



FRUITLAND PARK MUNICIPAL
FIREFIGHTERS PENSION TRUST BOARD AGENDA (Revised 11:45 a.m.)
November 6, 2017
City Hall Conference Room
506 W. Berckman Street
Fruitland Park, FL 34731 7:00 p.m.

1. **Pledge of Allegiance**
 2. **Roll Call**
 3. **Election of Chair**
 4. **Approval of Minutes**
April 3, 2017
 4. **Public Comments**
 5. **City Treasurer's Reports**
 - a. **2016 Premium Tax Distribution - Florida Department of Management Services Retirement Correspondence**
 - b. **2016 Annual Firefighters Pension Report – Approved Memorandum**
 - c. **2016 Supplemental Tax Distribution**
 - d. **Firefighters Pension Accounts: SBA and Edward Jones**
 - e. **Terminated Firefighters Contribution Refund Requests (revised)**
 - **Pablo Echevarria**
 - **Michael Howard**
 - **Madison Leary**
 - **Stephen Ogden**
 - **Sean Parker**
 - **Tyler Ramsey**
 - **Josh Ranize**
- The documents revealing home addresses and telephone numbers of firefighters and family information have been redacted as they are exempted from disclosure under Section 119.071(4)(d)2.b., Florida Statutes.
6. **Old Business**

2

11.06.17.

Fire Pension Board

7. New Business

8. Board of Trustees' Comments

9. Next Meeting Date

10. Adjournment

Any person requiring a special accommodation at this meeting because of disability or physical impairment should contact the City Clerk's Office at City Hall (352) 360-6727 at least forty-eight (48) hours' notice prior to the meeting. (§286.26 F.S.)

If a person decides to appeal any decision made by the board City with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. The city does not provide verbatim records. (§286.0105, F.S.)

PLEASE TURN OFF ELECTRONIC DEVICES OR PLACE IN VIBRATE MODE

**FRUITLAND PARK
BOARD OF TRUSTEES FIREFIGHTERS PENSION TRUST FUND MINUTES
April 3, 2017**

A meeting of the City of Fruitland Park Board of Trustees Firefighters Pension Trust Fund was held at the Conference Room at 506 West Berckman Street, Florida, 34731 on Monday, April 3, 2017 at 7:00 p.m.

Members Present: Messrs. Charles “Chuck” Themm (residents: commission-appointed)
Edgar J. “Jerry” Elton (pension board: appointed)
Steve Brooker (residents: commission-appointed),
Firefighter Kevin Ducharme (firefighter: fire department appointed),
Firefighter Taylor Luttfiring (firefighter: fire department appointed), and
City Treasurer Jeannine Michaud-Racine (alternate)

Also Present: Interim Fire Chief Donald Gilpin: Fire Department
Deputy Fire Chief Tim Yoder, Fire Department, and
City Clerk Esther B. Coulson.

The meeting was called to order at 7:00 p.m.

1. Pledge of Allegiance

The Board recited the Pledge of Allegiance to the Flag.

2. Roll Call

Ms. Coulson called the roll and a quorum was declared present.

3. Election of Chair, Vice Chair, and Secretary

At Ms. Coulson request and by **unanimous consent**, the board recognized the **appointment of a chair, vice chair-secretary for this evening’s meeting.**

Mr. Ducharme placed in nomination the name of Mr. Taylor Luttfiring, as Chair of the Board of Trustees Firefighters Pension Trust Fund.

Mr. Brooker placed in nomination the name of Mr. Kevin Ducharme as Chair of the Board of Trustees Firefighters Pension Trust Fund.

There being no further names placed for consideration, the nomination were declared closed.

After discussion, and by **unanimous consent**, **Mr. Kevin Ducharme, was declared Chair of the Board of Trustees Firefighters Pension Trust Fund.**

Mr. Luttfiring placed in nomination the name of Mr. Taylor Luttfiring as Vice Chair of the Board of Trustees Firefighters Pension Fund. This nomination was seconded by Mr. Themm.

There being no further names placed for consideration, the nomination were declared closed.

After discussion and by unanimous consent, Mr. Taylor Luttfiring was declared Vice Chair-Secretary of the Board of Trustees Firefighters Pension Trust Fund.

4. Approval of Minutes

On motion of Mr. Themm, seconded by Mr. Elton and unanimously carried, the Board approved the November 15, 2016 minutes as submitted.

4. Public Comments

There were no public comments at this time.

5. City Treasurer's Reports

a. 2016 Annual Report and Volunteer Firefighters Statistical Report

Ms. Michaud Racine reviewed the annual report and volunteer firefighters statistical report which coincides with the

b. FY 2016-17 Expenses Activities

Ms. Michaud Racine reviewed the FY 2016 expenses activities.

c. Refund Contributions

On motion of Mr. Elton, seconded by Mr. Themm and unanimously carried, the Board approved the reimbursement of pension contributions to Mr. Jonathan Sydenstricker.

d. Pension Funds – January 31, 2017

Ms. Michaud Racine reviewed the pension funds for January 31, 2017.

6. Old Business

There was no old business to come before the board at this time.

7. New Business

8. Board of Trustees' Comments

At Mr. Elton's request, the status of the volunteer part time firefighters were explained.

9. Next Meeting Date

After discussion and by unanimous consent, the board agreed that the next meeting will be held on June 20, 2017. to

10. Adjournment

There being no further business to come before the board at this time, on motion made and seconded, the meeting adjourned at 7:29 p.m.

Submitted: _____
Esther B. Coulson, City Clerk

Chair



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

retirement
We serve those who serve Florida.

Bureau Local Retirement Systems
Municipal Police Officers' & Firefighters' Trust Funds' Office
P.O. Box 3010
Tallahassee, FL 32315-3010
Tel: 850-922-0667 | Fax: 850-921-2161 | Toll-Free: 877-738-6737

Rick Scott, Governor

Erin Rock, Secretary

September 5, 2017

The Honorable Christopher J. Bell, Mayor
City of Fruitland Park
506 W. Berckman Street
Fruitland Park, FL 34731-3239

Re: **2016 Premium Tax Distribution**
Fruitland Park Firefighters' Retirement Trust Fund

Dear Mayor Bell:

The enclosed state warrant in the amount of **\$13,323.63** constitutes the revenue due your city under Chapter 175, Florida Statutes, for calendar year 2016. This warrant is to be deposited into the appropriate Firefighters' Retirement Trust Fund immediately, and under no circumstances more than five days after receipt as provided in §175.131, Florida Statutes.

Please acknowledge your receipt and deposit of this revenue by signing this letter and sending a copy to our office at the following address:

Municipal Police Officers' and Firefighters'
Retirement Trust Funds Office
Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010

Sincerely,

Sarah Carr
Benefits Administrator
Division of Retirement

Enclosure

(Mayor's Signature)

9/15/2017

(Date)

Copy: Chairman, Firefighters' Retirement Fund ✓



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

retirement
We serve those who serve Florida

Bureau Local Retirement Systems
Municipal Police Officers' & Firefighters' Trust Funds' Office
P.O. Box 3010
Tallahassee, FL 32315-3010
Tel: 850-922-0667 | Fax: 850-921-2161 | Toll-Free: 877-738-6737

Rick Scott, Governor

Erin Rock, Secretary

APPROVED

MEMORANDUM

September 25, 2017

To: Mr. Donald Gilpin, Chairman
Fruitland Park Firefighters' Pension Fund

From: Office of Municipal Police Officers' and Firefighters'
Retirement Trust Funds, Division of Retirement

Subject: **2016 ANNUAL REPORTS**

This is to advise that we have **reviewed** and **approved** the 2016 Annual Report (s) for the Fruitland Park Firefighters' Pension Fund.

The 47th Annual Police Officers' and Firefighters' Pension Conference is scheduled for November 15-17, 2017, sponsored by the Department of Management Services, Division of Retirement. **There is no registration fee to attend.** The program will be held at the Wyndham Orlando Resort. The hotel is located at 8001 International Drive, Orlando, FL 32819. You may make hotel reservations by calling 888-347-2319. If you call to make a reservation, please state you will be attending the conference. Continue to check our website at www.myflorida.com/frs/mpf to access information and updates about the conference. All police officer and firefighter plan participants, board of trustee members, plan sponsors, and anyone interested in the administration and operation of the Chapters 175 and 185 pension plans should take advantage of this unique, insightful and informative program.

If you have any questions, please contact our office at (850) 922-0667.

mjm

Copy: Patrick Donlan, Plan Actuary
Kelly Leary, CPA
Anita Geraci-Carver, Plan Attorney
Jeannine Michaud, City Treasurer

Approved



Revenue Accounting
Post Office Box 6609
Tallahassee, Florida 32314-6609

Executive Director
Leon Biegalski

September 29, 2017

The Honorable Christopher J. Bell
Fruitland Park
506 W. Berckman Street
Fruitland Park, FL 34731-3239

RE: 2016 Firefighters' Supplemental Compensation Trust Fund Distribution
Firefighters' Retirement Trust Fund

Dear Mayor Bell:

An Electronic Funds Transfer in the amount of \$724.91 constitutes your share of the surplus monies that accrued in the Firefighters Supplemental Compensation Trust Fund during the calendar year 2016.

These funds should be deposited into the appropriate Firefighters' Retirement Trust Fund immediately and under no circumstances more than five days after receipt, as required by Chapter 175.131, Florida Statutes.

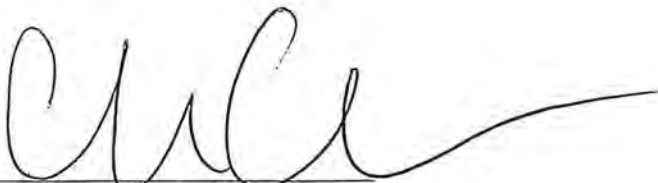
Please acknowledge your receipt and deposit of this revenue by signing and returning the enclosed duplicate letter to the following address:

Firefighters' Pension Trust Fund Office
Division of Retirement
Post Office Box 3010
Tallahassee, Florida 32315-3010

Sincerely,

Jo Nell Chaaban

Jo Nell Chaaban
Professional Accountant Specialist
Revenue Accounting



(Mayor's Signature)
10/26/17

(Date)

JC
Enclosure

SUMMARY OF
CASH ACCOUNTS
BY FUNDS

AS OF: 30-Sep-2017

	SBOA Investments	USB	Citizens	CDs	Edward Jones	Total	Total Fund
General Fund	\$ 4,519,407	\$ 1,164,804	\$ -	\$ 200,000	Citizens	\$ 5,884,211	\$ 5,961,999 GF
Police/Fire Fee		\$ 76,448				\$ 76,448	
Payroll		\$ 1,340				\$ 1,340	
Redevelopment	\$ 40,246			\$ 100,000	Citizens	\$ 140,246	\$ 140,246 Redevp
Capital Projects	\$ 512,067			\$ 100,000	Citizens	\$ 612,067	\$ 612,067 CIP
Utility Fund	\$ 2,131,250					\$ 2,131,250	\$ 2,274,456 Utility
						\$ -	
Utility Deposit		\$ 143,205				\$ 143,205	
Municipal FF	\$ 174,278				\$ 369,873	\$ 544,151	\$ 544,151 FF Pension
Recreation	\$ 2,343					\$ 2,343	\$ 2,343 Rec
Total Funds	\$ 7,379,592	\$ 1,385,798	\$ -	\$ 400,000	\$ 369,873	\$ 9,535,262	\$ 9,535,262



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME David Campbell DATE 11/06/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 114.69
Term: 02/28/2017			
			\$ 114.69

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: Jeannine Racine

REVIEWED FOR AVAILABILITY OF FUNDS <u>Jeannine Racine</u>	PAYMENT AUTHORIZED
--	--------------------



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name David Campbell

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$114.69, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

Witness *Geoff Brewster*
 Witness Printed Name Geoff Brewster
 Address 5625 Illumination Ln
Leesburg, FL 34746
 City, State, Zip
11/6/17
 Date

[Signature]
 Firefighter's Signature
8584 CR 231
 Address
[Redacted]
 City, State, Zip
[Redacted]
 Cell
11/6/2017
 Date



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Pablo Echevarria DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 24.45
Term: 08/30/2017			
			\$ 24.45

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: *Jeannine Racine*

REVIEWED FOR AVAILABILITY OF FUNDS

Jeannine Racine

PAYMENT AUTHORIZED



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name Pablo Echevarria

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$24.45, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

[Signature]
 Witness
Stephen Ogden
 Witness Printed Name
[Redacted]
 Ad
[Redacted]
 City, State, Zip
11/3/17
 Date

[Signature]
 Firefighter's Signature
 Address [Redacted]
 City, S
 Er
 C
 Date 11/3/17



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Michael Howard DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 443.33
Term: 07/31/2017			
			\$ 443.33

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: Jeannine Racine

REVIEWED FOR AVAILABILITY OF FUNDS <u>Jeannine Racine</u>	PAYMENT AUTHORIZED
--	--------------------



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name Michael Howard

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$443.33, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

~~Audrey Yoder~~ Audrey Yoder
 Witness
Audrey Yoder
 Witness Printed Name
 [Redacted]
 [Redacted]
 City, State, Zip
10-01-2017
 Date

Michael Howard
 Firefighter's Signature
 [Redacted]
 [Redacted]
 [Redacted]
 [Redacted]
 Cell
10/01/2017
 Date



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Madison Leary

DATE 11/03/17

ADDRESS [REDACTED]

DEPT. Fire

PHONE [REDACTED]

FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 511.56
Term: 07/31/2017			
			\$ 511.56

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: *Jeannine Racine*

REVIEWED FOR AVAILABILITY OF FUNDS
Jeannine Racine

PAYMENT AUTHORIZED



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Stephen Ogden DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 445.48
Term: 07/31/2017			
			\$ 445.48

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: Jeannine Racine

REVIEWED FOR AVAILABILITY OF FUNDS	PAYMENT AUTHORIZED
<u>Jeannine Racine</u>	



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name Stephen Ogden

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$445.48, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

Witness

Pablo Echivarria

Witness Printed Name

[Redacted]

[Redacted]

[Redacted]

[Redacted] 3/17

Date

Firefighter's Signature

[Redacted Signature]

Address [Redacted]

City [Redacted]

Employer [Redacted]

Cell [Redacted]

[Redacted]

Date

11/3/17



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL		
CK# _____	VENDOR# _____	5453 _____
ACCT. _____ / _____	DATE PD _____	

VENDOR NAME Sean Parker DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 316.62
Term: 07/31/2017			
			\$ 316.62

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: *Jeannine Racine*

REVIEWED FOR AVAILABILITY OF FUNDS <u><i>Jeannine Racine</i></u>	PAYMENT AUTHORIZED
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506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

**MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds**

Firefighter's Name Sean Parker

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

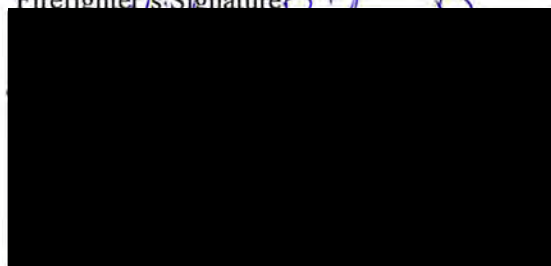
Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$316.62, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

Jeannine Racine
 Witness
Jeannine Racine
 Witness Printed Name
901 Deer Glen Ct
 Address
Fruitland Park, FL 34731
 City, State, Zip
10/2/2017
 Date

Sean Parker
 Firefighter's Signature

 Cell
10/2/17
 Date



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Tyler Ramsey DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 416.36
Term: 01/06/2017			
			\$ 416.36

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: Jeannine Racine

REVIEWED FOR AVAILABILITY OF FUNDS <u>Jeannine Racine</u>	PAYMENT AUTHORIZED
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506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name Tyler Ramsey

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$416.36, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

Dena Isom
 Witness
Dena Isom
 [Redacted]
 [Redacted]
 City, State, Zip
518117
 Date

Tyler Ramsey
 [Redacted]
 [Redacted]
 [Redacted]
 [Redacted]
 Email
 [Redacted]
 Cell
518117
 Date



PAYMENT VOUCHER

OFFICE USE ONLY

DISBURSEMENTS CONTROL	
CK# _____	VENDOR# _____ 5453 _____
ACCT. _____ / _____	DATE PD _____

VENDOR NAME Joshua Ranize DATE 11/03/17

ADDRESS [REDACTED] DEPT. Fire

PHONE [REDACTED] FAX _____

ACCOUNT DISTRIBUTION

ACCOUNT#

DESCRIPTION OR EXPLANATION	ORG	OBJ	AMOUNT
Reimbursement of Pension Contribution	60522	30494	\$ 598.42
Term: 09/29/2017			
			\$ 598.42

I CERTIFY THAT:

1. THE COMMODITIES OR SERVICES DESCRIBED HAVE BEEN REVIEWED OR PERFORMED IN ACCORDANCE WITH THE TERMS AND QUANTITY OF THE ORDER.
2. ARE PROPER EXPENDITURES OR TRANSFERS NECESSARY FOR THE EXECUTION OF THE FUNCTION OR ACTIVITIES OF THIS CITY DEPARTMENT, AND
3. THAT FUNDS HAVE BEEN APPROPRIATED, A PROJECT AUTHORIZED AND UNENCUMBERED BALANCE IS AVAILABLE FOR THE PURPOSE.

PREPARED BY: Jeannine Racine, Treasurer

CERTIFIED BY: *Jeannine Racine*

REVIEWED FOR AVAILABILITY OF FUNDS

PAYMENT AUTHORIZED

Jeannine Racine



506 W. Berckman St.
Fruitland Park FL 34731

Tel. (352) 360-6727
Fax. (352) 360-6686

MUNICIPAL FIREFIGHTER PENSION TRUST FUND
Reimbursement of Funds

Firefighter's Name Joshua Ranize

Please take this form to the City Finance Director who will give you an accounting of funds due to you from the Municipal Firefighter's Pension Trust Fund.

Designation of reimbursement of those funds will need to be approved by the Firefighters Pension Trust Board of Trustees.

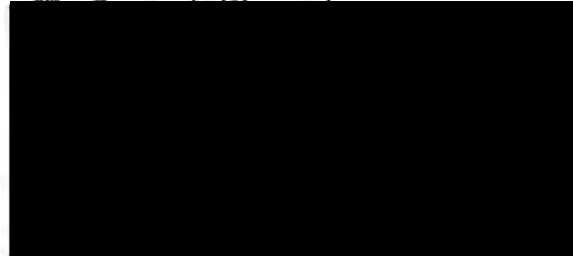
Please fill out the following and return to the City Finance Director so that she can forward it to come before the next meeting of the Board of Trustees.

1. I have been notified by the City Treasurer that I am due a reimbursement of \$598.42, which are monies previously with-held from my Fruitland Park Volunteer Firefighters Stipend payments.
2. I understand that I have several options:
 - (A) Reimbursement of that amount shown in para. (1) above, to me at the mailing address shown under my signature.
 - (B) Reimbursement of that amount shown in para. (1) above should be left in the Pension, as I might return to fire department employment within five (5) years following the date of my separation from service.
 - (C) The amount shown in para. (1) above is donated by me to the Fruitland Park Volunteer Firefighters Pension Fund.

Please circle one of the above.

Geoff Brewster
 Witness
Geoff Brewster
 Witness Printed Name
5625 Illumination Ln
 Address
Leesburg, FL 34748
 City, State, Zip
11/3/17
 Date

Joshua Ranize
 Firefighter's Signature



11-3-17
 Date