





ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 1434889078-2
Statement Date: 04/10/2021
Due Date: 05/05/2021

Service For:

JO BOREN
8717 S 4TH AVE
INGLEWOOD, CA 90305

Questions about your bill?

24 hours per day, 7 days per week
Phone: 1-800-743-5000
www.pge.com/MyEnergy

Local Office Address

2225 FOLSOM ST
SAN FRANCISCO, CA 94110

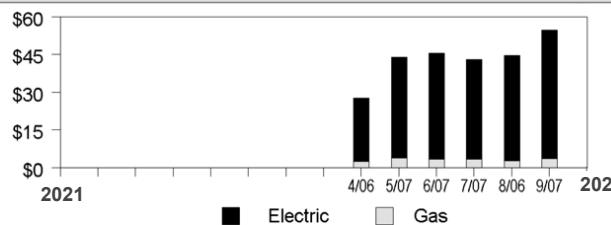
Your Account Summary

Amount Due on Previous Statement	\$44.86
Payment(s) Received Since Last Statement	-44.86
Previous Unpaid Balance	\$0.00
Current Electric Charges	\$51.19
Current Gas Charges	3.68

Total Amount Due by 05/05/2021 \$54.87

Monthly Billing History

Daily Usage Comparison



1 Year Ago	Last Period	Current Period
N/A	7.17	7.55

Electric kWh / Day

N/A N/A 0.03

Gas Therms / Day

Visit www.pge.com/MyEnergy for a detailed bill comparison

Important Messages

CARE Program You may qualify for a monthly discount with the California Alternate Rates for Energy (CARE) Program. To find out more and apply online, visit www.pge.com/care.

Usted podría reunir los requisitos de un descuento mensual con el California Alternate Rates for Energy Program (CARE). Para obtener más información y hacer su solicitud en Internet, visite www.pge.com/espanol/care.

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Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

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Account Number:	Due Date:	Total Amount Due:
1434889078-2	05/05/2021	\$54.87

Amount Enclosed:

\$

JO BOREN
8717 S 4TH AVE
INGLEWOOD, CA 90305

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300



California Evidence of Liability Insurance
1-800-841-3000

GOVERNMENT EMPLOYEES INSURANCE COMPANY
PO BOX 509090 SAN DIEGO, CA 92150-9090

NAIC Code: 22063

Policy Number

4083556987

Effective Date

10-01-2020

Expiration Date

09-30-2021

Year

2016

Make

HONDA

Model

ODYSSEY

Vehicle ID No.

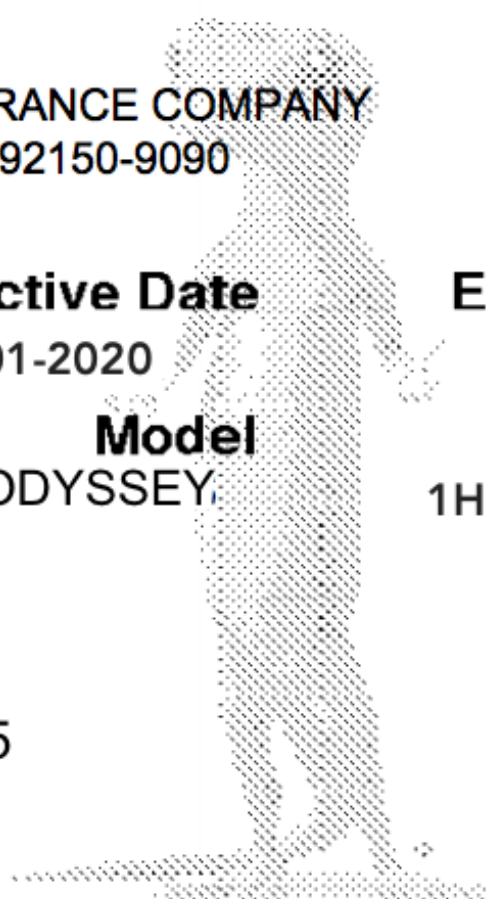
1HGCR2F52GA195235

Insured:

JO BOREN

8717 S 4TH AVE

INGLEWOOD, CA 90305-2505



The coverage provided by this policy meets the minimum requirements of sections 16056 & 16500.5 of the California Vehicle Code, minimum liability limits prescribed by law.

1405-6047
ORG1:330 SMO
ORG2:411013 Slitting
EE ID: SW185052 DD

PERSONAL AND CHECK INFORMATION			EARNINGS							
Jo Boren			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)		
8717 S 4TH AVE.			Regular	80.00	36.00	2880.00	320.00	11520.00		
INGLEWOOD, CA 90305			Overtime	21.00	72.00	1512.00	48.00	3456.00		
Soc Sec #: xxx-xx-3906 Employee ID: SW185052			Bonuses			1000.00		1000.00		
Home Department: 411013 Slitting/330 SMO			Total Hours	101.00			368.00			
Pay Period: 03/01/21 to 03/15/21			Gross Earnings			5392.00		15976.00		
Check Date: 03/18/21 Check #: 7815			Total Hrs Worked	101.00						
NET PAY ALLOCATIONS			WITHHOLDINGS							
DESCRIPTION THIS PERIOD (\$)			YTD (\$)		DESCRIPTION		FILING STATUS	THIS PERIOD (\$)	YTD (\$)	
Check Amount 0.00			0.00		Fed Income Tax		S 0	511.57	1863.95	
Chckg 4217 4177.27			11550.06		FICA			180.63	658.13	
NET PAY 4177.27			11550.06		Medicare			42.24	153.92	
					State Income Tax			152.08	554.10	
					CA SDI			26.22	95.53	
					TOTAL			912.74	3325.63	
					DEDUCTIONS					
					DESCRIPTION		THIS PERIOD (\$)		YTD (\$)	
					Medical Pretax			253.50	923.63	
					Dental Pretax			43.21	157.44	
					Vision Pretax			5.28	19.23	
					TOTAL			301.99	1100.31	
NET PAY					THIS PERIOD (\$)		YTD (\$)			
					4177.27		11550.06			



CALIFORNIA

USA

DRIVER LICENSE



ID **D1234568**

EXP **08/31/2027**

LN **BONADIO**

FN **LUCINDA**

2317 N Winery Ave
Fresno, CA 93703

DOB **10/12/1965**

RSTR **NONE**

DONOR

SEX **F**
HGT **5'-05"**

HAIR **BRN**
WGT **125 lb**

DD **09/30/201060221/21FD/15**

CLASS **C**
END **NONE**

0831977

EYES **BRN**

ISS
09/30/2013

Seiji Sample

1405-6047
ORG1:330 SMO
ORG2:411013 Slitting
EE ID: SW185052 DD

Payrolls by Paychex, Inc.



California Evidence of Liability Insurance
1-800-841-3000

GOVERNMENT EMPLOYEES INSURANCE COMPANY
PO BOX 509090 SAN DIEGO, CA 92150-9090

NAIC Code: 22063

Policy Number

4083556987

Effective Date

10-01-2020

Expiration Date

09-30-2021

Year

2016

Make

HONDA

Model

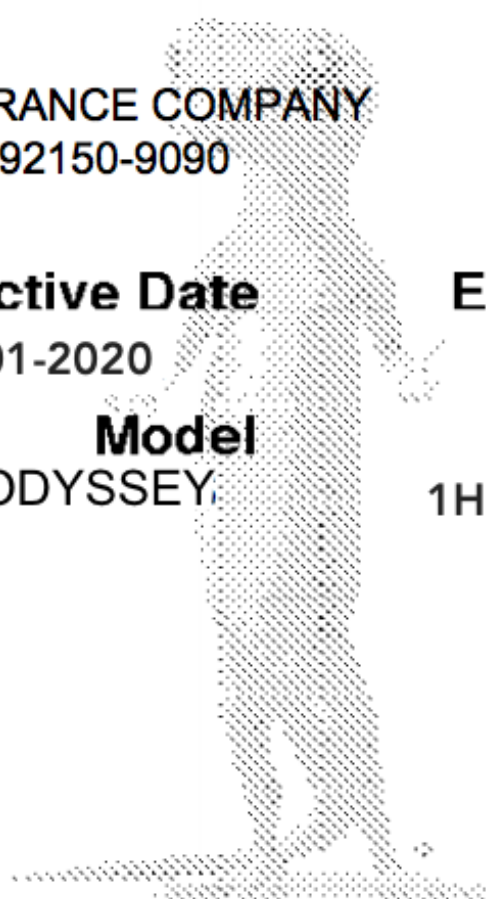
ODYSSEY

Vehicle ID No.

1HGCR2F52GA195235

Insured:

LUCINDA BONADIO
2317 N WINERY AVE
FRESNO, CA 90703



The coverage provided by this policy meets the minimum requirements of sections 16056 & 16500.5 of the California Vehicle Code, minimum liability limits prescribed by law.



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Service For:

LUCINDA BONADIO
2317 N WINERY AVE
FRESNO, CA 93703

Questions about your bill?

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Phone: 1-800-743-5000
www.pge.com/MyEnergy

Local Office Address

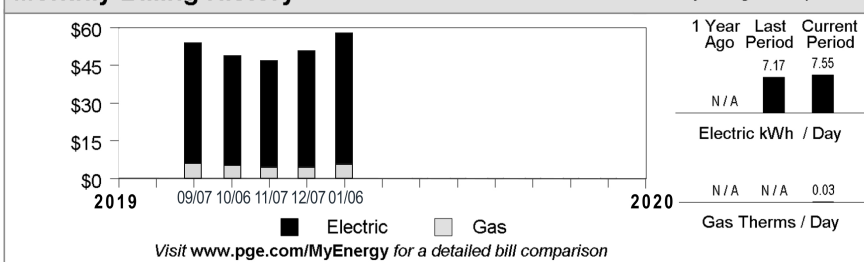
2225 FOLSOM ST
SAN FRANCISCO, CA 94110

Your Account Summary

Amount Due on Previous Statement	\$569.20
Payment(s) Received Since Last Statement	0.00
Previous Unpaid Balance	\$569.20
Current Electric Charges	\$51.19
Current Gas Charges	3.68

Total Amount Due by 05/05/2021 \$624.07

Monthly Billing History



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Account Number: 1434889078-2 Due Date: 05/05/2021 Total Amount Due: \$624.07

Amount Enclosed:

\$

LUCINDA BONADIO
2317 N WINERY AVE
FRESNO, CA 93703

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300