Pct 413

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: IVANA G. BRADLEY

Mailling Address 4265 LAKESHORE BLVD SPC 8
LAKEPORT, CA 95453

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Ivana Bradley 11/02/2024
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	8	5.36	POLLWORKER TRAINING CLASS

Total Claim Amount 8 $5.36 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
3090	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 5.36	

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Pct 126

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Andrew Bray

Mailling Address P.O. Box 1113
Lower Lake CA, 95457

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Andrew Bray 11-2
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	52	34.84	POLLWORKER TRAINING CLASS

Total Claim Amount 52 $34.84 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
3073	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 34.84	

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Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Christopher Charles

Mailing Address P.O. Box 1001
Clearlake CA 95422

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Christopher Charles 11-2-2024
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 -------	11/2/24 ----------	COURTHOUSE	60	40.20	POLLWORKER TRAINING CLASS

Total Claim Amount 60 $40.20 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ (Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
2411	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 40.20	

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Pct 113

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Sandra Damitz

Mailing Address 20205 Santa Rosa Ave Middletown, CA 95461

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Sandra Damitz 11-2-24
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 -------	11/2/24 ----------	COURTHOUSE	60	40.20	POLLWORKER TRAINING CLASS

Total Claim Amount 60 $ 40.20 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
2275	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 40.20	

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Pct III

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Daniel Frost

Mailling Address PO Box 212
Middletown, CA 95461

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Daniel Frost 11/2/24
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 10/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 -------	11/2/24 ----------	COURTHOUSE	58	38.86	POLLWORKER TRAINING CLASS

Total Claim Amount 58 $ 38.86 Total Claim for 11/2024
Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____
(Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
2900	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 38.86	

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Pct 351

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Teresa Fetter Johnson

Mailling Address: PO Box 642
Nice CA 95464

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Teresa Fetter Johnson 11-2-24
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	20	13.40	POLLWORKER TRAINING CLASS

Total Claim Amount 20 $13.40 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
3036	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 13.40	

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Pct 4#

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Margarita Lawson
Mailling Address 9230 Pollard Way
Kelseyville, Ca. 95451

Dept. No: 1451
Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Margarita D. Lawson 11/02/2024
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 -------	11/2/24 ----------	COURTHOUSE	30	20.10	POLLWORKER TRAINING CLASS

Total Claim Amount 30 $20.10 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
3092	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 20.10	

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Pct 2/1

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: KATHERINE MEAD

Mailling Address 3853 EMILE AVE
CLEARLAKE CA 95422

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors-County Travel Policy.

Katherine Mead 11.02.2024
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	26	17.42	POLLWORKER TRAINING CLASS

Total Claim Amount 26 $17.42 Total Claim for 11/2024
Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____
(Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
3081	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 17.42	

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Pct 5d

Form Typed or Written in Ink. **COUNTY OF LAKE** Travel Expense Claim-Mileage ONLY

Claimant: Catherine Prather Dept. No: 1451

Mailling Address 11717 Observation Rd Mileage Rate: 0.67

Loch Lomond CA 95461

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

C Prather 11/2/24

Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 10/17/25

Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	42	28.14	POLLWORKER TRAINING CLASS

Total Claim Amount 42 $28.14 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: (Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
2757	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 28.14	

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Pct 311

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Robert RAUCH

Mailling Address 2320 FRANKLIN AVE
SANTA ROSA, CA 95405

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Robert P Rauch 11-2-2024
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	19.6 86	12.73	POLLWORKER TRAINING CLASS

Total Claim Amount 19 · $12.73 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
2859	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 12.73	

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PCT 141

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Tomas Reed

Mailing Address 5930 Hale Ave
Clearlake, CA 95422

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Tomas Reed 11/2/24
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	48	32.16	POLLWORKER TRAINING CLASS

Total Claim Amount 48 $32.16 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
3028	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 32.16	

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PCT 2&3

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: KENNETH RYAN
Mailling Address 3600 KERN AVE
CLEARLAKE 95422

Dept. No: 1451
Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Claimant's Signature 11/2/24 Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	60	40.20	POLLWORKER TRAINING CLASS

Total Claim Amount 60. $ 40.20 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ (Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
2334	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 40.20	

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Pct-530

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Bryan Serafin

Mailling Address 5732 Lillian Drive
Kelseyville, CA 95451

Dept. No: 1451

Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Claimant's Signature 11/2/2024 Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Authorized and Approved by Department Head 10/17/25 Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	16 SBF	10.72 SBF	POLLWORKER TRAINING CLASS

Total Claim Amount 16 SBF $10.72 SBF Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ (Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
2794	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 10.72 SBF	

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Pct 3H

Form Typed or Written in Ink. **COUNTY OF LAKE** **Travel Expense Claim-Mileage ONLY**

Claimant: Ronald Stewart
Mailling Address PO Box 54
Nice 95464

Dept. No: 1451
Mileage Rate: 0.67

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

Ronald Stewart
Claimant's Signature Date

I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.

Maria Valadez 6/17/25
Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/2/24 ------	11/2/24 ----------	COURTHOUSE	24	16.08	POLLWORKER TRAINING CLASS

Total Claim Amount 24 $16.08 Total Claim for 11/2024 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
(Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)		
2316	MLG ELEC 11/24	MLG POLLWORKER TRAINING		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 16.08	

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