

CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE

TUESDAY, DECEMBER 8, 2015  
5:30 PM

CITY HALL CONFERENCE ROOM  
601 7<sup>TH</sup> STREET

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1. Call to Order
2. Approve November 24, 2015 Meeting Minutes
3. Discuss Claim Checks for Period Ending December 8, 2015
4. Discuss November 2015 Payroll Checks and Vacation Buy Outs
5. Next Meeting – December 22, 2015
6. Adjournment

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Attachments:

November 24, 2015 Meeting Minutes  
Visa Payment Detailed Information  
November 2015 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON  
BUDGET & FINANCE COMMITTEE  
MINUTES  
TUESDAY, NOVEMBER 24, 2015**

**CALL TO ORDER**

Council Member Taylor called the meeting of the City of Prosser Budget and Finance Committee to order at 5:30 p.m.

**ATTENDANCE**

Council Member Taylor, Council Member Becken, Council Member Ward, Mayor Warden, and Finance Director Yost were present.

**APPROVE OCTOBER 13, 2015 MEETING MINUTES**

A motion was made by Council Member Becken, seconded by Council Member Ward to approve the November 10, 2015 meeting minutes. Motion carried unanimously.

**DISCUSS CLAIM CHECKS FOR PERIOD ENDING NOVEMBER 24, 2015**

The Committee reviewed the claim checks prepared for City Council approval. The Committee had questions regarding credit cards payments, street lighting cost, and replacement of the janitor's vacuum.

**DISCUSS ADD ON: STATE AUDIT**

Finance Director Yost notified the Committee of the recently completed 2014 exit conference for the accountability audit. Other than a few notes, the audit was very successful.

**ADJOURNED**

The meeting of the Budget and Finance Committee was adjourned at 5:45 p.m.

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Council Member Randy Taylor  
Budget & Finance Committee Chair

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Toni Yost  
Finance Director



U.S. BANK  
P.O. BOX 6343  
FARGO ND 58125-6343



ACCOUNT NUMBER [REDACTED]  
STATEMENT DATE 11-20-2015  
AMOUNT DUE \$806.33  
NEW BALANCE \$806.33  
PAYMENT DUE ON RECEIPT

000006148 1 AB 0.416 106481279656222 P.  
CITY OF PROSSER  
ATTN ELIA BELMARES  
601 7TH STREET  
PROSSER WA 99350-1459

AMOUNT ENCLOSED  
\$

Please make check payable to  
U.S. BANK

U.S. BANK  
P.O. BOX 790428  
ST. LOUIS, MO 63179-0428

Please tear payment coupon at perforation.

CORPORATE ACCOUNT SUMMARY								
CITY OF PROSSER	Previous Balance	Purchases And Other + Charges	Cash Advances +	Cash Advance Fees +	Late Payment Charges	- Credits	- Payments	= New Balance
[REDACTED]	\$93.00	\$806.33	\$0.00	\$0.00	\$0.00	\$0.00	\$93.00	\$806.33
Company Total								

CORPORATE ACCOUNT ACTIVITY			
CITY OF PROSSER			TOTAL CORPORATE ACTIVITY
NOV 30 2015			\$93.00 CR
Post Date	Tran Date	Reference Number	Transaction-Description
11-03	11-03		AUTO PAYMENT DEDUCTION
			93.00 CR

NEW ACTIVITY					
LJ DACORSI		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$65.00	\$0.00	\$65.00
Post Date	Tran Date	Reference Number	Transaction Description		Amount
11-10	11-09	24492155313894829949473	PAYPAL *EVERGREENRU 402-935-7733 CA		65.00

CUSTOMER SERVICE CALL	ACCOUNT NUMBER		ACCOUNT SUMMARY	
	800-344-5696	[REDACTED]	PREVIOUS BALANCE	93.00
		PURCHASES & OTHER CHARGES	806.33	
	STATEMENT DATE	DISPUTED AMOUNT	CASH ADVANCES	.00
	11/20/15	.00	CASH ADVANCE FEES	.00
			LATE PAYMENT CHARGES	.00
			CREDITS	.00
			PAYMENTS	93.00
			ACCOUNT BALANCE	806.33
SEND BILLING INQUIRIES TO:	AMOUNT DUE			
U.S. BANK P.O. Box 6335 Fargo, ND 58125-6335	806.33			

Please remember to:

- Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems  
P.O. Box 790428  
St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) ( )  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

### CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

### MAKING PAYMENTS

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Use the enclosed envelope to mail your payment to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. All payments by check or money order and accompanied by a payment coupon will be credited to your account on the day of receipt if received at this address by 1:00 p.m. on any banking day. Banking days are all calendar days except Saturday, Sunday and federal holidays. Other payments will be credited to your account within five days of receipt by Corporate Payment Systems.

### LOST OR STOLEN CARDS

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### BILLING INQUIRIES

Before disputing or questioning a charge on your statement, take the following actions:

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Company Name: CITY OF PROSSER
Corporate Account Number: [REDACTED]
Statement Date: 11-20-2015

**NEW ACTIVITY**

<b>DAVID GILES</b>	<b>CREDITS</b>	<b>PURCHASES</b>	<b>CASH ADV</b>	<b>TOTAL ACTIVITY</b>
[REDACTED]	\$0.00	\$192.72	\$0.00	\$192.72

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-02	10-29	24138295304892204403913	COMFORT INNS KELSO WA 0230975712	97.68
11-04	11-02	24765015307036001551560	RAMADA INN KENT KENT WA 00155156	95.04

<b>PAUL WARDEN</b>	<b>CREDITS</b>	<b>PURCHASES</b>	<b>CASH ADV</b>	<b>TOTAL ACTIVITY</b>
[REDACTED]	\$0.00	\$61.73	\$0.00	\$61.73

Post Date	Tran Date	Reference Number	Transaction Description	Amount
11-16	11-13	24013395317001348206777	BRICK HOUSE PIZZA WEST RICHLAND WA	61.73

<b>TONELLE M YOST</b>	<b>CREDITS</b>	<b>PURCHASES</b>	<b>CASH ADV</b>	<b>TOTAL ACTIVITY</b>
[REDACTED]	\$0.00	\$486.88	\$0.00	\$486.88

Post Date	Tran Date	Reference Number	Transaction Description	Amount
10-23	10-21	24071055295987193946134	BENTON CLEAN AIR AGENC 888-8916064 WA	486.88

Department: 00000 Total:	\$806.33
Division: 00000 Total:	\$806.33

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- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems  
P.O. Box 790428  
St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name

Address

City

State

Zip

( )  
Home Phone

( )  
Business Phone

### CUSTOMER SERVICE 1-800-344-5696

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U.S. BANK  
 P. O. Box 6343  
 Fargo, ND 58125-6343



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006149 1 AB 0.416 106481279656223 P  
 LJ DACORSI  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED

NOV 30 2015

CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
11-09	11-10	8641	PAYPAL *EVERGREENRU 402-935-7733 CA	24492155313894829949473	65.00

403-534-80-49  
 Km x *[Signature]*

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS	
	STATEMENT DATE 11/20/15	CHECKS/CASH ADVANCES	\$0.00
	MANAGING ACCOUNT NUMBER [REDACTED]	DISPUTE AMOUNT	\$0.00
	CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350	CREDITS	\$0.00
		STATEMENT TOTAL	\$65.00

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P.O. Box 790428  
St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) ( )  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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U.S. BANK  
 P. O. Box 6343  
 Fargo, ND 58125-6343



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006151 1 AB 0.416 106481279656225 P  
 PAUL WARDEN  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED  
 NOV 30 2015  
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
11-13	11-16	5814	BRICK HOUSE PIZZA WEST RICHLAND WA	24013395317001348206777	61.73

001-511-60-49  
 K.m. \* R Shaw

CUSTOMER SERVICE CALL <b>800-344-5696</b>	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 11/20/15	PURCHASES, FEES & ADJUSTMENTS	\$61.73
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		CHECKS/CASH ADVANCES	\$0.00
		DISPUTE AMOUNT	\$0.00
		CREDITS	\$0.00
		<b>STATEMENT TOTAL</b>	<b>\$61.73</b>

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St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

( ) ( )  
Home Phone Business Phone

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## Kathya Martinez

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**From:** Kathya Martinez  
**Sent:** Tuesday, December 01, 2015 11:51 AM  
**To:** Toni Yost  
**Subject:** COP Credit Card - Meal Reimbursement

Toni,  
On November 17<sup>th</sup> Mayor Paul Warden submitted a reimbursement form for meal (\$61.73) and mileages (\$68.66), and on November 24<sup>th</sup> a check (#13483) was issue to him for the amount of \$130.39. However, today I got the credit cards statement and the meal that he submitted for reimbursement from "Brick House Pizza" was in there. So I asked him if he already had cashed the check and he said yes, so I ask him that he needed to write the City of Prosser a personal check covering the meal that was paid to him on the 24<sup>th</sup> so we could paid the credit card back. So he wrote the City of Prosser a personal check (#1088) for the amount of \$61.73. I gave the check to Ashli (cashier) and she applied the check back to the City. So now I will take care of the credit card bill.



*Kathya Martinez-Quijano*

City of Prosser, Washington  
601 7th Street Prosser, WA 99350  
(509) 786-2332 | Fax: (509) 786-3717  
[kmartinez@ci.prosser.wa.us](mailto:kmartinez@ci.prosser.wa.us)

Receipt: 16456  
Acct #: [REDACTED]  
City Of Prosser  
601 7th Street  
Prosser, WA 99350  
(509) 786-2332

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12/01/2015  
COPY

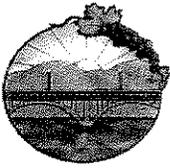
Paul & Kerry Warden  
[REDACTED]

Treasurer's Receipts  
Memo: Meal Reimbursement

Meal Reimbursement	-61.73
Non Taxed Amt:	61.73
Total:	<u>61.73</u>
Chk: 1088	<u>61.73</u>
Ttl Tendered:	61.73
Change:	0.00

Issued By: Ashli  
12/01/2015 11:30:42

Thank you for your payment and have a  
great day!



# CITY OF PROSSER, WASHINGTON

601 7th Street, Prosser, Washington 99350 (509)786-2332 Fax (509)786-3717

## EMPLOYEE REIMBURSEMENT REQUEST

NAME	Paul Warden
PURPOSE FOR REIMBURSEMENT	Meetings, Meals, Mileage

### PLEASE DETAIL EXPENSES INCURRED BELOW AND ATTACH SUPPORTING DATA.

DATE	DESCRIPTION	TOTAL
		<del>\$ 27.72</del>
11-13-15	Mtg - W. Richland City Hall Mileage 24.1 miles @ .575 X 2	<del>\$ 13.73</del> 37.47
11-13-15	Pizza <sup>to go</sup> for lunch meeting - West Richland. 10 Attendees	\$ 61.73
11-16-15	Meeting - Kennewick City Hall mileage 71.2 miles	\$ 40.94
11-16-15	Meal - Lunch - Kennewick payroll	\$ 14.00
TOTAL REIMBURSEMENT:		
TOTAL DUE EMPLOYEE:		

### CERTIFICATION

I certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no other payment has been received on account thereof.

EMPLOYEE SIGNATURE (REQUIRED)	DATE
Paul Warden	11-17-15
DEPT. HEAD SIGNATURE	BARS Coding
Russell Page	001-511-60-43

Date: 11-17-15

I, Paul Warden, (name)

Certify that on 11-13-15 (date)

I purchased 3 Large Pizzas from Brickhouse Pizza  
in West Richland, WA, (describe purchase)

in the amount of \$61.73 (\$ amount)

from Brickhouse Pizza (vendor or business name)

for the purpose of A Noon to 1PM meeting I called for  
to provide lunch for the attendees. (describe purpose of purchase)

In attendance were: Marie Mosby-Kennecick, Kathleen Koch & Jon Amundson - City of Richland  
Piannah Howard & Stuart Dezenber - Port of Benton, Tim Arntzen - Port of  
Lloyd Carvahan & Stephanie Hany - Benton City, Paul Warden - Prosser  
Brent Gerry & Jessica Platt - City of West Richland

I further certify that the items purchased were associated with City of Prosser business and were in accordance with City of Prosser policies and procedures.

Paul Warden  
Signature

Paul Warden  
Printed Name

Mayor  
Title

BRICK HOUSE PIZZA  
3791 W VAN GIESEN ST  
WEST RICHLAND WA 99353  
509-967-3733

Terminal ID: 01559179 8021  
11/13/15 11:46 AM

VISA - SWIPE

ACCT #: [REDACTED]

CREDIT SALE

UID: 531713947495 REF #: 2448

BATCH #: 030 AUTH #: 081951

AMOUNT \$55.73

TIP \$ 6.00

TOTAL \$ 61.73

APPROVED  
CUSTOMER COPY





U.S. BANK  
 P. O. Box 6343  
 Fargo, ND 58125-6343



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006152 1 AB 0.416 106481279656226 P  
 TONELLE M YOST  
 CITY OF PROSSER  
 601 7TH ST  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED  
 NOV 30 2015  
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
10-21	10-23	9399	BENTON CLEAN AIR AGENC 888-8916064 WA	24071055295987193946134	486.88

148-521-20-49  
 X *[Signature]* 12/1/15

CUSTOMER SERVICE CALL <b>800-344-5696</b>	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 11/20/15	PURCHASES, FEES & ADJUSTMENTS	\$486.88
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		CHECKS/CASH ADVANCES	\$0.00
		DISPUTE AMOUNT	\$0.00
		CREDITS	\$0.00
		<b>STATEMENT TOTAL</b>	<b>\$486.88</b>





BENTON CLEAN AIR AGENCY

170  
49-5212049  
WLL 10/12/15

NOTIFICATION OF DEMOLITION AND RENOVATION

FEE RECEIVED	POSTMARK	DATE RECEIVED
--------------	----------	---------------

I. TYPE OF NOTIFICATION (circle one): Original Revised Cancelled Annual

II. OWNER NAME: CITY OF PROSSER  
 Mailing Address: 601 7th STREET City: PROSSER State: WA Zip: 99350  
 Contact: PAUL WARDEN Telephone: 509-786-7300 Cell Phone:

ABATEMENT CONTRACTOR: TRI-VALLEY CONSTRUCTION  
 Mailing Address: 1003 N 1st St City: YAKIMA State: WA Zip: 99201  
 Contact: JERRY Telephone: 509-452-4098 Cell Phone:

OTHER OPERATOR: RUSSEL CRANE SERVICE  
 Mailing Address: 1003 N 1st St City: YAKIMA State: WA Zip: 99201  
 Contact: STACEE Telephone: Cell Phone:

III. TYPE OF OPERATION: Demolition Renovation Emergency Renovation House Move

IV. IS ASBESTOS PRESENT? Yes No

V. FACILITY DESCRIPTION (include building name, number & floor/room number):  
 Building Name: OH HENRYS UPHOLSTERY BUILDING  
 Address: 1311 BENNETT AVE City: PROSSER State: WA County: BENTON  
 Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.):  
ROOFING & DUCTING

Building Size: 3750 S/F # of Floors: 1 Age in Years: UNKNOWN  
 Present Use: VACANT Prior Use: UPHOLSTERY SHOP

VI. ASBESTOS SURVEY CONDUCTED? (Yes/No) Yes BY WHOM? FULCRUM ENVIR PHONE [REDACTED]  
 DATE CONDUCTED 9-3-2015 LOCATION OF SURVEY REPORT CITY OF PROSSER  
 DESCRIPTION OF THE PROCEDURE (INCLUDING ANALYTICAL METHODS) EMPLOYED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS PLM EPA 600

VII.

Approximate Amount of Asbestos Present, Including:	Amount of RACM To Be Removed	Amount of Nonfriable Asbestos Material Not To Be Removed	
		Category I	Category II
Pipes (Ln.Ft.)			
Surface Area <u>ROOFING</u> (Sq.Ft.)	<u>3100 S/F</u>		
RACM Off Facility Component <u>DUCT TAPE</u> (Sq.Ft.)	<u>2 S/F</u>		

VIII. SCHEDULED DATES ASBESTOS REMOVAL: Start: 10-29-15 Complete: 11-2-15  
 SCHEDULED WORK WEEK: THURS - MON SCHEDULED WORK HOURS: 700 - 330

IX. SCHEDULED DATES DEMOLITION OR RENOVATION: Start: 11-2-15 Complete: 11-6-15

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED:  
USE A FIRE HOSE TO WET DEMO PILE WHILE  
AN EXCAVATOR LOADS END DUMP TRUCKS

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: (Use additional paper if needed)

WET, MANUAL, CONTACT REMOVAL METHODS, PROMPT CLEAN UP & DISPOSAL, HEPA-VAC

XII. WASTE TRANSPORTER: TRI-VALLEY CONSTRUCTION  
 Address: 1009 N 1st St City: YAKIMA State: WA Zip: 98901  
 Contact: JERRY Telephone: 509-452-4099

XIII. WASTE DISPOSAL SITE: HORN RAPIDS LANDFILL  
 Location: 3102 TWIN BRIDGES ROAD  
 City: RICHLAND State: WA Zip: 99352 Telephone: [REDACTED]

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  
 (COPY OF ORDER MUST BE ATTACHED)  
 Agency: \_\_\_\_\_  
 Date of Order (Mo/Da/Yr): \_\_\_\_\_ Date Ordered to Begin (Mo/Da/Yr): \_\_\_\_\_

XV. FOR EMERGENCY RENOVATION: Date & Hour of the Emergency (Mo/Da/Yr): \_\_\_\_\_  
 Description of the Sudden, Unexpected Event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
STOP WORK & DEVELOP A METHOD TO CONTAIN

XVII. I CERTIFY THAT WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL BE AVAILABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

XVIII. JERRY CONDUFF 10-7-15  
 (Signature - Owner/Operator) Date

**NOTIFICATION FEE SCHEDULE**

OPERATION CATEGORY	ADVANCED NOTIFICATION PERIOD REQUIRED	FEE
Demolition/Asbestos Projects at Residential Units		
Demolition Projects	5 Working Days	\$50
Owner Occupied Single Family Residence Asbestos Project ≥10 lf or ≥48 sf performed by residing owner	Prior Notification	\$25
All Other Residential Asbestos Projects ≥10 lf or ≥48 sf	3 Working Days	\$50
Demolition/Asbestos Projects at Facilities		
Demolition Projects	10 Working Days	\$150
Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 Working Days	\$150
Asbestos Project: 260 to 999 lf or 160 to 4,999 sf	10 Working Days	\$325
Asbestos Project: 1,000 to 9,999 lf or 5,000 to 49,999 sf	10 Working Days	\$650
Asbestos Project: more than 10,000 lf or more than 50000 sf	10 Working Days	\$1800
Annual Notification	10 Working Days	\$1800
<b>OTHER CHARGES - ADD TO QUANTITY BASED FEE</b>		
Revision	Prior Notification	\$0
Emergency Renovation or Demolition	Prior Notification	Twice the Regular Fee
All Approved Alternate Methods	10 Working Days	Twice the Regular Fee

BCAA Signature of Review \_\_\_\_\_ Date \_\_\_\_\_

**Toni Yost**

---

**From:** support@pointandpay.com  
**Sent:** Wednesday, October 21, 2015 3:29 PM  
**To:** Toni Yost  
**Subject:** Your Receipt

Greetings,

Benton Clean Air Agency thanks you for your payment. For questions about your account, please call [REDACTED]

Your payment ID is: 20625624

Items Paid For:

Description: Asbestos Notification Fee  
Amount Paid: \$475.00  
Service Address: 1311 Bennett Ave, Prosser WA

Customer Information:

First Name: Tonelle  
Last Name: Yost  
Address Line 1: 601 7th Street  
Address Line 2:  
City: Prosser  
State: Washington  
Zip Code: 99350  
Phone Number: 509-786-8215  
Email Address: [tyost@cityofprosser.com](mailto:tyost@cityofprosser.com)

Payment Information:

Subtotal: \$475.00  
Fee Total: \$11.88  
Total: \$486.88  
Datetime: 10/21/2015 15:30:14

# Benton Clean Air Agency

Step 1: Select Payments

Step 2: Review and Submit

Step 3: Confirmation and Receipt

## Step 3: Confirmation and Receipt

### Result: Payment Authorized

### Confirmation Number: 20625624

Your payment has been authorized successfully and payment will be processed.

Benton Clean Air Agency thanks you for your payment. For questions about your account, please call 509-783-1304 Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

### My Bills

Description	Payment Amount
Asbestos Notification Fee payment of \$475.00 on Service Address 1311 Bennett Ave, Prosser WA	\$475.00
<b>Subtotal:</b>	<b>\$475.00</b>
<b>Convenience Fee:</b>	<b>\$11.88</b>
<b>Total Payment:</b>	<b>\$486.88</b>

### Customer Information

First Name: Tonelle  
 Last Name: Yost  
 Address Line 1: 601 7th Street  
 Address Line 2:  
 City: Prosser  
 State: Washington  
 Zip Code: 99350  
 Phone Number: 509-786-8215  
 Email Address: tyost@cityofprosser.com

### Payment Information

[REDACTED]

Print

Finished



U.S. BANK  
 P. O. Box 6343  
 Fargo, ND 58125-6343



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000006150 1 AB 0.416 106481279656224 P  
 DAVID GILES  
 CITY OF PROSSER  
 601 7TH STREET  
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

RECEIVED  
 NOV 30 2015  
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
10-29	11-02	3562	COMFORT INNS KELSO WA 0230975712 ARRIVAL: 10-28-15	24138295304892204403913	97.68
11-02	11-04	3637	RAMADA INN KENT KENT WA 00155156 ARRIVAL: 11-01-15	24765015307036001551560	95.04 ?

001-521-20743  
 X [Signature] 12/1/15

CUSTOMER SERVICE CALL  <b>800-344-5696</b>	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	[REDACTED]	PURCHASES, FEES & ADJUSTMENTS	\$192.72
	STATEMENT DATE	CHECKS/CASH ADVANCES	\$0.00
	11/20/15	DISPUTE AMOUNT	\$0.00
MANAGING ACCOUNT NUMBER 4485-5945-5559-9842		CREDITS	\$0.00
CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		STATEMENT TOTAL	\$192.72

Please remember to:

- Enclose your check or money order, payable in U.S. dollars, with this payment coupon, but do not staple or tape them together.
- Write your account number on the front of your check or money order.
- Make checks payable to: Corporate Payment Systems  
P.O. Box 790428  
St. Louis, MO 63179-0428

Please enter new address or telephone number here:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

(        )                      (        )  
Home Phone                      Business Phone

### CUSTOMER SERVICE 1-800-344-5696

Our Customer Service Representatives are available 24 hours a day, 365 days a year. If you have questions about your Commercial Card account, please call Corporate Payment Systems at 1-800-344-5696 or write to us at Corporate Payment Systems, P.O. Box 6343, Fargo, ND 58125-6343.

### MAKING PAYMENTS

The amount shown as Amount Due is payable in full upon delivery of this billing statement.

If an employer is making payment for individual employee cardholders, the employer must provide a single check, or other payment acceptable to Corporate Payment Systems, covering all Amounts Due, as well as a list of account numbers and the dollar amount to be credited to each account.

If individual employee cardholders are responsible for payment, a check, or other payment acceptable to Corporate Payment Systems, for the Amount Due together with the top portion of this billing statement must be mailed by the individual employee to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428.

A payment of less than the Amount Due, but intended to settle an account in full, must be mailed to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. Accepting a partial payment will not change any agreement between either the individual employee cardholder or the employer and Corporate Payment Systems in any way.

Use the enclosed envelope to mail your payment to Corporate Payment Systems, P.O. Box 790428, St. Louis, MO 63179-0428. All payments by check or money order and accompanied by a payment coupon will be credited to your account on the day of receipt if received at this address by 1:00 p.m. on any banking day. Banking days are all calendar days except Saturday, Sunday and federal holidays. Other payments will be credited to your account within five days of receipt by Corporate Payment Systems.

### LOST OR STOLEN CARDS

If a Card is lost or stolen, the individual employee cardholder must call Corporate Payment Systems immediately at 1-800-344-5696 and notify the employer in accordance with the employer's policies and/or instructions.

### BILLING INQUIRIES

Before disputing or questioning a charge on your statement, take the following actions:

- Determine if other employees of the corporation / institution may have participated in the transaction.
- Review your receipts for the amount in question as it may have posted to your statement with a different merchant name.
- Attempt to contact the merchant to resolve the issue.

To dispute the transaction, phone Corporate Payment Systems Customer Service at the telephone number on the front of this statement and have the following information available:

- The date and dollar amount of the transaction you are questioning.
- An explanation of why you believe there is an error along with any documentation you may have to support your claim.
- The date you contacted the merchant to attempt to resolve this issue and the merchant's response.

Many inquiries can be corrected over the phone, but phoning alone does not preserve your rights. To preserve your rights, we must receive your written communication no later than 60 days after we sent you the first bill on which the error or problem appeared. Please send a letter with your name, account number and the above information to: CORPORATE PAYMENT SYSTEMS, P.O. BOX 6335, FARGO, ND 58125-6335. You do not have to pay the amount of the charge that is in dispute while we are investigating; however, you are obligated to pay any charges that are not in question. While we investigate your dispute, we cannot report you as delinquent or take any action to collect the amount you question.



BY CHOICE HOTELS

**Comfort Inn (WA060)**

440 Three Rivers Dr.  
Kelso, WA 98626  
(360) 425-4600  
GM.WA060@choicehotels.com

Account: [REDACTED]

Date: 10/29/15

Room: 229 SGM

Arrival Date: 10/28/15

Departure Date: 10/29/15

Check In Time: 10/28/15 5:16 PM

Check Out Time: 10/29/15 7:41 AM

Rewards Program ID:

You were checked out by: jmapes

You were checked in by: tcarte

**Total Balance Due: 0.00**

CITY OF PROSSER A/R ACCT# 309  
MENDOZA, CHRISTIANA  
601 7th Street  
Prosser, WA 99350

Post Date	Description	Comment	Amount
10/28/15	Room Charge	#229 MENDOZA, CHRISTIANA	88.00
10/28/15	Occupancy Tax		9.68
10/29/15	Visa Payment	[REDACTED]	(97.68)

**Folio Summary 10/28/15 - 10/29/15**

Room Charge	88.00
Occupancy Tax	9.68
Visa Payment	(97.68)

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

X \_\_\_\_\_

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Thank you for your stay. Visit [ChoiceHotels.com/VerifiedReviews](http://ChoiceHotels.com/VerifiedReviews) to post your comments about your recent experience (Click the 'Write a Review' button)

## Christy Mendoza

**From:** Comfort Inn Kelso - Longview [yourstay@choicehotels.com]  
**Sent:** Thursday, October 01, 2015 9:55 AM  
**To:** Christy Mendoza  
**Subject:** Reservation Confirmation for Wednesday, Oct 28, 2015

ChoiceHotels.com

View in a browser



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ComfortInn.com

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# RESERVATION CONFIRMATION

Dear Christiana Mendoza,

We're pleased to confirm your upcoming stay at the Comfort Inn Kelso - Longview, Kelso, WA. Below is information about your stay to help you prepare for your trip.

**See you soon!**

**Name:** Christiana Mendoza

**Confirmation Number:** 55529118

**Reservation Status:** Reserved

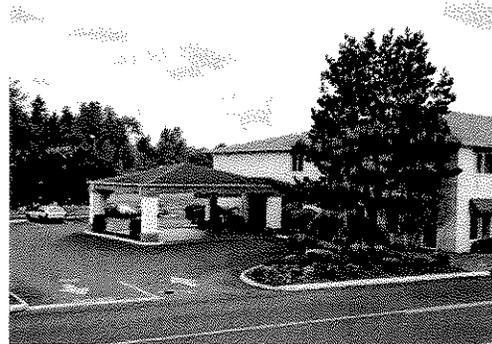
**Check In:** Wednesday, Oct 28, 2015 (3:00 PM)

**Check Out:** Thursday, Oct 29, 2015 (12:00 PM)

**Number of Rooms:** 1

### [View Reservation Details](#)

**Please note:** Credit card required upon check-in, but guest can opt to pay by cash upon check-out if they wish. The hotel does not have an elevator. If stairs are a problem, guests should request the ground floor.



### **Comfort Inn Kelso - Longview**

440 Three Rivers Dr.,  
Kelso, WA, US, 98626  
+1 (360) 425-4600



**[Make Another Reservation](#)**



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## RESERVATION DETAILS

**Name:** Christiana Mendoza  
**Confirmation Number:** 55529118  
**Reservation Status:** Reserved  
**Check In:** Wednesday, Oct 28, 2015 (3:00 PM)  
**Check Out:** Thursday, Oct 29, 2015 (12:00 PM)  
**Rate Program:** Government/Military Rate

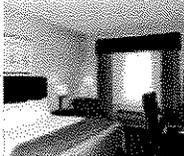


Was this information Helpful?  
 How can we do better?  
[letusknow@choicehotels.com](mailto:letusknow@choicehotels.com)

**Special Request:** Room & Tax only

This information will not be viewed by the hotel until your date of arrival. Special requests are subject to availability.

**Cancellation Deadline:** If you need to change or cancel this reservation, you may do so up until Tuesday, Oct 27, 2015 before 4:00 PM hotel time. The reservation cannot be cancelled through email.

Room Description	Max Room Occupancy	Adult(s)	Children	Extra Bed	Nightly Rate
  <b>1 King Bed, No Smoking</b> Cable/Satellite TV, Hair Dryer, Free Wireless High Speed Internet Access, Iron&Ironing Board, Free Local Calls, In-Room Coffee Maker, In-Room Air Conditioning, Non-Smoking Rooms Available, Wake-Up Service	2 persons / 3 persons with extra bed	1		None	Oct 28, 2015 for 1 night <b>\$88.00</b>

**Cancellation Deadline:** If you need to change or cancel this reservation, you may do so up until Tuesday, Oct 27, 2015 before 4:00 PM hotel time. The reservation cannot be cancelled through email.

Sub Total:	\$88.00
*Estimated Tax and Other Charges:	\$9.68
<b>Estimated Total:</b>	<b>\$97.68</b>
	(US Dollar)

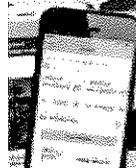
### Guarantee Policy

Your room will be held until 7:00 AM the morning following your scheduled arrival date. If you do not arrive and do not cancel your reservation by the cancellation deadline, your credit card will be charged 1 night's stay plus tax.

Reservations may be changed or cancelled, without a charge, via one of the following methods:

- From our [View/Change/Cancel Reservation](#) page.
- By calling our [Reservations Center](#) - in the U.S. or Canada and giving them your confirmation number.
- By calling the hotel directly.

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- Redeem points for luxury hotels & resorts
- Redeem points for gift cards from leading national retailers and restaurants
- Elite status makes your membership even more rewarding at 10, 20 and 40 nights
- Create your online account and expedite your reservations
- Complimentary newspaper (excl. Suburban) and High-speed Internet (excl. Rodeway Inn)

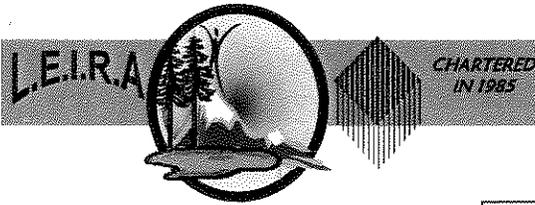
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## 2015 REGIONAL TRAINING REGISTRATION

Please copy this form for other members of your agency who wish to attend

**April 29, 2015**  
0800 – 1700, Redmond, WA

**Workplace Civility**  
Taught by Michelle Bennett  
Captain, KCSO

**Working with Generations**  
Taught by Anne Kirkpatrick, FBI

*Lunch on Your Own*

**May 14, 2015**  
0800 – 1700, Spokane, WA

### LE Personnel Records

Taught by: Jeanne Johnson Jacobs  
1<sup>st</sup> Vice President, LEIRA  
Public Records Officer, Everett  
Police Department

*Lunch on Your Own*

**June 30, 2015**  
0800 – 1700, Kennewick, WA

### Public Disclosure-Advanced

Taught by Michael Connelly;  
Attorney for Law Offices of Etter,  
M<sup>c</sup>Mahon, Lamberson, Van Wert  
& Oreskovich, P.C.

*Lunch on Your Own*

**October 29, 2015**  
0800 – 1700, Kelso, WA

### LE Personnel Records

Taught by: Jeanne Johnson Jacobs  
1<sup>st</sup> Vice President, LEIRA  
Public Records Officer, Everett  
Police Department

*Lunch on Your Own*

### Registration Information

Name: Christiana Mendoza

Agency: Prosser Police Department

Address: 601 7th Street

City: Prosser State: WA Zip: 99350

Title: Police Records Clerk

LEIRA Member:  Yes  No Email: cmendoza@ci.prosser.wa.us

Agency Phone: 509-786-8221

Special Accommodations Required: \_\_\_\_\_

### Class Registration

- April 29, 2015**  
Redmond PD, 8701 160<sup>th</sup> Av NE, Redmond WA 98052  
\$25 Members / \$50 Non-Members
- May 14, 2015**  
Spokane Police Academy, 2302 W Waterworks, Spokane, WA 99212  
\$25 Members / \$50 Non-Members
- June 30, 2015**  
Kennewick PD, 211 W 6<sup>th</sup> Av, Kennewick, WA 99336  
\$25 Members / \$50 Non-Members
- October 29, 2015**  
Cowlitz County Sheriff's Office Training Center, 1942 1<sup>st</sup> Ave,  
Kelso, WA  
\$25 Members / \$50 Non-Members

### MAKE CHECKS PAYABLE TO: LEIRA

(Tax ID# 91-1303064)

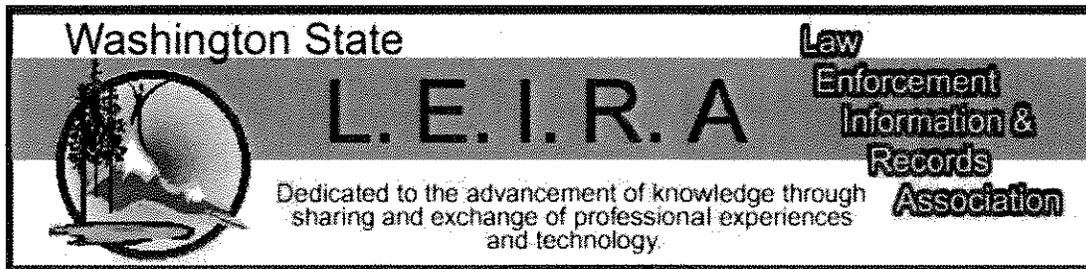
Payment must accompany registration  
Select your training schedule and return this form with your  
payment to:

**Julie Ubert, Lake Stevens Police Department**  
2211 Grade Rd, Lake Stevens, 98258

Or

Pay Online with a credit card at **LEIRA TRAINING**

To receive a refund, cancellations must be received TWO weeks prior to the  
class.



**Regional Training Announcement**  
**June 30, 2015**

**0800-1700 Public Disclosure - Advanced**  
**Instructor – Mike F. Connelly, Attorney**  
**Law Offices of Etter, McMahon, Lamberson, Van Wert & Oreskovich, P.C.**

This course will review recent court decisions by Washington State Appellate and Supreme Courts including:

- Reid v. Pullman Police Department (request for production of recorded 911 call not in possession of department),
- Sargent v. Seattle Police Department, (categorical exemptions, effective law enforcement exemption, internal investigations, witnesses identities and the Criminal Records Privacy Act, chapter 10.97 RCW),
- Predisik v. Spokane School District, (Privacy, disclosure of accused employees identify),
- Nissen v. Pierce County, (text messages),
- John Does v. King County, (records relating to shooting at private university),
- City of Fife v. Hicks, (investigative records exemption, officer's identity),
- City of Lakewood v. Koenig, (requisite structure and content of exemption logs),
- Haines-Marchel v. DOC, (effective laws enforcement under RCW 42.56.240(1)), and
- Fisher Broadcasting v. City of Seattle (Dash cam videos and the privacy act exemption).

The course will also include a discussion of when personal information, including drivers licenses, may be redacted and the basis for the same, and provide specific examples of formats that can be used for redaction or exemption logs.

Finally the course will discuss in depth, the specific application of the Criminal Records Privacy Act, chapter 10.97 RCW, issues concerning audio and video recordings, and the maintenance, destruction and release of juvenile records pursuant to chapter 13.50 RCW.

Mike Connelly began practicing law in 1982 and is currently a partner with Etter, McMahon, Lamberson, Van Wert and Oreskovich, PC. His practice covers all aspects of municipal law, including land use, zoning and development, taxes, public records retention and disclosure, governmental operations, public contracts, construction law, and tort defense litigation.

Mike has over 10 years' experience as the City Attorney for the Cities of Spokane and Spokane Valley and 23 years' experience in private practice representing municipal organizations.

Mike lectures extensively and provides training on the regulation of land and development, the review and revision of development codes, public record retention and disclosure, and all aspects of governmental operations including compliance with ethics rules and the Open Public Meetings Act.

Mike is also an adjunct professor at Gonzaga Law School teaching Administrative Law and Trial Advocacy and is the recipient of the Outstanding Service Award from the Washington State Association of Municipal Attorneys.

**Fee: Members \$25, Non-Members \$50**

**Lunch is on your own**

**Location: Kennewick Police Department**  
**211 W 6<sup>th</sup> Av. Kennewick, WA 99336**

**Contact Julie Ubert for payment/registration information: [jubert@lakestevenswa.gov](mailto:jubert@lakestevenswa.gov)**

**Or Register online at: <http://www.leirawa.org>**



Ramada Kent  
 22318 84th Avenue South  
 Kent, WA 98032  
 Tel: (253) 395-4300 Fax: (253) 395-0116

12-01-15

<b>Trevor Pottle</b> 601 7th Street Prosser WA 99350 United States	Folio No. :	Room No. :	<b>112</b>
	A/R Number :	Arrival :	<b>11-01-15</b>
	Group Code :	Departure :	<b>11-02-15</b>
	Company :	Conf. No. :	<b>62959374</b>
	Wyndham Rewards :	Rate Code :	<b>SGS</b>
	Invoice No. :	Page No. :	<b>1 of 1</b>
		<b>STATE GOV'T BWS</b>	

Date	Description	Charges	Credits
11-02-15	Visa [REDACTED]		95.04
12-01-15	Visa [REDACTED]		-95.04
<b>Total</b>		<b>0.00</b>	<b>0.00</b>
<b>Balance</b>		<b>0.00</b>	

Guest Signature: \_\_\_\_\_

Please contact the Manager about any issues with your stay. Ramada or affiliates may contact you about goods and services unless you call 877-227-3557 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Ramada Worldwide website about privacy.

**Thank you for staying with us.  
 It was our pleasure to serve you.**

001-521-2043

X \_\_\_\_\_



Ramada Kent  
 22318 84th Avenue South  
 Kent, WA 98032  
 Tel: (253) 395-4300 Fax: (253) 395-0116

11-02-15

<b>Trevor Pottle</b> <b>601 7th Street</b> <b>Prosser WA 99350</b> <b>United States</b>	Folio No.	: 19344	Room No.	: 112
	A/R Number	:	Arrival	: 11-01-15
	Group Code	:	Departure	: 11-02-15
	Company	: STATE GOV'T BWS	Conf. No.	: 62959374
	Wyndham Rewards	:	Rate Code	: SGS
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
11-02-15	No Show Charge	84.55	
11-02-15	State Sales Tax - 6.5%	5.50	
11-02-15	City Sales Tax - 2.1%	1.78	
11-02-15	Lodging Tax - 3.8%	3.21	
11-02-15	Visa <span style="background-color: black; color: black;">XXXXXXXXXX</span>		95.04
<b>Total</b>		<b>95.04</b>	<b>95.04</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

Please contact the Manager about any issues with your stay. Ramada or affiliates may contact you about goods and services unless you call 877-227-3557 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Ramada Worldwide website about privacy.

**Thank you for staying with us.  
 It was our pleasure to serve you.**

Cancelled

**Christy Mendoza**

**From:** donotreply@wyn.com  
**Sent:** Thursday, October 01, 2015 9:35 AM  
**To:** Christy Mendoza  
**Subject:** Ramada Hotels Confirmed Reservation Notification

**RAMADA KENT SEATTLE AREA**



22318 84th Ave S  
Kent, WA 98032-1522  
US

Phone: 1-253-395-4300  
Fax: 1-253-395-0116  
[E-mail](#)

**\*Rate Information**

Other charges may apply for local amenities like safe warranties and telephone access. Please check with the property for further details.

Local surcharges or services charges are not included in the total room rate. Local taxes may be additional. Please note that a change in the length or dates of your reservation may result in a rate change. Please check with the property for further details.

**Traveling with Children or Several Guests**

There may be limits on the number of guests who may occupy the room type you selected which could impact the number of rooms needed and/or room rates for a reservation even if you receive a confirmation number. Please check with the property or our central reservation number for further details.

**Thank you. Your room reservation has been confirmed.**

Your confirmation number is **62959374**.

**Name:** Trevor Pottle  
**Confirmation Number:** 62959374

<b>Reservation:</b>	1 Double Bed Accessible Room No smoking; Accessible 1 Double Bed Non-Smoking Room with ada tub and shower, grab bar free hot buffet breakfast; Maximum occupancy: 2 people
<b>Stay:</b>	1 Room(s), 3 Night(s)
<b>Occupancy:</b>	1 Adult(s), 0 Children 0-17
<b>Check in:</b>	Sunday, 11/01/2015 After 3:00 PM
<b>Check Out:</b>	Wednesday, 11/04/2015 Before 12:00 PM

	<b>State Govt Rate</b>	<b>Tax</b>	<b>Total for Stay*</b>
5% Off	<del>95.67 USD</del> 90.88 USD	33.81 USD	306.46 USD

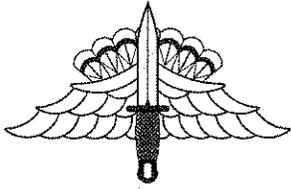
You could earn up to 2,727 Wyndham Rewards points when you book this qualified rate.

**Cancellation Policy:** TO AVOID BEING BILLED CANCEL BY 06:00 PM HOTEL TIME 31-OCT-15; PENALTY AMOUNT 84.55 USD PER ROOM PLUS TAXES.

**Payment Method:** We require a valid credit card to confirm your reservation and guarantee your room. Any required deposit or pre-payment will be charged to this card immediately.

**NEW PASSPORT RULES:** [Learn More](#)

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M16 : M4 : AR-15  
Armorer Course  
Police & Military Weapons  
KENT POLICE DEPARTMENT

This state-of-the-art training was developed to give law enforcement & military personnel a broad based understanding of specific firearms, their real world applications, and the knowledge necessary to keep these weapons operational under all conditions.

**Firearms covered:** M16:M4:AR-15® series weapons  
(5.56mm/223 REM)  
Automatic & Semi-Automatic

**Instructor:** Ken Elmore  
SGT, U.S. Army (1986 – 1990)  
Engineer, Specialized Armament (1990 – present)  
Instructor, Colt Defense (1997 – 2007)  
Technical Consultant for *BLACK RIFLE II* (2004)  
Subject Matter Expert, National Geographic (2006)

**Certification:** Three year *Specialized Armament* Certificate (Industry Standard).

**Enrollment:** Restricted to military, law enforcement, corrections, security and related agencies. (Or with Instructor approval)

**Cost:** \$475.00

The course is a total of **20 hours** over a 2.5 day training period.

**Date:** NOVEMBER 2 – NOVEMBER 4, 2015

**Time:** Day 1: 0800 - 1700 hrs; Day 2: 0800-1700 hrs; Day 3: 0800-1200 hrs

**Location:** Kent Police Department - Training  
24523 116th Ave SE  
Kent, WA 98031

**Reservations, Info, Questions:** [training@sar15.com](mailto:training@sar15.com)

**SA Training Fax:** (480) 940-6323 – **Office:** (480) 940-7397 (Messaging System)

**\*\*\*Maximum class size - 24 students\*\*\***

## EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

11/01/2015 To: 12/01/2015

Time 10:02:51 Date: 12/03/2015  
Page: 1

### BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Salary	11/30/2015	88.83	5,752.75
	Draw			850.00
	Draw			-850.00
	Hourly		166.00	3,306.72
	Cell Phone Allow			101.32
	Longevity			810.00
	Holiday Used		16.00	159.36
	Sick Used		21.00	
	Vac Used		65.50	199.20
<b>TOTAL BUILDING</b>			<b>357.33</b>	<b>10,329.35</b>

### CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Salary	11/30/2015	141.33	5,246.80
	Draw			2,098.00
	Draw			-2,098.00
	Cell Phone Allow			50.66
	Holiday Used		8.00	
	Sick Used		24.00	
<b>TOTAL CLERK</b>			<b>173.33</b>	<b>5,297.46</b>

### COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Salary	11/30/2015	181.33	6,100.00
	Board Meeting		7.00	140.00
	Council Meeting		7.00	280.00
	Cell Phone Allow			50.66
	Travel Reimburse			14.00
	Holiday Used		8.00	
	Sick Used		8.00	
<b>TOTAL COUNCIL</b>			<b>211.33</b>	<b>6,584.66</b>

### FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Salary	11/30/2015	463.99	15,406.91
	Draw			3,254.00
	Draw			-3,254.00
	Hourly		529.70	8,762.85
	Cell Phone Allow			101.32
	Longevity			900.00
	BiLingual Pay			25.00
	Hol F Used		4.00	54.20
	Holiday Used		50.40	437.18
	Sick Used		32.50	247.52

## EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

11/01/2015 To: 12/01/2015

Time 10:02:51 Date: 12/03/2015

Page: 2

### FINANCE

Group	Pay Item	Date	Hours	Pay
	Vac Used		35.10	360.94
<b>TOTAL FINANCE</b>			<b>1,115.69</b>	<b>26,295.92</b>

### PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	11/30/2015	160.33	4,395.73
	Cell Phone Allow			50.66
	Holiday Used		8.00	
	Sick Used		5.00	
<b>TOTAL PLANNING</b>			<b>173.33</b>	<b>4,446.39</b>

### POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Salary	11/30/2015	1,490.30	57,490.16
	Salary		137.33	5,655.87
	Draw			8,545.00
	Draw			-8,545.00
	Hourly		294.50	5,888.61
	Overtime		140.00	5,906.57
	Overtime		12.50	611.88
	Overtime Hol (.5		16.00	207.44
	Overtime Hol (.5		8.00	130.56
	Overtime Hol (1.		8.00	311.12
	Overtime Hol (1.		4.00	195.80
	Shift Pay			369.60
	Shift Pay			84.30
	Evidence Pay			50.00
	FTO Pay			150.00
	Hol Pay PD		824.00	24,054.88
	Longevity			5,930.00
	BiLingual Pay			80.00
	Education Pay			350.00
	Comp Used		45.00	
	Comp Earned		10.50	
	Comp Earned		12.00	
	Hol F Used		21.00	76.75
	Holiday Used		21.00	255.07
	Sick Used		240.83	33.44
	Vac Used		108.00	
	Vac Used		36.00	
<b>TOTAL POLICE</b>			<b>3,428.96</b>	<b>107,832.05</b>

### PUBLIC WORKS

# EARNING ITEM SUMMARY

City Of Prosser  
MCAG #: 0205

11/01/2015 To: 12/01/2015

Time 10:02:51 Date: 12/03/2015  
Page: 3

## PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Salary	11/30/2015	149.33	7,065.58
	Draw			7,631.00
	Draw			-7,631.00
	Hourly		2,463.50	60,641.41
	Overtime		130.00	5,172.54
	Shift Pay			2,340.00
	Cell Phone Allow			810.56
	Longevity			11,200.00
	BiLingual Pay			40.00
	Hol F Used		32.00	827.92
	Holiday Used		136.00	3,224.16
	Sick Used		74.00	1,610.73
	Vac Used		221.50	5,719.15
<b>TOTAL PUBLIC WORKS</b>			<b>3,206.33</b>	<b>98,652.05</b>
<b>TOTAL</b>			<b>8,666.30</b>	<b>259,437.88</b>

**VACATION BUY OUT DETAIL**

City Of Prosser  
MCAG #: 0205

Time 10:04

Date: 12/03/2015

11/01/2015 To: 11/30/2015

Page: 1

**TOTAL**

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