

**KVFR Local Board of  
Volunteer Firefighters**

**Board Meeting Agenda**

**March 12<sup>th</sup>, 2026 2026**

**6:55 P.M.**

**1. Approve Prior Meeting Minutes**

**Action Item:** MOTION to approve minutes from January 8<sup>th</sup>, 2026.

**2. Four Invoices Related to an Accident Claim totaling \$5,674.95**

**Action Item:** MOTION to certify.

**3. Annual Pension Certification**

**Action Item:** MOTION to certify pension Certification

**4. Adjourn**

**Action Item:** MOTION to adjourn meeting

**KITTITAS COUNTY FIRE DISTRICT 2**  
**Volunteer Firefighter's Relief & Pension Board**  
**400 E. Mountain View, Ellensburg, WA 98926**

Minutes of: Board Meeting

Meeting date: January 8<sup>th</sup>, 2026

Meeting time: 1855 hours

Meeting place: 400 E Mountain View, Station 29

In attendance were Commissioner Clerf (Vice Chair), Commissioner O'Neill, Fire Chief Moen, Volunteer FF Baker and Board Secretary McBride. A quorum was established. Commissioner Clerf called the meeting to order at 1855 hours.

Commissioner O'Neill made a motion to approve the meeting minutes from November 13, 2025. Volunteer FF Kevin Baker seconded the motion. There was no further discussion and the Board voted unanimously to approve the minutes.

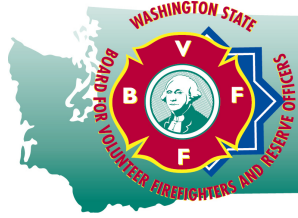
Commissioner Clerf presented the Board with three invoices totaling \$4005.10. FF Baker made a motion to approve the invoices. Commissioner O'Neill seconded the motion. There was no further discussion and the Board voted unanimously to approve the invoices.

Commissioner O'Neill made a motion to adjourn the meeting. FF Baker seconded the motion. There was no further discussion, and the Board voted unanimously to adjourn the meeting. The meeting adjourned at 1856 hours.

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Secretary to the Board

HAILEY BLANKENSHIP  
Executive Secretary



MARTIN SPANI  
Board Chair

STATE OF WASHINGTON  
**BOARD FOR VOLUNTEER FIREFIGHTERS & RESERVE OFFICERS**  
PO Box 114•Olympia WA 98507•(360) 753-7318•FAX (360) 586-1987•Toll Free (877) 753-7318  
*Website:www.bvff.wa.gov*

March 12, 2026

Sydney McBride  
Kittitas Valley F & R  
400 E Mountain View  
Ellensburg, WA 98926

Dear Sydney,

Attached is your 2025 Pension Participation Certification form.

**Before mailing the completed form back to BVFF, please carefully read the following instructions:**

- Verify each members listed “End of Service” date and write in any “End of Service” dates that are missing.
- Certify if each member met the pension requirements as described in WAC 491-03-030 or per your department’s policy, which must meet or exceed the requirements listed under WAC 491-03-030. Circle “Y” if the member met the pension requirements or circle “N” if they did not meet the pension requirements.
- Obtain the signatures of the Board Chair and Department Chief or Sheriff.
- Mail the original completed form to: Board for Volunteer Firefighters  
PO Box 114  
Olympia, WA 98507

**Please Remember:**

- Only volunteer firefighters, EMT’s, and commissioned reserve officers are eligible to participate in the pension plan.
- All members must be certified even if pension payments are not being made for them.
- If a member served only part of the year, or a Pension Participation Requirement Exemption Request Form has been filed and approved by the State Board, the requirements they must meet are to be prorated for the time they were active.
- If a member is not on the list, it means they have not been reported to us. Please contact our office if any members are missing.
- Retire/Rehire members will not appear on this form as they can no longer accrue credit towards a pension.

If you have any questions, please contact us at 1-877-753-7318.

Sincerely,

Board for Volunteer Fire Fighters and Reserve Officers

**Board for Volunteer Fire Fighters and Reserve Officers  
2025 Pension Participation Certification Form**

**Kittitas Valley F & R**

**March 12, 2026**

Member Name	End of Service	Met Requirements
Scott Anfinson		Y / N
Frank Arnold		Y / N
Frank Bacon		Y / N
Jonathan Bailey		Y / N
Kevin Baker		Y / N
Trent Baker		Y / N
Al Barrera		Y / N
Allison Beaton		Y / N
Chance Blalock	04/30/2025	Y / N
Micah Brunner		Y / N
Jeff Brunson		Y / N
Kade Burgoyne		Y / N
Matthew Burvee		Y / N
Brock Carlson		Y / N
Jacob Carrell	12/31/2025	Y / N
Ryan Cavanaugh	04/01/2025	Y / N
Timothy Cawley-Murphree		Y / N
Andrew Clarke		Y / N
Nick Clerf		Y / N
Chris Cobain	12/31/2025	Y / N
John Corbett		Y / N
Leonardo D'Acquisto		Y / N
Tyson Davis		Y / N
Lela Dean	12/31/2025	Y / N
Jospeh Delvo		Y / N
Kathrine Delvo		Y / N
Anna DeSmith		Y / N
Emily Driver		Y / N
Kevin Durand		Y / N
Nicholas Evola		Y / N
Luke Ford	12/31/2025	Y / N
David Fuentes		Y / N
Blake Fuller		Y / N
Naisan Geula		Y / N
Jakob Gillard		Y / N
Michael Hess		Y / N
David Hinchliff		Y / N
Richard Hink, Jr		Y / N
Colin Hodges	12/31/2025	Y / N
Neal Houser		Y / N
Elijah Ihrke		Y / N
Matthew Johnson		Y / N
Marko Jukanovich		Y / N
Karson Keaton		Y / N
Angela Kelsey		Y / N
Brendan Kenny	11/10/2025	Y / N
Cody Kubiak	12/31/2025	Y / N

	Member Name		End of Service	Met Requirements
	Griffin Lax			Y / N
	Erica Libenow			Y / N
	James Libenow			Y / N
	Garrett Loen			Y / N
	Riley Mace		04/01/2025	Y / N
	Greysen Mack		09/30/2025	Y / N
	Courtney Martin			Y / N
	Russel Megargle			Y / N
	Ryan Meiner		12/31/2025	Y / N
	Brandon Metreveli			Y / N
	Darrick Meyers		12/31/2025	Y / N
	Mitchell Nass		10/31/2025	Y / N
	Laceigh Nelson			Y / N
	Ross Ogan			Y / N
	Steven Oversby			Y / N
	Elizabeth Pachaud		12/31/2025	Y / N
	Austin Poulsen			Y / N
	Cindy Preston			Y / N
	Chance Richardson			Y / N
	Kevin Rogers		12/31/2025	Y / N
	Matthew Schoos		12/31/2024	Y / N
	Jacob Schroeder			Y / N
	Blake Schuler		12/31/2024	Y / N
	Jason Seldal			Y / N
	Justin Seth			Y / N
	Grady Sherrell		12/31/2025	Y / N
	Carson Snow			Y / N
	Richard Swanson, Jr			Y / N
	Steven Szombathy			Y / N
	Gretchen Taussig-Simpson			Y / N
	Rick Tuckness			Y / N
	Todd Veness		08/25/2025	Y / N
	Cole Weaver			Y / N
	Dave Weisenteiner			Y / N
	Andrew Wenzen		12/25/2025	Y / N
	Rick West		07/03/2025	Y / N
	Darwin Wray			Y / N
	Abram Zantkovsky		04/01/2025	Y / N

**WE CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN ALL PAGES OF THIS REPORT IS ACCURATE AND VERIFIABLE THROUGH OUR RECORDS.**

---

**Chairperson, Local Board (Print)**

---

**Chief or Sheriff (Print)**

---

**Chairperson, Local Board (Signature)**

---

**Chief or Sheriff (Signature)**

# Invoice Voucher

Date: 3-10-2026

NAME & ADDRESS OF CLAIMANT
Systems Designs
PO BOX 3510
Silverdale WA 98383

CLAIMANT MUST COMPLETE THIS SECTION
<small>VENDOR'S CERTIFICATE. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ITEMS AND TOTALS LISTED HEREIN ARE PROPER CHARGES FOR SERVICES FURNISHED TO THE STATE OF WASHINGTON, AND THAT ALL SERVICES RENDERED HAVE BEEN PROVIDED WITHOUT DISCRIMINATION ON THE GROUNDS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX OR AGE.</small>
Signature of Claimant
<b>X</b>
SSN or Tax ID #
Phone #

NAME OF FIREFIGHTER or RESERVE OFFICER: Steve Szombathy

DATE OF SERVICE	ITEMIZE CLAIM OR ATTACH INVOICE	CPT CODE	AMOUNT BILLED	AMOUNT ALLOWED*
10/1/2025	ALS 1 Emergency	A0427	\$1,119.00	
10/1/2025	Ambulance Mileage	A0425	\$43.70	

FOR AGENCY USE ONLY	<b>APPROVED BY LOCAL BOARD</b>
	<b>X</b>
	SIGNATURE OF CHAIR OR MAYOR
* We are required by RCW 41.24.110 to pay for physicians' services at a rate not to exceed Labor & Industries fee schedule. Your bill will be audited to conform. State Board for Vol Firefighters & Reserve Officers	<b>X</b>
	SIGNATURE OF SECRETARY OR CLERK
	<b>Kittitas County Fire District 2</b>
	NAME OF FIRE DISTRICT OR CITY

CURR DOC	SWV #	VENDOR MESSAGE						DEPT ID	
TRANS CODE	FUND	APPN IND	PROG IND	SUB OBJ	SUB SUB	MG/ MS	SUB SRC	GL ACCT	AMOUNT

APPROVED BY:

WARRANT DATE:

WARRANT #:

# Invoice Voucher

Date: 3-10-2026

NAME & ADDRESS OF CLAIMANT
KVH Hospital
603 S Chestnut Street
Ellensburg WA 98926

CLAIMANT MUST COMPLETE THIS SECTION
<small>VENDOR'S CERTIFICATE. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ITEMS AND TOTALS LISTED HEREIN ARE PROPER CHARGES FOR SERVICES FURNISHED TO THE STATE OF WASHINGTON, AND THAT ALL SERVICES RENDERED HAVE BEEN PROVIDED WITHOUT DISCRIMINATION ON THE GROUNDS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX OR AGE.</small>
Signature of Claimant
<b>X</b>
SSN or Tax ID #
Phone #

NAME OF FIREFIGHTER or RESERVE OFFICER: Steve Szombathy

DATE OF SERVICE	ITEMIZE CLAIM OR ATTACH INVOICE	CPT CODE	AMOUNT BILLED	AMOUNT ALLOWED*
10/1/2025	Attached.	99285	\$510.00	
10/1/2025	Attached.	93010	\$33.00	
10/1/2025	Attached.	80053	\$148.00	
10/1/2025	Attached.	84484	\$141.00	
10/1/2025	Attached.	85025	\$104.00	
10/1/2025	Attached.	85730	\$95.00	
10/1/2025	Attached.	83735	\$75.00	
10/1/2025	Attached.	85610	\$71.00	
10/1/2025	Attached.	71045	\$370.00	
10/1/2025	Attached.	99285-25	\$169.00	

FOR AGENCY USE ONLY	<b>APPROVED BY LOCAL BOARD</b>
	<b>X</b>
	SIGNATURE OF CHAIR OR MAYOR
	<b>X</b>
SIGNATURE OF SECRETARY OR CLERK	
* We are required by RCW 41.24.110 to pay for physicians' services at a rate not to exceed Labor & Industries fee schedule. Your bill will be audited to conform. State Board for Vol Firefighters & Reserve Officers	<b>Kittitas County Fire District 2</b>
	NAME OF FIRE DISTRICT OR CITY

CURR DOC	SWV #	VENDOR MESSAGE				DEPT ID			
TRANS CODE	FUND	APPN IND	PROG IND	SUB OBJ	SUB SUB	MG/ MS	SUB SRC	GL ACCT	AMOUNT

APPROVED BY:

WARRANT DATE:

WARRANT #:

# Invoice Voucher

Date: 3-10-2026

NAME & ADDRESS OF CLAIMANT
KVH Hospital
603 S Chestnut Street
Ellensburg WA 98926

CLAIMANT MUST COMPLETE THIS SECTION
<small>VENDOR'S CERTIFICATE. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ITEMS AND TOTALS LISTED HEREIN ARE PROPER CHARGES FOR SERVICES FURNISHED TO THE STATE OF WASHINGTON, AND THAT ALL SERVICES RENDERED HAVE BEEN PROVIDED WITHOUT DISCRIMINATION ON THE GROUNDS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX OR AGE.</small>
Signature of Claimant
<b>X</b>
SSN or Tax ID #
Phone #

NAME OF FIREFIGHTER or RESERVE OFFICER: Steve Szombathy

DATE OF SERVICE	ITEMIZE CLAIM OR ATTACH INVOICE	CPT CODE	AMOUNT BILLED	AMOUNT ALLOWED*
10/1/2025	Attached.	J1644	152.00	
10/1/2025	Attached.	J1644	\$43.25	
10/1/2025	Attached.	93005	\$380.00	
10/1/2025	Attached.	96365	\$700.00	

FOR AGENCY USE ONLY	<b>APPROVED BY LOCAL BOARD</b>
	<b>X</b>
	SIGNATURE OF CHAIR OR MAYOR
* We are required by RCW 41.24.110 to pay for physicians' services at a rate not to exceed Labor & Industries fee schedule. Your bill will be audited to conform. State Board for Vol Firefighters & Reserve Officers	<b>X</b>
	SIGNATURE OF SECRETARY OR CLERK
<b>Kittitas County Fire District 2</b>	
NAME OF FIRE DISTRICT OR CITY	

CURR DOC	SWV #	VENDOR MESSAGE					DEPT ID		
TRANS CODE	FUND	APPN IND	PROG IND	SUB OBJ	SUB SUB	MG/ MS	SUB SRC	GL ACCT	AMOUNT

APPROVED BY:

WARRANT DATE:

WARRANT #: