

CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE

TUESDAY, AUGUST 9, 2016
6:00 PM

CITY HALL CONFERENCE ROOM
601 7TH STREET

1. Call to Order
2. Approve July 26, 2016 Meeting Minutes
3. Discuss Claim Checks for Period Ending August 9, 2016
4. Discuss July 2016 Payroll Checks and Vacation Buy Outs
5. Other Discussion Items
6. Next Meeting – August 23, 2016
7. Adjournment

Attachments:

July 26, 2016 Meeting Minutes
Visa Payment Detailed Information
July 2016 Payroll Checks and Vacation Buy Outs

**CITY OF PROSSER, WASHINGTON
BUDGET & FINANCE COMMITTEE
MINUTES
TUESDAY, JULY 26, 2016**

CALL TO ORDER

Council Member Everett called the meeting of the City of Prosser Budget and Finance Committee to order at 6:00 p.m.

ATTENDANCE

Council Member Everett, Council Member Edwards, and Finance Director Yost were present. Council Member Becken requested an excused absence.

APPROVE JULY 12, 2016 MEETING MINUTES

A motion was made by Council Member Edwards, seconded by Council Member Everett to approve the July 12, 2016 meeting minutes. Motion carried unanimously.

DISCUSS CLAIM CHECKS FOR PERIOD ENDING JULY 26, 2016

The Committee reviewed the claim checks prepared for City Council approval. The Committee discussed invoices for Benton REA regarding IT activity, and Total Energy Management for Radio & Ethernet Parts to see if it was budget it.

OTHER DISCUSSION ITEMS

None

ADJOURNED

The meeting of the Budget and Finance Committee was adjourned at 6:10 p.m.

Council Member Steve Becken
Budget & Finance Committee Chair

Toni Yost
Finance Director



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



ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 07-20-2016
AMOUNT DUE \$2,333.07
NEW BALANCE \$2,333.07

PAYMENT DUE ON RECEIPT

000005905 01 AB 0.399 106481604373831 P
CITY OF PROSSER
ATTN ELIA BELMARES
601 7TH STREET
PROSSER WA 99350-1459

RECEIVED
AUG 01 2016
CITY OF PROSSER

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] Company Total	\$2,498.75	\$2,333.07	\$0.00	\$0.00	\$0.00	\$0.00	\$2,498.75	\$2,333.07

CORPORATE ACCOUNT ACTIVITY

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-04	07-04		AUTO PAYMENT DEDUCTION	2,498.75 CR

TOTAL CORPORATE ACTIVITY \$2,498.75 CR

NEW ACTIVITY

Post Date	Tran Date	Reference Number	Transaction Description	Amount
07-11	07-08	24492156191894761366061	PAYPAL *SMARTSIGN 402-935-7733 NY	76.90

LJ DACORSI CREDITS \$0.00 PURCHASES \$76.90 CASH ADV \$0.00 TOTAL ACTIVITY \$76.90

CUSTOMER SERVICE CALL

800-344-5696

ACCOUNT NUMBER

[REDACTED]

STATEMENT DATE
07/20/16

DISPUTED AMOUNT
.00

ACCOUNT SUMMARY

PREVIOUS BALANCE	2,498.75
PURCHASES & OTHER CHARGES	2,333.07
CASH ADVANCES	.00
CASH ADVANCE FEES	.00
LATE PAYMENT CHARGES	.00
CREDITS	.00
PAYMENTS	2,498.75
ACCOUNT BALANCE	2,333.07

SEND BILLING INQUIRIES TO:

U.S. BANK
P.O. Box 6335
Fargo, ND 58125-6335

AMOUNT DUE

2,333.07



Company Name: CITY OF PROSSER
Corporate Account Number: [REDACTED]
Statement Date: 07-20-2016

RECEIVED
AUG 01 2016
CITY OF PROSSER

NEW ACTIVITY					
RACHEL SHAW		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$1,244.67	\$0.00	\$1,244.67
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
06-24	06-23	24755426175171752151284	HAMPTON INNS EVERETT WA 00000732	177.81	
			ARRIVAL: 06-21-16		
06-28	06-27	24755426179151795781889	HAMPTON INNS EVERETT WA 00000732	533.43	
			ARRIVAL: 06-21-16		
06-28	06-27	24755426179151795782416	HAMPTON INNS EVERETT WA 00000732	533.43	
			ARRIVAL: 06-21-16		
TONELLE M YOST		CREDITS	PURCHASES	CASH ADV	TOTAL ACTIVITY
[REDACTED]		\$0.00	\$1,011.50	\$0.00	\$1,011.50
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
06-27	06-23	24639236176900018700045	SKATESTOPPERS/INTELLICEPT 619-4476374 CA	280.50	
07-07	07-06	24445006189600187928734	DEA REGISTRATION 202-307-7218 VA	731.00	

Department: 00000 Total: \$2,333.07
 Division: 00000 Total: \$2,333.07

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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000005908 01 AB 0.399 106481604373834 P
 TONELLE M YOST
 CITY OF PROSSER
 601 7TH ST
 PROSSER WA 99350-1459

RECEIVED
 MEMO STATEMENT ONLY
 DO NOT REMIT PAYMENT
 AUG 01 2016
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
06-23	06-27	5085	SKATESTOPPERS/INTELLICEPT 619-4476374 CA	24639236176900018700045	280.50
07-06	07-07	9399	DEA REGISTRATION 202-307-7218 VA	24445006189600187928734	731.00

001-571-22-31

001-524-20-49

BAM

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY
	STATEMENT DATE 07/20/16	PURCHASES, FEES & ADJUSTMENTS \$1,011.50 CHECKS/CASH ADVANCES \$0.00
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350		DISPUTE AMOUNT \$0.00
		CREDITS \$0.00
		STATEMENT TOTAL \$1,011.50

Intellicept

1547 N. Cuyamaca Street
 El Cajon, CA 92020
 USA

Voice: 619-447-6374
 Fax: 619-447-6396

Credit Card Receipt

Invoice Number: 22988
 Invoice Date: Jun 23, 2016
 Page: 1

RECEIVED
 JUN 28 2016
 CITY OF PROSSER

Bill To:
 City of Prosser
 601 7th St
 Prosser, WA 99350

Ship to:
 City of Prosser
 601 7th St
 Prosser, WA 99350

Customer ID	Customer PO	Payment Terms	
CityofProsser		Prepaid v503	
Sales Rep ID	Shipping Method	Ship Date	Due Date
LOARIE, C	UPS Ground	6/23/16	6/23/16

Quantity	Item	Description	Unit Price	Amount
1.00		FR0.12-20 pc kit	262.50	262.50
20.00	FR0.12S-Gray	FR0.12 Clear Anodize (Silver/Gray) Aluminum SKATESTOPPERS with 1/8" radius for use with SMART PINS PLUS.		
41.00	ANC-SMART	5/16-18 SS SMART PIN		
2.00	PAD85	9 oz Two-part epoxy		
1.00	Acc1/2	1/2" Accessory Kit		
1.00	Brush-Nylon-1/2"	Nylon Brush 1/2"		
1.00	DriveBit5/32	Drive Bit for Headless Fastene		
1.00	1/2"- 6" Bit	1/2" x 6" masonry drill bit		

Subtotal	262.50
Sales Tax	
Freight	18.00
Total Invoice Amount	280.50
Payment/Credit Applied	280.50
TOTAL	0.00

Card Authorization No: A#081005



Completed Internet Form - NOT FOR SUBMISSION
 DEA/Control Number - MC2321658
 Submission Date: 07-06-2016

APPLICATION FOR REGISTRATION
 UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 224A - Completed
 Internet Receipt. NOT FOR
 SUBMISSION

Application Complete. Internet
 confirmation no.: 5914631
 Fee Paid: \$731

THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PL 104-134) REQUIRES THAT YOU FURNISH YOUR FEDERAL TAXPAYER IDENTIFYING NUMBER TO DEA. THIS NUMBER IS REQUIRED FOR DEBT COLLECTION PROCEDURES SHOULD YOUR FEE BECOME UNCOLLECTABLE. IF YOU DO NOT HAVE A FEDERAL TAXPAYER IDENTIFYING NUMBER, USE YOUR SOCIAL SECURITY NUMBER

NAME APPLICANT OR BUSINESS (LAST)

CITY OF PROSSER

(First, MI)

[Redacted]

TAX IDENTIFYING NUMBER AND/OR

[Redacted]

SOCIAL SECURITY NUMBER

[Redacted]

PROPOSED BUSINESS ADDRESS. (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

601 7TH STREET

ANIMAL SHELTER

CITY

PROSSER

STATE ZIP CODE

WA 99350

APPLICANT'S BUSINESS PHONE NUMBER

509 - 786 - 2332

APPLICANT'S FAX NUMBER

[Redacted]

REGISTRATION CLASSIFICATION

<p>1. BUSINESS ACTIVITY: MLP-ANIMAL SHELTER</p>	<p>2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS. <input type="checkbox"/></p>												
<p>3. Drug Schedules. (Fill in all circles that apply)</p> <p><input checked="" type="checkbox"/> Schedule II Non Narcotic</p>													
<p>4. All Applicants must answer the following:</p> <p>Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?</p> <p>State License No. [Redacted] Expire Date: 08-31-2016</p> <p>State Controlled Substance Lic. No. [Redacted] Expire Date: --</p> <table border="0"> <tr> <td>1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?</td> <td>N</td> <td>4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?</td> <td>N</td> </tr> <tr> <td>2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?</td> <td>N</td> <td></td> <td></td> </tr> </table>		1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?	N	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?	N			3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N		
1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?	N	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N										
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?	N												
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N												

6. Payment Method: —Card Number: Expiration Date: Fee Paid: 731

7. Certification for Fee Exemption

Certifying Official's Name: N/A

Certifying Official's Title: N/A

Certifying Official's Phone: N/A

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: Tonelle Yost

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R. § 1301.13(j) for more information on who can certify this application

ADDITIONAL INFORMATION

Form 224 *Approved OMB Form No. 1117-0014 Expires: 04/30/2019 (12 minutes)*
Form 225 *Approved OMB Form No. 1117-0012 Expires: 07/31/2018 (15 minutes)*
Form 510 *Approved OMB Form No. 1117-0031 Expires: 05/31/2019 (15 minutes)*
Form 363 *Approved OMB Form No. 1117-0015 Expires: 06/30/2018 (15 minutes)*

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

DEA OFFICE OF DIVERSION CONTROL PRIVACY POLICY



U.S. Department of Justice
 Drug Enforcement Administration
 Office of Diversion Control/ODR
 Post Office Box 2639
 Springfield, Virginia 22152-2639

www.dea.gov

June 25, 2016

181/205
 4:131
 CITY OF PROSSER
 601 7TH STREET
 PROSSER WA 99350-0000



NOTICE OF REGISTRATION RENEWAL
SAVE TIME, RENEW YOUR REGISTRATION ONLINE!

In reference to registration: [REDACTED]

Expiration Date: August 31, 2016

Dear Registrant:

Your current Drug Enforcement Administration (DEA) registration is due to expire soon. You can save time by renewing online. Most registrants that apply using our online system are able to complete their renewal within six minutes and can print their new certificate immediately.

You can begin the online renewal process for your DEA registration on July 02, 2016 at www.deadiversion.usdoj.gov. On the right side of the homepage under Registration Support, select Renewal Applications to get started.

We will send you a paper renewal form in the next 20 days. However, we recommend that you try our automated renewal system. **Important note**, if you renew online do **not** submit the paper application form.

Federal regulations prohibit you from handling Controlled Substances/List I Chemicals if your DEA registration has expired and you have not submitted a renewal.

We hope that you find our online renewal process a fast, secure and convenient way to do business with DEA. If you have any questions, please call our Help Desk at 1-800-882-9539.

Thank you,


 Erika Gehrman, Chief

Registration and Program Support Section
 Office of Diversion Control

10017465, 4/016920



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



ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000005907 01 AB 0.399 106481604373833 P
 RACHEL SHAW
 CITY OF PROSSER
 601 7TH STREET
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
06-23	06-24	3665	HAMPTON INNS EVERETT WA 00000732 ARRIVAL: 06-21-16	24755426175171752151284	177.81
06-27	06-28	3665	HAMPTON INNS EVERETT WA 00000732 ARRIVAL: 06-21-16	24755426179151795781889	533.43
06-27	06-28	3665	HAMPTON INNS EVERETT WA 00000732 ARRIVAL: 06-21-16	24755426179151795782416	533.43

See attachment.

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER	ACCOUNT SUMMARY	
	STATEMENT DATE	PURCHASES, FEES & ADJUSTMENTS	\$1,244.67
MANAGING ACCOUNT NUMBER [REDACTED] CONTACT AND ADDRESS CITY OF PROSSER ELIA BELMARES 601 7TH STREET PROSSER, WA 99350	07/20/16	CHECKS/CASH ADVANCES	\$0.00
		DISPUTE AMOUNT	\$0.00
		CREDITS	\$0.00
		STATEMENT TOTAL	\$1,244.67



*Insa Detail



HAMPTON INN SEATTLE/EVERETT DOWNTOWN
2931 WEST MARINE VIEW DRIVE
EVERETT, WA 98201
United States of America
TELEPHONE 425-349-4466 • FAX 425-349-4678
Reservations
www.hilton.com or 1 800 HILTONS

SIEMENS, ROBIN

601 7TH ST.

PROSSER WA 99350
UNITED STATES OF AMERICA

Room No: 318/NKXU
Arrival Date: 6/21/2016 3:21:00 PM
Departure Date: 6/24/2016 12:35:00 PM
Adult/Child: 1/0
Cashier ID: GTL/GEOFFREY
Room Rate: 159.00
AL:
HH #
VAT #
Folio No/Che 73232 B

Confirmation Number: 82784271

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/24/2016 12:35:00 PM

DATE	REF NO	DESCRIPTION	CHARGES
6/21/2016	176841	GUEST ROOM	\$159.00
6/21/2016	176841	TAXES	\$18.81
6/22/2016	177087	GUEST ROOM	\$159.00
6/22/2016	177087	TAXES	\$18.81
6/23/2016	177367	GUEST ROOM	\$159.00
6/23/2016	177367	TAXES	\$18.81
6/24/2016	177564	██████	(\$533.43)

THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.

007511.60.43 → \$533.43 RShaw



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 United States of America
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SIEMENS, ROBIN
 601 7TH ST.
 PROSSER WA 99350
 UNITED STATES OF AMERICA

Room No: 318/NKXU
 Arrival Date: 6/21/2016 3:21:00 PM
 Departure Date: 6/24/2016 12:35:00 PM
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 Folio No/Che 73232 A

Confirmation Number: 82784271

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/24/2016 12:35:00 PM

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THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.

* VISA Detail



HAMPTON INN SEATTLE/EVERETT DOWNTOWN
2931 WEST MARINE VIEW DRIVE
EVERETT, WA 98201
United States of America
TELEPHONE 425-349-4466 • FAX 425-349-4678
Reservations
www.hilton.com or 1 800 HILTONS

RODRIGUEZ, HUMBERTO

601 7TH ST.

PROSSER WA 99350
UNITED STATES OF AMERICA

Room No: 522/NKXU
Arrival Date: 6/21/2016 2:02:00 AM
Departure Date: 6/22/2016 11:32:00 AM
Adult/Child: 1/0
Cashier ID: JJM/JENNIFER
Room Rate: 159.00
AL:
HH #
VAT #
Folio No/Che 73233 A

Confirmation Number: 85676687

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/22/2016 11:31:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
6/21/2016	176895	GUEST ROOM	\$159.00
6/21/2016	176895	TAXES	\$18.81
6/22/2016	176972	VS [REDACTED]	(\$177.81)

THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.

001.511.60.43 → \$177.81 ASLAW



HAMPTON INN SEATTLE/EVERETT DOWNTOWN
 2931 WEST MARINE VIEW DRIVE
 EVERETT, WA 98201
 United States of America
 TELEPHONE 425-349-4466 • FAX 425-349-4678
 Reservations
 www.hilton.com or 1 800 HILTONS

RODRIGUEZ, HUMBERTO

 601 7TH ST.

 PROSSER WA 99350
 UNITED STATES OF AMERICA

Room No: 522/NKXU
 Arrival Date: 6/21/2016 2:02:00 AM
 Departure Date: 6/22/2016 11:32:00 AM
 Adult/Child: 1/0
 Cashier ID: JJM/JENNIFER
 Room Rate: 159.00
 AL:
 HH #
 VAT #
 Folio No/Che 73233 B

Confirmation Number: 85676687

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/22/2016 11:31:00 AM

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THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.

* Visa Detail



HAMPTON INN SEATTLE/EVERETT DOWNTOWN
2931 WEST MARINE VIEW DRIVE
EVERETT, WA 98201
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Reservations
www.hilton.com or 1 800 HILTONS

EDWARDS, MARY

1063 YAKIMA AVE

PROSSER WA 99350
UNITED STATES OF AMERICA

Room No: 422/NKXU
Arrival Date: 6/21/2016 5:28:00 PM
Departure Date: 6/24/2016 11:42:00 AM
Adult/Child: 1/0
Cashier ID: JJM/JENNIFER
Room Rate: 159.00
AL:
HH # 526343974 BLUE
VAT #
Folio No/Che 73234 B

Confirmation Number: 86727919

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/24/2016 11:41:00 AM

DATE	REF NO	DESCRIPTION	CHARGES
6/21/2016	176869	GUEST ROOM	\$159.00
6/21/2016	176869	TAXES	\$18.81
6/22/2016	177116	GUEST ROOM	\$159.00
6/22/2016	177116	TAXES	\$18.81
6/23/2016	177396	GUEST ROOM	\$159.00
6/23/2016	177396	TAXES	\$18.81
6/24/2016	177560	VS [REDACTED]	(\$533.43)

You have earned approximately 4770 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900

Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.

001 511.40.43 → \$533.43 ASG



HAMPTON INN SEATTLE/EVERETT DOWNTOWN
 2931 WEST MARINE VIEW DRIVE
 EVERETT, WA 98201
 United States of America
 TELEPHONE 425-349-4466 • FAX 425-349-4678
 Reservations
 www.hilton.com or 1 800 HILTONS

EDWARDS, MARY
 1063 YAKIMA AVE
 PROSSER WA 99350
 UNITED STATES OF AMERICA

Room No: 422/NKXU
 Arrival Date: 6/21/2016 5:28:00 PM
 Departure Date: 6/24/2016 11:42:00 AM
 Adult/Child: 1/0
 Cashier ID: JJM/JENNIFER
 Room Rate: 159.00
 AL:
 HH # 526343974 BLUE
 VAT #
 Folio No/Che 73234 A

Confirmation Number: 86727919

HAMPTON INN SEATTLE/EVERETT DOWNTOWN 6/24/2016 11:41:00 AM

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You have earned approximately 4770 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 Hampton hotels are all over the world. Find us in Canada, Costa Rica, Ecuador, Germany, India, Mexico, Poland, Turkey, United Kingdom, and United States of America. Coming soon in Italy and Romania.

THANK YOU FOR STAYING WITH US. HOPE TO SEE YOU AGAIN SOON.



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



15640

ACCOUNT NUMBER [REDACTED]

AMOUNT DUE \$0.00

000005906 01 AB 0.399 106481604373832 P
 LJ DACORSI
 CITY OF PROSSER
 601 7TH STREET
 PROSSER WA 99350-1459

"MEMO STATEMENT ONLY"
 DO NOT REMIT PAYMENT

RECEIVED
 AUG 01 2016
 CITY OF PROSSER

MESSAGES:

TRAN DATE	POST DATE	MCC CODE	TRANSACTION DESCRIPTION	REFERENCE #	AMOUNT
07-08	07-11	5943	PAYPAL *SMARTSIGN 402-935-7733 NY <i>Pool</i>	24492156191894761366061	76.90

001-576-20-31

D. Spitzer

CUSTOMER SERVICE CALL 800-344-5696	ACCOUNT NUMBER [REDACTED]	ACCOUNT SUMMARY	
	STATEMENT DATE 07/20/16	PURCHASES, FEES & ADJUSTMENTS	\$76.90
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
		STATEMENT TOTAL	\$76.90



Lindsay Bardessono

From: SmartSign.com [customerservice@smartsign.com]
Sent: Wednesday, July 06, 2016 3:26 PM
To: Lindsay Bardessono
Subject: Your Confirmation SMT-134947



A SmartSign Store
300 Cadman Plaza West, Suite 1303
Brooklyn, NY 11201

[My order status](#) | [Print this invoice](#) | [My account](#) | [Customer service](#)

Order Received

Thank you LJ DaCorsi!

Your order number is SMT-134947. Your chosen delivery method is UPS Regular and we will send you tracking information once your order ships. Your order details are given below:

Order Number	Order Date	Shipping Method	Est. Ship Date	Est. Arrival Date
SMT-134947	06 Jul '16	UPS Regular		

No.	Description	Qty.	Price	Total
1.	Laminated Plastic Sign, 10" x 14" (Part No: S-3078-ALL)	10	\$7.69	\$76.90

* POOL

Sub Total:	\$76.90
Shipping:	Free
GRAND TOTAL	\$76.90

SHIPPING ADDRESS

LJ DaCorsi
601 7th St
Prosser, WA - 99350

WE HAVE BILLED THE FOLLOWING ACCOUNT:

Your Purchase Order No.:
LJ DaCorsi
601 7th St
Prosser, WA - 99350

What to expect now ...

Order Review: Stock products are released to the warehouse on the same day that you ordered. All orders containing custom products are reviewed, that night, by specialists to ensure the quality and consistency of your order. *Note: Any changes to the design or*

Production/Pack Order: typically, your order reaches the factory floor or warehouse within 24 hours after it is released. Please note the estimated **Ship Date** - this is when the order will be handed over to the shipper. The Ship Date does not include the time in transit

Shipment: An email will be sent to you when your order ships. The email will include the tracking number(s) of your package. You may also track your order from links provided above. The estimated arrival date shown above is based on your selected shipping method

Lindsay Bardessono

From: service@paypal.com
Sent: Wednesday, July 06, 2016 3:25 PM
To: Lindsay Bardessono
Subject: You have authorized a payment to XpressMyself.com LLC



Jul 6, 2016 15:24:46 PDT
Transaction ID: [29B31027PA0892746](#)

Hello LJ DaCorsi,

You authorized a transaction to XpressMyself.com LLC. Money won't leave your account until XpressMyself.com LLC processes your order.

Thanks for using PayPal. To see the full transaction details, log in to your PayPal account. Keep in mind, it may take a few moments for this transaction to appear.

Merchant
XpressMyself.com LLC
customerservice@smartsign.com

Instructions to merchant
You haven't entered any instructions.

Shipping address
LJ DaCorsi
601 7th St
Prosser, WA 99350
United States



Description	Unit price	Qty	Amount
	Subtotal		\$76.90 USD
	Total		\$76.90 USD
	Payment		\$76.90 USD

The final payment amount may change when the merchant completes the order.

\$76.90 USD	1	\$76.90 USD
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Issues with this transaction?

You have 180 days from the date of the transaction to open a dispute in the Resolution Center.



Questions? Go to the Help Center at www.paypal.com/help.

Get verified - Pay from your bank account and you're 100% protected against unauthorized payments sent from your PayPal account. Log in and click the **Get verified** link below your name.

RIGHT TO REFUND

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

Time 11:03:09 Date: 08/04/2016
07/01/2016 To: 07/31/2016

Page: 1

ADMIN

Group	Pay Item	Date	Hours	Pay
ADMIN	Salary	07/29/2016	133.33	7,916.67
	Cell Phone Allow			51.67
	Car Allowance			300.00
	Holiday Used		8.00	
	Vac Used		32.00	
TOTAL ADMIN			173.33	8,268.34

BUILDING

Group	Pay Item	Date	Hours	Pay
BUILDING	Salary	07/29/2016	149.33	6,500.25
	Draw			850.00
	Draw			-850.00
	Hourly		139.75	2,839.72
	Cell Phone Allow			103.34
	Holiday Used		16.00	162.56
	Sick Used		11.25	228.60
	Vac Used		22.00	121.92
TOTAL BUILDING			338.33	9,956.39

CLERK

Group	Pay Item	Date	Hours	Pay
CLERK	Salary	07/29/2016	105.33	5,351.75
	Draw			2,098.00
	Draw			-2,098.00
	Hourly		103.00	1,820.01
	Cell Phone Allow			51.67
	Holiday Used		14.40	113.09
	Sick Used		8.60	45.94
	Vac Used		70.00	282.72
TOTAL CLERK			301.33	7,665.18

COUNCIL

Group	Pay Item	Date	Hours	Pay
COUNCIL	Salary	07/29/2016	64.00	2,250.00
	Travel Reimburs			15.00
TOTAL COUNCIL			64.00	2,265.00

FINANCE

Group	Pay Item	Date	Hours	Pay
FINANCE	Salary	07/29/2016	431.99	16,526.58
	Draw			2,190.00
	Draw			-2,190.00
	Hourly		367.25	6,266.47
	Hourly Alt			-57.60

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

07/01/2016 To: 07/31/2016

Time 11:03:09 Date: 08/04/2016
Page: 2

FINANCE

Group	Pay Item	Date	Hours	Pay
	Cell Phone Allow			103.34
	BiLingual Pay			25.00
	Holiday Used		44.00	343.20
	Sick Used		1.00	14.60
	Vac Used		78.00	272.58
TOTAL FINANCE			922.24	23,494.17

PLANNING

Group	Pay Item	Date	Hours	Pay
PLANNING	Salary	07/29/2016	128.83	4,595.07
	Hourly		136.75	2,051.25
	Overtime		3.25	73.13
	Cell Phone Allow			51.67
	Holiday Used		8.00	
	Sick Used		16.00	
	Vac Used		20.50	
TOTAL PLANNING			313.33	6,771.12

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Salary	07/29/2016	1,869.96	65,675.81
	Draw			6,645.00
	Draw			-6,645.00
	Hourly		185.00	3,935.45
	Overtime		54.00	2,547.94
	Overtime Hol (.5		32.00	520.32
	Overtime Hol (1.		16.00	780.48
	Shift Pay			376.60
	Evidence Pay			50.00
	FTO Pay			150.00
	SRO Pay			3,300.00
	Travel Reimburse			75.00
	BiLingual Pay			80.00
	Education Pay			275.00
	Comp Used		34.00	
	Holiday Used		21.00	262.49
	Sick Used		36.00	
	Vac Used		164.00	727.36
	Vac Buy Out		64.17	1,035.06
TOTAL POLICE			2,476.13	79,791.51

PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
PUBLIC WORKS	Salary	07/29/2016	157.33	7,206.92

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

07/01/2016 To: 07/31/2016

Time 11:03:09 Date: 08/04/2016
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PUBLIC WORKS

Group	Pay Item	Date	Hours	Pay
	Draw			7,631.00
	Draw			-7,631.00
	Hourly		2,455.50	54,520.52
	Hourly Alt		99.00	940.50
	Overtime		129.00	4,927.22
	Shift Pay			3,360.00
	Cell Phone Allow			878.39
	BiLingual Pay			50.00
	Holiday Used		144.00	3,414.64
	PS Leave Used		4.00	90.06
	Sick Used		211.50	5,663.21
	Vac Used		282.00	7,671.36
TOTAL PUBLIC WORKS			3,482.33	88,722.82

RECREATION

Group	Pay Item	Date	Hours	Pay
RECREATION	Hourly	07/29/2016	3,464.50	34,631.62
	Hourly Alt		403.25	4,017.41
	Overtime Alt		14.50	214.37
	Overtime		135.25	1,991.25
TOTAL RECREATION			4,017.50	40,854.65

TOTAL

12,088.52 267,789.18

EARNING ITEM SUMMARY

City Of Prosser
MCAG #: 0205

07/01/2016 To: 07/31/2016

Time 11:04:34 Date: 08/04/2016
Page: 1

POLICE

Group	Pay Item	Date	Hours	Pay
POLICE	Vac Buy Out	07/29/2016	64.17	1,035.06
TOTAL POLICE			64.17	1,035.06
TOTAL			64.17	1,035.06