



January 29, 2025

# MEETING MINUTES

## OF CALHOUN COUNTY COMMISSIONERS' COURT

MET IN A REGULAR MEETING AT 10:00 A.M. IN THE COMMISSIONERS' COURTROOM IN THE COUNTY COURTHOUSE AT 211 S. ANN STREET SUITE 104 PORT LAVACA, CALHOUN COUNTY, TEXAS.

### **THE FOLLOWING MEMBERS WERE PRESENT:**

**Vern Lyssy  
David Hall  
Ronald Best  
Joel Behrens  
Gary Reese  
Anna Goodman  
By: Kaddie Smith**

**County Judge  
Commissioner Pct 1  
Commissioner Pct 2  
Commissioner Pct 3  
Commissioner Pct 4  
County Clerk  
Deputy Clerk**

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10am

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

US Flag: Commissioner Gary Reese  
Texas Flag: Commissioner Joel Behrens

4. General Discussion of Public Matters and Public Participation.

Court wishes Commissioner Hall a Happy Birthday.

5. Approve December 11, 2024 and January 22, 2025 Commissioners' Court Meeting Minutes. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

6. Consider and take necessary action to approve a resolution recommending support for the advancement and funding of advanced nuclear technology by the 89<sup>th</sup> Legislature of the State of Texas. (VLL)

**Heather Lyons with DOW explained the advancement and asked the court for support. Court approved the resolution.**

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|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

7. Consider and take necessary action to approve the UniFirst Customer Service Agreement for Uniforms for Calhoun County Building Maintenance Employees. (VLL)

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|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

8. Consider and take necessary action to declare Inventory Item 665-0209, Manitowoc Indigo Ice Machine and Storage Bin, Serial Number 1120018694/1101322954, as waste and remove from Calhoun County Extension Office Inventory. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

9. Consider and take necessary action to approve the contract with Weaver & Jacobs Constructors, Inc. for Bid No. 2024.06 – Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

pass

10. Consider and take necessary action to approve Amendment #1 to the Short Form of Agreement Between Owner and Engineer for Professional Services with G&W Engineers, Inc., in connection to the Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Vern Lyssy, County Judge                             |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

11. Acknowledge the corrected Fuel baseline price for the Fly Ash Road Material Bid Tabulation. The gasoline price of \$2.665 on January 13, 2025 was used instead of the diesel price of \$3.321. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Ronald Best, Commissioner Pct 2                      |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

12. Consider and take necessary action to authorize Commissioner Behrens to sign the 2025 maintenance Contract with Hurts Wastewater Management for Precinct 3 septic system. (JMB)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

13. Consider and take necessary action to declare the attached list of items for the Calhoun County Constable PCT 4 as Waste. (GDR)

pass

14. Consider and take necessary action to issue a Credit Card with a limit of \$2500.00 for Racheal Crober, Lieutenant, at the Calhoun County Detention Center. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct                         |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

15. Consider and take necessary action to change the position title, job description and pay from salary to hourly for jail administration. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

16. Consider and take necessary action to approve the contract with MidTex Materials, LLC for Fly Ash – Road Material, Bid Number 2025.04 for the period February 12, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

17. To acknowledge and accept the correction of Judge's name on the resolution for Lone Star Grant 2025 #5183101 and allow Judge Lyssy to sign. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

18. Consider and take necessary action to receive the Petition for the creation of the Calhoun County Hospital District. (VLL)

**Anne Marie Odefey explained the process of moving forward. Court approved to accept the petition.**

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|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |



19. Consider and take necessary action to Accept grant from the Matagorda Bay Mitigation Trust in the amount of \$249,926.00 for the replacement of the Little Chocolate Bayou restrooms and authorize all appropriate signatures on Contract number 077. (DEH)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

20. Consider and take necessary action to approve attached surplus salvage for 2016 Bomag BW138D Serial Number 101650341034 to be used for trade for purchase of 2019 Bomag BW211ZD serial number 101586081540 and approve all appropriate signatures. (DEH)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

21. Consider and take necessary action on any necessary 2024 budget adjustments. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

22. Consider and take necessary action on any necessary 2025 budget adjustments. (VLL)

No action taken

23. Approval of bills and payroll. (VLL)

**MMC Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

**Indigent Health Care:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

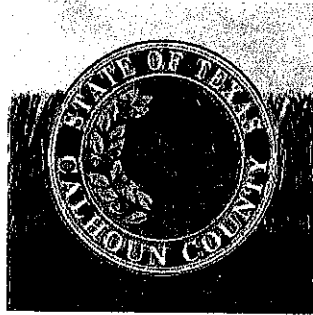
**2024 County Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

**2025 County Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

Adjourned 10:43am



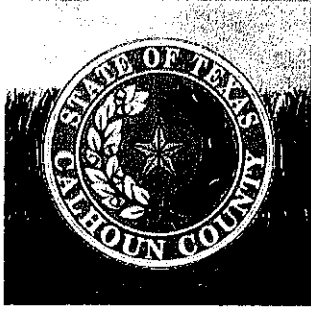
## **CALHOUN COUNTY COMMISSIONERS' COURT PACKET COMPLETION SHEET**

- 
- ☒ **All Agenda Items Properly Numbered**
- 
- ☒ **Contracts Completed and Signed**
- 
- ☒ **All 1295's Accepted**
- 
- ☒ **All Documents for Clerk Signature Flagged  
(All documents needing to be attested to need to be  
signed day of Commissioner's Court.)**

On this 29<sup>th</sup> day of January 2025, the packet  
for the 29<sup>th</sup> day of January 2025 Commissioners'  
Special Regular Session was submitted from the Calhoun County Judge's  
office to the Calhoun County Clerk's Office.

Debbie Vickery  
Calhoun County Judge/Assistant

# AGENDA



Vern L. Lyssy  
County Judge

David Hall, Commissioner, Precinct 1  
Ronald Best, Commissioner, Precinct 2  
Joel Behrens, Commissioner, Precinct 3  
Gary Reese, Commissioner, Precinct 4

## NOTICE OF MEETING

The Commissioners' Court of Calhoun County, Texas will meet on Wednesday, January 29, 2025 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

### AGENDA

The subject matter of such meeting is as follows:

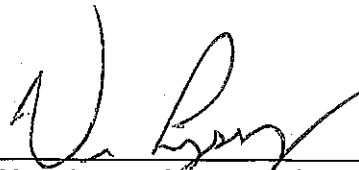
1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve December 11, 2024 and January 22, 2025 Commissioners' Court Meeting Minutes. (VLL)
6. Consider and take necessary action to approve a resolution recommending support for the advancement and funding of advanced nuclear technology by the 89<sup>th</sup> Legislature of the State of Texas. (VLL)
7. Consider and take necessary action to approve the UniFirst Customer Service Agreement for Uniforms for Calhoun County Building Maintenance Employees. (VLL)
8. Consider and take necessary action to declare Inventory Item 665-0209, Manitowoc Indigo Ice Machine and Storage Bin, Serial Number 1120018694/1101322954, as waste and remove from Calhoun County Extension Office Inventory. (VLL)
9. Consider and take necessary action to approve the contract with Weaver & Jacobs Constructors, Inc. for Bid No. 2024.06 – Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)
10. Consider and take necessary action to approve Amendment #1 to the Short Form of Agreement Between Owner and Engineer for Professional Services with G&W Engineers,

AT 10:47 FILED  
O'CLOCK a M

JAN 24 2025  
COUNTY CLERK, CALHOUN COUNTY, TEXAS  
ANNA GOODMAN  
OFFICIAL: Kaddesman

Inc., in connection to the Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

11. Acknowledge the corrected Fuel baseline price for the Fly Ash Road Material Bid Tabulation. The gasoline price of \$2.665 on January 13, 2025 was used instead of the diesel price of \$3.321. (VLL)
12. Consider and take necessary action to authorize Commissioner Behrens to sign the 2025 maintenance Contract with Hurts Wastewater Management for Precinct 3 septic system. (JMB)
13. Consider and take necessary action to declare the attached list of items for the Calhoun County Constable PCT 4 as Waste. (GDR)
14. Consider and take necessary action to issue a Credit Card with a limit of \$2500.00 for Racheal Crober, Lieutenant, at the Calhoun County Detention Center. (VLL)
15. Consider and take necessary action to change the position title, job description and pay from salary to hourly for jail administration. (VLL)
16. Consider and take necessary action to approve the contract with MidTex Materials, LLC for Fly Ash – Road Material, Bid Number 2025.04 for the period February 12, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents. (VLL)
17. To acknowledge and accept the correction of Judge's name on the resolution for Lone Star Grant 2025 #5183101 and allow Judge Lyssy to sign. (VLL)
18. Consider and take necessary action to receive the Petition for the creation of the Calhoun County Hospital District. (VLL)
19. Consider and take necessary action to Accept grant from the Matagorda Bay Mitigation Trust in the amount of \$249,926.00 for the replacement of the Little Chocolate Bayou restrooms and authorize all appropriate signatures on Contract number 077. (DEH)
20. Consider and take necessary action to approve attached surplus salvage for 2016 Bomag BW138D Serial Number 101650341034 to be used for trade for purchase of 2019 Bomag BW211ZD serial number 101586081540 and approve all appropriate signatures. (DEH)
21. Consider and take necessary action on any necessary 2024 budget adjustments. (VLL)
22. Consider and take necessary action on any necessary 2025 budget adjustments. (VLL)
23. Approval of bills and payroll. (VLL)



Vern Lyssy, County Judge  
Calhoun County, Texas

A copy of this Notice has been placed on the inside bulletin board of the Calhoun County Courthouse, 211 South Ann Street, Port Lavaca, Texas, which is readily accessible to the general public during regular business hours. This Notice shall remain posted continuously for at least 72 hours preceding the scheduled meeting time. For your convenience, you may visit the county's website at [www.calhouncotx.org](http://www.calhouncotx.org) under "Commissioners' Court Agenda" for any official court postings.

**# 04**





January 29, 2025

# MEETING MINUTES

## OF CALHOUN COUNTY COMMISSIONERS' COURT

MET IN A REGULAR MEETING AT 10:00 A.M. IN THE COMMISSIONERS' COURTROOM IN THE COUNTY COURTHOUSE AT 211 S. ANN STREET SUITE 104 PORT LAVACA, CALHOUN COUNTY, TEXAS.

**THE FOLLOWING MEMBERS WERE PRESENT:**

**Vern Lyssy**  
**David Hall**  
**Ronald Best**  
**Joel Behrens**  
**Gary Reese**  
**Anna Goodman**  
**By: Kaddie Smith**

**County Judge**  
**Commissioner Pct 1**  
**Commissioner Pct 2**  
**Commissioner Pct 3**  
**Commissioner Pct 4**  
**County Clerk**  
**Deputy Clerk**

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10am

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

US Flag: Commissioner Gary Reese  
Texas Flag: Commissioner Joel Behrens

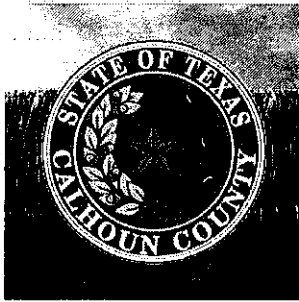
4. General Discussion of Public Matters and Public Participation.

Court wishes Commissioner Hall a Happy Birthday.

**# 05**

5. Approve December 11, 2024 and January 22, 2025 Commissioners' Court Meeting Minutes.  
(VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |



Vern L. Lyssy  
County Judge

David Hall, Commissioner, Precinct 1  
Ronald Best, Commissioner, Precinct 2  
Joel Behrens, Commissioner, Precinct 3  
Gary Reese, Commissioner, Precinct 4

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The Commissioners' Court of Calhoun County, Texas met on Wednesday, December 11, 2024, at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

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Attached are the true and correct minutes of the above referenced meeting.

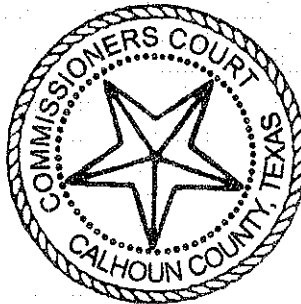
A handwritten signature in black ink, appearing to read "V. Lyssy", is written over a horizontal line.

Vern L. Lyssy, County Judge  
Calhoun County, Texas

Anna Goodman, County Clerk

A handwritten signature in black ink, appearing to read "Kaddie Smith", is written over a horizontal line.

Deputy Clerk





December 11, 2024

# MEETING MINUTES

## OF CALHOUN COUNTY COMMISSIONERS' COURT

MET IN A REGULAR MEETING AT 10:00 A.M. IN THE COMMISSIONERS' COURTROOM IN THE COUNTY COURTHOUSE AT 211 S. ANN STREET SUITE 104 PORT LAVACA, CALHOUN COUNTY, TEXAS.

### THE FOLLOWING MEMBERS WERE PRESENT:

(NOT PRESENT) Richard Meyer  
David Hall  
(Judge Pro Tem) Vern Lyssy  
Joel Behrens  
Gary Reese  
Anna Goodman  
By: Kaddie Smith

County Judge  
Commissioner Pct 1  
Commissioner Pct 2  
Commissioner Pct 3  
Commissioner Pct 4  
County Clerk  
Deputy Clerk

The subject matter of such meeting is as follows:

1) Call meeting to order.

Meeting was called to order at 10am by Commissioner Vern Lyssy

2) Invocation.

Commissioner David Hall

3) Pledges of Allegiance.

US Flag: Commissioner Gary Reese

Texas Flag: Commissioner Joel Behrens

4) General Discussion of Public Matters and Public Participation.

none

- 5) Approve December 4, 2024 Commissioners' Court Meeting Minutes. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 6) Consider and take necessary action to approve Consulting and GASB 84 Services with StevenLCrain Consulting, LLC for fiscal year 2024 activity and authorize the County Auditor to sign engagement letters. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 7) Consider and take necessary action to approve an Interlocal Agreement between Harris County Department of Education and Calhoun County for becoming a Choice Partner member and authorize the County Judge to sign all relevant documents. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 8) Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of November 2024. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 9) Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of November 2024. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 10) Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months of November 2024. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 11) Consider and take necessary action to authorize the use of Tribal Assistance Funds to pay for IT/Communication desks. Total cost is \$33,444.40. (DEH)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 12) Consider and take necessary action to approve the Magnolia Beach CAP Feasibility Cost Share agreement and authorize all appropriate signatures. (DEH)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 13) Consider and take necessary action to approve Change Order No. 1 for the Seadrift Drainage Improvements Project Glo Contract No. 22-085-014-D245 for Calhoun County, Texas and authorize County Commissioner Reese to sign. (GDR)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 14) Consider and take necessary action to approve the Texas Association of Counties (TAC) 2025 Liability Renewal Proposal for the period of 1/1/25 – 1/1/26 and authorize the County Judge to sign. (VLL)

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 15) Consider and take necessary action to lift or retain the county burn ban. (VLL)

**Court approved to retain the burn ban.**

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Vern Lyssy, Commissioner Pct 2   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 16) Consider and take necessary action to approve the field agreement between U.S Department of Agriculture, Animal and Plant Health Inspection Service and Texas A & M Agrilife Extension Service –Wildlife Services and Texas Wildlife Damage Management Association, Inc and Calhoun County for the period of January 1, 2025 – December 31, 2025. (VLL)

|                  |                                 |
|------------------|---------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>     |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1  |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4  |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese |

- 17) Consider and take necessary action to approve the contract with the following awarded bidder for Insecticides for Mosquito Control, Bid Number 2025.01, for the periods January 1, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents: (VLL)

- ES OPCO USA dba Vesperis
- Adapco, LLC
- Clarke Mosquito Control Products, Inc.
- Rentokil North America Inc., dba Target Specialty Products

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |



- 18) Consider and take necessary action to approve the contracts with the following awarded bidders for Road Materials Bid Number 2025.02, for periods January 1, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents. (VLL)

- Blades Group
- K-C Lease Service dba Matagorda Construction & Materials
- Marek & Marek Truck Wash dba Frank Marek Trucking
- Quality Hot Mix
- Vulcan Construction Materials, LLC
- Waller County Asphalt, Inc.

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

- 19) Consider and take necessary action to approve the contracts with the following awarded bidders for Asphalts, Oils & Emulsions, Bid Number 2025.03, for periods January 1, 2025 thru December 31, 2025 and authorize the County Judge to sign all documents. (VLL)

- Cleveland Asphalts Products
- Martin Asphalt Company

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

20) Accept Reports from the following County Offices:

- a) Justice of the Peace Pct 1 – November, 2024
- b) Justice of the Peace Pct 2 – November, 2024
- c) Justice of the Peace Pct 5 – November, 2024
- d) District Clerk – November, 2024
- e) County Clerk – November, 2024
- f) Sheriff Department – November 2024
- g) Floodplain Administration – November, 2024
- h) Treasurer's Reports – August and September 2024
- i) Treasurer's Quarterly Statement of Balances - 3rd Quarter 2024
- j) Treasurer's Investment Report - Quarter Ending September 2024
- k) Auditor's - Department Cash Count Reports – 1<sup>st</sup> and 2<sup>nd</sup> Quarter 2024
- l) Auditor's - Department Audit Reports – 1st and 2nd Quarter 2024
- m) Auditor's - Department Audit Reports - Activity prior to 2024
- n) Auditor's - Department Cash Count Report - Activity prior to 2024

|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3 |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4   |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

21) Consider and take necessary action on any necessary budget adjustments. (VLL)

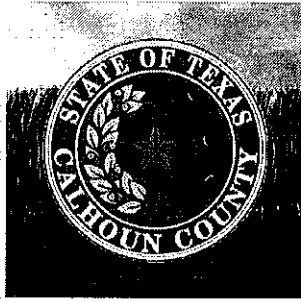
|                  |                                  |
|------------------|----------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>      |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4   |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3 |
| <b>AYES:</b>     | Commissioner Hall, Lyssy, Reese  |

22) Approval of bills and payroll. (VLL)

|                   |                                 |
|-------------------|---------------------------------|
| <b>MMC Bills:</b> |                                 |
| <b>RESULT:</b>    | <b>APPROVED [UNANIMOUS]</b>     |
| <b>MOVER:</b>     | David Hall, Commissioner Pct 1  |
| <b>SECONDER:</b>  | Gary Reese, Commissioner Pct 4  |
| <b>AYES:</b>      | Commissioner Hall, Lyssy, Reese |

|                      |                                 |
|----------------------|---------------------------------|
| <b>County Bills:</b> |                                 |
| <b>RESULT:</b>       | <b>APPROVED [UNANIMOUS]</b>     |
| <b>MOVER:</b>        | David Hall, Commissioner Pct 1  |
| <b>SECONDER:</b>     | Gary Reese, Commissioner Pct 4  |
| <b>AYES:</b>         | Commissioner Hall, Lyssy, Reese |

Adjourned 10:26am



Vern L. Lyssy  
County Judge

David Hall, Commissioner, Precinct 1  
Ronny Best, Commissioner, Precinct 2  
Joel Behrens, Commissioner, Precinct 3  
Gary Reese, Commissioner, Precinct 4

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The Commissioners' Court of Calhoun County, Texas met on Wednesday, January 22, 2025, at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

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Attached are the true and correct minutes of the above referenced meeting.

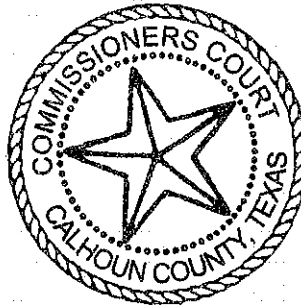
A handwritten signature in black ink, appearing to read "V. Lyssy", is written over a horizontal line.

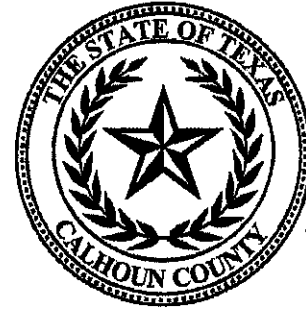
Vern Lyssy, County Judge  
Calhoun County, Texas

Anna Goodman, County Clerk

A handwritten signature in black ink, appearing to read "Kadee Smith", is written over a horizontal line.

Deputy Clerk





January 22, 2025

# MEETING MINUTES

## OF CALHOUN COUNTY COMMISSIONERS' COURT

MET IN A REGULAR MEETING AT 10:00 A.M. IN THE COMMISSIONERS' COURTROOM IN THE COUNTY COURTHOUSE AT 211 S. ANN STREET SUITE 104 PORT LAVACA, CALHOUN COUNTY, TEXAS.

**THE FOLLOWING MEMBERS WERE PRESENT:**

|                              |                           |
|------------------------------|---------------------------|
| <b>Vern Lyssy</b>            | <b>County Judge</b>       |
| <b>David Hall</b>            | <b>Commissioner Pct 1</b> |
| <b>Ronald Best</b>           | <b>Commissioner Pct 2</b> |
| <b>Joel Behrens</b>          | <b>Commissioner Pct 3</b> |
| <b>Gary Reese</b>            | <b>Commissioner Pct 4</b> |
| <b>(ABSENT) Anna Goodman</b> | <b>County Clerk</b>       |
| <b>By: Kaddie Smith</b>      | <b>Deputy Clerk</b>       |

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10am by Judge Vern Lyssy

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

US Flag: Commissioner Gary Reese  
Texas Flag: Commissioner Joel Behrens

4. General Discussion of Public Matters and Public Participation.

Judge Lyssy thanked Commissioners, TX DOT and Sheriff's office for keeping the roads safe during the winter storm.

5. Approve January 15, 2025 Commissioners' Court Meeting Minutes. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

6. Consider and take necessary action to approve car-pooling in a county vehicle for an out of state Extension Professional Development trip to Georgia for food safety training at the University of Georgia (National Center for Home Food Preservation), and allow Megan Glidden, FCH Agent in Aransas County, Denise Goebel Family and Community Health Extension Agent, DeWitt County and Erika Bochat, AgriLife Southeast Regional Program Director, to drive the county vehicle on the following from March 21 - March 30, 2025. (VLL)

|                                                        |                                                      |
|--------------------------------------------------------|------------------------------------------------------|
| <b>Karen Lyssy explained and asked for permission.</b> |                                                      |
| <b>RESULT:</b>                                         | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>                                          | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b>                                       | Ronald Best, Commissioner Pct 2                      |
| <b>AYES:</b>                                           | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

7. Consider and take necessary action to declare the attached list of items for the Calhoun County Constable PCT 4 as Waste. (VLL)

Pass

8. Consider and take necessary action on Matagorda Bay Mitigation Trust, Contract No. 080 - Expansion of King Fisher Beach Park, and authorize Judge Lyssy to sign all documents. (GDR)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

9. Consider and take necessary action to remove several vehicles from the Sheriff's Office Inventory. These items will be taken to auction. (VLL)

- a) 2013 FORD LL - VIN 1FM5KAR3DGC40454
- b) 2017 FORD PK - VIN 1FTEW1EF0HKV33383
- c) 2016 DODGE PK - VIN 1C6RR7XT1GS180682
- d) 2004 CHEV PK - VIN 2GCEC19V041261267
- e) 2020 CHEV TAHOE - VIN 1GNLCDEC4LR282083
- f) 2017 LPR - VIN 1M9US0813HD597037
- g) 2005 NISSAN PK - VIN IN9AA06B35N508478

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

10. Consider and take necessary action to approve a resolution expressing our support to provide parents with school choice options for the education of their students in K – 12 in Calhoun County. (VLL)

**Cindy Krause thanked the court for the support given. Judge Lyssy read the resolution.**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

11. Consider and take necessary action to approve the contract with Rain Seal Master Roofing & Sheet Metal, Inc. for Bid No. 2024.10 – Annex Building Roof Improvements Project for Calhoun County, and authorize the County Judge to sign. (VLL)

**Scott Mason with G&W explained the contract.**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

12. Consider and take necessary action to declare a Phaeton Auto OTF Knife for Calhoun County Constable Pct. 4, that was broken while on duty as waste. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

13. Consider and take necessary action to amend the District Attorney's 2025 Forfeiture Fund budget in the amount of \$22,162.00. to cover salary supplements and FICA for William A. White and Trevor A. Finster for the period of January 1, 2025 through December 31, 2025 and consultation fees for Randy Crider for six months. Plus an additional \$1000.00 to cover expenditures such as civil citation fees in asset forfeitures. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Vern Lyssy, County Judge                             |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

14. Consider and take necessary action to issue a Credit Card with a limit of \$2,000.00 to Debbie Vickery, County Judge Office Administrator. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

15. Consider and take necessary action on the contract amendment with G&W Engineers for engineering services for the Recycle Waste Transfer Station and authorize Commissioner Best to sign all necessary documents. The original agreement was for \$45,000 with an estimated amount of \$4,000 for the Geotech Study. The actual cost of the Geotech Study was \$5,200.00; increasing the agreement to \$46,200.00. (VLL)

|                                         |                                                      |
|-----------------------------------------|------------------------------------------------------|
| <b>Scott Mason explained amendment.</b> |                                                      |
| <b>RESULT:</b>                          | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>                           | Vern Lyssy, County Judge                             |
| <b>SECONDER:</b>                        | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>                            | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

16. Hear report from AgriLife Extension Agents. (VLL)

**Steven, Hailey and Karen gave updates on activities and programs they have been involved in and thanked the court for their continuous support.**

17. Consider and take necessary action to approve the Preliminary Plat of Stella Place in Port O'Connor, Texas. (GDR)

**Terry Ruddick explained the Preliminary Plat.**

**RESULT: APPROVED [UNANIMOUS]**  
**MOVER:** Gary Reese, Commissioner Pct 4  
**SECONDER:** Joel Behrens, Commissioner Pct 3  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

18. Consider and take necessary action to award the bid for Fly Ash – Road Material, Bid Number 2025.04 for the period February 12, 2025 through December 31, 2025 (VLL)

**Demi Cabrera explained the bid. Court approved to award the bid to MidTex Materials LLC.**

**RESULT: APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Joel Behrens, Commissioner Pct 3  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

19. Consider and take necessary action to approve the Infrastructure development plat (IDP) of Simply Stay, LLC #2 located in Calhoun County TX. (JMB)

pass

20. Consider and take necessary action to declare Inventory Item 24-0214, Heater, as Waste and remove from Precinct 4 Road & Bridge inventory. (GDR)

**RESULT: APPROVED [UNANIMOUS]**  
**MOVER:** Joel Behrens, Commissioner Pct 3  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese



21. Consider and take necessary action to transfer Inventory Item 402-0020, 2 Walnut padded chairs with arms from the County Judge Inventory to Road and Bridge Pct. 1. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Ronald Best, Commissioner Pct 2                      |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

22. Consider and take necessary action to approve the contract with Weaver & Jacobs Constructors, Inc. for Bid No. 2024.06 – Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

pass

23. Consider and take necessary action to approve Amendment #1 to the Short Form of Agreement Between Owner and Engineer for Professional Services with G&W Engineers, Inc., in connection to the Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

pass

24. Accept Reports from the following County Offices:

- a) District Clerk – July, 2024 Supplemental to Revised
- b) District Clerk – August, 2024 Supplemental to Revised
- c) District Clerk – September, 2024 Supplemental to Revised

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

25. Consider and take necessary action on any necessary budget adjustments. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>2024</b>      |                                                      |
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>2025</b>      |                                                      |
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

26. Approval of bills and payroll. (VLL)

**MMC Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

**2024 County Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

**2025 County Bills:**

**RESULT:** **APPROVED [UNANIMOUS]**  
**MOVER:** David Hall, Commissioner Pct 1  
**SECONDER:** Gary Reese, Commissioner Pct 4  
**AYES:** Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

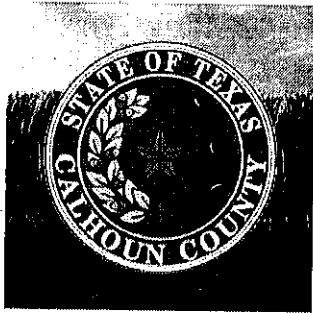
Adjourned 10:53am

**# 06**

6. Consider and take necessary action to approve a resolution recommending support for the advancement and funding of advanced nuclear technology by the 89<sup>th</sup> Legislature of the State of Texas. (VLL)

**Heather Lyons with DOW explained the advancement and asked the court for support. Court approved the resolution.**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |



Vern L. Lyssy  
County Judge

David Hall, Commissioner, Precinct 1  
Ronald Best, Commissioner, Precinct 2  
Joel Behrens, Commissioner, Precinct 3  
Gary Reese, Commissioner, Precinct 4

A RESOLUTION OF THE COMMISSIONERS COURT OF CALHOUN COUNTY, TEXAS,  
RECOMMENDING SUPPORT FOR THE ADVANCEMENT AND FUNDING OF  
ADVANCED NUCLEAR TECHNOLOGY BY THE 89<sup>th</sup> LEGISLATURE OF THE STATE OF  
TEXAS.

WHEREAS, the Texas Public Utility Commission, on November 18, 2024, published the  
"Deploying a World Renowned Advanced Nuclear Industry in Texas" report.

WHEREAS, the Commissioners Court of Calhoun County supports the development and scaling  
of the advanced nuclear technology industry in Calhoun County and the State of Texas.

WHEREAS, the advanced nuclear technology industry offers significant potential for economic  
growth, job creation, and energy security through the provision of clean, reliable, and  
dispatchable energy sources, and

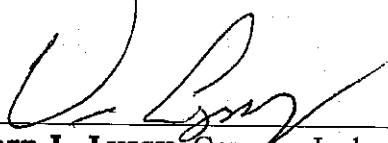
WHEREAS, Calhoun County is uniquely positioned with its strategic location and existing  
infrastructure to become the site of the first advanced nuclear technology project in the State, and

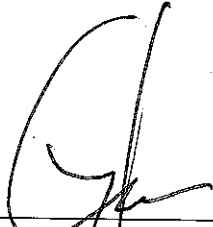
WHEREAS, the State of Texas has a long-standing tradition of leadership in energy innovation  
and is committed to fostering a diverse energy portfolio that includes advanced nuclear  
technologies, and

WHEREAS, collaboration between local, state, and federal entities, as well as private sector  
stakeholders, is essential to the successful development and implementation of advanced nuclear  
technologies,

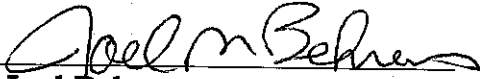
NOW THEREFORE, BE IT RESOLVED that the Commissioners Court of Calhoun County  
hereby expresses its full support for initiatives aimed at developing and scaling the advanced  
nuclear technology industry in Calhoun County and the State of Texas, and encourages  
continued investment, research, and collaboration in this vital sector and recommends that the  
89<sup>th</sup> Legislature of the State of Texas take action to implement the recommendations of the Texas  
Advanced Nuclear Reactor Working Group.

Adopted the 29th day of January, 2025.

  
Vern L. Lyssy, County Judge

  
David Hall  
Commissioner, Precinct 1

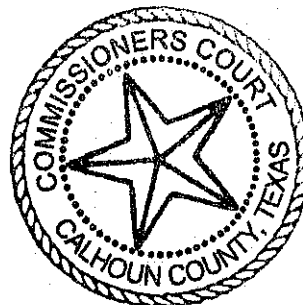
  
Ronald Best  
Commissioner, Precinct 2

  
Joel Behrens  
Commissioner, Precinct 3

  
Gary Reese  
Commissioner, Precinct 4

Attest: Anna Goodman, County Clerk

  
By: Deputy Clerk



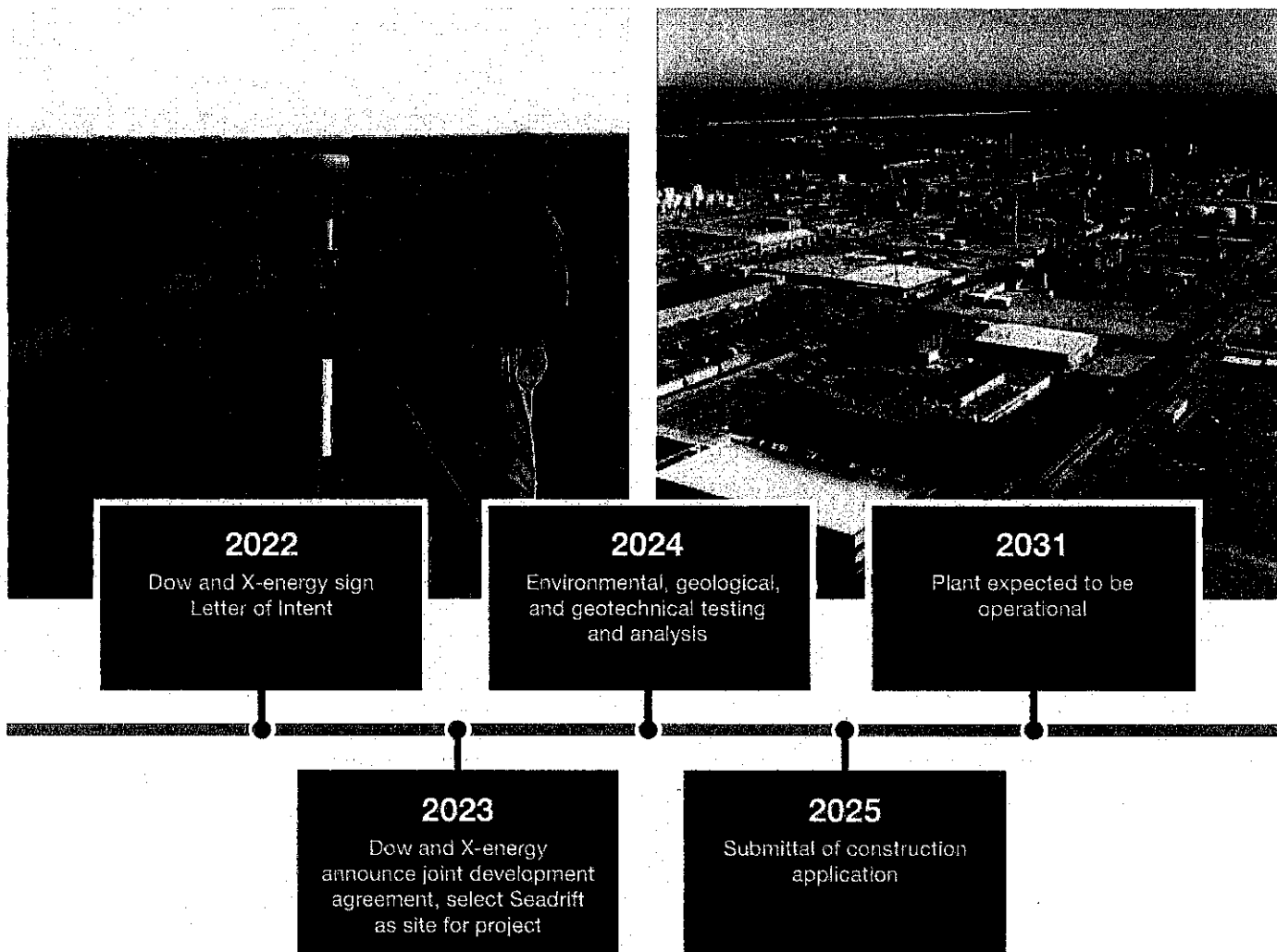
## Collaboration Is Key

Momentum toward these impressive outcomes began when the DOE selected X-energy to develop, license, build, and demonstrate an operational advanced reactor and fuel fabrication facility by the end of the decade.



**OCED**  
Office of Clean Energy Demonstrations

## Timeline



### For more information, contact:

**Sam Gammage**, Government Affairs Director,  
Dow North America Government Affairs  
[sgammage@dow.com](mailto:sgammage@dow.com)



Scan the QR code at left to find more detailed information about the Xe-100 technology.



# DOW

®



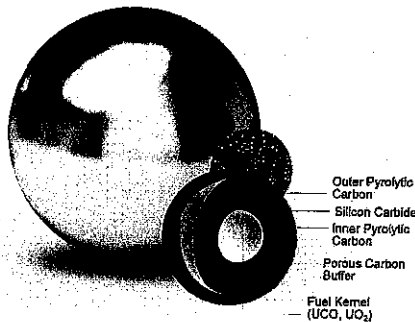
## Dow's Seadrift, Texas, Advanced Nuclear Energy Project

The future of safe, clean power and steam is being developed at a Dow facility in Seadrift, Texas.

Dow and X-Energy Reactor Company, LLC (X-energy), a leading developer of technology for clean energy generation, have begun site work for the installation of a commercial- and industrial-scale small modular reactor (SMR) complex that will use innovative nuclear fuel to meet all the site's needs for electricity and industrial-

grade steam without any carbon emissions.

Recognizing the potential of SMR technology, the U.S. Department of Energy (DOE) named Dow a sub-awardee under X-energy's Advanced Reactor Demonstration Program (ARDP) Cooperative Agreement. Dow and X-energy will demonstrate the viability of SMR technology to transform the way industrial operations are powered.



### A New Path Forward

The technology that will be utilized in Seadrift is unlike anything ever employed. X-energy's groundbreaking Xe-100 reactor is powered by fuel pebbles, roughly the size of a billiard ball, that are embedded with 18,000 trisoparticles, each containing a minute uranium kernel enveloped by three carbon layers. This greatly enhances safety, because the trisofuel itself acts as a containment vessel.

Heat from the reactor produces steam that drives electric generators and can also be used for industrial processes. Four Xe-100 reactors will be installed in Seadrift, with capacity to generate up to 320 MW of electricity and all the steam Dow needs.

### Expansive Impacts

The Seadrift project is intended as a demonstration of the SMR technology, opening the way for other facilities, within Dow and beyond.

"Our advanced nuclear project is another example of Dow leading the way and showing industry the path toward a lower carbon future," said Jim Fitterling, Dow chairman and CEO. "Alongside Dow's key decarbonize and grow projects in Alberta and Terneuzen, as well as our circularity projects around the globe, we are positioned to drive growth by delivering sustainable products."





**# 07**

7. Consider and take necessary action to approve the UniFirst Customer Service Agreement for Uniforms for Calhoun County Building Maintenance Employees. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**UniFirst**NEW ACCOUNT ☒ EXISTING ACCOUNT ☐INSTALLATION DATE \_\_\_\_\_  
MM/DD/YYYY**CUSTOMER SERVICE AGREEMENT**COMPANY NAME (Customer) Calhoun County CourthouseLOC. NO. 815ADDRESS 211 S. Ana St.

ROUTE NO. \_\_\_\_\_

Port Lavaca, Tx, 77979DATE 1/27/2025PHONE 361-553-4499

SIC/NAICS \_\_\_\_\_

The undersigned (the "CUSTOMER") orders from UniFirst Corporation and/or UniFirst Holdings, Inc. d.b.a. UniFirst and/or UniFirst Canada LTD. ("UNIFIRST") the rental service(s) at the prices and upon the conditions outlined:

| MERCHANDISE SERVICED                                                             |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|----------------------------------------------------------------------------------|-------------------------------------------|----------------------|-------------------------------------------|------------------------------------|-------------------------------|--------------------------------------------|-----------------------|----------------------------------|
| ITEM DESCRIPTION                                                                 | LOST/<br>DAMAGED<br>REPLACEMENT<br>CHARGE | SERVICE<br>FREQUENCY | NO. OF<br>PERSONS/<br>ISSUE PER<br>PERSON | TOTAL NO. OF<br>CHANGES/<br>PIECES | PRICE PER<br>CHANGE/<br>PIECE | STANDARD/<br>NON-<br>STANDARD <sup>1</sup> | TOTAL FULL<br>SERVICE | TOTAL<br>VALU-LEASE <sup>2</sup> |
| 0102(09) 65/35 Work Shirt                                                        |                                           |                      | 9                                         | 11                                 | .22                           | S                                          | 21.78                 |                                  |
| 10AI(31) 65/35 Work Cargo Pant                                                   |                                           |                      | 9                                         | 11                                 | .40                           | S                                          | 39.60                 |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
| Weekly Total w/Garment Loss Protection:                                          |                                           |                      |                                           |                                    |                               |                                            | 75.24                 |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
|                                                                                  |                                           |                      |                                           |                                    |                               |                                            |                       |                                  |
| Minimum weekly charge applies, equal to 75% of the initial weekly install value. |                                           |                      |                                           |                                    |                               |                                            | 30.00                 |                                  |

| OTHER CHARGES                            | AMOUNT |
|------------------------------------------|--------|
| Garment preparation per piece            | 1.25   |
| Name emblem per piece                    | 2.00   |
| Company emblem per piece                 | 3.75   |
| Direct Embroidery: Wearer name per piece | 3.75   |
| Company name per piece                   | 5.35   |
| GLP: 0102 Work Shirt                     | .05    |
| 10AI-Work Pant                           | .09    |

| OTHER CHARGES                          | AMOUNT |
|----------------------------------------|--------|
| Non-stock sizes per piece              |        |
| Special cuts per piece                 | 2.00   |
| Restock/Exchange per piece             |        |
| Automatic Wiper Replacement            |        |
| Automatic Linen Replacement            |        |
| DEFE (See description on reverse side) | 9.00   |
| Energy Charge                          |        |

PAYMENT TERMS: C.O.D. ☐ E.F.T. ☐ Approved Charge<sup>3</sup> ☐**COMMENTS**

Emblem charge waived for initial install  
GLP @ 0102- Work Shirt=9.00, 10AI-Work Pant=13.86

TOTAL Weekly with DEFE: \$84.24

Approved charge: CUSTOMER agrees to make payments within 30 days of invoice receipt. A late charge of 1 1/2% per month (18% per year) for any amount in arrears may be applied.<sup>4</sup>

The undersigned agrees to the attached Customer Service Agreement Terms and attests to have the authority to execute for the named CUSTOMER, and to approve use of any personalization—including logos or brand identities—that has been requested.

SALES REP: Piper Summey

SALES REP (Print Name)

1/27/2025

DATE

ACCEPTED: [Signature]

CUSTOMER (Signature)

1-29-2025

DATE

ACCEPTED\*: [Signature]

LOCATION MANAGER (Signature)

1-27-25

DATE

Jason Koehler

LOCATION MANAGER (Print Name and Title)

CUSTOMER (Print Name and Title)

Vern Lyssy County Judge

EMAIL

vern.lyssy@calhouncounty.org

<sup>1</sup> Outlets of otherwise Standard Merchandise are deemed to be Non-Standard Merchandise.<sup>2</sup> Merchandise which is Val-U-Leased is not cleaned by UniFirst.<sup>3</sup> Charge status contingent upon continuing credit worthiness and may be revoked at UniFirst's discretion.<sup>4</sup> All returned checks and declined credit/debit cards subject to \$35 processing fee.<sup>5</sup> This Agreement is effective only upon acceptance by UniFirst Location Manager.

**CUSTOMER SERVICE AGREEMENT TERMS**

**REQUIREMENTS SUPPLIED.** Customer orders from UniFirst Corp. ("UniFirst") the rental garments and/or other items of the type specified in this Agreement ("Merchandise") and related pickup/delivery and maintenance services (collectively with Merchandise, "Services") for all of Customer's requirements therefor, at the prices and upon the terms and conditions set forth herein. Additional Services requested by Customer, verbally or in writing, will also be covered by this Agreement. All rental Merchandise supplied to Customer remains the property of UniFirst. Customer warrants that it is not subject to, and that this Agreement does not interfere or conflict with, any existing agreement for the supply of the Merchandise or Services covered.

**PERFORMANCE GUARANTEE.** UNIFIRST GUARANTEES TO DELIVER HIGH-QUALITY SERVICE AT ALL TIMES. All items of Merchandise cleaned, finished, inspected, repaired, and delivered by UniFirst will meet or exceed industry standards, or non-conforming items will be replaced by the next scheduled delivery day at no cost to Customer. Items of rental Merchandise requiring replacement due to normal wear and tear will be replaced at no cost to Customer, save for any applicable personalization and setup charges.

Customer expressly waives the right to terminate this Agreement during the initial term or any extension thereof for deficiencies in the quality of Services unless: (1) complaints are first made in writing to UniFirst which set forth the precise nature of any deficiencies; (2) UniFirst is afforded at least 60 days to correct any deficiencies complained of; and (3) UniFirst fails to correct those deficiencies complained of within 60 days. In the event Customer complies with the foregoing and UniFirst fails to correct such deficiencies, Customer may terminate this Agreement by written notice to UniFirst, providing that all previous balances due to UniFirst have been paid in full and that all other conditions to terminate have been satisfied. Any delay or interruption of the Services provided for in this Agreement by reason of acts of God, fires, explosions, strikes or other industrial disturbances, or any other cause not within the control of UniFirst, shall not be deemed a breach or violation of this Agreement.

**TERM AND RENEWAL.** This Agreement is effective when signed by both the Customer and UniFirst Location Manager and continues in effect for 60 months after installation of Merchandise (for new customers) or any renewal date. This Agreement will be renewed automatically and continuously for multiple successive 60-month periods unless Customer or UniFirst gives written notice of non-renewal to the other at least 90 days prior to the next expiration date.

**PRICES AND PAYMENTS.** Prices are based on 52 weeks of service per year. Any increase(s) to Service Frequency could result in additional charges. On an annual basis, the prices then in effect will be increased by the greater of the annual percent increase in the Consumer Price Index - All Urban Consumers, Series ID: CUUR0000SAG, other goods and services, or by 5%. Additional price increases and other charges may be imposed by separate written notice or by notation on Customer's invoice. Customer may, however, decline such additional increases or charges by notifying UniFirst in writing within 10 days after receipt of such notice or notation. If Customer declines said additional price increases, UniFirst may terminate this Agreement. Customer also agrees to pay the other charges and minimum weekly charge herein specified. Charges relating to a wearer leaving Customer's employ can be terminated by (1) giving notice thereof to UniFirst and (2) returning or paying for any missing Merchandise issued to that individual. Any Merchandise payments required pursuant to this Agreement will be at the replacement price(s) then in effect hereunder. If an authorized Customer representative is not available to receive and acknowledge delivery of Merchandise, Customer authorizes UniFirst to make delivery and assumes responsibility for related charges/invoices.

If Customer fails to make timely payment, UniFirst may, at any time and in its sole discretion, terminate this Agreement by giving written notice to Customer, whether or not UniFirst has previously strictly enforced Customer's obligation to make timely payments. Customer agrees to pay, and will pay, all applicable sales, use, personal property, and other taxes and assessments arising out of this Agreement.

**DEFE CHARGE.** Customer's Invoices may also include a DEFE charge to cover all or portions of certain expenses including:

**D = DELIVERY,** or expenses associated with the actual delivery of Services and Merchandise to Customer's place of business, primarily Route Sales Representative commissions, management salaries, vehicle depreciation, equipment maintenance, insurance, road use charges and local access fees.

**E = ENVIRONMENTAL,** or expenses (past, present, and future) UniFirst absorbs related to wastewater testing, purification, effluent control, solids disposal, supplies and equipment for pollution controls and energy conservation, and overall regulatory compliance.

**F = FUEL,** or the gas, diesel fuel, oil, and lubricant expenses associated with keeping UniFirst's fleet vehicles on the road and servicing its customers.

**E = ENERGY,** primarily the natural gas UniFirst uses to run boilers and gas dryers, plus other local utility charges.

**MERCHANDISE.** Customer acknowledges and agrees to notify all employees that Merchandise supplied is for general occupational use and, except as expressly specified below, affords no special user protections. Customer further acknowledges that: (1) Customer has unilaterally and independently determined and selected the nature, style, performance characteristics, number of changes and scope of all Merchandise to be used and the appropriateness of such Merchandise for Customer's specific needs or intended uses; (2) UniFirst does not have any obligation to advise, and has not advised, Customer concerning the fitness or suitability of the Merchandise for Customer's intended use; (3) UniFirst makes no representation, warranty, or covenant regarding the performance of the Merchandise (including without limitation Flame Resistant and Visibility Merchandise); and (4) UniFirst shall in no way be responsible or liable for any injury or harm suffered by any Customer employees while wearing or using any Merchandise. Customer agrees to indemnify and hold harmless UniFirst and its employees and agents from and against all claims, injuries, or damages to any person or property resulting from Customer's or Customer's employee use of the Merchandise, whether or not such claims, injuries or damages arise from any alleged defects in the Merchandise.

**Flame Resistant ("FR") Merchandise** supplied hereunder is intended only to prevent the ignition and burning of fabric away from the point of high heat impingement and to be self-extinguishing upon removal of the ignition source. FR items will not provide significant protection from burns in the immediate area of high heat contact due to thermal transfer through the fabric and/or destruction of the fabric in the area of such exposure. FR items are designed for continuous wear as only a secondary level of protection. Primary protection is still required for work activities where direct or significant exposure to heat or open flame is likely to occur.

**Visibility Merchandise** is intended to provide improved conspicuity of the wearer under daylight conditions and when illuminated by a light source of sufficient candlepower at night. It is Customer's responsibility to determine the level of conspicuity needed by wearers under specific work conditions. Further, Customer agrees that Visibility Merchandise alone does not ensure conspicuity of the wearer and that additional safety precautions may be necessary. The Visibility Merchandise supplied satisfied particular ANSI/SEA standards only when they were new and unused and only if so labeled. Customer acknowledges that usage and laundering of Visibility Merchandise may adversely affect its conspicuity.

**Healthcare/Food-Related** Customer acknowledges that: (1) UniFirst does not guarantee or warrant that the Merchandise selected by Customer or that processed garments delivered by UniFirst will be appropriate or sufficient to provide a hygienic level adequate for Individual Customer's needs; and (2) optional poly-bagging\* is recommended to reduce the risk of cross-contamination of Merchandise, and the failure to utilize such service may adversely affect the efficacy of UniFirst's hygienic cleaning process.

(\* Poly-bag services incur additional charges.)

If any Merchandise supplied hereunder is Merchandise that: (1) UniFirst does not stock for whatever reason (including due to style, color, size or brand); (2) consists of non-UniFirst manufactured or customized FR Merchandise; or (3) consists of Merchandise that has been permanently personalized (in all cases known as "Non-Standard Merchandise"), then, upon the discontinuance of any Service hereunder at any time for any reason, including expiration, termination, or cancellation of this Agreement, with or without cause, deletion of any Non-Standard Merchandise from Customer's Service Program, or due to employee reductions (in each case a "Discontinuance of Service"), Customer will purchase at the time of such Discontinuance of Service all affected Non-Standard Merchandise items then in UniFirst's inventory (in-service, shelf, as well as any manufacturer's supplies ordered for Customer's use), paying for same the replacement charges then in effect.

Customer agrees not to contaminate any Merchandise with asbestos, heavy metals, solvents, inks, or other hazardous or toxic substances ("contaminants"). Customer agrees to pay UniFirst for all Merchandise that is lost, stolen, damaged or abused beyond repair. As a condition to the termination of this Agreement, for whatever reason, Customer will return to UniFirst all standard Merchandise in good and usable condition or pay for same at the replacement charges then in effect.

**OBLIGATIONS AND REMEDIES.** If Customer breaches or terminates this Agreement before the expiration date for any reason (other than for UniFirst's failure under the performance guarantee described above), Customer will pay UniFirst, as liquidated damages and not as a penalty (the parties acknowledging that actual damages would be difficult to calculate with reasonable certainty) an amount equal to 50 percent of the average weekly amounts involved in the preceding 26 weeks, multiplied by the number of weeks remaining in the current term. These damages will be in addition to all other obligations or amounts owed by Customer to UniFirst, including the return of Standard Merchandise or payment of replacement charges, and the purchase of any Non-Standard Merchandise items as set forth herein.

This Agreement shall be governed by Massachusetts law (exclusive of choice of law). If a dispute arises from or relates in any way to this Agreement or any alleged breach thereof at any time, the parties will first attempt to resolve the claim or dispute by negotiation at agreed time(s) and location(s). All negotiations are confidential and will be treated as settlement negotiations. Any matter not resolved through direct negotiations within 30 days shall be resolved exclusively by final and binding arbitration, conducted in the capital city of the state where Customer has its principal place of business (or some other location mutually agreed), pursuant to the Expedited Rules of the Commercial Arbitration Rules of the American Arbitration Association, and governed by the Federal Arbitration Act, to the exclusion of state law inconsistent therewith. The parties will agree upon one (1) Arbitrator to settle the controversy or claim. The successful or substantially prevailing party in any proceeding, including any appeal thereof (as determined by the Arbitrator/court) shall recover all of its costs and expenses including, without limitation, reasonable attorney fees, witness fees, and discovery costs, all of which shall be included in and as a part of the judgment or award rendered hereunder. This provision for Arbitration is specifically enforceable by the parties; the Arbitrator shall have no power to vary or ignore the provisions hereof; and, the decision of the Arbitrator in accordance herewith, may be entered in any court having jurisdiction thereof. Customer acknowledges that, with respect to all such disputes, it has voluntarily and knowingly waived any right it may have to a jury trial or to participate in a class action or class litigation as a representative of any other persons or as a member of any class of persons, or to consolidate its claims with those of any other persons or class of persons. If this prohibition against class litigation is ruled to be unenforceable for any reason in any proceeding, then the prohibition against class litigation shall be void and of no force and effect in that proceeding.

**MISCELLANEOUS.** The parties agree that this Agreement represents the entire agreement between them. In the event Customer issues a purchase order to UniFirst at any time, none of the standard pre-printed terms and conditions therein shall have any application to this Agreement or any transactions occurring pursuant hereto or thereto. UniFirst may, in its sole discretion, assign this Agreement. Customer may not assign this Agreement without the prior written consent of UniFirst. Customer agrees that in the event it sells or transfers its business, it will require the purchaser or transferee to assume all obligations and responsibilities under this Agreement, provided that such assumption shall not relieve Customer of its liabilities hereunder and provided further that any failure by a purchaser or transferee to assume this Agreement shall constitute a breach and early termination of this Agreement resulting in the obligation to pay all amounts on account thereof as set forth in this Agreement. Neither party will be liable for any incidental, consequential, special, or punitive damages. In no event shall UniFirst's aggregate liability to Customer for any and all claims exceed the sum of all amounts actually paid by Customer to UniFirst. In the event any portion of this Agreement is held by a court of competent jurisdiction or by a duly appointed arbitrator to be unenforceable, the balance will remain in effect. All written notices provided to UniFirst must be sent by certified mail to the attention of the Location Manager. In Texas and certain other locations, UniFirst's business is conducted by, and the term "UniFirst" as used herein means, UniFirst Holdings, Inc. d.b.a. UniFirst.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3.  | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)<br><b>UniFirst Holdings Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |
|                                                         | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    |
|                                                         | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                         | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    |
|                                                         | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.<br>1201 N John Stockbauer Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Requester's name and address (optional)</b>                                                                                                                                                                                                                                                                     |
| <b>6</b> City, state, and ZIP code<br>Victoria TX 77901 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> List account number(s) here (optional)         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |   |  |   |   |   |   |   |   |
|--------------------------------|---|--|---|---|---|---|---|---|
| Social security number         |   |  |   |   |   |   |   |   |
|                                |   |  | - |   |   |   |   |   |
| or                             |   |  |   |   |   |   |   |   |
| Employer identification number |   |  |   |   |   |   |   |   |
| 7                              | 4 |  | - | 2 | 8 | 6 | 1 | 9 |
|                                |   |  |   |   |   |   | 5 | 1 |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|                  |                                                |                    |
|------------------|------------------------------------------------|--------------------|
| <b>Sign Here</b> | Signature of U.S. person <i>Shane O'Connor</i> | Date <i>4-4-24</i> |
|------------------|------------------------------------------------|--------------------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

UniFirst Corporation  
Victoria, TX United States

Certificate Number:  
2025-1261084

Date Filed:  
01/27/2025

Date Acknowledged: *1/28/25 PV*

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Calhoun County Courthouse

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

NA  
Uniform rental services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of Interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party.



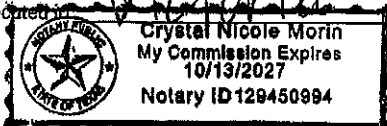
## 6 UNSWORN DECLARATION

My name is Jason Koehler, and my date of birth is [REDACTED]

My address is 1201 Johnstoeckbauer Victoria TX 77901 US  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Victoria County, State of TX, on the 27 day of January, 2025  
(month) (year)



*Jason Koehler*  
Signature of authorized agent of contracting business entity  
(Declarant)

**# 08**

8. Consider and take necessary action to declare Inventory Item 665-0209, Manitowoc Indigo Ice Machine and Storage Bin, Serial Number 1120018694/1101322954, as waste and remove from Calhoun County Extension Office Inventory. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |





**# 09**

9. Consider and take necessary action to approve the contract with Weaver & Jacobs Constructors, Inc. for Bid No. 2024.06 – Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

Pass

**# 10**

10. Consider and take necessary action to approve Amendment #1 to the Short Form of Agreement Between Owner and Engineer for Professional Services with G&W Engineers, Inc., in connection to the Memorial Medical Center HVAC & Roof Improvements for Calhoun County, and authorize the County Judge to sign. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Vern Lyssy, County Judge                             |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**AMENDMENT 1**

THIS AMENDMENT, entered into this 29~~22~~ day of January 2025, by and between CALHOUN COUNTY, hereinafter called the "Owner", and G&W ENGINEERS, INC., hereinafter called "Engineer",

WITNESSETH THAT:

WHEREAS, Owner desires to amend an existing Short Form of Agreement Between Owner and Engineer for Professional Services effective as of August 12, 2021 for Owner's Memorial Hospital Roof and HVAC Engineering and Design ("Project"); and

WHEREAS, Owner desires to engage Engineer to render additional certain services in connection with and related to the Project.

NOW THEREFORE, the parties do mutually agree to add and/or modify the existing contract as follows:

---

**Engineer's Services  
AMENDMENT 1**

Original Scope (Remains UNCHANGED):

- Engineer's Services under this Agreement are generally identified as follows: ENGINEERING ("Services")

Additional Scope Part 1:

- Bid Phase Services. This shall include preparation of bid package, coordinate county reviews and incorporate necessary/requested changes, preparation of technical specifications, attend workshop meetings, conduct pre-bid meeting, answer bid period questions, issue necessary addendums, attend bid opening, review of bids and prepare recommendation of award. Attendance at Commissioners' Court Meeting(s).

Additional Scope Part 2:

- Updating Contract Plans and Specifications to include new chillers to comply with refrigerant law changes between the lapse of time of signed plans (2022) to 2024, revise floor plans, schedules, specifications and details as needed as these items relate to HVAC. Verify power requirement of new chillers and design electrical circuitry as needed. Specify carbon monoxide monitoring/shutdown for boilers as required per Texas Administrative Code Changes.

Additional Scope Part 3:

- Provide support and oversight as it relates to contract negotiation and value engineering. Attend workshop(s) and coordinate the negotiation process. Correspondence to Owner and Bidder and review of alternatives presented from an engineering perspective and provide recommendation as it relates to alternatives. Prepare a final recommendation of award and attendance at Commissioners' Court meeting(s).

Additional Scope Part 4:

- Assist/Submit a new Texas Health and Human Services (THHS) (State Permit) Major Permit to the State. This shall include support as it relates to the permit paperwork itself during the course of construction and any necessary revisions/modifications. **All application fees, permit fees and inspection fees to be paid for by Owner/Hospital separately as they relate to THHS.**

Additional Scope Part 5:

- Assist with Building Permit through the City of Port Lavaca. This scope shall include delivery of hard copies (if required) and digital, inquiry of status of permit and formally addressing any questions of the reviewing authority (City) or its contracted reviewing representative. **All application fees, permit fees and inspection fees to be paid for by Owner/Hospital separately as they relate to City of Port Lavaca. (i.e. not included in this contract.)**

Additional Scope Part 6:

- Provide construction phase services. These services include the following **Work Steps**:
  - 1.) Reviewing submittals and shop drawings and;
    - reviewing of material testing reports (provided by others(contractor)) (i.e. weld testing results, mortar/concrete strength results, roof assembly pull test results, etc.)
    - performing close out documentation review
  - 2.) Project Meetings and;
    - conducting a pre-construction meeting (including scheduling),
    - general project coordination and participating in project meetings,
    - participation in THHS meetings and inspections (as many as necessary).
  - 3.) Performing onsite construction inspections and site visits
  - 4.) Review and approval of contractor pay applications
  - 5.) Responding to contractor RFI's throughout the construction period
  - 6.) Reviewing and routing appropriate change order requests as a result of substitution request or alternative methods
  - 7.) Services also include TDI Windstorm engineering inspections and providing paperwork to TDI.
  - 8.) Project reporting including providing monthly updates of the project at Commissioner's Court Meetings. This includes monthly written reports as requested required.
  - 9.) Services also include contracting a subconsultant and having this firm execute an onsite limited asbestos testing and report (Level 1). Limited asbestos survey for suspect asbestos-containing material (ACM) to determine homogenous areas and sampling protocol. All labor, travel, equipment, materials, and shipping will be provided. A final report documenting sampling locations, methods, digital photos, and laboratory results is included. Additional recommendations regarding the survey will be provided as needed. Includes sample costs and a total of 40 samples based upon the scope of construction. Level 2 survey not included and the need/cost for level 2 is contingent upon the results of the level 1 survey.

- See Appendix 2 for a detailed listing of suggested possible tasks and fee estimates for these services. **The term estimate is defined as estimated effort for each task, but it is understood that in no-case the cost should exceed the Not-to-exceed agreed price for the overall scope as defined.** Reference Basis of Payment 2.02a for terms.
- **This scope is understood to cover engineering expenses for a construction period of twenty four (24) months or 104 weeks. The construction period is as provided by the contractor. Should the construction warrant additional time, this will increase the amount of effort upon engineer and therefore warrant additional fees and expenses to be incurred by County as a result of an extended construction period.**
- Any work performed at client's request outside the work described in the above Work Plan Summary (e.g., Asbestos Level 2 Survey, Change Order(s) requested by contractor/owner at no fault of ENGINEER, resulting in engineering design changes, etc.) will be billed on a time and materials reimbursable basis separately from the above work steps and according to the attached Standard Rate Schedule.

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## 2.02 Basis of Payment – Lump Sum AMENDMENT 1

### 2.02 *Basis of Payment—Lump Sum*

#### A. Owner shall pay Engineer for Services as follows:

1. A Lump Sum amount of **\$682,000.00. Six Hundred and Eighty-Two Thousand Dollars & Zero Cents for Original Scope & Additional Scope Part 1 through Part 4. NOTE: Additional Scope Part 5 & Part 6 shall be provided under a new additional section (2.02a Basis of Payment – Cost Not-To-Exceed incorporated into this amendment.)**
  - a. Original Fee (Signed Design Plans and Technical Specifications) \$605,000.00
  - b. Bid Phase Services (Additional Scope Part 1) (Authorized in Court on September 27, 2023 in accordance with contract in place for hourly rate as needed per contract. Later clarified/approved in court on November 22, 2023 to be \$50,000.00
  - c. Update Contract Plans and Specifications (Additional Scope Part 2) – \$15,000.00
  - d. Value Engineering & Contract Negotiations (Additional Scope Part 3)- \$7,000.00
  - e. THHS Major Permit Support (Additional Scope Part 4) - \$5,000.00

#### 2. In addition to the Lump Sum amount, reimbursement for the following expenses: **None**

- #### B. The portion of the compensation amount billed monthly for Engineer's Services will be based upon Engineer's estimate of the percentage of the total Services actually completed during the billing period.
-



**2.02a Basis of Payment – Cost Not-To-Exceed  
AMENDMENT 1**

- a. City Permitting Assistance & Printing (Additional Scope Part 5) – N.T.E. \$5,000.00
- b. Construction Phase Services (Additional Scope Part 6) – N.T.E. \$792,000.00

1) *To be billed on a monthly basis. Engineer will include task, man-hour, and fee information with each invoice reflecting fee estimates as provided in Appendix 2. All time (manhour) estimates for each work step are APPROXIMATE. Many unknowns may affect the level of effort required to complete this work within each work step. G&W Engineers, Inc. will bill on a time and materials reimbursable basis with a cost not-to-exceed as stated in this agreement. **Budgets/manhour estimates may be shifted from one Work Step to another Work Step depending upon the level of effort requested/required throughout the project.** In no case shall the client be billed above the agreed amount unless due, justified and agree to in writing.*

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**Appendix 1**

**AMENDMENT 1**

The appendix 1 shall be modified and agreed upon in the amount as indicated in the 2024 rate schedule for G&W Engineers, Inc. Also added to Appendix 1 shall be the classification and rate schedules for G&W's sub-consultants (Amtech Solutions, Inc., & Calculate Legacy Consulting Engineers, LLC.) The original appendix 1 with the G&W 2021 rate schedule shall be considered obsolete. **Rate Schedules for G&W Engineers, Inc. and its sub-consultants shall be "locked in" throughout the two-year construction duration.**

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**Appendix 2  
AMENDMENT 1**

The appendix 2 attached hereto shall be incorporated into the agreement.

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**Other Terms Unchanged.** All other terms and conditions of the Agreement shall remain unchanged.

IN WITNESSETH HEREOF, the parties have hereunto set their hands and seals.

**CALHOUN COUNTY**

BY:   
Vern Lyssy, County Judge

**G&W ENGINEERS, Inc.**

BY:   
Brian P. Novian, P.E./President

|                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>NOTE:</b> This document has important legal consequences. Please consult with your legal counsel with respect to its completion or modification.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|

# **G & W** **ENGINEERS, INC.**

## **AMENDED APPENDIX 1**

205 W. Live Oak Port Lavaca, Texas 77979 (361) 552-4509 Fax (361) 552-4987  
TBPE Firm Registration No. F04188 • TBPLS Firm Registration No. 10022100

### **G&W ENGINEERS, INC.**

#### **RATE SCHEDULE**

(Effective January 1, 2024 – December 31, 2024)

#### **OFFICE PERSONNEL / SURVEY CREWS**

|                                       | <b><u>STANDARD<br/>BILLING RATE</u></b> | <b><u>OVERTIME<br/>BILLING RATE</u></b> |
|---------------------------------------|-----------------------------------------|-----------------------------------------|
| Principal                             | \$194.25/Hr.                            | See Note 3                              |
| Registered Professional Engineer / PM | \$157.50/Hr.                            | See Note 3                              |
| Registered Professional Land Surveyor | \$131.25/Hr.                            | See Note 3                              |
| Staff Engineer/Specialist             | \$130.20/Hr.                            | See Note 3                              |
| Project Coordinator                   | \$110.25/Hr.                            | \$148.84/Hr.                            |
| Programmer / I&E Tech.                | \$102.90/Hr.                            | See Note 3                              |
| Engineering Designer                  | \$89.25/Hr.                             | \$120.49/Hr.                            |
| Draftsperson/CADD Tech.               | \$73.50/Hr.                             | \$99.23/Hr.                             |
| Engineering Assistant/Secretarial     | \$57.75/Hr.                             | \$77.96/Hr.                             |
| Construction Manager                  | \$141.75/Hr.                            | See Note 3                              |
| Construction Inspector                | \$105.00/Hr.                            | See Note 3                              |
| Two Man Survey Crew                   | \$141.75/Hr.                            | \$191.36/Hr.                            |
| Three Man Survey Crew                 | \$183.75/Hr.                            | \$248.06/Hr.                            |
| Senior GPS Operator                   | \$120.75/Hr.                            | \$163.01/Hr.                            |
| GPS Operator                          | \$73.50/Hr.                             | \$99.23/Hr.                             |
| Survey/Drone Technician               | \$78.75/Hr.                             | \$106.31/Hr.                            |

#### **REIMBURSABLE EXPENSES**

|                                                               |                |
|---------------------------------------------------------------|----------------|
| Travel (Airfare, Room, Board)                                 | Actual Cost    |
| Mileage                                                       | \$0.68/Mile    |
| Per Diem as per current General Services Agreement (GSA) rate |                |
| Outside Consultants                                           | Cost + 10%     |
| Survey Stakes, Lathes, Iron Rods, and Other Direct Expenses   | Cost + 15%     |
| 4800 Trimble Total Station (Base and One Rover)               | \$367.50 / Day |
| 4800 Trimble Total Station (Base and Two Rovers)              | \$551.25 / Day |
| 14' Aluminum Survey Boat                                      | \$210.00 / Day |
| 16' Aluminum Survey Boat                                      | \$262.50 / Day |
| Drone Equipment                                               | \$350.00 / Day |
| Computer / Plot Time                                          | \$8.40/Hr.     |

#### **NOTES:**

1. Travel time is billed per rates indicated above, according to classification. A minimum of two (2) hours survey crew time charge will be accessed for show-up time and return to office, resulting from inclement weather conditions, etc.
2. When overtime is specifically requested and authorized by client, an overtime-premium multiplier of 1.35 will be applied to the standard billing rate of hourly non-exempt personnel for all hours worked in excess of 40 hours in a calendar week.
3. Professional staff members noted as exempt will be invoiced at the Standard Billing Rate.
4. Charges will be billed monthly and are due upon receipt of the invoice unless otherwise agreed. Interest will be charged at the rate of 1.5% per month for invoices not paid within 30 days unless otherwise agreed.

## 2024 FEE SCHEDULE

| <u>Personnel</u>                                      | <u>Rate</u> |
|-------------------------------------------------------|-------------|
| PRINCIPAL, per hour .....                             | \$ 401.00   |
| SENIOR REGISTERED PROFESSIONAL, per hour.....         | \$ 278.00   |
| REGISTERED PROFESSIONAL, per hour .....               | \$ 269.00   |
| SENIOR PROJECT MANAGER, per hour .....                | \$ 265.00   |
| PROJECT MANAGER, per hour .....                       | \$ 253.00   |
| PROJECT PROFESSIONAL, per hour.....                   | \$ 221.00   |
| STAFF PROFESSIONAL, per hour.....                     | \$ 195.00   |
| TECHNICIAN, per hour .....                            | \$ 163.00   |
| DESIGNER / CADD, per hour .....                       | \$ 113.00   |
| ADMINISTRATIVE / CLERICAL / MARKETING, per hour ..... | \$ 101.00   |

Field Personnel - Services of field personnel or project site visits by personnel will be invoiced from portal to portal. The hourly rate for field technical personnel will be increased to 1.5 times the indicated rate for work performed between 6:00pm and 6:00am, over eight hours per day, or on weekends or holidays.

Litigation - Services related to Depositions and Expert Testimony will be billed at twice the standard unit rate.

Escalation - Contract unit rates shall increase by 4% per year unless specifically agreed otherwise, and shall become effective on January 1<sup>st</sup> of each year that the contract is in effect.

### Expenses

**TRAVEL AND PER DIEM:** Travel expenses will be invoiced at our direct cost, plus 20 percent. Amtech follows the IRS guidelines for mileage reimbursement and regional per diem allowances. Mileage charges will be adjusted based on the prevailing IRS reimbursement rate.

**OTHER EXPENSES:** Other direct expenses such as subcontracts, mailing, delivery, printing, copying, or telephone charges will be invoiced at our direct cost, plus 20 percent.

## 2024 RATE SCHEDULE

| <b>PERSONNEL CLASSIFICATION:</b>                   | <b>HOURLY RATE</b> |
|----------------------------------------------------|--------------------|
| Principal                                          | \$245.00           |
| Project Manager (P.E.)                             | \$210.00           |
| Engineer II (P.E.)                                 | \$190.00           |
| Engineer I (P.E.)                                  | \$170.00           |
| Engineer-in-Training (E.I.T.)/Graduate Engineer II | \$140.00           |
| Engineer-in-Training (E.I.T.)/Graduate Engineer I  | \$ 120.00          |
| Commissioning Agent                                | \$200.00           |
| Senior Technician                                  | \$140.00           |
| Technician                                         | \$ 105.00          |
| Construction Administrator                         | \$ 105.00          |
| CAD Drafting                                       | \$ 80.00           |
| Clerical                                           | \$ 75.00           |

| <b>REIMBURSABLE EXPENSES:</b>                              |             |
|------------------------------------------------------------|-------------|
| Ground Travel (outside of San Antonio Metro Area)          | \$ .60/Mile |
| Air Travel, Car Rental, Food, Lodging                      | Cost        |
| Printing-Reproduction-Plotting Expenses & Delivery Charges | Cost        |
| Consultants                                                | Cost + 10%  |

*Escalation for multiple year contracts is calculated by the Consumer Price Index per year.*

## Appendix 2

| Company Name                                                              | Total Budget        | % of Total     |
|---------------------------------------------------------------------------|---------------------|----------------|
| G&W Engineers, Inc.<br>Work Steps 1-8                                     | \$342,005.00        | 43.20%         |
| MSE Environmental (Limited Asbestos Survey)<br>Work Step 9                | \$3,600.00          | 0.45%          |
| Amtech Solutions, Inc. (Roof/Windows)<br>Work Steps 1-8                   | \$130,000.00        | 16.42%         |
| Calculated Legacy (CL) Consulting Engineers, LLC (HVAC)<br>Work Steps 1-8 | \$316,080.00        | 39.92%         |
| <b>TOTAL</b>                                                              | <b>\$791,685.00</b> | <b>100.00%</b> |

OWNER: Calhoun County

ENGINEER: G&W Engineers, Inc.

Project: Memorial Medical Center - Roof & HVAC Improvements Project

Date of Document Rendition: 1/17/2025

**G&W ENGINEERS, INC. - WORK STEP T&M ESTIMATE**

| <b>Work Step</b>                                        | <b>(Hrs/Wk)</b> | <b>Hours</b> | <b>Rate</b> | <b>Total</b>        | <b>% of Total</b> |
|---------------------------------------------------------|-----------------|--------------|-------------|---------------------|-------------------|
| <b>1.) Review submittal data and shop drawings.</b>     |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 1.00            | 104          | \$157.50    | \$16,380.00         |                   |
| Project Coordinator                                     | 3.25            | 338          | \$110.25    | \$37,264.50         | 15.68%            |
| <b>2.) Project meetings &amp; General Coordination.</b> |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 1.50            | 156          | \$157.50    | \$24,570.00         |                   |
| Project Coordinator                                     | 4.25            | 442          | \$110.25    | \$48,730.50         | 21.43%            |
| <b>3.) Construction inspections/site visits</b>         |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 2.00            | 208          | \$157.50    | \$32,760.00         |                   |
| Construction Inspector                                  | 8.00            | 832          | \$105.00    | \$87,360.00         | 35.12%            |
| <b>4.) Review contractor pay applications.</b>          |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 0.50            | 52           | \$157.50    | \$8,190.00          |                   |
| Project Coordinator                                     | 0.75            | 78           | \$110.25    | \$8,599.50          | 4.91%             |
| <b>5.) RFI's</b>                                        |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 0.50            | 52           | \$157.50    | \$8,190.00          |                   |
| Project Coordinator                                     | 1.00            | 104          | \$110.25    | \$11,466.00         | 5.75%             |
| <b>6.) Change Orders/Substitution Requests</b>          |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 0.50            | 52           | \$157.50    | \$8,190.00          |                   |
| Project Coordinator                                     | 1.25            | 130          | \$110.25    | \$14,332.50         | 6.58%             |
| <b>7.) Windstorm/TDI</b>                                |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 1.00            | 104          | \$157.50    | \$16,380.00         | 4.79%             |
| <b>8.) Project reporting</b>                            |                 |              |             |                     |                   |
| Registered Professional Engineer / PM                   | 0.50            | 52           | \$157.50    | \$8,190.00          |                   |
| Project Coordinator                                     | 1.00            | 104          | \$110.25    | \$11,466.00         | 5.75%             |
| <b>Totals:</b>                                          |                 | <b>2808</b>  |             | <b>\$342,069.00</b> | <b>100.00%</b>    |

**This scope is understood to cover engineering expenses for a construction period of twenty four (24) months or 104 weeks. The construction period is as provided by the contractor. Should the construction warrant additional time, this will increase the amount of effort upon engineer and therefore warrant additional fees and expenses to be incurred by County as a result of an extended construction period.**

Any work performed at client's request outside the work described in the above Work Plan Summary (e.g., Asbestos Level 2 Survey, Change Order(s) requested by contractor/owner resulting in engineering design changes, etc.) will be billed on a time and materials reimbursable basis separately from the above work steps and according to the attached Standard Rate Schedule.

To be billed on a monthly basis. Engineer will include task, man-hour, and fee information with each invoice reflecting fee estimates as provided in Appendix 2. **All time (manhour) estimates for each work step are APPROXIMATE.** Many unknowns may affect the level of effort required to complete this work within each work step. G&W Engineers, Inc. will bill on a time and materials reimbursable basis with a cost not-to-exceed as stated in this agreement. Budgets/manhour estimates may be shifted from one Work Step to another Work Step depending upon the level of effort requested/required throughout the project. In no case shall the client be billed above the agreed amount unless due, justified and agree to in writing.

Should the project warrant additional employee classification(s) at a rate lower than the ones classified in the above table by G&W, then the table shall be updated and reflected in the billing/invoice. Such use of employees shall be at the discretion of G&W and in no case shall these modifications effect the overall cost not to exceed as agreed upon in this amendment number 1, section 2.02a. Rates for other classifications as per Appendix 1.

**Fee Estimate****Project Name: Calhoun County Memorial Hospital Roof and Structural - Const. Phase****Proposal Number: CPS.2024.001XXX****Location: Corpus Christi, TX****Client: G&W Engineers****Project Manager: James Robbins**

| Personnel                            | Task                                          | Units    | Unit Rate (2024) | Hours | Total               |
|--------------------------------------|-----------------------------------------------|----------|------------------|-------|---------------------|
| Senior PM                            | Proposal                                      | per hour | \$265            | 2     | \$530.00            |
| Principal                            | Proposal Review                               | per hour | \$401            | 0.5   | \$200.50            |
| Admin                                | Admin/Accounting Dept (invoicing, etc.)       | per hour | \$101            | 1     | \$101.00            |
| Subtotal                             |                                               |          |                  |       | <b>\$831.50</b>     |
| <b>CONSTRUCTION PHASE SERVICES</b>   |                                               |          |                  |       |                     |
| JAR(SPM)                             | Pre-Construction Meeting                      | per hour | \$265            | 3     | \$795.00            |
| WM(SRP)                              | Pre-Construction Meeting                      | per hour | \$278            | 3     | \$834.00            |
| KG(PP)                               | Submittal Review - Roof                       | per hour | \$221            | 20    | \$4,420.00          |
| RC(SRP)                              | Submittal Review - Windows                    | per hour | \$278            | 20    | \$5,560.00          |
| WM(SRP)                              | Submittal Review - Structural                 | per hour | \$278            | 20    | \$5,560.00          |
| JAR(SPM)                             | Submittal Response Review                     | per hour | \$265            | 8     | \$2,120.00          |
| RC(SRP)                              | Asbestos Report Review and Rec                | per hour | \$278            | 3     | \$834.00            |
| JAR(SPM)                             | Asbestos Report Review and Rec                | per hour | \$265            | 3     | \$795.00            |
| JAR(SPM)                             | Virtual Planning meeting (1/wk for 4 months)  | per hour | \$265            | 32    | \$8,480.00          |
| JAR(SPM)                             | Virtual OAC meetings (2/month for 2 years)    | per hour | \$265            | 104   | \$27,560.00         |
| KG(PP)                               | Construction Observation Site Visits          | per hour | \$221            | 70    | \$15,470.00         |
| JAR(SPM)                             | Construction Observation Site Visits          | per hour | \$265            | 20    | \$5,300.00          |
| WM(SRP)                              | Construction Observation Site Visits          | per hour | \$278            | 5     | \$1,390.00          |
| KG(PP)                               | Construction Observation Report               | per hour | \$221            | 42    | \$9,282.00          |
| JAR(SPM)                             | Construction Observation Report               | per hour | \$265            | 12    | \$3,180.00          |
| WM(SRP)                              | Construction Observation Report               | per hour | \$278            | 3     | \$834.00            |
| JAR(SPM)                             | RFIs and Substitution Requests - roof/windows | per hour | \$265            | 20    | \$5,300.00          |
| WM(SRP)                              | RFIs and Substitution Requests - structural   | per hour | \$278            | 4     | \$1,112.00          |
| RC(SRP)                              | RFIs and Substitution Requests - roof/windows | per hour | \$278            | 4     | \$1,112.00          |
| JAR(SPM)                             | Punch List Inspection and Final               | per hour | \$265            | 12    | \$3,180.00          |
| WM(SRP)                              | Punch List Inspection and Final               | per hour | \$278            | 12    | \$3,336.00          |
| RC(SRP)                              | Pay App Review                                | per hour | \$253            | 12    | \$3,036.00          |
| BV(Admin)                            | Administrative efforts                        | per hour | \$101            | 48    | \$4,848.00          |
| Subtotal                             |                                               |          |                  |       | <b>\$114,338.00</b> |
| <b>REPORT</b>                        |                                               |          |                  |       |                     |
| RC(SRP)                              | Report Review                                 | per hour | \$253            | 0     | \$0.00              |
| JAR(SPM)                             | Assesment Report                              | per hour | \$241            | 0     | \$0.00              |
| JAR(SPM)                             | Cost Estimate                                 | per hour | \$241            | 0     | \$0.00              |
| Subtotal                             |                                               |          |                  |       | <b>\$0.00</b>       |
| <b>DESIGN</b>                        |                                               |          |                  |       |                     |
| Registered Prof                      | Details and Specs                             | per hour | \$180            | 0     | \$0.00              |
| Designer/CADD                        | Plans and Details                             | per hour | \$80             | 0     | \$0.00              |
| Principal                            | Principal Review                              | per hour | \$220            | 0     | \$0.00              |
| Subtotal                             |                                               |          |                  |       | <b>\$0.00</b>       |
| <b>PROJECT AND CLIENT MANAGEMENT</b> |                                               |          |                  |       |                     |
| Senior PM                            | Post Report - Phone Call / meeting            | per hour | \$210            | 0     | \$0.00              |
| Senior PM                            | Site visit meeting with owner/manufactuere    | per hour | \$180            | 0     | \$0.00              |
| Subtotal                             |                                               |          |                  |       | <b>\$0.00</b>       |
| <b>EXPENSES</b>                      |                                               |          |                  |       |                     |

|       |                                              |           |            |      |                   |
|-------|----------------------------------------------|-----------|------------|------|-------------------|
| James | Mileage (100 miles e/w @ 24 trips)           | Per Mile  | \$0.680    | 4800 | \$3,264.00        |
|       | Hotel                                        | Per Night | \$200.000  | 2    | \$400.00          |
|       | Rental car (\$100/day +1.00 per mile+200ins) | Per Mile  | \$0.690    | 0    | \$200.00          |
|       | Rental Car Insurance                         | Per Day   | \$17.000   | 0    | \$0.00            |
|       | Rental Car Gas                               | Lump Sum  | \$50.000   | 0    | \$0.00            |
|       | Flight (to/from Dallas - Corpus, Texas)      | Lump Sum  | \$500.000  | 2    | \$1,000.00        |
|       | Parking at Airport                           | Per Day   | \$40.000   | 1    | \$40.00           |
|       | Meals                                        | Per Day   | \$50.000   | 24   | \$1,200.00        |
|       | Equipment maintenance                        | Lump Sum  | \$1,000.00 | 0    | \$0.00            |
|       | CIT Level 1 Training                         | Lump Sum  | \$3,000.00 | 0    | \$0.00            |
|       | Subtotal                                     |           |            |      | <b>\$6,104.00</b> |
|       | Total including 20% Mark-Up on all expenses  |           |            | 1.2  | <b>\$7,324.80</b> |

sub total \$122,494.30  
 add 4% ins \$4,899.77  
**TOTAL \$127,394.07**

|            |                     |
|------------|---------------------|
| <b>SAY</b> | <b>\$130,000.00</b> |
|------------|---------------------|



| Calhoun County Memorial Hospital Construction Phase Services |                    |               |                    |                 |                 |                |          |                   |            |          |          |          |              |
|--------------------------------------------------------------|--------------------|---------------|--------------------|-----------------|-----------------|----------------|----------|-------------------|------------|----------|----------|----------|--------------|
| Tasks                                                        | Principal Engineer | Proj Mgr (PE) | Engineer II (PE)   | Engineer I (PE) | EIT Grad Eng II | EIT Grad Eng I | Cx Agent | Senior Technician | Technician | C.A.     | Drafting | Clerical | Total        |
| Construction Administration                                  |                    |               |                    |                 |                 |                |          |                   |            |          |          |          |              |
| Submittal Review                                             | 0                  | 40            | 60                 | 46              | 20              | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 166          |
| Pay App Review                                               | 0                  | 12            | 12                 | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 24           |
| RFI's                                                        | 0                  | 30            | 60                 | 0               | 30              | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 120          |
| Testing Reports                                              | 0                  | 2             | 2                  | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 4            |
| Drawing Updates                                              | 0                  | 30            | 100                | 0               | 160             | 0              | 0        | 100               | 0          | 0        | 0        | 0        | 390          |
| THHS Meetings                                                | 0                  | 20            | 30                 | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 50           |
| OAC Meetings                                                 | 0                  | 364           | 364                | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 728          |
| Inspection Meetings                                          | 0                  | 56            | 80                 | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 136          |
| Closeouts                                                    | 0                  | 8             | 8                  | 0               | 0               | 0              | 0        | 0                 | 0          | 0        | 0        | 0        | 16           |
| SUBTOTAL HOURS                                               | 0                  | 562           | 716                | 46              | 210             | 0              | 0        | 100               | 0          | 0        | 0        | 0        | 1634         |
| BILLING RATE                                                 | \$245.00           | \$210.00      | \$190.00           | \$170.00        | \$140.00        | \$120.00       | \$200.00 | \$140.00          | \$105.00   | \$105.00 | \$80.00  | \$75.00  |              |
| Fee                                                          | \$0                | \$118,020     | \$136,040          | \$7,820         | \$29,400        | \$0            | \$0      | \$14,000          | \$0        | \$0      | \$0      | \$0      |              |
| Misc Costs                                                   |                    |               |                    |                 |                 |                |          |                   |            |          |          |          | \$10,800.00  |
| Travel Auto                                                  | 150                | Miles/each    | at \$0.60 per mile | 120             | # of trips      |                |          |                   |            |          |          |          | \$10,800.00  |
| Total Misc                                                   |                    |               |                    |                 |                 |                |          |                   |            |          |          |          |              |
| TOTAL FEE                                                    |                    |               |                    |                 |                 |                |          |                   |            |          |          |          | \$316,080.00 |

**# 11**

11. Acknowledge the corrected Fuel baseline price for the Fly Ash Road Material Bid Tabulation. The gasoline price of \$2.665 on January 13, 2025 was used instead of the diesel price of \$3.321. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Ronald Best, Commissioner Pct 2                      |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**# 12**

12. Consider and take necessary action to authorize Commissioner Behrens to sign the 2025 maintenance Contract with Hurts Wastewater Management for Precinct 3 septic system.  
(JMB)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | David Hall, Commissioner Pct 1                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

Joel Behrens  
Calhoun County Commissioner, Precinct 3

---

24627 State Hwy. 172~Olivia, Port Lavaca, Texas 77979 ~ Office (361) 893-5346 ~ Fax (361) 893-5309  
Email: [joel.behrens@calhouncotx.org](mailto:joel.behrens@calhouncotx.org)



Honorable Vernon Lyssy  
Calhoun County Judge  
211 S. Ann  
Port Lavaca, TX 77979

RE: Agenda Item

Dear Judge Lyssy:

Please place the following item on the Commissioner's Court Agenda for January 29, 2025.

Consider and take necessary action to authorize Commissioner Behrens to sign the 2025 maintenance Contract with Hurts Wastewater Management for Precinct 3 septic system.

Sincerely,

A handwritten signature in cursive script that reads "Joel Behrens".

Joel Behrens  
Commissioner Pct. 3

**Hurt's Wastewater Management, Ltd.**  
P.O. Box 662 / 321 Hwy 172  
Ganado, TX 77962

Phone: (800) 841-3447  
Fax: (361) 771-3452  
www.hurtswastewater.com

Date: 12/3/2024

To: Calhoun County Pct 3  
24627 St. Hwy 172  
Port Lavaca, TX 77979

Customer ID  
2832

Contract Period  
Start Date: 2/12/2025  
End Date: 2/12/2026

Site: 24627 St. Hwy 172, Port Lavaca, TX 77979

Email: joel.behrns@calhouncobx.org

Permit: 2008-173

County: Calhoun  
Installer: Colin Marshall  
Agency: Victoria County Health Dept. - Environmental  
Mfg/Brand: -Norweco 960-600 gpd-

Installed: 6/4/2008  
Warranty Expired: 6/4/2010

Hurt's Wastewater Management, Ltd.  
3 visits per year - one every 4 months  
Subdivision:

Map Key:

**Terms of Maintenance Contract**

1.) Three (3) inspections per year (at least one every 4 Months). Inspections include adjustment and servicing of the mechanical, electrical and other applicable components to ensure proper function. This includes inspecting the control panel, aerators and filters. Replacement/repair costs will be charged directly to the homeowner. A Hurt's Wastewater Management, Ltd. employee will visit the site within 48 hours of a problem being reported. Inspections may be performed anytime during the month they are due, with a two week grace period before and after the month the inspections are due.

2.) The homeowner is responsible for maintaining a chlorine residual of at least 1.0 mg/L in the treatment system. This can be accomplished by using chlorine (calcium hypochlorite) tablets for systems designed with a tablet chlorinator. Swimming pool tablets must not be used in the aerobic system designed for chlorine tablets because they cause corrosion of the components of the system. At the time of a service inspection, the service representative will inform the homeowner if the chlorinator does not contain sufficient tablets or liquid chlorine (whichever is applicable) to effectively disinfect the wastewater.

3.) The required routine reporting of system operation and function to the local authority, as required by OSSF regulation, will be covered by the policy. Any additional visits, inspections or sample collections required by specific County Agencies, TCEQ or any other regulatory agency in your jurisdiction will not be covered by the policy.

4.) The contract may be voided if NON-BIODEGRADABLE MATERIALS are used in the system.

5.) All Commercial systems will have a BOD and TSS test performed annually. Additional charges will be charged to owner for BOD and TSS testing.

This warranty is strictly limited to the above terms and does not include the cost of replacement components, chlorine or pumping of sludge build-up. The maintenance policy includes labor charges only for normal routine inspections and maintenance. Additional service calls are not covered by the policy. Service determined to be caused by abuse or neglect is not covered by the policy. Failure to pay for service call, labor, and/or replacement components not covered under warranty will void contract.

**VIOLATIONS** include shutting off the electric current to the system for more than 24 hours, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.

The homeowner agrees to provide Hurt's Wastewater Management Ltd. with all gate combinations, keys, etc. necessary to gain access to the system for the purpose of conducting routine inspections or service calls prior to the start date of this contract and notify Hurt's Wastewater Management immediately with any changes and provide the new combinations or keys. By signing this form, both maintenance provider and homeowner agree to the terms of this policy.

**THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT IF NECESSARY.**

Please check your contract preference:

☐ \$600.00 Service contract only; no chlorine (homeowner must install own chlorine)

☒ \$685.00 Service contract with chlorine provided

Please include your payment with the signed contract

Home Owner: Joel Behrens

Date: 1/29/25

Phone: 361-893-5346

Hurt's Wastewater Management Ltd.:

Date: 1/23/25

1 of 1



**BID TABULATION  
FLY ASH ROAD MATERIAL  
BID NUMBER: 2025.04**

**For the Period Beginning February 12, 2025 and Ending December 31, 2025**

*Corrected Base Line Price*

**\$3.321** BASELINE PRICE ON JANUARY 13, 2025 FOR DIESEL FUEL ADJUSTMENT ON DELIVERY PRICE  
([www.eia.gov/petroleum/gasdiesel](http://www.eia.gov/petroleum/gasdiesel)) (Gulf Coast Area)

| <b>FLY ASH - ROAD MATERIAL (Bid Item Listed or Equivalent)</b>                                                 |             |                 |                 |              |                               |                                                                                         |
|----------------------------------------------------------------------------------------------------------------|-------------|-----------------|-----------------|--------------|-------------------------------|-----------------------------------------------------------------------------------------|
| <b>Bid Item: Item 265-2.2 Fly Ash or Equivalent</b>                                                            |             |                 |                 |              |                               |                                                                                         |
| Non Spec Class C Fly Ash with Sulfur content greater than 6%, Delivered in pneumatic tankers with spreader bar |             |                 |                 |              |                               |                                                                                         |
| <b>LOCATION</b>                                                                                                | <b>Unit</b> | <b>MATERIAL</b> | <b>DELIVERY</b> | <b>TOTAL</b> | <b>MINIMUM<br/>LOAD/ORDER</b> | <b>BIDDER<br/>AND REMARKS, IF ANY</b>                                                   |
| Precinct 1                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        | <b>MIDTEX MATERIALS, LLC</b><br><br><b>Remarks:</b><br><b>Total Plus Fuel Surcharge</b> |
| Precinct 2                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 3                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 4-P                                                                                                   | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 4-S                                                                                                   | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |

## Demi Cabrera

**From:** eia\_elists@eia.gov (U.S. Energy Information Administration) <eia\_elists@eia.gov>  
**Sent:** Tuesday, January 21, 2025 3:38 PM  
**To:** peggy.hall@calhouncotx.org  
**Subject:** Today's Diesel Prices

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



### On-highway diesel prices, by week and PADD (Self service cash price in dollars per gallon, including taxes)

| Date                         | 01/06/25 | 01/13/25 | 01/20/25 |
|------------------------------|----------|----------|----------|
| U.S.                         | 3.561    | 3.602    | 3.715    |
| PADD 1 - East Coast          | 3.634    | 3.718    | 3.820    |
| PADD 1a - New England        | 3.771    | 3.821    | 3.944    |
| PADD 1b - Central Atlantic   | 3.801    | 3.876    | 3.976    |
| PADD 1c - Lower Atlantic     | 3.559    | 3.649    | 3.750    |
| PADD 2 - Midwest             | 3.530    | 3.532    | 3.648    |
| PADD 3 - Gulf Coast          | 3.269    | 3.321    | 3.455    |
| PADD 4 - Rocky Mountain      | 3.430    | 3.399    | 3.485    |
| PADD 5 - West Coast          | 4.147    | 4.213    | 4.302    |
| PADD 5b - West Coast less CA | 3.739    | 3.776    | 3.865    |
| California                   | 4.618    | 4.716    | 4.807    |

**Data source:** Gasoline and Diesel Fuel Update

**PADD=Petroleum Administration for Defense District**

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U.S. Energy Information Administration | 1000 Independence Avenue, SW, Washington, DC  
20585

**BID TABULATION  
FLY ASH ROAD MATERIAL  
BID NUMBER: 2025.04**

**For the Period Beginning February 12, 2025 and Ending December 31, 2025  
Corrected Base Line Price**

**\$3.321** BASELINE PRICE ON JANUARY 13, 2025 FOR DIESEL FUEL ADJUSTMENT ON DELIVERY PRICE  
([www.eia.gov/petroleum/gasdiesel](http://www.eia.gov/petroleum/gasdiesel)) (Gulf Coast Area)

| <b>FLY ASH - ROAD MATERIAL (Bid Item Listed or Equivalent)</b>                                                 |             |                 |                 |              |                               |                                                                                         |
|----------------------------------------------------------------------------------------------------------------|-------------|-----------------|-----------------|--------------|-------------------------------|-----------------------------------------------------------------------------------------|
| <b>Bid Item: Item 265-2.2 Fly Ash or Equivalent</b>                                                            |             |                 |                 |              |                               |                                                                                         |
| Non Spec Glass C Fly Ash with Sulfur content greater than 6%. Delivered in pneumatic tankers with spreader bar |             |                 |                 |              |                               |                                                                                         |
| <b>LOCATION</b>                                                                                                | <b>Unit</b> | <b>MATERIAL</b> | <b>DELIVERY</b> | <b>TOTAL</b> | <b>MINIMUM<br/>LOAD/ORDER</b> | <b>BIDDER<br/>AND REMARKS, IF ANY</b>                                                   |
| Precinct 1                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        | <b>MIDTEX MATERIALS, LLC</b><br><br><b>Remarks:</b><br><b>Total Plus Fuel Surcharge</b> |
| Precinct 2                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 3                                                                                                     | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 4-P                                                                                                   | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |
| Precinct 4-S                                                                                                   | Ton         | \$ 60.00        | \$ 120.00       | \$ 180.00    | 25 TON                        |                                                                                         |

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**Sent:** Tuesday, January 21, 2025 3:38 PM  
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Independent Statistics and Analysis

**U.S. Energy Information  
Administration**

**On-highway diesel prices, by week and PADD  
(Self service cash price in dollars per gallon, including taxes)**

| Date                         | 01/06/25 | 01/13/25 | 01/20/25 |
|------------------------------|----------|----------|----------|
| U.S.                         | 3.561    | 3.602    | 3.715    |
| PADD 1 - East Coast          | 3.634    | 3.718    | 3.820    |
| PADD 1a - New England        | 3.771    | 3.821    | 3.944    |
| PADD 1b - Central Atlantic   | 3.801    | 3.876    | 3.976    |
| PADD 1c - Lower Atlantic     | 3.559    | 3.649    | 3.750    |
| PADD 2 - Midwest             | 3.530    | 3.532    | 3.648    |
| PADD 3 - Gulf Coast          | 3.269    | 3.321    | 3.455    |
| PADD 4 - Rocky Mountain      | 3.430    | 3.399    | 3.485    |
| PADD 5 - West Coast          | 4.147    | 4.213    | 4.302    |
| PADD 5b - West Coast less CA | 3.739    | 3.776    | 3.865    |
| California                   | 4.618    | 4.716    | 4.807    |

**Data source:** *Gasoline and Diesel Fuel Update*

**PADD=Petroleum Administration for Defense District**

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**# 13**

13. Consider and take necessary action to declare the attached list of items for the Calhoun County Constable PCT 4 as Waste. (GDR)

pass

**# 14**

14. Consider and take necessary action to issue a Credit Card with a limit of \$2500.00 for Racheal Crober, Lieutenant, at the Calhoun County Detention Center. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct                         |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |



**CALHOUN COUNTY, TEXAS  
COUNTY SHERIFF'S OFFICE**

**211 SOUTH ANN STREET  
PORT LAVACA, TEXAS 77979**

**PHONE NUMBER (361) 553-4646  
FAX NUMBER (361) 553-4668**

**MEMO TO: VERN LYSSY, COUNTY JUDGE**

**SUBJECT: CREDIT CARD**

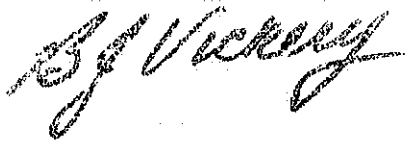
**DATE: JANUARY 29, 2025**

Please place the following item(s) on the Commissioner's Court agenda for the date(s) indicated:

**AGENDA FOR JANUARY 29, 2025**

\* Consider and take necessary action for Racheal Crober, Lieutenant, at the Calhoun County Detention Center to be issued a county credit card.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bobbie Vickery', written in a cursive style.

Bobbie Vickery  
Calhoun County Sheriff

**# 15**

15. Consider and take necessary action to change the position title, job description and pay from salary to hourly for jail administration. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**CALHOUN COUNTY, TEXAS  
COUNTY SHERIFF'S OFFICE**

**211 SOUTH ANN STREET  
PORT LAVACA, TEXAS 77979**

**PHONE NUMBER (361) 553-4646  
FAX NUMBER (361) 553-4668**

**MEMO TO: VERN LYSSY, COUNTY JUDGE**

**SUBJECT: CHANGING JAIL ADMIN JOB DESCRIPTIONS**

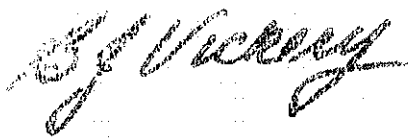
**DATE: JANUARY 29, 2025**

Please place the following item(s) on the Commissioner's Court agenda for the date(s) indicated:

**AGENDA FOR JANUARY 29, 2025**

\* Consider and take necessary action to change the name, description and pay from salary to hourly for the jail administration. See attached paperwork.

Sincerely,



**Bobbie Vickery  
Calhoun County Sheriff**



## **Calhoun County Job Description**

**Department:** Calhoun County Adult Detention Center

**Position Title:** Lieutenant

**FLSA:** Non - Exempt

### **Job Description:**

Assists with overseeing daily operations of the Jail Division, including supervising employees and overseeing the care of inmates.

### **Organizational Relationships:**

1. Reports to: Adult Detention Center Captain
2. Directs: Correction Officers and Jail Cook
3. Has frequent contact with other law enforcement agencies, judges, attorneys, other departments, county officials, criminals, crime victims and the general public.

### **Required Knowledge, Skills and Abilities**

Knowledge of Jail standards and procedures; civil and case law pertaining to jail/detention liability issues; standard office practices and procedures; principles of supervisory management; departmental policies and procedures; first aid and medical procedures; and the use and care of vehicles, firearms and specialized equipment.

### **Experience and Training**

- Requires High School diploma or GED
- Requires two years of law enforcement experience, including supervision; or equivalent combination of experience and training which provides the required knowledge, skill and abilities

### **Certificates and License Required**

- Jail certification by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE); valid Texas driver's license.

### **Duties and Responsibilities**

- Supervises Correction Officers and Jail Cook, including assigning and reviewing work and recommending such personnel actions as hiring, firing, and disciplining employees;
- Oversees inmate care, including feeding and ensuring safety and security of inmates;
- Performs inmate intake functions, including booking, classifying, and fingerprinting new inmates;
- Transports inmates to and from various locations;
- Assists with preparation of monthly division work schedule, including ensuring proper staffing and supervision of all shifts;
- Supervises trustees, including assigning daily work tasks;
- Orders groceries and commissary supplies for Jail Division;
- Maintains commissary funds, including preparing daily deposits and determining proceeds of commissary sales;
- Prepares various required statistical reports;
- Assists with the preparation of paperwork for Texas Department of Corrections;
- Releases inmates;
- Handles violent inmates as necessary;
- Performs other duties as assigned
- Acts as Administrator in the Captain's absence



## **Calhoun County Job Description**

**Department:** Calhoun County Adult Detention Center

**Position Title:** Captain

**FLSA:** Non - Exempt

### **Job Description:**

Oversees daily operations of the Jail Division, including supervising employees, ensuring that jail operations comply with established legal standards, ensuring proper staffing and supervision of shifts and overseeing the medical condition and treatment of inmates.

### **Organizational Relationships:**

1. Reports to: Chief Deputy Sheriff
2. Directs: Lieutenant and has overall responsibility of jail personnel
3. Has frequent contact with other law enforcement agencies, judges, attorneys, other departments, county officials, criminals, crime victims and the general public.

### **Required Knowledge, Skills and Abilities**

Knowledge of Jail standards and procedures; civil and case law pertaining to jail/detention liability issues; standard office practices and procedures; principles of supervisory management; departmental policies and procedures; first aid and medical procedures; and the use and care of vehicles, firearms and specialized equipment.

### **Experience and Training**

- Requires High School diploma or GED
- Requires four years of law enforcement experience, including supervision; or equivalent combination of experience and training which provides the required knowledge, skill and abilities

## **Certificates and License Required**

- Jail certification by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE); valid Texas driver's license.

## **Duties and Responsibilities**

- Supervises Jail Lieutenant, Correction Officers, and Jail Cook, including assigning and reviewing work, conducting performance evaluations, and recommending such personnel actions as hiring, firing, transferring, promoting, and disciplining employees
- Ensures that jail operations comply with established legal standards, including preparing for annual inspection;
- Prepares monthly division work schedule, including insuring proper staffing and supervision of all shifts
- Performs routine checks of jail facilities, equipment and vehicles;
- Oversees medical condition and treatment of inmates, including ensuring security of inmate property, tending to inmate medical needs as necessary, and responding to inmates' family request as necessary;
- Prepares, reviews, and files various reports and correspondence
- Knowledge of computer equipment and related software applications to include word, excel.
- General knowledge of business letter writing, grammar, and report preparation.
- Proficient knowledge of telephone etiquette.
- Proficient knowledge of customer relations.
- General knowledge of basic record keeping and filing procedures.
- Monitors employee certification status, including scheduling training as needed;
- Monitors inmate intake activities, including ensuring that all inmates are properly classified;
- Schedules inmate transports to and from various facilities as necessary;
- Purchases various supplies;
- Responds to inmate grievances;
- Makes arrangements for inmate contract housing as necessary;
- Approves various inmate services, including food, religious education, and counseling;
- Handles violent inmates as necessary;
- Serves warrants and civil papers to inmates
- Performs other related duties that may be assigned



**# 16**

16. Consider and take necessary action to approve the contract with MidTex Materials, LLC for Fly Ash – Road Material, Bid Number 2025.04 for the period February 12, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

## Debbie Vickery

---

**From:** demi.cabrera@calhouncotx.org (demi.cabrera) <demi.cabrera@calhouncotx.org>  
**Sent:** Thursday, January 23, 2025 11:45 AM  
**To:** 'Debbie Vickery'  
**Subject:** Agenda Item  
**Attachments:** Contract for Fly Ash - Road Materials - Midtex Materials, LLC.PDF

Can you please place the following on the agenda for court January 29, 2025:

- Consider and take necessary action to approve the contract with MidTex Materials, LLC for Fly Ash – Road Material, Bid Number 2025.04 for the period February 12, 2025 thru December 31, 2025 and authorize the County Judge to sign all necessary documents.

I will bring the necessary copies for both agenda items.

Thank you ☺

Demi Cabrera  
Calhoun County  
Assistant Auditor  
361-553-4613  
361-553-4614 (fax)

Calhoun County Texas

CONTRACT

THIS CONTRACT, made and entered into this 29<sup>29</sup>~~23~~ day of January, 2025 by, and between the County of Calhoun (hereinafter called "County") and Mintox MATERIALS, LLC (hereinafter called "Contractor/Hauler").

WITNESSETH:

WHEREAS, the Contractor/Hauler did on January 16, 2025 submit a BID for **Supply Contract for FLY ASH - ROAD MATERIAL, Bid Number 2025.04** to be used by County Precincts in Calhoun County, Texas.

NOW, THEREFORE, in consideration of the following mutual agreement and covenant, it is understood and agreed by and between the parties hereto as follows:

- a) The Contractor/Hauler is hereby granted the sole and exclusive right and privilege within the territorial jurisdiction of the County and shall furnish all personnel, labor, equipment, trucks, and all other items necessary to perform all of the work and to deliver the Road Materials as described in the Contract Documents.
- b) The Contract Documents shall include the following documents, and this Contract does hereby expressly incorporate same herein as if fully set forth verbatim in this Contract:
  - i. Invitation to Bid, Instructions and Term of Contract;
  - ii. General Conditions;
  - iii. Bid Specifications and Conditions;
  - iv. Bid Form;
  - v. This instrument; and
  - vi. Any addenda or changes to the foregoing documents agreed to by the parties hereto.
- c) All provisions of the Contract Documents shall be strictly complied with and conformed to by the Contractor/Hauler, and no amendment to this Contract shall be made except upon the written consent of the parties and approved by Calhoun County Commissioners Court. No amendment shall be construed to release either party from any obligation of the Contract Documents except as specifically provided for in such amendment.

INITIALS OF AWARDED CONTRACTOR/HAULER (IN INK): MF DATE: 1/23/25  
INITIALS OF COUNTY (IN INK): CL DATE: 1-29-2025

d) This contract is entered into subject to the following conditions:

- 1) The Contractor/Hauler shall procure and keep in full force and effect throughout the term of this Contract all of the insurance policies specified in, and required by, the Contract Documents.
- 2) The Contractor/Hauler shall not be liable for the failure to wholly perform his duties if such failure is caused by force majeure. "Force Majeure" means a delay encountered by the Contractor/Hauler in the performance of its obligations under this Contract which is caused by an event beyond the reasonable control of the Contractor/Hauler. Without limiting the generality of the foregoing, "Force Majeure" shall include, but not restricted to the following types of events: acts of God or public enemy; acts of governmental or regulatory authorities; fires, floods, epidemics or serious accidents; unusually severe weather conditions; strikes, lockouts, or other labor disputes; and defaults by subcontractors. Any event constituting a Force Majeure must be reported by the Contractor/Hauler to the County in writing, within twenty-four (24) hours, and disclose the estimated length of delay, and cause of the delay.
- 3) The Contractor/Hauler, when required, must deliver all materials ordered by the County within twenty-four (24) hours from the time of the order or the date and time specified by the County. In the event the Contractor/Hauler is unable to deliver the material(s) ordered within twenty-four (24) hours from the time of the order or the date and time specified by the County, the County reserves the right to cancel the order and re-order the said material(s) from the vendor which submitted the next lowest bid and can deliver within twenty-four (24) hours or the date and time specified by the County.
- 4) In the event that any provision or portion thereof of any Contract Document shall be found to be invalid or unenforceable, then such provision or portion thereof shall be reformed in accordance with the applicable laws. The invalidity or unenforceability of any provision or portion of any Contract Document shall not affect the validity or enforceability of any other provision or portion of the Contract Documents.

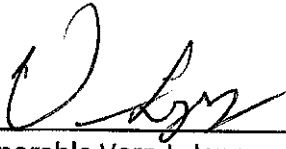
INITIALS OF AWARDED CONTRACTOR/HAULER (IN INK): PS DATE: 1/23/25  
INITIALS OF COUNTY (IN INK): VC DATE: 1-29-2025

IN WITNESS WHEREOF, THE COUNTY AND CONTRACTOR/HAULER, have caused this Contract to be executed by their authorized agents in one original. Additional copies of the original executed Contract will be distributed to all appropriate parties.

The effective date of this Contract will begin on February 12, 2025 and end on December 31, 2025.

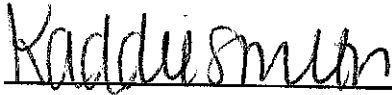
**COUNTY:**

CALHOUN COUNTY

By:   
Honorable Vern L. Lyssy  
Calhoun County Judge  
Calhoun County Courthouse  
211 S Ann Street  
3rd Floor, Suite 301  
Port Lavaca TX 77979

**ATTEST:**

CALHOUN COUNTY CLERK  
ANNA GOODMAN

By:   
Print Name: Kaddie Smith  
Title: deputy clerk

**CONTRACTOR/HAULER:**

Midtex Materials, LLC  
\_\_\_\_\_

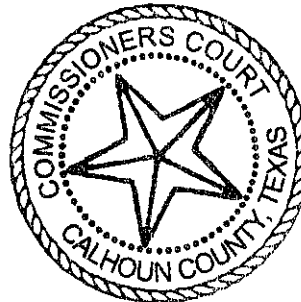
By: 

Print Name: MARK SCHMITT

Title: MANAGER

Address: PO Box 187

Fayetteville, TX 78940  
\_\_\_\_\_  
\_\_\_\_\_



# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Midtex Materials LLC  
FAYETTEVILLE, TX United States

Certificate Number:  
2024-1252108

Date Filed:  
12/26/2024

Date Acknowledged:

1/28/25 *DSV*

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Calhoun County, Texas

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2025.04  
Supply Contract for Fly Ash - Road Material

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | Midtex Materials, LLC    | Fayetteville, TX United States           | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party.

☐

### 6 UNSWORN DECLARATION

My name is MARK SCHMITT, and my date of birth is [REDACTED]

My address is [REDACTED], Fayetteville, TX, 78940, US  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fayette County, State of Texas, on the 26 day of December, 2024.  
(month) (year)

*ML*  
Signature of authorized agent of contracting business entity  
(Declarant)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                    |                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>ANCO Insurance<br>PO Box 3889<br>Bryan TX 77805                                 | <b>CONTACT NAME:</b> Evelyn Stein<br><b>PHONE (A/C, No, Ext):</b> 979-774-6212<br><b>FAX (A/C, No):</b> 979-774-5372<br><b>E-MAIL ADDRESS:</b> stein@anco.com                                                                    |
| <b>INSURED</b><br>Mid-Tex Materials LLC<br>K3 Transport LLC<br>PO Box 187<br>Fayetteville TX 78940 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Acuity A Mutual Insurance Comp<br><b>INSURER B:</b> Texas Mutual Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**COVERAGES** **CERTIFICATE NUMBER:** 1726916266 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                          | ADD'L SUBR INSD | WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                 |     | ZQ0831           | 2/5/2024                | 2/5/2025                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| A        | <input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                      |                 |     | ZQ0831           | 2/5/2024                | 2/5/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                 |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000                                                   |                 |     | ZQ0831           | 2/5/2024                | 2/5/2025                | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000<br>\$                                                                                                                                                                                    |
| B        | <input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                     | Y/N<br>N        | N/A | 0001208761       | 2/6/2024                | 2/6/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| A        | <input type="checkbox"/> <b>Equipment Floater</b><br><input type="checkbox"/> Motor Cargo                                                                                                                                                                                                                                  |                 |     | ZQ0831<br>ZQ0831 | 2/5/2024<br>2/5/2024    | 2/5/2025<br>2/5/2025    | Equipment 46,442<br>Cargo 102,500                                                                                                                                                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The general liability and automobile policies include a blanket additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The general liability, automobile and workers' compensation policies include a blanket waiver of subrogation that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.  
See attached Endorsement Forms: CG-2033(8-13); CG-7277; CG-7301 (12-19) CA-7214 (10-98); CA-7247(10-16); WC420304B

|                                                                                                                  |                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Calhoun County, TX<br>202 South Ann street, SteB<br>Port Lavaca TX 77979<br>USA | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**# 17**

17. To acknowledge and accept the correction of Judge's name on the resolution for Lone Star Grant 2025 #5183101 and allow Judge Lyssy to sign. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Joel Behrens, Commissioner Pct 3                     |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**CALHOUN COUNTY, TEXAS  
COUNTY SHERIFF'S OFFICE**

**211 SOUTH ANN STREET  
PORT LAVACA, TEXAS 77979**

**PHONE NUMBER (361) 553-4646  
FAX NUMBER (361) 553-4668**

**MEMO TO: JUDGE VERN LYSSY, COUNTY JUDGE**

**SUBJECT: CORRECTION OF COUNTY JUDGE'S NAME ON RESOLUTION  
FOR LONE STAR GRANT 2025 #5183101**

**DATE: JANUARY 23, 2025**

Please place the following item(s) on the Commissioner's Court agenda for the date(s) indicated:

**AGENDA FOR JANUARY 29, 2025**

\* To acknowledge and accept the correction of Judge's name on the Resolution for Lone Star Grant for 2025 #5183101 and allow Judge Lyssy to sign.

Sincerely,

Bobbie Vickery  
Calhoun County Sheriff



## **Lone Star Grant Resolution**

### **CALHOUN COUNTY, TEXAS**

**WHEREAS, Calhoun County finds it in the best interest of the citizens of Calhoun County, Texas that the Operation Lone Star Grant be operated for the Grant# 5183101, be operated for the fiscal year 2025;**

**WHEREAS, Calhoun County agrees to provide applicable matching funds for the said project as required by the Operation Lone Star Grant application; and**

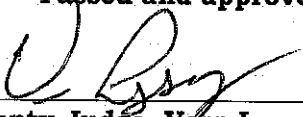
**WHEREAS, Calhoun County agrees that in the event of loss or misuse of the Office of the Governor funds, Calhoun County assures that the funds will be returned to the Office of the Governor in full.**

**WHEREAS, Calhoun County designates County Judge Vern Lyssy as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.**

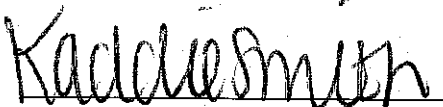
**NOW THEREFORE, BE IT RESOLVED that Calhoun County approves submission of the grant application for the Operation Lone Star Grant to the Office of the Governor.**

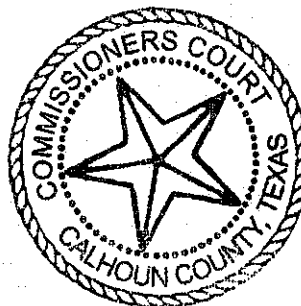
**Grant Number: 5183101**

**Passed and approved this 29th Day of January, 2025**

**Signed by:**   
**Calhoun County Judge, Vern Lyssy**

**Attest: Anna Goodman, County Clerk**

  
**By: Deputy Clerk**



**# 18**

18. Consider and take necessary action to receive the Petition for the creation of the Calhoun County Hospital District. (VLL)

**Anne Marie Odefey explained the process of moving forward. Court approved to accept the petition.**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

# MEMORIAL MEDICAL CENTER

So Much... So Close!

815 N. Virginia St. Port Lavaca, Texas 77979

---

January 24, 2025

The Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St, Suite 301  
Port Lavaca, TX 77979

Re: Petition to create the Calhoun County Hospital District

Dear Judge Lyssy,

Attached is a petition signed by greater than 3% of registered voters in the county to support the creation of a hospital district. If everything is in order, we request this petition be filed with the County Clerk and then presented to the Commissioners Court at the next regularly scheduled Commissioners Court meeting.

Thank you for considering our petition, and if there is anything else needed throughout this process, please do not hesitate to contact me.

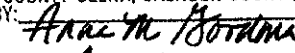
Sincerely,



Erin Clevenger, BSN, RN, CRHCP  
Chief Executive Officer  
Memorial Medical Center  
Phone: 361-552-0222

AT 11:01 FILED A M  
O'CLOCK

JAN 27 2025

ANNA GOODMAN  
COUNTY CLERK, CALHOUN COUNTY, TEXAS  
BY:  DEPUTY  
County Clerk

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 1-49)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.



## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.

3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

1. A. Signature: [Signature]  
B. Printed Name: JoAnna P. Weaver  
C. Date of Signature: 1.16.2025  
D. Mailing Address (including city): 3698 FM 2235 Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 100084888 Calhoun
2. A. Signature: [Signature]  
B. Printed Name: JESSIE RUIRQUEZ  
C. Date of Signature: 1/16/2025  
D. Mailing Address (including city): 110 BAFFIN PART LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000918843 Calhoun
3. A. Signature: [Signature]  
B. Printed Name: Anne Marie Odeley  
C. Date of Signature: 1-16-25  
D. Mailing Address (including city): 116 Biloxi St., Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000843436 Calhoun
4. A. Signature: [Signature]  
B. Printed Name: Steve Baker  
C. Date of Signature: 1-16-25  
D. Mailing Address (including city): 192 Lanza Rd, Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1115883730 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

5. A. Signature: [Signature]  
B. Printed Name: FELICIA HARRAL  
C. Date of Signature: 01/16/25  
D. Mailing Address (including city): 114 HARBOR DR W. PORT LAVACA 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1190569133 Calhoun
6. A. Signature: [Signature]  
B. Printed Name: Tim McFarland, MD  
C. Date of Signature: 1/16/25  
D. Mailing Address (including city): 35 Hall Rd Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: 11/01/1956  
35 Hall Rd Port Lavaca TX 77979  
(2) Voter Registration # and County of Registration: 1000852423 Calhoun
7. A. Signature: [Signature]  
B. Printed Name: Steve Marwitz  
C. Date of Signature: 1/16/25  
D. Mailing Address (including city): 409 Willamson Dr Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000907482 Calhoun
8. A. Signature: [Signature]  
B. Printed Name: PATRICIA KOENING  
C. Date of Signature: 1-16-2025  
D. Mailing Address (including city): 1734 School Rd, PL, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000916520 Calhoun
9. A. Signature: [Signature]  
B. Printed Name: Sandra Witte  
C. Date of Signature: 1-16-25  
D. Mailing Address (including city): 107 Harbor Dr. E Port Lavaca, TX  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000917834 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

10. A. Signature: Kathy Vickery  
 B. Printed Name: Kathy Vickery  
 C. Date of Signature: 1-16-25  
 D. Mailing Address (including city): 451 CR 310 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 10021003 Calhoun
11. A. Signature: Margaret Abraham  
 B. Printed Name: Margaret Abraham  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 3035 FM 2143, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000925019 Calhoun
12. A. Signature: Lynne Durham  
 B. Printed Name: Lynne Durham  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 2205 Jackson St, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000882401 Calhoun
13. A. Signature: Jennifer Boedeker  
 B. Printed Name: Jennifer Boedeker  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): PO BOX 194, Secabrit Jx 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2141749025 Calhoun
14. A. Signature: Joey Gregory  
 B. Printed Name: Joey Gregory  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 603 Saddlehorn Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1014142447 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

15. A. Signature: [Signature]  
 B. Printed Name: Laver M Garcia  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 45 Hackberry Bend Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000904128 Calhoun
16. A. Signature: [Signature]  
 B. Printed Name: Kingslee Deckard  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 3417 State Hwy 55 S. Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1024140712 Calhoun
17. A. Signature: [Signature]  
 B. Printed Name: Debbie Borders  
 C. Date of Signature: 1-24-25  
 D. Mailing Address (including city): 202 Meadowbrook Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1213468869 Calhoun
18. A. Signature: [Signature]  
 B. Printed Name: Russell S. Witzel  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): 107 Harbor Dr. East Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000917825 Calhoun
19. A. Signature: [Signature]  
 B. Printed Name: Kristin Kuster  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 120 Buffin St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1010764003 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

20. A. Signature: [Signature]  
B. Printed Name: Bryan Kestler  
C. Date of Signature: 1-22-25  
D. Mailing Address (including city): 100 Bollin Street Port Lavaca Tx 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1011571426 Calhoun
21. A. Signature: [Signature]  
B. Printed Name: JASPER CUELLAR  
C. Date of Signature: 1/22/2025  
D. Mailing Address (including city): 108 Boston, Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000915830 Calhoun
22. A. Signature: [Signature]  
B. Printed Name: Sheryl Cuellar  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 108 Boston, Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1006977425 Calhoun
23. A. Signature: [Signature]  
B. Printed Name: Rhonda Nielsen  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 114 Biloxi St. Port Lavaca, tx 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1187798590 Calhoun
24. A. Signature: [Signature]  
B. Printed Name: Alan Nielsen  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 114 Biloxi St. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1184095231 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

25. A. Signature: [Signature]  
 B. Printed Name: James Dean Oddeley  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 116 Biloxi St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1010411628 Calhoun
26. A. Signature: [Signature]  
 B. Printed Name: Lisa Peterson  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 24070 St Hwy 172, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000874504 Calhoun
27. A. Signature: [Signature]  
 B. Printed Name: Allyson F. Mott  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 47, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1219854914 Calhoun
28. A. Signature: [Signature]  
 B. Printed Name: Deborah D Townley  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 2100 N Virginia Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000900762 Calhoun
29. A. Signature: [Signature]  
 B. Printed Name: Michael Chavana  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 318 Hackberry Bend Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000906797 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

30. A. Signature: [Signature]  
 B. Printed Name: 361 935 952.3 Michael Blain  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 112 BISCAYNE ST, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000911841 Calhoun
31. A. Signature: [Signature]  
 B. Printed Name: John O. Whitlow  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 202 N. Virginia, Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000909083 Calhoun
32. A. Signature: [Signature]  
 B. Printed Name: Fred Chavez  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 106 Blackstone Place Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1040486986 Calhoun
33. A. Signature: [Signature]  
 B. Printed Name: Dina Sanchez  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): P.O. Box 1540 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009371041 Calhoun
34. A. Signature: [Signature]  
 B. Printed Name: RE KLOPPASBY  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 215 W. WILSON AVE PT. LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1002316411 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

35. A. Signature: Pam Flournoy  
 B. Printed Name: Pam Flournoy  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 215 Willowbent, Port Lavaca, TX 77978  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1002310401 Calhoun
36. A. Signature: E. J. Sockell Jr  
 B. Printed Name: E. J. Sockell Jr  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 806 Westwood Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000868866 Calhoun
37. A. Signature: Amy Blanchett  
 B. Printed Name: Amy Blanchett  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO Box 366 Point Comfort, TX 77978  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2198069051 Calhoun
38. A. Signature: Bianca Cadiz  
 B. Printed Name: Bianca Cadiz  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): P.O. Box 804 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2138802143 Calhoun
39. A. Signature: Amanda Griags  
 B. Printed Name: Amanda Griags  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 500 Quail Meadow Rd Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1099973187 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

40. A. Signature: Jasmine Grigsby  
B. Printed Name: Jasmine Grigsby  
C. Date of Signature: 1/23/2025  
D. Mailing Address (including city): 824 N. Wheeler St. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 217 2113945 Calhoun
41. A. Signature: Roxanna Munoz  
B. Printed Name: Roxanna Munoz  
C. Date of Signature: 1-23-2025  
D. Mailing Address (including city): 2116 S. Juanita St. PL TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 215 6055992 Calhoun
42. A. Signature: Deana Davis  
B. Printed Name: Deana Davis  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): 1521 Jackson St Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 114 7956839 Calhoun
43. A. Signature: Kristin Remlinger  
B. Printed Name: Kristin Remlinger  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): 1364 CR 303, Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1018 410953 Calhoun
44. A. Signature: Sheila Aviles  
B. Printed Name: Sheila Aviles  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): 922 N Ann St Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2217975860 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

45. A. Signature: [Signature]  
 B. Printed Name: Carl Baugh  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 1694 Port Lavaca TX. 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11-26-76  
138 State Hwy 35 N Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1014336003 Calhoun
46. A. Signature: [Signature]  
 B. Printed Name: Betty Ramirez  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 612 Half League #16  
Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1198348200 Calhoun
47. A. Signature: Miranda Garcia  
 B. Printed Name: Miranda Garcia  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 517 Burkedale Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2169488240 Calhoun
48. A. Signature: Preston Salinas  
 B. Printed Name: Preston Salinas  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 517 Burkedale Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2120774746 Calhoun
49. A. Signature: [Signature]  
 B. Printed Name: Forest R. Christy IV  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 1055 Swan Point Rd. Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1019041710 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 50-99)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

50. A. Signature: Russell Lynn Cain  
 B. Printed Name: RUSSELL LYNN CAIN  
 C. Date of Signature: 1-16-25  
 D. Mailing Address (including city): 76 Marshall Rd  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 12-13-47  
 (2) Voter Registration # and County of Registration: 100 081921 Calhoun
51. A. Signature: Laura King  
 B. Printed Name: Laura King  
 C. Date of Signature: 1-16-25  
 D. Mailing Address (including city): 247 CR 301 S Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 247 CR 301 S Port Lavaca, TX 77979  
8/24/90  
 (2) Voter Registration # and County of Registration: 11 55498902 Calhoun
52. A. Signature: James Ward  
 B. Printed Name: JAMES WARD  
 C. Date of Signature: 1/16/25  
 D. Mailing Address (including city): 120 Benham St. Pt. Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 6/29/91  
120 Benham St. Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 100 0924975 Calhoun
53. A. Signature: Janice R. Pritchett  
 B. Printed Name: JANICE ROGAN PRITCHETT  
 C. Date of Signature: 1-16-25  
 D. Mailing Address (including city): 201 S. Colorado, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 101 4630042 Calhoun



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

54. A. Signature: Deborah A. Jones  
 B. Printed Name: Deborah A. Jones  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 281 Co Rd 314 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 7/20/1950  
 (2) Voter Registration # and County of Registration: 1013269725 Calhoun

55. A. Signature: Charles E. Jones  
 B. Printed Name: Charles E. Jones  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): 281 Co Rd 314 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 7/30/1947  
 (2) Voter Registration # and County of Registration: 1011982635 Calhoun

56. A. Signature: Michael H.  
 B. Printed Name: Michael Barnes  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 220 Bonham St Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1090860242 Calhoun

57. A. Signature: Karen Gean  
 B. Printed Name: Karen Gean  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 2744 CR305 Port Lavaca TX 77919  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1141772536 Calhoun

58. A. Signature: Sonya Guajardo  
 B. Printed Name: Sonya Guajardo  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): 603 W MCKINNEY Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009959063 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

59. A. Signature: Roger Atkinson  
 B. Printed Name: Roger Atkinson  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 100 Biloxi St, Port Lavaca, Tx  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 100 Biloxi St  
Port Lavaca, Tx 1-23-79  
 (2) Voter Registration # and County of Registration: 1102925311 Calhoun
60. A. Signature: Charles Husak  
 B. Printed Name: Charles Husak  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 219 Bayou Dr, Port Lavaca, Tx 77974  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 219 Bayou, Port Lavaca  
1-30-1949  
 (2) Voter Registration # and County of Registration: 1000851025 Calhoun
61. A. Signature: Quincy E Husak  
 B. Printed Name: Quincy E Husak  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 219 Bayou Dr Port Lavaca Texas 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 219 Bayou Dr Texas 77979  
JUNE 13-1958  
 (2) Voter Registration # and County of Registration: 1000851018 Calhoun
62. A. Signature: Emily Jailene Gorham  
 B. Printed Name: Emily Jailene Gorham  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 200 Warehouse st, Port Lavaca, Tx, 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 200 Warehouse st  
Port Lavaca, Tx, 77979 09/03/196  
 (2) Voter Registration # and County of Registration: 1213445519 Calhoun
63. A. Signature: Melissa Fay Baugh  
 B. Printed Name: Melissa Fay Baugh  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 138 St Hwy 35 N Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 138 St Hwy 35 N  
Port Lavaca, TX, 77979 01/16/1987  
 (2) Voter Registration # and County of Registration: 10216842957 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

64. A. Signature: Ruth Gonzales  
B. Printed Name: RUTH GONZALES  
C. Date of Signature: 1-22-2025  
D. Mailing Address (including city): 1609 AVALON PORT LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000885869 Calhoun
65. A. Signature: Manuel G.  
B. Printed Name: Manuel G. Garcia  
C. Date of Signature: 1-22-2025  
D. Mailing Address (including city): 1703 OAK DR Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000968118 Calhoun
66. A. Signature: Janie R. Garza  
B. Printed Name: Janie R. Garza  
C. Date of Signature: 1-22-25  
D. Mailing Address (including city): 1502 OAK DR Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000907938 Calhoun
67. A. Signature: Ted C  
B. Printed Name: Ted Carlos  
C. Date of Signature: 1-22-25  
D. Mailing Address (including city): 110 Blackstone PT Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1014959086 Calhoun
68. A. Signature: Breanna Carley  
B. Printed Name: Breanna Carley  
C. Date of Signature: 1/22/2025  
D. Mailing Address (including city): 1258 PARK RD. PORT LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1013830866 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

69. A. Signature: [Signature]  
 B. Printed Name: Robert Marek  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 2860 Farik Rd Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 6/23/77  
 (2) Voter Registration # and County of Registration: 1098835730 Calhoun
70. A. Signature: [Signature]  
 B. Printed Name: Haleigh Broussard  
 C. Date of Signature: 01/23-2025  
 D. Mailing Address (including city): 4303 Fm 1679 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 04-08-1996  
 (2) Voter Registration # and County of Registration: 214 018 4470 Calhoun
71. A. Signature: [Signature]  
 B. Printed Name: Shelby McGraw  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 2102 Leon Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 4-23-93  
 (2) Voter Registration # and County of Registration: 117999981 Calhoun
72. A. Signature: [Signature]  
 B. Printed Name: Frances Franco  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 203 Bayou Dr., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 8/6/52  
 (2) Voter Registration # and County of Registration: 121130180 Calhoun
73. A. Signature: [Signature]  
 B. Printed Name: Amanda Wilgus  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): PO Box 849  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 04/04/1998 Port O'Connor, TX, 77982  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

74. A. Signature: Melissa Gonzalez  
B. Printed Name: Melissa Gonzalez  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 131 Harbor Dr. E. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2157954028 Calhoun
75. A. Signature: Robert Gonzalez  
B. Printed Name: Robert Gonzalez  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 131 Harbor Dr. E. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2205565972 Calhoun
76. A. Signature: Sara C. Cardona  
B. Printed Name: Sara C. Cardona  
C. Date of Signature: 1/22/2025  
D. Mailing Address (including city): 528 Travis St. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
1017995007 Calhoun
77. A. Signature: Andy F. Cardona  
B. Printed Name: Andy Cardona (Andres)  
C. Date of Signature: 1-20-25  
D. Mailing Address (including city): 528 Travis St. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
21168392113 Calhoun
78. A. Signature: Beth Hill  
B. Printed Name: Beth Hill  
C. Date of Signature: 1.23.25  
D. Mailing Address (including city): 1519 Leon Dr. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2205486962 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

79. A. Signature: Trenten Stavinoha  
B. Printed Name: TRENTEN STAVINOKHA  
C. Date of Signature: 01-22-2025  
D. Mailing Address (including city): P.O. Box 224 Port O'Connor, TX 77982  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2159971499 Calhoun
80. A. Signature: [Signature]  
B. Printed Name: KENNETH GREGORY  
C. Date of Signature: 01-23-2025  
D. Mailing Address (including city): P.O. Box 224 Port O'Connor, TX 77982  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1004120014 Calhoun
81. A. Signature: [Signature]  
B. Printed Name: Deborah Powell  
C. Date of Signature: 1-23-2025  
D. Mailing Address (including city): P.O. Box 743 Port O'Connor, TX 77982  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1098412194 Calhoun
82. A. Signature: [Signature]  
B. Printed Name: Jeremy Powell  
C. Date of Signature: 1-23-2025  
D. Mailing Address (including city): P.O. Box 743 Port O'Connor, TX 77982  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1098491334
83. A. Signature: [Signature]  
B. Printed Name: James Helm  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): P.O. Box 825 Port O'Connor, TX 77982  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000272973 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

84. A. Signature: Troy Beaudry  
 B. Printed Name: TROY BEAUDRY  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): PO Box 773 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 221941746 Calhoun

85. A. Signature: Eric J. Hawkins  
 B. Printed Name: ERIC J. HAWKINS  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): PO Box 817 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2204880115 Calhoun

86. A. Signature: Becky Spicar  
 B. Printed Name: Becky Spicar  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): \_\_\_\_\_  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 261152151 Calhoun

87. A. Signature: Sandra Gregory  
 B. Printed Name: Sandra Gregory  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): PO Box 435 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000858264 Calhoun

88. A. Signature: Josie Cavarembias  
 B. Printed Name: Josie Cavarembias  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO Box 346 Port O'Connor  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2-28-47  
106 N 7th St  
 (2) Voter Registration # and County of Registration: 100085837 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

89. A. Signature: Beverly Clifton  
 B. Printed Name: Beverly Clifton  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): P.O. Box 185 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10/12/1965  
152 Heather Port O'Connor TX 77982  
 (2) Voter Registration # and County of Registration: 1000856238 Calhoun
90. A. Signature: John M Clifton  
 B. Printed Name: John M Clifton  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): P.O. Box 185 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 152 Heather  
Port O'Connor TX 77982 8/7/1967  
 (2) Voter Registration # and County of Registration: 1000855420 Calhoun
91. A. Signature: Sherry Lambright  
 B. Printed Name: Sherry Lambright  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): P.O. Box 175 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000857976  
Calhoun County
92. A. Signature: Valerie Nelson  
 B. Printed Name: Valerie Nelson  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 1409 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 3055 W. Harrison Ave.  
Port O'Connor, TX. 77982  
 (2) Voter Registration # and County of Registration: 1000854550 Calhoun
93. A. Signature: Craig Lambright  
 B. Printed Name: Craig Lambright  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 622 Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Calhoun  
 (2) Voter Registration # and County of Registration: 2203382530 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

94. A. Signature: Mark Grunewald  
 B. Printed Name: Mark Grunewald  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): P.O. Box 873 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 227 Byers St Port O'Connor TX 77982  
 (2) Voter Registration # and County of Registration: 1141278106 Calhoun
95. A. Signature: Roberta Grunewald  
 B. Printed Name: Roberta Grunewald  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): P.O. Box 873 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 227 Byers St Port O'Connor TX 77982  
 (2) Voter Registration # and County of Registration: 1136432945 Calhoun
96. A. Signature: Patricia Judith Louise Bauman  
 B. Printed Name: Patricia Judith Louise Bauman  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 266 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1600854889 Calhoun
97. A. Signature: Jennifer Melton  
 B. Printed Name: Jennifer Melton  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 1509 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 508 9th St Port O'Connor TX 77982  
 (2) Voter Registration # and County of Registration: 2009128917 Calhoun
98. A. Signature: Marie Luckey  
 B. Printed Name: MARIE LUCKEY  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 452 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 301 S 14th Fort O'Connor TX 77982 9/12/1964  
 (2) Voter Registration # and County of Registration: 1000856104 Calhoun

**PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT**

99. A. Signature: Ofelia Cordova  
B. Printed Name: Ofelia Cordova  
C. Date of Signature: 01/23/25  
D. Mailing Address (including city): 55 Rocio Drive Port Lavaca, Tx  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 106086837 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 100-149)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

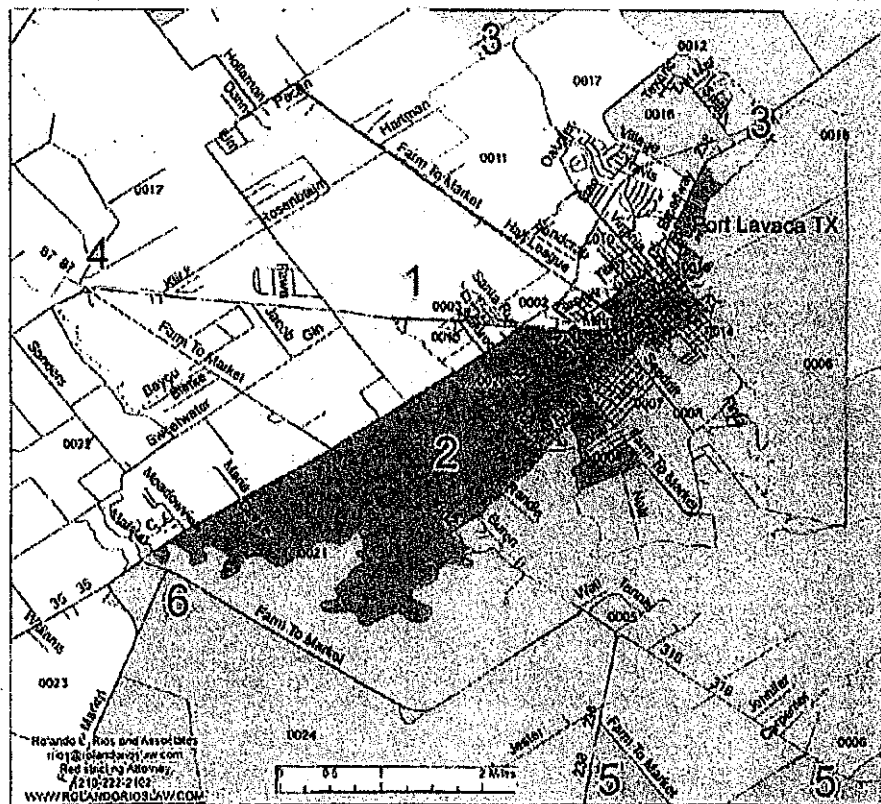
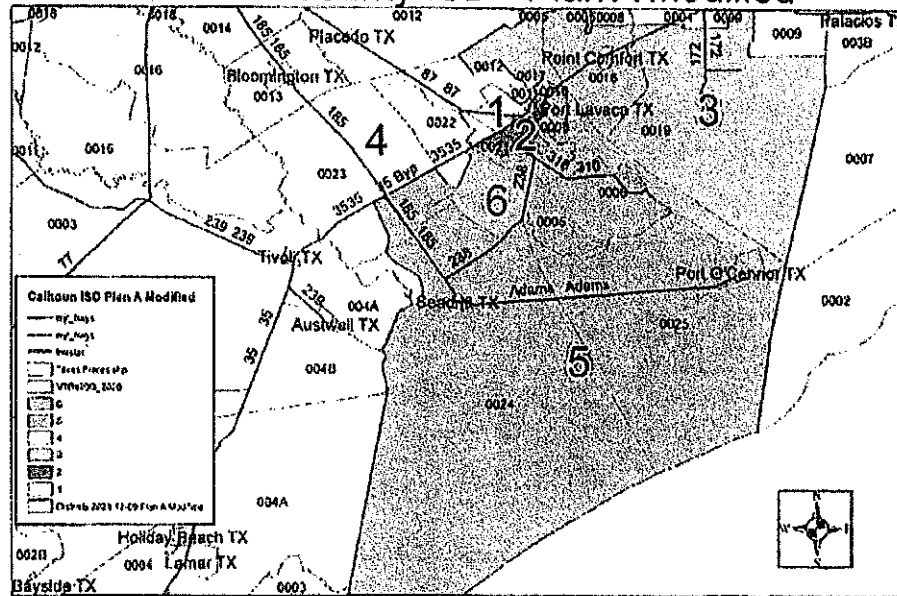
Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.
8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

## Calhoun County ISD - Plan A Modified



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

100. A. Signature: Adrianna Galvan  
B. Printed Name: Adrianna Galvan  
C. Date of Signature: 1/16/2025  
D. Mailing Address (including city): 2213 VAIL DR. PORT LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: 2213 VAIL DR. PORT LAVACA, TX 77979 JUNE 17, 1991  
(2) Voter Registration # and County of Registration: 1109519000 Calhoun
101. A. Signature: Michelle Cumberland  
B. Printed Name: Michelle Cumberland  
C. Date of Signature: 1/16/25  
D. Mailing Address (including city): 345 Wilson Rd. Seadrift, TX 77983  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000284991 Calhoun
102. A. Signature: Erin Clevenger  
B. Printed Name: Erin Clevenger  
C. Date of Signature: 1-16-2025  
D. Mailing Address (including city): 227 Clegg Rd, Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2166170045 Calhoun
103. A. Signature: Bethann Briggs  
B. Printed Name: Bethann Briggs  
C. Date of Signature: 1/17/25  
D. Mailing Address (including city): 281 Co Rd 314 Port Lavaca Tx 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1165305442 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

104. A. Signature: R Miller  
 B. Printed Name: Rika Miller  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 305 Dawsons Path, Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2206076581 Calhoun

105. A. Signature: Maria F Ledezma  
 B. Printed Name: Maria F Ledezma  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 268 E Maxwell Dick Rd, Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

106. A. Signature: Lisa Hingosa  
 B. Printed Name: Lisa Hingosa  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 115 CRICKETT ST. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1155163612 Calhoun

107. A. Signature: Lyndia E. Rushing  
 B. Printed Name: Lyndia E. Rushing  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 1631 E. Maxwell Ditch Rd Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009569994 Calhoun

108. A. Signature: Gloria N. Reid  
 B. Printed Name: Gloria N. Reid  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 202 Cheeves Ave Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1024765711 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

109. A. Signature: Kylie Taylor  
 B. Printed Name: Kylie Taylor  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 248 Park Rd, Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 218 4047979 Calhoun
110. A. Signature: Mary L. Villegas  
 B. Printed Name: MARY L. VILLEGAS  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): \_\_\_\_\_  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000885824 Calhoun
111. A. Signature: Victoria Amador  
 B. Printed Name: Victoria Amador  
 C. Date of Signature: 1-21-2025  
 D. Mailing Address (including city): 428 Hackberry Bend, Port Lavaca TX 77775  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2190211727 Calhoun
112. A. Signature: Chris Kovarek  
 B. Printed Name: Chris Kovarek  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 301 Belle Ln, Port Lavaca, TX 77971  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000920147
113. A. Signature: Lauren Cruz  
 B. Printed Name: Lauren Cruz  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 98 Honensuckle Lane, Port Lavaca TX 77771  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 218 8124109 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

114. A. Signature: RQ KX  
 B. Printed Name: Robin Kohn  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 80 Betty St. Port Lavaca Tx  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2/19/65  
 (2) Voter Registration # and County of Registration: 2201800883 Calhoun

115. A. Signature: WE Wood  
 B. Printed Name: Everett Wood  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 505 N MAXWELL LN  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 12/24/75  
 (2) Voter Registration # and County of Registration: 1000900409 Calhoun

116. A. Signature: Bryan Drees  
 B. Printed Name: Bryan Drees  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 281 Co Rd 314 Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11/18/2005  
 (2) Voter Registration # and County of Registration: 1165305442 Calhoun

117. A. Signature: Frank Drees  
 B. Printed Name: FRANK Drees  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 281 County Rd. 314, Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11/15/1973  
 (2) Voter Registration # and County of Registration: 1213138265 Calhoun

118. A. Signature: Scott K. Rice  
 B. Printed Name: Scott K. Rice  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): 29 East First Street Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 02/12/1959  
 (2) Voter Registration # and County of Registration: 1021069625 Calhoun

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# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

119. A. Signature: Diana Leal  
 B. Printed Name: Diana Leal  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 1426 Westlund grade RD Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1182446497 Calhoun
120. A. Signature: Veronica Ragusin  
 B. Printed Name: Veronica Ragusin  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): PO Box 72, Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1013838087 Calhoun
121. A. Signature: Jawby Crawford  
 B. Printed Name: Jawby Crawford  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 506 Brookhollow Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2175732873 Calhoun
122. A. Signature: B. Ruddick  
 B. Printed Name: BRITTANY RUDDICK  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 2218 Jackson St. Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1111064459 Calhoun
123. A. Signature: Dawn Bubenik  
 B. Printed Name: Dawn Bubenik  
 C. Date of Signature: 1/21/2025  
 D. Mailing Address (including city): P.O. Box 135 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1006859063 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

124. A. Signature: Donna Strungo  
 B. Printed Name: DONNA STRUNGO  
 C. Date of Signature: 12-1-2025  
 D. Mailing Address (including city): PO BOX 226, Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1006974390 Calhoun
125. A. Signature: Mandy Mace  
 B. Printed Name: MANDY MACE  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): PO BOX 44 PORT O CONNOR TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2215973539 Calhoun
126. A. Signature: William Powers  
 B. Printed Name: William Powers  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): PO BOX 543, Port O'Connor, Texas 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2210769923 Calhoun
127. A. Signature: Jasmine Mayra  
 B. Printed Name: Jasmine Mayra  
 C. Date of Signature: 01/21/25  
 D. Mailing Address (including city): 332 Independence DR. Apt 320 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
128. A. Signature: Maria Longoria  
 B. Printed Name: Maria Longoria  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 2207 McPherson Dr., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1013609728 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

129. A. Signature: Mark Veding  
 B. Printed Name: Mark Veding  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): PO Box 44 Port Conner Tx 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2171159037 Calhoun
130. A. Signature: Helli Goff  
 B. Printed Name: Helli Goff  
 C. Date of Signature: 01-21-2025  
 D. Mailing Address (including city): 1268 FM 2235 Port Lavaca, TX 77919  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1022239120 Calhoun
131. A. Signature: Hannah Heiman  
 B. Printed Name: Hannah Heiman  
 C. Date of Signature: 01-21-25  
 D. Mailing Address (including city): 201 Sunnydale Dr. Port Lavaca Tx 77919  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2164722990 Calhoun
132. A. Signature: Sandra Braun  
 B. Printed Name: Sandra Braun  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): PO Box 176 Seadrift Tx 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2151605032 Calhoun
133. A. Signature: Virginia Bernardino  
 B. Printed Name: Virginia Bernardino  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): \_\_\_\_\_  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

134. A. Signature: [Signature]  
 B. Printed Name: Wes Harmer  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 500 Village Rd #7  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 7014793068 Calhoun
135. A. Signature: [Signature]  
 B. Printed Name: CEASE STRINGO  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 740 WILLOWICK DR. PORT LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 05/14/1988  
740 WILLOWICK DR, PORT LAVACA TX 77979  
 (2) Voter Registration # and County of Registration: 2119507712 Calhoun
136. A. Signature: [Signature]  
 B. Printed Name: CARLEY STRINGO  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 740 WILLOWICK DRIVE  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11/9/91  
740 WILLOWICK DRIVE PORT LAVACA TX 77979  
 (2) Voter Registration # and County of Registration: 1161748133 Calhoun
137. A. Signature: [Signature]  
 B. Printed Name: Betsy McGee  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 214 Tilley Street  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 9/9/1965  
214 Tilley St. port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1011461305 Calhoun
138. A. Signature: [Signature]  
 B. Printed Name: Meghan Odell  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 1783 Wittnebert Rd Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 06/24/1998  
1783 Wittnebert Rd Seadrift TX, 77983  
 (2) Voter Registration # and County of Registration: 2159174544 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

139. A. Signature: Amanda Hall  
 B. Printed Name: Amanda Hall  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 135 Mollnar Ave Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009289408 Calhoun
140. A. Signature: Call  
 B. Printed Name: DAVID EDWIN HALL  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 135 Mollnar Ave Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 100819213 Calhoun
141. A. Signature: Amy Dufner  
 B. Printed Name: Amy Dufner  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): PO Box 755 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2123501164 Calhoun
142. A. Signature: Kelsey Dufner  
 B. Printed Name: Kelsey Dufner  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): PO BOX 556 Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1207130211 Calhoun
143. A. Signature: John Dufner Jr  
 B. Printed Name: John Dufner Jr  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): PO Box 556 Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1181460599 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

144. A. Signature: [Signature]  
 B. Printed Name: ARTHUR W. MIMS  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 44 MORRIS AVE PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 12/1/51  
44 MORRIS AVE PORT LAVACA PORT LAVACA  
 (2) Voter Registration # and County of Registration: CA/000  
1186998 101 Calhoun

145. A. Signature: [Signature]  
 B. Printed Name: RICHARD E. WHITE  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 214 LA LUCIA, PORT LAVACA 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1140948211 Calhoun

146. A. Signature: [Signature]  
 B. Printed Name: BARRY ATKINS  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 39 LA LUCIA, PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1043313272 Calhoun

147. A. Signature: [Signature]  
 B. Printed Name: ELIZABETH DYKES  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 1374 N Ocean Dr Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1036549723 Calhoun

148. A. Signature: [Signature]  
 B. Printed Name: TERESA MAWNER  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): PO BOX 32 PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
115121199 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

149. A. Signature: Lydia Strakas  
B. Printed Name: LYDIA STRAKOS  
C. Date of Signature: 1/23/2025  
D. Mailing Address (including city): 2376 Guadalupe River Dr., Lodi, CA 93240  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 100 0921510 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 150-199)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

|                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

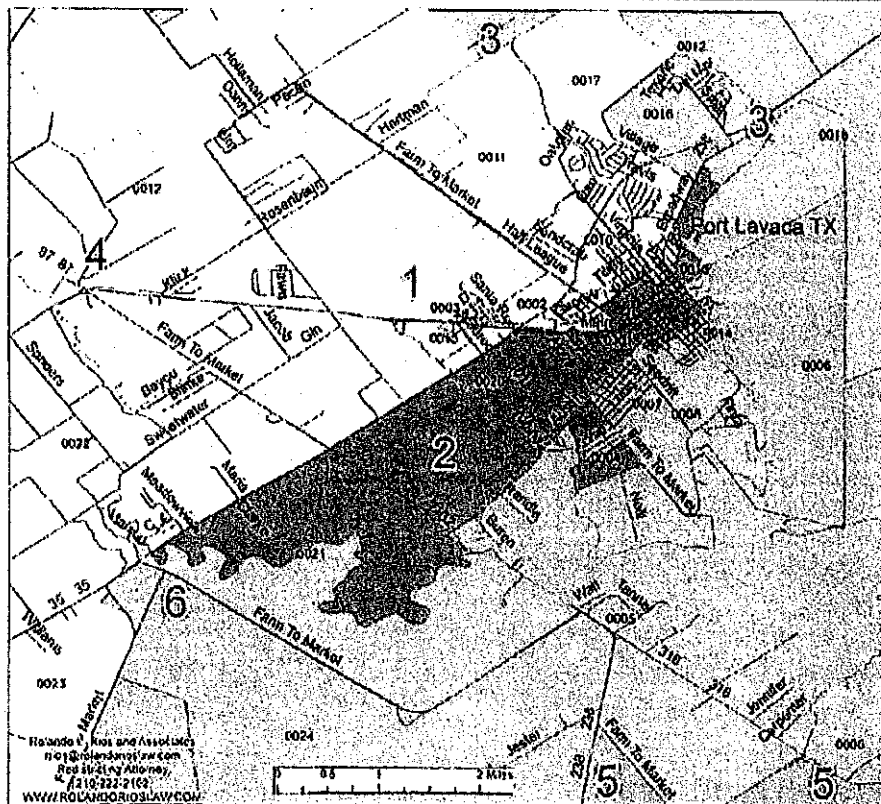
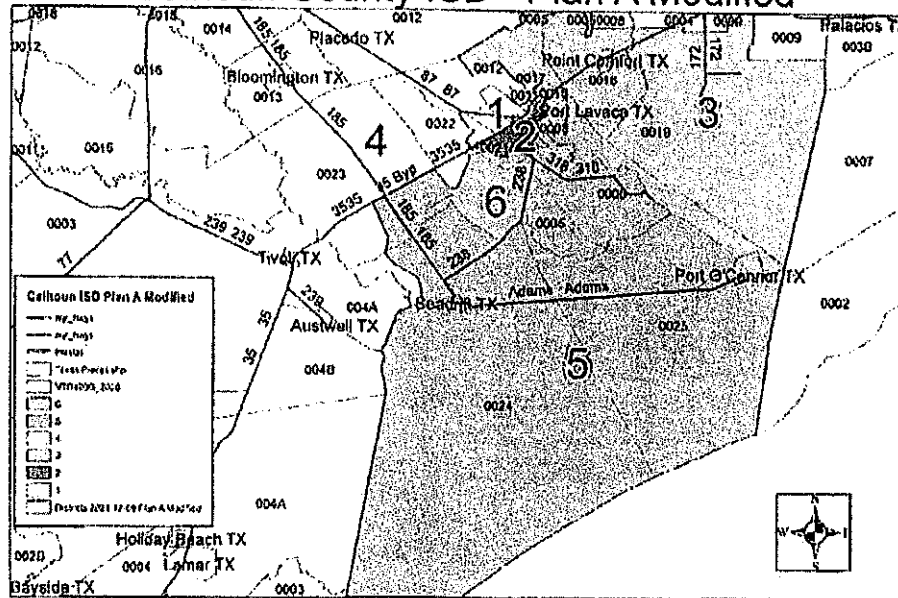
7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

### Calhoun County ISD - Plan A Modified



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

150. A. Signature: Rachel Aguirre Heffner  
 B. Printed Name: Rachel Aguirre Heffner  
 C. Date of Signature: 1-17-2025  
 D. Mailing Address (including city): 11 Houston St. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 09-30-1990  
11 Houston St Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1155344184
151. A. Signature: Kyle Donie  
 B. Printed Name: Kyle Donie  
 C. Date of Signature: 1-17-2025  
 D. Mailing Address (including city): 1714 FM 2235 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 1714 FM 2235  
Port Lavaca, TX 77979 DOB: 08-18-1984  
 (2) Voter Registration # and County of Registration: 1007425227
152. A. Signature: John Donie  
 B. Printed Name: John Donie  
 C. Date of Signature: 1-17-2025  
 D. Mailing Address (including city): 1714 FM 2235 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 'Same as mailing'  
DOB: 12-12-1960  
 (2) Voter Registration # and County of Registration: 1016823225
153. A. Signature: Patricia Hermes  
 B. Printed Name: Patricia Hermes  
 C. Date of Signature: 1-18-25  
 D. Mailing Address (including city): 1118 Gln Rd Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 06-14-84  
SAME AS MAILING  
 (2) Voter Registration # and County of Registration: 1021337053

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

154. A. Signature: Brianne Key  
 B. Printed Name: Brianne Key  
 C. Date of Signature: 1/18/25  
 D. Mailing Address (including city): 58 Harbor Road - Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: DOB: 11/23/1979  
Same as mailing  
 (2) Voter Registration # and County of Registration: 1008988309

155. A. Signature: Monica Carr  
 B. Printed Name: monica Carr  
 C. Date of Signature: 1-18-25  
 D. Mailing Address (including city): 114 Saluria Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 09/03/64  
114 Saluria Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 100084048

156. A. Signature: Mary Patterson  
 B. Printed Name: MARY PATTERSON  
 C. Date of Signature: 1-18-25  
 D. Mailing Address (including city): P.O. Box 849 Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 6/5/75  
921 N. San Antonio Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1021160423

157. A. Signature: Ricardo Oserra  
 B. Printed Name: Ricardo Oserra  
 C. Date of Signature: 1/18/25  
 D. Mailing Address (including city): 1917 Alyce St. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 220 Bowie St Port Lavaca, TX 77979  
08/05/1999  
 (2) Voter Registration # and County of Registration: 220 Bowie St 2138408834

158. A. Signature: Michael Wayne Dunlap  
 B. Printed Name: Michael Wayne Dunlap  
 C. Date of Signature: 1-18-2025  
 D. Mailing Address (including city): 220 Hahn Road Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address  
08-19-1960  
 (2) Voter Registration # and County of Registration: 1010939098

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

159. A. Signature: Mike Daniel  
 B. Printed Name: Mike Daniel  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 1033 Mildred Dr Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address  
8-13-65  
 (2) Voter Registration # and County of Registration: 1000920008
160. A. Signature: Frances Daniel  
 B. Printed Name: Frances Daniel  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 1033 Mildred Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address  
D.O.B. 03-15-42  
 (2) Voter Registration # and County of Registration: 1000887437
161. A. Signature: Kimberly Resender  
 B. Printed Name: Kimberly Resender  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 1414 Justice Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 01/27/1973 Same as mailing address  
 (2) Voter Registration # and County of Registration: 1000903605
162. A. Signature: Nancy Pfeiffer  
 B. Printed Name: Nancy Pfeiffer  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 166 Seakist Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing  
1-3-1941  
 (2) Voter Registration # and County of Registration: 1011575679
163. A. Signature: Duane Pfeiffer  
 B. Printed Name: Duane Pfeiffer  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 166 Seakist Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 12-12-1957  
Same as mailing address  
 (2) Voter Registration # and County of Registration: 1011575651

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

164. A. Signature: Sharon Anderle  
 B. Printed Name: Sharon Anderle  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): P.O. Box 805 Port Lavaca, Tex 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 5-12-1948  
1242 E. Maxwell Ditch  
 (2) Voter Registration # and County of Registration: 1014205679 Calhoun
165. A. Signature: Calvin R. Anderle  
 B. Printed Name: Calvin R. Anderle  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): P.O. Box 805 Port Lavaca, Tex 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10-15-1957  
1242 E. Maxwell Ditch Rd.  
 (2) Voter Registration # and County of Registration: 1000925246 Calhoun
166. A. Signature: [Signature]  
 B. Printed Name: JAMES E. MAIKOETTER  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 33 SEAKI ST RA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 8-9-57  
SAME AS MAILING ADDRESS  
 (2) Voter Registration # and County of Registration: 1144740013 Calhoun
167. A. Signature: [Signature]  
 B. Printed Name: Tony Daniel  
 C. Date of Signature: 5681 Old Sadler Highway Port Lavaca, TX 77977 - 1-19-2025  
 D. Mailing Address (including city): 5681 Old Sadler Highway 3-2-1961  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 3-2-1961  
5681 Old Sadler Highway Port Lavaca, TX 77977  
 (2) Voter Registration # and County of Registration: 1000961701 Calhoun
168. A. Signature: [Signature]  
 B. Printed Name: Lupe Aviles  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 418 FM 2235 PORT LAVACA, TX 77979  
 E. Either (1) or (2): same with mailing  
 (1) Residence Address (including city) and Date of Birth: 8/7/1956  
same as mailing address  
 (2) Voter Registration # and County of Registration: 1000949663 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

169. A. Signature: MARY FRANCES AVILES  
 B. Printed Name: Frances Aviles  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 48 FM 2235 Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11-30-1954  
Same as mailing address  
 (2) Voter Registration # and County of Registration:  
1192205306 Calhoun
170. A. Signature: [Signature]  
 B. Printed Name: Casey Daniel  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 5954 State Hwy 185N Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 8-31-1988  
Same as mailing  
 (2) Voter Registration # and County of Registration:  
1022136553 Calhoun
171. A. Signature: [Signature]  
 B. Printed Name: Chris Ingram  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 5012 Clearland Seadrift TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 10-20-70  
 (2) Voter Registration # and County of Registration:  
1060515355 Calhoun
172. A. Signature: [Signature]  
 B. Printed Name: Diane Williams  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 600 Ketchum Road Seadrift TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address  
10-17-1948  
 (2) Voter Registration # and County of Registration:  
1060515355 Calhoun
173. A. Signature: [Signature]  
 B. Printed Name: Jim Schmitt  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 877 Seadrift TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 9-25-1959  
244 S. 14th St. Seadrift TX 77982  
 (2) Voter Registration # and County of Registration:  
77982

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

174. A. Signature: Russel Coby  
 B. Printed Name: Russel Coby  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): 290 BLENNING RD. CORDA, ET TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME 12-08-58  
same as mailing address  
 (2) Voter Registration # and County of Registration:  
1000964103 Calhoun
175. A. Signature: Roger Tomlinson  
 B. Printed Name: ROGER TOMLINSON  
 C. Date of Signature: 1-19-24  
 D. Mailing Address (including city): 647 GEMETER RD SEADRIFT  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME AS ABOVE 10-29-48  
 (2) Voter Registration # and County of Registration:  
1020193856 Calhoun
176. A. Signature: Becky Schults  
 B. Printed Name: Becky Schults  
 C. Date of Signature: 1-19-25  
 D. Mailing Address (including city): P.O. Box 874, Seadrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 144 Gates Rd  
11-14-61  
 (2) Voter Registration # and County of Registration:  
1000063534 Calhoun
177. A. Signature: Larry Key  
 B. Printed Name: LARRY KEY  
 C. Date of Signature: 1/19/25  
 D. Mailing Address (including city): P.O. BOX 24 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 3-16-84  
33 Hamden Ln, Seadrift, TX 77983  
 (2) Voter Registration # and County of Registration:  
Calhoun 1014271125
178. A. Signature: Larry Key  
 B. Printed Name: LARRY KEY  
 C. Date of Signature: 1-29-25  
 D. Mailing Address (including city): 2184 GATES RD Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 7-6-43  
same as mailing address  
 (2) Voter Registration # and County of Registration:

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

179. A. Signature: Kay Key  
 B. Printed Name: Kay Key  
 C. Date of Signature: 01-20-2025  
 D. Mailing Address (including city): 2184 Gates Rd Seadrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 08-22-1948 Same  
 (2) Voter Registration # and County of Registration: 1000948857 Calhoun
180. A. Signature: Mildred Stuckey  
 B. Printed Name: Mildred Stuckey  
 C. Date of Signature: 1-09-2025  
 D. Mailing Address (including city): PO Box 778 Seadrift TX 77933  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2055 Gates Rd Seadrift TX 77933 DOB 09-06-69  
 (2) Voter Registration # and County of Registration: 1022610077 Calhoun
181. A. Signature: Kenneth Stuckey  
 B. Printed Name: Kenneth Stuckey  
 C. Date of Signature: 01-19-2025  
 D. Mailing Address (including city): P.O. Box 778 SEADRIFT, TX.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2055 GATES RD. 01-12-1960  
 (2) Voter Registration # and County of Registration: 1020657413 Calhoun
182. A. Signature: Lloyd Cady  
 B. Printed Name: Lloyd Cady  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): P.O. Box 507 SEADRIFT TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME AS 453 GATES Rd SEADRIFT 11-20-1961  
 (2) Voter Registration # and County of Registration: 1000863510 Calhoun
183. A. Signature: Tanya Cady  
 B. Printed Name: Tanya Cady  
 C. Date of Signature: 12-19-2024  
 D. Mailing Address (including city): PO Box 507 Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 453 Gates Road Seadrift TX 77983  
 (2) Voter Registration # and County of Registration: 1000861900 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

184. A. Signature: [Signature]  
 B. Printed Name: Lynn F. Cohlke  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 701 S. Orange St. Seadrift, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME AS ABOVE  
10-15-1955  
 (2) Voter Registration # and County of Registration:  
1000966036 Calhoun
185. A. Signature: [Signature]  
 B. Printed Name: Stacie Eiler  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1534 Gates Rd Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as Above  
9-15-1970  
 (2) Voter Registration # and County of Registration:  
1002070173 Calhoun
186. A. Signature: [Signature]  
 B. Printed Name: Dawn M. McJelland  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 214 White Road, Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as above  
6-28-1974  
 (2) Voter Registration # and County of Registration:  
2129559359 Calhoun
187. A. Signature: [Signature]  
 B. Printed Name: Stacy Farmer  
 C. Date of Signature: 01-20-25  
 D. Mailing Address (including city): 1233 Spr 159 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as above  
01-11-81  
 (2) Voter Registration # and County of Registration:  
1005016414 Calhoun
188. A. Signature: [Signature]  
 B. Printed Name: Dawn Marek  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 2860 Farik Rd Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2860 Farik Rd Port Lavaca TX 77979  
5-16-79  
 (2) Voter Registration # and County of Registration:  
1016315284 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

189. A. Signature: DW  
 B. Printed Name: Dana Dubraczyk  
 C. Date of Signature: Jan 19, 2025  
 D. Mailing Address (including city): 1818 FM 2235 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 12/02/1963  
 (2) Voter Registration # and County of Registration: 1000849745 Calhoun
190. A. Signature: Shelly Crow  
 B. Printed Name: SHELLY CROW  
 C. Date of Signature: JAN 19, 2025  
 D. Mailing Address (including city): 1818 FM 2235 PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME 08/28/1968  
 (2) Voter Registration # and County of Registration: 1143972334 Calhoun
191. A. Signature: Leigh Ann Falcon  
 B. Printed Name: Leigh Ann Falcon, MD  
 C. Date of Signature: Jan 19, 2025  
 D. Mailing Address (including city): 303 Willowbend Drive Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME 12/22/79  
 (2) Voter Registration # and County of Registration: 1161920347 Calhoun
192. A. Signature: Jane Jedlicka  
 B. Printed Name: Jane Jedlicka  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 210 Willowbend Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address 3-13-1949  
 (2) Voter Registration # and County of Registration: 1000909071 Calhoun
193. A. Signature: Fred C. Jedlicka  
 B. Printed Name: FRED C. JEDLICKA  
 C. Date of Signature: 1-19-2025  
 D. Mailing Address (including city): 210 Willowbend Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address 3-6-14-1949  
 (2) Voter Registration # and County of Registration: 1000909063 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

194. A. Signature: Richard Anayo - Diaz  
 B. Printed Name: Richard Anayo - Diaz  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 211 Willowbend Drive Port Lavaca  
 E. Either (1) or (2): TX 77979  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address 01/01/1959  
 (2) Voter Registration # and County of Registration: 1002102725 Calhoun
195. A. Signature: Magdalena Sepulveda  
 B. Printed Name: Magdalena Sepulveda  
 C. Date of Signature: 01-20-2025  
 D. Mailing Address (including city): PO Box 1294, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 511 Peikert Lane Port Lavaca, TX 77979 DOB: 09-29-1987  
 (2) Voter Registration # and County of Registration: 1190667079 Calhoun
196. A. Signature: Marshall Cadz  
 B. Printed Name: Marshall Cadz  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 67 Cadz RD Seadrift TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing address 5-29-1991  
 (2) Voter Registration # and County of Registration: 2146138865 Calhoun
197. A. Signature: MERIGAN  
 B. Printed Name: MERIGAN  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 2135 Guadalupe St. A. Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SAME 10-25-62  
 (2) Voter Registration # and County of Registration: 1010994696
198. A. Signature: Amber Loya  
 B. Printed Name: Amber Loya  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 329 Independence Dr Unit B3 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as address  
 (2) Voter Registration # and County of Registration: 09/16/1983 1213969520 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

199. A. Signature: Régina Zamora  
B. Printed Name: Régina Zamora  
C. Date of Signature: Régina Zamora 1-21-25  
D. Mailing Address (including city): 218 South Lacey Rd Ft Leno, TX 77971  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: 2-8-1992  
Same as mailing address  
(2) Voter Registration # and County of Registration:  
1000900445 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 200-249)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.



## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

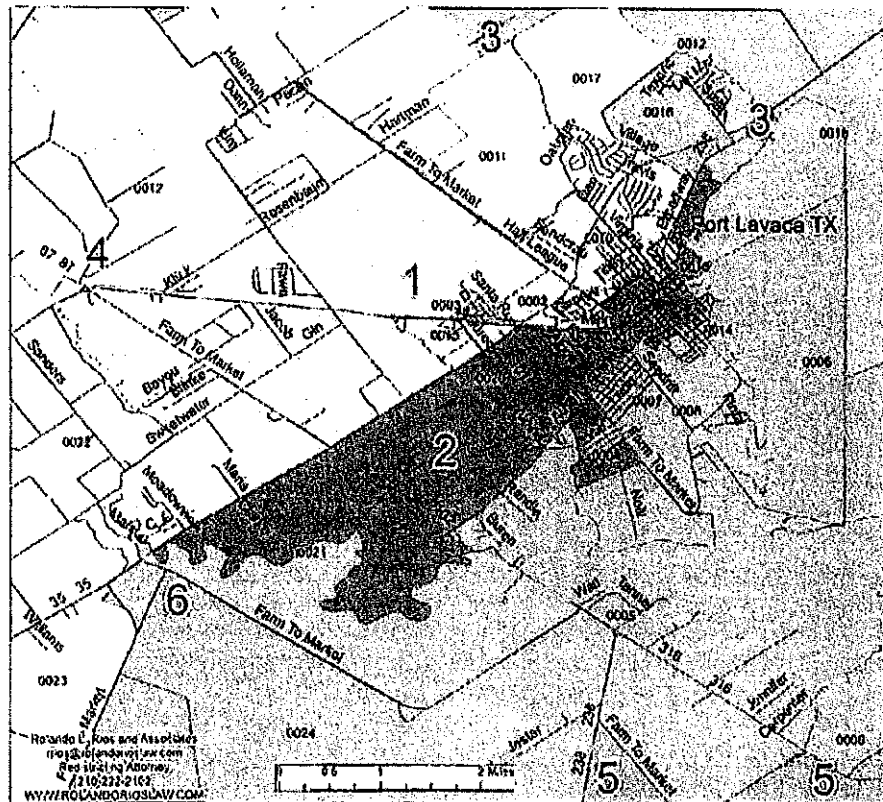
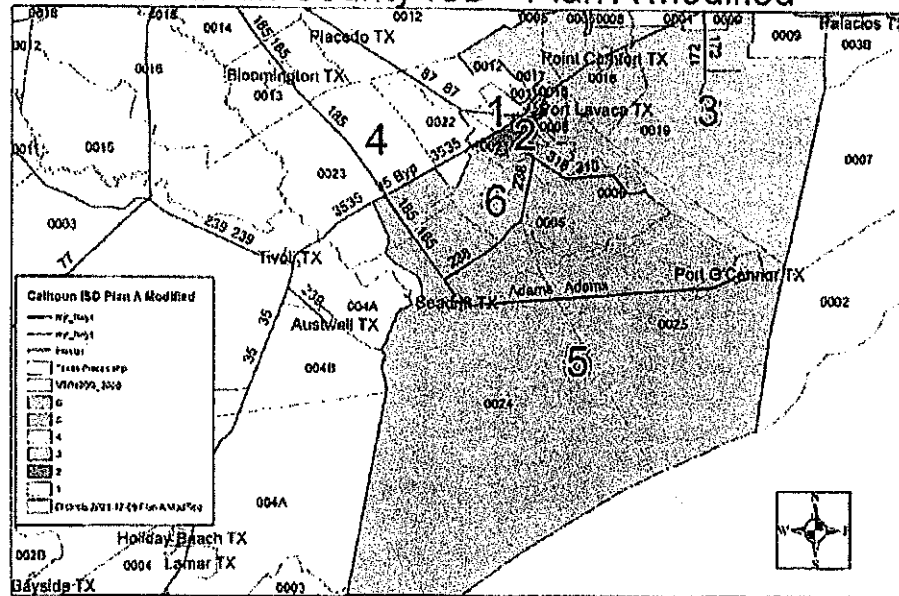
7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

### Calhoun County ISD - Plan A Modified



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

200. A. Signature: [Signature]  
B. Printed Name: Dallas Franklin  
C. Date of Signature: 1/20/25  
D. Mailing Address (including city): 134 Wedgewood Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1057551116 Calhoun
201. A. Signature: [Signature]  
B. Printed Name: Brooke Franklin  
C. Date of Signature: 1/20/25  
D. Mailing Address (including city): 134 Wedgewood Drive Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1027246200 Calhoun
202. A. Signature: [Signature]  
B. Printed Name: Rita Boudreau  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 17717 CR 305 Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000885922 Calhoun
203. A. Signature: [Signature]  
B. Printed Name: Rose Bond-Stewart  
C. Date of Signature: 1/23/2025  
D. Mailing Address (including city): 161 Seascope Dr Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000861229 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

204. A. Signature: Kristina Summers  
 B. Printed Name: Kristina Summers  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 208 Holiday Lane Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2002694103 Calhoun
205. A. Signature: Alaina Cochran  
 B. Printed Name: Alaina Cochran  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 5504 State Hwy 316 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2157612847 Calhoun
206. A. Signature: Peggy S. Sullivan  
 B. Printed Name: Peggy S. Sullivan  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 147 Wedgewood Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000893502 Calhoun
207. A. Signature: LINDSEY SMITH  
 B. Printed Name: LINDSEY SMITH  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 136 HARTMAN RD., PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1013275797 Calhoun
208. A. Signature: Vanessa Boone  
 B. Printed Name: Vanessa Boone  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): PO BOX 1244 PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1167752348 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

209. A. Signature: [Signature]  
 B. Printed Name: Shawna Williams  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 309 Candlelight Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1018657460 Calhoun
210. A. Signature: [Signature]  
 B. Printed Name: James Boudreau  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1777CR 305 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000885914 Calhoun
211. A. Signature: [Signature]  
 B. Printed Name: Shelia Dierschke  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 468 Coloma Rd, Port Lavaca TX  
 E. Either (1) or (2): 77979  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000852343 Calhoun
212. A. Signature: [Signature]  
 B. Printed Name: LINDA JOHNSON  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 2110 Lamp St. PL  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000904396 Calhoun
213. A. Signature: [Signature]  
 B. Printed Name: Lupe Balfanz  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1701 Holloman Dr. PL  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000880010 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

214. A. Signature: L. Rodgers  
 B. Printed Name: Lisa Rodgers  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 534 Elmwood Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

215. A. Signature: Wanda Hahn  
 B. Printed Name: Wanda Hahn  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 8465 St. Hwy 238 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000844607

216. A. Signature: Leiana Chavara  
 B. Printed Name: Leiana Chavara  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): 122 Hackberry Bend Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1164959688 Calhoun

217. A. Signature: Ryan Abraham  
 B. Printed Name: Ryan Abraham  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 125 Harbor Rd Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2003382338 Calhoun

218. A. Signature: Michael Kovarek  
 B. Printed Name: Michael Kovarek  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 301 Belle Ln Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000920134 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

219. A. Signature: Derek Anderson  
 B. Printed Name: Derek Anderson  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 518 Westwood Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_

(2) Voter Registration # and County of Registration:  
114356033 Calhoun

220. A. Signature: Cindy Sandoval  
 B. Printed Name: CINDY SANDOVAL  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 101 LaSalle Blvd. Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_

(2) Voter Registration # and County of Registration:  
1000904734 Calhoun

221. A. Signature: Alfred J. Sandoval Sr  
 B. Printed Name: ALFRED SANDOVAL Sr  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 101 LA SALLE BLVD PORT LAVACA, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_

(2) Voter Registration # and County of Registration:  
10000883168 Calhoun

222. A. Signature: Natalie Dalbey  
 B. Printed Name: NATALIE DALBEY  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 10114 1558 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_

(2) Voter Registration # and County of Registration:  
1025341464 Calhoun

223. A. Signature: Yvonne Perkins  
 B. Printed Name: Yvonne Perkins  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 1257 Holloman Rd  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_

(2) Voter Registration # and County of Registration:  
1069224130 Calhoun



1. The first part of the document is a list of the names of the persons who have been appointed to the various positions of the Board of Directors of the Corporation. The names are as follows:

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

224. A. Signature: Miles Blakeman  
 B. Printed Name: Miles Blakeman  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO BOX 1 Point Comfort TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1183643563 Calhoun
225. A. Signature: Edith De Leon  
 B. Printed Name: Edith De Leon  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 114 Sand Dollar Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 114 Sand Dollar Dr, Port Lavaca  
 (2) Voter Registration # and County of Registration: 2189561045 Calhoun
226. A. Signature: S.  
 B. Printed Name: Salomon Kwi  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 462 Bay Meadow Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 101541117 Calhoun
227. A. Signature: Jonathan Martinez  
 B. Printed Name: Jonathan Martinez  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 328 Breden Rd Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1204831576 Calhoun
228. A. Signature: Mary Dolores Cervantes  
 B. Printed Name: Mary Dolores Cervantes  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 816 N. Nueces Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 100910016 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

229. A. Signature: [Signature]  
 B. Printed Name: Wicent J Sanchez  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 904 S Benavides St PL TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009688240 Calhoun

230. A. Signature: [Signature]  
 B. Printed Name: Andrie Flores  
 C. Date of Signature: 01/22/2025  
 D. Mailing Address (including city): 101 Agate Way, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 213 0655364 Calhoun

231. A. Signature: [Signature]  
 B. Printed Name: SETH FLORES  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): 101 AGATE WAY, PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 214 7579604 Calhoun

232. A. Signature: [Signature]  
 B. Printed Name: Yvonne Flores  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 207 Jasper Way, Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1002095186 Calhoun

233. A. Signature: [Signature]  
 B. Printed Name: Nora Leonard  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): PO Box 240, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009688168 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

234. A. Signature: Michael Felkins  
 B. Printed Name: Michael Felkins  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 1259 Holloman Road  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2159054583 Calhoun
235. A. Signature: Amelie Rubio  
 B. Printed Name: Amelie RUBIO  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1925 Central Ave Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2002763859 Calhoun
236. A. Signature: Louis Rubio  
 B. Printed Name: Louis Rubio  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1925 Central Ave Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 21310491249 Calhoun
237. A. Signature: Arturo Arredondo Jr.  
 B. Printed Name: Arturo Arredondo Jr.  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 3116 Avalon Ave Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2207468052 Calhoun
238. A. Signature: Steve De La Cruz  
 B. Printed Name: Steve De La Cruz  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): PO Box 1248 Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1005879353 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

239. A. Signature: [Signature]  
 B. Printed Name: Stephanie Yanez  
 C. Date of Signature: 01/22/25  
 D. Mailing Address (including city): 139 Woodbridge Rd Seadrift Tx 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1209507936 Calhoun
240. A. Signature: [Signature]  
 B. Printed Name: Ernest Yanez  
 C. Date of Signature: 01/22/25  
 D. Mailing Address (including city): 139 Woodbridge Rd, Seadrift, TX, 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1164231391 Calhoun
241. A. Signature: [Signature]  
 B. Printed Name: Sherilyn Hardidge  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 1167 Woodbridge Rd Seadrift Tx 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1000862400 Calhoun
242. A. Signature: [Signature]  
 B. Printed Name: Marilyn Duffer  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): P.O. Box 812 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1000862416 Calhoun
243. A. Signature: [Signature]  
 B. Printed Name: John Duffer  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): P.O. Box 812 Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1000861468 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

244. A. Signature: [Signature]  
 B. Printed Name: JASON POSSMOR  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): PO Box 202 Sandrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 100968852 Calhoun
245. A. Signature: [Signature]  
 B. Printed Name: Carol Villarreal  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 1101 Tilley St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000890589 Calhoun
246. A. Signature: [Signature]  
 B. Printed Name: Kristal Stary  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 107 Charlotte Drive Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2197382407 Calhoun
247. A. Signature: [Signature]  
 B. Printed Name: JACQUELINE TERRES  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 110 DAK GROVE Ln. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1010455198 Calhoun
248. A. Signature: [Signature]  
 B. Printed Name: Macey Matula  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 110 Sand Swept Pt Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2119984003 Calhoun

**PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT**

249. A. Signature: Marilyn Hubbell  
B. Printed Name: MARILYN HUBBELL  
C. Date of Signature: 1-22-2025  
D. Mailing Address (including city): PO Box 654 Seadrift TX 77987  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000863200 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 250-299)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.



## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

|                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

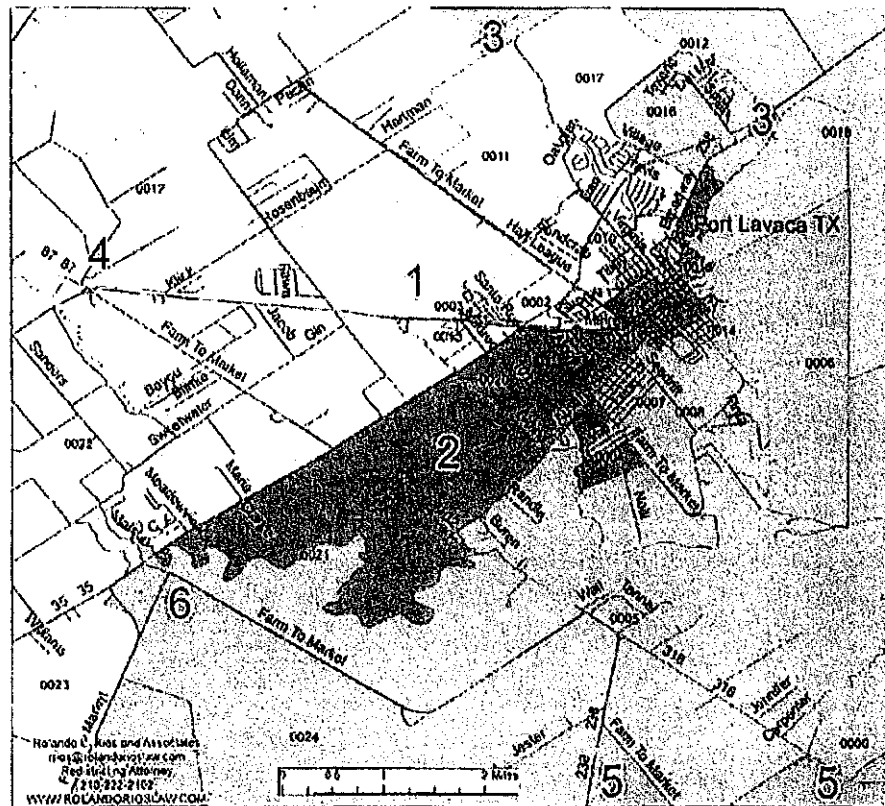
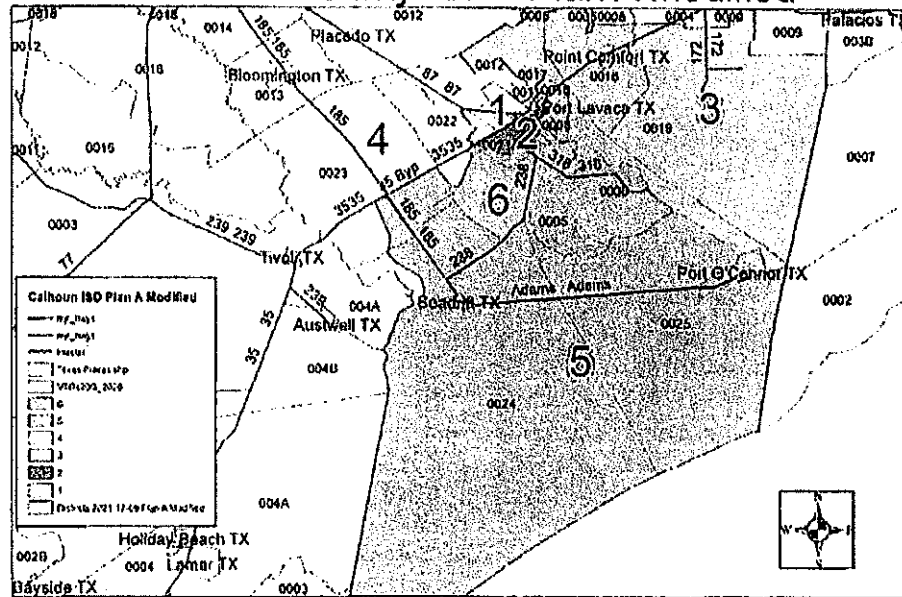
7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

### Calhoun County ISD - Plan A Modified



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

250. A. Signature: [Signature]  
B. Printed Name: FAREN CAMPOS  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 110 BLACKSTONE PI, PORT LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1021431244 Calhoun County
251. A. Signature: [Signature]  
B. Printed Name: Dianne Atkinson  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 100 Biloxi, Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1010800367, Calhoun County
252. A. Signature: [Signature]  
B. Printed Name: Caitlin O'Levenger  
C. Date of Signature: 1-20-25  
D. Mailing Address (including city): 126 Royal Rd. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2218378320 Calhoun County
253. A. Signature: [Signature]  
B. Printed Name: GREASY MORALES  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): P.O. Box 106 SEADRIFT, TX  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1157745558 CALHOUN COUNTY

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

254. A. Signature: Sariah Rubio  
 B. Printed Name: Sariah Rubio  
 C. Date of Signature: 11/20/2025  
 D. Mailing Address (including city): 212 Leadwiff Street, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2126818496 Calhoun County
255. A. Signature: Julia S. Dworaczyn  
 B. Printed Name: Julia S. Dworaczyn  
 C. Date of Signature: 01/20/2025  
 D. Mailing Address (including city): 1621 Avalon Ave Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000903583 Calhoun
256. A. Signature: Lea B  
 B. Printed Name: Lea Desendez  
 C. Date of Signature: 01/20/2025  
 D. Mailing Address (including city): 101 Pecanwood PL Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1020183029 Calhoun
257. A. Signature: Leann M. Wilk  
 B. Printed Name: Leann M. Wilk  
 C. Date of Signature: 11.20.2025  
 D. Mailing Address (including city): PO Box 591 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000888155 Calhoun
258. A. Signature: Diana Saucedo  
 B. Printed Name: Diana Saucedo  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1318 W. George  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000889263 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

259. A. Signature: Jeff Lambert  
 B. Printed Name: Jeff Lambert  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 2209 Van D. Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000904417  
Calhoun
260. A. Signature: Sandra Henke  
 B. Printed Name: SANDRA HENKE  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 7268 hwy 238  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 9-16-49  
 (2) Voter Registration # and County of Registration: 1162309265  
Calhoun
261. A. Signature: Barbara Starkill  
 B. Printed Name: Barbara Starkill  
 C. Date of Signature: January 20, 2025  
 D. Mailing Address (including city): 277 Old Settlement Rd Sandrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000864895 Calhoun
262. A. Signature: Jason Loya  
 B. Printed Name: Jason Loya  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 502 Hackberry Bend Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2154284613 Calhoun
263. A. Signature: Rebecca Ovalle  
 B. Printed Name: Rebecca Ovalle  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): P.O. Box 1117 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_  
1000862601 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

264. A. Signature: Bernice Aguilar  
 B. Printed Name: Bernice Aguilar  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): P.O. Box 1011, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 112 Ave C., Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1011562256

265. A. Signature: Melissa Delgado  
 B. Printed Name: Melissa Delgado  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 618 N. Commerce #A Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1012964555 Calhoun

266. A. Signature: Denna Rawlings  
 B. Printed Name: Denna Rawlings  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 2121 McPherson Dr Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009196220 Calhoun

267. A. Signature: Dagie Farnsworth  
 B. Printed Name: Dagie Farnsworth  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): PO BOX 1803 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2153448584 Calhoun

268. A. Signature: Alexa Maldonado  
 B. Printed Name: Alexa Maldonado  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 108 Massanut Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2002222017 - Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

269. A. Signature: Y. Taylor W. Walsey Taylor  
 B. Printed Name: Walsey Taylor  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 705 Willard Dr. Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2110136919, Calhoun

270. A. Signature: Pat Barton  
 B. Printed Name: Pat Barton  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 313 Hollomon Rd, Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 313 Hollomon Rd, Port Lavaca Tx 09/30/1966 77979  
 (2) Voter Registration # and County of Registration: 1000868493 - Calhoun

271. A. Signature: Monica Escalante  
 B. Printed Name: Monica Escalante  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 2107 Leon Dr., Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1005156677 - Calhoun

272. A. Signature: Carl Lee King  
 B. Printed Name: Carl Lee King  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 303 N. Guadalupe, Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000884492 Calhoun

273. A. Signature: Alan Knight  
 B. Printed Name: Edwin Alan Knight  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 18 Laveia St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: Calhoun 1137155680

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

274. A. Signature: [Signature]  
 B. Printed Name: Shane Dworaczak  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 345 Wilson Rd Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 345 Wilson Rd Seadrift Texas 77983 12/16/1966  
 (2) Voter Registration # and County of Registration: 1000861084 Calhoun
275. A. Signature: [Signature]  
 B. Printed Name: Amy Day  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 2256 Spier Ln  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000872299 Calhoun
276. A. Signature: [Signature]  
 B. Printed Name: Kelly Jones  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1612 Henry Parker Way (Port Lavaca)  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1018564186 Calhoun
277. A. Signature: [Signature]  
 B. Printed Name: Dana Almonzar  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO Box 785 Point Comfort  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1150702252 Calhoun
278. A. Signature: [Signature]  
 B. Printed Name: Patricia Herrera  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 56 Cumpean Ln Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1020663298 Calhoun





PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

279. A. Signature: Clammi Atkinson  
 B. Printed Name: Clammi Atkinson  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 239 Seabist Rd Port Lavaca TX 77779  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009297437 Calhoun
280. A. Signature: Flora Windham  
 B. Printed Name: Flora Windham  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 733 Brookhollow Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1152162099 Calhoun
281. A. Signature: Helen Morales  
 B. Printed Name: Helen Morales  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO Box 106 Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 706 N. 4th St. Seadrift, TX 7-20-1967  
 (2) Voter Registration # and County of Registration: 1009427874 Calhoun
282. A. Signature: Maribel Castro Barajas  
 B. Printed Name: Maribel Castro Barajas  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 89 Carpenter Ln Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10-19-1984  
89 Carpenter Ln Port Lavaca TX  
 (2) Voter Registration # and County of Registration: 2169203490 Calhoun
283. A. Signature: NAZARIO HERNANDEZ  
 B. Printed Name: \_\_\_\_\_  
 C. Date of Signature: NAZARIO HERNANDEZ  
 D. Mailing Address (including city): \_\_\_\_\_  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 06/12/1965  
307 LA SALLE ST PORT LAVACA TX 77979  
 (2) Voter Registration # and County of Registration: 1157109367 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

284. A. Signature: John Cuts  
 B. Printed Name: John Cuts  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1408 BAY POINT DR PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
285. A. Signature: Maria delaluz Calzada  
 B. Printed Name: Maria delaluz Calzada  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 701 Lazy Lane Port Lavaca, Tx.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: PRO 20191 Calhoun
286. A. Signature: Miraima Lopez  
 B. Printed Name: Miraima Lozano  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 518 Westwood Dr. Port Lavaca, TX.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1209000250 Calhoun
287. A. Signature: Victor O. Calzada  
 B. Printed Name: Victor O. Calzada  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 701 Lazy Ln. Pt Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1039820807 Calhoun
288. A. Signature: Arriana Cruz  
 B. Printed Name: Arriana Cruz  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1019 LEON DR. PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2134236791 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

289. A. Signature: Mason Miller  
 B. Printed Name: Mason Miller  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 305 Dawsons Path, Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2001731320 Calhoun
290. A. Signature: Chance Yarbrough  
 B. Printed Name: Chance Yarbrough  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 442 Redfish Retreat Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same  
09-28-1984  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
291. A. Signature: Nancy Yarbrough  
 B. Printed Name: Nancy Yarbrough  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 442 Redfish Retreat Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2134693760 Calhoun
292. A. Signature: Sandra Riddick  
 B. Printed Name: Sandra Riddick  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 2218 Jackson Street  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000904312 Calhoun
293. A. Signature: Jeanette Falcon  
 B. Printed Name: Jeanette Falcon  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 120 Daughen Dr, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same  
 (2) Voter Registration # and County of Registration: 1146831873 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

294. A. Signature: Lauren Phillips  
 B. Printed Name: Lauren Phillips  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 219 Airline Dr. Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 219578 1282 Calhoun
295. A. Signature: Lora Lamberden  
 B. Printed Name: Lora Lamberden  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): P.O. Box 547 Point Comfort TX 77578  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 100091117564 Calhoun
296. A. Signature: Shawn Gray  
 B. Printed Name: SHAWN GRAY  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 172 W. McDowell Dr. P.LTX 77977  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000886403 Calhoun
297. A. Signature: K. Power  
 B. Printed Name: Kyana Power  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 212 Jennings Ave Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1010946998 Calhoun
298. A. Signature: CHAR A. VREEB  
 B. Printed Name: CHAR A. VREEB  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 225 LAKE LAKE CIRCLE, PLEASANTON, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2123018851 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

299. A. Signature: Gina Villegas  
B. Printed Name: Gina Villegas  
C. Date of Signature: \_\_\_\_\_  
D. Mailing Address (including city): 227 Clegg Rd, Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2208212543, Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 300-349)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.

3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

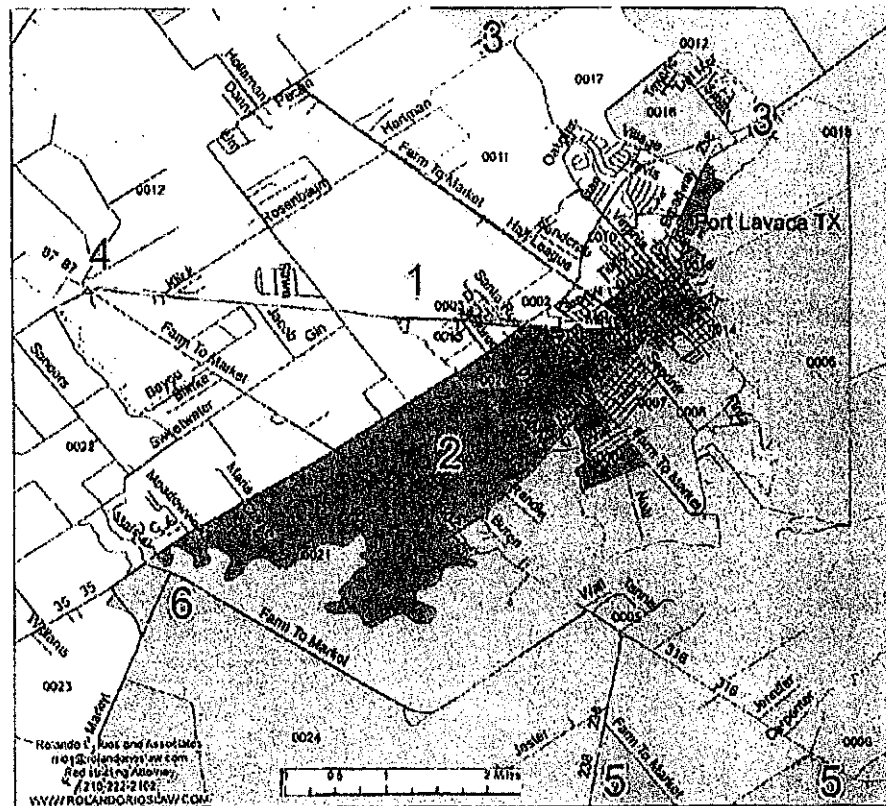
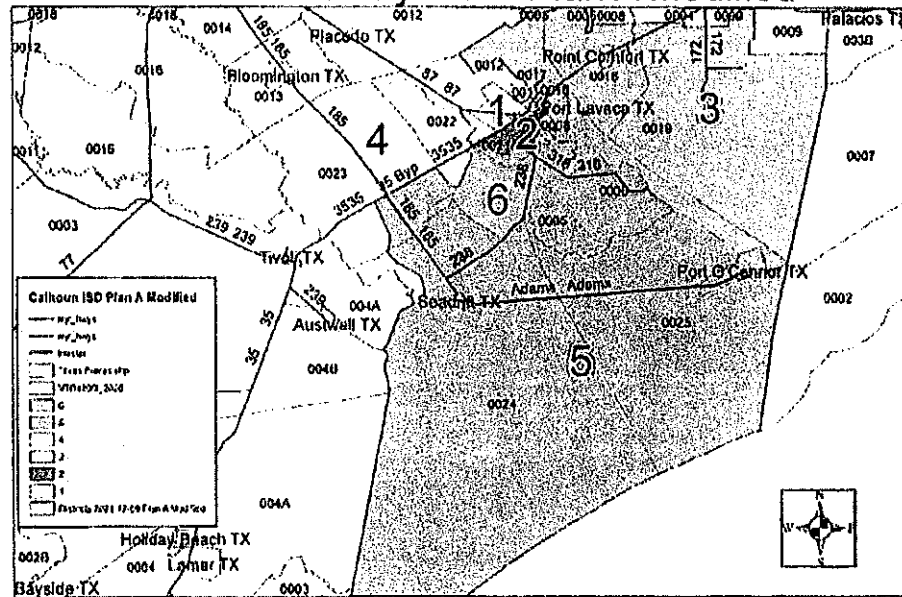
8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.



## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

## Calhoun County ISD - Plan A Modified



## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

300. A. Signature: [Signature]  
B. Printed Name: Wesley Phillips  
C. Date of Signature: 1-20-2025  
D. Mailing Address (including city): 2239 Leon Dr. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1011904059 Calhoun
301. A. Signature: [Signature]  
B. Printed Name: Miranda Casillo  
C. Date of Signature: 1-20-2025  
D. Mailing Address (including city): 2220 Lamy Dr. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2110189306 Calhoun
302. A. Signature: Katrina Pokluda  
B. Printed Name: Katrina Pokluda  
C. Date of Signature: 01-21-2025  
D. Mailing Address (including city): 262 Grape St. Seadrift, TX 77983  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2107242079 Calhoun
303. A. Signature: Misty Passmore  
B. Printed Name: Misty Passmore  
C. Date of Signature: 1-21-2025  
D. Mailing Address (including city): PO Box 202 Seadrift TX 77963  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1015888649 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

304. A. Signature: Mary Torres  
 B. Printed Name: Mary Torres  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): PO Box 1635 Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1014349110 Calhoun
305. A. Signature: C  
 B. Printed Name: Christian Cowan  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 214 Oak Glen Dr Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2128104369 Calhoun
306. A. Signature: [Signature]  
 B. Printed Name: [Signature]  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 214 Oak Glen Dr PL  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000877098 Calhoun
307. A. Signature: Ruth Escobar  
 B. Printed Name: Ruth Escobar  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 225 Seabreeze Dr Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1204300011 Calhoun
308. A. Signature: Santiago Gonzalez  
 B. Printed Name: Santiago Gonzalez  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 201 East George  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1188699365 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

309. A. Signature: Ariel Samillo  
 B. Printed Name: Ariel Samillo  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 111 Burnet St Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2154210761 Calhoun
310. A. Signature: Alyssa Garcia  
 B. Printed Name: Alyssa Garcia  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 219 S San Antonio St Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1202894706 Calhoun
311. A. Signature: Alex Vickery  
 B. Printed Name: Alex Vickery  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 559 Hengst Rd Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 11890053359 Calhoun
312. A. Signature: S. A. Wilkerson  
 B. Printed Name: S. A. Wilkerson  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 246 Cavalry Rd Victoria TX 77905  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
313. A. Signature: Priscilla Mendez  
 B. Printed Name: Priscilla Mendez  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 2300 McPherson Dr Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2154881831 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

314. A. Signature: Christy Riggs  
 B. Printed Name: Christy Riggs  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 616 Lella St edna TX 77957  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
315. A. Signature: Maribel Servantes  
 B. Printed Name: Maribel Servantes  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1901 Algee St Port Lavaca TX 77979.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000976557 Calhoun
316. A. Signature: Johnny Garcia  
 B. Printed Name: Johnny Garcia  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1933 Wendel Rd meyersville tx 77974  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
317. A. Signature: Arron McCabe  
 B. Printed Name: Arron McCabe  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 404 4th St Port O Connor TX 77962  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
318. A. Signature: Savannah Canew  
 B. Printed Name: Savannah Canew  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 2202 Vail Dr port lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2199639411 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

319. A. Signature: Leticia Gonzalez  
 B. Printed Name: Leticia Gonzalez  
 C. Date of Signature: 1-21-2025  
 D. Mailing Address (including city): 201 E. George Street Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2143435343 Calhoun

320. A. Signature: Antonio P. Arriola  
 B. Printed Name: Antonio P. Arriola  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 700 N. Nueces St.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1006465279 Calhoun

321. A. Signature: Gloria Moya  
 B. Printed Name: Gloria Moya  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 700 N. Nueces  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1032153777 Calhoun

322. A. Signature: Angel Trejo  
 B. Printed Name: ANGEL TREJO  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 702 N. Nueces St  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 121400515 Calhoun

323. A. Signature: Valencia P. Wilson  
 B. Printed Name: Valencia P. Wilson  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 224 S. Juanita Port Lavaca, TX 77929  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1002100232 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

324. A. Signature: Henry Wilson  
 B. Printed Name: Henry Wilson  
 C. Date of Signature: 1-21-2025  
 D. Mailing Address (including city): 224 S. Juanita, St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2141410091 Calhoun
325. A. Signature: Kamryn H S  
 B. Printed Name: Kamryn Hernandez  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 207 S Lavaca, Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2206816384 Calhoun
326. A. Signature: Laureen Escoban  
 B. Printed Name: Laureen Escoban  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 1216 W Austin  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000879943 Calhoun
327. A. Signature: Wette Carrizosa  
 B. Printed Name: Wette Carrizosa  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 1504 Shofner dr  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1166 388533 Calhoun
328. A. Signature: Alanis Cantu  
 B. Printed Name: Alanis Cantu  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 2202 Vail Dr port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 09/17/1996  
 (2) Voter Registration # and County of Registration: 2131769634 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

329. A. Signature: [Signature]  
 B. Printed Name: Devian Cante  
 C. Date of Signature: 6/21/25  
 D. Mailing Address (including city): 2202 Van D. Port Lavaca, Texas  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2178115110 Calhoun

330. A. Signature: [Signature]  
 B. Printed Name: Sarah Williams  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 2206 Van D. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1163174146 Calhoun

331. A. Signature: [Signature]  
 B. Printed Name: Mika Williams  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 2206 Van D. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 22112  
 (2) Voter Registration # and County of Registration: 1023517875 Calhoun

332. A. Signature: [Signature]  
 B. Printed Name: Melissa V. Fredericksen  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 527 Elmhurst Dr. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000888378 Calhoun

333. A. Signature: [Signature]  
 B. Printed Name: Lance Schultz  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 210 Trailwood Pt. Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1193258109 Calhoun



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

334. A. Signature: [Signature]  
 B. Printed Name: RENE FLORES  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 207 JASPER WAY / PORT LAVACA TX 77579  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000894610 Calhoun
335. A. Signature: [Signature]  
 B. Printed Name: Rodolfo Carrero Jr  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 4418 US Highway 87 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000897125 Calhoun
336. A. Signature: [Signature]  
 B. Printed Name: Robert L. Crismon Jr  
 C. Date of Signature: 01-22-25  
 D. Mailing Address (including city): 201 Coral Reef Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2718838452 Calhoun
337. A. Signature: [Signature]  
 B. Printed Name: HOWARD T. ILLIS  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 30 Kimberly Path PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 10521631544 Calhoun
338. A. Signature: [Signature]  
 B. Printed Name: Guadalupe Salinas  
 C. Date of Signature: 01/22/25  
 D. Mailing Address (including city): 306 Seadrift St.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2208388756 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

339. A. Signature: [Signature]  
 B. Printed Name: ALEXANDER SANCHEZ  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 2109 VAIL DR. Port LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1022386855 Calhoun

340. A. Signature: [Signature]  
 B. Printed Name: EDDIE RUDON  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 1108 N. Nueces, Port LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2213456958 Calhoun

341. A. Signature: [Signature]  
 B. Printed Name: London Autry  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 109 Harbor Dr. W Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1040452381 Calhoun

342. A. Signature: [Signature]  
 B. Printed Name: Martida Barrientes  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 125 Santa Rosa  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1040413323 Calhoun

343. A. Signature: [Signature]  
 B. Printed Name: Alicia Fivecoat  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 515, Point Comfort, TX 77978  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000914829 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

344. A. Signature: [Signature]  
 B. Printed Name: Jake Ruiz  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 3449 Fm 2143 Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 4.6.79  
3449 Fm 2143 Port Lavaca, TX 77979  
 (2) Voter Registration # and County of Registration:  
1006974406 Calhoun
345. A. Signature: [Signature]  
 B. Printed Name: Pamela Alex  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1408 Leon Drive Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10-2-80  
1408 Leon Drive Port-Lavaca  
 (2) Voter Registration # and County of Registration:  
1147567734 Calhoun
346. A. Signature: [Signature]  
 B. Printed Name: Kimberly muñoz  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 323 Charlotte Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10-3-84  
323 Charlotte Dr. Port Lavaca, TX 77979  
 (2) Voter Registration # and County of Registration:  
275598341 Calhoun
347. A. Signature: [Signature]  
 B. Printed Name: Anthony munoz  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 323 Charlotte Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 8-22-79  
323 Charlotte Dr. Port Lavaca  
 (2) Voter Registration # and County of Registration:
348. A. Signature: [Signature]  
 B. Printed Name: Socorro Peña  
 C. Date of Signature: 1-20-24  
 D. Mailing Address (including city): 2220 Larry Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2-22-1969  
2220 Larry Dr. Port Lavaca  
 (2) Voter Registration # and County of Registration:  
1009194193 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

349. A. Signature: Brandi Williams  
B. Printed Name: Brandi Williams  
C. Date of Signature: 1-23-25  
D. Mailing Address (including city): 2215 Vail Dr. Port Larrace  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: 2215 Vail Dr. Port Larrace  
11-25-76  
(2) Voter Registration # and County of Registration:  
2121624869 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 350-399)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

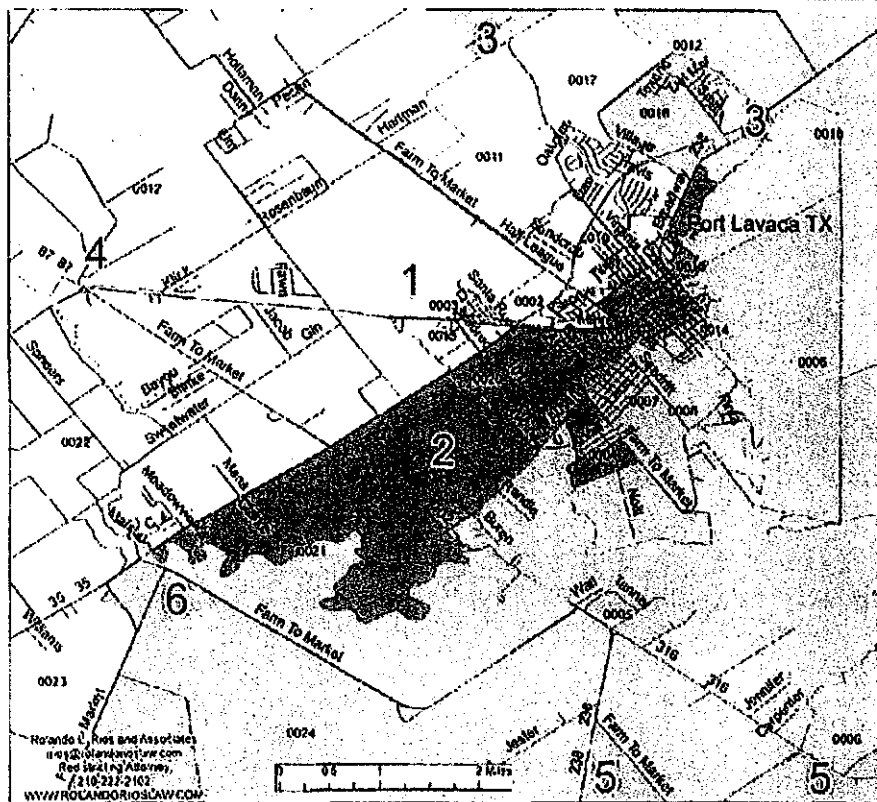
8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

## DISTRICT ELECTION PLACE MAP

**Calhoun ISD Plan A Modified**

- precinct boundaries
- major roads
- Texas Precincts
- UTD 299, 300
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- District A-11 of Calhoun ISD Modified

Map labels include: Placeido TX, Bloomington TX, Point Comfort TX, Port Lavaca TX, Port O'Connor TX, Austwell TX, Holiday Beach TX, Lamar TX, Bayside TX, and various precinct numbers (e.g., 0012, 0013, 0014, 0015, 0016, 0017, 0018, 0019, 0020, 0021, 0022, 0023, 0024, 0025, 0026, 0027, 0028, 0029, 0030, 0031, 0032, 0033, 0034, 0035, 0036, 0037, 0038, 0039, 0040, 0041, 0042, 0043, 0044, 0045, 0046, 0047, 0048, 0049, 0050, 0051, 0052, 0053, 0054, 0055, 0056, 0057, 0058, 0059, 0060, 0061, 0062, 0063, 0064, 0065, 0066, 0067, 0068, 0069, 0070, 0071, 0072, 0073, 0074, 0075, 0076, 0077, 0078, 0079, 0080, 0081, 0082, 0083, 0084, 0085, 0086, 0087, 0088, 0089, 0090, 0091, 0092, 0093, 0094, 0095, 0096, 0097, 0098, 0099, 0100).



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

350. A. Signature: Heather Munchur  
 B. Printed Name: HEATHER MUNCHUR  
 C. Date of Signature: 1/21/2025  
 D. Mailing Address (including city): 1959 State Highway 35 S Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: DOB: 01/14/1991  
1959 State Highway 35 S Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: Calhoun County  
1163680207 Calhoun
351. A. Signature: Angel Cassel  
 B. Printed Name: Angel Cassel  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 416 S. San Antonio St.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: DOB: 6/14/1964  
416 S. San Antonio St. Port Lavaca, TX 77979  
 (2) Voter Registration # and County of Registration: 1000878092 Calhoun
352. A. Signature: Borng Narvaez  
 B. Printed Name: Borng Narvaez  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 116 sandollar Dr, Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: DOB 10/20/75  
116 sandollar Dr, Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
353. A. Signature: Wiley Hume  
 B. Printed Name: WILEY HUMPHREY  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): PO Box 953 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 53 Hamilton St Port Lavaca TX  
03/30/1981  
 (2) Voter Registration # and County of Registration: 1187613426 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

354. A. Signature: Josefat Lugo Torres  
 B. Printed Name: Josefat Lugo Torres  
 C. Date of Signature: 01/20/2025  
 D. Mailing Address (including city): 612 Half League Rd Tr #49, Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 612 Half League Rd Tr #49, Port Lavaca, Tx 77979 - DOB 01/27/2004  
 (2) Voter Registration # and County of Registration: 2188029608 Calhoun
355. A. Signature: Renee Emery  
 B. Printed Name: Renee Emery  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 233 Alcoa Dr. #1204, Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 233 Alcoa Dr. #1204, Port Lavaca, Tx 77979 - 12/28/1988  
 (2) Voter Registration # and County of Registration: 2191117007 Calhoun
356. A. Signature: Shanna O'Donnell  
 B. Printed Name: Shanna O'Donnell  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 842 Bay Meadow Dr, Port Lavaca, Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 842 Bay Meadow Dr, Port Lavaca, TX 77979, 8/19/1980  
 (2) Voter Registration # and County of Registration: 1033758723 Calhoun
357. A. Signature: Joseph Jenkins  
 B. Printed Name: Joseph Jenkins  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): Samu AS Residence  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 165 Wall Ln Port Lavaca TX 77979 ; 11/26/1981  
 (2) Voter Registration # and County of Registration: 2121107223 Calhoun
358. A. Signature: Elsa Herrera  
 B. Printed Name: Elsa Herrera  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 617 S. Juanita St. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 617 S. Juanita St. Port Lavaca TX, 77979, 8/22/2000  
 (2) Voter Registration # and County of Registration: 2154978753 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

359. A. Signature: Sylvia Vargas  
 B. Printed Name: Sylvia Vargas  
 C. Date of Signature: 01-20-25  
 D. Mailing Address (including city): 132 N. San Antonio St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: ↑ 5/06/1961  
132 N. San Antonio St Port Lavaca, TX 77979  
 (2) Voter Registration # and County of Registration: 1000901262 Calhoun
360. A. Signature: Nora Ovalle  
 B. Printed Name: Nora Ovalle  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1315 Shopner Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 1315 Shopner Port Lavaca TX 77979 - 2-12-67  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
361. A. Signature: Pam Harmon  
 B. Printed Name: Pam Harmon  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 20861 347 Port O'Connor, TX 77482  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2193793522 Calhoun
362. A. Signature: Mimi Nguyen  
 B. Printed Name: Mimi Nguyen  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 125 Harbor Rd Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1020366595 Calhoun  
1020866595 Calhoun
363. A. Signature: Pamela Vannoy  
 B. Printed Name: Pamela Vannoy, LLC  
 C. Date of Signature: 01-20-2025  
 D. Mailing Address (including city): 2316 Gresham Rd Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: See above - 02/05/1976  
 (2) Voter Registration # and County of Registration: 11509716257 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

364. A. Signature: Melanie Samayda  
 B. Printed Name: Melanie Samayda  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 105 Belle Ct Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 105 Belle Ct Port Lavaca, TX 77979 7/10/1969  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
365. A. Signature: Daisy Madugal  
 B. Printed Name: Daisy Madugal  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 521 Tommy Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 521 Tommy Dr. Port Lavaca, TX 77979 3/23/91  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_
366. A. Signature: J Norma  
 B. Printed Name: J Norma  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 245 Redfish Lake Dr Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 245 Redfish Lake Dr Port Lavaca TX 4-14-82  
 (2) Voter Registration # and County of Registration: 2141421356 Calhoun 77979
367. A. Signature: Kayla Trevino  
 B. Printed Name: Kayla Trevino  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 211 Mockingbird Lane Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 211 Mockingbird Lane Seadrift TX 77983 7/16/99  
 (2) Voter Registration # and County of Registration: 2143473752 Calhoun
368. A. Signature: William Crawley  
 B. Printed Name: William Crawley  
 C. Date of Signature: 1/20/25  
 D. Mailing Address (including city): 55 Bayshore Drive, Port Lavaca TX 77975  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 04/23/1961  
 (2) Voter Registration # and County of Registration: 1022834511 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

369. A. Signature: Courtne Snell  
 B. Printed Name: Courtne Snell  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 398 Cemetery Rd Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 06/09/1973  
398 Cemetery Rd Seadrift TX 77983  
 (2) Voter Registration # and County of Registration: 1000859115 Calhoun
370. A. Signature: Traci Sheffer  
 B. Printed Name: Traci Sheffer  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 101 VFW Rd Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 9/30/1979  
101 VFW Rd Port Lavaca TX 77979  
 (2) Voter Registration # and County of Registration: Calhoun County  
1008974090 Calhoun
371. A. Signature: Jaclyn Carreon  
 B. Printed Name: Jaclyn Carreon  
 C. Date of Signature: 1/20/2025  
 D. Mailing Address (including city): 4418 U.S. Highway 87  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Port Lavaca, TX  
4418 U.S. Highway 87 7/10/77  
 (2) Voter Registration # and County of Registration: 1002288348
372. A. Signature: Tommy Trevino  
 B. Printed Name: Tommy Trevino  
 C. Date of Signature: 01-21-25  
 D. Mailing Address (including city): 2104 Larry Dr.  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 12/23/89  
2104 Larry Dr Port Lavaca, TX  
 (2) Voter Registration # and County of Registration: 1148154904 Calhoun
373. A. Signature: Alisa Villareal  
 B. Printed Name: ALISA VILLAREAL  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 208 HOSPITAL ST, PT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 208 Hospital St  
PT LAVACA, TX 11-05-1969  
 (2) Voter Registration # and County of Registration: 1000872027

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

374. A. Signature: [Signature]  
 B. Printed Name: Phyllis Smith  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 20805 W. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same as above  
 (2) Voter Registration # and County of Registration: 2186724223 Calhoun
375. A. Signature: [Signature]  
 B. Printed Name: Alain Rodriguez  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 27 Hengst Rd. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same as above 5/30/70  
 (2) Voter Registration # and County of Registration: 1009561913 Calhoun
376. A. Signature: [Signature]  
 B. Printed Name: Rebekah Boyd  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 422 Margie Tewmeyer Road Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 422 Margie Tewmeyer Rd. Port Lavaca, TX 77979 8-16-89  
 (2) Voter Registration # and County of Registration: 22021698044 Calhoun
377. A. Signature: [Signature]  
 B. Printed Name: Ariadne Rubio  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): PO BOX 853 Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 233 Alcoa dr 1402 Port Lavaca, TX 77979 11-21-1979  
 (2) Voter Registration # and County of Registration: 2203722181 Calhoun
378. A. Signature: [Signature]  
 B. Printed Name: Vanessa Peppers  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 191 Saddlehorn Dr., Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same 05/24/1983  
 (2) Voter Registration # and County of Registration: 1016888394 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

379. A. Signature: Danielle Amador  
 B. Printed Name: Danielle Amador  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 405 McDonald Rd., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 405 McDonald Rd., Port Lavaca, TX 77979 - 12/23/1980  
 (2) Voter Registration # and County of Registration: 1022517658 Calhoun
380. A. Signature: Rita Davis  
 B. Printed Name: Rita Davis  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 57 Hackberry Dr., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 57 Hackberry Dr., Port Lavaca, TX 77979 - 01/30/1951  
 (2) Voter Registration # and County of Registration: 1010360814 Calhoun
381. A. Signature: Oscar Salinas  
 B. Printed Name: OSCAR SALINAS  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 57 Hackberry Dr., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 57 Hackberry Dr., Port Lavaca, TX 77979 - 12/19/1958  
 (2) Voter Registration # and County of Registration: 1000882222 Calhoun
382. A. Signature: Darren Salinas  
 B. Printed Name: DARREN SALINAS  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 112 La Salle Blvd., Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 112 La Salle Blvd., Port Lavaca, TX 77979 - 11/20/1985  
 (2) Voter Registration # and County of Registration: 1020197713 Calhoun
383. A. Signature: Marisa Pena  
 B. Printed Name: MARISA PENA  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 502 Travis St Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same 8-28-83  
 (2) Voter Registration # and County of Registration: 2194517347 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

384. A. Signature: Tifanee Ochoa  
 B. Printed Name: Tifanee Ochoa  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 514 S. Juanita St Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same 2/25/84  
 (2) Voter Registration # and County of Registration: 1014766181 Calhoun
385. A. Signature: Mercedes Kalisek  
 B. Printed Name: Mercedes Kalisek  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): PO BOX 21 Point Comfort TX 77978  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 207 Bell St Point Comfort TX 77978 09/21/96  
 (2) Voter Registration # and County of Registration: 1217314926 Calhoun
386. A. Signature: Kaylyne Carriles  
 B. Printed Name: Kaylyne Carriles  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 600 Port Lavaca TX 77974  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 121 Jones St. Point Comfort, TX 77978 10/03/16  
 (2) Voter Registration # and County of Registration: 1215347511 Calhoun
387. A. Signature: Veronica Martinez  
 B. Printed Name: Veronica Martinez  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 614 N. Trinity Port Lavaca TX 77974  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 614 N. Trinity Port Lavaca TX 77974  
 (2) Voter Registration # and County of Registration: 2186723891 Calhoun
388. A. Signature: Sarita L. Garcia  
 B. Printed Name: SARITA L. GARCIA  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 284 Point Comfort, TEXAS 77978  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 216 WIND ST. Port Lavaca, TX 77976 9-11-62  
 (2) Voter Registration # and County of Registration: 1205930768 Calhoun



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

389. A. Signature: [Signature]  
 B. Printed Name: JULIA ACOSTA  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 101 VFW Rd - Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 101 VFW Road Port Lavaca, TX 77979 6-22-76  
 (2) Voter Registration # and County of Registration: 1000908346 Calhoun

390. A. Signature: Kenny Acosta  
 B. Printed Name: Kenny Acosta  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 101 VFW Rd. Port Lavaca, Tx. 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 101 VFW Rd Port Lavaca Tx 6-16-2004  
 (2) Voter Registration # and County of Registration: 2192459279 Calhoun 77979

391. A. Signature: Kendyl Acosta  
 B. Printed Name: Kendyl Acosta  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 101 VFW Rd Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 101 VFW Rd Port Lavaca Tx 6-15-2006  
 (2) Voter Registration # and County of Registration: 2211095300 Calhoun County

392. A. Signature: Michael Shefak  
 B. Printed Name: Michael Shefak  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 102 Martin St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 102 Martin St Port Lavaca Tx 5-31-1983  
 (2) Voter Registration # and County of Registration: 2198723171 Calhoun

393. A. Signature: Catherine Shefak  
 B. Printed Name: Catherine Shefak  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 102 Martin St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 102 Martin St Port Lavaca Tx 4-15-1934  
 (2) Voter Registration # and County of Registration: Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

394. A. Signature: Courtney Lacy  
 B. Printed Name: Courtney Lacy  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): ~~1000000000~~ 102 Main St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 4-20-1977  
102 Main St Port Lavaca Tx 77979  
 (2) Voter Registration # and County of Registration: Calhoun  
1000879084 Calhoun
395. A. Signature: Charlize Lacy  
 B. Printed Name: Charlize Lacy  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 1815 Jackson St Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10-17-1979  
1815 Jackson St Port Lavaca Tx 77979  
 (2) Voter Registration # and County of Registration: Calhoun  
1009056477 Calhoun
396. A. Signature: Terri Wunderlich  
 B. Printed Name: Terri Wunderlich  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 1584 Fm 2760 Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 9-10-56  
1584 Fm 2760 Port Lavaca Tx 77979  
 (2) Voter Registration # and County of Registration: Calhoun  
1000879700 Calhoun
397. A. Signature: Dylon Shefab  
 B. Printed Name: Dylon Shefab  
 C. Date of Signature: 1-20-2025  
 D. Mailing Address (including city): 1381 Sweetwater Rd Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 3-14-2000  
1381 Sweetwater Rd Port Lavaca Tx 77979  
 (2) Voter Registration # and County of Registration: Calhoun  
1381 Sweetwater Rd Port Lavaca Tx 77979  
2145334307
398. A. Signature: Melanie Zambrano  
 B. Printed Name: Melanie Zambrano  
 C. Date of Signature: 1-21-25  
 D. Mailing Address (including city): 1305 Hollomon Rd. Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 1305 Hollomon Rd,  
Port Lavaca, Tx 77979, 03-20-88  
 (2) Voter Registration # and County of Registration: Calhoun  
1057632109 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

399. A. Signature: J. Luna  
B. Printed Name: Juan Luna  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 515 Jacob Rd Port Lavaca, Tx 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: same as above  
11/19/1983  
(2) Voter Registration # and County of Registration: 1000890331 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 400-449)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

- |                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

400. A. Signature: Desiree Cardona  
B. Printed Name: Desiree Cardona  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 112 Del Mar Dr. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: # 111616168768  
Calhoun County
401. A. Signature: April H. Cruz  
B. Printed Name: April H. Cruz  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 191 PARKLANE AVE PORT LAVACA  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
1019152692 Calhoun
402. A. Signature: Elizabeth Keysquardo  
B. Printed Name: Elizabeth Keysquardo  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 191 PARKLANE AVE PORT LAVACA  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2163213096 Calhoun
403. A. Signature: LYKA Fortner  
B. Printed Name: LYKA Fortner  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 331 PARKLANE AVE PORT LAVACA  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2154570307 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

404. A. Signature: [Signature]  
 B. Printed Name: Andres R. Cardona  
 C. Date of Signature: 01/20/2025  
 D. Mailing Address (including city): 112 DEL MAR DR, PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2110190014 Calhoun County
405. A. Signature: [Signature]  
 B. Printed Name: Jeniffer Biet Flores  
 C. Date of Signature: 11/20/25  
 D. Mailing Address (including city): 324 Bayou Dr Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1184797332 Calhoun
406. A. Signature: [Signature]  
 B. Printed Name: FERNANDO FLORES  
 C. Date of Signature: 11/20/25  
 D. Mailing Address (including city): 324 Bayou Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) - Voter Registration # and County of Registration: 2136020931 Calhoun
407. A. Signature: [Signature]  
 B. Printed Name: VERONICA HEYSQUIERDO  
 C. Date of Signature: 11/20/25  
 D. Mailing Address (including city): 324 Bayou Dr. PORT LAVACA TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000971010 Calhoun
408. A. Signature: [Signature]  
 B. Printed Name: Theresa Guzman  
 C. Date of Signature: 1-20-25  
 D. Mailing Address (including city): 1100 Salco Dr #41 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1192194433 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

409. A. Signature: Maria Cruz  
B. Printed Name: Maria Cruz  
C. Date of Signature: 1/20/2025  
D. Mailing Address (including city): 1100 S Alcoa Dr #31 Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2002604372 Calhoun
410. A. Signature: Maria Irene Galvan  
B. Printed Name: Maria Irene Galvan  
C. Date of Signature: 1/20/25  
D. Mailing Address (including city): 2213 Vail Dr Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000905598 Calhoun
411. A. Signature: Kathy Heard  
B. Printed Name: KATHY HEARD  
C. Date of Signature: 1/23/2025  
D. Mailing Address (including city): PO BOX 1162 Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000906190 Calhoun
412. A. Signature: Beverly Ann Brock  
B. Printed Name: Beverly Ann Brock  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): PO BOX 914 Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1173994067 Calhoun
413. A. Signature: Martha Perez  
B. Printed Name: Martha Perez  
C. Date of Signature: 1-23-25  
D. Mailing Address (including city): 503 Willomick Dr. Port Lavaca  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1177036277 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

414. A. Signature: Anita Hawthorne  
 B. Printed Name: Anita Hawthorne  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 215 CROCKETT ST Port Lavaca 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: Calhoun  
1159015979
415. A. Signature: PATRICIA HRANICKY  
 B. Printed Name: Patricia Hranicky  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 211 CHARLOTTE DR. PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: Calhoun  
1000 9898 55
416. A. Signature: P. Ledwick, RN  
 B. Printed Name: Patricia Ledwick  
 C. Date of Signature: 4/22/25  
 D. Mailing Address (including city): 2225 LARRY DR. PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: Calhoun  
1142788474
417. A. Signature: Chanelle Chan  
 B. Printed Name: Chanelle Chan  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 107 HACKBERRY BRD. PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 2/29/80  
 (2) Voter Registration # and County of Registration: Calhoun  
1089166491
418. A. Signature: Lauryn Chavane  
 B. Printed Name: Lauryn Chavane  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 707 HACKBERRY BRD PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: Calhoun  
2216224278

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

419. A. Signature: Adan Alvarez  
 B. Printed Name: Adan Alvarez  
 C. Date of Signature: 11/23/2025  
 D. Mailing Address (including city): 707 Hackberry Blvd Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1007663649 Calhoun
420. A. Signature: Diana Zambrano  
 B. Printed Name: Diana Zambrano  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): 613 Willowick Drive, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as mailing; 07-07-1988  
 (2) Voter Registration # and County of Registration: 2142453745 Calhoun
421. A. Signature: Dorely Longoria  
 B. Printed Name: Dorely Longoria  
 C. Date of Signature: 11/23/2025  
 D. Mailing Address (including city): 2101 BAKER DR. PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000979919 Calhoun
422. A. Signature: Nadaya Pera  
 B. Printed Name: Nadaya Pera  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): 233 S Alcoa Dr. 1703 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1015694789 Calhoun
423. A. Signature: Joni Rodriguez  
 B. Printed Name: Joni Rodriguez  
 C. Date of Signature: 01-23-2025  
 D. Mailing Address (including city): PO BOX 1094 Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000995283 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

424. A. Signature: Rodriguez  
 B. Printed Name: Rodriguez  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 704 WOODWARD DR PORT LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2002185431 Calhoun
425. A. Signature: Kenna Munchica  
 B. Printed Name: Kenna Munchica  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 10111 SUNCREST DR. PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1036549969 Calhoun
426. A. Signature: Dora Galvan  
 B. Printed Name: Dora Galvan  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 1201 Schooley St Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 100987667 Calhoun
427. A. Signature: Delia Galvan  
 B. Printed Name: Delia Galvan  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 2420 FM 1090 S Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000989313 Calhoun
428. A. Signature: Tony Galvan  
 B. Printed Name: Tony Galvan  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 2420 FM 1090 S Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000988657 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

429. A. Signature: Alisa Marwitz  
 B. Printed Name: Alisa Marwitz  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 201 Chantilly Ln, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1162043037 - Calhoun

430. A. Signature: Christopher Aaron Borodovsky  
 B. Printed Name: CHRISTOPHER AARON BORODOVSKY  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 11620 SUNCREST, PORT LAVACA, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11620 SUNCREST, PORT LAVACA, TX 09-19-1984  
 (2) Voter Registration # and County of Registration: 101619923 Calhoun

431. A. Signature: Florence L Todd  
 B. Printed Name: Florence L Todd  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 202 Tangerine Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1035527174 - Calhoun

432. A. Signature: Richard Smith  
 B. Printed Name: Richard Smith  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 50 La Lucia St. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1179073445 Calhoun

433. A. Signature: Leticia Lopez  
 B. Printed Name: Leticia Lopez  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 273 Maria St. Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1015998942 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

434. A. Signature: [Signature]  
B. Printed Name: Jessica Perez Mejorado  
C. Date of Signature: 1/22/2025  
D. Mailing Address (including city): 206 Santa Rosa Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2137369350 - Calhoun
435. A. Signature: [Signature]  
B. Printed Name: Mana Espinoza  
C. Date of Signature: 1.22.2025  
D. Mailing Address (including city): P.O. Box 213 Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2173976990 Calhoun
436. A. Signature: [Signature]  
B. Printed Name: Daisy Dominguez  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 218 W. Wilson St Port Lavaca TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 2193468233 Calhoun
437. A. Signature: [Signature]  
B. Printed Name: Letizia Johnson  
C. Date of Signature: 1-22-2025  
D. Mailing Address (including city): 93 Henderson Rd, Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 101451993 Calhoun
438. A. Signature: [Signature]  
B. Printed Name: Sara M. Rodriguez  
C. Date of Signature: 1/22/2025  
D. Mailing Address (including city): 221 Lantana Ln., Port Lavaca, Tx 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: Same  
(2) Voter Registration # and County of Registration: 1152988689 Calhoun

**PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT**

439. A. Signature: Randy Crider  
 B. Printed Name: Randy Crider  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 107 Carrigan Ave Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1020574103 Calhoun
440. A. Signature: Trevor Finster  
 B. Printed Name: Trevor Finster  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 328 Finster Lane, Seadrift Tx, 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as above  
 (2) Voter Registration # and County of Registration: 1194363042 Calhoun
441. A. Signature: Christy Brown Dunn  
 B. Printed Name: Christy Brown Dunn  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 108 DelMar Dr, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: Same as above  
 (2) Voter Registration # and County of Registration: 1015165201 Calhoun
442. A. Signature: Nohemy Lopez  
 B. Printed Name: Nohemy Lopez  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 1511 Leon Dr Port Lavaca Tx 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1191826467 - Calhoun
443. A. Signature: Karla Perez  
 B. Printed Name: Karla Perez  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 11621 Burkedale Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: SA  
 (2) Voter Registration # and County of Registration: 2166956907 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

444. A. Signature: Sara Rubio  
 B. Printed Name: SARA RUBIO  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 50 Sadalahorn Dr. Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 10202109101 - Calhoun
445. A. Signature: [Signature]  
 B. Printed Name: Hogan Harper  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 82 Bayou Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1210 203079 Calhoun
446. A. Signature: Melanie Cortez  
 B. Printed Name: Melanie Cortez  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 212 Bauer Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 104 242 0700 Calhoun
447. A. Signature: Jacqueline Rubio  
 B. Printed Name: Jacqueline Rubio  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 56 Seelhorn Dr Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1200151723 Calhoun
448. A. Signature: [Signature]  
 B. Printed Name: Heriberto Cordova Jr  
 C. Date of Signature: HERIBERTO Cordova 1/23/25  
 D. Mailing Address (including city): 55 Rodeo Dr Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000868733 Calhoun



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

449. A. Signature: Maria Arredondo  
B. Printed Name: Maria Arredondo  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 316 Avalon St. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: Same as above  
Jan. 6<sup>th</sup>, 1967  
(2) Voter Registration # and County of Registration:  
1050876663 Calhoun

**GUIDELINES FOR PETITIONS**  
**(SIGNATURES 450-499)**

1. Only registered voters residing within the boundaries of the proposed district (Calhoun County) can sign the petition. The signatures of voters outside the proposed boundaries will not be counted toward the statutorily required rule of signatures needed.
2. If multiple copies of the petition are circulated, each copy should contain the full introductory portion. There may be multiple signature pages stapled to the introductory portion, but each one should be titled "Petition to Create the Calhoun County Hospital District" and should clearly state the information required with the signature.
3. The information indicated is considered necessary to verify signatures. There must be the following: (1) signature, (2) printed name, (3) the date of signature, (4) mailing address (including city), and (5) either (a) residence address (including city) and date of birth or (b) voter registration number and county of registration. A P.O. Box is generally not acceptable as a residence address. A P.O. Box is, of course, an acceptable mailing address. If a person has the same mailing and residence address, they can simply write "same as mailing" under the section for residence address.
4. Only the signature is required to be in the voter's handwriting. The other information may be filled in by someone else.
5. A petition may not be signed by an agent. Each person signing the petition must sign for himself or herself. One spouse cannot sign for another.

## PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

To: Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann St., Suite 301  
Port Lavaca, TX 77979

We, the undersigned registered voters of Calhoun County, do hereby petition for the creation of a hospital district under the following terms and conditions pursuant to Section 286.021, et seq., of the Texas Health and Safety Code:

1. The name of the proposed district shall be: Calhoun County Hospital District ("District").
2. The District is to be created and is to operate under Article IX, Section 9, of the Texas Constitution.
3. The Commissioners Court of Calhoun County, Texas, shall appoint the following individuals to serve as temporary directors of the District until such time as the elected directors take office pursuant to §§ 286.041-286.050 of the Texas Health and Safety Code:

|                                 |          |
|---------------------------------|----------|
| 1) <u>Michael Chavana</u>       | Place #1 |
| 2) <u>Kelly Staloch</u>         | Place #2 |
| 3) <u>Jessie Rodriguez, III</u> | Place #3 |
| 4) <u>Stephen Mutchler</u>      | Place #4 |
| 5) <u>Shelia Dierschke</u>      | Place #5 |
| 6) <u>Sherry Philips</u>        | Place #6 |
| 7) <u>Dallas Franklin</u>       | At Large |

4. The District shall impose a property tax, and the maximum ad valorem tax rate that may be adopted by the District shall not exceed forty cents (\$0.40) on the \$100 valuation of all taxable property in the District.

5. The District shall not impose a sales and use tax.

6. Seven (7) permanent directors shall be elected as follows:

Six (6) directors shall be elected by place. One director shall be elected from each of the six (6) Calhoun County Independent School District Places. The directors elected from Places, One Three and Five shall serve an initial term of two (2) years. The directors elected from Places, Two, Four and Six shall serve an initial term of one (1) year. The remaining (1) director shall be elected from the County at large and shall serve an initial term of two (2) years.

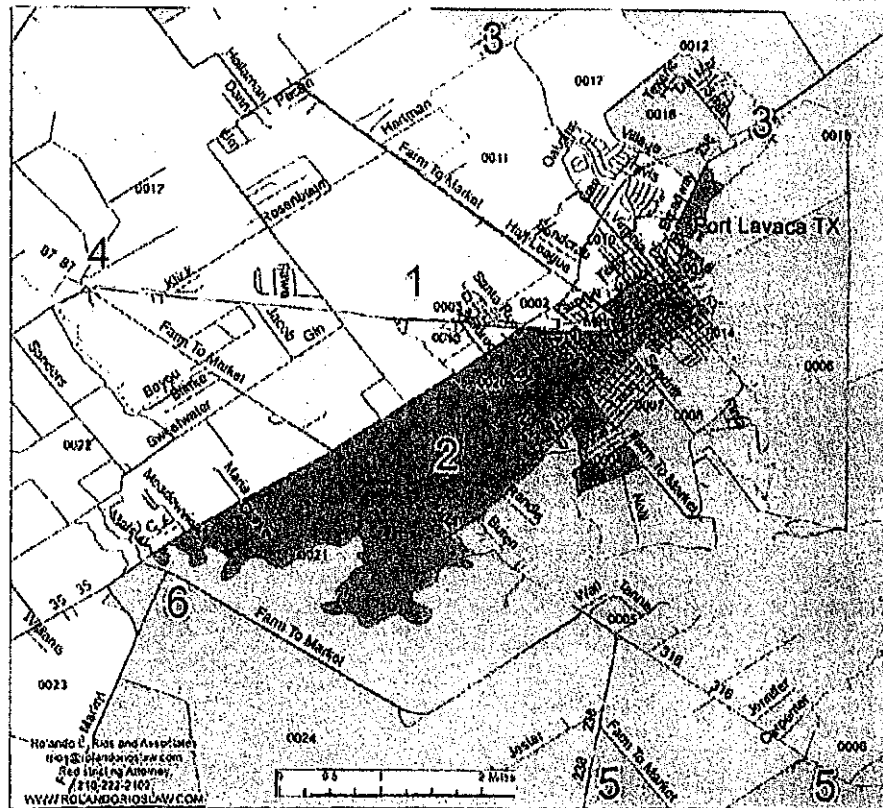
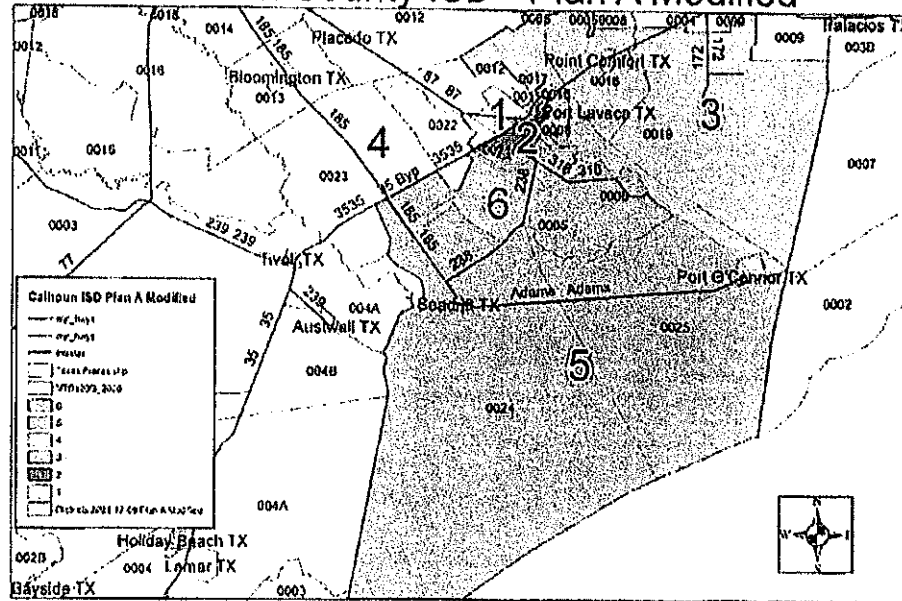
7. The boundaries of the District shall be coterminous with the boundaries of Calhoun County, Texas.

8. None of the territory in the District is included in another hospital district established pursuant to the laws of the State of Texas.

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

## DISTRICT ELECTION PLACE MAP

### Calhoun County ISD - Plan A Modified



PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

I am a registered voter of Calhoun County, Texas, and a resident of the proposed District, and, by my signature below indicate my support for this petition. I understand that the following information is required for a petition signature to be valid:

450. A. Signature: Holly Strakos  
B. Printed Name: Holly Strakos  
C. Date of Signature: 01/22/25  
D. Mailing Address (including city): 134 Marshall Rd Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1000108441 Calhoun

451. A. Signature: [Signature]  
B. Printed Name: Marvin Strakos Jr.  
C. Date of Signature: 1/22/25  
D. Mailing Address (including city): 134 Marshall Rd. Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1175009036 Calhoun

452. A. Signature: [Signature]  
B. Printed Name: Robert W. Hahn  
C. Date of Signature: 1-22-25  
D. Mailing Address (including city): 211 Hahn Road Port Lavaca, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1162571087 Calhoun

453. A. Signature: [Signature]  
B. Printed Name: RETHA HAHN  
C. Date of Signature: 1-22-25  
D. Mailing Address (including city): 211 HAHN RD, PORT LAVACA, TX 77979  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: 1010195080 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

454. A. Signature: [Signature]  
 B. Printed Name: Robbie J. Vickery  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 527 Willowist Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 10/26/74  
 (2) Voter Registration # and County of Registration: 1158876175 Calhoun
455. A. Signature: Catherine Blevins  
 B. Printed Name: Catherine Blevins  
 C. Date of Signature: 01/23/25  
 D. Mailing Address (including city): 222 N San Antonio St Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 03/01/1994  
222 N San Antonio St port lavaca TX 77979  
 (2) Voter Registration # and County of Registration: 1184768411 Calhoun
456. A. Signature: Anna M. Goodman  
 B. Printed Name: Anna M Goodman  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 29 Rosella Ln Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 11/25/65  
29 Rosella Ln Port Lavaca TX  
 (2) Voter Registration # and County of Registration: Calhoun  
1010818952 Calhoun
457. A. Signature: Debra L. Vickery  
 B. Printed Name: Debra Vickery  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1110 Brookhollow Dr. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 3/6/69  
1110 Brookhollow Dr. Port Lavaca TX  
 (2) Voter Registration # and County of Registration: 1006875705 Calhoun
458. A. Signature: Rilla R. Wood  
 B. Printed Name: Rilla R. Wood  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 565 N. Maxwell Ln. Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 07/24/76  
565 N. Maxwell Ln. Port Lavaca  
 (2) Voter Registration # and County of Registration: 1011904689 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

459. A. Signature: [Signature]  
 B. Printed Name: James Wesley Peppers  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 47 Jenni St Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2156191124 Calhoun
460. A. Signature: [Signature]  
 B. Printed Name: DOROTHY O. MAYNE  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 1374 AL OCEAN DR. PORT LAVACA, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2156668812 Calhoun
461. A. Signature: [Signature]  
 B. Printed Name: Tamera Atkins  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 39 LaLucca St. Port Lavaca, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 39 LaLucca 4/9/62  
 (2) Voter Registration # and County of Registration: 1043185470 Calhoun
462. A. Signature: [Signature]  
 B. Printed Name: Michael Padon  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 139 LaLucca Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 139 LaLucca Port Lavaca  
 (2) Voter Registration # and County of Registration: 1006692561 Calhoun
463. A. Signature: [Signature]  
 B. Printed Name: Windell Durant  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 555 LaLucca St. Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 555 LaLucca St. Port Lavaca TX 77979 4/2/58  
 (2) Voter Registration # and County of Registration: 1036567843 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

464. A. Signature: Cathy Decios  
 B. Printed Name: Catherine Decios  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 201 Nassau St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2120114727 Calhoun

465. A. Signature: Emilie Wilkey  
 B. Printed Name: Emilie Wilkey  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 216 Bowest Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1013083125 Calhoun

466. A. Signature: Rosemarie T Weaver  
 B. Printed Name: Rosemarie T Weaver  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 2285 FM 2541 Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000896803 Calhoun

467. A. Signature: Cecilia Alford  
 B. Printed Name: Cecilia Alford  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 280 Woodbridge Rd Seadrift, TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1192437267 Calhoun

468. A. Signature: Lloyd Alford  
 B. Printed Name: Lloyd Alford  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 280 Woodbridge Rd Seadrift TX 77983  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1192431382 Calhoun



# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

469. A. Signature: [Signature]  
 B. Printed Name: RAMIRO D. LAMARCA  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 1412 AVILA ST., PORT LAVACA, TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2122102643 Calhoun
470. A. Signature: [Signature]  
 B. Printed Name: Kristen Machicek  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 515 Elmhurst Dr Port Lavaca Tx 77929  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: same as above  
05-12-1981  
 (2) Voter Registration # and County of Registration: 2215973672 Calhoun
471. A. Signature: [Signature]  
 B. Printed Name: KATHY WARREN  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): P.O. BOX 176 Point Comfort  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 106 TEXAS AVE, Pt. Comfort - 2-17-1948  
 (2) Voter Registration # and County of Registration: 1000916614 Calhoun
472. A. Signature: [Signature]  
 B. Printed Name: GEORGE A. SPENCE  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 113 La Salle Blvd Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1019062954 Calhoun
473. A. Signature: [Signature]  
 B. Printed Name: JANICE BLAKE  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 1300 A ROYAL PT PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000926087 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

474. A. Signature: Lydeia Alford  
 B. Printed Name: Lydeia Alford  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 402 Sanders Rd., Seadrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 402 Sanders Rd. 3-10-62  
 (2) Voter Registration # and County of Registration: 1000856974 Calhoun
475. A. Signature: Burke Alford  
 B. Printed Name: Burke Alford  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 402 Sanders Rd., Seadrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 402 Sanders Rd. 2-2-55  
 (2) Voter Registration # and County of Registration: 1023971035 Calhoun
476. A. Signature: Dalton Alford  
 B. Printed Name: Dalton Alford  
 C. Date of Signature: 1-22-25  
 D. Mailing Address (including city): 402 Sanders Rd., Seadrift  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 402 Sanders Rd. 11-21-03  
 (2) Voter Registration # and County of Registration: 2179554280 Calhoun
477. A. Signature: Michelle Martin  
 B. Printed Name: Michelle Martin  
 C. Date of Signature: 11-22-2025  
 D. Mailing Address (including city): PO Box 423 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1010246801
478. A. Signature: Jana Gregory  
 B. Printed Name: JANA GREGORY  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): PO Box 224 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1142472879 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

479. A. Signature: Nancy Smykal  
 B. Printed Name: Nancy Smykal  
 C. Date of Signature: 1-29-25  
 D. Mailing Address (including city): P.O. Box 446 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

480. A. Signature: Forrest A. Smykal  
 B. Printed Name: Forrest A. Smykal  
 C. Date of Signature: 1-29-25  
 D. Mailing Address (including city): P.O. Box 446 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

481. A. Signature: Emma Taylor Hawes  
 B. Printed Name: EMMA TAYLOR HAWES  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): P.O. Box 473 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

482. A. Signature: Marilyn Giesel  
 B. Printed Name: MARILYN GIESEL  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): P.O. Box 484 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

483. A. Signature: Deborah Hopper  
 B. Printed Name: Deborah Hopper  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): P.O. Box 373 Port O'Connor, TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: \_\_\_\_\_

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

484. A. Signature: [Signature]  
 B. Printed Name: Colton Hahn  
 C. Date of Signature: 1/21/25  
 D. Mailing Address (including city): 1214 Farik Rd, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 120639449 Calhoun

485. A. Signature: [Signature]  
 B. Printed Name: Matthew Hahn  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 1214 Farik Rd Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1177514608 Calhoun

486. A. Signature: [Signature]  
 B. Printed Name: Scott Wyatt  
 C. Date of Signature: 1-22-2025  
 D. Mailing Address (including city): 122 Meadowbrook Dr Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000310370 Calhoun

487. A. Signature: [Signature]  
 B. Printed Name: Phillip J. Swope  
 C. Date of Signature: 1/22/2025  
 D. Mailing Address (including city): 119 Oak Grove Lane, Port Lavaca  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009570114 Calhoun

488. A. Signature: [Signature]  
 B. Printed Name: Josua Hahn  
 C. Date of Signature: 1/22/25  
 D. Mailing Address (including city): 211 HAHN RD PORT LAVACA  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2169091868 Calhoun

# PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

489. A. Signature: Ambur Molina  
 B. Printed Name: Ambur Molina  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 402 Glenbrook Ln Port Lavaca TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: 402 Glenbrook Ln Port Lavaca TX 77979 10/10/1996  
 (2) Voter Registration # and County of Registration: 2168726662 calhoun
490. A. Signature: Denise R. Stringo  
 B. Printed Name: DENISE R. STRINGO  
 C. Date of Signature: 01/23/2025  
 D. Mailing Address (including city): PO Box 261 Port O'Connor TX 77982  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000855329 calhoun
491. A. Signature: Beverly A. Tapley  
 B. Printed Name: Beverly A. Tapley  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): 2204 Vail, Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1011737735 calhoun
492. A. Signature: William Ray Tapley  
 B. Printed Name: WILLIAM RAY TAPLEY  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 2204 VAIL ST. Port Lavaca TX  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000919136 calhoun
493. A. Signature: Irak Stratos  
 B. Printed Name: IRAK STRATOS  
 C. Date of Signature: 1-23-2025  
 D. Mailing Address (including city): 109 Brentwood Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1009421148 calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

494. A. Signature: Sidney Malinek  
 B. Printed Name: SIDNEY MALINEK  
 C. Date of Signature: 1/23/2025  
 D. Mailing Address (including city): PO Box 32 PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 111165818 Calhoun
495. A. Signature: Heather Thumann  
 B. Printed Name: HEATHER THUMANN  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 673 MARGIE TERMINER PORT LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 2172113832 Calhoun
496. A. Signature: Cheryl Elavier  
 B. Printed Name: Cheryl Elavier  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 1424 NORTH OCEAN DRIVE PORT LAVACA, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1140966221 Calhoun
497. A. Signature: Arthur Castillo  
 B. Printed Name: ARTHUR CASTILLO  
 C. Date of Signature: 1-23-25  
 D. Mailing Address (including city): 1724 NORTH OCEAN DR. PORT LAVACA TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1133166515 Calhoun
498. A. Signature: Melvin O. Strong  
 B. Printed Name: Melvin O. Strong  
 C. Date of Signature: 1/23/25  
 D. Mailing Address (including city): 360 24th St Port Lavaca, TX 77979  
 E. Either (1) or (2):  
 (1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
 (2) Voter Registration # and County of Registration: 1000913720 Calhoun

PETITION TO CREATE THE CALHOUN COUNTY HOSPITAL DISTRICT

499.

- A. Signature: *Nicole Fivecoat*  
B. Printed Name: Nicole Fivecoat  
C. Date of Signature: 1/23/25  
D. Mailing Address (including city): P.O. Box 515 Point Comfort, TX 77978  
E. Either (1) or (2):  
(1) Residence Address (including city) and Date of Birth: \_\_\_\_\_  
(2) Voter Registration # and County of Registration: \_\_\_\_\_  
2151466153 calhoun

**# 19**



19. Consider and take necessary action to Accept grant from the Matagorda Bay Mitigation Trust in the amount of \$249,926.00 for the replacement of the Little Chocolate Bayou restrooms and authorize all appropriate signatures on Contract number 077. (DEH)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

# David E. Hall

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*Calhoun County Commissioner, Precinct #1*

202 S. Ann

Port Lavaca, TX 77979



(361)552-9242

Fax (361)553-8734

Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann  
Port Lavaca, TX 77979

RE: AGENDA ITEM

Dear Judge Lyssy,

Please place the following item on the Commissioners' Court Agenda for January 29th, 2025.

Consider and take necessary action to Accept grant from the Matagorda Bay Mitigation Trust in the amount of \$249,926.00 for the replacement of the Little Chocolate Bayou restrooms and authorize all appropriate signatures on Contract number 077.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Hall".

David E. Hall

DEH/apt



**MATAGORDA BAY MITIGATION TRUST**

**Steven J. Raabe, P.E., Trustee**

**P.O. Box 1269**

**Poth, Texas 78147-1269**

**Trustee@mbmTrust.com**

January 21, 2025

Commissioner David Hall  
Calhoun County  
305 Henry Barber Way  
Port Lavaca, TX 77979  
Email: david.hall@calhouncotx.org

Re: Little Chocolate Bayou Park Restrooms

Dear Commissioner Hall,

The Matagorda Bay Mitigation Trust (Trust) is pleased to inform you that your proposal titled "Little Chocolate Bayou Park Restrooms" has been selected for award.

The Trust received 60 proposals in response to the Request for Proposals issued on September 1, 2024 totaling \$27.3 million. The Trust has selected 30 projects totaling \$14.6 million for award.

I look forward to working with you and your organization on this exciting project.

This award is contingent on executing a contract between your organization and the Trust. I will be reaching out to you in the near future to finalize your contract.

Please let me know if you have any questions.

Sincerely,

Steven J. Raabe, P.E.  
Trustee, Matagorda Bay Mitigation Trust

**MATAGORDA BAY MITIGATION TRUST**

**CONTRACT COVER/SIGNATURE PAGE**

**TITLE OF CONTRACT No. 077: Little Chocolate Bayou Park Restrooms**

This Contract is entered into by the Matagorda Bay Mitigation Trust (herein referred to as "the Trust") and the following named Recipient:

**THE TRUST:**

Matagorda Bay Mitigation Trust  
P. O. Box 1269  
Poth, Texas 78147-1269  
**Email:** [Trustee@mbmtrust.com](mailto:Trustee@mbmtrust.com)  
**Contact Person:** Steven J. Raabe, Trustee

**RECIPIENT:**

Calhoun County  
211 S. Ann Street  
Port Lavaca, Texas 77979  
**Email:** [vern.lyssy@calhouncotx.org](mailto:vern.lyssy@calhouncotx.org)  
[David.hall@calhouncotx.org](mailto:David.hall@calhouncotx.org)  
**Contact Person:** Judge Vern Lyssy and  
Commissioner David Hall

The Recipient ("Recipient") agrees to provide Mitigation Project Work and Services ("Mitigation Project") in compliance with this Contract ("Contract") and all applicable federal and state laws, regulations, and rules. In accordance with the General Terms & Conditions, it is understood and agreed by both parties hereto that the Trust's obligations under this Contract are contingent upon Recipient's compliance with this Contract and federal and state law regulations and rules. This Contract, which constitutes promised performances by the Recipient, consists of the following documents:

- Contract (Cover Sheet/Signature Page)
- General Terms and Conditions
- Statement of Mitigation Project (Attachment A)
- Budget (Attachment B)
- Invoice Format (Attachment C)

The Recipient hereby acknowledges that it has read and understands this entire Contract. All oral or written agreements between the parties hereto relating to the subject matter of this Contract that were made prior to the execution of this Contract have been reduced to writing and are contained herein. The Recipient agrees to abide by all terms and conditions specified herein and certifies that the information provided to the Trust is true and correct in all respects to the best of its knowledge and belief.

**CONTRACT PERIOD:** FROM: March 1, 2025 UNTIL: March 31, 2026

**FUNDING:** This Contract may not exceed \$249,926.00 ("funds").

**APPROVED:**

**MATAGORDA BAY MITIGATION TRUST**

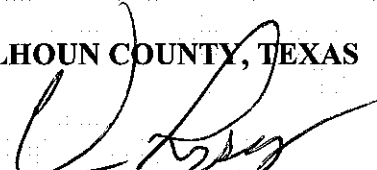
**CALHOUN COUNTY, TEXAS**

**BY:** 

**NAME:** Steven J. Raabe

**TITLE:** Trustee

**DATE:** January 21, 2025

**BY:** 

**NAME:** Vern Lyssy

**TITLE:** County Judge

**DATE:** 1-29-2025

## **GENERAL TERMS AND CONDITIONS**

### **I. PARTIES**

- A. Trustee of the Matagorda Bay Mitigation Trust herein referred to as "Trustee" or "Trust" as applicable and "Recipient," have made and entered into this Contract herein referred to as "Contract."
- B. Recipient represents and guarantees that it possesses the legal authority to enter into this Contract, receive the funds authorized by this Contract, and to perform the work and services described on Attachment "A" comprising the Mitigation Project ("Mitigation Project"). The Recipient has obligated itself to perform under this Contract, including subsequent contract amendments or modifications. As may be applicable to Recipient, the Recipient shall comply with appropriate federal and state licensing or certification requirements.
- C. The persons signing this Contract on behalf of the parties hereto warrant that they are the duly authorized representatives authorized to execute this Contract and to validly bind their respective parties to all terms, conditions, performances and provisions herein set forth.

### **II. PURPOSE**

This Contract sets forth the terms and conditions upon which the Trust agrees to provide funds ("funds") to the Recipient to perform the Mitigation Project.

### **III. RECIPIENT AS INDEPENDENT CONTRACTOR**

- A. It is understood and agreed by both parties that the Trust is contracting with Recipient as an independent contractor and that Recipient is and shall be liable to its own employees and is responsible for its own risk of loss.
- B. The Recipient agrees to repay the Trust for all disallowed cost or other claims which may be declared by the Trustee occurring in connection with the Mitigation Project to be performed or administered by the Recipient under this Contract.
- C. Employees of Recipient are not employees or agents of the Trust. Employees of Recipient are subject to the exclusive control and supervision of Recipient and Recipient is solely responsible for employee payroll and claims arising therefrom.

#### IV. FUNDS

##### A. Funds and Payment Disbursements

1. Trust agrees to pay Recipient in accordance with the approved budget structure set forth in Attachment B and other provisions of this Contract and such payment shall not exceed the amount specified in the Contract Cover/Signature Page.
2. Recipient agrees that it shall not utilize funds for administration or overhead expenses in an amount that exceeds fifteen percent (15%) of the approved budgeted project salaries of Recipient. Recipient shall ensure salary amounts charged to the project are reasonable and solely for the project(s) identified.
3. Funds will be disbursed to Recipient as follows:
  - a. Mitigation Project Work Plan. The work plan for the execution of the Mitigation Project is described in Attachment A and includes the following:
    - i. Details regarding the specific work and services to be performed;
    - ii. A schedule of estimated time to perform each stage of the Mitigation Project;
    - iii. A budget to perform the Mitigation Project as shown in Attachment B; and
    - iv. Such other information requested by Trustee.
  - b. Invoicing. Upon completion of each stage of the Mitigation Project or as otherwise agreed, the Recipient shall electronically submit an invoice to the Trust with details about the work and services performed, the date(s) performed and a list of all expenditures in the format shown on Attachment C and such other information requested by the Trust. Trustee may approve payment of the invoice or upon review request additional information the Trustee deems necessary for clarification or other purposes prior to payment. Trustee may withhold payment until satisfied that the invoice represents accurately the contents therein. Prior to, during, or subsequent to approval of payment of invoices to Recipient, the Trustee shall have the right to conduct an audit or investigation regarding such invoices or other information provided by Recipient.
  - c. Progress Reports. Recipient shall provide Trust with a progress report with each invoice detailing the Mitigation Project activities performed to date together with a list of all expenditures with supporting documentation such as paid invoices, copies of subcontracts, reports maintained internally by Recipient, such reports to include information regarding potential issues that affect the Mitigation Project and reports submitted to Recipient's governing body and such other information requested by Trustee.

- d. Final Report. Recipient shall provide Trust with a final report detailing the Mitigation Project as completed which shall include copies of all reports maintained internally by Recipient, such reports to include information regarding the resolution of issues that affected the Mitigation Project and reports submitted to Recipient's governing body reflecting the completion of the Mitigation Project and such other information requested by Trustee.
  - e. Additional Reports. Recipient agrees to provide follow-up information and documentation to any report submitted to Trust as Trustee deems reasonable and necessary and such other information requested by Trustee from time to time.
- 4. Recipient agrees to return, refund, or repay to Trust any sum which Trustee determines represents an overpayment to Recipient or represents funds not used in accordance with the terms of this Contract. Trustee's determination of overpayment or funds not used in accordance with the terms of this Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.
  - 5. Trustee may withhold funds to Recipient if Trustee determines that Recipient has not complied with the terms of this Contract. Trustee's determination to withhold funds due to Recipient's failure to comply with the terms of the Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.
  - 6. Recipient agrees that it will not receive duplicate funds from another source for any of the items included in the budget set forth in Attachment B.
  - 7. Following Trustee's approval of the Final Report, any portion of the funds not expended or obligated in accordance with this Contract shall be returned to the Trust by Recipient.
  - 8. This Contract shall not be construed as creating any future financial obligation or debt of or on behalf of Trust. It is understood and agreed that funds may be provided to Recipient only from funds allocated for this Mitigation Project which shall be distributed subject to compliance with this Contract and upon such timing as deemed reasonable by the Trustee.

V. **RECORDS MANAGEMENT**

- A. Recipient shall maintain all books, records, documents, papers, and other evidence related to Mitigation Project implementation, including financial records, reports maintained internally by Recipient and reports submitted to Recipient's governing body, and Mitigation Project performance information, in accordance with generally accepted business and accounting practices, consistently applied. Recipient shall also maintain the financial data used in the preparation of support for any cost (direct and indirect) information or analysis for the Contract or for any

negotiated subcontract. Recipient shall also maintain a copy of any negotiated subcontract. Recipient shall also maintain a copy of any cost information or analysis submitted to Trustee. Recipient agrees to the disclosure and access of Trustee, or any authorized representative of Trustee to all such books, records, documents, papers, and other evidence for the purposes of review, inspection, audit, excerpts, transcriptions and copying during normal business hours.

- B. Recipient understands that acceptance of funds under this Contract acts as acceptance of the authority of the Trustee or his authorized representative, to conduct an audit or investigation in connection with those funds. Recipient further agrees to fully cooperate with the Trustee, or his authorized representative in the conduct of the audit or investigation, including providing all records requested. Recipient shall ensure that this clause concerning the audit of funds accepted under this Contract is included in any subcontract it awards.
- C. Recipient shall maintain such records and be subject to these audit requirements during the performance under this Contract for a period of five years after Trustee provides written approval of the Final Report. However, if Recipient is aware of any litigation, claim, negotiation, audit, cost recovery or other action, including actions concerning costs of items to which an audit exception has been taken, relating to the Mitigation Project that started before the expiration of the five-year record retention period, Recipient shall maintain all records and be subject to such audit requirements until completion of the action or resolution of all issues which arise from any litigation, claim, negotiation, audit, cost recovery or other action, or until the end of the five-year record retention period, whichever is later. The Trustee will have access to records at any reasonable time for as long as the records are maintained by Recipient. Recipient agrees to transfer records in its custody to Trustee upon his request. This paragraph survives termination of this Contract.
- D. Failure to comply with all records management and reporting requirements of this Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.

## **VI. FINANCIAL MANAGEMENT**

Recipient shall have a financial management or accounting system which accounts for costs in accordance with generally accepted accounting standards and principles. Recipient shall allow Trustee's review of the adequacy of the financial management system. Failure to maintain the financial accounting requirements shall constitute an event of potential default more fully described in Section XIV hereinafter. The accounting requirements shall include:

- A. Provide for the identification of costs in accordance with the approved project budget (Attachment B) and segregation of Mitigation Project costs between the budget categories;



- B. Maintain records which adequately identify the source and application of funds provided under this Contract. Such records must contain information pertaining to awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income;
- C. Provide internal control by maintaining effective control and accountability for all cash, real and personal property and other assets paid for under this Contract. All such property acquired with Project funds must be adequately safeguarded and used solely for authorized purposes;
- D. Provide budget control by comparing outlays and expenditures with budgeted amounts for the funds provided by the Trust both by category and by task as shown in Attachment C;
- E. Support accounting records with source documentation, including cancelled checks, paid invoices, payrolls, time and attendance records, and subcontract documents;
- F. Permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of this Contract or applicable statutes; and
- G. Permit preparation of reports required by this Contract or requested by Trustee.

## **VII. SUBCONTRACTORS**

- A. Recipient may subcontract all or any portion of the Mitigation Project for purposes of this Contract.
- B. Recipient shall be responsible for all acts and omissions of all subcontractors performing or furnishing any portion of the Mitigation Project under a direct or indirect contract with Recipient to the extent provided under applicable laws and regulations. Nothing in this Contract shall create for the benefit of any such subcontractor any contractual relationship between Trust and any such subcontractor, nor shall it create any obligation on the part of Trust to pay or to see to the payment of any money due to any such subcontractor.
- C. Recipient shall be solely responsible for scheduling and coordinating the work of subcontractors performing or furnishing any portion of the Project under a direct or indirect contract with Recipient. Recipient shall require all subcontractors performing or furnishing any portion of the Project who desire to communicate with Trustee to communicate through Recipient with Trustee.
- D. All work performed for Recipient by a subcontractor shall be pursuant to an appropriate written contract between Recipient and the subcontractor which is not inconsistent with the terms and conditions of this Contract. Each subcontractor

shall be provided a copy of this Contract prior to initiating any portion of the Project.

**VIII. PUBLICATIONS, NEWS RELEASES, AND OTHER PUBLIC ANNOUNCEMENTS**

All public reports, news releases, other publicity, and other materials prepared for publication pursuant to or as a result of this Contract shall acknowledge the Matagorda Bay Mitigation Trust as the funding source. Public reports or other publications, news releases, and other publicity issued by Recipient about the Mitigation Project shall be provided to Trustee.

**IX. RIGHTS IN DATA AND OTHER MATERIALS**

- A. Recipient and the Trust agree that any data collected as a result of this Contract shall be jointly owned by Recipient and the Trust. Recipient and Trust agree that each shall have complete and unlimited access and use to all data collected as a result of this Contract. Further, at the termination of the Trust, or at such other time deemed appropriate by Trustee, the Trustee has the right, but not the obligation to transfer any interest in the data to Recipient.
- B. Recipient shall act to ensure all subcontractors used for this Mitigation Project are advised of the rights in data and other materials described herein and that the subcontractors are prohibited from asserting any rights at common law or in equity or otherwise seeking to establish any claim to statutory copyright in any data, material or information developed under this Contract.
- C. Recipient and the Trust agree that in addition to the joint ownership by Recipient and the Trust of any data collected as a result of this Contract, that in the event any invention or intellectual property is created as a result of this Contract in which the Recipient retains title, Trust shall have a non-exclusive, nontransferable, irrevocable, paid-up license to practice or have practiced the subject invention throughout the world. Materials developed as a result of this Contract will be made available to the Trustee in written and electronic formats upon request under the non-exclusive, nontransferable, irrevocable, paid-up license.
- D. The Recipient has the responsibility to obtain from its subcontractors all data and rights therein necessary to fulfill the Recipient's obligations to the Trust under this Contract. If a subcontractor refuses to accept terms affording the Trust's such rights, the Recipient shall promptly bring such refusal to the attention of the Trustee.
- E. Recipient shall place a section in all subcontractor contracts that complies with Section IX.

**X. AGREEMENT TO HOLD HARMLESS AND INDEMNIFICATION**

- A. TO THE EXTENT PERMITTED BY APPLICABLE LAW, RECIPIENT AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TRUST, TRUSTEE AND AGENTS, EMPLOYEES, CONSULTANTS, ACCOUNTANTS, ATTORNEYS AND OTHER PROFESSIONALS AND REPRESENTATIVES ENGAGED OR EMPLOYED BY THE TRUST TO THE FULL EXTENT PERMITTED UNDER FEDERAL AND STATE LAW FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION TO THE EXTENT ARISING FROM THE MISCONDUCT, NEGLIGENCE, OMISSIONS, OR RECKLESS ACTS OF RECIPIENT OR ITS EMPLOYEES, OFFICERS, OFFICIALS OR AGENTS OR ITS SUBCONTRACTORS IN CONNECTION WITH THE PERFORMANCE OF SERVICES OR WORK BY RECIPIENT UNDER THIS CONTRACT. THE PROVISIONS OF THIS PARAGRAPH SHALL SURVIVE TERMINATION OF THIS CONTRACT.**
- B. TO THE EXTENT PERMITTED BY APPLICABLE LAW, THE RECIPIENT AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TRUST, TRUSTEE AND AGENTS, EMPLOYEES, CONSULTANTS, ACCOUNTANTS, ATTORNEYS AND OTHER PROFESSIONALS AND REPRESENTATIVES ENGAGED OR EMPLOYED BY THE TRUST TO THE FULL EXTENT PERMITTED UNDER FEDERAL AND STATE LAW FROM ANY AND ALL CLAIMS AND LOSSES ACCRUING OR RESULTING TO RECIPIENT AND TO ANY AND ALL SUBCONTRACTS, MATERIALS, PERSONS, LABORERS AND AN OTHER PERSONS, FIRMS OR CORPORATION, FURNISHING OR SUPPLYING WORK, SERVICES, MATERIALS, OR SUPPLIES IN CONNECTION WITH THE PERFORMANCE OF THIS CONTRACT.**

**XI. CONFLICT OF INTEREST**

- A. Recipient shall maintain an internal policy regarding conflicts of interest and shall adhere to said policy with respect to any potential or actual organizational or personal conflict of interest between Recipient and its employees or any**

subcontractor with respect to this Contract. Further, such internal policy shall include a prohibition that funds received by Recipient from the Trust shall not be used to pay, reimburse or otherwise give in any manner or for any purpose to the Plaintiffs and Defendants in Cause No. 6-17-CV-00047, In San Antonio Bay Estuarine Waterkeeper and S. Diane Wilson vs. Formosa Plastics Corp., Texas, and Formosa Plastics, Corp., U.S.A., in the United States District Court for the Southern District of Texas, Victoria Division.

- B. Recipient shall notify Trustee regarding any potential or actual organization or personal conflict of interest involving Recipient's employees or subcontractors and shall keep the Trustee informed regarding any actions taken or decisions made in connection with such employee or subcontractor. In the event that the organizational or personal conflicts of interest does not become known until after performance on the Contract begins, Recipient shall notify Trustee of the conflict and any action taken as soon as Recipient becomes aware of the conflict.
- C. Trustee has sole discretion to make the final determination as to whether an organizational or personal conflict of interest exists, and if the conflict of interest requires action beyond the action taken by Recipient, whatever action that may be. Trustee may request Recipient to terminate any subcontractor in whole or in part, if Trustee deems such termination necessary to avoid an organizational or personal conflict of interest.
- D. If Recipient was aware of an actual organizational or personal conflict of interest prior to award or discovered an actual conflict afterward and did not disclose it or misrepresented relevant information to Trust, Trustee, at his sole discretion, may terminate this Contract for default or pursue such other remedies as may be permitted by law or this Contract.
- E. Recipient shall place a section in all subcontractor contracts that complies with Section XI.

## **XII. VENUE**

Recipient acknowledges and agrees that this Contract is being performed in Calhoun County, Texas. Recipient agrees that any permissible cause of action involving this Contract arises solely in Calhoun County.

## **XIII. ENTIRE AGREEMENT**

This Contract constitutes the entire and full agreement between the Recipient and the Trust, and all previous oral or written agreements relating to the subject matter of this Contract between the Trust and Recipient have been superseded, reduced to written form, and are incorporated herein.

Recipient and Trust expressly agree and understand that all future, oral agreements, representations or modifications shall not have any legal binding effect unless and until reduced to writing and executed by both Recipient and Trustee, except for amendments by operation of law as provided in Section XVII in this Contract.

#### **XIV. DEFAULT AND REMEDIES**

A. Recipient shall be considered in default under this Contract if any one or more of the following events occur, provided that Recipient has received written notice of such potential default from Trustee and has failed to cure the potential default within thirty days from the date of said notice. If Recipient has begun a good faith effort to cure the potential default within the thirty-day period, Recipient may be allowed additional time, if deemed reasonable by Trustee in his sole discretion, as needed to cure the potential default.

B. Event of Potential Default. Trustee will, in his sole discretion, determine if an Event of Potential Default exists. Each of the following shall constitute an Event of Potential Default under this Contract:

1. If Recipient makes an assignment for the benefit of creditors or takes any similar action for the protection or benefit of creditors.
2. If at any time Recipient knowingly, negligently, or intentionally makes any representation to Trustee which is incorrect in any material respect.
3. If Recipient knowingly, negligently, or intentionally submits any request for payment to Trust which is incorrect in any material respect.
4. If Recipient knowingly, negligently, or intentionally submits any report or certification to Trust related to the Mitigation Project which is incorrect in any material respect.
5. If Recipient utilizes funds which Trustee determines represents an overpayment to Recipient or represents funds not used in strict accordance with the terms of this Contract.
6. If Recipient fails to perform the Mitigation Project described on Attachment A in any material aspect.
7. If Recipient fails to comply with the reporting and invoicing requirements under this Contract.
8. If Recipient fails to maintain the records management requirements under this Contract.
9. If Recipient fails to maintain the financial accounting requirements under this Contract.

10. If Recipient fails to maintain the insurance requirements under this Contract.

11. If Recipient fails to comply with any term or provision contained in this Contract.

C. Remedies. Upon the occurrence of any such Event of Potential Default and failure of Recipient to cure such potential default as provided above, Trustee may declare Recipient in default in writing and may, as Trustee determines appropriate, withhold payments to Recipient or require Recipient to return, refund or repay any payments received prior or subsequent to the event of default. In addition, Trustee may terminate this Contract and avail himself of any appropriate legal remedies, including recovery of attorney's fees and expenses incurred in enforcing any such legal remedies, if so awarded by a court of competent jurisdiction.

D. No Waiver. A waiver of any Event of Potential Default shall not be considered a waiver of any other or subsequent Event of Potential Default, and any delay or omission in the exercise or enforcement of the rights and powers of Trust shall not be construed as a waiver of any rights or powers.

#### **XV. USE OF FUNDS AND LIMITATIONS ON EXPENDITURES**

Funds distributed or allocated to Recipient under this Contract, or any modification thereto, shall not be used to support other programs operated by the Recipient under a different contract. Nor can such funds be carried over to a new contract or amended contract without the written permission of the Trustee.

#### **XVI. LIMITATION ON LIABILITY**

The Recipient understands and agrees that the Trust shall not be liable for expenditures made in violation of terms of this Contract, any laws, regulations, rules, or policies, or any other laws or regulations applicable to the Mitigation Project performed under this Contract. The Recipient also agrees that the Trust shall not be liable for any cost incurred by Recipient which exceeds the funding amount provided hereinabove. The Recipient shall be liable for such funds and shall repay such funds even if the improper expenditure, if any, was made by a subcontractor of the Recipient.

#### **XVII. AMENDMENTS BY OPERATION OF LAW**

Any alterations, additions, or deletions to the terms of this Contract which are required by changes in Federal law, State law, by regulations, are automatically incorporated into this Contract as if set forth fully, without written amendment hereto, and shall become effective on the effective date designated by such law, regulation, or policy.

#### **XVIII. COMPLIANCE WITH LAW.**

Recipient covenants and agrees to comply with all applicable Federal, State and local laws, and all applicable Federal and State regulations. Recipient shall also be responsible to ensure that its' subcontractors shall comply with applicable Federal, State and local laws, and all applicable Federal and State regulations.

#### **XIX. PATENT INDEMNITY**

The Recipient shall include a provision in all of its contracts with contractors and subcontractors that the contractor and subcontractor will indemnify the Trustee, the Trust and its consultants, agents, attorneys, and employees against liability, including costs, for infringement of any United States patent (except a patent issued upon an application that is now or may hereafter be withheld from issue pursuant to a Secrecy Order under 35 U.S.C. §181) arising out of the manufacture or delivery of supplies, the performance of services, or the construction, alteration, modification, or repair of real property under this Contract, or out of the use or disposal by or for the account of the Trust of such supplies or construction work.

#### **XX. DISCLOSURE OF INTEREST**

Recipient represents and warrants that the Trustee, the Trust or its' consultants, agents or attorneys have no ownership or beneficial interest of any kind in Recipient or Recipient's subcontractors. Further, Recipient shall ensure subcontractor's compliance with Section XX.

#### **XXI. SEVERABILITY**

If for any reason any section, paragraph, subdivision, clause, phrase, word or provision of this Contract shall be held invalid or unconstitutional by final judgment of a court of competent jurisdiction, it shall not affect any other section, paragraph, subdivision, clause, phrase, word or provision of this Contract for it is the definite intent of the parties that every section, paragraph, subdivision, clause, phrase, word or provision hereof be given full force and effect for its purpose, so long as the invalidated matter does not substantially deprive a party of the benefit of this Contract.

#### **XXII. INSURANCE**

Recipient shall maintain during the term of this Contract and shall provide Trustee with proof of insurance in amounts sufficient to cover the Recipient's liability subject to applicable constitutional and statutory limitations of liability.

1. The Trust shall not be responsible for the payment of premiums or assessments on such policies.
2. Proof of insurance showing such coverages as required herein shall be submitted to Trustee within 20 days of contract execution.
3. In the event any insurance policy as specified herein is cancelled or in the event Recipient fails to maintain the minimum insurance limits as specified herein or in the event recipient fails to provide certificates of insurance, such event shall constitute an event of potential default more fully described in Section XIV hereinabove.

### **XXIII. ASSIGNMENT**

This Contract shall be binding on and inure to the benefit of the Trust and Recipient and their respective successors and permitted assigns. This Contract may not be assigned by Recipient without the prior written consent of the Trustee.

### **XXIV. NOTICES/COMMUNICATIONS**

All notices, communications, and requests given to or made upon the Trust and Recipient hereto shall, except as otherwise specified herein, be in writing and shall be delivered or mailed to such party at the notice addresses specified on the Contract Cover/Signature Page. The Trust and Recipient may change their notice addresses but shall provide immediate notice to the other and shall provide such notice in writing to the other party.

### **XXV. DISPUTES**

In the event a Recipient has a dispute with the Trust or in the event any Recipient seeks to file a claim or lawsuit, the Recipient's sole recourse shall be by informal dispute resolution between the Recipient and the Trust and if such informal dispute resolution is not resolved, then the Recipient may seek the alternative dispute resolution as provided herein. The alternative dispute resolution process shall consist of a Mediated Settlement Conference in Calhoun County, to be conducted with the Recipient and the Trust and their legal counsel. The mediator shall be selected by agreement of the Recipient and the Trustee. Should the parties fail to agree on a mediator, an attorney mediator shall be selected by the Director of Calhoun County Dispute Resolution Services. The decision made by a Mediator shall be binding on the Recipient and the Trust, and there shall be no further appeal but the decision shall be enforced, if necessary, by the District Court of Calhoun County. The Recipient agrees to submit to such binding alternative dispute resolution as provided herein. Further, Recipient's sole remedy under the informal dispute resolution and under the binding alternative dispute resolution shall be limited to all, none or part of the remaining balance, if any, of Funds allocated to it under the terms of this Contract with the Trust; however, the Trust may recoup any Funds distributed to the Recipient through the same alternative dispute resolution procedure described herein. Any remedy under the mediation shall be sole province of the Mediator unless the Recipient and Trustee agree otherwise. In no event shall a Recipient be entitled to any other remedy; including, but not



limited to, actual damages, compensatory damages, punitive damages, exemplary damages, interest, costs of court, actual expenses and attorneys' fees. These procedures shall be binding on Recipients notwithstanding any conflict with any law or regulation.

#### **XXVI. PERIOD OF CONTRACT**

This Contract will remain in effect until the termination of the CONTRACT PERIOD as defined above, unless extended, modified, or terminated by written agreement of the Parties or terminated as provided herein with the exception of the five-year records retention provision in Section V. This provision shall survive termination of this Contract.

#### **END OF TERMS AND CONDITIONS**

**Matagorda Bay Mitigation Trust ("Trust")**  
**ATTACHMENT A**  
**STATEMENT OF MITIGATION PROJECT\***

**Calhoun County, Texas ("Recipient")**  
**211 S. Ann Street**  
**Port Lavaca, Texas 77979**

**Little Chocolate Bayou Park Restrooms**

Calhoun County seeks to repair the public restrooms (built in the early 1980's) at Little Chocolate Bayou Park. The County has received funding for improvements from the Texas General Land Office, but the funds will not cover the necessary demolition and restoration of the park's restrooms. The restrooms' current condition poses a danger of contamination to Little Chocolate Bayou and limits accessibility to visitors with physical disabilities. Addressing this issue will enable visitors to continue enjoying the park's amenities while protecting the waterbodies and ecosystems within and downstream of the park's restrooms.

The goals and objectives of the proposed project:

1. Providing adequate restrooms for the public, advocacy groups, and schools to use during visits to the park.
2. Prevent contamination from the restrooms into the bodies of water in or around the park.
3. Provide another amenity to attract more visitors.

Permits: We will ensure that any permits are obtained in a timely manner and as required. This project site was previously reviewed through a federal environmental review as part of the GLO funding received for the park.

**Task 1: Pre-Construction Deliverables:**

4. Meetings
5. Pre-construction surveying

**Task 2: Prepare Final Design and Bidding Documents Deliverables:**

- a) Final design
- b) Bidding phase

**Task 3: Contractor Award and Project Construction Deliverables:**

- a) Construction contract
- b) Begin construction
- c) As-builts
- d) Project Closeout Report

**Budget:**

|                             |              |
|-----------------------------|--------------|
| Demolition -                | \$ 7,800.00  |
| Electrical -                | \$ 8,900.00  |
| Plumbing -                  | \$ 1,150.00  |
| Pre-Fab Restroom Building - | \$217,076.00 |
| Concrete -                  | \$ 15,000.00 |
| Total -                     | \$249,926.00 |

**Matagorda Bay Mitigation Trust ("Trust")**  
**ATTACHMENT B**  
**BUDGET\***

**Calhoun County ("Recipient")**  
**211 S. Ann Street**  
**Port Lavaca, Texas 77979**

**Contract Budget**

Construction                      \$ 249,926.00

Total Contract Budget              \$249,296.00

**RECIPIENT WILL SUBMIT INVOICES TO TRUST (mark appropriate option):**

  X        **Monthly**

**OR**

            **Quarterly**

**Matagorda Bay Mitigation Trust ("Trust")**  
**ATTACHMENT C**  
**INVOICING INSTRUCTIONS**

**Below are the instructions on how to complete and submit your invoice. All invoices must be submitted electronically. You do not need to submit a hard copy unless specifically requested to do so. Invoices that don't balance or that lack proper supporting documentation will be delayed, so please ensure that your invoice is in order prior to submission.**

The Recipient's Contract includes the budget and invoice form (Attachment C). The Contract's budget is tracked in two ways: Budget by Contract Category and Budget by Task.

Each invoice submitted for payment must track the project costs in compliance with the Recipient's Contract as outlined in Attachment C.

Each field at the top and bottom of the Invoice form must be completed and the invoice must be signed and dated by the person authorize to certify that the invoice is true, correct and complete and in accordance with the Contract.

Each invoice should have the amounts being billed for the current billing period ("This Invoice" columns) and the accumulated amount billed for this Contract to-date, including the current billing period ("Contract To-Date" columns). Please take special note that the two budgets – Budget by Contract Category and Budget by Task – must always equal.

Supporting documentation must be attached to the invoice for each line item being billed in the sequence such items appear in the Budget by Contract Category section. Each supporting document must be clearly labeled *and in the proper budget sequence* in order allow our audit of the invoice and its approval for payment. Failure to properly label or sequence the supporting documentation will cause a rejection of the invoice, so this is very important.

All invoices are to be submitted electronically (email) to: [Trustee@mbmTrust.com](mailto:Trustee@mbmTrust.com).

If a Recipient has any questions whatsoever about invoicing procedures, please feel free to contact the Trust office at 361-200-1456 or write to [Administrator@mbmTrust.com](mailto:Administrator@mbmTrust.com).

Effective Date: June 1, 2020

**Invoice to Matagorda Bay Mitigation Trust**

**Date of Invoice:**

Recipient Name: Calhoun County

Contract #: 077

Contract Amount: \$ 249,926.00

Payment Request No:

Billing Period This Invoice:

From To

Invoice Amount: \$

Is this a final payment application?

Y N

**INVOICE RECAP\***

| BUDGET BY CONTRACT CATEGORY        |              |                  |                   | BUDGET BY TASK |              |                  |              |
|------------------------------------|--------------|------------------|-------------------|----------------|--------------|------------------|--------------|
| Category                           | This Invoice | Contract To-Date | Total Budget      | Task           | This Invoice | Contract To-Date | Total Budget |
| Construction                       |              |                  | 249,926.00        | N/A            |              |                  |              |
|                                    |              |                  | 0.00              |                |              |                  |              |
| <b>Total</b>                       |              |                  | <b>249,926.00</b> |                |              |                  |              |
| *Please see invoicing instructions |              |                  |                   | <b>Total</b>   |              |                  | <b>N/A</b>   |

Remittance Address: 202 S. Ann Street, Suite A, Port Lavaca, Texas 77979

Name of Payment Contact Person and contact information: Commissioner David Hall

**Certification: I certify that the amounts being invoiced are true, correct, and complete in every material respect.**

Signature and Title of Authorized Representative

Date Signed

Print Name and Title of Authorized Representative

For Office Use Only

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Matagorda Bay Mitigation Trust  
Poth, TX United States

Certificate Number:  
2025-1259152

Date Filed:  
01/21/2025

Date Acknowledged:

1/28/25 DA ✓

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Calhoun County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Little Chocolate Bayou Park  
Little Chocolate Bayou Park Restrooms

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) |              |
|----------------------------|------------------------------------------|---------------------------------------|--------------|
|                            |                                          | Controlling                           | Intermediary |
| Raabe, Steven              | Poth, TX United States                   | X                                     |              |
| Aguirre, Robert            | Pipe Creek, TX United States             | X                                     |              |
| Wood Boykin Wolters        | Corpus Christi, TX United States         |                                       | X            |
|                            |                                          |                                       |              |
|                            |                                          |                                       |              |
|                            |                                          |                                       |              |
|                            |                                          |                                       |              |
|                            |                                          |                                       |              |
|                            |                                          |                                       |              |

5 Check only if there is NO Interested Party. ☐

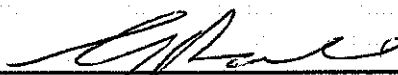
## 6 UNSWORN DECLARATION

My name is Steven J. Raabe and my date of birth is [REDACTED]

My address is PO Box 1269 Poth TX 78147 USA  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Wilson County, State of Texas on the 21 day of Jan, 2025  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

**# 20**



20. Consider and take necessary action to approve attached surplus salvage for 2016 Bomag BW138D Serial Number 101650341034 to be used for trade for purchase of 2019 Bomag BW211ZD serial number 101586081540 and approve all appropriate signatures. (DEH)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

# David E. Hall

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*Calhoun County Commissioner, Precinct #1*

202 S. Ann

Port Lavaca, TX 77979



(361)552-9242

Fax (361)553-8734

Honorable Vern Lyssy  
Calhoun County Judge  
211 S. Ann  
Port Lavaca, TX 77979

RE: AGENDA ITEM

Dear Judge Lyssy,

Please place the following item on the Commissioners' Court Agenda for January 29th, 2025.

Consider and take necessary action to approve attached surplus salvage for 2016 Bomag BW138D Serial Number 101650341034 to be used for trade for purchase of 2019 Bomag BW211ZD serial number 101586081540 and approve all appropriate signatures

Sincerely,

A handwritten signature in black ink, appearing to read "D. Hall", written over the word "Sincerely,".

David E. Hall

DEH/apt

**Department Name:** RB1-540  
**Requested By:** Commissioner David Hall

[illegible]



# PRICING QUOTE-SHEET FOR STANDARD EQUIPMENT PURCHASES



The following details shall be provided with any BuyBoard purchase order (Email Order to [josh@amcotx.com](mailto:josh@amcotx.com))

BuyBoard Vendor: Anderson Machinery Company  
 [Address P.O. to:] PO BOX 200380  
San Antonio TX 78220

Prepared By: Joshua Smith  
 Vendor Phone: 210-661-2366  
 Vendor Fax: 210-661-4971  
 Vendor Toll Free: \_\_\_\_\_  
 Date Prepared: 1/15/2025

Government Agency: Calhoun Co Pct 1 Gov. Agency: Calhoun Co Pct 1  
 [Ship to:] Anderson Machinery - Victoria [Bill to:] Calhoun Co Pct 1  
5309 US Hwy 59 N Victoria TX 77905 202 South Ann St Port Lavaca TX 77979

Contacts Name: - Gov. Agn. Phone No: - G. A. Fax No: -

Product Description: One (1) USED 2019 Bomag BW211D, 84" Single Drum Roller, SN: 101586081540, w/ approx 3,380 hrs

|                                                                                              |          |                          |          |            |                |
|----------------------------------------------------------------------------------------------|----------|--------------------------|----------|------------|----------------|
| I: BuyBoard Contract #685-22, Effective till Nov. 30th 2025                                  |          | Price List:              | USED     | Base Price | \$ 82,087.91   |
| II: Base Bid Options: (Itemize Below)                                                        |          |                          |          |            |                |
| * Canopy                                                                                     | Included | *                        |          |            |                |
| * And all standard equipment                                                                 | Included | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| Subtotal                                                                                     |          | \$ -                     | Subtotal | \$ -       |                |
| Contract List Price Total                                                                    |          |                          |          |            | \$ -           |
| III: Subtotal of I + II                                                                      |          |                          |          | =>         | \$ 82,087.91   |
| IV: Discount: 2%                                                                             |          | BuyBoard Contract Price: |          |            | \$ 80,446.15   |
| V: Non-Base Options (Itemize below) NON-BASE = 0.00% %                                       |          |                          |          |            |                |
| * FOB AMCO Victoria                                                                          |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| *                                                                                            |          | *                        |          |            |                |
| Subtotal                                                                                     |          | \$ -                     | Subtotal | \$ -       |                |
| VI: Unpublished Options added to Contract Price (Subtotal of Co. 1 & Col 2)                  |          |                          |          |            | \$ -           |
| VII: Total of IV + VI                                                                        |          |                          |          |            | \$ 80,446.15   |
| VIII: Quantity Ordered Units: 1 x "E"                                                        |          |                          |          |            | \$ 80,446.15   |
| IX: Trade-in or other Credit(s) One (1) Used 2016 Bomag BW138AD, SN: 101650341034 w/ 451 hrs |          |                          |          |            | \$ (20,000.00) |
| X: TOTAL PURCHASE PRICE INCLUDING VIII + IX                                                  |          |                          |          |            | \$ 60,446.15   |

- \* Warranty Terms: NO WARRANTY, UNIT SOLD AS IS
- \* Quote Good Till: 2/15/2025
- \* Availability: Currently available, subject to change

**# 21**

21. Consider and take necessary action on any necessary 2024 budget adjustments. (VLL)

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | Gary Reese, Commissioner Pct 4                       |
| <b>SECONDER:</b> | Joel Behrens, Commissioner Pct 3                     |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

# COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, January 29, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: AMBULANCE OPERATIONS-GENERAL

DEPARTMENT NO: 290

AMENDMENT NO: 6974 REQUESTOR: COUNTY AUDITOR OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME                   | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|-----------------------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 53980                   | SUPPLIES/OPERATING EXPENSES | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$10                 | \$10              | \$10              |
| 60012                   | ADVERTISING                 | 999      | NO GRANT   | \$0              | \$0              | \$10                 | \$0                  | \$0               | (\$10)            |
| AMENDMENT NO 6974 TOTAL |                             |          |            | \$0              | \$0              | \$10                 | \$10                 | \$10              | \$0               |

AMBULANCE OPERATIONS-GENERAL TOTAL

\$0

\$0

\$10

\$10

\$0

DEPARTMENT NAME: BUILDING MAINTENANCE

DEPARTMENT NO: 170

AMENDMENT NO: 6974 REQUESTOR: COUNTY AUDITOR OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME                     | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|-------------------------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 65452                   | REPAIRS-BAUER BLDG            | 999      | NO GRANT   | \$0              | \$0              | \$539                | \$0                  | \$0               | (\$539)           |
| 66604                   | UTILITIES-COURTHOUSE AND JAIL | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$3,895              | \$3,895           | \$3,895           |
| 66605                   | UTILITIES-JAIL                | 999      | NO GRANT   | \$0              | \$0              | \$3,356              | \$0                  | \$0               | (\$3,356)         |
| AMENDMENT NO 6974 TOTAL |                               |          |            | \$0              | \$0              | \$3,895              | \$3,895              | \$3,895           | \$0               |

BUILDING MAINTENANCE TOTAL

\$0

\$0

\$3,895

\$3,895

\$0

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

# COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, January 29, 2025

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

AMENDMENT NO: 6974 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME                   | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|-----------------------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 53030                   | PHOTO COPIES/SUPPLIES       | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$1,200              | \$1,200           | (\$1,200)         |
| 70654                   | BUILDING-EMERGENCY COMMUNIC | 999      | NO GRANT   | \$0              | \$0              | \$1,200              | \$0                  | \$0               | (\$1,200)         |
| AMENDMENT NO 6974 TOTAL |                             |          |            | \$0              | \$0              | \$1,200              | \$1,200              | \$0               | \$0               |

EMERGENCY COMMUNICATION DIVISION TOTAL \$0 \$0 \$1,200 \$1,200 \$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6974 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME                   | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|-----------------------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 50825                   | CREW LEADER                 | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$8,665              | \$8,665           | (\$8,665)         |
| 53980                   | SUPPLIES/OPERATING EXPENSES | 999      | NO GRANT   | \$0              | \$0              | \$1,000              | \$0                  | (\$1,000)         | \$0               |
| 63500                   | MACHINE MAINTENANCE         | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$356                | \$356             | (\$356)           |
| 66590                   | UNIFORMS                    | 999      | NO GRANT   | \$0              | \$0              | \$121                | \$0                  | (\$121)           | (\$121)           |
| 74050                   | VEHICLE                     | 999      | NO GRANT   | \$0              | \$0              | \$7,900              | \$0                  | (\$7,900)         | (\$7,900)         |
| AMENDMENT NO 6974 TOTAL |                             |          |            | \$0              | \$0              | \$9,021              | \$9,021              | \$0               | \$0               |

EMERGENCY MEDICAL SERVICES TOTAL \$0 \$0 \$9,021 \$9,021 \$0

DEPARTMENT NAME: FIRE PROTECTION-POINT COMFORT DEPARTMENT NO: 660



COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, January 29, 2025      HEARING TYPE: REGULAR      BUDGET YEAR: 2024

FUND NAME GENERAL FUND      FUND NO: 1000

DEPARTMENT NAME: FIRE PROTECTION-POINT COMFORT      DEPARTMENT NO: 660

AMENDMENT NO: 6974      REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME      | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|----------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 65740                   | SERVICES       | 999      | NO GRANT   | \$0              | \$0              | \$440                | \$0                  |                   | (\$440)           |
| 70750                   | CAPITAL OUTLAY | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$440                |                   | \$440             |
| AMENDMENT NO 6974 TOTAL |                |          |            | \$0              | \$0              | \$440                | \$440                | \$0               | \$0               |

FIRE PROTECTION-POINT COMFORT TOTAL      \$0      \$0      \$440      \$440      \$0

DEPARTMENT NAME: FIRE PROTECTION-SIX MILE      DEPARTMENT NO: 695

AMENDMENT NO: 6974      REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                 | ACCT NAME              | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|-------------------------|------------------------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
| 53992                   | SUPPLIES-MISCELLANEOUS | 999      | NO GRANT   | \$0              | \$0              | \$2,077              | \$0                  |                   | (\$2,077)         |
| 70750                   | CAPITAL OUTLAY         | 999      | NO GRANT   | \$0              | \$0              | \$0                  | \$2,077              |                   | \$2,077           |
| AMENDMENT NO 6974 TOTAL |                        |          |            | \$0              | \$0              | \$2,077              | \$2,077              | \$0               | \$0               |

FIRE PROTECTION-SIX MILE TOTAL      \$0      \$0      \$2,077      \$2,077      \$0

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #5      DEPARTMENT NO: 490

AMENDMENT NO: 6974      REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO | ACCT NAME | GRANT NO | GRANT NAME | REVENUE INCREASE | REVENUE DECREASE | EXPENDITURE INCREASE | EXPENDITURE DECREASE | FUND BAL INCREASE | FUND BAL DECREASE |
|---------|-----------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|
|---------|-----------|----------|------------|------------------|------------------|----------------------|----------------------|-------------------|-------------------|

# COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, January 29, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #5

DEPARTMENT NO: 490

AMENDMENT NO: 6974

REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

| ACCT NO                            | ACCT NAME                  | GRANT NO | GRANT NAME | REVENUE  |          | EXPENDITURE |          | FUND BAL               |
|------------------------------------|----------------------------|----------|------------|----------|----------|-------------|----------|------------------------|
|                                    |                            |          |            | INCREASE | DECREASE | INCREASE    | DECREASE | INCREASE<br>(DECREASE) |
| 50275                              | COURT CLERK (JP) PART-TIME | 999      | NO GRANT   | \$0      | \$0      | \$0         | \$183    | \$183                  |
| 66476                              | TRAVEL IN COUNTY           | 999      | NO GRANT   | \$0      | \$0      | \$183       | \$0      | (\$183)                |
| AMENDMENT NO 6974 TOTAL            |                            |          |            | \$0      | \$0      | \$183       | \$183    | \$0                    |
| JUSTICE OF PEACE-PRECINCT #5 TOTAL |                            |          |            | \$0      | \$0      | \$183       | \$183    | \$0                    |
| GENERAL FUND TOTAL                 |                            |          |            | \$0      | \$0      | \$16,826    | \$16,826 | \$0                    |
| Grand Total                        |                            |          |            | \$0      | \$0      | \$16,826    | \$16,826 | \$0                    |

**# 22**

22. Consider and take necessary action on any necessary 2025 budget adjustments. (VLL)

No action taken

**# 23**

23. Approval of bills and payroll. (VLL)

**MMC Bills:**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**Indigent Health Care:**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**2024 County Bills:**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

**2025 County Bills:**

|                  |                                                      |
|------------------|------------------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>                          |
| <b>MOVER:</b>    | David Hall, Commissioner Pct 1                       |
| <b>SECONDER:</b> | Gary Reese, Commissioner Pct 4                       |
| <b>AYES:</b>     | Judge Lyssy, Commissioner Hall, Best, Behrens, Reese |

Adjourned 10:43am

January 29, 2025

APPROVAL LIST - 2025 BUDGET  
COMMISSIONERS COURT MEETING OF

01/29/25

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 19

\$244,966.09

TOTAL VENDOR DISBURSEMENTS:

\$ 244,966.09

PAYROLL ON JANUARY 31, 2025

P/R \$ 462,678.01

TOTAL PAYROLL AMOUNT:

\$ 462,678.01

CALHOUN COUNTY OPERATING ACCOUNT (TRANSFER FROM MONEY MKT TO OP ACCT FOR AP & PAYROLL)

\$ 1,000,000.00

TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS:

\$ 1,000,000.00

TOTAL AMOUNT FOR APPROVAL:

\$ 1,707,644.10

January 29, 2025

APPROVAL LIST - 2024 BUDGET  
COMMISSIONERS COURT MEETING OF

01/29/25

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 8 \$29,542.02

G & W ENGINEERS, INC ENGINEERING SVCS - RECYCLE WASTE TRANSF STATION AGENDA #15 A/P \$ 625.00

TOTAL VENDOR DISBURSEMENTS: \$ 30,167.02

CALHOUN COUNTY INDIGENT HEALTH CARE \$ 4,157.98

TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS: \$ 4,157.98

TOTAL AMOUNT FOR APPROVAL: \$ 34,325.00



**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR — January 29, 2025**

CT  
by:CT

**INDIGENT HEALTHCARE FUND:**

**INDIGENT EXPENSES**

**SUBTOTAL**

Memorial Medical Center (Indigent Healthcare Payroll and Expenses)

0.00

4,166.67

Subtotal

4,166.67

Co-pays adjustments for December 2024

0.00

Reimbursement from Medicaid

0.00

**TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES**

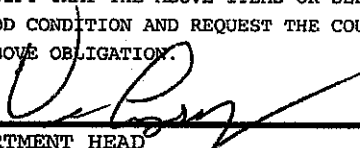
4,166.67

|                         |                       |
|-------------------------|-----------------------|
| 800 00000001/29/2025 01 | CALHOUN COUNTY, TEXAS |
|-------------------------|-----------------------|

DATE: 1/29/2025

CC Indigent Health Care

VENDOR # 852

| ACCOUNT<br>NUMBER                                                        | DESCRIPTION OF GOODS OR SERVICES                                                                                                                                                                                                                                                                                 | QUANTITY  | UNIT<br>PRICE | TOTAL<br>PRICE |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|----------------|
| 1000-800-98722-999                                                       | Transfer to pay bills for Indigent Health Care<br>approved by Commissioners Court on 01/29/2025                                                                                                                                                                                                                  |           |               | \$4,166.67     |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
| 1000-001-46010                                                           | December 31, 2024 Interest                                                                                                                                                                                                                                                                                       |           |               | (\$8.69)       |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               |                |
|                                                                          |                                                                                                                                                                                                                                                                                                                  |           |               | \$4,157.98     |
| COUNTY AUDITOR<br>APPROVAL ONLY                                          | THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE<br>OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY<br>THIS OBLIGATION.<br>I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME<br>IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY<br>THE ABOVE OBLIGATION. |           |               |                |
| APPROVED ON<br>JAN 29 2025<br>BY COUNTY AUDITOR<br>CALHOUN COUNTY, TEXAS | BY:                                                                                                                                                                                                                           | 1/29/2025 |               |                |
|                                                                          | DEPARTMENT HEAD                                                                                                                                                                                                                                                                                                  | DATE      |               |                |

•IHS  
Issued 01/23/25

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 01/01/2025 through 01/01/2025  
For Source Group Indigent Health Care  
For Vendor: All Vendors

| Source | Description       | Amount Billed | Amount Paid |
|--------|-------------------|---------------|-------------|
|        | Expenditures      | 0.00          | 0.00        |
|        | Reimb/Adjustments |               |             |
|        | Grand Total       |               |             |

NO INVOICES FOUND FOR THIS TIME FRAME!

|          |                 |
|----------|-----------------|
| Expenses | 4,166.67        |
| Co-Pays  | < 0.00>         |
|          | <u>4,166.67</u> |

APPROVED ON  
JAN 28 2025  
BY COUNTY AUDITOR *CT*  
CALHOUN COUNTY, TEXAS

•IHS  
Issued 01/27/25

**Source Totals Report**  
Calhoun Indigent Health Care  
Batch Dates 02/01/2024 through 01/01/2025  
For Vendor: All Vendors

| Source | Description               | Amount Billed   | Amount Paid     |
|--------|---------------------------|-----------------|-----------------|
| 02     | Prescription Drugs        | 120.90          | 107.25          |
| 08     | Rural Health Clinics      | 240.00          | 240.00          |
| 14     | Mmc - Hospital Outpatient | 7,033.00        | 3,643.32        |
|        | <b>Expenditures</b>       | <b>7,418.78</b> | <b>4,015.45</b> |
|        | <b>Reimb/Adjustments</b>  | <b>-24.88</b>   | <b>-24.88</b>   |
|        | <b>Grand Total</b>        | <b>7,393.90</b> | <b>3,990.57</b> |
|        |                           | Expenses        | 50,000.04       |
|        |                           | Co-Pays         | < 20.00>        |
|        |                           |                 | 53,970.61       |

**MEMORIAL  
MEDICAL CENTER**



*So Much... So Close!*

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 1/20/2024

Invoice # 403

For: Dec-24

Bill To:

Calhoun County

| DESCRIPTION | AMOUNT |
|-------------|--------|
|-------------|--------|

Funds to cover Indigent program operating expenses.

\$ 4,166.67

APPROVED ON

JAN 28 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Total \$ 4,166.67

*Michelle Cumberland*

Michelle Cumberland  
Controller

Cristina Tuazon

**From:** mescalante@mmcportlavaca.com (Monica Escalante) <mescalante@mmcportlavaca.com>  
**Sent:** Monday, January 27, 2025 4:54 PM  
**To:** Cristina Tuazon  
**Subject:** FW: December Indigent Report  
**Attachments:** Active.Client.List.pdf; COUNTY INDIGENT CASELOAD 2024.xlsx; Source.Totals\_YTD.pdf; December Source Totals.pdf

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Hi,

I just realized I should have attached our expense amount at least since there were no claims to process. I'm also attaching the usual YTD Report.

Thanks,

Monica

**From:** Monica Escalante  
**Sent:** Friday, January 10, 2025 9:57 AM  
**To:** 'Cristina Tuazon' <Cristina.Tuazon@calhouncotx.org>  
**Subject:** December Indigent Report

Good morning!

Hope you're staying warm!

I just wanted to let you know that I do not have any outstanding claims to process for Indigent Care for this report month. At this time I only have one Indigent Client Active on the Program. I have attached the Client Active list as well as the Caseload totals. Please let me know if there is anything else you need.

Have a great weekend!

Thanks,

*Monica Escalante*

CIHCP Coordinator  
Memorial Medical Center  
815 N. Virginia St.  
Port Lavaca, TX 77979  
O: 361-552-0340 F: 361-552-0338  
[mescalante@mmcportlavaca.com](mailto:mescalante@mmcportlavaca.com)

### Calhoun County Indigent Care Patient Caseload 2024

|             | Approved | Denied | Removed | Active | Pending |
|-------------|----------|--------|---------|--------|---------|
| January     | 0        | 3      | 2       | 1      | 7       |
| February    | 0        | 3      | 0       | 1      | 5       |
| March       | 0        | 4      | 0       | 1      | 4       |
| April       | 1        | 0      | 0       | 2      | 0       |
| May         | 1        | 6      | 0       | 3      | 0       |
| June        | 0        | 1      | 0       | 3      | 2       |
| July        | 0        | 1      | 1       | 2      | 2       |
| August      | 0        | 0      | 0       | 3      | 2       |
| September   | 0        | 2      | 0       | 3      | 2       |
| October     | 0        | 0      | 1       | 2      | 4       |
| November    | 0        | 1      | 1       | 1      | 3       |
| December    | 0        | 5      | 0       | 1      | 1       |
| YTD         | 2        | 26     | 5       | 23     | 32      |
| Monthly Avg | 0        | 2      | 0       | 2      | 3       |

December 2023 Active 4

Number of Charity patients 219  
Number of Charity patients below 50% FPL 113  
Number of Charity patients who meet State Indigent Guidelines 103

### Calhoun County Pharmacy Assistance Patient Caseload 2024

|                      | Approved | Refills | Removed | Active | Value       |
|----------------------|----------|---------|---------|--------|-------------|
| January              | 6        | 18      | 0       | 7      | \$9,662.15  |
| February             | 0        | 0       | 0       | 10     | \$0.00      |
| March                | 3        | 9       | 0       | 17     | \$8,345.67  |
| April                | 5        | 15      | 0       | 20     | \$8,332.53  |
| May                  | 5        | 15      | 0       | 22     | \$13,588.44 |
| June                 | 1        | 3       | 0       | 26     | \$3,567.00  |
| July                 | 2        | 6       | 0       | 28     | \$2,872.47  |
| August               | 1        | 3       | 0       | 29     | \$1,706.64  |
| September            | 0        | 3       | 0       | 30     | \$5,169.00  |
| October              | 1        | 3       | 0       | 32     | \$936.69    |
| November             | 7        | 23      | 0       | 35     | \$14,419.44 |
| December             | 5        | 16      | 0       | 38     | \$17,327.25 |
| YTD PATIENT SAVINGS  |          |         |         |        | \$85,927.28 |
| Monthly Avg          | 3        | 10      | -       | 25     | \$7,160.61  |
| December 2023 Active |          | 36      |         |        |             |



# PROSPERITY BANK®

THE COUNTY OF CALHOUN TEXAS  
CAL CO INDIGENT HEALTHCARE  
202 S ANN ST STE A  
PORT LAVACA TX 77979

Statement Date 12/31/2024  
Account No \*\*\*\*4551  
Page 1 of 2

13163

## STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No \*\*\*\*4551

|            |                          |                             |            |
|------------|--------------------------|-----------------------------|------------|
| 12/01/2024 | Beginning Balance        |                             | \$9,673.17 |
|            | 1 Deposits/Other Credits | +                           | \$8.69     |
|            | 2 Checks/Other Debits    | -                           | \$4,179.05 |
| 12/31/2024 | Ending Balance           | 31 Days in Statement Period | \$5,502.81 |
|            | Total Enclosures         |                             | 2          |

## DEPOSITS/OTHER CREDITS

| Date       | Description                                                             | Amount |
|------------|-------------------------------------------------------------------------|--------|
| 12/31/2024 | Accr Earning Pymt Added to Account                                      | \$8.69 |
|            | <i>Check for Indigent not deposited 4,192.75 approved Nov. 20, 2024</i> |        |

## CHECKS

| Check Number | Date  | Amount     | Check Number | Date  | Amount  |
|--------------|-------|------------|--------------|-------|---------|
| 12652        | 12-11 | \$4,166.67 | 12653        | 12-11 | \$12.38 |

*October - approved in Nov. 20, 2024*

## DAILY ENDING BALANCE

| Date  | Balance    | Date  | Balance    | Date  | Balance    |
|-------|------------|-------|------------|-------|------------|
| 12-01 | \$9,673.17 | 12-11 | \$5,494.12 | 12-31 | \$5,502.81 |

## EARNINGS SUMMARY

\*\* Below is an itemization of the Earnings paid this period. \*\*

|                           |          |                                |            |
|---------------------------|----------|--------------------------------|------------|
| Interest Paid This Period | \$8.69   | Annual Percentage Yield Earned | 1.51 %     |
| Interest Paid YTD         | \$127.26 | Days in Earnings Period        | 31         |
|                           |          | Earnings Balance               | \$6,842.20 |

MEMBER FDIC



NYSE Symbol "PB"

0000

101471 : 01316301





# PROSPERITY BANK®

THE COUNTY OF CALHOUN TEXAS  
CAL CO INDIGENT HEALTHCARE  
202 S ANN ST STE A  
PORT LAVACA TX 77979

Statement Date 11/30/2024  
Account No \*\*\*\*4551  
Page 1 of 2

13092

## STATEMENT SUMMARY

Public Fund Contractual Ckg w Int Account No \*\*\*\*4551

|            |                          |                             |            |
|------------|--------------------------|-----------------------------|------------|
| 11/01/2024 | Beginning Balance        |                             | \$5,506.52 |
|            | 3 Deposits/Other Credits | +                           | \$8,376.16 |
|            | 2 Checks/Other Debits    | -                           | \$4,209.51 |
| 11/30/2024 | Ending Balance           | 30 Days in Statement Period | \$9,673.17 |
|            | Total Enclosures         |                             | 4          |

## DEPOSITS/OTHER CREDITS

| Date       | Description                        | Amount                |
|------------|------------------------------------|-----------------------|
| 11/14/2024 | Deposit                            | \$4,199.99 <i>Sep</i> |
| 11/27/2024 | Deposit                            | \$4,167.34 <i>Oct</i> |
| 11/30/2024 | Accr Earning Pymt Added to Account | \$8.83                |

## CHECKS

| Check Number | Date  | Amount     | Check Number | Date  | Amount  |
|--------------|-------|------------|--------------|-------|---------|
| 12650        | 11-22 | \$4,166.67 | 12651        | 11-22 | \$42.84 |

## DAILY ENDING BALANCE

| Date  | Balance    | Date  | Balance    | Date  | Balance    |
|-------|------------|-------|------------|-------|------------|
| 11-01 | \$5,506.52 | 11-22 | \$5,497.00 | 11-30 | \$9,673.17 |
| 11-14 | \$9,706.51 | 11-27 | \$9,664.34 |       |            |

## EARNINGS SUMMARY

\*\* Below is an itemization of the Earnings paid this period. \*\*

|                           |          |                                |            |
|---------------------------|----------|--------------------------------|------------|
| Interest Paid This Period | \$8.83   | Annual Percentage Yield Earned | 1.51 %     |
| Interest Paid YTD         | \$118.57 | Days in Earnings Period        | 30         |
|                           |          | Earnings Balance               | \$7,179.31 |

MEMBER FDIC



NYSE Symbol "PB"

0000

101241 : 01309201

**MEMORIAL MEDICAL CENTER**

**COMMISSIONERS COURT APPROVAL LIST FOR --January 29, 2025**

**TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

|                                                             |                        |
|-------------------------------------------------------------|------------------------|
| <b>TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS</b> | <b>\$ 910,246.11</b>   |
| <b>TOTAL TRANSFERS BETWEEN FUNDS</b>                        | <b>\$ 1,019,112.36</b> |
| <b>TOTAL NURSING HOME UPL EXPENSES</b>                      | <b>\$ 886,161.46</b>   |
| <b>TOTAL INTER-GOVERNMENT TRANSFERS</b>                     | <b>\$</b>              |
| <b>GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2025</b>  | <b>\$ 2,815,519.93</b> |

**MEMORIAL MEDICAL CENTER**  
**COMMISSIONERS COURT APPROVAL LIST FOR ---January 29, 2025**

**PAYABLES AND PAYROLL**

|                                                        |            |
|--------------------------------------------------------|------------|
| 1/23/2025 Weekly Payables                              | 343,746.26 |
| 1/27/2025 McKesson-340B Prescription Expense           | 3,682.08   |
| 1/27/2025 McKesson-340B Prescription Expense           | 4,621.67   |
| 1/27/2025 Amerisource Bergen-340B Prescription Expense | 1,914.25   |
| 1/27/2025 Amerisource Bergen-340B Prescription Expense | 2,219.23   |
| 1/27/2025 Amerisource Bergen-340B Prescription Expense | 279.38     |
| 1/27/2025 Amerisource Bergen-340B Prescription Expense | 2,740.20   |
| 1/27/2025 Payroll Liabilities-Payroll Taxes            | 134,049.46 |
| 1/27/2025 Payroll                                      | 414,887.85 |
| <b>Prosperity Electronic Bank Payments</b>             |            |
| 1/27/2025 Expert Pay- Child Support                    | 570.69     |
| 1/27/2025 Pay Plus-Patient Claims Processing Fee       | 456.56     |
| 1/27/2025 Zellis                                       | 1.48       |
| 1/27/2025 Health Equity -HSA Contributions             | 1,077.00   |

**TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS** \$ **910,246.11**

**TRANSFERS BETWEEN FUNDS-MMC**

|                                                                      |              |
|----------------------------------------------------------------------|--------------|
| 1/27/2025 Transfer from Prosperity Money Market to Operating Account | 1,000,000.00 |
|----------------------------------------------------------------------|--------------|

**TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES**

|                                                                                                                             |           |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|
| 1/23/2025 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC<br>Operating in error               | 1,241.02  |
| 1/23/2025 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC<br>Operating in error            | 2,400.00  |
| 1/23/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into<br>MMC Operating in error | 2,457.39  |
| 1/23/2025 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC<br>operating in error         | 13,013.95 |

**TOTAL TRANSFERS BETWEEN FUNDS** \$ **1,019,112.36**

**NURSING HOME UPL EXPENSES**

|                                             |            |
|---------------------------------------------|------------|
| 1/27/2025 Nursing Home UPL-Cantex Transfer  | 181,325.79 |
| 1/27/2025 Nursing Home UPL-Nexion Transfer  | 211,956.27 |
| 1/27/2025 Nursing Home UPL-HMG Transfer     | 2,572.32   |
| 1/27/2025 Nursing Home UPL-Tuscany Transfer | 482,779.97 |

**TRANSFER OF FUNDS BETWEEN NURSING HOMES**

|                                                                                           |          |
|-------------------------------------------------------------------------------------------|----------|
| 1/27/2025 Solera to Tuscany -Tuscany insurance payment deposited into Solera in error     | 1,602.81 |
| 1/27/2025 Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error | 5,924.30 |

**TOTAL NURSING HOME UPL EXPENSES** \$ **886,161.46**

**TOTAL INTER-GOVERNMENT TRANSFERS**

**GRAND TOTAL DISBURSEMENTS APPROVED January 29, 2025** \$ **2,815,519.93**

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 23 2025

MEMORIAL MEDICAL CENTER

01/23/2025

12:22

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 02/06/2025

ap\_open\_invoice.template

| Vendor# | Vendor Name                   | Class | Pay Code | Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|---------|-------------------------------|-------|----------|------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| A1680   | AIRGAS USA, LLC - CENTRAL DIV | M     |          | 5513390269 |         | 01/23/202 | 01/30/202 | 02/01/202 |          |     | 585.23 | 0.00     | 0.00   | 585.23 |

| Vendor Totals: Number | Name                          | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------------------|--------|----------|--------|--------|
| A1680                 | AIRGAS USA, LLC - CENTRAL DIV | 585.23 | 0.00     | 0.00   | 585.23 |

| Vendor# | Vendor Name             | Class | Pay Code | Invoice#    | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
|---------|-------------------------|-------|----------|-------------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| 14028   | AMAZON CAPITAL SERVICES |       |          | 1GG7JCHRFJC |         | 01/08/202 | 01/06/202 | 01/31/202 |          |     | 608.73 | 0.00     | 0.00   | 608.73 |

| Vendor Totals: Number | Name                    | Gross  | Discount | No-Pay | Net    |
|-----------------------|-------------------------|--------|----------|--------|--------|
| 14028                 | AMAZON CAPITAL SERVICES | 608.73 | 0.00     | 0.00   | 608.73 |

| Vendor# | Vendor Name | Class | Pay Code | Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
|---------|-------------|-------|----------|------------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| 16052   | [REDACTED]  |       |          | CALANN0001 |         | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 15.00 | 0.00     | 0.00   | 15.00 |

| Vendor Totals: Number | Name       | Gross | Discount | No-Pay | Net   |
|-----------------------|------------|-------|----------|--------|-------|
| 16052                 | [REDACTED] | 15.00 | 0.00     | 0.00   | 15.00 |

| Vendor# | Vendor Name      | Class | Pay Code | Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|---------|------------------|-------|----------|------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 12800   | AUTHORITYRX, LLC |       |          | 7000076507 |         | 01/20/202 | 01/03/202 | 02/06/202 |          |     | 6,592.11 | 0.00     | 0.00   | 6,592.11 |

| Vendor Totals: Number | Name             | Gross    | Discount | No-Pay | Net      |
|-----------------------|------------------|----------|----------|--------|----------|
| 12800                 | AUTHORITYRX, LLC | 6,592.11 | 0.00     | 0.00   | 6,592.11 |

| Vendor# | Vendor Name       | Class | Pay Code | Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|---------|-------------------|-------|----------|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| B1150   | BAXTER HEALTHCARE | W     |          | 83365835 |         | 01/23/202 | 01/02/202 | 01/27/202 |          |     | 3,071.40 | 0.00     | 0.00   | 3,071.40 |

|  |  |  |  |          |  |           |           |           |  |  |        |      |      |        |
|--|--|--|--|----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
|  |  |  |  | 83364321 |  | 01/23/202 | 01/02/202 | 01/27/202 |  |  | 631.20 | 0.00 | 0.00 | 631.20 |
|--|--|--|--|----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

| Vendor Totals: Number | Name              | Gross    | Discount | No-Pay | Net      |
|-----------------------|-------------------|----------|----------|--------|----------|
| B1150                 | BAXTER HEALTHCARE | 3,702.60 | 0.00     | 0.00   | 3,702.60 |

| Vendor# | Vendor Name         | Class | Pay Code | Invoice#  | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|---------|---------------------|-------|----------|-----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| B1220   | BECKMAN COULTER INC | M     |          | 111783449 |         | 12/31/202 | 01/08/202 | 02/02/202 |          |     | 3,283.38 | 0.00     | 0.00   | 3,283.38 |

|  |  |  |  |           |  |           |           |           |  |  |        |      |      |        |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
|  |  |  |  | 111779311 |  | 01/01/202 | 01/06/202 | 01/31/202 |  |  | 180.26 | 0.00 | 0.00 | 180.26 |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

|  |  |  |  |           |  |           |           |           |  |  |       |      |      |       |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|-------|------|------|-------|
|  |  |  |  | 111778566 |  | 01/08/202 | 01/05/202 | 01/30/202 |  |  | 64.39 | 0.00 | 0.00 | 64.39 |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|-------|------|------|-------|

|  |  |  |  |           |  |           |           |           |  |  |        |      |      |        |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|
|  |  |  |  | 111785422 |  | 01/15/202 | 01/08/202 | 02/02/202 |  |  | 174.54 | 0.00 | 0.00 | 174.54 |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|--------|------|------|--------|

|  |  |  |  |           |  |           |           |           |  |  |          |      |      |          |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|----------|------|------|----------|
|  |  |  |  | 111795431 |  | 01/20/202 | 01/13/202 | 02/06/202 |  |  | 5,016.58 | 0.00 | 0.00 | 5,016.58 |
|--|--|--|--|-----------|--|-----------|-----------|-----------|--|--|----------|------|------|----------|

|  |  |  |  |            |  |           |           |           |  |  |          |      |      |          |
|--|--|--|--|------------|--|-----------|-----------|-----------|--|--|----------|------|------|----------|
|  |  |  |  | 111780308A |  | 01/23/202 | 01/07/202 | 02/01/202 |  |  | 5,759.11 | 0.00 | 0.00 | 5,759.11 |
|--|--|--|--|------------|--|-----------|-----------|-----------|--|--|----------|------|------|----------|

| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|-----------------------|---------------------------|---------------------------|-----------|-----------|----------|-----|-----------|----------|--------|-----------|
|                       | B1220                     | BECKMAN COULTER INC       |           |           |          |     | 14,478.26 | 0.00     | 0.00   | 14,478.26 |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| B1320                 | BEEKLEY CORPORATION       |                           | M         |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| MIN0173170            |                           | 01/15/202                 | 01/01/202 | 01/01/202 |          |     | 597.00    | 0.00     | 0.00   | 597.00    |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | B1320                     | BEEKLEY CORPORATION       |           |           |          |     | 597.00    | 0.00     | 0.00   | 597.00    |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 13972                 | BEYER MECHANICAL LTD      |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| IN046117              |                           | 01/20/202                 | 01/17/202 | 02/06/202 |          |     | 1,940.50  | 0.00     | 0.00   | 1,940.50  |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 13972                     | BEYER MECHANICAL LTD      |           |           |          |     | 1,940.50  | 0.00     | 0.00   | 1,940.50  |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 16096                 |                           |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| MCNBO0001             |                           | 01/20/202                 | 01/10/202 | 02/06/202 |          |     | 14.00     | 0.00     | 0.00   | 14.00     |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 16096                     |                           |           |           |          |     | 14.00     | 0.00     | 0.00   | 14.00     |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 16148                 |                           |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| FALBRY0001            |                           | 01/20/202                 | 01/10/202 | 02/06/202 |          |     | 19.11     | 0.00     | 0.00   | 19.11     |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 16148                     |                           |           |           |          |     | 19.11     | 0.00     | 0.00   | 19.11     |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 14260                 | CAREFUSION SOLUTIONS, LLC |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| 10024342190           |                           | 01/23/202                 | 01/08/202 | 01/23/202 |          |     | 2.00      | 0.00     | 0.00   | 2.00      |
| 10024342172           |                           | 01/23/202                 | 01/08/202 | 01/23/202 |          |     | 1,788.00  | 0.00     | 0.00   | 1,788.00  |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 14260                     | CAREFUSION SOLUTIONS, LLC |           |           |          |     | 1,790.00  | 0.00     | 0.00   | 1,790.00  |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 16112                 |                           |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| ROBCAR0004            |                           | 01/20/202                 | 01/10/202 | 02/06/202 |          |     | 40.00     | 0.00     | 0.00   | 40.00     |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 16112                     |                           |           |           |          |     | 40.00     | 0.00     | 0.00   | 40.00     |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| 16060                 |                           |                           |           |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
| COBCAT0001            |                           | 01/20/202                 | 01/10/202 | 02/06/202 |          |     | 120.00    | 0.00     | 0.00   | 120.00    |
| Vendor Totals: Number |                           | Name                      |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|                       | 16060                     |                           |           |           |          |     | 120.00    | 0.00     | 0.00   | 120.00    |
| Vendor#               | Vendor Name               |                           | Class     | Pay Code  |          |     |           |          |        |           |
| C1992                 | CDW GOVERNMENT, INC.      |                           | M         |           |          |     |           |          |        |           |
| Invoice#              | Comment                   | Tran Dt                   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |

|                       |                                |                                |           |           |          |     |          |          |        |          |
|-----------------------|--------------------------------|--------------------------------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| AC1SI3U               |                                | 01/08/202 12/26/202 01/25/202  |           |           |          |     | 1,011.67 | 0.00     | 0.00   | 1,011.67 |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| C1992                 |                                | CDW GOVERNMENT, INC.           |           |           |          |     | 1,011.67 | 0.00     | 0.00   | 1,011.67 |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 12768                 | CHEMAQUA                       |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 8992451               |                                | 01/23/202                      | 01/10/202 | 01/20/202 |          |     | 593.69   | 0.00     | 0.00   | 593.69   |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 12768                 |                                | CHEMAQUA                       |           |           |          |     | 593.69   | 0.00     | 0.00   | 593.69   |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| C1166                 | COASTAL OFFICE SOLUTIONS       | W                              |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| IN6758                |                                | 01/23/202                      | 01/20/202 | 01/30/202 |          |     | 8,535.86 | 0.00     | 0.00   | 8,535.86 |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| C1166                 |                                | COASTAL OFFICE SOLUTIONS       |           |           |          |     | 8,535.86 | 0.00     | 0.00   | 8,535.86 |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 13336                 | COCA COLA SOUTHWEST BEVERAGES  |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 45058519013           |                                | 12/31/202                      | 01/08/202 | 02/06/202 |          |     | 557.47   | 0.00     | 0.00   | 557.47   |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 13336                 |                                | COCA COLA SOUTHWEST BEVERAGES  |           |           |          |     | 557.47   | 0.00     | 0.00   | 557.47   |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 15116                 | COMPUGROUP MEDICAL - EMDS INC. |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 9090094408            |                                | 01/20/202                      | 01/16/202 | 02/06/202 |          |     | 5,332.46 | 0.00     | 0.00   | 5,332.46 |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 15116                 |                                | COMPUGROUP MEDICAL - EMDS INC. |           |           |          |     | 5,332.46 | 0.00     | 0.00   | 5,332.46 |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 16068                 |                                |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| FLODAN0002            |                                | 01/20/202                      | 01/10/202 | 02/06/202 |          |     | 11.00    | 0.00     | 0.00   | 11.00    |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 16068                 |                                |                                |           |           |          |     | 11.00    | 0.00     | 0.00   | 11.00    |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 16100                 |                                |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| KOLDAR0003            |                                | 01/20/202                      | 01/10/202 | 02/06/202 |          |     | 15.00    | 0.00     | 0.00   | 15.00    |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 16100                 |                                |                                |           |           |          |     | 15.00    | 0.00     | 0.00   | 15.00    |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 16072                 |                                |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| RUBDER0001            |                                | 01/20/202                      | 01/10/202 | 02/06/202 |          |     | 11.49    | 0.00     | 0.00   | 11.49    |
| Vendor Totals: Number |                                | Name                           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 16072                 |                                |                                |           |           |          |     | 11.49    | 0.00     | 0.00   | 11.49    |
| Vendor#               | Vendor Name                    | Class                          |           |           |          |     | Pay Code |          |        |          |
| 10368                 | DEWITT POTH & SON              |                                |           |           |          |     |          |          |        |          |
| Invoice#              | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |

|                                                      |                                |                                |           |           |           |          |      |           |          |        |           |
|------------------------------------------------------|--------------------------------|--------------------------------|-----------|-----------|-----------|----------|------|-----------|----------|--------|-----------|
| 7794910                                              | 01/22/202 01/08/202 01/31/202  |                                |           |           |           | 607.22   | 0.00 | 0.00      | 607.22   |        |           |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 10368                          | DEWITT POTH & SON              |           |           |           | 607.22   | 0.00 | 0.00      | 607.22   |        |           |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 14800                                                | DIRECTV ENTERTAINMENT HOLDINGS |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | 250112                         |                                | 01/23/202 | 01/30/202 | 01/23/202 |          |      | 489.85    | 0.00     | 0.00   | 489.85    |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 14800                          | DIRECTV ENTERTAINMENT HOLDINGS |           |           |           |          |      | 489.85    | 0.00     | 0.00   | 489.85    |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 10789                                                | DISCOVERY MEDICAL NETWORK INC  |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | MMC011525                      |                                | 01/20/202 | 01/15/202 | 02/06/202 |          |      | 80,455.52 | 0.00     | 0.00   | 80,455.52 |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 10789                          | DISCOVERY MEDICAL NETWORK INC  |           |           |           |          |      | 80,455.52 | 0.00     | 0.00   | 80,455.52 |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 14832                                                | DR JOHN CLINTON                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | 011324A                        |                                | 01/20/202 | 01/13/202 | 02/06/202 |          |      | 1,500.00  | 0.00     | 0.00   | 1,500.00  |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 14832                          | DR JOHN CLINTON                |           |           |           |          |      | 1,500.00  | 0.00     | 0.00   | 1,500.00  |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 14924                                                | DR. TIMU KWI                   |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | 011324                         |                                | 01/20/202 | 01/13/202 | 02/06/202 |          |      | 1,500.00  | 0.00     | 0.00   | 1,500.00  |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 14924                          | DR. TIMU KWI                   |           |           |           |          |      | 1,500.00  | 0.00     | 0.00   | 1,500.00  |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 15240                                                | ECLINICAL WORKS LLC            |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | 0003126186                     |                                | 12/31/202 | 01/02/202 | 02/01/202 |          |      | 468.95    | 0.00     | 0.00   | 468.95    |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 15240                          | ECLINICAL WORKS LLC            |           |           |           |          |      | 468.95    | 0.00     | 0.00   | 468.95    |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 16092                                                |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | GAMER10002                     |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |      | 13.73     | 0.00     | 0.00   | 13.73     |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 16092                          |                                |           |           |           |          |      | 13.73     | 0.00     | 0.00   | 13.73     |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| 16116                                                |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |
|                                                      | HERFEL0003                     |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |      | 25.00     | 0.00     | 0.00   | 25.00     |
| Vendor Totals: Number Name Gross Discount No-Pay Net |                                |                                |           |           |           |          |      |           |          |        |           |
|                                                      | 16116                          |                                |           |           |           |          |      | 25.00     | 0.00     | 0.00   | 25.00     |
| Vendor#                                              | Vendor Name                    |                                | Class     | Pay Code  |           |          |      |           |          |        |           |
| F1400                                                | FISHER HEALTHCARE              |                                | M         |           |           |          |      |           |          |        |           |
|                                                      | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay  | Gross     | Discount | No-Pay | Net       |

|         |                               |           |      |      |           |
|---------|-------------------------------|-----------|------|------|-----------|
| 7898732 | 12/17/202 01/03/202 02/02/202 | 314.74    | 0.00 | 0.00 | 314.74    |
| 7924111 | 01/15/202 01/06/202 01/31/202 | 1,763.00  | 0.00 | 0.00 | 1,763.00  |
| 7953051 | 01/15/202 01/07/202 02/01/202 | 5,179.52  | 0.00 | 0.00 | 5,179.52  |
| 7953050 | 01/15/202 01/07/202 02/01/202 | 748.75    | 0.00 | 0.00 | 748.75    |
| 7986862 | 01/15/202 01/08/202 02/02/202 | 681.44    | 0.00 | 0.00 | 681.44    |
| 7986861 | 01/15/202 01/08/202 02/02/202 | 3,490.10  | 0.00 | 0.00 | 3,490.10  |
| 8054058 | 01/15/202 01/10/202 02/04/202 | 82.99     | 0.00 | 0.00 | 82.99     |
| 7824042 | 01/22/202 12/27/202 01/21/202 | 308.34    | 0.00 | 0.00 | 308.34    |
| 6735491 | 01/23/202 11/07/202 12/02/202 | 70.24     | 0.00 | 0.00 | 70.24     |
| 6801308 | 01/23/202 11/11/202 12/06/202 | 5,646.92  | 0.00 | 0.00 | 5,646.92  |
| 6801307 | 01/23/202 11/11/202 12/06/202 | 1,248.36  | 0.00 | 0.00 | 1,248.36  |
| 6836300 | 01/23/202 11/12/202 12/07/202 | 10,878.72 | 0.00 | 0.00 | 10,878.72 |
| 6836299 | 01/23/202 11/12/202 12/07/202 | 21.96     | 0.00 | 0.00 | 21.96     |
| 6871970 | 01/23/202 11/13/202 12/08/202 | 258.90    | 0.00 | 0.00 | 258.90    |
| 6871971 | 01/23/202 11/13/202 12/08/202 | 584.86    | 0.00 | 0.00 | 584.86    |
| 6939809 | 01/23/202 11/15/202 12/10/202 | 465.87    | 0.00 | 0.00 | 465.87    |
| 7007361 | 01/23/202 11/19/202 12/14/202 | 198.48    | 0.00 | 0.00 | 198.48    |
| 7046905 | 01/23/202 11/20/202 12/15/202 | 185.83    | 0.00 | 0.00 | 185.83    |
| 7119290 | 01/23/202 11/22/202 12/17/202 | 117.96    | 0.00 | 0.00 | 117.96    |
| 7154082 | 01/23/202 11/25/202 12/20/202 | 1,248.36  | 0.00 | 0.00 | 1,248.36  |
| 7188715 | 01/23/202 11/26/202 12/21/202 | 1,653.95  | 0.00 | 0.00 | 1,653.95  |

|                |        |                   |           |          |        |           |
|----------------|--------|-------------------|-----------|----------|--------|-----------|
| Vendor Totals: | Number | Name              | Gross     | Discount | No-Pay | Net       |
|                | F1400  | FISHER HEALTHCARE | 35,149.29 | 0.00     | 0.00   | 35,149.29 |

|          |             |           |           |           |          |     |
|----------|-------------|-----------|-----------|-----------|----------|-----|
| Vendor#  | Vendor Name | Class     | Pay Code  |           |          |     |
| 11183    | FRONTIER    |           |           |           |          |     |
| Invoice# | Comment     | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| 010225   |             | 01/23/202 | 01/02/202 | 01/23/202 |          |     |
|          |             | Gross     | Discount  | No-Pay    | Net      |     |
|          |             | 1,263.01  | 0.00      | 0.00      | 1,263.01 |     |

|                |        |          |          |          |        |          |
|----------------|--------|----------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name     | Gross    | Discount | No-Pay | Net      |
|                | 11183  | FRONTIER | 1,263.01 | 0.00     | 0.00   | 1,263.01 |

|           |                              |           |           |           |          |     |
|-----------|------------------------------|-----------|-----------|-----------|----------|-----|
| Vendor#   | Vendor Name                  | Class     | Pay Code  |           |          |     |
| 11078     | FUSION MEDICAL STAFFING, LLC |           |           |           |          |     |
| Invoice#  | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| INV787531 |                              | 01/20/202 | 01/11/202 | 02/06/202 |          |     |
|           |                              | Gross     | Discount  | No-Pay    | Net      |     |
|           |                              | 3,320.00  | 0.00      | 0.00      | 3,320.00 |     |



|                       |                              |                              |           |           |           |          |        |           |
|-----------------------|------------------------------|------------------------------|-----------|-----------|-----------|----------|--------|-----------|
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 11078                 |                              | FUSION MEDICAL STAFFING, LLC |           |           | 3,320.00  | 0.00     | 0.00   | 3,320.00  |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| 12404                 | GE PRECISION HEALTHCARE, LLC |                              |           |           |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | 6002846119                   |                              | 12/31/202 | 01/01/202 | 01/31/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
|                       | 6002846117                   |                              | 12/31/202 | 01/01/202 | 01/31/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
|                       | 6002846430                   |                              | 01/14/202 | 01/01/202 | 01/31/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
|                       | 6002846118A                  |                              | 01/15/202 | 01/01/202 | 01/31/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
|                       | 6002846121A                  |                              | 01/15/202 | 01/01/202 | 01/31/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
|                       | 6002846118                   |                              | 01/20/202 | 01/01/202 | 02/06/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 12404                 |                              | GE PRECISION HEALTHCARE, LLC |           |           | 12,041.35 | 0.00     | 0.00   | 12,041.35 |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| 13456                 |                              |                              |           |           |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | WARGEO0001                   |                              | 01/20/202 | 01/10/202 | 02/06/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 13456                 |                              |                              |           |           | 96.51     | 0.00     | 0.00   | 96.51     |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| 10956                 | GETINGE USA SALES LLC        |                              |           |           |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | 6992772603                   |                              | 01/08/202 | 12/17/202 | 12/26/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 10956                 |                              | GETINGE USA SALES LLC        |           |           | 65.43     | 0.00     | 0.00   | 65.43     |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| 16088                 |                              |                              |           |           |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | BRIGRA0001                   |                              | 01/20/202 | 01/10/202 | 02/06/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 16088                 |                              |                              |           |           | 13.51     | 0.00     | 0.00   | 13.51     |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| 16108                 |                              |                              |           |           |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | KINGRA0001                   |                              | 01/20/202 | 01/10/202 | 02/06/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| 16108                 |                              |                              |           |           | 32.30     | 0.00     | 0.00   | 32.30     |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| W1300                 | GRAINGER                     |                              |           | M         |           |          |        |           |
|                       | Invoice#                     | Comment                      | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay    |           |
|                       | 9364707811                   |                              | 01/23/202 | 01/08/202 | 02/02/202 |          |        |           |
|                       |                              |                              |           |           |           |          |        |           |
| Vendor Totals: Number |                              | Name                         |           |           | Gross     | Discount | No-Pay | Net       |
| W1300                 |                              | GRAINGER                     |           |           | 175.11    | 0.00     | 0.00   | 175.11    |
| Vendor#               | Vendor Name                  |                              |           | Class     | Pay Code  |          |        |           |
| G1210                 | GULF COAST PAPER COMPANY     |                              |           | M         |           |          |        |           |

| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|--------------------------------------|--------------------------------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 2603614                              |                                | 01/22/202 | 12/17/202 | 01/16/202 |          |     | 167.45   | 0.00     | 0.00   | 167.45   |
| 2606477                              |                                | 01/22/202 | 12/31/202 | 01/30/202 |          |     | 908.48   | 0.00     | 0.00   | 908.48   |
| 2608109                              |                                | 01/22/202 | 01/07/202 | 02/06/202 |          |     | 46.29    | 0.00     | 0.00   | 46.29    |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| G1210 GULF COAST PAPER COMPANY       |                                |           |           |           |          |     | 1,122.22 | 0.00     | 0.00   | 1,122.22 |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| H0031                                | HEB CREDIT RECEIVABLES DEPT308 |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 122724                               |                                | 01/16/202 | 12/27/202 | 02/01/202 |          |     | 706.75   | 0.00     | 0.00   | 706.75   |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| H0031 HEB CREDIT RECEIVABLES DEPT308 |                                |           |           |           |          |     | 706.75   | 0.00     | 0.00   | 706.75   |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 14916                                | HEWLETT-PACKARD                |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 100000770016                         |                                | 01/20/202 | 01/15/202 | 02/06/202 |          |     | 573.53   | 0.00     | 0.00   | 573.53   |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 14916 HEWLETT-PACKARD                |                                |           |           |           |          |     | 573.53   | 0.00     | 0.00   | 573.53   |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 10530                                | HUMANA                         |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| WESAND0001                           |                                | 01/20/202 | 01/13/202 | 02/06/202 |          |     | 52.52    | 0.00     | 0.00   | 52.52    |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 10530 HUMANA                         |                                |           |           |           |          |     | 52.52    | 0.00     | 0.00   | 52.52    |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 13876                                | INQUISEEK, LLC                 |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| INV0953                              |                                | 01/20/202 | 01/15/202 | 02/06/202 |          |     | 450.00   | 0.00     | 0.00   | 450.00   |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 13876 INQUISEEK, LLC                 |                                |           |           |           |          |     | 450.00   | 0.00     | 0.00   | 450.00   |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 16140                                |                                |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| MARISM0001                           |                                | 01/20/202 | 01/09/202 | 02/06/202 |          |     | 40.00    | 0.00     | 0.00   | 40.00    |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 16140                                |                                |           |           |           |          |     | 40.00    | 0.00     | 0.00   | 40.00    |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 11108                                | ITERSOURCE CORPORATION         |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 711842                               |                                | 01/22/202 | 12/17/202 | 01/22/202 |          |     | 9,357.82 | 0.00     | 0.00   | 9,357.82 |
| Vendor Totals: Number Name           |                                |           |           |           |          |     | Gross    | Discount | No-Pay | Net      |
| 11108 ITERSOURCE CORPORATION         |                                |           |           |           |          |     | 9,357.82 | 0.00     | 0.00   | 9,357.82 |
| Vendor#                              | Vendor Name                    | Class     |           | Pay Code  |          |     |          |          |        |          |
| 16056                                |                                |           |           |           |          |     |          |          |        |          |
| Invoice#                             | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| ONEJEN0001                           |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 15.00    | 0.00     | 0.00   | 15.00    |

| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
|-----------------------|--------------------|-------------------|-----------|-----------|----------|----------|
| 16056                 |                    |                   | 15.00     | 0.00      | 0.00     | 15.00    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| W1372                 | JOHN B WRIGHT LLC  |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| 011324                |                    | 01/20/202         | 01/13/202 | 02/08/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| W1372                 |                    | JOHN B WRIGHT LLC | 4,500.00  | 0.00      | 0.00     | 4,500.00 |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16104                 | JOHN R. FALCON     |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| FALJOH0001            |                    | 01/20/202         | 01/10/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 16104                 |                    | JOHN R. FALCON    | 55.84     | 0.00      | 0.00     | 55.84    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16064                 |                    |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| HOEKAT001             |                    | 01/20/202         | 01/10/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 16064                 |                    |                   | 20.00     | 0.00      | 0.00     | 20.00    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16124                 |                    |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| TAKELO002             |                    | 01/20/202         | 01/10/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 16124                 |                    |                   | 13.48     | 0.00      | 0.00     | 13.48    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16044                 |                    |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| MCNKEN0001            |                    | 01/20/202         | 01/13/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 16044                 |                    |                   | 73.34     | 0.00      | 0.00     | 73.34    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 11275                 |                    |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| DANKYL0001            |                    | 01/20/202         | 01/10/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 11275                 |                    |                   | 19.11     | 0.00      | 0.00     | 19.11    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16132                 |                    |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
| DRELE00001            |                    | 01/20/202         | 01/09/202 | 02/06/202 |          |          |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
| 16132                 |                    |                   | 40.00     | 0.00      | 0.00     | 40.00    |
| Vendor#               | Vendor Name        | Class             | Pay Code  |           |          |          |
| 16008                 | LOPEZ TREE SERVICE |                   |           |           |          |          |
| Invoice#              | Comment            | Tran Dt           | Inv Dt    | Due Dt    | Check Dt | Pay      |
|                       |                    |                   |           |           |          |          |
| Vendor Totals: Number |                    | Name              | Gross     | Discount  | No-Pay   | Net      |
|                       |                    |                   |           |           |          |          |

| INV#    | Vendor#                       | Vendor Name                | Class                         | Pay Code  | Invoice#  | Comment  | Tran Dt | Inv Dt | Due Dt | Check Dt | Pay | Gross     | Discount | No-Pay | Net      |
|---------|-------------------------------|----------------------------|-------------------------------|-----------|-----------|----------|---------|--------|--------|----------|-----|-----------|----------|--------|----------|
| INV0794 |                               |                            |                               |           |           |          |         |        |        |          |     | 7,000.00  | 0.00     | 0.00   | 7,000.00 |
|         |                               | Vendor Totals: Number      | Name                          |           |           |          |         |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         |                               | 16008                      | LOPEZ TREE SERVICE            |           |           |          |         |        |        |          |     | 7,000.00  | 0.00     | 0.00   | 7,000.00 |
| Vendor# | Vendor Name                   |                            | Class                         | Pay Code  |           |          |         |        |        |          |     |           |          |        |          |
| L1640   | LOWE'S BUSINESS ACCT/SYNCR    |                            | W                             |           |           |          |         |        |        |          |     |           |          |        |          |
|         | Invoice#                      | Comment                    | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt | Pay     |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         | 010225                        |                            | 01/23/202                     | 01/02/202 | 01/02/202 |          |         |        |        |          |     | 1,467.75  | 0.00     | 0.00   | 1,467.75 |
|         |                               | Vendor Totals: Number      | Name                          |           |           |          |         |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         |                               | L1640                      | LOWE'S BUSINESS ACCT/SYNCR    |           |           |          |         |        |        |          |     | 1,467.75  | 0.00     | 0.00   | 1,467.75 |
| Vendor# | Vendor Name                   |                            | Class                         | Pay Code  |           |          |         |        |        |          |     |           |          |        |          |
| 15200   | MANAGED CARE PARTNERS INC.    |                            |                               |           |           |          |         |        |        |          |     |           |          |        |          |
|         | Invoice#                      | Comment                    | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt | Pay     |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         | 6622                          |                            | 01/20/202                     | 02/01/202 | 02/06/202 |          |         |        |        |          |     | 515.00    | 0.00     | 0.00   | 515.00   |
|         |                               | FEB 2025 PROFESSIONAL FEES |                               |           |           |          |         |        |        |          |     |           |          |        |          |
|         |                               | Vendor Totals: Number      | Name                          |           |           |          |         |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         |                               | 15200                      | MANAGED CARE PARTNERS INC.    |           |           |          |         |        |        |          |     | 515.00    | 0.00     | 0.00   | 515.00   |
| Vendor# | Vendor Name                   |                            | Class                         | Pay Code  |           |          |         |        |        |          |     |           |          |        |          |
| M2178   | MCKESSON MEDICAL SURGICAL INC |                            |                               |           |           |          |         |        |        |          |     |           |          |        |          |
|         | Invoice#                      | Comment                    | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt | Pay     |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         | 23117238                      |                            | 01/15/202                     | 01/03/202 | 01/18/202 |          |         |        |        |          |     | 889.28    | 0.00     | 0.00   | 889.28   |
|         | 23163034                      |                            | 01/22/202                     | 01/13/202 | 01/28/202 |          |         |        |        |          |     | 394.94    | 0.00     | 0.00   | 394.94   |
|         |                               | Vendor Totals: Number      | Name                          |           |           |          |         |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         |                               | M2178                      | MCKESSON MEDICAL SURGICAL INC |           |           |          |         |        |        |          |     | 1,284.22  | 0.00     | 0.00   | 1,284.22 |
| Vendor# | Vendor Name                   |                            | Class                         | Pay Code  |           |          |         |        |        |          |     |           |          |        |          |
| 12588   | MEDICAL TECHNOLOGY ASSOCIATES |                            |                               |           |           |          |         |        |        |          |     |           |          |        |          |
|         | Invoice#                      | Comment                    | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt | Pay     |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         | INV255713                     |                            | 01/15/202                     | 12/31/202 | 01/25/202 |          |         |        |        |          |     | 1,071.66  | 0.00     | 0.00   | 1,071.66 |
|         |                               | Vendor Totals: Number      | Name                          |           |           |          |         |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         |                               | 12588                      | MEDICAL TECHNOLOGY ASSOCIATES |           |           |          |         |        |        |          |     | 1,071.66  | 0.00     | 0.00   | 1,071.66 |
| Vendor# | Vendor Name                   |                            | Class                         | Pay Code  |           |          |         |        |        |          |     |           |          |        |          |
| M2470   | MEDLINE INDUSTRIES INC        |                            | M                             |           |           |          |         |        |        |          |     |           |          |        |          |
|         | Invoice#                      | Comment                    | Tran Dt                       | Inv Dt    | Due Dt    | Check Dt | Pay     |        |        |          |     | Gross     | Discount | No-Pay | Net      |
|         | 2352013082                    |                            | 01/15/202                     | 01/08/202 | 02/02/202 |          |         |        |        |          |     | 270.35    | 0.00     | 0.00   | 270.35   |
|         | 2352013085                    |                            | 01/15/202                     | 01/08/202 | 02/02/202 |          |         |        |        |          |     | 1,873.06  | 0.00     | 0.00   | 1,873.06 |
|         | 2352013084                    |                            | 01/15/202                     | 01/08/202 | 02/02/202 |          |         |        |        |          |     | 68.69     | 0.00     | 0.00   | 68.69    |
|         | 2352013087                    |                            | 01/15/202                     | 01/08/202 | 02/02/202 |          |         |        |        |          |     | 57.78     | 0.00     | 0.00   | 57.78    |
|         | 2352013083                    |                            | 01/15/202                     | 01/08/202 | 02/02/202 |          |         |        |        |          |     | 179.38    | 0.00     | 0.00   | 179.38   |
|         | 2352200242                    |                            | 01/15/202                     | 01/09/202 | 02/03/202 |          |         |        |        |          |     | 15,123.75 | 0.00     | 0.00   | 15,123.  |

|         |                               |          |      |      |          |
|---------|-------------------------------|----------|------|------|----------|
| 2880183 | 01/22/202 01/05/202 01/15/202 | 31.39    | 0.00 | 0.00 | 31.39    |
| 2882479 | 01/22/202 01/05/202 01/15/202 | 85.29    | 0.00 | 0.00 | 85.29    |
| 2882478 | 01/22/202 01/05/202 01/15/202 | 66.19    | 0.00 | 0.00 | 66.19    |
| 2880182 | 01/22/202 01/05/202 01/15/202 | 0.29     | 0.00 | 0.00 | 0.29     |
| 2882477 | 01/22/202 01/05/202 01/15/202 | 85.22    | 0.00 | 0.00 | 85.22    |
| 2880184 | 01/22/202 01/05/202 01/15/202 | 25.61    | 0.00 | 0.00 | 25.61    |
| 2882480 | 01/22/202 01/05/202 01/15/202 | 389.09   | 0.00 | 0.00 | 389.09   |
| CM78074 | 01/22/202 01/06/202 01/16/202 | -34.05   | 0.00 | 0.00 | -34.05   |
| 2884219 | 01/22/202 01/06/202 01/16/202 | 179.89   | 0.00 | 0.00 | 179.89   |
| 2884220 | 01/22/202 01/06/202 01/16/202 | 61.47    | 0.00 | 0.00 | 61.47    |
| 2887648 | 01/22/202 01/06/202 01/16/202 | 411.94   | 0.00 | 0.00 | 411.94   |
| 2893490 | 01/22/202 01/07/202 01/17/202 | 654.18   | 0.00 | 0.00 | 654.18   |
| 2889966 | 01/22/202 01/07/202 01/17/202 | 22.21    | 0.00 | 0.00 | 22.21    |
| 2891553 | 01/22/202 01/07/202 01/17/202 | 185.28   | 0.00 | 0.00 | 185.28   |
| 2891554 | 01/22/202 01/07/202 01/17/202 | 148.22   | 0.00 | 0.00 | 148.22   |
| 2898321 | 01/22/202 01/08/202 01/18/202 | 64.64    | 0.00 | 0.00 | 64.64    |
| 2898567 | 01/22/202 01/08/202 01/18/202 | 1,041.19 | 0.00 | 0.00 | 1,041.19 |
| 2895726 | 01/22/202 01/08/202 01/18/202 | 2,410.20 | 0.00 | 0.00 | 2,410.20 |
| 2895724 | 01/22/202 01/08/202 01/18/202 | 92.64    | 0.00 | 0.00 | 92.64    |
| 2898322 | 01/22/202 01/08/202 01/18/202 | 60.24    | 0.00 | 0.00 | 60.24    |
| 2898566 | 01/22/202 01/08/202 01/18/202 | 43.39    | 0.00 | 0.00 | 43.39    |
| 2897135 | 01/22/202 01/08/202 01/18/202 | 35.20    | 0.00 | 0.00 | 35.20    |
| 2901496 | 01/22/202 01/09/202 01/19/202 | 58.00    | 0.00 | 0.00 | 58.00    |
| 2901495 | 01/22/202 01/09/202 01/19/202 | 25.84    | 0.00 | 0.00 | 25.84    |
| 2901494 | 01/22/202 01/09/202 01/19/202 | 38.99    | 0.00 | 0.00 | 38.99    |
| 2901493 | 01/22/202 01/09/202 01/19/202 | 155.94   | 0.00 | 0.00 | 155.94   |
| 2901492 | 01/22/202 01/09/202 01/19/202 | 92.64    | 0.00 | 0.00 | 92.64    |
| 2902467 | 01/22/202 01/09/202 01/19/202 | 24.54    | 0.00 | 0.00 | 24.54    |

|         |                               |          |      |      |          |
|---------|-------------------------------|----------|------|------|----------|
| 2909425 | 01/22/202 01/12/202 01/22/202 | 530.96   | 0.00 | 0.00 | 530.96   |
| 2909428 | 01/22/202 01/12/202 01/22/202 | 2,012.40 | 0.00 | 0.00 | 2,012.40 |
| 2909427 | 01/22/202 01/12/202 01/22/202 | 11.25    | 0.00 | 0.00 | 11.25    |
| 2909424 | 01/22/202 01/12/202 01/22/202 | 8.68     | 0.00 | 0.00 | 8.68     |
| 2909426 | 01/22/202 01/12/202 01/22/202 | 16.31    | 0.00 | 0.00 | 16.31    |
| 2915751 | 01/22/202 01/13/202 01/23/202 | 64.40    | 0.00 | 0.00 | 64.40    |
| 2913006 | 01/22/202 01/13/202 01/23/202 | 899.69   | 0.00 | 0.00 | 899.69   |
| 2913008 | 01/22/202 01/13/202 01/23/202 | 180.22   | 0.00 | 0.00 | 180.22   |
| 2915752 | 01/22/202 01/13/202 01/23/202 | 5.25     | 0.00 | 0.00 | 5.25     |
| 4284    | 01/22/202 01/13/202 01/23/202 | -198.64  | 0.00 | 0.00 | -198.64  |
| 2913009 | 01/22/202 01/13/202 01/23/202 | 182.08   | 0.00 | 0.00 | 182.08   |
| 2913010 | 01/22/202 01/13/202 01/23/202 | 1,036.07 | 0.00 | 0.00 | 1,036.07 |
| 2913007 | 01/22/202 01/13/202 01/23/202 | 10.04    | 0.00 | 0.00 | 10.04    |
| 2922171 | 01/22/202 01/14/202 01/24/202 | 998.52   | 0.00 | 0.00 | 998.52   |
| CM80627 | 01/22/202 01/14/202 01/24/202 | -66.19   | 0.00 | 0.00 | -66.19   |
| 2922170 | 01/22/202 01/14/202 01/24/202 | 180.18   | 0.00 | 0.00 | 180.18   |
| 2918608 | 01/22/202 01/14/202 01/24/202 | 64.76    | 0.00 | 0.00 | 64.76    |
| 2920648 | 01/22/202 01/14/202 02/06/202 | 58.42    | 0.00 | 0.00 | 58.42    |

|                       |                          |           |          |        |           |
|-----------------------|--------------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | Name                     | Gross     | Discount | No-Pay | Net       |
| 10536                 | MORRIS & DICKSON CO, LLC | 12,450.07 | 0.00     | 0.00   | 12,450.07 |

|         |             |       |          |
|---------|-------------|-------|----------|
| Vendor# | Vendor Name | Class | Pay Code |
| 16144   |             |       |          |

|            |         |           |           |           |          |     |       |          |        |       |
|------------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
| EVANAN0001 |         | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 17.11 | 0.00     | 0.00   | 17.11 |

|                       |      |       |          |        |       |
|-----------------------|------|-------|----------|--------|-------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net   |
| 16144                 |      | 17.11 | 0.00     | 0.00   | 17.11 |

|         |                              |       |          |
|---------|------------------------------|-------|----------|
| Vendor# | Vendor Name                  | Class | Pay Code |
| 12388   | NATIONAL FARM LIFE INSURANCE |       |          |

|          |         |           |           |           |          |     |          |          |        |          |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 4394315  |         | 01/23/202 | 01/23/202 | 02/01/202 |          |     | 5,321.08 | 0.00     | 0.00   | 5,321.08 |

|                       |                              |          |          |        |          |
|-----------------------|------------------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name                         | Gross    | Discount | No-Pay | Net      |
| 12388                 | NATIONAL FARM LIFE INSURANCE | 5,321.08 | 0.00     | 0.00   | 5,321.08 |

|         |                          |       |          |
|---------|--------------------------|-------|----------|
| Vendor# | Vendor Name              | Class | Pay Code |
| 15984   | NORTHERN SPEECH SERVICES |       |          |

|          |         |           |           |           |          |     |        |          |        |        |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
| 1398371  |         | 01/22/202 | 01/07/202 | 01/22/202 |          |     | 237.05 | 0.00     | 0.00   | 237.05 |

| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|----------------|---------------------------|-----------|---------------------------|-----------|----------|----------|----------|
|                |                           | 15984     | NORTHERN SPEECH SERVICES  | 237.05    | 0.00     | 0.00     | 237.05   |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| N1900          | NURSES CHOICE CORPORATION |           | W                         |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 0175579IN      |                           | 01/23/202 | 01/09/202                 | 01/23/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 121.61   | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 121.61   |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | N1800     | NURSES CHOICE CORPORATION | 121.61    | 0.00     | 0.00     | 121.61   |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 11472          | OCCUPRO LLC               |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 38339          |                           | 01/09/202 | 01/07/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 486.68   | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 486.68   |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 11472     | OCCUPRO LLC               | 486.68    | 0.00     | 0.00     | 486.68   |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 16128          |                           |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| LONPAU0002     |                           | 01/20/202 | 01/09/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 37.72    | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 37.72    |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 16128     |                           | 37.72     | 0.00     | 0.00     | 37.72    |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 10032          | PHILIPS HEALTHCARE        |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 9027180008     |                           | 01/15/202 | 01/10/202                 | 02/04/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 135.80   | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 135.80   |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 10032     | PHILIPS HEALTHCARE        | 135.80    | 0.00     | 0.00     | 135.80   |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 12708          | POC ELECTRIC, LLC         |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 4229AB         |                           | 01/20/202 | 01/01/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 2,124.65 | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 2,124.65 |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 12708     | POC ELECTRIC, LLC         | 2,124.65  | 0.00     | 0.00     | 2,124.65 |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 12708          | POC ELECTRIC, LLC         |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 4229AB         |                           | 01/20/202 | 01/01/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 2,124.65 | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 2,124.65 |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 12708     | POC ELECTRIC, LLC         | 2,124.65  | 0.00     | 0.00     | 2,124.65 |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 11080          | RADSOURCE                 |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| PSI004456      |                           | 01/10/202 | 01/12/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 1,791.67 | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 1,791.67 |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 11080     | RADSOURCE                 | 1,791.67  | 0.00     | 0.00     | 1,791.67 |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 11080          | RADSOURCE                 |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| PSI004533      |                           | 01/20/202 | 01/16/202                 | 02/06/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 1,708.33 | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 1,708.33 |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 11080     | RADSOURCE                 | 1,708.33  | 0.00     | 0.00     | 1,708.33 |
| Vendor#        | Vendor Name               |           | Class                     | Pay Code  |          |          |          |
| 15264          | REPUBLIC PAIN SPECIALISTS |           |                           |           |          |          |          |
| Invoice#       | Comment                   | Tran Dt   | Inv Dt                    | Due Dt    | Check Dt | Pay      |          |
| 42A            |                           | 01/07/202 | 01/02/202                 | 02/02/202 |          |          |          |
|                |                           |           |                           |           | Gross    | Discount | No-Pay   |
|                |                           |           |                           |           | 5,000.00 | 0.00     | 0.00     |
|                |                           |           |                           |           |          |          | Net      |
|                |                           |           |                           |           |          |          | 5,000.00 |
| Vendor Totals: |                           | Number    | Name                      | Gross     | Discount | No-Pay   | Net      |
|                |                           | 15264     | REPUBLIC PAIN SPECIALISTS | 5,000.00  | 0.00     | 0.00     | 5,000.00 |

| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
|---------|--------------------------------|--------------------------------|-----------|-----------|-----------|----------|-----|-----------|----------|--------|-----------|
| 14920   | REPUBLIC SERVICES, INC.        |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | 0847001374639                  |                                | 01/23/202 | 01/15/202 | 01/23/202 |          |     | 1,105.43  | 0.00     | 0.00   | 1,105.43  |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 14920                          | REPUBLIC SERVICES, INC.        |           |           |           |          |     | 1,105.43  | 0.00     | 0.00   | 1,105.43  |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 16084   |                                |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | PERRAY001                      |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 26.96     | 0.00     | 0.00   | 26.96     |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 16084                          |                                |           |           |           |          |     | 26.96     | 0.00     | 0.00   | 26.96     |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 16076   |                                |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | CRIRON0001                     |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 13.30     | 0.00     | 0.00   | 13.30     |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 16076                          |                                |           |           |           |          |     | 13.30     | 0.00     | 0.00   | 13.30     |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 16080   |                                |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | RESSAB0002                     |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 16.42     | 0.00     | 0.00   | 16.42     |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 16080                          |                                |           |           |           |          |     | 16.42     | 0.00     | 0.00   | 16.42     |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 16048   |                                |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | LINSHU0001                     |                                | 01/20/202 | 01/10/202 | 02/06/202 |          |     | 19.11     | 0.00     | 0.00   | 19.11     |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 16048                          |                                |           |           |           |          |     | 19.11     | 0.00     | 0.00   | 19.11     |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| S2270   | SMILE MAKERS                   | M                              |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | 9595318                        |                                | 01/23/202 | 01/23/202 | 02/01/202 |          |     | 104.89    | 0.00     | 0.00   | 104.89    |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | S2270                          | SMILE MAKERS                   |           |           |           |          |     | 104.89    | 0.00     | 0.00   | 104.89    |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 11296   | SOUTH TEXAS BLOOD & TISSUE CEN |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |
|         | CM13821                        |                                | 12/17/202 | 12/15/202 | 01/31/202 |          |     | -1,710.00 | 0.00     | 0.00   | -1,710.00 |
|         | CM14091                        |                                | 01/20/202 | 01/15/202 | 02/06/202 |          |     | -1,405.00 | 0.00     | 0.00   | -1,405.00 |
|         | I07046897                      |                                | 01/20/202 | 01/15/202 | 02/06/202 |          |     | 4,747.00  | 0.00     | 0.00   | 4,747.00  |
|         | Vendor Totals: Number          | Name                           |           |           |           |          |     | Gross     | Discount | No-Pay | Net       |
|         | 11296                          | SOUTH TEXAS BLOOD & TISSUE CEN |           |           |           |          |     | 1,632.00  | 0.00     | 0.00   | 1,632.00  |
| Vendor# | Vendor Name                    | Class                          | Pay Code  |           |           |          |     |           |          |        |           |
| 15236   | SPECIALTY PROFESSIONAL         |                                |           |           |           |          |     |           |          |        |           |
|         | Invoice#                       | Comment                        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross     | Discount | No-Pay | Net       |



|            |                               |          |      |      |          |
|------------|-------------------------------|----------|------|------|----------|
| 1240001670 | 01/20/202 12/13/202 02/06/202 | 4,560.00 | 0.00 | 0.00 | 4,560.00 |
| 1240001688 | 01/20/202 12/20/202 02/06/202 | 3,562.50 | 0.00 | 0.00 | 3,562.50 |
| 1240001719 | 01/20/202 12/27/202 02/06/202 | 3,681.25 | 0.00 | 0.00 | 3,681.25 |
| 1240001748 | 01/20/202 01/03/202 02/06/202 | 3,610.00 | 0.00 | 0.00 | 3,610.00 |

|                       |                        |           |          |        |           |
|-----------------------|------------------------|-----------|----------|--------|-----------|
| Vendor Totals: Number | Name                   | Gross     | Discount | No-Pay | Net       |
| 15236                 | SPECIALTY PROFESSIONAL | 15,413.75 | 0.00     | 0.00   | 15,413.75 |

|         |                         |       |          |
|---------|-------------------------|-------|----------|
| Vendor# | Vendor Name             | Class | Pay Code |
| S2694   | STANFORD VACUUM SERVICE | M     |          |

|          |         |           |           |           |          |     |        |          |        |        |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
| 730562   |         | 01/20/202 | 01/16/202 | 02/06/202 |          |     | 550.00 | 0.00     | 0.00   | 550.00 |

|                       |                         |        |          |        |        |
|-----------------------|-------------------------|--------|----------|--------|--------|
| Vendor Totals: Number | Name                    | Gross  | Discount | No-Pay | Net    |
| S2694                 | STANFORD VACUUM SERVICE | 550.00 | 0.00     | 0.00   | 550.00 |

|         |                 |       |          |
|---------|-----------------|-------|----------|
| Vendor# | Vendor Name     | Class | Pay Code |
| S3960   | STERICYCLE, INC |       |          |

|            |         |           |           |           |          |     |          |          |        |          |
|------------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 8009618819 |         | 01/20/202 | 01/18/202 | 02/06/202 |          |     | 3,076.66 | 0.00     | 0.00   | 3,076.66 |

|                       |                 |          |          |        |          |
|-----------------------|-----------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name            | Gross    | Discount | No-Pay | Net      |
| S3960                 | STERICYCLE, INC | 3,076.66 | 0.00     | 0.00   | 3,076.66 |

|         |                    |       |          |
|---------|--------------------|-------|----------|
| Vendor# | Vendor Name        | Class | Pay Code |
| S3940   | STERIS CORPORATION | M     |          |

|          |         |           |           |           |          |     |        |          |        |        |
|----------|---------|-----------|-----------|-----------|----------|-----|--------|----------|--------|--------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross  | Discount | No-Pay | Net    |
| 13311652 |         | 01/23/202 | 01/16/202 | 02/01/202 |          |     | 218.40 | 0.00     | 0.00   | 218.40 |

|                       |                    |        |          |        |        |
|-----------------------|--------------------|--------|----------|--------|--------|
| Vendor Totals: Number | Name               | Gross  | Discount | No-Pay | Net    |
| S3940                 | STERIS CORPORATION | 218.40 | 0.00     | 0.00   | 218.40 |

|         |             |       |          |
|---------|-------------|-------|----------|
| Vendor# | Vendor Name | Class | Pay Code |
| 16136   |             |       |          |

|            |         |           |           |           |          |     |       |          |        |       |
|------------|---------|-----------|-----------|-----------|----------|-----|-------|----------|--------|-------|
| Invoice#   | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross | Discount | No-Pay | Net   |
| JEFSUS0001 |         | 01/20/202 | 01/09/202 | 02/05/202 |          |     | 80.00 | 0.00     | 0.00   | 80.00 |

|                       |      |       |          |        |       |
|-----------------------|------|-------|----------|--------|-------|
| Vendor Totals: Number | Name | Gross | Discount | No-Pay | Net   |
| 16136                 |      | 80.00 | 0.00     | 0.00   | 80.00 |

|         |               |       |          |
|---------|---------------|-------|----------|
| Vendor# | Vendor Name   | Class | Pay Code |
| T2539   | T-SYSTEM, INC | W     |          |

|          |         |           |           |           |          |     |          |          |        |          |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 2013234  |         | 01/22/202 | 12/31/202 | 01/30/202 |          |     | 6,130.42 | 0.00     | 0.00   | 6,130.42 |

DECEMBER

|                       |               |          |          |        |          |
|-----------------------|---------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name          | Gross    | Discount | No-Pay | Net      |
| T2539                 | T-SYSTEM, INC | 6,130.42 | 0.00     | 0.00   | 6,130.42 |

|         |                     |       |          |
|---------|---------------------|-------|----------|
| Vendor# | Vendor Name         | Class | Pay Code |
| 15488   | TEXAN FLOOR SERVICE |       |          |

|          |         |           |           |           |          |     |          |          |        |          |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| 126191   |         | 01/22/202 | 01/14/202 | 01/22/202 |          |     | 8,089.20 | 0.00     | 0.00   | 8,089.20 |

|                       |                     |          |          |        |          |
|-----------------------|---------------------|----------|----------|--------|----------|
| Vendor Totals: Number | Name                | Gross    | Discount | No-Pay | Net      |
| 15488                 | TEXAN FLOOR SERVICE | 8,089.20 | 0.00     | 0.00   | 8,089.20 |

|         |                                |       |          |
|---------|--------------------------------|-------|----------|
| Vendor# | Vendor Name                    | Class | Pay Code |
| 14858   | TEXAS A&M HEALTH SCIENCE CENTE |       |          |

|          |         |           |           |           |          |     |          |          |        |          |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
| H184405  |         | 01/20/202 | 01/16/202 | 02/06/202 |          |     | 6,825.00 | 0.00     | 0.00   | 6,825.00 |

|                          |                                |                                |           |           |          |        |          |
|--------------------------|--------------------------------|--------------------------------|-----------|-----------|----------|--------|----------|
| Vendor Totals: Number    |                                | Name                           | Gross     |           | Discount | No-Pay | Net      |
| 14856                    |                                | TEXAS A&M HEALTH SCIENCE CENTE | 6,825.00  |           | 0.00     | 0.00   | 6,825.00 |
| Vendor#                  | Vendor Name                    |                                | Class     | Pay Code  |          |        |          |
| T1880                    | TEXAS DEPARTMENT OF LICENSING  |                                | A/P       |           |          |        |          |
| Invoice#                 | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay    |          |
| 10184150                 |                                | 01/20/202                      | 11/05/202 | 02/06/202 |          |        |          |
| INSPECTION DATE 11/01/24 |                                |                                |           |           |          |        |          |
| Vendor Totals: Number    |                                | Name                           | Gross     |           | Discount | No-Pay | Net      |
| T1880                    |                                | TEXAS DEPARTMENT OF LICENSING  | 70.00     |           | 0.00     | 0.00   | 70.00    |
| Vendor#                  | Vendor Name                    |                                | Class     | Pay Code  |          |        |          |
| 10698                    | TEXAS DEPT OF STATE HEALTH SRV |                                |           |           |          |        |          |
| Invoice#                 | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay    |          |
| 010125                   |                                | 01/14/202                      | 01/01/202 | 01/31/202 |          |        |          |
| Vendor Totals: Number    |                                | Name                           | Gross     |           | Discount | No-Pay | Net      |
| 10698                    |                                | TEXAS DEPT OF STATE HEALTH SRV | 2,035.00  |           | 0.00     | 0.00   | 2,035.00 |
| Vendor#                  | Vendor Name                    |                                | Class     | Pay Code  |          |        |          |
| 10758                    | TEXAS SELECT STAFFING, LLC     |                                |           |           |          |        |          |
| Invoice#                 | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay    |          |
| 0024871                  |                                | 01/20/202                      | 01/16/202 | 02/06/202 |          |        |          |
| Vendor Totals: Number    |                                | Name                           | Gross     |           | Discount | No-Pay | Net      |
| 10758                    |                                | TEXAS SELECT STAFFING, LLC     | 3,659.00  |           | 0.00     | 0.00   | 3,659.00 |
| Vendor#                  | Vendor Name                    |                                | Class     | Pay Code  |          |        |          |
| C2510                    | TRUBRIDGE                      |                                | M         |           |          |        |          |
| Invoice#                 | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay    |          |
| 1027547                  |                                | 01/14/202                      | 01/13/202 | 02/06/202 |          |        |          |
| Vendor Totals: Number    |                                | Name                           | Gross     |           | Discount | No-Pay | Net      |
| C2510                    |                                | TRUBRIDGE                      | 8,220.32  |           | 0.00     | 0.00   | 8,220.32 |
| Vendor#                  | Vendor Name                    |                                | Class     | Pay Code  |          |        |          |
| U1064                    | UNIFIRST HOLDINGS INC          |                                |           |           |          |        |          |
| Invoice#                 | Comment                        | Tran Dt                        | Inv Dt    | Due Dt    | Check Dt | Pay    |          |
| 2921049481               |                                | 12/27/202                      | 12/19/202 | 02/05/202 |          |        |          |
| 2921050689               |                                | 01/01/202                      | 01/06/202 | 01/31/202 |          |        |          |
| 2921050690               |                                | 01/01/202                      | 01/06/202 | 01/31/202 |          |        |          |
| 2921051011               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051013               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051015               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051014               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051012               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051010               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |
| 2921051008               |                                | 01/14/202                      | 01/09/202 | 02/03/202 |          |        |          |

|             |                               |          |      |      |          |
|-------------|-------------------------------|----------|------|------|----------|
| 2921051208  | 01/20/202 01/13/202 02/06/202 | 2,677.54 | 0.00 | 0.00 | 2,677.54 |
| 2921051207  | 01/20/202 01/13/202 02/06/202 | 140.37   | 0.00 | 0.00 | 140.37   |
| 2921051209  | 01/20/202 01/13/202 02/06/202 | 103.29   | 0.00 | 0.00 | 103.29   |
| 2921051513  | 01/20/202 01/16/202 02/06/202 | 100.84   | 0.00 | 0.00 | 100.84   |
| 2921051540  | 01/20/202 01/16/202 02/06/202 | 375.30   | 0.00 | 0.00 | 375.30   |
| 2921051548  | 01/20/202 01/16/202 02/06/202 | 181.78   | 0.00 | 0.00 | 181.78   |
| 2921051546  | 01/20/202 01/16/202 02/06/202 | 162.14   | 0.00 | 0.00 | 162.14   |
| 2921051528  | 01/20/202 01/16/202 02/06/202 | 1,965.38 | 0.00 | 0.00 | 1,965.38 |
| 2921051551  | 01/20/202 01/16/202 02/06/202 | 132.59   | 0.00 | 0.00 | 132.59   |
| 2921051519  | 01/20/202 01/16/202 02/06/202 | 173.09   | 0.00 | 0.00 | 173.09   |
| 2921051534  | 01/20/202 01/16/202 02/06/202 | 64.90    | 0.00 | 0.00 | 64.90    |
| 2921051009A | 01/23/202 01/09/202 02/03/202 | 169.69   | 0.00 | 0.00 | 169.69   |

|                |        |                       |           |          |        |           |
|----------------|--------|-----------------------|-----------|----------|--------|-----------|
| Vendor Totals: | Number | Name                  | Gross     | Discount | No-Pay | Net       |
|                | U1064  | UNIFIRST HOLDINGS INC | 12,035.86 | 0.00     | 0.00   | 12,035.86 |

|          |                   |           |           |           |          |     |
|----------|-------------------|-----------|-----------|-----------|----------|-----|
| Vendor#  | Vendor Name       | Class     | Pay Code  |           |          |     |
| U2001    | US POSTAL SERVICE |           | W         |           |          |     |
| Invoice# | Comment           | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| 01142005 |                   | 01/23/202 | 01/14/202 | 01/23/202 |          |     |
|          |                   | Gross     | Discount  | No-Pay    | Net      |     |
|          |                   | 2,200.00  | 0.00      | 0.00      | 2,200.00 |     |

|                |        |                   |          |          |        |          |
|----------------|--------|-------------------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name              | Gross    | Discount | No-Pay | Net      |
|                | U2001  | US POSTAL SERVICE | 2,200.00 | 0.00     | 0.00   | 2,200.00 |

|          |                |           |           |           |          |     |
|----------|----------------|-----------|-----------|-----------|----------|-----|
| Vendor#  | Vendor Name    | Class     | Pay Code  |           |          |     |
| 15616    | UTHEALTH CQHII |           |           |           |          |     |
| Invoice# | Comment        | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| 3158     |                | 01/20/202 | 01/17/202 | 02/06/202 |          |     |
|          |                | Gross     | Discount  | No-Pay    | Net      |     |
|          |                | 900.00    | 0.00      | 0.00      | 900.00   |     |

|                |        |                |        |          |        |        |
|----------------|--------|----------------|--------|----------|--------|--------|
| Vendor Totals: | Number | Name           | Gross  | Discount | No-Pay | Net    |
|                | 15616  | UTHEALTH CQHII | 900.00 | 0.00     | 0.00   | 900.00 |

|            |             |           |           |           |          |     |
|------------|-------------|-----------|-----------|-----------|----------|-----|
| Vendor#    | Vendor Name | Class     | Pay Code  |           |          |     |
| 16120      |             |           |           |           |          |     |
| Invoice#   | Comment     | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| HAHVER0001 |             | 01/20/202 | 01/10/202 | 02/06/202 |          |     |
|            |             | Gross     | Discount  | No-Pay    | Net      |     |
|            |             | 40.00     | 0.00      | 0.00      | 40.00    |     |

|                |        |      |       |          |        |       |
|----------------|--------|------|-------|----------|--------|-------|
| Vendor Totals: | Number | Name | Gross | Discount | No-Pay | Net   |
|                | 16120  |      | 40.00 | 0.00     | 0.00   | 40.00 |

|             |                        |           |           |           |          |     |
|-------------|------------------------|-----------|-----------|-----------|----------|-----|
| Vendor#     | Vendor Name            | Class     | Pay Code  |           |          |     |
| 10556       | WOUND CARE SPECIALISTS |           |           |           |          |     |
| Invoice#    | Comment                | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay |
| WCS00007120 |                        | 01/20/202 | 01/01/202 | 02/06/202 |          |     |
|             |                        | Gross     | Discount  | No-Pay    | Net      |     |
|             |                        | 6,975.00  | 0.00      | 0.00      | 6,975.00 |     |

|                |        |                        |          |          |        |          |
|----------------|--------|------------------------|----------|----------|--------|----------|
| Vendor Totals: | Number | Name                   | Gross    | Discount | No-Pay | Net      |
|                | 10556  | WOUND CARE SPECIALISTS | 6,975.00 | 0.00     | 0.00   | 6,975.00 |

|               |       |          |        |     |
|---------------|-------|----------|--------|-----|
| Grand Totals: | Gross | Discount | No-Pay | Net |
|---------------|-------|----------|--------|-----|

343,746.26

0.00

0.00

343,746.26

**APPROVED ON**

**JAN 23 2025**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

## STATEMENT

Company: 8000

MEMORIAL MEDICAL CENTER  
AP  
815 N VIRGINIA STREET  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/24/2025

Page: 002

**To ensure proper credit to your account, detach and return this stub with your remittance**

DC: 8115  
Customer INV SupplD:  
Territory:

**Customer: 832536**  
**Date: 01/24/2025**

As of: 01/24/2025      Page: 002  
Mail to:      Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

**Cust: 632536      PLEASE CHECK ANY**  
**Date: 01/24/2025    ITEMS NOT PAID (✓)**

| Billing Date | Due Date | Receivable Number | National Account<br>632536<br>Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |
|--------------|----------|-------------------|-----------------------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|
|--------------|----------|-------------------|-----------------------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|

**PF column legend:** P = Past Due Item, F = Future Due Item, blank = Current Due Item

**TOTAL:** National Acct 632536 MEMORIAL MEDICAL CENTER

|                   |                 |            |
|-------------------|-----------------|------------|
| <b>Subtotals:</b> | <b>3,757.24</b> | <b>USD</b> |
|-------------------|-----------------|------------|

**Future Due:** 0.00

**Past Due:** 0.00

|                     |                 |
|---------------------|-----------------|
| <b>Last Payment</b> | <b>2,451.97</b> |
| <b>08/07/2017</b>   |                 |

**If Paid By 01/28/2025,  
Pay This Amount:**

3,682.08 USD

**If Paid After 01/28/2025,  
Pay this Amount:**

3,757.24 USD

**Due If Paid On Time:**

USD 3,682.08

|                         |       |
|-------------------------|-------|
| Disc lost if paid late: | 75.16 |
|-------------------------|-------|

|                   |          |
|-------------------|----------|
| Due If Paid Late: |          |
| USD               | 3,757.24 |

3,680.84 +

1-24 +

5 : 682 - 08 0

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please <sup><></sup>contact 800-867-0333

# McKESSON

## STATEMENT

Company: 8000

WALMART 1098/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/24/2025

Page: 001

To ensure proper credit to your  
account, detach and return this  
stub with your remittance

DC: 8115  
Customer INV SupplID:  
Territory: 7001

As of: 01/24/2025 Page: 001  
Mail to: Comp: 8000

Customer: 256342  
Date: 01/24/2025

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 01/24/2025 ITEMS NOT PAID (✓)

| Billing<br>Date                                 | Due<br>Date | Receivable<br>Number | National Account<br>Order<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|-------------------------------------------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
| Customer Number 256342 WALMART 1098/MEM MED PHS |             |                      |                                        |             |                  |                   |        |                 |        |                      |  |
| 01/18/2025                                      | 01/26/2025  | 7545772944           | 215497103                              | 115Invoice  | 4.95             | 247.70            |        | 242.75          |        | 7545772944           |  |
| 01/20/2025                                      | 01/28/2025  | 7546026886           | 224524628                              | 115Invoice  | 0.02             | 1.06              |        | 1.04            |        | 7546026886           |  |
| 01/21/2025                                      | 01/28/2025  | 7546272397           | 224613208                              | 115Invoice  | 0.01             | 0.32              |        | 0.31            |        | 7546272397           |  |
| 01/21/2025                                      | 01/28/2025  | 7546272398           | 220800513                              | 115Invoice  | 22.53            | 1,126.36          |        | 1,103.83        |        | 7546272398           |  |
| 01/21/2025                                      | 01/28/2025  | 7546272399           | 222464408                              | 115Invoice  | 22.53            | 1,126.36          |        | 1,103.83        |        | 7546272399           |  |
| 01/22/2025                                      | 01/28/2025  | 7546588514           | 223395806                              | 115Invoice  | 5.26             | 262.98            |        | 257.72          |        | 7546588514           |  |
| 01/23/2025                                      | 01/28/2025  | 7546885560           | 221495451                              | 115Invoice  | 0.03             | 1.48              |        | 1.45            |        | 7546885560           |  |
| 01/24/2025                                      | 01/28/2025  | 7547132934           | 223452202                              | 115Invoice  | 1.92             | 95.80             |        | 93.88           |        | 7547132934           |  |
| 01/24/2025                                      | 01/28/2025  | 7547132935           | 216962649                              | 115Invoice  | 0.34             | 16.56             |        | 16.52           |        | 7547132935           |  |
| 01/24/2025                                      | 01/28/2025  | 7547132936           | 224988710                              | 115Invoice  | 0.02             | 0.95              |        | 0.93            |        | 7547132936           |  |
| 01/24/2025                                      | 01/28/2025  | 7547132937           | 216962649                              | 115Invoice  | 17.52            | 876.10            |        | 858.58          |        | 7547132937           |  |

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 3,755.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67  
01/20/2025

If Paid By 01/28/2025,  
Pay This Amount:

3,680.84 USD

If Paid After 01/28/2025,  
Pay this Amount:

APPROVED ON 3,755.97 USD

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Due If Paid On Time:

USD 3,680.84

Disc lost if paid late:

75.13

Due If Paid Late:

USD 3,755.97

For AR Inquiries please contact 800-867-0333

**McKESSON****STATEMENT**

Company: 8000

HEB PHCY WHSE/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/24/2025

Page: 001

To ensure proper credit to your  
account, detach and return this  
stub with your remittance

DC: 8115  
Customer INV SupplD:  
Territory: 7001

As of: 01/24/2025 Page: 001  
Mail to: Comp: 8000

Customer: 820405  
Date: 01/24/2025

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 01/24/2025 ITEMS NOT PAID (✓)

| Billing<br>Date                                                                    | Due<br>Date | Receivable<br>Number | National Account<br>Order<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|------------------------------------------------------------------------------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
| Customer Number 820405 HEB PHCY WHSE/MEM MED PHS                                   |             |                      |                                        |             |                  |                   |        |                 |        |                      |  |
| 01/23/2025                                                                         | 01/28/2025  | 7546667428           | B2501-055-187805                       | 115Invoice  | 0.03             | 1.27              |        | 1.24            |        | 7546667428           |  |
| PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item |             |                      |                                        |             |                  |                   |        |                 |        |                      |  |

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 1.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67  
01/20/2025

If Paid By 01/28/2025,  
Pay This Amount:

1.24 USD

If Paid After 01/28/2025,  
Pay this Amount:

1.27 USD

Due If Paid On Time:

USD 1.24

Disc lost if paid late: 0.03

Due If Paid Late:

USD 1.27

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# **McKESSON**

## **STATEMENT**

Company: 8000

MEMORIAL MEDICAL CENTER  
AP  
815 N VIRGINIA STREET  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/17/2025

Page: 002

To ensure proper credit to your  
account, detach and return this  
stub with your remittance

DC: 8115  
Customer INV SupplD:  
Territory:

As of: 01/17/2025 Page: 002  
Mail to: Comp: 8000

Customer: 632536  
Date: 01/18/2025

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 632536 PLEASE CHECK ANY  
Date: 01/18/2025 ITEMS NOT PAID (✓)

| Billing<br>Date | Due<br>Date | Receivable<br>Number | National Account<br>Order<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|-----------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
|-----------------|-------------|----------------------|----------------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 4,715.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97  
08/07/2017

If Paid By 01/21/2025,  
Pay This Amount:

4,621.67 USD

If Paid After 01/21/2025,  
Pay this Amount:

4,715.97 USD

Due If Paid On Time:  
USD 4,621.67

Disc lost if paid late: 94.30

Due If Paid Late:  
USD 4,715.97

83

4,597.21 +  
13.87 +  
6.94 +  
3.65 +  
4,621.67 =

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



# MCKESSON

## STATEMENT

Company: 8000

WALMART 1098/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/17/2025

Page: 001

To ensure proper credit to your  
account, detach and return this  
stub with your remittance

DC: 8115  
Customer INV SupplID:  
Territory: 7001

As of: 01/17/2025 Page: 001  
Mail to: Comp: 8000

Customer: 256342  
Date: 01/18/2025

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 256342 PLEASE CHECK ANY  
Date: 01/18/2025 ITEMS NOT PAID (✓)

| Billing<br>Date                                 | Due<br>Date | Receivable<br>Number | National Account<br>Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|-------------------------------------------------|-------------|----------------------|-------------------------------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
| Customer Number 256342 WALMART 1098/MEM MED PHS |             |                      |                               |             |                  |                   |        |                 |        |                      |  |
| 01/11/2025                                      | 01/21/2025  | 7544318642           | 218027069                     | 115Invoice  | 5.26             | 282.98            |        | 257.72          | ✓      | 7544318642           |  |
| 01/11/2025                                      | 01/21/2025  | 7544318643           | 223395906                     | 115Invoice  | 5.26             | 262.98            |        | 257.72          | ✓      | 7544318643           |  |
| 01/13/2025                                      | 01/21/2025  | 7544561516           | 217984752                     | 115Invoice  | 0.01             | 0.63              |        | 0.62            | ✓      | 7544561516           |  |
| 01/13/2025                                      | 01/21/2025  | 7544561517           | 219304373                     | 115Invoice  | 0.01             | 0.63              |        | 0.62            | ✓      | 7544561517           |  |
| 01/13/2025                                      | 01/21/2025  | 7544561518           | 220800513                     | 115Invoice  | 22.53            | 1,126.36          |        | 1,103.83        | ✓      | 7544561518           |  |
| 01/13/2025                                      | 01/21/2025  | 7544561519           | 215102283                     | 115Invoice  | 2.02             | 100.89            |        | 98.87           | ✓      | 7544561519           |  |
| 01/14/2025                                      | 01/21/2025  | 7544871166           | 223339419                     | 115Invoice  | 22.54            | 1,127.14          |        | 1,104.60        | ✓      | 7544871166           |  |
| 01/14/2025                                      | 01/21/2025  | 7544871167           | 216280350                     | 115Invoice  | 0.18             | 9.20              |        | 9.02            | ✓      | 7544871167           |  |
| 01/14/2025                                      | 01/21/2025  | 7544871168           | 223892664                     | 115Invoice  | 0.02             | 0.95              |        | 0.93            | ✓      | 7544871168           |  |
| 01/15/2025                                      | 01/21/2025  | 7545158637           | 224094410                     | 115Invoice  | 8.09             | 404.57            |        | 396.48          | ✓      | 7545158637           |  |
| 01/16/2025                                      | 01/21/2025  | 7545403457           | 222651928                     | 115Invoice  | 1.80             | 90.21             |        | 88.41           | ✓      | 7545403457           |  |
| 01/16/2025                                      | 01/21/2025  | 7545403458           | 223452202                     | 115Invoice  | 3.83             | 191.59            |        | 187.76          | ✓      | 7545403458           |  |
| 01/16/2025                                      | 01/21/2025  | 7545403459           | 216208227                     | 115Invoice  | 0.04             | 2.12              |        | 2.08            | ✓      | 7545403459           |  |
| 01/16/2025                                      | 01/21/2025  | 7545413214           | 215534016                     | 115Invoice  | 2.24             | 111.89            |        | 109.65          | ✓      | 7545413214           |  |
| 01/17/2025                                      | 01/21/2025  | 7545647696           | 216208227                     | 115Invoice  | 17.52            | 876.10            |        | 858.58          | ✓      | 7545647696           |  |
| 01/17/2025                                      | 01/21/2025  | 7545647697           | 215461080                     | 115Invoice  | 1.23             | 61.39             |        | 60.16           | ✓      | 7545647697           |  |
| 01/17/2025                                      | 01/21/2025  | 7545647698           | 215534016                     | 115Invoice  | 1.23             | 61.39             |        | 60.16           | ✓      | 7545647698           |  |

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotal: 4,691.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment  
01/13/2025

APPROVED ON  
JAN 27 2025

If Paid By 01/21/2025,  
Pay This Amount:

4,597.21 USD

If Paid After 01/21/2025,  
Pay this Amount:

4,691.02 USD

Due If Paid On Time:

USD 4,597.21

Disc lost if paid late:

93.81

Due If Paid Late:

USD 4,691.02

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# McKESSON

## STATEMENT

As of: 01/17/2025

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

HEB PHCY WHSE/MEM MED PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 820405  
Date: 01/18/2025

As of: 01/17/2025 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 820405 PLEASE CHECK ANY  
Date: 01/18/2025 ITEMS NOT PAID (✓)

| Billing Date                                     | Due Date   | Receivable Number | National Account Order Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |  |
|--------------------------------------------------|------------|-------------------|----------------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 820405 HEB PHCY WHSE/MEM MED PHS |            |                   |                                  |             |               |                |     |              |     |                   |  |
| 01/16/2025                                       | 01/21/2025 | 7545208354        | B2501-055-187210                 | 115Invoice  | 0.28          | 14.15          |     | 13.87        |     | 7545208354        |  |

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 14.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41  
01/13/2025

If Paid By 01/21/2025,  
Pay This Amount:

13.87 USD

If Paid After 01/21/2025,  
Pay This Amount:

14.15 USD

Due If Paid On Time:

USD 13.87

Disc lost if paid late:

0.28

Due If Paid Later:

USD 14.15

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# **McKESSON**

## **STATEMENT**

As of: 01/17/2025

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

CVS PHCY 7416/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835437  
Date: 01/18/2025

As of: 01/17/2025 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835437 PLEASE CHECK ANY  
Date: 01/18/2025 ITEMS NOT PAID (✓)

| Billing Date                                    | Due Date   | Receivable Number | National Account | 632536<br>Gross Reference | Description | Cash Discount | Amount (gross) | P F | Amount (net) | P F | Receivable Number |  |
|-------------------------------------------------|------------|-------------------|------------------|---------------------------|-------------|---------------|----------------|-----|--------------|-----|-------------------|--|
| Customer Number 835437 CVS PHCY 7416/MEM MC PHS |            |                   |                  |                           |             |               |                |     |              |     |                   |  |
| 01/15/2025                                      | 01/21/2025 | 7545173905        |                  | 3810020                   | 115Invoice  | 0.14          | 7.08           |     | 6.94         |     | 7545173905        |  |

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 7.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41  
01/13/2025

If Paid By 01/21/2025,  
Pay This Amount:

6.94 USD

If Paid After 01/21/2025,  
Pay this Amount:

7.08 USD

Due If Paid On Time:

USD 6.94

Disc lost if paid late: 0.14

Due If Paid Late:

USD 7.08

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

# MCKESSON

## STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS  
MEMORIAL MEDICAL CENTER  
VICKY KALISEK  
815 N VIRGINIA ST  
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

As of: 01/17/2025

Page: 001

To ensure proper credit to your  
account, detach and return this  
stub with your remittance

DC: 8115  
Customer INV SupplD:  
Territory: 7001

Customer: 835438  
Date: 01/18/2025

As of: 01/17/2025 Page: 001  
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT  
Statement for information only

Cust: 835438 PLEASE CHECK ANY  
Date: 01/18/2025 ITEMS NOT PAID (✓)

| Billing<br>Date                                 | Due<br>Date | Receivable<br>Number | National Account<br>Order | Reference | Description | Cash<br>Discount | Amount<br>(gross) | P<br>F | Amount<br>(net) | P<br>F | Receivable<br>Number |  |
|-------------------------------------------------|-------------|----------------------|---------------------------|-----------|-------------|------------------|-------------------|--------|-----------------|--------|----------------------|--|
| Customer Number 835438 CVS PHCY 7475/MEM MC PHS |             |                      |                           |           |             |                  |                   |        |                 |        |                      |  |
| 01/15/2025                                      | 01/21/2025  | 7545178828           |                           | 3811629   | 115Invoice  | 0.07             | 3.72              |        | 3.65            |        | 7545178828           |  |

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals:

3.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,155.95  
12/30/2024

If Paid By 01/21/2025,  
Pay This Amount:

3.65 USD

If Paid After 01/21/2025,  
Pay this Amount:

3.72 USD

Due If Paid On Time:

USD 3.65

Disc lost if paid late:

0.07

Due If Paid Late:

USD 3.72

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



## STATEMENT

Statement Number: 69033676  
Date: 01-24-2025

1 of 1

Serviced By: AMERISOURCEBERGEN DRUG CORP  
12727 W. AIRPORT BLVD.  
SUGAR LAND TX 77478-6101  
  
DEA: RA0289276  
866-451-9655

Customer: WALGREENS #12494 3408  
MEMORIAL MEDICAL CENTER  
1302 N VIRGINIA ST  
PORT LAVACA TX 77979-2509

Remit To: AMERISOURCEBERGEN  
PO Box 905223  
CHARLOTTE NC 28290-5223

## Customer Number

100135284 / 037028186

## Terms

Sat - Fri Due in 7 days

## Summary

|                  |          |
|------------------|----------|
| Not Yet Due:     | 0.00     |
| Current:         | 1,914.25 |
| Past Due:        | 0.00     |
| Total Due:       | 1,914.25 |
| Account Balance: | 1,914.25 |

## Account Activity

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance  |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|----------|
| 01-20-2025    | 01-31-2025 | 3203100139       | 7008712004            | Invoice       | 678.29          |              | 0.00            | 678.29   |
| 01-20-2025    | 01-31-2025 | 3203101350       | 7008722084            | Invoice       | 108.63          |              | 0.00            | 108.63   |
| 01-20-2025    | 01-31-2025 | 3203101351       | 7008722084            | Invoice       | 2.96            |              | 0.00            | 2.96     |
| 01-20-2025    | 01-31-2025 | 3203101352       | 7008733190            | Invoice       | 1,021.57        |              | 0.00            | 1,021.57 |
| 01-21-2025    | 01-31-2025 | 3203258944       | 7008739614            | Invoice       | 3.94            |              | 0.00            | 3.94     |
| 01-24-2025    | 01-31-2025 | 3203620089       | 7008750191            | Invoice       | 98.86           |              | 0.00            | 98.86    |

| Current  | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 1,914.25 | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

## Thank You for Your Payment

| Date       | Amount     |
|------------|------------|
| 01-24-2025 | (3,019.68) |

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Reminders

| Due Date   | Amount   |
|------------|----------|
| 01-31-2025 | 1,914.25 |
| Total Due: | 1,914.25 |



# STATEMENT

Statement Number: 69051359  
Date: 01-24-2025

1 of 1

Served By: AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-8336

DEA: RA0316958  
866-451-9655

Customer: WALGREENS CENTRAL FILL #21373 340B  
MEMORIAL MEDICAL CENTER  
4100 DALE EARNHARDT WAY 200  
NORTHLAKE TX 76262-2389

Remit To: AMERISOURCEBERGEN  
PO Box 978740  
DALLAS TX 75397-8740

## Customer Number

100566356 / 100566356

## Terms

Sat - Fri Due in 7 days

## Summary

|                  |          |
|------------------|----------|
| Not Yet Due:     | 0.00     |
| Current:         | 2,219.23 |
| Past Due:        | 0.00     |
| Total Due:       | 2,219.23 |
| Account Balance: | 2,219.23 |

## Account Activity

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance  |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|----------|
| 01-20-2025    | 01-31-2025 | 3203070038       | 7008722427            | Invoice       | 87.27           |              | 0.00            | 87.27    |
| 01-20-2025    | 01-31-2025 | 3203158212       | 7008739730            | Invoice       | 14.80           |              | 0.00            | 14.80    |
| 01-21-2025    | 01-31-2025 | 3203304458       | 7008751294            | Invoice       | 1,113.69        |              | 0.00            | 1,113.69 |
| 01-22-2025    | 01-31-2025 | 3203447797       | 7008757264            | Invoice       | 8.52            |              | 0.00            | 8.52     |
| 01-24-2025    | 01-31-2025 | 3203743165       | 7008774924            | Invoice       | 994.95          |              | 0.00            | 994.95   |

| Current  | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 2,219.23 | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Reminders

| Due Date   | Amount   |
|------------|----------|
| 01-31-2025 | 2,219.23 |
| Total Due: | 2,219.23 |

87

## STATEMENT

Statement Number: 69023586  
Date: 01-17-2025

1 of 1

**By:** AMERISOURCEBERGEN DRUG CORP  
501 PATRIOT PARKWAY  
ROANOKE TX 76262-6336

DEA: RA0316958  
866-451-9655

WALGREENS CENTRAL FILL #21373 3408  
MEMORIAL MEDICAL CENTER  
4100 DALE EARNHARDT WAY 200  
NORTHLAKE TX 76262-2389

**AMERISOURCEBERGEN**  
**PO Box 978740**  
**DALLAS TX 75397-8740**

## Customer Number

100566356 / 100566356

## Terms

**Sat - Fri Due in 7 days**

## Summary

|                  |        |
|------------------|--------|
| Not Yet Due:     | 0.00   |
| Current:         | 279.38 |
| Past Due:        | 0.00   |
| Total Due:       | 279.38 |
| Account Balance: | 279.38 |

### Account Activity

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|---------|
| 01-13-2025    | 01-24-2025 | 3202208178       | 7008647299            | Invoice       | 104.73          |              | 0.00            | 104.73  |
| 01-13-2025    | 01-24-2025 | 3202208540       | 7008656670            | Invoice       | 32.07           |              | 0.00            | 32.07   |
| 01-13-2025    | 01-24-2025 | 3202208541       | 7008664485            | Invoice       | 6.61            |              | 0.00            | 6.61    |
| 01-13-2025    | 01-24-2025 | 3202333829       | 7008673186            | Invoice       | 66.57           |              | 0.00            | 66.57   |
| 01-14-2025    | 01-24-2025 | 3202508683       | 7008683755            | Invoice       | 4.03            |              | 0.00            | 4.03    |
| 01-16-2025    | 01-24-2025 | 3202691026       | 7008695827            | Invoice       | 65.37           |              | 0.00            | 65.37   |

| Current | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|---------|-----------|------------|------------|------------|-------------|---------------|
| 279.38  | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## Reminders

| Due Date          | Amount        |
|-------------------|---------------|
| 01-24-2025        | 279.38        |
| <b>Total Due:</b> | <b>279.38</b> |



## STATEMENT

Statement Number: 69005851  
Date: 01-17-2025

1 of 1

|            |                                                                                   |                                                                                                              |                                                                                                     |                                          |  |
|------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------|--|
| Served By: | AMERISOURCEBERGEN DRUG CORP<br>12727 W. AIRPORT BLVD.<br>SUGAR LAND TX 77478-6101 | Customer:                                                                                                    | WALGREENS #12494 3408<br>MEMORIAL MEDICAL CENTER<br>1302 N VIRGINIA ST<br>PORT LAVACA TX 77979-2509 | Customer Number<br>100135284 / 037028186 |  |
|            | DEA: RA0289276<br>866-451-9655                                                    |                                                                                                              | Terms<br>Sat - Fri Due in 7 days                                                                    |                                          |  |
|            | Remit To:                                                                         |                                                                                                              | AMERISOURCEBERGEN<br>PO Box 905223<br>CHARLOTTE NC 28290-5223                                       | Summary                                  |  |
|            |                                                                                   | Not Yet Due: 0.00<br>Current: 2,740.20<br>Past Due: 0.00<br>Total Due: 2,740.20<br>Account Balance: 2,740.20 |                                                                                                     |                                          |  |

| Document Date | Due Date   | Reference Number | Purchase Order Number | Document Type | Original Amount | Last Receipt | Amount Received | Balance  |
|---------------|------------|------------------|-----------------------|---------------|-----------------|--------------|-----------------|----------|
| 01-13-2025    | 01-24-2025 | 3202266265       | 7008648614            | Invoice       | 57.07           |              | 0.00            | 57.07    |
| 01-13-2025    | 01-24-2025 | 3202266266       | 7008658664            | Invoice       | 1,116.64        |              | 0.00            | 1,116.64 |
| 01-13-2025    | 01-24-2025 | 3202266267       | 7008656664            | Invoice       | 13.34           |              | 0.00            | 13.34    |
| 01-13-2025    | 01-24-2025 | 3202266268       | 7008663760            | Invoice       | 414.65          |              | 0.00            | 414.65   |
| 01-14-2025    | 01-24-2025 | 3202464042       | 7008673305            | Invoice       | 14.16           |              | 0.00            | 14.16    |
| 01-15-2025    | 01-24-2025 | 3202618482       | 7008684240            | Invoice       | 24.59           |              | 0.00            | 24.59    |
| 01-15-2025    | 01-24-2025 | 3202618483       | 7008684147            | Invoice       | 29.44           |              | 0.00            | 29.44    |
| 01-16-2025    | 01-24-2025 | 3202774078       | 7008696730            | Invoice       | 1,047.45        |              | 0.00            | 1,047.45 |
| 01-16-2025    | 01-24-2025 | 3202774079       | 7008695868            | Invoice       | 20.10           |              | 0.00            | 20.10    |
| 01-17-2025    | 01-24-2025 | 3202938285       | 7008704151            | Invoice       | 1.76            |              | 0.00            | 1.76     |
| 01-17-2025    | 01-24-2025 | 3202938286       | 7008704151            | Invoice       | 1.00            |              | 0.00            | 1.00     |

| Current  | 1-15 Days | 16-30 Days | 31-60 Days | 61-90 Days | 91-120 Days | Over 120 Days |
|----------|-----------|------------|------------|------------|-------------|---------------|
| 2,740.20 | 0.00      | 0.00       | 0.00       | 0.00       | 0.00        | 0.00          |

**Thank You for Your Payment**

| Date       | Amount     |
|------------|------------|
| 01-17-2025 | (2,655.78) |

APPROVED ON  
JAN 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

**Reminders**

| Due Date            | Amount   |
|---------------------|----------|
| 01-24-2025          | 2,740.20 |
| Total Due: 2,740.20 |          |



**TOLL FREE PHONE NUMBER: 1-800-555-3453**

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"

#### ENTER:

### [ ]

☐ "ENTER YOUR 4-DIGIT PIN"

[ ]

☐ "MAKE A PAYMENT, PRESS 1"

[ 1 ]

☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

★ [ 941 ] #

☐ "IF FEDERAL TAX DEPOSIT ENTER 1"

[ 1 ]

☐ "ENTER 2-DIGIT TAX FILING YEAR"

★ [ 24 ]

☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"

★ [ 03 ]

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"  
"1 TO CONFIRM"

★ \$ 134,049.46 #

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

[ 1 ]  
0 \$ 68,160.58 #

"ENTER W/CENTS AMOUNT OF MEDICARE"

\$ 15,940.64 #

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

\$ 49,948.24 #

☐ "6-DIGIT SETTLEMENT DATE"

★ [ ]

"1 TO CONFIRM"

[ 1 ]

☐ ACKNOWLEDGEMENT NUMBER

[ ]

CALLED IN BY:  
CALLED IN DATE:  
CALLED IN TIME:[ ]  
[ ]  
[ ]

## 941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

\*ENTER VOID CKS AS NEGATIVE NUMBERS\*

| PAY PERIOD: BEGIN       | 1/10/2025     | VOIDED CK (1) | VOIDED CK (2) | ADDITIONAL CK (1) | ADDITIONAL CK (1) | TOTALS        |
|-------------------------|---------------|---------------|---------------|-------------------|-------------------|---------------|
| PAY PERIOD: END         | 1/23/2025     |               |               |                   |                   |               |
| PAY DATE:               | 1/31/2025     |               |               |                   |                   |               |
| GROSS PAY:              | \$ 549,681.16 |               |               | \$ -              |                   | \$ 549,681.16 |
| DEDUCTIONS:             |               |               |               |                   |                   |               |
| A/R                     | \$ 275.00     |               |               |                   |                   | \$ 275.00     |
| ADVANC                  |               |               |               |                   |                   | \$ -          |
| BOOTS                   |               |               |               |                   |                   | \$ -          |
| MUTUAL CRITICAL ILLNESS |               |               |               |                   |                   | \$ -          |
| MUTUAL ACCIDENT         |               |               |               |                   |                   | \$ -          |
| IRS TAX                 |               |               |               |                   |                   | \$ -          |
| MUTUAL SHORT TERM DIS   |               |               |               |                   |                   | \$ -          |
| MUTUAL VISION           |               |               |               |                   |                   | \$ -          |
| CAFÉ-D                  |               |               |               |                   |                   | \$ -          |
| CAFÉ-H                  |               |               |               |                   |                   | \$ -          |
|                         | \$ -          |               |               |                   |                   | \$ -          |
| CAFÉ-P                  |               |               |               |                   |                   | \$ -          |
| CANCER                  |               |               |               |                   |                   | \$ -          |
| CHILD                   | \$ 570.69     |               |               |                   |                   | \$ 570.69     |
| CLINIC                  | \$ 380.00     |               |               |                   |                   | \$ 380.00     |
| COMBIN                  |               |               |               |                   |                   | \$ -          |
| CREGUN                  | \$ -          |               |               |                   |                   | \$ -          |
| DENTAL                  | \$ -          |               |               |                   |                   | \$ -          |
| DEP-LF                  |               |               |               |                   |                   | \$ -          |
| MUTUAL TERM LIFE        |               |               |               |                   |                   | \$ -          |
| MUTUAL HOSP INDEM       |               |               |               |                   |                   | \$ -          |
| FED TAX                 | \$ 49,948.24  |               |               |                   |                   | \$ 49,948.24  |
| FICA-M                  | \$ 7,970.32   |               |               |                   |                   | \$ 7,970.32   |
| FICA-O                  | \$ 34,080.29  |               |               |                   |                   | \$ 34,080.29  |
| FICA-M ADDITIONAL       |               |               |               |                   |                   | \$ -          |
| FIRST C                 |               |               |               |                   |                   | \$ -          |
| FLEX S                  |               |               |               |                   |                   | \$ -          |
| FLX-FE                  | \$ -          |               |               |                   |                   | \$ -          |
| GIFT S                  | \$ 199.26     |               |               |                   |                   | \$ 199.26     |
| MUTUAL CRITICAL ILLNESS |               |               |               |                   |                   | \$ -          |
| MUTUAL ACCIDENT         |               |               |               |                   |                   | \$ -          |
| MUTUAL SHORT TERM DIS   |               |               |               |                   |                   | \$ -          |
| LEGAL                   |               |               |               |                   |                   | \$ -          |
| OTHER                   | \$ 3,638.76   |               |               |                   |                   | \$ 3,638.76   |
| NATIONAL FARM LIFE      |               |               |               |                   |                   | \$ -          |
| MED SURCHARGE           |               |               |               |                   |                   | \$ -          |
| Blank                   |               |               |               |                   |                   | \$ -          |
| RELAY                   |               |               |               |                   |                   | \$ -          |
| REPAY                   |               |               |               |                   |                   | \$ -          |
| STONEDF                 |               |               |               |                   |                   | \$ -          |
| STONE                   |               |               |               |                   |                   | \$ -          |
| STONE 2                 |               |               |               |                   |                   | \$ -          |
| STUDEN                  |               |               |               |                   |                   | \$ -          |
| TSA-R                   | \$ 37,730.75  |               |               |                   |                   | \$ 37,730.75  |
| UW/HOS                  | \$ -          |               |               |                   |                   | \$ -          |
| TOTAL DEDUCTIONS:       | \$ 134,793.31 | \$ -          | \$ -          | \$ -              | \$ -              | \$ 134,793.31 |
| NET PAY:                | \$ 414,887.85 | \$ -          | \$ -          | \$ -              | \$ -              | \$ 414,887.85 |

TOTAL CAFÉ 125 PLAN:

\$ - Less Exempt:

TAXABLE PAY:

\$ 549,681.16 \$ 549,681.16

Exempt Amt:

|                     |       | "CALCULATED" | From MMC Report | Difference |
|---------------------|-------|--------------|-----------------|------------|
| FICA - MED (ER)     | 1.45% | \$ 7,970.38  |                 |            |
| FICA - MED (EE)     | 1.45% | \$ 7,970.38  | \$ 7,970.32     | \$ 0.06    |
| FICA - SOC SEC (ER) | 6.20% | \$ 34,080.23 |                 |            |
| FICA - SOC SEC (EE) | 6.20% | \$ 34,080.23 | \$ 34,080.29    | \$ (0.06)  |
| FED WITHHOLDING     |       | \$ 49,948.24 | \$ 49,948.24    |            |

Employees over FICA-SS Cap:

Paycode S - Employees Reimb.:

|                        |               |               |
|------------------------|---------------|---------------|
| TAX DEPOSIT:           | \$ 134,049.46 | \$ 134,049.46 |
| FICA - MEDICARE        | 2.90%         | \$ 15,940.76  |
| FICA - SOCIAL SECURITY | 12.40%        | \$ 68,160.46  |
| FED WITHHOLDING        |               | \$ 49,948.24  |
| TOTAL TAX:             | \$ 134,049.46 | \$ 134,049.46 |

PREPARED BY:  
PREPARED DATE:

TOTAL: \$ -

Sariah Rubio

1/27/2025

Run Date: 01/24/25  
Time: 17:21

MEMORIAL MEDICAL CENTER  
Payroll Register ( Bi-Weekly )  
Pay Period 01/10/25 - 01/23/25 Run# 1

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P2REG

Final Summary

| Pay Code Summary |                       |         |    |    | Deductions Summary |    |    |           |                                               |
|------------------|-----------------------|---------|----|----|--------------------|----|----|-----------|-----------------------------------------------|
| PayCd            | Description           | Hrs     | OT | SH | WB                 | HO | CB | Gross     | Code Amount                                   |
| 1                | REGULAR PAY-S1        | 9610.50 | N  |    | N                  | N  |    | 226213.30 | A/R 275.00 A/R2 A/R3                          |
| 1                | REGULAR PAY-S1        | 1758.00 | N  |    | N                  | N  | N  | 87783.46  | ADVANC ANARDS BCBSVI                          |
| 1                | REGULAR PAY-S1        | 303.00  | Y  |    | N                  | N  |    | 11016.92  | BOOTS CAFE H CAFE-1                           |
| 2                | REGULAR PAY-S2        | 2530.50 | N  |    | N                  | N  |    | 71404.49  | CAFE-2 CAFE-J CAFE-4                          |
| 2                | REGULAR PAY-S2        | 89.75   | Y  |    | N                  | N  |    | 3962.07   | CAFE-S CAFE-C CAFE-D                          |
| 3                | REGULAR PAY-S3        | 1560.50 | N  |    | N                  | N  |    | 54080.04  | CAFE-F CAFE-H CAFE-I                          |
| 3                | REGULAR PAY-S3        | 127.50  | Y  |    | N                  | N  |    | 7217.61   | CAFE-L CAFE-P CANCER                          |
| 4                | CALL BACK PAY         | 12.00   | N  | 1  | N                  | N  | Y  | 674.24    | CHILD 570.69 CLINIC 380.00 COMBIN             |
| 4                | CALL BACK PAY         | 6.00    | N  | 2  | N                  | N  | Y  | 247.50    | CREDON DD ADV DENTAL                          |
| 4                | CALL BACK PAY         | 2.00    | N  | 3  | N                  | N  | Y  | 79.84     | DEP-LF DIS-LF EAT                             |
| C                | CALL PAY              | 2266.00 | N  | 1  | N                  | N  |    | 4532.04   | EATCSH 40.00 FEDTAX 49948.24 FICA-M 7970.32 ✓ |
| D                | DOUBLE TIME           | 30.75   | N  | 1  | N                  | N  |    | 2321.64   | FICA-O 34080.29 FIRSTC FLEX S                 |
| D                | DOUBLE TIME           | 21.50   | N  | 2  | N                  | N  |    | 1784.79   | FLX FE FORT D FUTA                            |
| D                | DOUBLE TIME           | 8.00    | N  | 1  | N                  | N  |    | 697.92    | GIFT S 199.26 GRANT GRP-IN                    |
| D                | DOUBLE TIME           | .50     | Y  | 2  | N                  | N  |    | 60.96     | GTL HOSP-I HSA                                |
| D                | DOUBLE TIME           | 8.25    | Y  | 3  | N                  | N  |    | 1030.59   | ID TFT IRSTAX LEAF                            |
| E                | EXTRA WAGES           |         | N  |    | N                  | N  | N  | 27848.46  | LEGAL NASA MEALS 3598.76 ✓                    |
| E                | EXTRA WAGES           |         | N  | 1  | N                  | N  | N  | 2275.25   | MEVIS MISC MISC/                              |
| K                | EXTENDED-ILLNESS-BANK | 458.00  | N  | 1  | N                  | N  |    | 12772.15  | MMCSHR MOORCC MOOILL                          |
| P                | PAID-TIME-OFF         | 78.78   | N  |    | N                  | N  | N  | 1366.65   | MOOIND MOOLIF MOOSTD                          |
| P                | PAID-TIME-OFF         | 1161.00 | N  | 1  | N                  | N  |    | 31959.28  | MOOVIS NATFML OTHER                           |
| X                | CALL PAY 2            | 144.00  | N  | 1  | N                  | N  |    | 288.00    | PHI PHI*** PR FIN                             |
| Z                | CALL PAY 3            | 48.00   | N  | 1  | N                  | N  |    | 144.00    | RELAY REPAY SAMS                              |
|                  |                       |         |    |    |                    |    |    |           | SCRUBS SIGNON ST-TX                           |
|                  |                       |         |    |    |                    |    |    |           | STONDF STONE STONE2                           |
|                  |                       |         |    |    |                    |    |    |           | STUDEN SUNACC SUNILL                          |
|                  |                       |         |    |    |                    |    |    |           | SUNIND SUNLIF SUNSTD                          |
|                  |                       |         |    |    |                    |    |    |           | SUNVIS SURCHG TSA-1                           |
|                  |                       |         |    |    |                    |    |    |           | TSA-2 TSA-C TSA-P                             |
|                  |                       |         |    |    |                    |    |    |           | TSA-R 17730.75 TUITION UNIFOR                 |
|                  |                       |         |    |    |                    |    |    |           | UR/HOS                                        |

\*----- Grand Totals: 20224.53 ----- ( Gross: 549681.16 ✓ Deductions: 134793.31 ✓ Net: 414887.85 ✓  
| Checks Count:- FT 202 PT 13 Other 42 Female 227 Male 29 Credit OverAmt 15 ZeroNet Term Total: 256 |

**MEMORIAL MEDICAL CENTER  
PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Jan 17, 2025 - Jan 26, 2025**

| <u>Date</u> | <u>Bank Description</u>                       | <u>MMC Notes</u>                  | <u>Amount</u>     | <u>CPSI "Handwritten Check" #</u> |
|-------------|-----------------------------------------------|-----------------------------------|-------------------|-----------------------------------|
| 1/17/2025   | PAY PLUS ACHTrans 51978220 101000696783852 P  | - 3rd Party Payor Fee             | 138.97            | 901538                            |
| 1/17/2025   | HEALTH EQUITY INC HealthEqui 1356888 91000017 | - EmpDeduct/Employer Contribut    | 1,077.00          | 800566                            |
| 1/17/2025   | EXPERTPAY EXPERTPAY 746003411 91000011822135  | - Child Support Payment           | <del>690.69</del> | 800567                            |
| 1/17/2025   | AMERISOURCE BERG PAYMENTS 0100007768 2100002  | - 340B Drug Program Expense       | 2,655.76          | 550555                            |
| 1/17/2025   | MEMORIAL MEDICAL PAYROLL 746003411 115122650  | - Payroll                         | 356,355.20        |                                   |
| 1/21/2025   | Zellis ACHTrans 52304862 101000697991759      | - 3rd Party Payor Fee             | 1.48              | 901539                            |
| 1/21/2025   | WEBFILE TAX PYMT DD 902/78012610 21000021664  | - Sales Tax                       | 1,868.72          | 700148                            |
| 1/21/2025   | MCKESSON DRUG AUTO ACH ACH06354169 9100000164 | - 340B Drug Program Expense       | 4,621.67          | 550556                            |
| 1/21/2025   | IRS USATAXPYMT 270542155254977 6103601002969  | - Payroll Taxes                   | 111,734.94        | 800568                            |
| 1/22/2025   | PAY PLUS ACHTrans 52480334 101000699646967 P  | - 3rd Party Payor Fee             | 0.28              | 901540                            |
| 1/23/2025   | PAY PLUS ACHTrans 52640871 1010006991060263 P | - 3rd Party Payor Fee             | 147.84            | 901541                            |
| 1/23/2025   | WPHG LLC PT LAVA MemMedCtr PLLC 11312265001   | - Health Insurance Claim Payments | 83,801.40         | 800569                            |
| 1/24/2025   | PAY PLUS ACHTrans 52855625 101000692385787 P  | - 3rd Party Payor Fee             | 169.47            | 901542                            |
| 1/24/2025   | AMERISOURCE BERG PAYMENTS 0100007768 2100002  | - 340B Drug Program Expense       | 3,019.58          | 550557                            |
|             |                                               |                                   | <u>566,163.00</u> |                                   |

Steve Brock, CFO  
Memorial Medical Center

January 27, 2025

**PROSPERITY BANK  
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS**

| <u>Date</u> | <u>Description</u> | <u>MMC Notes</u> | <u>Amount</u> |            |
|-------------|--------------------|------------------|---------------|------------|
|             |                    | 566,163.00 +     |               | 138.97 +   |
|             |                    | 1,077.00 -       |               | 0.28 +     |
|             |                    | 2,655.76 -       |               | 147.84 +   |
|             |                    | 356,355.20 -     |               | 169.47 +   |
|             |                    | 1,868.72 -       |               | 456.56 +   |
|             |                    | 4,621.67 -       |               | 570.69 +   |
|             |                    | 111,734.94 -     |               | 570.69     |
|             |                    | 0.28 -           |               |            |
|             |                    | 147.84 -         |               | 1.48 +     |
|             |                    | 83,801.40 -      |               | 1.48       |
|             |                    | 169.47 -         |               | 456.56 +   |
|             |                    | 3,019.58 -       |               | 570.69 +   |
|             |                    | 1,028.73 0       |               | 1.48 +     |
|             |                    | 1,028.73 -       |               | 1,028.73 0 |
|             |                    | 0.00 0           |               |            |

Steve Brock, CFO  
Memorial Medical Center

January 27, 2025

**APPROVED ON**

**JAN 27 2025**

**BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS**

| Plan                                     | Start Date | ER Per Pay Cost | EE Per Pay Cost |
|------------------------------------------|------------|-----------------|-----------------|
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$30.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$137.00        |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$25.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$50.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$50.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$25.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$175.00        |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$0.00          |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$50.00         |
| 2025 Heath Equity Health Savings Account | 1/1/2025   | \$25.00         | \$10.00         |
|                                          |            | \$525.00        | \$552.00        |
|                                          | Total      | \$1,077.00      |                 |

Memorial Medical Center  
Transfer Request

Amount: 1,000,000.00

Date: 1/27/2025

From Account: Prosperity Money Market

To Account: Operating

APPROVED ON  
JAN 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Explanation:

TRANSFER FUNDS FROM PROSPERITY MONEY MARKET TO PROSPERITY OPERATING

Requested by: Caitlin Clevenger

Date: 1/27/2025

Authorized by: 

Date:

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 23 2025

MEMORIAL MEDICAL CENTER

01/22/2025

19:24

CALHOUN COUNTY, TEXAS

AP Open Invoice List

Due Dates Through: 02/07/2025

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 011525   |         | 01/22/202 | 01/15/202 | 02/07/202 |          |     | 1,224.00 | 0.00     | 0.00   | 1,224.00 |
| 012125   |         | 01/22/202 | 01/21/202 | 02/07/202 |          |     | 17.02    | 0.00     | 0.00   | 17.02    |

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

| Gross    | Discount | No-Pay | Net      |
|----------|----------|--------|----------|
| 1,241.02 | 0.00     | 0.00   | 1,241.02 |

Report Summary

Grand Totals:

APPROVED ON

| Gross    | Discount | No-Pay | Net      |
|----------|----------|--------|----------|
| 1,241.02 | 0.00     | 0.00   | 1,241.02 |

JAN 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 23 2025

MEMORIAL MEDICAL CENTER

01/22/2025

19:25

AP Open Invoice List

0

CALHOUN COUNTY, TEXAS

Due Dates Through: 02/07/2025

ap\_open\_invoice.template

Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 011625   |         | 01/22/202 | 01/16/202 | 02/07/202 |          |     | 2,400.00 | 0.00     | 0.00   | 2,400.00 |

Vendor Totals: Number Name  
11824 THE CRESCENT

| Gross    | Discount | No-Pay | Net      |
|----------|----------|--------|----------|
| 2,400.00 | 0.00     | 0.00   | 2,400.00 |

Report Summary

| Grand Totals: | Gross    | Discount | No-Pay | Net      |
|---------------|----------|----------|--------|----------|
| APPROVED ON   | 2,400.00 | 0.00     | 0.00   | 2,400.00 |

JAN 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 23 2025

MEMORIAL MEDICAL CENTER

01/22/2025

19:25

AP Open Invoice List

0

ap\_open\_invoice.template

Due Dates Through: 02/07/2025

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 011525   |         | 01/22/202 | 01/15/202 | 02/07/202 |          |     | 397.74   | 0.00     | 0.00   | 397.74   |
| 011525A  |         | 01/22/202 | 01/15/202 | 02/07/202 |          |     | 1,246.60 | 0.00     | 0.00   | 1,246.60 |
| 012125   |         | 01/22/202 | 01/21/202 | 02/07/202 |          |     | 813.05   | 0.00     | 0.00   | 813.05   |

Vendor Totals: Number Name

11836 GOLDENCREEK HEALTHCARE

| Gross    | Discount | No-Pay | Net      |
|----------|----------|--------|----------|
| 2,457.39 | 0.00     | 0.00   | 2,457.39 |

Report Summary

Grand Totals:

Gross  
2,457.39

Discount  
0.00

No-Pay  
0.00

Net  
2,457.39

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

RECEIVED BY THE  
COUNTY AUDITOR ON

JAN 23 2025

MEMORIAL MEDICAL CENTER

0

01/22/2025

19:27

AP Open Invoice List

ap\_open\_invoice.template

CALHOUN COUNTY, TEXAS

Due Dates Through: 02/07/2025

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

| Invoice# | Comment | Tran Dt   | Inv Dt    | Due Dt    | Check Dt | Pay | Gross    | Discount | No-Pay | Net      |
|----------|---------|-----------|-----------|-----------|----------|-----|----------|----------|--------|----------|
| 011525   |         | 01/22/202 | 01/15/202 | 02/07/202 |          |     | 6,953.95 | 0.00     | 0.00   | 6,953.95 |
| 011625   |         | 01/22/202 | 01/16/202 | 02/07/202 |          |     | 6,060.00 | 0.00     | 0.00   | 6,060.00 |

Vendor Totals: Number Name

13004 TUSCANY VILLAGE

| Gross     | Discount | No-Pay | Net       |
|-----------|----------|--------|-----------|
| 13,013.95 | 0.00     | 0.00   | 13,013.95 |

Report Summary

Grand Totals:

Gross  
13,013.95

Discount  
0.00

No-Pay  
0.00

Net  
13,013.95

APPROVED ON

JAN 23 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY TEXAS

Memorial Medical Center  
Nursing Home UPL  
Weekly Canteen Transfer  
Prosperity Accounts  
1/27/2025

| Nursing Home                       | Account Number | Previous Beginning Balance | Transfer Out | ADN Transfer In | Pending Deposits | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|------------------------------------|----------------|----------------------------|--------------|-----------------|------------------|---------------------------|------------------------------------------|
| <del>Memorial Medical Center</del> |                | 5,714.36                   |              | 82,397.81       |                  | 85,112.77                 | 85,012.77                                |
|                                    |                |                            |              |                 |                  | Bank Balance              | 85,112.77                                |
|                                    |                |                            |              |                 |                  | Variance                  | -                                        |
|                                    |                |                            |              |                 |                  | Leave in Balance          | 100.00                                   |

Reserve Information for Ashford Gardens:

Ashford Health Care Center Ltd Co  
JP Morgan Chase Bank

|                                    |           |           |           |                             |                  |           |
|------------------------------------|-----------|-----------|-----------|-----------------------------|------------------|-----------|
|                                    |           |           |           | Adjust Balance/Transfer Amt | 85,012.77        |           |
| <del>Memorial Medical Center</del> | 11,097.74 | 12,097.74 | 25,915.59 |                             | 26,015.59        | 25,915.59 |
|                                    |           |           |           |                             | Bank Balance     | 26,015.59 |
|                                    |           |           |           |                             | Variance         | -         |
|                                    |           |           |           |                             | Leave in Balance | 100.00    |

|                                    |            |            |           |                             |                  |           |
|------------------------------------|------------|------------|-----------|-----------------------------|------------------|-----------|
|                                    |            |            |           | Adjust Balance/Transfer Amt | 25,915.59        |           |
| <del>Memorial Medical Center</del> | 116,320.99 | 116,320.99 | 64,465.76 |                             | 64,565.76        | 58,541.46 |
|                                    |            |            |           |                             | Bank Balance     | 64,565.76 |
|                                    |            |            |           |                             | Variance         | -         |
|                                    |            |            |           |                             | Leave in Balance | 100.00    |

Claim Payment Owed to Tuscany 5,924.30

|                                    |          |  |  |                             |                  |          |
|------------------------------------|----------|--|--|-----------------------------|------------------|----------|
|                                    |          |  |  | Adjust Balance/Transfer Amt | 58,541.46        |          |
| <del>Memorial Medical Center</del> | 2,686.88 |  |  |                             | 2,686.88         |          |
|                                    |          |  |  |                             | Bank Balance     | 2,686.88 |
|                                    |          |  |  |                             | Variance         | -        |
|                                    |          |  |  |                             | Leave in Balance | 100.00   |

|                                    |          |  |           |                             |                  |           |
|------------------------------------|----------|--|-----------|-----------------------------|------------------|-----------|
|                                    |          |  |           | Adjust Balance/Transfer Amt | 2,586.88         |           |
| <del>Memorial Medical Center</del> | 2,610.32 |  | 10,748.46 |                             | 11,558.78        | 11,855.97 |
|                                    |          |  |           |                             | Bank Balance     | 11,558.78 |
|                                    |          |  |           |                             | Variance         | -         |
|                                    |          |  |           |                             | Leave in Balance | 100.00    |

Claim payment owed to Tuscany 1,602.81

85,012.77 +  
25,915.59 +  
58,541.46 +  
11,855.97 +  
181,325.79 =

West Houston / Fort Bend / Broaddus

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 11,855.97  
TOTAL TRANSFERS 181,325.79

Approved:   
Steve Brock, CFO 1/27/2025

Note: Only balances of over \$1,000 will be transferred to the nursing home.  
Note 2: Each account has a base balance of \$100 that WMC deposits to each account.

|                                                         |             | MMC PORTION |             |            |                  |         | NH PORTION |
|---------------------------------------------------------|-------------|-------------|-------------|------------|------------------|---------|------------|
| Transfer-Out                                            | Transfer-In | QJPP/Comp1  | QJPP/Comp 2 | QJPP/Comp3 | QJPP/Comp4&Lapse | QJPP TI |            |
| 1/24/2025 Deposit                                       | 2,244.00    | -           | -           | -          | -                | -       | 2,244.00   |
| 1/24/2025 HNB - ECHO HCCLAIMPMT 746003411 440000213098  | 32,301.55   | -           | -           | -          | -                | -       | 32,301.55  |
| 1/23/2025 UnitedHealthcare HCCLAIMPMT 746003411 124384  | 325.00      | -           | -           | -          | -                | -       | 325.00     |
| 1/21/2025 MANAGEANDNET 1718 MNS PMNT 000000000000093 41 | 16,984.39   | -           | -           | -          | -                | -       | 16,984.39  |
| 1/22/2025 NOVITAS SOLUTION HCCLAIMPMT 675423 420000182  | 27,311.82   | -           | -           | -          | -                | -       | 27,311.82  |
| 1/22/2025 AARP Supplementa HCCLAIMPMT 746003411 124384  | 3,060.00    | -           | -           | -          | -                | -       | 3,060.00   |
| 1/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000271604  | 171.05      | -           | -           | -          | -                | -       | 171.05     |
|                                                         | 82,397.81   | -           | -           | -          | -                | -       | 82,397.81  |

|                                                         |             | MMC PORTION |                            |            |                  |         | NH PORTION |
|---------------------------------------------------------|-------------|-------------|----------------------------|------------|------------------|---------|------------|
| Transfer-Out                                            | Transfer-In | QJPP/Comp1  | QJPP/Comp 2, 3 & 4 & Lapse | QJPP/Comp3 | QJPP/Comp4&Lapse | QJPP TI |            |
| 1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 675357 420000162  | 24,858.43   | -           | -                          | -          | -                | -       | 24,858.43  |
| 1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587  | 955.23      | -           | -                          | -          | -                | -       | 955.23     |
| 1/22/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III       | 12,997.74   | -           | -                          | -          | -                | -       | -          |
| 1/22/2025 HNB - ECHO HCCLAIMPMT 746003411 4400002746826 | 101.93      | -           | -                          | -          | -                | -       | 101.93     |
|                                                         | 32,997.74   | -           | -                          | -          | -                | -       | 32,997.74  |

|                                                          |             | MMC PORTION |                            |            |                  |         | NH PORTION |
|----------------------------------------------------------|-------------|-------------|----------------------------|------------|------------------|---------|------------|
| Transfer-Out                                             | Transfer-In | QJPP/Comp1  | QJPP/Comp 2, 3 & 4 & Lapse | QJPP/Comp3 | QJPP/Comp4&Lapse | QJPP TI |            |
| 1/24/2025 MANAGEANDNET 1718 MNS PMNT 0000000000001268 41 | 5,940.00    | -           | -                          | -          | -                | -       | 5,940.00   |
| 1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 675323 420000162   | 7,805.93    | -           | -                          | -          | -                | -       | 7,805.93   |
| 1/23/2025 DEVOTED HEALTH P HCCLAIMPMT 21000024756744     | 5,850.00    | -           | -                          | -          | -                | -       | 5,850.00   |
| 1/22/2025 381                                            | 10,160.83   | -           | -                          | -          | -                | -       | -          |
| 1/22/2025 380                                            | 500.00      | -           | -                          | -          | -                | -       | -          |
| 1/22/2025 379                                            | 25,644.00   | -           | -                          | -          | -                | -       | -          |
| 1/22/2025 WIRE OUT CANTEX HEALTH CARE CENTERS III        | 69,872.10   | -           | -                          | -          | -                | -       | -          |
| 1/22/2025 MANAGEANDNET 1718 MNS PMNT 0000000000001268 41 | 2,985.83    | -           | -                          | -          | -                | -       | 2,985.83   |
| 1/22/2025 HUMANA INS CO HCCLAIMPMT 66811040 8300005567   | 21,309.00   | -           | -                          | -          | -                | -       | 21,309.00  |
| 1/21/2025 DEVOTED HEALTH P HCCLAIMPMT 21000025644256     | 20,575.00   | -           | -                          | -          | -                | -       | 20,575.00  |
|                                                          | 116,220.99  | -           | -                          | -          | -                | -       | 116,220.99 |

|                 |             | MMC PORTION |                            |            |                  |         | NH PORTION |
|-----------------|-------------|-------------|----------------------------|------------|------------------|---------|------------|
| Transfer-Out    | Transfer-In | QJPP/Comp1  | QJPP/Comp 2, 3 & 4 & Lapse | QJPP/Comp3 | QJPP/Comp4&Lapse | QJPP TI |            |
| no transactions | -           | -           | -                          | -          | -                | -       | -          |
|                 | -           | -           | -                          | -          | -                | -       | -          |

|                                                        |             | MMC PORTION |                            |            |                  |         | NH PORTION |
|--------------------------------------------------------|-------------|-------------|----------------------------|------------|------------------|---------|------------|
| Transfer-Out                                           | Transfer-In | QJPP/Comp1  | QJPP/Comp 2, 3 & 4 & Lapse | QJPP/Comp3 | QJPP/Comp4&Lapse | QJPP TI |            |
| 1/24/2025 NOVITAS SOLUTION HCCLAIMPMT 675320 420000162 | 4,380.34    | -           | -                          | -          | -                | -       | 4,380.34   |
| 1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587 | 348.12      | -           | -                          | -          | -                | -       | 348.12     |
| 1/21/2025 AARP Supplementa HCCLAIMPMT 746003411 124384 | 6,120.00    | -           | -                          | -          | -                | -       | 6,120.00   |
|                                                        | 10,748.46   | -           | -                          | -          | -                | -       | 10,748.46  |

|        |            |   |   |   |   |   |            |
|--------|------------|---|---|---|---|---|------------|
| TOTALS | 183,527.62 | - | - | - | - | - | 183,527.62 |
|--------|------------|---|---|---|---|---|------------|

# Balances Overview

| Account Name                                                 |                       |                       |                       |                       |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL -<br>OPERATING                     | \$845,995.12          | \$883,923.34          | \$845,995.12          | \$1,090,416.63        |
| *4381 MEMORIAL<br>MEDICAL / NH<br>ASHFORD                    | \$85,112.77           | \$90,067.77           | \$85,112.77           | \$50,567.22           |
| *4403 MEMORIAL<br>MEDICAL / NH<br>BROADMOOR                  | \$26,015.59           | \$36,560.59           | \$26,015.59           | \$1,157.16            |
| *4411 MEMORIAL<br>MEDICAL / NH<br>CRESCENT                   | \$64,565.76           | \$74,166.76           | \$64,565.76           | \$50,819.83           |
| *4438 MEMORIAL<br>MEDICAL / SOLERA @<br>WEST HOUSTON         | \$13,558.78           | \$13,558.78           | \$13,558.78           | \$9,278.44            |
| *4446 MEMORIAL<br>MEDICAL / NH FORT<br>BEND                  | \$2,686.88            | \$2,686.88            | \$2,686.88            | \$2,686.88            |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE | \$212,056.27          | \$212,056.27          | \$212,056.27          | \$89,945.78           |
| *4551 CAL CO<br>INDIGENT<br>HEALTHCARE                       | \$5,493.98            | \$5,493.98            | \$5,493.98            | \$5,493.98            |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY          | \$2,672.32            | \$2,672.32            | \$2,672.32            | \$2,672.32            |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID    | \$110.63              | \$110.63              | \$110.63              | \$110.63              |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                    | \$456.32              | \$37,060.38           | \$456.32              | \$456.32              |
| *3407 MMC -NH<br>TUSCANY VILLAGE                             | \$482,879.97          | \$483,869.87          | \$482,879.97          | \$347,938.00          |
| *2998 MMC -MONEY<br>MARKET FUND                              | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        |
| *7168 MEMORIAL<br>MEDICAL CENTER -<br>LOCKBOX MONEY<br>MKT   | \$39.70               | \$39.70               | \$39.70               | \$39.70               |
| <b>Total Balance</b>                                         | <b>\$3,799,933.04</b> | <b>\$3,900,556.22</b> | <b>\$3,799,933.04</b> | <b>\$3,709,871.84</b> |

Memorial Medical Center  
Nursing Home UPL  
Weekly Nexion Transfer  
Prosperity Accounts  
1/27/2025

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Pending Deposits      | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|--------------|----------------|----------------------------|--------------|-------------|-----------------------|---------------------------|------------------------------------------|
|              |                | 37,160.89                  | 37,060.89    | 211,956.27  |                       | 212,056.27                | 211,956.27                               |
|              |                |                            |              |             |                       | 212,056.27                |                                          |
|              |                |                            |              |             | Bank Balance Variance |                           |                                          |
|              |                |                            |              |             | Leave in Balance      | 100.00                    |                                          |

Routing Information for Golden Creek:  
Nexion Health at Golden Creek  
Wells Fargo Bank, N.A.

Adjust Balance/Transfer Amt 211,956.27

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
Steve Brock, CFO

1/27/2025

APPROVED ON  
JAN 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



1/24/2025 Deposit  
1/24/2025 TSYS/TRANSFIRST CR CD DEP 543584555876917 43  
1/23/2025 TSYS/TRANSFIRST CR CD DEP 543584555876917 43  
1/23/2025 HHS - ECHO HCLCLAIMPMT 746003411 440000194587  
1/23/2025 NOVITAS SOLUTION HCLCLAIMPMT 676097 420000124  
1/22/2025 WINE OUT NEXION HEALTH 6/6/a GOLDEN CREEK HC  
1/22/2025 TSYS/TRANSFIRST CR CD DEP 543584555876917 43  
1/17/2025 TSYS/TRANSFIRST CR CD DEP 543584555876917 43

|              |             | MMC PORTION |            |            |       |         |            |
|--------------|-------------|-------------|------------|------------|-------|---------|------------|
|              |             | Q/PP/Comp4  |            |            |       |         |            |
| Transfer-Out | Transfer-In | Q/PP/Comp1  | Q/PP/Comp2 | Q/PP/Comp3 | Lapse | Q/PP TI | NH PORTION |
| -            | 122,092.85  |             |            |            |       |         | 122,092.85 |
| -            | 17.64       |             |            |            |       |         | 17.64      |
| -            | 1,488.00    |             |            |            |       |         | 1,488.00   |
| -            | 2,212.55    |             |            |            |       |         | 2,212.55   |
| -            | 79,504.19   |             |            |            |       |         | 79,504.19  |
| 37,060.89    |             |             |            |            |       |         | -          |
| -            | 1,691.04    |             |            |            |       |         | 1,691.04   |
| -            | 4,950.00    |             |            |            |       |         | 4,950.00   |
| -            |             |             |            |            |       |         | -          |
| 37,060.89    | 211,956.27  |             |            |            |       |         | 211,956.27 |

## Balances Overview

## Account Name

|                                                              |                       |                       |                       |                       |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL -<br>OPERATING                     | \$845,995.12          | \$883,923.34          | \$845,995.12          | \$1,090,416.63        |
| *4381 MEMORIAL<br>MEDICAL / NH<br>ASHFORD                    | \$85,112.77           | \$90,067.77           | \$85,112.77           | \$50,567.22           |
| *4403 MEMORIAL<br>MEDICAL / NH<br>BROADMOOR                  | \$26,015.59           | \$36,560.59           | \$26,015.59           | \$1,157.16            |
| *4411 MEMORIAL<br>MEDICAL / NH<br>CRESCENT                   | \$64,565.76           | \$74,166.76           | \$64,565.76           | \$50,819.83           |
| *4438 MEMORIAL<br>MEDICAL / SOLERA @<br>WEST HOUSTON         | \$13,558.78           | \$13,558.78           | \$13,558.78           | \$9,278.44            |
| *4446 MEMORIAL<br>MEDICAL / NH FORT<br>BEND                  | \$2,686.88            | \$2,686.88            | \$2,686.88            | \$2,686.88            |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE | \$212,056.27          | \$212,056.27          | \$212,056.27          | \$89,945.78           |
| *4551 CAL CO<br>INDIGENT<br>HEALTHCARE                       | \$5,493.98            | \$5,493.98            | \$5,493.98            | \$5,493.98            |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY          | \$2,672.32            | \$2,672.32            | \$2,672.32            | \$2,672.32            |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID    | \$110.63              | \$110.63              | \$110.63              | \$110.63              |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                    | \$456.32              | \$37,060.38           | \$456.32              | \$456.32              |
| *3407 MMC -NH<br>TUSCANY VILLAGE                             | \$482,879.97          | \$483,869.87          | \$482,879.97          | \$347,938.00          |
| *2998 MMC -MONEY<br>MARKET FUND                              | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        |
| *7168 MEMORIAL<br>MEDICAL CENTER -<br>LOCKBOX MONEY<br>MKT   | \$39.70               | \$39.70               | \$39.70               | \$39.70               |
| <b>Total Balance</b>                                         | <b>\$3,799,933.04</b> | <b>\$3,900,556.22</b> | <b>\$3,799,933.04</b> | <b>\$3,709,871.84</b> |



Memorial Medical Center  
Nursing Home UPL  
Weekly HMG Transfer  
Prosperity Accounts  
1/27/2025

| Nursing Home                                           | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits            | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|--------------------------------------------------------|----------------|----------------------------|--------------|-------------|-------------|-----------------------------|---------------------------|------------------------------------------|
| <del>Old Prosperity Account (Transferred to New)</del> |                | 2,401.55                   |              | 270.77      |             |                             | 2,672.32                  | 2,572.32                                 |
|                                                        |                |                            |              |             |             | Bank Balance                | 2,672.32                  |                                          |
|                                                        |                |                            |              |             |             | Variance                    |                           |                                          |
|                                                        |                |                            |              |             |             | Leave in Balance            | 100.00                    |                                          |
|                                                        |                |                            |              |             |             | Adjust Balance/Transfer Amt | 2,572.32                  |                                          |
| Nursing Home                                           | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits            | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
| <del>Old Prosperity Account (Transferred to New)</del> |                | 110.63                     |              |             |             |                             | 110.63                    |                                          |
|                                                        |                |                            |              |             |             | Bank Balance                | 110.63                    |                                          |
|                                                        |                |                            |              |             |             | Variance                    |                           |                                          |
|                                                        |                |                            |              |             |             | Leave in Balance            | 100.00                    |                                          |
|                                                        |                |                            |              |             |             | Adjust Balance/Transfer Amt | 10.63                     |                                          |
| TOTAL TRANSFERS                                        |                |                            |              |             |             |                             | 2,582.95                  |                                          |

Routing Information for Gulf Pointe Plaza:

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
Steve Brock, CFO

1/27/2025

APPROVED ON  
JAN 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

1/23/2025 MNB - ECHO HCCLAIMPMT 746003411 440000294587  
 1/17/2025 MNB - ECHO HCCLAIMPMT 746003411 440000231390  
 1/17/2025 MNB - ECHO HCCLAIMPMT 746003411 440000230622

|              |             | MMC PORTION |            |            |                      |         | NH PORTION |
|--------------|-------------|-------------|------------|------------|----------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1  | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4<br>&Lapse | QIPP TI |            |
| -            | 49.00       | -           | -          | -          | -                    | -       | 49.00      |
| -            | 72.00       | -           | -          | -          | -                    | -       | 72.00      |
| -            | 149.77      | -           | -          | -          | -                    | -       | 149.77     |
| -            | 270.77      | -           | -          | -          | -                    | -       | 270.77     |

No transactions

|              |             | MMC PORTION |            |            |                      |         | NH PORTION |
|--------------|-------------|-------------|------------|------------|----------------------|---------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp1  | QIPP/Comp2 | QIPP/Comp3 | QIPP/Comp4<br>&Lapse | QIPP TI |            |
| -            | -           | -           | -          | -          | -                    | -       | -          |
| -            | -           | -           | -          | -          | -                    | -       | -          |
| -            | -           | -           | -          | -          | -                    | -       | -          |
| -            | 270.77      | -           | -          | -          | -                    | -       | 270.77     |

## Balances Overview

| Account Name                                                 |                       |                       |                       |                       |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL -<br>OPERATING                     | \$845,995.12          | \$883,923.34          | \$845,995.12          | \$1,090,416.63        |
| *4381 MEMORIAL<br>MEDICAL / NH<br>ASHFORD                    | \$85,112.77           | \$90,067.77           | \$85,112.77           | \$50,567.22           |
| *4403 MEMORIAL<br>MEDICAL / NH<br>BROADMOOR                  | \$26,015.59           | \$36,560.59           | \$26,015.59           | \$1,157.16            |
| *4411 MEMORIAL<br>MEDICAL / NH<br>CRESCENT                   | \$64,565.76           | \$74,166.76           | \$64,565.76           | \$50,819.83           |
| *4438 MEMORIAL<br>MEDICAL / SOLERA @<br>WEST HOUSTON         | \$13,558.78           | \$13,558.78           | \$13,558.78           | \$9,278.44            |
| *4446 MEMORIAL<br>MEDICAL / NH FORT<br>BEND                  | \$2,686.88            | \$2,686.88            | \$2,686.88            | \$2,686.88            |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE | \$212,056.27          | \$212,056.27          | \$212,056.27          | \$89,945.78           |
| *4551 CAL CO<br>INDIGENT<br>HEALTHCARE                       | \$5,493.98            | \$5,493.98            | \$5,493.98            | \$5,493.98            |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY          | \$2,672.32            | \$2,672.32            | \$2,672.32            | \$2,672.32            |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID    | \$110.63              | \$110.63              | \$110.63              | \$110.63              |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                    | \$456.32              | \$37,060.38           | \$456.32              | \$456.32              |
| *3407 MMC -NH<br>TUSCANY VILLAGE                             | \$482,879.97          | \$483,869.87          | \$482,879.97          | \$347,938.00          |
| *2998 MMC -MONEY<br>MARKET FUND                              | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        |
| *7168 MEMORIAL<br>MEDICAL CENTER -<br>LOCKBOX MONEY<br>MKT   | \$39.70               | \$39.70               | \$39.70               | \$39.70               |
| <b>Total Balance</b>                                         | <b>\$3,799,933.04</b> | <b>\$3,900,556.22</b> | <b>\$3,799,933.04</b> | <b>\$3,709,871.84</b> |

Memorial Medical Center  
Nursing Home UPL  
Weekly Tuscany Transfer  
Prosperity Accounts  
1/27/2025

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cks Cleared | Pending Deposits      | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|--------------|----------------|----------------------------|--------------|-------------|-------------|-----------------------|---------------------------|------------------------------------------|
|              |                | 195,971.72                 | 195,871.72   | 482,779.97  |             |                       | 482,879.97                | 482,779.97                               |
|              |                |                            |              |             |             | Bank Balance Variance | 481,879.97                |                                          |
|              |                |                            |              |             |             | Leave In Balance      | 100.00                    |                                          |

Adjust Balance/Transfer Amt 482,779.97

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved:   
Steve Brock, CFO 1/27/2025

APPROVED ON  
JAN 27 2025  
BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

1/24/2025 Deposit  
 1/24/2025 Deposit  
 1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294587  
 1/23/2025 HNB - ECHO HCCLAIMPMT 746003411 440000294687  
 1/22/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE  
 1/22/2025 Deposit  
 1/22/2025 HNB - ECHO HCCLAIMPMT 746003411 440000246360  
 1/22/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000172  
 1/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000279568  
 1/21/2025 HNB - ECHO HCCLAIMPMT 746003411 440000278938  
 1/21/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000185  
 1/17/2025 HNB - ECHO HCCLAIMPMT 746003411 440000230601  
 1/17/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000163

| MMC PORTION  |             |                |                             |                |                      | NH PORTION |
|--------------|-------------|----------------|-----------------------------|----------------|----------------------|------------|
| Transfer-Out | Transfer-In | QIPP/Comp<br>1 | QIPP/Comp 2,<br>3 4 & Lapse | QIPP/Comp<br>3 | QIPP/Comp<br>4&Lapse |            |
| -            | 125,589.77  | -              | -                           | -              | -                    | 125,589.77 |
| -            | 9,352.20    | -              | -                           | -              | -                    | 9,352.20   |
| -            | 14,381.01   | -              | -                           | -              | -                    | 14,381.01  |
| -            | 6,851.42    | -              | -                           | -              | -                    | 6,851.42   |
| 195,871.72   | -           | -              | -                           | -              | -                    | -          |
| -            | 46,348.89   | -              | -                           | -              | -                    | 46,348.89  |
| -            | 18,910.05   | -              | -                           | -              | -                    | 18,910.05  |
| -            | 7,723.10    | -              | -                           | -              | -                    | 7,723.10   |
| -            | 8,113.27    | -              | -                           | -              | -                    | 8,113.27   |
| -            | 8,230.88    | -              | -                           | -              | -                    | 8,230.88   |
| -            | 23,454.04   | -              | -                           | -              | -                    | 23,454.04  |
| -            | 17,462.45   | -              | -                           | -              | -                    | 17,462.45  |
| -            | 196,362.89  | -              | -                           | -              | -                    | 196,362.89 |
| 195,871.72   | 482,779.97  | -              | -                           | -              | -                    | 482,779.97 |

# Balances Overview

| Account Name                                                 |                       |                       |                       |                       |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL -<br>OPERATING                     | \$845,995.12          | \$883,923.34          | \$845,995.12          | \$1,090,416.63        |
| *4381 MEMORIAL<br>MEDICAL / NH<br>ASHFORD                    | \$85,112.77           | \$90,067.77           | \$85,112.77           | \$50,567.22           |
| *4403 MEMORIAL<br>MEDICAL / NH<br>BROADMOOR                  | \$26,015.59           | \$36,560.59           | \$26,015.59           | \$1,157.16            |
| *4411 MEMORIAL<br>MEDICAL / NH<br>CRESCENT                   | \$64,565.76           | \$74,166.76           | \$64,565.76           | \$50,819.83           |
| *4438 MEMORIAL<br>MEDICAL / SOLERA @<br>WEST HOUSTON         | \$13,558.78           | \$13,558.78           | \$13,558.78           | \$9,278.44            |
| *4446 MEMORIAL<br>MEDICAL / NH FORT<br>BEND                  | \$2,686.88            | \$2,686.88            | \$2,686.88            | \$2,686.88            |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE | \$212,056.27          | \$212,056.27          | \$212,056.27          | \$89,945.78           |
| *4551 CAL CO<br>INDIGENT<br>HEALTHCARE                       | \$5,493.98            | \$5,493.98            | \$5,493.98            | \$5,493.98            |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY          | \$2,672.32            | \$2,672.32            | \$2,672.32            | \$2,672.32            |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID    | \$110.63              | \$110.63              | \$110.63              | \$110.63              |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                    | \$456.32              | \$37,060.38           | \$456.32              | \$456.32              |
| *3407 MMC -NH<br>TUSCANY VILLAGE                             | \$482,879.97          | \$483,869.87          | \$482,879.97          | \$347,938.00          |
| *2998 MMC -MONEY<br>MARKET FUND                              | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        |
| *7188 MEMORIAL<br>MEDICAL CENTER -<br>LOCKBOX MONEY<br>MKT   | \$39.70               | \$39.70               | \$39.70               | \$39.70               |
| <b>Total Balance</b>                                         | <b>\$3,799,933.04</b> | <b>\$3,900,556.22</b> | <b>\$3,799,933.04</b> | <b>\$3,709,871.84</b> |

Memorial Medical Center  
Nursing Home UPL  
Weekly HSL Transfer  
Prosperity Accounts  
1/27/2025

| Nursing Home | Account Number | Previous Beginning Balance | Transfer-Out | Transfer-In | Cls Cleared | Pending Medicare Repayment | Today's Beginning Balance | Amount to Be Transferred to Nursing Home |
|--------------|----------------|----------------------------|--------------|-------------|-------------|----------------------------|---------------------------|------------------------------------------|
|              |                | 26,927.30                  | 26,227.30    | 356.32      |             |                            | 456.32                    | NO TRANSFER                              |
|              |                |                            |              |             |             | Bank Balance               | 456.32                    |                                          |
|              |                |                            |              |             |             | Variance                   |                           |                                          |
|              |                |                            |              |             |             | Leave in Balance           | 100.00                    |                                          |

Note: Only balances of over \$5,000 will be transferred to the nursing home.  
Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Adjust Balance/Transfer Amt 356.32

Approved: 81  
Steve Brock, CFO

1/27/2025

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS



1/22/2025 WIRE OUT REG Leased OpCo LLC  
1/22/2025 HUMANA INS CO NCCLAIMPMT 66836151 8300005560

|              |             | MMC PORTION |             |            |                  |         | NH PORTION |
|--------------|-------------|-------------|-------------|------------|------------------|---------|------------|
| Transfer Out | Transfer In | QIPP/Comp1  | QIPP/Comp 2 | QIPP/Comp3 | QIPP/Comp4&Lapse | QIPP TI |            |
| 26,227.30    | 356.32      |             |             |            |                  |         | 356.32     |
| 26,227.30    | 356.32      |             |             |            |                  |         | 356.32     |



# Balances Overview

| Account Name                                                 |                       |                       |                       |                       |
|--------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| *4357 MEMORIAL<br>MEDICAL -<br>OPERATING                     | \$845,995.12          | \$883,923.34          | \$845,995.12          | \$1,090,416.63        |
| *4381 MEMORIAL<br>MEDICAL / NH<br>ASHFORD                    | \$85,112.77           | \$90,067.77           | \$85,112.77           | \$50,567.22           |
| *4403 MEMORIAL<br>MEDICAL / NH<br>BROADMOOR                  | \$26,015.59           | \$36,560.59           | \$26,015.59           | \$1,157.16            |
| *4411 MEMORIAL<br>MEDICAL / NH<br>CRESCENT                   | \$64,565.76           | \$74,166.76           | \$64,565.76           | \$50,819.83           |
| *4438 MEMORIAL<br>MEDICAL / SOLERA @<br>WEST HOUSTON         | \$13,558.78           | \$13,558.78           | \$13,558.78           | \$9,278.44            |
| *4446 MEMORIAL<br>MEDICAL / NH FORT<br>BEND                  | \$2,686.88            | \$2,686.88            | \$2,686.88            | \$2,686.88            |
| *4454 MEMORIAL<br>MEDICAL / NH<br>GOLDEN CREEK<br>HEALTHCARE | \$212,056.27          | \$212,056.27          | \$212,056.27          | \$89,945.78           |
| *4551 CAL CO<br>INDIGENT<br>HEALTHCARE                       | \$5,493.98            | \$5,493.98            | \$5,493.98            | \$5,493.98            |
| *5433 MMC -NH GULF<br>POINTE PLAZA -<br>PRIVATE PAY          | \$2,672.32            | \$2,672.32            | \$2,672.32            | \$2,672.32            |
| *5441 MMC -NH GULF<br>POINTE PLAZA -<br>MEDICARE/MEDICAID    | \$110.63              | \$110.63              | \$110.63              | \$110.63              |
| *5506 MMC -NH<br>BETHANY SENIOR<br>LIVING                    | \$456.32              | \$37,060.38           | \$456.32              | \$456.32              |
| *3407 MMC -NH<br>TUSCANY VILLAGE                             | \$482,879.97          | \$483,869.87          | \$482,879.97          | \$347,938.00          |
| *2998 MMC -MONEY<br>MARKET FUND                              | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        | \$2,058,288.95        |
| *7168 MEMORIAL<br>MEDICAL CENTER -<br>LOCKBOX MONEY<br>MKT   | \$39.70               | \$39.70               | \$39.70               | \$39.70               |
| <b>Total Balance</b>                                         | <b>\$3,799,933.04</b> | <b>\$3,900,556.22</b> | <b>\$3,799,933.04</b> | <b>\$3,709,871.84</b> |

# MEMORIAL MEDICAL CENTER CHECK REQUEST

P  
A  
Y  
E  
ETuscany Village

Date Requested:

1/27/2025

APPROVED ON

JAN 27 2025BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## FOR ACCT USE ONLY

- ☐ Imprest Cash  
☐ A/P Check  
☐ Mail Check to Vendor  
☐ Return Check to Dept

AMOUNT:

\$

1,602.81

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed from Solera to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:



# MEMORIAL MEDICAL CENTER CHECK REQUEST

P

Tuscany Village

Date Requested:

1/27/2025

A

Y

E

E

APPROVED ON

JAN 27 2025

BY COUNTY AUDITOR  
CALHOUN COUNTY, TEXAS

## FOR ACCT USE ONLY

- ☐ Imprest Cash  
☐ A/P Check  
☐ Mail Check to Vendor  
☐ Return Check to Dept

AMOUNT:

\$

5,924.30

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed from Crescent to Tuscany

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY:

83

**CALHOUN COUNTY, TEXAS**  
**Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET**  
**1000 - GENERAL FUND**

| Dept Title                      | Dept C... | GL Title                         | GL Code | Vendor Name                   | Ven... ID | Document Number | Transaction Description                               | Debit    | Credit |
|---------------------------------|-----------|----------------------------------|---------|-------------------------------|-----------|-----------------|-------------------------------------------------------|----------|--------|
| AMBULANCE<br>OPERATIONS-GENERAL | 290       | ADVERTISING                      | 60012   | PORT LAVACA WAVE              | 62340     | 3000725...      | GNL AMB 11/6 PUBLIC<br>NOTICE AD                      | 62.80    |        |
|                                 |           |                                  | 60012   | PORT LAVACA WAVE              | 62340     | 3000727...      | GNL AMB 11/20 PUBLIC<br>NOTICE AD                     | 62.80    |        |
|                                 |           |                                  | 60012   | PORT LAVACA WAVE              | 62340     | 3000729...      | GNL AMB 12/4 PUBLIC<br>NOTICE AD                      | 62.80    |        |
|                                 |           |                                  | 60012   | PORT LAVACA WAVE              | 62340     | 3000730...      | GNL AMB 12/18 PUBLIC<br>NOTICE AD                     | 62.80    |        |
| AMBULANCE<br>OPERATIONS-GENERAL | Total 290 |                                  |         |                               |           |                 |                                                       | 251.20   | 0.00   |
| BUILDING<br>MAINTENANCE         | 170       | REPAIRS-BAUER BLDG               | 65452   | COASTAL<br>REFRIGERATION      | 812       | 8623239         | MAINT 1/10 REPL NEW<br>THERMOSTAT @ BAUER             | 538.40   |        |
|                                 |           | UTILITIES-COURTHOUSE<br>AND JAIL | 66604   | CITY OF PORT LAVACA           | 861       | 1218440...      | CH 1/16 ACT# 12-1844-00<br>WATER 12/10- 1/10          | 299.59   |        |
|                                 |           | UTILITIES-JAIL                   | 66605   | CITY OF PORT LAVACA           | 861       | 1218420...      | JAIL 1/16 ACT# 12-1842-01<br>WATER 12/10- 1/10        | 4,151.89 |        |
|                                 |           |                                  | 66605   | CITY OF PORT LAVACA           | 861       | 1218430...      | JAIL 1/16 ACT# 12-1843-00<br>WATER 12/10- 1/10        | 87.32    |        |
|                                 |           | UTILITIES-COURTHOUSE<br>ANNEX    | 66606   | CITY OF PORT LAVACA           | 861       | 1219100...      | ANNEX I 1/16 ACT#<br>12-1910-00 WATER 12/10-<br>1/10  | 122.19   |        |
|                                 |           | UTILITIES-COURTHOUSE<br>ANNEX II | 66621   | CITY OF PORT LAVACA           | 861       | 1208950...      | ANNEX II 1/16 ACT#<br>12-0895-01 WATER 12/10-<br>1/10 | 69.82    |        |
| BUILDING<br>MAINTENANCE         | Total 170 |                                  |         |                               |           |                 |                                                       | 5,269.21 | 0.00   |
| COMMISSIONERS<br>COURT          | 230       | LEGAL NOTICES                    | 63290   | PORT LAVACA WAVE              | 62340     | 3000730...      | COM CRT 12/25 BID<br>INVITATION AD                    | 229.38   |        |
| COMMISSIONERS<br>COURT          | Total 230 |                                  |         |                               |           |                 |                                                       | 229.38   | 0.00   |
| COUNTY CLERK                    | 250       | MISCELLANEOUS                    | 63920   | TEXAS DEPT OF STATE<br>HEALTH | 1512      | 2024011         | CO CLK 1/2 DEC 2024<br>REMOTE BIRTH ACCESS            | 78.69    |        |
| COUNTY CLERK                    | Total 250 |                                  |         |                               |           |                 |                                                       | 78.69    | 0.00   |

CALHOUN COUNTY, TEXAS  
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET  
1000 - GENERAL FUND

| Dept Title                       | Dept C... | GL Title                          | GL Code | Vendor Name                       | Ven... ID | Document Number | Transaction Description                                           | Debit    | Credit |
|----------------------------------|-----------|-----------------------------------|---------|-----------------------------------|-----------|-----------------|-------------------------------------------------------------------|----------|--------|
| DISTRICT CLERK                   | 420       | GENERAL OFFICE SUPPLIES           | 53020   | PAEZ DEVIN RAY                    | 16350     | 817             | DIST CLK 12/30 ID<br>HOLDERS W/ LANYARDS                          | 98.69    |        |
| DISTRICT CLERK                   | Total 420 |                                   |         |                                   |           |                 |                                                                   | 98.69    | 0.00   |
| EMERGENCY COMMUNICATION DIVISION | 635       | BUILDING-EMERGENCY COMMUNICATIONS | 70654   | CDW GOVERNMENT INC                | 1152      | AB3782K         | EMER COM 11/1 FIREWALL,<br>ROUTER                                 | 1,200.22 |        |
| EMERGENCY COMMUNICATION DIVISION | Total 635 |                                   |         |                                   |           |                 |                                                                   | 1,200.22 | 0.00   |
| EMERGENCY MEDICAL SERVICES       | 345       | SUPPLIES/OPERATING EXPENSES       | 53980   | AIRGAS USA, LLC                   | 136       | 5513487...      | EMS 12/31 DEC 2024<br>CYLINDER RENTAL                             | 1,587.87 |        |
|                                  |           | MEDICAL DIRECTOR CONTRACT         | 63765   | JENKINS JOSEPH                    | 4110      | PO3451...       | EMS 12/27 NOV, DEC 2024<br>INTERIM MEDICAL<br>DIRECTOR FEE        | 2,000.00 |        |
| EMERGENCY MEDICAL SERVICES       | Total 345 |                                   |         |                                   |           |                 |                                                                   | 3,587.87 | 0.00   |
| EXTENSION SERVICE                | 110       | COPY MACHINE LEASE                | 61340   | XEROX CORPORATION                 | 9001      | 0227529...      | EXT SVC I/I COPIER LEASE<br>11/21- 12/21                          | 164.84   |        |
| EXTENSION SERVICE                | Total 110 |                                   |         |                                   |           |                 |                                                                   | 164.84   | 0.00   |
| FIRE PROTECTION-POINT COMFORT    | 660       | SERVICES                          | 65740   | AXCESS FIRE &<br>SAFETY SUPPLY IN | 70630     | 1720            | PC VFD 10/28 PUMP<br>TESTING- U632                                | 496.50   |        |
| FIRE PROTECTION-POINT COMFORT    | Total 660 |                                   |         |                                   |           |                 |                                                                   | 496.50   | 0.00   |
| HISTORICAL COMMISSION            | 130       | MISCELLANEOUS                     | 63920   | RALSTON GARY                      | 2800      | PO1130...       | HISTORICAL COM 1/14<br>REIMB ADDN OF FUNDS<br>TO CO CLK HOUSE ACT | 55.00    |        |

CALHOUN COUNTY, TEXAS  
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET  
1000 - GENERAL FUND

| Dept Title                   | Dept C... | GL Title                          | GL Code | Vendor Name         | Ven... ID | Document Number | Transaction Description                        | Debit  | Credit |
|------------------------------|-----------|-----------------------------------|---------|---------------------|-----------|-----------------|------------------------------------------------|--------|--------|
| HISTORICAL COMMISSION        | Total 130 |                                   |         |                     |           |                 |                                                | 55.00  | 0.00   |
| INFORMATION TECHNOLOGY       | 275       | UTILITIES-117 W. ASH ST. BUILDING | 66609   | CITY OF PORT LAVACA | 861       | 1213400...      | IT 1/16 ACT# 12-1340-00 WATER 12/10- 1/10      | 69.82  |        |
| INFORMATION TECHNOLOGY       | Total 275 |                                   |         |                     |           |                 |                                                | 69.82  | 0.00   |
| JAIL OPERATIONS              | 180       | JAIL MAINTENANCE/SUPPLIES         | 53420   | CHARM-TEX INC       | 1177      | 0390116...      | JAIL 12/27 APRON                               | 31.80  |        |
| JAIL OPERATIONS              | Total 180 |                                   |         |                     |           |                 |                                                | 31.80  | 0.00   |
| JUSTICE OF PEACE-PRECINCT #5 | 490       | POSTAGE                           | 64790   | GREGORY JANA        | EM...     | PO968           | JP5 1/15 REIMB POSTAGE                         | 9.96   |        |
|                              |           | TRAVEL IN COUNTY                  | 66476   | GREGORY JANA        | EM...     | PO968           | JP5 1/15 REIMB DEC 2024 IN-CNTY TRAVEL         | 217.75 |        |
| JUSTICE OF PEACE-PRECINCT #5 | Total 490 |                                   |         |                     |           |                 |                                                | 227.71 | 0.00   |
| LIBRARY                      | 140       | UTILITIES-MAIN LIBRARY            | 66610   | CITY OF PORT LAVACA | 861       | 1217300...      | LIBRARY 1/16 ACT# 12-1730-00 WATER 12/10- 1/10 | 132.85 |        |
|                              |           |                                   | 66610   | CITY OF PORT LAVACA | 861       | 1217310...      | LIBRARY 1/16 ACT# 12-1731-00 WATER 12/10- 1/10 | 42.80  |        |
| LIBRARY                      | Total 140 |                                   |         |                     |           |                 |                                                | 175.65 | 0.00   |
| MUSEUM                       | 150       | UTILITIES-MUSEUM                  | 66612   | CITY OF PORT LAVACA | 861       | 1208650...      | MUSEUM 1/16 ACT# 12-0865-00 WATER 12/10- 1/10  | 69.82  |        |
| MUSEUM                       | Total 150 |                                   |         |                     |           |                 |                                                | 69.82  | 0.00   |
| ROAD AND BRIDGE-PRECINCT #1  | 540       | EQUIPMENT RENTAL                  | 62510   | AIRGAS USA, LLC     | 136       | 5513487...      | RBI 12/31 DEC 2024 CYLINDER RENTAL             | 97.81  |        |

**CALHOUN COUNTY, TEXAS**  
**Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET**  
**1000 - GENERAL FUND**

| Dept Title                     | Dept C... | GL Title         | GL Code | Vendor Name     | Ven... ID | Document Number | Transaction Description                       | Debit  | Credit |
|--------------------------------|-----------|------------------|---------|-----------------|-----------|-----------------|-----------------------------------------------|--------|--------|
| ROAD AND<br>BRIDGE-PRECINCT #1 | Total 540 |                  |         |                 |           |                 |                                               | 97.81  | 0.00   |
| ROAD AND<br>BRIDGE-PRECINCT #2 | 550       | TRAVEL IN COUNTY | 66476   | JUREK LESA      | 1088      | POS301...       | RB2 1/27 NOV, DEC 2024<br>IN-CNTY TRAVEL REMB | 114.57 |        |
| ROAD AND<br>BRIDGE-PRECINCT #2 | Total 550 |                  |         |                 |           |                 |                                               | 114.57 | 0.00   |
| ROAD AND<br>BRIDGE-PRECINCT #3 | 560       | EQUIPMENT RENTAL | 62510   | AIRGAS USA, LLC | 136       | 5513489...      | RB3 12/31 DEC 2024<br>CYLINDER RENTAL         | 125.90 |        |
| ROAD AND<br>BRIDGE-PRECINCT #3 | Total 560 |                  |         |                 |           |                 |                                               | 125.90 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET  
 2731 - LAW LIBRARY FUND

| Dept Title    | Dept C... | GL Title  | GL Code | Vendor Name            | Ven... ID | Document Number | Transaction Description                            | Debit    | Credit |
|---------------|-----------|-----------|---------|------------------------|-----------|-----------------|----------------------------------------------------|----------|--------|
| NO DEPARTMENT | 999       | BOOKS-LAW | 70500   | THOMSON REUTERS - WEST | 8612      | 8512820...      | LAW LIBRARY I/I DEC 2024<br>WEST SUBSCRIPTION CHGS | 1,330.29 |        |
| NO DEPARTMENT | Total 999 |           |         |                        |           |                 |                                                    | 1,330.29 | 0.00   |



CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET  
 5149 - CPRJ-OLIVIA HATERIUS PARK IMPROVEMENTS

| Dept Title    | Dept C... | GL Title | GL Code | Vendor Name      | Ven... ID | Document Number | Transaction Description               | Debit  | Credit |
|---------------|-----------|----------|---------|------------------|-----------|-----------------|---------------------------------------|--------|--------|
| NO DEPARTMENT | 999       | SUPPLIES | 53974   | FASTENAL COMPANY | 2274      | TXPOT2...       | CMP-OHP IMPR 12/16<br>DRILLING SCREWS | 133.75 |        |
| NO DEPARTMENT | Total 999 |          |         |                  |           |                 |                                       | 133.75 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET  
 5189 - CAPITAL PROJECT - EMS TRAINING BUILDING

| Dept Title    | Dept C... | GL Title                  | GL Code | Vendor Name            | Ven... ID | Document Number | Transaction Description                              | Debit    | Credit |
|---------------|-----------|---------------------------|---------|------------------------|-----------|-----------------|------------------------------------------------------|----------|--------|
| NO DEPARTMENT | 999       | CONSTRUCTION-EMS BUILDING | 71040   | CON METAL CONCRETE LLC | 4859      | 742124R         | 1ST RESP TRAINING BLDG 9/25 CONCRETE FOR SIDEWALK    | 1,388.00 |        |
|               |           |                           | 71040   | CON METAL CONCRETE LLC | 4859      | 743124R         | 1ST RESP TRAINING BLDG 9/26 CONCRETE FOR PARKING LOT | 3,430.00 |        |
|               |           |                           | 71040   | CON METAL CONCRETE LLC | 4859      | 751524R         | 1ST RESP TRAINING BLDG 10/3 CONCRETE FOR DRIVEWAY    | 1,932.00 |        |
| NO DEPARTMENT | Total 999 |                           |         |                        |           |                 |                                                      | 6,750.00 | 0.00   |

**CALHOUN COUNTY, TEXAS**  
**Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2024 BUDGET**  
**9200 - JUVENILE PROBATION FUND**

| Dept Title    | Dept C... | GL Title                               | GL Code | Vendor Name                    | Ven... ID | Document Number | Transaction Description                    | Debit     | Credit |
|---------------|-----------|----------------------------------------|---------|--------------------------------|-----------|-----------------|--------------------------------------------|-----------|--------|
| NO DEPARTMENT | 999       | MEDICAL/DENTAL FEES                    | 63776   | TCSI LLC                       | 2984      | 195771          | JUV PROB 12/31 DEC 2024<br>MEDICAL (1) JUV | 507.30    |        |
|               |           | PREVENTION &<br>INTERVENTION - GRANT S | 64839   | YOUTH ADVOCATE<br>PROGRAMS INC | 9212      | 1220242...      | JUV PROB 1/13 DEC 2024<br>SVCS (5) JUV     | 8,476.00  |        |
| NO DEPARTMENT | Total 999 |                                        |         |                                |           |                 |                                            | 8,983.30  | 0.00   |
| Report Total  |           |                                        |         |                                |           |                 |                                            | 29,542.02 | 0.00   |

**CALHOUN COUNTY, TEXAS**  
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**1000 - GENERAL FUND**

| Dept Title                       | Dept C... | GL Title                | GL Code | Vendor Name                    | Ven... ID | Document Number | Transaction Description                                       | Debit    | Credit |
|----------------------------------|-----------|-------------------------|---------|--------------------------------|-----------|-----------------|---------------------------------------------------------------|----------|--------|
| BUILDING<br>MAINTENANCE          | 170       | BUILDING SUPPLIES/PARTS | 53610   | FILTER TECHNOLOGY<br>CO., INC. | 2216      | 124051          | MAINT 1/2 (76) FILTERS                                        | 1,628.52 |        |
|                                  |           |                         | 53610   | GULF COAST<br>HARDWARE LLC     | 63196     | 195490          | MAINT 1/13 DOLLY TRASH<br>CAN                                 | 52.99    |        |
|                                  |           |                         | 53610   | GULF COAST<br>HARDWARE LLC     | 63196     | 195491          | MAINT 1/13 PVC PIPE,<br>ELBOW, COUPLE,<br>BATTERIES           | 60.55    |        |
|                                  |           |                         | 53610   | GULF COAST<br>HARDWARE LLC     | 63196     | 195564          | MAINT 1/15 ELEC TAPE,<br>VOLT TESTER, CUT KEYS,<br>POWER BIT  | 40.07    |        |
|                                  |           |                         | 53640   | GULF COAST PAPER CO<br>INC     | 2619      | 2610737         | MAINT 1/14 (2) 5G FLOOR<br>STRIPPER                           | 125.98   |        |
|                                  |           |                         | 53640   | GULF COAST PAPER CO<br>INC     | 2619      | 2610738         | MAINT 1/14 (3) CADDY BAG                                      | 81.95    |        |
|                                  |           |                         | 53640   | GULF COAST PAPER CO<br>INC     | 2619      | 2612485         | MAINT 1/21 TOILET<br>CLEANER, SCRUBBER                        | 77.04    |        |
|                                  |           |                         | 63920   | TEXAS DEPT. OF<br>LICENSING    | 7678      | 10187222        | MAINT 1/16 CERTIFICATE<br>OF OPERATION- JAIL<br>WATER TUBE    | 70.00    |        |
|                                  |           |                         | 63920   | TEXAS DEPT. OF<br>LICENSING    | 7678      | 10187223        | MAINT 1/16 CERTIFICATE<br>OF OPERATION- JAIL<br>WATER TUBE    | 70.00    |        |
|                                  |           |                         | 65450   | COASTAL<br>REFRIGERATION       | 812       | 8612015         | MAINT 1/10 INSPECT<br>HEATING SYST @ EXT<br>BLDG, REPL T-STAT | 254.95   |        |
| UTILITIES-AG<br>BLDG/FAIRGROUNDS |           |                         | 66602   | CENTERPOINT ENERGY             | 1805      | 2942974...      | BAUER 1/15 ACT# 2942974-3<br>CCF 52 12/10- 1/9                | 97.34    |        |
|                                  |           |                         | 66602   | CENTERPOINT ENERGY             | 1805      | 2942980...      | AG BLDG 1/15 ACT#<br>2942980-0 CCF 74 12/10- 1/9              | 117.14   |        |
|                                  |           |                         | 66602   | CITY OF PORT LAVACA            | 861       | 1415150...      | MOSO/BAUER/AG 1/20<br>ACT# 14-1515-00 WATER<br>12/15- 1/12    | 85.67    |        |
|                                  |           |                         | 66602   | CITY OF PORT LAVACA            | 861       | 1415200...      | MOSO/BAUER/AG 1/20<br>ACT# 14-1520-00 WATER<br>12/15- 1/15    | 90.93    |        |
|                                  |           |                         | 66604   | CENTERPOINT ENERGY             | 1805      | 6329420...      | CH 1/15 ACT# 6329420-1<br>CCF 99 12/10- 1/9                   | 1,048.75 |        |
|                                  |           |                         | 66605   | CENTERPOINT ENERGY             | 1805      | 6455891...      | JAIL 1/15 ACT# 6455891-9<br>MCF 281 12/10- 1/9                | 2,531.70 |        |
|                                  |           |                         |         |                                |           |                 |                                                               |          |        |
|                                  |           |                         |         |                                |           |                 |                                                               |          |        |
|                                  |           |                         |         |                                |           |                 |                                                               |          |        |
|                                  |           |                         |         |                                |           |                 |                                                               |          |        |

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Posted General Ledger Transactions - COMM CRT - 01.29.25 / 2025 BUDGET  
1000 - GENERAL FUND

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|-----------------------------|-----------|-------------------------------|-------------------------------|-------------------------------|------------|--------------------------------------------------|-------------------------------------------------------|----------|--------|
| BUILDING MAINTENANCE        | Total 170 |                               |                               |                               |            |                                                  |                                                       | 6,494.93 | 0.00   |
| UTILITIES-DISPATCH BUILDING |           | 66623                         | CENTERPOINT ENERGY            | 1805                          | 6403494... | EMER COM 1/15 ACT# 6403494238-9 CCF 12 12/10-1/9 | 61.35                                                 |          |        |
| COMMISSIONERS COURT         | 230       | INTERNET SERVICES             | 62955                         | FRONTIER COMMUNICATIONS       | 2855       | 3611970...                                       | CH 1/11 ACT# 361-197-0053-122022-5 INTERNET 1/11-2/10 | 1,200.00 |        |
|                             |           | 62955                         | SPARKLIGHT                    | 9988                          | 1009388... | COM CRT 1/8 ACT# 100938828 CABLE 1/8- 2/7        | 19.47                                                 |          |        |
| COMMISSIONERS COURT         | Total 230 |                               |                               |                               |            |                                                  |                                                       | 1,219.47 | 0.00   |
| COUNTY CLERK                | 250       | GENERAL OFFICE SUPPLIES       | 53020                         | AQUA BEVERAGE CO              | 89         | 188255                                           | CO CLK 1/2 WATER                                      | 40.00    |        |
| COUNTY CLERK                | Total 250 |                               |                               |                               |            |                                                  |                                                       | 40.00    | 0.00   |
| COUNTY COURT-AT-LAW         | 410       | TRAINING TRAVEL OUT OF COUNTY | 66316                         | HERNANDEZ ALEX R              | 3044       | PO1242...                                        | CRT@LAW1 1/24 TRAVEL REIMB- GEORGETOWN, TX 1/15- 1/17 | 343.88   |        |
| COUNTY COURT-AT-LAW         | Total 410 |                               |                               |                               |            |                                                  |                                                       | 343.88   | 0.00   |
| COUNTY TAX COLLECTOR        | 200       | DUES                          | 54020                         | TEXAS ASSOCIATION OF COUNTIES | 7819       | 240850/...                                       | TAX A/C 1/1 2025 MEMBERSHIP DUES- J. CASTILLO         | 75.00    |        |
|                             |           | 54020                         | TEXAS ASSOCIATION OF COUNTIES | 7819                          | 248218/... | TAX A/C 1/1 2025 MEMBERSHIP DUES- C. SULLIVAN    | 75.00                                                 |          |        |
|                             |           | 54020                         | TEXAS ASSOCIATION OF COUNTIES | 7819                          | 256371/... | TAX A/C 1/1 2025 MEMBERSHIP DUES- A. BONUZ       | 150.00                                                |          |        |
|                             |           | 54020                         | TEXAS ASSOCIATION OF COUNTIES | 7819                          | 268785/... | TAX A/C 1/1 2025 MEMBERSHIP DUES- N. GARCIA      | 75.00                                                 |          |        |

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**Posted General Ledger Transactions - COMM CRT - 01/29/25 / 2025 BUDGET**  
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|----------------------------------|-----------|---------------------------------------|---------|-------------------------------|-----------|-----------------|------------------------------------------------------------|-----------|--------|
| COUNTY TAX COLLECTOR             | Total 200 |                                       |         |                               |           |                 |                                                            |           |        |
|                                  |           |                                       | 54020   | TEXAS ASSOCIATION OF COUNTIES | 7819      | PO2000D...      | TAX A/C 1/1 2025 MEMBERSHIP DUES- B. TIERINA               | 75.00     |        |
| COUNTY TREASURER                 | 210       | GENERAL OFFICE SUPPLIES               | 53020   | QUILL LLC                     | 6602      | 42321739        | TREAS 1/9 LABELS, FOLDERS, HIGHLIGHTERS, ADDING MACHINE... | 243.19    |        |
|                                  |           | MACHINE MAINTENANCE                   | 63500   | CSI                           | 8885      | 133553          | TREAS 1/15 FEB 2025 ALARM MONITORING                       | 35.00     |        |
|                                  |           | TRAINING REGISTRATION FEES/TRAVEL     | 66310   | TEXAS ASSOCIATION OF COUNTIES | 76220     | 268661          | TREAS 1/27 CONF REG- SAN MARCOS, TX 4/20-4/24              | 275.00    |        |
| COUNTY TREASURER                 | Total 210 |                                       |         |                               |           |                 |                                                            | 553.19    | 0.00   |
| DISTRICT COURT                   | 430       | ADULT ASSIGNED-ATTORNEY FEES          | 60050   | DISHER DAVID A                | 1398      | 2025013         | DIST CRT 1/17 C# 2024-CR-9012-DC C. HUFF                   | 1,570.00  |        |
|                                  |           | ADULT ASSIGNED-EXPERT WITNESS EXPENSE | 60052   | HAMILTON PAUL MARTIN          | 55210     | 2025014         | DIST CRT 1/17 C# 2024-CR-9012-DC C. HUFF                   | 2,250.00  |        |
|                                  |           | COURT REPORTER-SPECIAL                | 61460   | KOETTER KIMBERLY HALEY        | 3024      | 2025002         | DIST CRT 1/15 C# 2023-CR-8871-DC CRT REPT SPECIAL          | 531.50    |        |
|                                  |           | RECORDS MANAGEMENT/PRESERV.           | 65300   | KOFLE TECHNOLOGIES INC        | 4330      | INVKT0...       | DIST CRT 1/13 RECORDS MNGMNT & PRESERVATION                | 12,803.46 |        |
| DISTRICT COURT                   | Total 430 |                                       |         |                               |           |                 |                                                            | 17,154.96 | 0.00   |
| ELECTIONS                        | 270       | SURETY BOND PREMIUMS                  | 66040   | CNA SURETY                    | 2760      | 6458502...      | ELEC 1/15 SURETY BOND 3/11/25-3/11/26                      | 70.00     |        |
| ELECTIONS                        | Total 270 |                                       |         |                               |           |                 |                                                            | 70.00     | 0.00   |
| EMERGENCY COMMUNICATION DIVISION | 635       | TELEPHONE SERVICES                    | 66192   | AT&T MOBILITY                 | 5209      | 3619206...      | EMER COM 1/19 ACT# 287343846709 PHONE 12/20-1/19           | 83.76     |        |
|                                  |           | TRAINING TRAVEL OUT OF COUNTY         | 66316   | MOON ASHLEY                   | EM...     | PO6354...       | EMER COM 1/23 TRAVEL REIMB- FRISCO, TX 1/19-1/22           | 562.40    |        |

**CALHOUN COUNTY, TEXAS**  
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|----------------------------------|-----------|-----------------------------|---------|------------------------------|-----------|-----------------|-------------------------------------------------------|----------|--------|
| EMERGENCY COMMUNICATION DIVISION | Total 635 |                             |         |                              |           |                 |                                                       | 646.16   | 0.00   |
| EMERGENCY MEDICAL SERVICES       | 345       | BUILDING SUPPLIES/PARTS     | 53610   | GULF COAST HARDWARE LLC      | 63198     | 195315          | EMS 1/7 TV BRACKET MNT                                | 23.98    |        |
|                                  |           |                             | 53610   | GULF COAST HARDWARE LLC      | 63198     | 195323          | EMS 1/7 DOOR STOP                                     | 9.59     |        |
|                                  |           |                             | 53610   | GULF COAST HARDWARE LLC      | 63198     | 195337          | EMS 1/7 TV MNTNG BRACKET BITS                         | 14.99    |        |
|                                  |           |                             | 53610   | GULF COAST HARDWARE LLC      | 63198     | 195445          | EMS 1/10 HANGING ANCHORS                              | 9.99     |        |
|                                  |           | SUPPLIES/OPERATING EXPENSES | 53980   | AIRGAS USA, LLC              | 136       | 5513604...      | EMS 1/1 CYLINDER LEASE RENEWAL                        | 2,565.60 |        |
|                                  |           |                             | 53980   | AIRGAS USA, LLC              | 136       | 9157138...      | EMS 1/8 OXYGEN                                        | 315.28   |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85611106        | EMS 1/3 IO NEEDLE KITS                                | 2,084.85 |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85611107        | EMS 1/3 ELECTRODES, NOREP, ORAL AIRWAYS               | 1,046.97 |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85611108        | EMS 1/3 IV SOLUTIONS                                  | 410.89   |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85614385        | EMS 1/7 PEDI DEFIB PADS                               | 786.18   |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85618155        | EMS 1/9 IO NEEDLE KITS                                | 2,084.85 |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 85618156        | EMS 1/9 SINGLE LIMB CIRCUIT                           | 404.28   |        |
|                                  |           |                             | 53980   | BOUND TREE MEDICAL, LLC      | 412       | 151673          | EMS 1/2 EAGLE VISION BAG- VIDEO LARYNGOSCOPE          | 101.06   |        |
|                                  |           | CONTINUING EDUCATION        | 61080   | EMS TECHNOLOGY SOLUTIONS LLC | 2919      | 65089           | EMS 11/15 OPERATIVE IQ TRAINING REGISTRATION- 1/24/25 | 6,260.00 |        |
|                                  |           | DEPARTMENTAL REPAIRS        | 61710   | TRI-WHOLESALE COMPANY, INC.  | 7637      | 9301120...      | EMS CNTL 1/4 PULLEY                                   | 23.29    |        |
|                                  |           | MACHINERY/EQUIPMENT REPAIRS | 63530   | FRAZER LTD                   | 2266      | 98438           | EMS 1/2 ELECTRIC STEP REPL KIT- M5                    | 320.76   |        |
|                                  |           |                             | 63530   | GULF COAST HARDWARE LLC      | 63198     | 195525          | EMS 1/14 REPAIRS- M6, MISC SHOP SUPP                  | 44.35    |        |

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|                                |           | TELEPHONE SERVICES          | 66192   | AT&T MOBILITY               | 5209      | 3615504...      | EMS 1/11 ACT# 82640124<br>ADMIN/TRAIN PHONE 1/12-2/1 | 313.64    |        |
|                                |           | UNIFORMS                    | 66590   | FIKES BROOK                 | 2180      | PO3451...       | EMS 1/7 SEW PATCHES ON JACKETS                       | 74.00     |        |
|                                |           | UTILITIES                   | 66600   | WHITE TRASH SERVICES        | 1952      | 269818          | EMS STH 1/20 FEB 2025 TRASH SVC                      | 103.04    |        |
|                                |           |                             | 66600   | CITY OF PORT LAVACA         | 861       | 1452250...      | EMS 1/20 ACT# 14-5225-00 WATER 12/15- 1/15           | 161.01    |        |
|                                |           |                             | 66600   | SPARKLIGHT                  | 9988      | 1009808...      | EMS CNTL 1/8 ACT# 100980846 CABLE 1/8- 2/7           | 262.90    |        |
| EMERGENCY MEDICAL SERVICES     | Total 345 |                             |         |                             |           |                 |                                                      | 17,421.50 | 0.00   |
| EXTENSION SERVICE              | 110       | PROGRAM SUPPLIES            | 53310   | MINNNS ALFRED               | 52450     | 1630            | EXT SVC 1/13 OYSTERS-CHS FOOD SCIENCE PROGRAM        | 75.00     |        |
| EXTENSION SERVICE              | Total 110 |                             |         |                             |           |                 |                                                      | 75.00     | 0.00   |
| FIRE PROTECTION-OLIVIA/P. ALTO | 650       | SUPPLIES/OPERATING EXPENSES | 53980   | GULF COAST HARDWARE LLC     | 63193     | 195609          | OPA VFD 1/16 HEATER BLANKET, PIPE INSULATION         | 46.97     |        |
|                                |           |                             | 53980   | TRI-WHOLESALE COMPANY, INC. | 7637      | 9301120...      | OPA VFD 1/15 BATTERY, FILTER- U428                   | 309.33    |        |
| FIRE PROTECTION-OLIVIA/P. ALTO | Total 650 |                             |         |                             |           |                 |                                                      | 356.30    | 0.00   |
| JAIL OPERATIONS                | 180       | JAIL MAINTENANCE/SUPPLIES   | 53420   | GULF COAST PAPER CO INC     | 2619      | 2608103         | JAIL 1/7 FLOOR STRIPPER                              | 128.77    |        |
|                                |           |                             | 53420   | GULF COAST PAPER CO INC     | 2619      | 2608105         | JAIL 1/7 (16) MOP STICKS                             | 300.16    |        |
|                                |           |                             | 53420   | GULF COAST PAPER CO INC     | 2619      | 2610744         | JAIL 1/14 LINERS, TISSUE, SOAP, SANITIZER            | 740.70    |        |
| JAIL OPERATIONS                | Total 180 |                             |         |                             |           |                 |                                                      | 1,169.63  | 0.00   |



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| JUSTICE OF PEACE-PRECINCT #3 | 470       | TELEPHONE SERVICES         | 66192   | MCI COMM SERVICE         | 3181      | 5P82989...      | JP3 1/19 ACT# 5P829898<br>LONG DISTANCE SVC                      | 36.32    |        |
| JUSTICE OF PEACE-PRECINCT #3 | Total 470 |                            |         |                          |           |                 |                                                                  | 36.32    | 0.00   |
| JUSTICE OF PEACE-PRECINCT #5 | 490       | TELEPHONE SERVICES         | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 36119832...     | JP5 1/1 ACT# 361-983-2351-<br>100102.5 JAN 2025 PHONE            | 171.80   |        |
| JUSTICE OF PEACE-PRECINCT #5 | Total 490 |                            |         |                          |           |                 |                                                                  | 171.80   | 0.00   |
| LIBRARY                      | 140       | INTERNET SERVICES          | 62955   | FRONTIER COMMUNICATIONS  | 2855      | 3611970...      | LIBRARY 1/10 ACT#<br>361-197-0199- 070623-5<br>INTERNET 1/10-2/9 | 178.00   |        |
|                              |           | TELEPHONE SERVICES         | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 3615524...      | LIBRARY 1/13 A#<br>361-552-4926- 101592-5<br>PHONE 1/13-2/12     | 145.94   |        |
|                              |           |                            | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 3615527...      | LIBRARY 1/13 A#<br>361-552-7323- 042491-5<br>PHONE 1/13-2/12     | 277.11   |        |
|                              |           | UTILITIES-SEADRIFT LIBRARY | 66622   | CENTERPOINT ENERGY       | 1805      | 2981129...      | SEA LIBRARY 1/15 ACT#<br>2981129-6 CCF 0 12/10- 1/9              | 48.98    |        |
|                              |           | BOOKS & PRINT MATL-LIBRARY | 70550   | CENGAGE LEARNING, INC.   | 26020     | 86173340        | LIBRARY 1/8 (3) BOOKS                                            | 98.37    |        |
|                              |           |                            | 70550   | CENGAGE LEARNING, INC.   | 26020     | 86191471        | LIBRARY 1/9 (2) BOOKS                                            | 51.73    |        |
|                              |           |                            | 70550   | CENTER POINT LARGE PRINT | 776       | 2140300         | LIBRARY 1/1 (2) BOOKS                                            | 50.34    |        |
| LIBRARY                      | Total 140 |                            |         |                          |           |                 |                                                                  | 850.47   | 0.00   |
| MISCELLANEOUS                | 280       | TELEPHONE SERVICES         | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 3611970...      | CH 1/13-ACT# 361-197-0090-<br>041323-5 PHONE 1/13-2/12           | 660.07   |        |
|                              |           |                            | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 3615521...      | MODEM 1/16 ACT#<br>361-552-1476- 082207-5 1/16-<br>2/15          | 95.11    |        |
|                              |           |                            | 66192   | FRONTIER COMMUNICATIONS  | 2855      | 3615534...      | CH/ANNEX 1/13 ACT#<br>361-553-4465- 011607-5<br>PHONE 1/13-2/12  | 1,952.63 |        |

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| MISCELLANEOUS                  | Total 280 |                                   |         |                                 |           |                 |                                                               | 3,047.05 | 0.00   |
| MUSEUM                         | 150       | UTILITIES-MUSEUM                  | 66612   | CENTERPOINT ENERGY              | 1805      | 2860820...      | ANNEX 1/13 ACT#<br>361-553-4645- 012307-5<br>PHONE 1/13- 2/12 | 339.24   |        |
| MUSEUM                         | Total 150 |                                   |         |                                 |           |                 |                                                               | 61.35    |        |
| MUSEUM                         | 150       |                                   |         |                                 |           |                 | MUSEUM 1/15 ACT#<br>2860820-6 CCF 12 12/10- 1/9               | 61.35    |        |
| NO DEPARTMENT                  | 999       | DUE TO JP COLLECTIONS<br>ATTORNEY | 20770   | MCCREARY VESELKA<br>BRAGG ALLEN | 5255      | 295511          | JP2 11/19 COLLECTION FEES                                     | 96.19    |        |
|                                |           |                                   | 20770   | MCCREARY VESELKA<br>BRAGG ALLEN | 5255      | 296913          | JP1 12/24 COLLECTION FEES                                     | 228.30   |        |
|                                |           |                                   | 20770   | MCCREARY VESELKA<br>BRAGG ALLEN | 5255      | 297065          | JP2 12/31 COLLECTION FEES                                     | 435.51   |        |
|                                |           |                                   | 20770   | MCCREARY VESELKA<br>BRAGG ALLEN | 5255      | 297583          | JP2 1/13 COLLECTION FEES                                      | 679.57   |        |
|                                |           |                                   | 20770   | MCCREARY VESELKA<br>BRAGG ALLEN | 5255      | 297643          | JP1 1/14 COLLECTION FEES                                      | 1,519.27 |        |
|                                |           | RENTAL DEPOSITS                   | 20820   | CRUZ JOSE                       | RF3...    | 1940            | BAUER 9/12 DEPOSIT<br>REFUND                                  | 250.00   |        |
| NO DEPARTMENT                  | Total 999 |                                   |         |                                 |           |                 |                                                               | 3,208.84 | 0.00   |
| ROAD AND<br>BRIDGE-PRECINCT #1 | 540       | MACHINERY<br>PARTS/SUPPLIES       | 53210   | GULF COAST<br>HARDWARE LLC      | 63191     | 195514          | RB1 1/14 FUEL<br>CONNECTION SUPP- #0277                       | 31.76    |        |
|                                |           |                                   | 53210   | GULF COAST<br>HARDWARE LLC      | 63191     | 195547          | RB1 1/14 FUEL TANK SUPP-<br>#0277                             | 26.97    |        |
|                                |           |                                   | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB1 1/8 HYD, OIL FILTER                                       | 56.21    |        |
|                                |           |                                   | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB1 1/8 HYD FLUID                                             | 77.78    |        |
|                                |           |                                   | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB1 1/14 FUEL TRANSF-<br>#0277                                | 44.99    |        |
|                                |           |                                   | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB1 1/14 HYD FITTING,<br>FUEL TRANSF HOSE- # 0277             | 79.46    |        |
|                                |           |                                   | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB1 1/14 SPIN ON FILTER-<br>#0277                             | 9.46     |        |

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|            |           |                    | 53210   | TRL-WHOLESALE COMPANY, INC.  | 7637      | 9301120...      | RB1 1/15 OIL                                       | 44.94  |        |
|            |           |                    | 53210   | TRL-WHOLESALE COMPANY, INC.  | 7637      | 9301120...      | RB1 1/15 ANT GREEN                                 | 54.36  |        |
|            |           |                    | 53210   | TRL-WHOLESALE COMPANY, INC.  | 7637      | 9301120...      | RB1 1/15 BRAKE CLEANER                             | 10.58  |        |
|            |           | LUMBER             | 53550   | GULF COAST HARDWARE LLC      | 63191     | 195537          | RB1 1/14 LUMBER-MAILBOXES                          | 7.99   |        |
|            |           | JANITOR SUPPLIES   | 53640   | GULF COAST PAPER CO INC      | 2619      | 2610747         | RB1 1/14 TOILET CLEANER                            | 132.24 |        |
|            |           |                    | 53640   | GULF COAST HARDWARE LLC      | 63191     | 195537          | RB1 1/14 SEPTIC TX                                 | 39.98  |        |
|            |           | UNIFORMS           | 53995   | CINTAS CORPORATION LOC. 083  | 958       | 4217286...      | RB1 1/9 UNIFORMS                                   | 150.64 |        |
|            |           |                    | 53995   | CINTAS CORPORATION LOC. 083  | 958       | 4218022...      | RB1 1/16 UNIFORMS                                  | 150.64 |        |
|            |           | EQUIPMENT RENTAL   | 62510   | GREAT AMERICA FINANCIAL      | 2751      | 38341922        | RB1 1/16 COPIER LEASE 1/14-2/13                    | 155.00 |        |
|            |           | GARBAGE COLLECTION | 62659   | LEGACY DISPOSAL & SANITATION | 2988      | 11461           | RB1 1/24 TOILET RENTAL CHOC BAY- 1/24- 2/20        | 370.00 |        |
|            |           |                    | 62659   | LEGACY DISPOSAL & SANITATION | 2988      | 11481           | RB1 1/24 TOILET RENTAL-MILLERS PNT 1/24- 2/20      | 370.00 |        |
|            |           | MISCELLANEOUS      | 63920   | AZALIA BONUZ, TAX ASSESSOR   | 4042      | 1568077...      | RB1 1/15 REGISTRATION                              | 7.50   |        |
|            |           |                    | 63920   | AZALIA BONUZ, TAX ASSESSOR   | 4042      | F08915/...      | RB1 1/16 REGISTRATION                              | 7.50   |        |
|            |           |                    | 63920   | AZALIA BONUZ, TAX ASSESSOR   | 4042      | F08920/...      | RB1 1/16 REGISTRATION                              | 7.50   |        |
|            |           | UTILITIES          | 66600   | CENTERPOINT ENERGY           | 1805      | 5118678...      | RB1 1/15 ACT# 5118678-1 CCF 4 12/10- 1/9           | 54.13  |        |
|            |           | UTILITIES-PARKS    | 66614   | CITY OF PORT LAVACA          | 861       | 1421050...      | CHOC BAY PK 1/20 ACT# 14-2105-00 WATER 12/15- 1/15 | 87.32  |        |
|            |           |                    | 66614   | CITY OF PORT LAVACA          | 861       | 1421100...      | CHOC BAY PK 1/20 ACT# 14-2110-00 WATER 12/15- 1/15 | 42.80  |        |

Total 540

ROAD AND  
BRIDGE-PRECINCT #1

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| ROAD AND<br>BRIDGE-PRECINCT #2 | 550       | MACHINERY<br>PARTS/SUPPLIES | 53210   | C & D AUTO PARTS                | 1143      | 296614          | RB2 1/13 REAR DRIVE<br>SHAFT- '07 TOYOTA                   | 150.00   |        |
|                                |           |                             | 53210   | SHOPPAS FARM SUPPLY             | 7366      | 1893852         | RB2 1/13 TRACTOR SEAL                                      | 18.93    |        |
|                                |           | ROAD & BRIDGE SUPPLIES      | 53510   | KC LEASE SERVICE INC            | 2893      | 80840           | RB2 1/6 25.40T ICE ROCK                                    | 1,220.47 |        |
|                                |           | UNIFORMS                    | 53995   | CINTAS CORPORATION              | 958       | 4217702...      | RB2 1/14 UNIFORMS                                          | 65.64    |        |
|                                |           |                             |         | LOC. 083                        |           |                 |                                                            |          |        |
|                                |           | TELEPHONE SERVICES          | 66192   | FRONTIER<br>COMMUNICATIONS      | 2855      | 3615529...      | RB2 1/13 ACT#<br>361-552-9656-010165-5<br>PHONE 1/13- 2/12 | 184.71   |        |
|                                |           |                             | 66192   | INFINIUM BROADBAND<br>INTERNET  | 3378      | 97955           | RB2 1/22 ACT# ACC0002074<br>INTERNET 1/22- 2/22            | 150.00   |        |
| ROAD AND<br>BRIDGE-PRECINCT #2 | Total 550 |                             |         |                                 |           |                 |                                                            | 1,789.75 | 0.00   |
| ROAD AND<br>BRIDGE-PRECINCT #3 | 560       | MACHINERY<br>PARTS/SUPPLIES | 53210   | DANIEL INDUSTRIES               | 3695      | 18902           | RB3 1/13 FILTERS, PLUGS-<br>WEEDEATERS                     | 42.01    |        |
|                                |           |                             | 53210   | O REILLY AUTO PARTS             | 5803      | 0575409...      | RB3 1/13 TRAILER JACKS                                     | 273.80   |        |
|                                |           |                             | 53210   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB3 1/13 COOLANT                                           | 21.27    |        |
|                                |           | TIRES AND TUBES             | 53520   | LES ZEPHIN MOTORS               | 4688      | 18125           | RB3 1/14 TIRES- MOWER                                      | 250.00   |        |
|                                |           | GASOLINE/OIL/DIESEL/GRE...  | 53540   | NEW DISTRIBUTING CO<br>INC      | 3638      | 8077525...      | RB3 1/14 250G DIESEL, 700G<br>UNLEADED                     | 2,491.72 |        |
|                                |           | JANITOR SUPPLIES            | 53540   | O REILLY AUTO PARTS             | 5803      | 0575409...      | RB3 1/15 OIL                                               | 37.95    |        |
|                                |           |                             | 53640   | CINTAS CORPORATION<br>LOC. 083  | 958       | 4217865...      | RB3 1/15 FRESHENER                                         | 9.48     |        |
|                                |           | SUPPLIES-MISCELLANEOUS      | 53992   | MELSTAN, INC.                   | 5021      | 095476          | RB3 1/14 (20) T-POSTS                                      | 147.40   |        |
|                                |           |                             | 53992   | O REILLY AUTO PARTS             | 5803      | 0575409...      | RB3 1/14 ANTIFREEZE,<br>GLUE                               | 15.28    |        |
|                                |           |                             | 53992   | O REILLY AUTO PARTS             | 5803      | 0575409...      | RB3 1/15 TIRE CEMENT,<br>VALVE, AIR CHUCK                  | 18.08    |        |
|                                |           | UNIFORMS                    | 53992   | TRI-WHOLESALE<br>COMPANY, INC.  | 7637      | 9301120...      | RB3 1/13 BUSHING,<br>REFLECTIVE TAPE                       | 184.36   |        |
|                                |           |                             | 53995   | CINTAS CORPORATION<br>LOC. 083  | 958       | 4217865...      | RB3 1/15 UNIFORMS                                          | 144.30   |        |
|                                |           | EQUIPMENT RENTAL            | 62510   | LEGACY DISPOSAL &<br>SANITATION | 2988      | 11416           | RB3 1/24 TOILET RENTAL<br>1/24- 2/20                       | 290.00   |        |
|                                |           | GARBAGE COLL-OLIVIA         | 62672   | WHITE TRASH<br>SERVICES         | 1952      | 271377          | RB3 1/20 FEB 2025 TRASH<br>SVC                             | 187.35   |        |

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| ROAD AND<br>BRIDGE-PRECINCT #3 | Total 560 |                             |         |                                   |           |                 |                                                    | 4,113.00 | 0.00   |
| ROAD AND<br>BRIDGE-PRECINCT #4 | 570       | MACHINERY<br>PARTS/SUPPLIES | 53210   | HOLT CAT                          | 3048      | PIMV01...       | RB4 1/16 CUTTING EDGE,<br>BOLT, NUT                | 706.40   |        |
|                                |           |                             | 53210   | TRL-WHOLESALE<br>COMPANY, INC.    | 7637      | 9301120...      | RB4 1/13 TRANSMISSION<br>FLUID                     | 10.72    |        |
|                                |           |                             | 53210   | VICTORIA FARM<br>EQUIPMENT CO INC | 8207      | 73530           | RB4 1/16 (12) BLADES                               | 838.08   |        |
|                                |           | GASOLINE/OIL/DIESEL/GRE...  | 53540   | NEW DISTRIBUTING CO<br>INC        | 3638      | 8077425...      | RB4 1/14 700G DIESEL,<br>1200G UNLEADED            | 5,052.66 |        |
|                                |           | BUILDING SUPPLIES/PARTS     | 53540   | TEAS PROPANE                      | 7742      | 34172           | RB4 1/16 156.4G PROPANE                            | 431.99   |        |
|                                |           |                             | 53610   | GULF COAST<br>HARDWARE LLC        | 63194     | 195504          | RB4 1/14 HEATER VENTING<br>SUPP                    | 138.69   |        |
|                                |           |                             | 53610   | GULF COAST<br>HARDWARE LLC        | 63194     | 195543          | RB4 1/14 HEATER VENT                               | 9.99     |        |
|                                |           | SUPPLIES-MISCELLANEOUS      | 53992   | FASTENAL COMPANY                  | 2274      | TXPOT2...       | RB4 1/14 SCREWS, SPRAY<br>PAINT                    | 56.16    |        |
|                                |           |                             | 53992   | CINTAS CORPORATION<br>LOC. 083    | 958       | 4217864...      | RB4 1/15 MAT, MOP                                  | 13.17    |        |
|                                |           | GARBAGE COLL-POC PARKS      | 62664   | WHITE TRASH<br>SERVICES           | 1952      | 269820          | RB4 POC 1/20 FEB 2025<br>TRASH SVC                 | 346.68   |        |
|                                |           | GARBAGE COLL-SEADRIFT       | 62676   | WHITE TRASH<br>SERVICES           | 1952      | 269819          | RB4 SEA 1/20 FEB 2025<br>TRASH SVC                 | 624.02   |        |
|                                |           | MAINTENANCE-PARKS           | 63635   | LEGACY DISPOSAL &<br>SANITATION   | 2988      | 11449           | RB4 1/24 TOILET RENTAL<br>BILL SANDERS- 1/24- 2/20 | 830.00   |        |
|                                |           | MISCELLANEOUS               | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1031493...      | RB4 1/16 REGISTRATION                              | 7.50     |        |
|                                |           |                             | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1221970...      | RB4 1/16 REGISTRATION                              | 7.50     |        |
|                                |           |                             | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1388605...      | RB4 1/16 REGISTRATION                              | 7.50     |        |
|                                |           |                             | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437623...      | RB4 1/16 REGISTRATION                              | 7.50     |        |
|                                |           |                             | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437647...      | RB4 1/16 REGISTRATION                              | 7.50     |        |
|                                |           |                             | 63920   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 9084177...      | RB4 1/16 REGISTRATION                              | 7.50     |        |

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| ROAD AND<br>BRIDGE-PRECINCT #4 | Total 570 |                        |         |                                   |           |                 |                                                               | 9,545.67         | 0.00   |
|                                |           | UNIFORMS               | 66590   | CINTAS CORPORATION<br>LOC. 083    | 958       | 4217864...      | RB4 1/13 JAN 2025 SEA<br>OFFICE CLEANING<br>RB4 1/15 UNIFORMS | 300.00<br>102.11 |        |
|                                |           | OUTSIDE SERVICES       | 64400   | DOUGLAS EVA LEE                   | 3778      | JAN25           |                                                               |                  |        |
| SHERIFF                        | 760       | UNIFORMS               | 53995   | FIKES BROOK                       | 2180      | PO7601...       | SO 1/15 PATCHES,<br>EMBROIDER BADGE                           | 152.00           |        |
|                                |           | AUTOMOTIVE REPAIRS     | 60360   | KNEUPPER CARROLL                  | 3678      | 49348           | SO 1/8 OIL CHG- U22                                           | 118.94           |        |
|                                |           |                        | 60360   | CROSSROADS TIRE<br>SERVICE LLC    | 7059      | 4000792         | SO 1/13 THERMOSTAT,<br>TEMP SENSOR, TIRES,<br>FILTERS- U10    | 1,300.85         |        |
|                                |           |                        | 60360   | CROSSROADS TIRE<br>SERVICE LLC    | 7059      | 4000802         | SO 1/10 FRONT/REAR<br>BRAKE PADS- OSG22                       | 1,241.72         |        |
|                                |           | BUY MONEY              | 60580   | BOBBIE J VICKERY,<br>SHERIFF      | 8184      | POT601...       | SO 1/14 2025 BUY MONEY                                        | 3,000.00         |        |
|                                |           | MACHINE MAINTENANCE    | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1388634...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           |                        | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437601...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           |                        | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437643...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           |                        | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437644...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           |                        | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1437648...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           |                        | 63500   | AZALIA BONUZ, TAX<br>ASSESSOR     | 4042      | 1589001...      | SO 1/13 REGISTRATION                                          | 7.50             |        |
|                                |           | POSTAGE                | 64790   | PITNEY BOWES<br>GLOBAL FINANCIAL  | 63810     | 3320219...      | SO 1/9 POSTAGE METER<br>LEASE 11/28/24- 2/27/25               | 360.00           |        |
|                                |           | TELEPHONE SERVICES     | 66192   | FRONTIER<br>COMMUNICATIONS        | 2855      | 2100064...      | SO 1/13 ACT# 210-006-4378-<br>100174-S PHONE 1/13- 2/12       | 5.00             |        |
| SHERIFF                        | Total 760 |                        |         |                                   |           |                 |                                                               | 6,223.51         | 0.00   |
| TAX APPRAISAL<br>DISTRICT      | 220       | TAX APPRAISAL SERVICES | 66100   | CALHOUN CO.<br>APPRAISAL DISTRICT | 816       | 20251           | TAX A/C 1/8 1ST QTR 2025<br>APPRAISAL SVCS                    | 96,328.51        |        |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 1000 - GENERAL FUND

| Dept Title             | Dept C... | GL Title                | GL Code | Vendor Name                    | Ven... ID | Document Number | Transaction Description              | Debit      | Credit |
|------------------------|-----------|-------------------------|---------|--------------------------------|-----------|-----------------|--------------------------------------|------------|--------|
| TAX APPRAISAL DISTRICT |           | TAX COLLECTION SERVICES | 66130   | CALHOUN CO. APPRAISAL DISTRICT | 816       | 20251           | TAX A/C 1/8 1ST QTR 2025 COLLEC SVCS | 43,609.58  |        |
|                        | Total 220 |                         |         |                                |           |                 |                                      | 139,938.09 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 2610 - AIRPORT FUND

| Dept Title    | Dept C... | GL Title           | GL Code | Vendor Name             | Ven... ID | Document Number | Transaction Description                                         | Debit  | Credit |
|---------------|-----------|--------------------|---------|-------------------------|-----------|-----------------|-----------------------------------------------------------------|--------|--------|
| NO DEPARTMENT | 999       | TELEPHONE SERVICES | 66192   | FRONTIER COMMUNICATIONS | 2855      | 3615520...      | AIRPORT 1/13 ACT#<br>361-552-0903- 021369-5<br>PHONE 1/13- 2/12 | 139.80 |        |
| NO DEPARTMENT | Total 999 |                    |         |                         |           |                 |                                                                 | 139.80 | 0.00   |



CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01/29/25 / 2025 BUDGET  
 2736 - POC COMMUNITY CENTER

| Dept Title    | Dept C... | GL Title                            | GL Code | Vendor Name                    | Ver... ID | Document Number | Transaction Description                              | Debit    | Credit |
|---------------|-----------|-------------------------------------|---------|--------------------------------|-----------|-----------------|------------------------------------------------------|----------|--------|
| NO DEPARTMENT | 999       | CLEANING-P.O.C.<br>COMMUNITY CENTER | 60870   | RHYNE SERVICES LLC             | 14930     | 012025          | POCCC 1/15 JAN 2025<br>CLEANING                      | 600.00   |        |
|               |           | UTILITIES-POC COMMUNITY<br>CENTER   | 66616   | WHITE TRASH<br>SERVICES        | 1952      | 270229          | POCCC 1/20 FEB 2025<br>TRASH SVC                     | 346.68   |        |
|               |           |                                     | 66616   | INFINIUM BROADBAND<br>INTERNET | 3378      | 97527           | POCCC 1/17 ACT#<br>ACC0004004 INTERNET<br>1/17- 2/17 | 150.00   |        |
| NO DEPARTMENT | Total 999 |                                     |         |                                |           |                 |                                                      | 1,096.68 | 0.00   |

**CALHOUN COUNTY, TEXAS**  
**Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET**  
**2739 - RECORDS MANAGEMENT AND PRESERVATION FUND**

| Dept Title    | Dept C... | GL Title                      | GL Code | Vendor Name            | Ven... ID | Document Number | Transaction Description                            | Debit  | Credit |
|---------------|-----------|-------------------------------|---------|------------------------|-----------|-----------------|----------------------------------------------------|--------|--------|
| NO DEPARTMENT | 999       | SOFTWARE MAINTENANCE (ANNUAL) | 65835   | TYLER TECHNOLOGIES INC | 5950      | 0201579...      | RECS MGMT- DIST CLK 1/3<br>CONVERT EDOC TO ODYSSEY | 647.50 |        |
| NO DEPARTMENT | Total 999 |                               |         |                        |           |                 |                                                    | 647.50 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 5149 - CPRL-OLIVIA HATERIUS PARK IMPROVEMENTS

| Dept Title    | Dept C... | GL Title | GL Code | Vendor Name             | Ven... ID | Document Number | Transaction Description          | Debit  | Credit |
|---------------|-----------|----------|---------|-------------------------|-----------|-----------------|----------------------------------|--------|--------|
| NO DEPARTMENT | 999       | SUPPLIES | 53974   | COASTAL NAIL & TOOL LLC | 9070      | 2501160...      | CMP-OHP IMPR 1/16 LUMBER, SCREWS | 467.03 |        |
| NO DEPARTMENT | Total 999 |          |         |                         |           |                 |                                  | 467.03 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 5189 - CAPITAL PROJECT - EMS TRAINING BUILDING

| Dept Title    | Dept C... | GL Title                  | GL Code | Vendor Name             | Ven... ID | Document Number | Transaction Description                                | Debit     | Credit |
|---------------|-----------|---------------------------|---------|-------------------------|-----------|-----------------|--------------------------------------------------------|-----------|--------|
| NO DEPARTMENT | 999       | CONSTRUCTION-EMS BUILDING | 71040   | GONZALEZ MARTIN         | 189       | 103300          | 1ST RESP TRAINING BLDG I/13 PARKING LOT                | 5,000.00  |        |
|               |           |                           | 71040   | POWER ELECTRIC LLC      | 2927      | 1882            | 1ST RESP TRAINING BLDG I/24 FINAL ELECTRICAL PMNT      | 13,000.00 |        |
|               |           |                           | 71040   | PANIAGO ALVARO          | 63150     | PO9991...       | 1ST RESP TRAINING BLDG I/14 SPRAY FOAM WALLS & CEILING | 1,840.00  |        |
|               |           |                           | 71040   | GUERRERO CONSTRUCTION   | 85901     | 000128          | 1ST RESP TRAINING BLDG I/3 FRAME WORK                  | 4,850.00  |        |
|               |           |                           | 71040   | COASTAL NAIL & TOOL LLC | 9070      | 2501160...      | 1ST RESP TRAINING BLDG I/13 1x4 UNTREATED LUMBER       | 160.00    |        |
| NO DEPARTMENT | Total 999 |                           |         |                         |           |                 |                                                        | 24,850.00 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 7750 - MISCELLANEOUS CLEARING FUND

| Dept Title    | Dept C... | GL Title                 | GL Code | Vendor Name                  | Ven... ID | Document Number | Transaction Description            | Debit  | Credit |
|---------------|-----------|--------------------------|---------|------------------------------|-----------|-----------------|------------------------------------|--------|--------|
| NO DEPARTMENT | 999       | DUE TO OTHER GOVERNMENTS | 20749   | CALHOUN CO. NAVIGATION DIST. | 1106      | PO20251...      | TAX A/C 1/15 NOV 2024 TAX COLLECTS | 77.40  |        |
|               |           |                          | 20749   | CALHOUN CO. WATER CONTROL    | 895       | PO20251...      | TAX A/C 1/15 NOV 2024 TAX COLLECTS | 160.18 |        |
| NO DEPARTMENT | Total 999 |                          |         |                              |           |                 |                                    | 237.58 | 0.00   |

CALHOUN COUNTY, TEXAS  
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 01.29.25 / 2025 BUDGET  
 9200 - JUVENILE PROBATION FUND

| Dept Title    | Dept C... | GL Title              | GL Code | Vendor Name             | Ven... ID | Document Number | Transaction Description                          | Debit      | Credit |
|---------------|-----------|-----------------------|---------|-------------------------|-----------|-----------------|--------------------------------------------------|------------|--------|
| NO DEPARTMENT | 999       | PHOTO COPIES/SUPPLIES | 53030   | GREAT AMERICA FINANCIAL | 2751      | 38335741        | JUV PROB I/15 COPIER LEASE                       | 208.00     |        |
|               |           | TELEPHONE SERVICES    | 66192   | AT&T MOBILITY           | 5209      | 3617463...      | JUV PROB I/11 ACT# 287295876979 PHONE 12/12-I/11 | 318.88     |        |
| NO DEPARTMENT | Total 999 |                       |         |                         |           |                 |                                                  | 526.88     | 0.00   |
| Report Total  |           |                       |         |                         |           |                 |                                                  | 244,966.09 | 0.00   |