fixed Fee)		
	Topographic Survey, Field Review, and Corner Records	\$15,000
Subtotal Task 3.0		\$15,000
Task 4.0 Geotechnical Investigation (Fixed Fee)		
4.1	Subsurface Exploration and Laboratory Testing	\$4,050
4.2	Pavement Data Memorandum	\$2,650
Subtotal Task 4.0		\$6,700
Task 5.0 Utility Coordination (Fixed Fee)		
	Utility Coordination	\$6,000
Subtotal Task 5.0		\$6,000
Task 6.0 Environmental Compliance (Fixed Fee)		
6.1	Cultural and Tribal Resource	\$1,800
6.2	Biological Resources Study	\$8,800
6.3	Noise Technical Memorandum	\$3,300
6.4	CEQA: Initial Study and Mitigated Negative Declaration (IS/MND)	\$8,500
6.5	NEPA: Preliminary Environmental Study	\$5,600
Subtotal Task 6.0		\$28,000
Task 7.0 Meetings (Fixed Fee)		
7.1	Site Visit, Project Initiation Meeting, and Field Review (Fees included in Task 2.0 and 3.0)	\$0
7.2	Preliminary Design Meeting	\$1,500
7.3	Plan Check Review Meetings (60%, 90%, and 100%)	\$3,200
Subtotal Task 7.0		\$4,700

Task	Description	Total
Task 8.0 Civil Engineering Design (Fixed Fee)		
8.1	Preliminary Engineering Design (30% design plan)	\$15,700
8.2	60% PS&E	\$39,600
8.3	60% Submittal	\$1,900
8.4	90% PS&E	\$32,400
8.5	90% Submittal	\$1,900
8.6	100% PS&E	\$16,500
8.7	100% Submittal	\$1,900
8.8	Furnish Contract Documents	\$3,800
8.9	Peer Review	\$16,500
Subtotal Task 8.0		\$130,200
Task 9.0 Landscape and Irrigation Design (Fixed Fee)		
	Landscape and Irrigation Design	\$13,800
Subtotal Task 9.0		\$13,800
Task 10.0 Caltrans Coordination during Preliminary Engineering Phase (Fixed Fee)		
	Caltrans Coordination during Preliminary Engineering Phase	\$4,100
Subtotal Task 10.0		\$4,100
Task 11.0 Preliminary Potholing (Fixed Fee)		
	Preliminary Potholing (Assumes 4 potholes)	\$9,200
Subtotal Task 11.0		\$9,200
TOTALS FOR TASKS 1.0 TO 11.0		\$225,800
RIGHT OF WAY PHASE		
Task 12.0 Right of Way Support (Fixed Fee)		
	Right of Way Support	\$8,000
Subtotal Task 12.0		\$8,000
Task 13.0 Caltrans Coordination during Right of Way Phase (Fixed Fee)		
	Caltrans Coordination during Right of Way Phase	\$5,900
Subtotal Task 13.0		\$5,900
TOTALS FOR TASKS 12.0 TO 13.0		\$13,900
CONSTRUCTION PHASE		
Task 14.0 Project Bidding (Time and Materials, not to exceed)		
	Project Bidding	\$5,300
Subtotal Task 14.0		\$5,300
Task 15.0 Plan Sets for Bidding and Construction (Time and Materials, not to exceed)		
	Plan Sets for Bidding and Construction	\$1,500
Subtotal Task 15.0		\$1,500

Task	Description	Total
Task 16.0 Construction Administration (Time and Materials, not to exceed)		
16.1	Meeting Attendance (up to six (6) meetings)	\$3,800
16.2	Technical Submittal Review (up to ten (10) submittals)	\$5,000
16.3	RFI Review (up to eight (8) RFI's)	\$4,200
16.4	Review of Changes (up to four (4) design data documents)	\$2,100
Subtotal Task 16.0		\$15,100
TOTAL FEE FOR TASKS 14.0 TO 16.0		\$21,900
TOTAL FEE FOR ALL TASKS		\$261,600
Note: Changes in project scope, by the Agency, may add duration and cost to the consultant services.		



2019 Charge Rate Schedule

Technical Services	
Project Assistant	\$66 /hour
Project Administrator	\$88 /hour
Assistant CADD Technician/Designer /GIS Technician	\$83 /hour
Associate CADD Technician/Designer /GIS Analyst	\$97 /hour
Senior Associate CADD Technician/Designer/ GIS Analyst	\$112 /hour
Senior CADD Technician/Designer /GIS Analyst	\$127 /hour
Professional Services	
Engineering	
Assistant Engineer	\$110 /hour
Associate Engineer	\$133 /hour
Senior Associate Engineer	\$156 /hour
Senior Engineer	\$180 /hour
Principal Engineer	\$199 /hour
Planning/Environmental/Landscape Architecture	
Assistant Planner/Environmental Scientist	\$77 /hour
Associate Planner/Environmental Scientist	\$97 /hour
Senior Associate Planner/Environmental Scientist	\$121 /hour
Senior Planner/Environmental Scientist/Landscape Architect	\$142 /hour
Principal Planner/Environmental Scientist	\$157 /hour
Senior Principal Planner/Environmental Scientist	\$187 /hour
Construction and Project Management	
Field Construction Observer	\$99 /hour
Associate Field Construction Observer	\$118 /hour
Senior Field Construction Observer	\$138 /hour
Assistant Construction Manager	\$110 /hour
Associate Construction Manager	\$129 /hour
Project Manager	\$133 /hour
Senior Associate Construction/Project Manager	\$148 /hour
Senior Construction/Project Manager	\$165 /hour
Principal Project Manager	\$180 /hour
Surveying	
Assistant Surveyor	\$97 /hour
Associate Surveyor	\$110 /hour
Senior Associate Surveyor	\$133 /hour
Senior Surveyor	\$156 /hour
One-Person Survey Crew	\$121 /hour
Two-Person Survey Crew	\$198 /hour
Three-Person Survey Crew	\$240 /hour

Fees are based on the median hourly pay rate for employees in each classification, plus indirect costs, overhead, and profit.

Expenses:

Plotting, In-house Printing and Reproduction, Equipment Rentals, Laboratory Analyses	1.15 x Cost
Transportation and per diem	1.15 x Cost
Mileage	\$0.63/mile
Off-road vehicles	\$50.00/day
Communication expenses (telephone, parcel post, etc.)	1.15 x Cost
Other Expenses - Including Subconsultants & Purchased Services through Subcontracts	1.15 x Cost

Rates are effective through December 31, 2019. If contract assignment extends beyond that date, a new rate schedule may be added to the contract. Litigation support will be billed at \$300 per hour. Rates based on "Prevailing Wage" (PW) for Construction Surveying will be determined by project and County per California law.

City of Woodlake

AGENDA ITEM V-H

October 14, 2019

Prepared by Ramon Lara, City Staff

SUBJECT:

Action: Adoption of Resolution: Approval of the Parking Restrictions Within City Limits that Prohibits Street Parking for Vehicles on Naranjo Blvd. from Acacia St. to Mulberry St.

BACKGROUND:

The City of Woodlake currently has multiple development projects in its downtown commercial district. As part of the developments on W. Naranjo Blvd. curbs, gutters and sidewalks are being added from Acacia St. to Mulberry St. along Naranjo Blvd. The purpose of these improvements is to provide for a walkable downtown that promotes pedestrian traffic. The improvements are being provided by private developers such as Auto Zone and Green Bean.

DISCUSSION:

The improvements will result in the narrowing of Naranjo Blvd. until all improvements are completed on both sides of the Blvd. In order to protect the health and safety of the City of Woodlake and its citizens, it is being recommended that the following travel restrictions be approved, and that proper signage is posted.

1. The City prohibits street parking for vehicles on the southside of Naranjo Blvd. from Acacia St. to Mulberry St.
2. The City will direct property owners to furnish and erect no parking signs at those locations as appropriate per the California Manual on Uniform Traffic Control Devices (CA MUTCD).

RECOMMENDATIONS:

Staff recommends approval of the recommended parking restrictions. The restrictions will allow for the long-term health, safety and quiet enjoyment of the City of Woodlake by its citizens.

FISCAL IMPACT:

There is no fiscal impact.

ATTACHMENTS:

1. Resolution: Approval of the Parking Restrictions Within City Limits that Prohibits Street Parking for Vehicles on Naranjo Blvd. from Acacia St. to Mulberry St.

BEFORE THE CITY COUNCIL
OF THE CITY OF WOODLAKE
COUNTY OF TULARE
STATE OF CALIFORNIA

In the matter of:

APPROVAL OF THE PARKING)	Resolution No.
RESTRICTIONS WITHIN CITY)	
LIMITS THAT PROHIBITS STREET)	
PARKING FOR VEHICLES ON)	
NARANJO BLVD. FROM ACACIA ST.)	
TO MULBERRY ST.)	

Councilmember _____, offered the following resolution and moved its adoption. Approve the parking restrictions within the City limits that prohibits street parking for vehicles on the southside of Naranjo Blvd. from Acacia St. to Mulberry St.

WHEREAS, the City of Woodlake is empowered to protect the health and safety of its Citizens; and

WHEREAS, the City has determined that certain activities are detrimental to the health, safety and quiet enjoyment of the residents of the City; and

WHEREAS, the City has determined that specific streets are inappropriate for street parking due to inadequate width.

NOW, THEREFORE, THE CITY OF WOODLAKE DOES RESOLVE as follows:

SECTION 1:

The City prohibits street parking for vehicles on the southside of Naranjo Blvd. from Acacia St. to Mulberry St.

SECTION 2:

The City Engineer will direct property owners to furnish and erect no parking signs at those locations as appropriate per the California Manual on Uniform Traffic Control Devices (CA MUTCD).

The foregoing resolution was adopted upon a motion of Councilmember _____, and seconded by Councilmember _____, and carried by the following vote at the City Council meeting held on October 14, 2019.

AYES:
NOES:
ABSTAIN:
ABSENT:

Rudy Mendoza, Mayor

ATTEST:

Irene Zacarias, City Clerk