



February 5, 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
(ABSENT) 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 10 am 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.

Gary Jackson speaks to the court in hopes to get the word out – airplane did not hit the World Trade Center.

5. Approve January 29, 2025 Commissioners' Court Meeting Minutes. (VLL)

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

6. Hear MMC Report.

Erin Clevenger gave the report.

7. Consider and take necessary action to carry over the remaining 2024 roof project budget in the amount of \$328,200 in the Building Maintenance Department due to the project not being complete in 2024. (VLL)

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

8. Consider and take necessary action to transfer budgeted funds in the amount of \$14,664.88 for office furniture in the County Judges Department ordered in 2024 and delivered in 2025. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

9. Consider and take necessary action to carry over \$18,500 to the 2025 Commissioners Court budget for structural removal as approved in Commissioners Court on July 10, 2024 and approve payment to KMAC Construction Services, Inc. for proposal amount of \$18,500. This work was delayed and not completed until 2025. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

10. Consider and take necessary action to authorize the Calhoun County Area Go-Texan Committee to allow alcohol to be consumed on the Calhoun County Fair Grounds, Bauer Building and the Pavilion during their Calhoun County Area Go-Texas Bar-B-Que Cook-off on April 4, 5, and 6, 2025. No alcohol will be sold on the premises. (VLL)

Richard Parrish asked for permission.

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

11. Consider and take necessary action to allow The Calhoun County Judge Vern Lyssy sign the Voting Equipment Lease between Calhoun County Elections and The City of Port Lavaca. (VLL)

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

12. Accept the 2024 Certificate of Completion for Continuing Education Hours from the District Clerk and enter into Official Records. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

13. 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)

No action taken

14. Consider and take necessary action on the following FY 2025 Interlocal Agreements and authorize payment of purchase orders and authorize Judge Lyssy to sign all documents.

(a) Calhoun Soil and Water Conservation District \$7,750.00

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

15. Consider and take necessary action to renew Precinct 3 copier rental agreement (#3111572) with Great America Financial Services/Dewitt Poth & Son. For a Kyocera ECOSYS MA3500cfx model copier and authorized Commissioner Behrens sign all necessary documents. (JMB)

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

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

Scott Mason explained the Infrastructure Development Plat.

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

17. Consider and take necessary action to accept donation from Lisa Baumann for the Port O'Connor Community Center and put into Utilities line item, 2736-999-66616. (GDR)

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

18. Consider and take necessary action to set a hearing to consider the Petition to create Calhoun County Hospital District received by Calhoun County Commissioner's Court on February 12, 2025 at 10:00 a.m., in the Commissioner's Court Courtroom, First Floor of the Calhoun County Courthouse, 211 S. Ann, Port Lavaca, Texas. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

19. Consider and take necessary action on Addendum No. 1; Bid No. 2024.12-Calhoun County Green Lake Park - Phase 1; Project 1 and authorize Judge Lyssy to sign all documentation.

Matt Glaze with Urban Engineering explained addendum.

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

20. Consider and take necessary action on budget adjustments. (VLL)
- (a) 2024 budget adjustment
 - (b) 2025 budget adjustments

2024	
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

2025	
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

21. 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

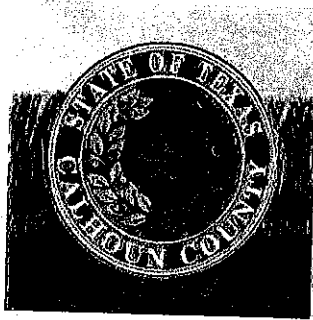
2024 County Bills:

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

2025 County Bills:

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

Adjourned 10:42



CALHOUN COUNTY COMMISSIONERS' COURT PACKET COMPLETION SHEET

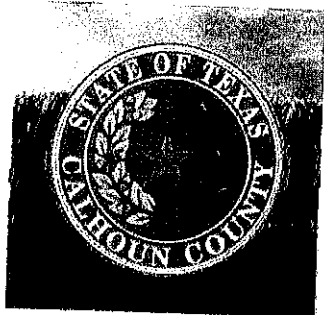
- ☒ All Agenda Items Properly Numbered
- ☒ Contracts Completed and Signed
- ☒ All 1295's Accepted
- ☒ All Documents for Clerk Signature Flagged
(All documents needing to be attested to need to be signed day of Commissioner's Court.)

On this 5 day of February 2025, the packet

for the 5 day of February 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, February 5, 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:

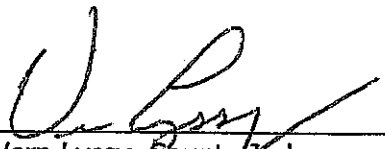
1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve January 29, 2025 Commissioners' Court Meeting Minutes. (VLL)
6. Hear MMC Report.
7. Consider and take necessary action to carry over the remaining 2024 roof project budget in the amount of \$328,200 in the Building Maintenance Department due to the project not being complete in 2024. (VLL)
8. Consider and take necessary action to transfer budgeted funds in the amount of \$14,664.88 for office furniture in the County Judges Department ordered in 2024 and delivered in 2025. (VLL)
9. Consider and take necessary action to carry over \$18,500 to the 2025 Commissioners Court budget for structural removal as approved in Commissioners Court on July 10, 2024 and approve payment to KMAC Construction Services, Inc. for proposal amount of \$18,500. This work was delayed and not completed until 2025. (VLL)
10. Consider and take necessary action to authorize the Calhoun County Area Go-Texan Committee to allow alcohol to be consumed on the Calhoun County Fair Grounds, Bauer Building and the Pavilion during their Calhoun County Area Go-Texas Bar-B-Que Cook-off on April 4, 5, and 6, 2025. No alcohol will be sold on the premises. (VLL)

AT 9:55 FILED 10:00 O'CLOCK a M

JAN 31 2025

COUNTY CLERK, CALHOUN COUNTY, TEXAS
ANNA GOODMAN
DEPUTY: Kacie Smith

11. Consider and take necessary action to allow The Calhoun County Judge Vern Lyssy sign the Voting Equipment Lease between Calhoun County Elections and The City of Port Lavaca. (VLL)
12. Accept the 2024 Certificate of Completion for Continuing Education Hours from the District Clerk and enter into Official Records. (VLL)
13. 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)
14. Consider and take necessary action on the following FY 2025 Interlocal Agreements and authorize payment of purchase orders and authorize Judge Lyssy to sign all documents.
 - (a) Calhoun Soil and Water Conservation District \$7,750.00
15. Consider and take necessary action to renew Precinct 3 copier rental agreement (#3111572) with Great America Financial Services/Dewitt Poth & Son. For a Kyocera ECOSYS MA3500cfx model copier and authorized Commissioner Behrens sign all necessary documents. (JMB)
16. Consider and take necessary action to approve the infrastructure development plat (IDP) of Simple Stay, LLC # 2 located in Calhoun County, TX. (JMB)
17. Consider and take necessary action to accept donation from Lisa Baumann for the Port O'Connor Community Center and put into Utilities line item, 2736-999-66616. (GDR)
18. Consider and take necessary action to set a hearing to consider the Petition to create Calhoun County Hospital District received by Calhoun County Commissioner's Court on February 12, 2025 at 10:00 a.m., in the Commissioner's Court Courtroom, First Floor of the Calhoun County Courthouse, 211 S. Ann, Port Lavaca, Texas. (VLL)
19. Consider and take necessary action on Addendum No. 1; Bid No. 2024.12-Calhoun County Green Lake Park - Phase 1; Project 1 and authorize Judge Lyssy to sign all documentation.
20. Consider and take necessary action on budget adjustments. (VLL)
 - (a) 2024 budget adjustment
 - (b) 2025 budget adjustments
21. 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 under "Commissioners' Court Agenda" for any official court postings.

04

Calhoun County Commissioners Court

Public Participation Form

NOTE: This Public Participation Form must be presented to the County Clerk or Deputy Clerk prior to the time the agenda item (or items) you wish to address are discussed before the Court.

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: Gerhardt John Jackson

ADDRESS: 2205 Larry Dr.

TELEPHONE: 31652-5912

PLACE OF EMPLOYMENT: Retired

EMPLOYMENT TELEPHONE: _____

Do you represent any particular group or organization? YES ☒ NO (Circle one)

If you do represent a group or organization, please provide the name, address and telephone number of the group or organization:

Which agenda item (or items) do you wish to address? _____

The irrefutable evidence

In general, are you for or against the agenda item (or items)? _____

an illegal Trespass warning

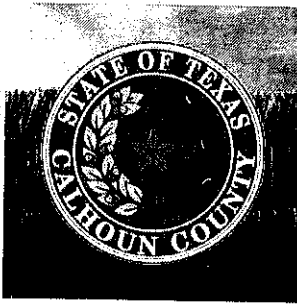
I hereby swear that any statement I make will be the truth, and nothing but the truth, to the best of my knowledge and ability.

Signature: Darry Jackson

05

5. Approve January 29, 2025 Commissioners' Court Meeting Minutes. (VLL)

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



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

The Commissioners' Court of Calhoun County, Texas met 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.

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

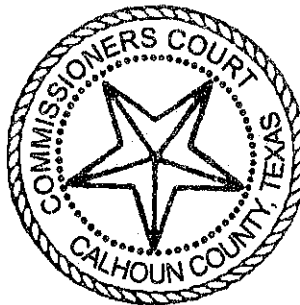
A handwritten signature in black ink, appearing to read "V. Lyssy", written over a horizontal line.

Vern Lyssy, County Judge
Calhoun County, Texas

Anna Goodman, County Clerk

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

Deputy Clerk





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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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 89th Legislature of the State of Texas. (VLL)

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

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	David Hall, Commissioner Pct 1
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Vern Lyssy, County Judge
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	David Hall, Commissioner Pct 1
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Gary Reese, Commissioner Pct 4
AYES:	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)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	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)

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

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

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	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

06

6. Hear MMC Report.

Erin Clevenger gave the report.

CEO REPORT

January 2025

MEMORIAL
MEDICAL CENTER

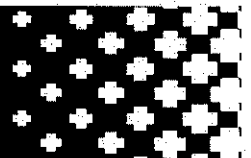
So Much... So Close!

FACILITY UPDATES

- **75th Anniversary Celebration:** Memorial Medical Center is celebrating its 75th year of operation. We will be spotlighting that throughout 2025 and we are planning an event to be held in the evening on April 2, 2025.
- **Arctic Blast:** Memorial Medical Center fared well facility wise through the winter storm during the week of January 20th. We had one power flash, with generator functioning appropriately. Some of our departments implemented delayed start times on 1/21 and 1/22, and many patients canceled or rescheduled their appointments. Unfortunately, this will effect January volumes in some areas.
- **Security System Install:** The Nitor Verkada Security System install will be complete on Monday, January 27th.
- **Department Relocations:** The gift shop relocation has been completed and they are back in service. The relocation of Patient Financial Services and Patient Registration has a target completion date of February 7th.

FINANCIAL RESPONSIBILITY

- **Chargemaster Pricing Adjustment:** We completed a Market Based Pricing Review with our Chargemaster review company (Para/CorroHealth) and have implemented the agreed upon pricing changes. This review compared MMC's charges to our peers for Room Rates, Pharmacy, Supplies, Operating Room, Anesthesia and Recovery and shows us the average charge of our peer hospitals. The pricing changes could represent a 5.4% gross revenue increase while keeping us at or under the peer market average.
- **UC DY14 Advance Payment:** We will be making an IGT payment for the Uncompensated Care (UC) Demonstration Year 14 Advance Payment with a settlement date of February 4, 2025. MMC will IGT \$155,114.90 and we will receive our UC advance payment in the amount of \$387,787.25 on February 19th (net \$232,672.35).
- **HARP:** We made an IGT of \$9,063.24 on January 10, 2025 and will receive a HARP payment of \$22,659.10 on January 24th (net \$13,594.86). The Hospital Augmented Reimbursement Program (HARP) is a statewide supplemental program providing Medicaid payments to hospitals for inpatient and outpatient services that serve Texas Medicaid fee-for-service (FFS) patients. The program serves as a financial transition for providers historically participating in the Delivery System Reform Incentive Payment (DSRIP) program. HARP will provide additional funding to hospitals to assist in offsetting the cost hospitals incur while providing Medicaid services.



EMPLOYEE ACTIVITIES TEAM

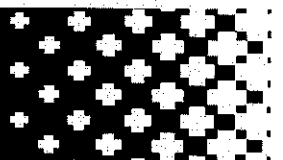
- **Weight Loss Challenge:** The EAT Committee January activity is the Weight Loss Challenge. Brave employees weigh in and the employee losing the highest percentage of body weight after 12 weeks wins a prize.

COMMUNITY OUTREACH

- **Travis 8th Grade Student Site Visit:** The Travis Middle School 8th grade students visited Memorial Medical Center on January 9th. Various department directors spoke to the students and they were able to tour the facility as an intro to the healthcare industry.

AGENDA ITEMS

- Hospital District Petition Update
- Nuclear Medicine Service Contract Quote
- HVAC Update
- Coverage Agreement Amendment with Dr. William Crowley



Memorial Medical Center
Executive Summary
For The Month Ended December 31, 2024

Primary Drivers to Operations

	December 2024	November 2024	Incr/(Decr) From 2024	Nov	Incr/(Decr) % From Nov 2024	December 2023	Incr/(Decr) From December 2023	Incr/(Decr) % From December 2023	
Admissions	41	36	5	5	13.9%	45	(4)	-8.9%	↓
Inpatient Days	138	104	34	34	32.7%	227	(89)	-39.2%	↓
Swing Bed Days	29	90	(61)	(61)	-67.8%	87	(58)	-66.7%	↓
Observation Hours	1,999	1,466	533	533	36.4%	2,332	(333)	-14.3%	↓
Traditional Medicare Outpatient %	47.8%	16.8%	31.0%	31.0%	184.5%	19.1%	28.7%	150.3%	↑
Emergency Room Visits	878	777	101	101	13.0%	858	20	2.3%	↑
Outpatient Visits [^]	1,920	1,905	15	15	0.8%	1,993	(73)	-3.7%	↓
Clinic Visits	2,708	2,689	19	19	0.7%	2,551	157	6.2%	↑
Total Surgery Cases*	53	56	(3)	(3)	-5.4%	56	(3)	-5.4%	↓
Total Radiology Procedures*	1,548	1,485	63	63	4.2%	1,512	36	2.4%	↑
Total Laboratory Procedures*	38,884	37,361	1,523	1,523	4.1%	37,651	1,233	3.3%	↑
Total Rehab Procedures*	1,508	1,501	7	7	0.5%	1,426	82	5.8%	↑

* Includes Inpatient & Outpatient

December 2024 Financials Narrative

- Charity write-offs were \$1.9 million. Some of this came out of bad debt, so it just transferred from one expense to another.
- We have been trying to clean up accounts, as there were some things that the previous controller didn't do and instead waited for the auditors to calculate during the audit. The first of these was DSH expenses & revenue. After researching it, we found \$1.9 million of revenue that should have been posted last summer.
- We are also working with the auditors to clean up all of the nursing home accounts. This was prompted by losing the Cantex facility partnership. There are receivable, payable & A/R accounts to clear.
- Supplies expenses were up. End of year inventory adjustments were posted. This was the first time in a couple of years they have been posted. Pharmacy's inventory was valued at \$1.5 million in the G/L & they only had \$500k on the shelf.
- Cash collected on patient accounts was \$2,576,347
- Days Cash on Hand – 89.97 days
- Net A/R - \$5,279,792 = 34.2 days
- Accounts Receivable Balances –
 - Hospital - \$14,645,296
 - Clinic - \$489,291

MEMORIAL MEDICAL CENTER
OPERATING STATEMENT
FOR THE 12 MONTHS ENDING 12/31/24

	----- S I N G L E M O N T H -----				----- Y E A R T O D A T E -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
OPERATING REVENUE								
TOTAL IP REVENUE	520,142	932,008	(411,865)	(44)	7,658,281	11,184,096	(3,525,814)	(31)
TOTAL OP REVENUE	3,105,169	3,249,076	(143,906)	(4)	38,787,630	38,988,912	(201,282)	(0)
ER REVENUE	2,343,406	2,272,240	71,165	3	30,739,696	27,266,882	3,472,813	12
MMC CLINIC	406,470	397,385	9,085	2	4,717,161	4,768,620	(51,458)	(1)
SPEC CLINIC REVE	110,855	192,699	(81,844)	(42)	2,000,912	2,312,389	(311,477)	(13)
	-----	-----	-----		-----	-----	-----	
TOT PATIENT RE	6,486,044	7,043,408	(557,364)	(7)	83,903,682	84,520,901	(617,218)	(0)
	-----	-----	-----		-----	-----	-----	
REVENUE DEDUCTIONS								
CONTRACTUAL ADJU	2,599,488	3,178,260	578,771	18	40,069,124	38,139,120	(1,930,003)	(5)
CHARITY WRITEOFF	1,923,952	810,904	(1,113,048)	(137)	7,842,222	9,730,857	1,888,635	19
BAD DEBT EXPENSE	(820,532)	65,000	885,532	1362	3,580,448	780,000	(2,800,448)	(359)
OTHER DEDUCTIONS	157,598	103,559	(54,038)	(52)	2,726,270	1,242,716	(1,483,554)	(119)
	-----	-----	-----		-----	-----	-----	
TOT REV DEDUCT	(3,860,507)	(4,157,724)	297,217	7	(54,218,065)	(49,892,694)	(4,325,371)	(8)
	-----	-----	-----		-----	-----	-----	
OTHER REVENUE								
CAFETERIA SALES	20,888	16,000	4,888	30	313,589	192,000	121,589	63
MISCELLANEOUS IN	17,992	11,858	6,133	51	393,420	142,300	251,120	176
340B REVENUE	52,653	166,722	(114,068)	(68)	1,513,472	2,000,668	(487,196)	(24)
GRANT REVENUE	7,350	0	7,350	0	975,706	0	975,706	0
	-----	-----	-----		-----	-----	-----	
TOT OTHER REV	98,884	194,580	(95,696)	(49)	3,196,189	2,334,969	861,220	36
	-----	-----	-----		-----	-----	-----	
NET REVENUE...	2,724,421	3,080,264	(355,843)	(11)	32,881,806	36,963,176	(4,081,369)	(11)
	=====	=====	=====		=====	=====	=====	

MEMORIAL MEDICAL CENTER
OPERATING STATEMENT
FOR THE 12 MONTHS ENDING 12/31/24

	----- S I N G L E M O N T H -----				----- Y E A R T O D A T E -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
OPERATING EXPENSE								
SALARIES	1,129,414	1,311,755	182,340	13	14,375,158	15,741,069	1,365,910	8
EMPLOYEE BENEFIT	427,469	432,262	4,792	1	4,186,603	5,187,149	1,000,546	19
PROFESSIONAL FEE	218,899	430,618	211,719	49	5,657,756	5,167,425	(490,331)	(9)
PURCHASED SERVIC	435,164	486,180	51,015	10	5,047,959	5,834,160	786,200	13
SUPPLIES	769,800	371,545	(398,254)	(107)	4,854,590	4,458,543	(396,046)	(8)
INSURANCE	6,873	7,000	126	1	65,067	84,000	18,932	22
UTILITIES	42,966	45,600	2,633	5	576,141	547,200	(28,941)	(5)
OTHER EXPENSES	72,097	124,274	52,176	41	1,353,996	1,491,288	137,291	9
	-----	-----	-----		-----	-----	-----	
TOTAL OPERATIN	3,102,686	3,209,236	106,549	3	36,117,273	38,510,836	2,393,562	6
	-----	-----	-----		-----	-----	-----	
NET OPERATING	(378,265)	(128,971)	(249,293)	(193)	(3,235,466)	(1,547,659)	(1,687,806)	(109)
	=====	=====	=====		=====	=====	=====	
NON-OPERATING-REVENUE/EXPENSE								
DEPRECIATION	72,337	100,078	27,740	27	879,862	1,200,937	321,075	26
INTEREST INCOME	25,755	2,050	23,705	1156	231,633	24,600	207,033	841
INTEREST EXPENSE	0	1,198	1,198	100	1,947	14,385	12,437	86
CONTRIBUTIONS	0	83,353	(83,353)	(100)	24,441	1,000,239	(975,798)	(97)
	-----	-----	-----		-----	-----	-----	
TOTAL OPERATIN	(424,847)	(144,845)	(280,001)	(193)	(3,861,202)	(1,738,142)	(2,123,059)	(122)
	=====	=====	=====		=====	=====	=====	
	-----	-----	-----		-----	-----	-----	
.	(424,847)	(144,845)	(280,001)	(193)	(3,861,202)	(1,738,142)	(2,123,059)	(122)
	=====	=====	=====		=====	=====	=====	
NURSING HOME REV	2,552,156	5,569,061	(3,016,904)	(54)	77,877,514	66,828,740	11,048,774	16
NURSING HOMES FE	2,617,777	5,833,907	3,216,129	55	80,475,939	70,006,884	(10,469,055)	(14)
NURSING HOME UPL	481,811	808,853	(327,041)	(40)	8,344,350	9,706,236	(1,361,885)	(14)
IGT EXP NH UPL	361,245	390,829	29,583	7	4,364,528	4,689,950	325,421	6
	-----	-----	-----		-----	-----	-----	
NURSING HOME G	54,944	153,178	(98,233)	(64)	1,381,397	1,838,142	(456,745)	(24)
	=====	=====	=====		=====	=====	=====	
NET GAIN/(LOSS)	(369,902)	8,333	(378,235)	(4538)	(2,479,805)	99,999	(2,579,805)	(2579)

MEMORIAL MEDICAL CENTER
 OPERATING STATEMENT
 FOR THE 12 MONTHS ENDING 12/31/24
 NURSING HOMES

----- S I N G L E M O N T H -----				----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
=====	=====	=====		=====	=====	=====	

MEMORIAL MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 12/31/24

	This Year 12/31/24	Last Year 12/31/23	Last Month 11/30/24
CURRENT ASSETS			
CASH			
OPERATING FUND	991,884	953,866	1,289,898
SHORT TERM SAVINGS	2,058,288	1,104,779	255,380
LONG TERM RESERVES	4,752,930	3,091,487	4,733,984
NURSING HOME CASH	734,849	1,174,618	1,354,648
TOTAL CASH.....	8,537,954	6,324,752	7,633,911
ACCOUNTS RECEIVABLE			
PATIENT ACCOUNTS RECEIVABLE	11,700,762	12,940,060	14,630,397
PATIENT ACCOUNTS RECEIVABLE CLINIC	526,210	656,328	489,290
ALLOWANCE FOR DOUBTFUL ACCOUNTS	(1,024,120)	(2,306,203)	(2,605,802)
MISC ACCOUNTS RECEIVABLE	6,641,915	14,569,789	20,065,839
TOTAL ACCOUNTS RECEIVABLE.....	17,844,768	25,859,974	32,579,725
CENTRAL SUPPLY INVENTORY	1,247,357	1,528,599	1,728,414
PREPAID EXPENSES	406,981	384,663	330,227
TOTAL CURRENT ASSETS.....	28,037,061	34,097,990	42,272,279
PROPERTY, PLANT, & EQUIPMENT			
LAND & IMPROVEMENTS	14,419,360	14,271,696	14,419,360
FIXED & MOVABLE EQUIPMENT	15,629,740	15,431,144	15,629,740
LESS: ACCUMULATED DEPRECIATION	(23,969,118)	(23,089,256)	(23,896,781)
TOTAL PROPERTY, PLANT, & EQUIP	6,079,982	6,613,584	6,152,319
TOTAL UNRESTRICTED ASSETS.....	34,117,043	40,711,575	48,424,599
DEFERRED OUTFLOWS OF RESOURCES	2,919,509	2,919,509	2,919,509
TOTAL ASSETS AND DEFERRED OUTFLOWS	37,036,552	43,631,084	51,344,108

MEMORIAL MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 12/31/24

	This Year 12/31/24	Last Year 12/31/23	Last Month 11/30/24
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	1,031,970	1,070,792	1,470,918
ACCRUED EXPENSES	111,662	202,353	469,326
ACCRUED PAYROLL	1,210,853	1,415,040	1,239,426
ACCRUED RETIREMENT	174,036	181,568	167,095
ACCRUED STATE SALES TAX	1,878	2,035	2,315
NOTE PAYABLE - CALHOUN COUNTY	4,000,000	2,100,000	4,000,000
ACCRUED INTERGOVERNMENTAL TRANSFER	2,304,712	(595,026)	2,920,444
THIRD PARTY PAYABLES	(197,227)	236,165	(216,898)
DUE TO NURSING HOMES	14,983,866	17,579,512	28,764,240
CAPITAL LEASES OBLIGATION	(66,627)	3,000	(66,627)
TOTAL CURRENT LIABILITIES.....	18,945,699	23,385,494	32,909,352
LONG TERM LIABILITIES			
LONG TERM LEASE -LT LIAB	53,460	57,471	53,460
INACT FINANCD AGRMNTS-LNG TRM	98,820	98,820	98,820
NET PENSION ASSET	3,608,164	3,296,164	3,582,164
TOTAL LONG TERM LIABILITIES.....	3,760,445	3,452,456	3,734,445
TOTAL LIABILITIES.....	22,706,145	26,837,950	36,643,798
DEFERRED INFLOWS OF RESOURCES			
DEFERRED INFLOWS OF RESOURCES	28,916	28,916	28,916
RETAINED EARNINGS			
GENERAL FUND BALANCES	16,781,296	16,781,296	16,781,296
YEAR-TO-DATE GAIN/LOSS	(2,479,805)		(2,109,902)
TOTAL GENERAL FUND BALANCE.....	14,330,407	16,810,212	14,700,310
TOTAL UNRESTRICTED LIABILITIES	37,036,552	43,648,163	51,344,108

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

Memorial Medical Center 7 Month Cash Flow Projection

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Cash On Hand - Operating & Money Market (Beginning of Month)	\$ 7,803,105	\$ 6,807,605	\$ 5,633,105	\$ 6,326,112	\$ 5,725,612	\$ 6,083,002	\$ 4,174,178
CASH INFLOWS:							
Cash AR Receipts - Hospital	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000	\$ 2,385,000
Cash AR Receipts - Clinic	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000	\$ 375,000
Other							
Cafeteria	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500
340B	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000	\$ 170,000
Bank Interest Earned	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000	\$ 18,000
Rural Hospital Financial Stabilization Grant							
Nursing / Clinic Grant Money							
TOTAL Operating Cash Activity	\$ 2,965,500	\$ 2,965,500	\$ 2,965,500	\$ 2,965,500	\$ 2,965,500	\$ 2,965,500	\$ 2,965,500
Disproportionate Share Hospital (DSH)							\$ (850,000)
Uncompensated Care (UC)							
RAPPS / CHIRP	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
QIPP Year 8 Quarterly Payments	\$ -	\$ -	\$ 1,293,507	\$ -	\$ 957,890	\$ -	\$ -
TOTAL Supplemental Activity	\$ 10,000	\$ 10,000	\$ 1,303,507	\$ 10,000	\$ 967,890	\$ 10,000	\$ (840,000)
Total Cash Inflow	\$ 2,975,500	\$ 2,975,500	\$ 4,269,007	\$ 2,975,500	\$ 3,933,390	\$ 2,975,500	\$ 2,125,500
CASH OUTFLOWS:							
Operating Expenses	3 Pay Periods						
Accounts Payable	\$ (2,253,000)	\$ (2,253,000)	\$ (2,253,000)	\$ (2,253,000)	\$ (2,253,000)	\$ (2,253,000)	\$ (2,253,000)
Payroll	\$ (1,175,000)	\$ (780,000)	\$ (780,000)	\$ (780,000)	\$ (780,000)	\$ (780,000)	\$ (780,000)
Payroll Taxes	\$ (258,000)	\$ (387,000)	\$ (258,000)	\$ (258,000)	\$ (258,000)	\$ (258,000)	\$ (258,000)
Retirement	\$ (195,000)	\$ (290,000)	\$ (195,000)	\$ (195,000)	\$ (195,000)	\$ (195,000)	\$ (195,000)
340B	\$ (50,000)	\$ (50,000)	\$ (50,000)	\$ (50,000)	\$ (50,000)	\$ (50,000)	\$ (50,000)
Leases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MMC New Equipment Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MMC New Equipment Purchases-2023	\$ (40,000)	\$ (40,000)	\$ (40,000)	\$ (40,000)	\$ (40,000)	\$ (40,000)	\$ (40,000)
TOTAL Operating Activity	\$ (3,971,000)	\$ (3,800,000)	\$ (3,576,000)	\$ (3,576,000)	\$ (3,576,000)	\$ (3,576,000)	\$ (3,576,000)
Disproportionate Share Hospital (DSH)							
Uncompensated Care (UC)		\$ (350,000)					
RAPPS - \$0.00, CHIRP - \$0.00							
QIPP Semi-annual and Reconciliations Pymts.						\$ (1,308,324)	
TOTAL Supplemental Activity	\$ -	\$ (350,000)	\$ -	\$ -	\$ -	\$ (1,308,324)	\$ -
TOTAL CASH PAID OUT	\$ (3,971,000)	\$ (4,150,000)	\$ (3,576,000)	\$ (3,576,000)	\$ (3,576,000)	\$ (4,884,324)	\$ (3,576,000)
Cash Increase (Decrease)	\$ (995,500)	\$ (1,174,500)	\$ 693,007	\$ (600,500)	\$ 357,390	\$ (1,908,824)	\$ (1,450,500)
Loan Additional Borrowing (Repayment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cash on Hand (End of Month)	\$ 6,807,605	\$ 5,633,105	\$ 6,326,112	\$ 5,725,612	\$ 6,083,002	\$ 4,174,178	\$ 2,723,678
Cumulative Borrowed From County	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000	\$ 4,000,000

MEMORIAL MEDICAL CENTER
CHECK REGISTER: 12-01-24 THRU 12-31-2024

BANK CODE	CK #	DATE	AMOUNT	PAYEE	NOTES
A/P	206782	12/4/2024	120.00		PT REFUND
A/P	206909	12/11/2024	8,300.00	WOUND CARE SPECIALISTS	WOUND CARE SERVICES
A/P	207069	12/30/2024	1,061.00	WISCONSIN STATE LABORATORY	LABORATORY CERTIFICATION
A/P	800650	12/30/2024	82,298.00	WIRE OUT HEALTHEQUITY CHICR	HEALTH INS SELF FUNDED CASH COLLATERAL
A/P	800637	12/11/2024	9,347.64	WIRE OUT HEALTHEQUITY	FSA FUNDING
A/P	901511	12/26/2024	685.00	WIRE OUT CBNA	CITIBANK CREDIT CARD PAYMENT
A/P	206797	12/4/2024	67.00		PT REFUND
A/P	206781	12/4/2024	1,903.51	WERFEN USA LLC	MEDICAL / LABORATORY SUPPLIES
A/P	206987	12/18/2024	1,542.60	WERFEN USA LLC	MEDICAL / LABORATORY SUPPLIES
A/P	206986	12/18/2024	260.08	WEBPT, INC	SUBSCRIPTION
A/P	700147	12/19/2024	2,304.20	WEBFILE TAX PYMT	SALES TAX
A/P	206985	12/18/2024	131.25	WAGEWORKS, INC	COBRA FEE
A/P	206984	12/18/2024	569.75	WAGEWORKS	ADMIN FEE
A/P	206754	12/4/2024	-	VOIDED	VOIDED
A/P	206757	12/4/2024	-	VOIDED	VOIDED
A/P	206758	12/4/2024	-	VOIDED	VOIDED
A/P	206778	12/4/2024	-	VOIDED	VOIDED
A/P	206886	12/11/2024	-	VOIDED	VOIDED
A/P	206957	12/18/2024	-	VOIDED	VOIDED
A/P	206958	12/18/2024	-	VOIDED	VOIDED
A/P	206962	12/18/2024	-	VOIDED	VOIDED
A/P	207018	12/30/2024	-	VOIDED	VOIDED
A/P	207036	12/30/2024	-	VOIDED	VOIDED
A/P	207037	12/30/2024	-	VOIDED	VOIDED
A/P	207041	12/30/2024	-	VOIDED	VOIDED
A/P	207042	12/30/2024	-	VOIDED	VOIDED
A/P	206796	12/4/2024	25.00		PT REFUND
A/P	206983	12/18/2024	200.00	VICTORIA RADIOWORKS, LLC	ADS
A/P	206908	12/11/2024	54.20	VICTORIA ADVOCATE	NEWSPAPER
A/P	206982	12/18/2024	12,133.00	VERATHON INC	BLADDER SCANNER, PARTS AND EQUIPMENT
A/P	206780	12/4/2024	500.00	VEF ENGINEERING	WINDSTORM INSPECTION
A/P	207068	12/30/2024	1,024.41	VANDERBILT HEALTH	BUSINESS OFFICE SVCS
A/P	207067	12/30/2024	3,942.90	UPDOX LLC	HIPPA COMPLIANT eFAX
A/P	206794	12/4/2024	450.96	UNITED HEALTHCARE OVERP	PT/INSURANCE REFUND
A/P	206795	12/4/2024	450.96	UNITED HEALTHCARE OVERP	PT/INSURANCE REFUND
A/P	206793	12/4/2024	450.96	UNITED HEALTHCARE OVER	PT REFUND
A/P	206779	12/4/2024	9,805.90	UNIFIRST HOLDINGS INC	LAUNDRY
A/P	206981	12/18/2024	6,177.04	UNIFIRST HOLDINGS INC	LAUNDRY
A/P	207066	12/30/2024	5,480.08	UNIFIRST HOLDINGS INC	LAUNDRY
A/P	206907	12/11/2024	2,701.14	UNIFIRST HOLDINGS INC	LAUNDRY
A/P	207065	12/30/2024	230.64	UAL	LABELS
A/P	207058	12/30/2024	6,130.42	T-SYSTEM, INC	PHYSICIAN TRACKING LICENSE
A/P	901484	12/10/2024	2,328.97	TSYS	CREDIT CARD PROCESSING FEE
A/P	901481	12/10/2024	1,505.17	TSYS	CREDIT CARD PROCESSING FEE
A/P	901483	12/10/2024	1,086.96	TSYS	CREDIT CARD PROCESSING FEE
A/P	901485	12/10/2024	266.30	TSYS	CREDIT CARD PROCESSING FEE
A/P	901486	12/10/2024	230.36	TSYS	CREDIT CARD PROCESSING FEE
A/P	901482	12/10/2024	202.22	TSYS	CREDIT CARD PROCESSING FEE
A/P	207064	12/30/2024	9,069.28	TRUSTAFF	AGENCY STAFFING MED SURGE
A/P	206906	12/11/2024	5,280.00	TRUSTAFF	AGENCY STAFFING MED SURG
A/P	206777	12/4/2024	3,182.96	TRUSTAFF	AGENCY STAFFING
A/P	206980	12/18/2024	3,168.00	TRUSTAFF	AGENCY STAFFING
A/P	207063	12/30/2024	17,320.42	TRUBRIDGE	SOFTWARE/CONSULTING SVS/BUSINESS OFFICE SVCS
A/P	206979	12/18/2024	16,987.00	TRUBRIDGE	SOFTWARE/CONSULTING SVS/BUSINESS OFFICE SVCS
A/P	206905	12/11/2024	823.66	TRUBRIDGE	SOFTWARE/CONSULTING SVS/BUSINESS OFFICE SVCS
A/P	206978	12/18/2024	1,887.97	TRIZETTO PROVIDER SOLUTIONS	MAINT FEE/ PATIENT STATEMENT
A/P	207062	12/30/2024	1,587.97	TRIZETTO PROVIDER SOLUTIONS	MAINT FEE/ PATIENT STATEMENT
A/P	206904	12/11/2024	669.26	TRIOSE, INC	FREIGHT
A/P	206903	12/11/2024	3,920.00	TRINITY PHYSICS CONSULTING LLC	PURCHASED SERVICE/RAD/ANNUAL EVAL
A/P	207061	12/30/2024	235.99	TRI-ANIM HEALTH SERVICES INC	RESPIRATORY SUPPLIES
A/P	206902	12/11/2024	4,893.61	TMS SOUTH	PLANT SERVICES SUPPLIES
A/P	206901	12/11/2024	237.57	THIRD COAST DISTRIBUTING LLC	AUTO PARTS
A/P	207060	12/30/2024	2,787.90	THE BRATTON FIRM	LEGAL SERVICES
A/P	206977	12/18/2024	3,599.00	TEXAS SELECT STAFFING, LLC	CONTRACT STAFFING SERVICES
A/P	206776	12/4/2024	3,588.00	TEXAS SELECT STAFFING, LLC	CONTRACT STAFFING SERVICES
A/P	206900	12/11/2024	3,576.00	TEXAS SELECT STAFFING, LLC	CONTRACT STAFFING SERVICES
A/P	207059	12/30/2024	3,497.00	TEXAS SELECT STAFFING, LLC	CONTRACT STAFFING SERVICES
A/P	206976	12/18/2024	4,707.00	TEXAS MUTUAL INSURANCE CO	WORKERS COMP
A/P	206775	12/4/2024	11,800.00	TEXAS ELITE THERAPY TEAM LLC	STAFFING - OCCUPATIONAL THERAPY
A/P	206975	12/18/2024	140.00	TEXAS DEPARTMENT OF LICENSING	BOILER CERT
A/P	800639	12/16/2024	182,114.03	TEXAS COUNTY DRS RECEIV	RETIREMENT
A/P	206974	12/18/2024	527.44	SYSMEX AMERICA, INC.	SUPPLIES
A/P	206774	12/4/2024	3,238.65	STERIS CORPORATION	SURGICAL SUPPLIES
A/P	206899	12/11/2024	656.36	STERIS CORPORATION	SURGICAL SUPPLIES
A/P	206973	12/18/2024	354.35	STERIS CORPORATION	SURGICAL SUPPLIES
A/P	206773	12/4/2024	3,076.66	STERICYCLE, INC	WASTE DISPOSAL
A/P	110094	12/11/2024	1,309,828.35	STATE COMTRLR TEXNET	Q/PP Y8 IGT
A/P	110093	12/11/2024	594.20	STATE COMPTRLR TEXNET	UC DY9 PAYMENT
A/P	206898	12/11/2024	448.33	STAPLES	OFFICE SUPPLIES
A/P	207057	12/30/2024	130.50	STAPLES	OFFICE SUPPLIES
A/P	206972	12/18/2024	550.00	STANFORD VACUUM SERVICE	GREASE TRAP
A/P	206772	12/4/2024	23,892.50	SPECIALTY PROFESSIONAL	AGENCY STAFFING ER
A/P	207056	12/30/2024	6,935.00	SPECIALTY PROFESSIONAL	AGENCY STAFFING ER
A/P	206897	12/11/2024	9,836.92	SPBS CLINICAL EQUIPMENT SRVC	PM CONTRACT MONTHLY
A/P	206771	12/4/2024	125.55	SPARKLIGHT	INTERNET/ CABLE
A/P	206770	12/4/2024	6,250.00	SOUTHEAST TEXAS HEALTH SYS	QUARTERLY DUES

A/P	206769	12/4/2024	3,743.00	SOUTH TEXAS BLOOD & TISSUE CEN	BLOOD BANK SUPPLY
A/P	206971	12/18/2024	2,228.00	SOUTH TEXAS BLOOD & TISSUE CEN	BLOOD BANK SUPPLY
A/P	207055	12/30/2024	525.00	SOUTH TEXAS BLOOD & TISSUE CEN	BLOOD
A/P	206896	12/11/2024	2,525.00	SOMETHING MORE MEDIA, INC.	ADVERTISING
A/P	206970	12/18/2024	5,424.65	SINGLETON ASSOCIATES, P.A.	ONSITE SERVICES RADIOLOGY
A/P	207054	12/30/2024	425.00	SIGN AD, LTD.	ADVERTISING
A/P	206768	12/4/2024	2,451.95	SIEMENS MEDICAL SOLUTIONS INC	MAMMO EXAM EQUIP LEASE
A/P	206895	12/11/2024	5,424.07	SIEMENS FINANCIAL SERVICES	DIAGNOSTIC IMAGING EQUIP LEASE
A/P	207053	12/30/2024	1,783.90	SHERWIN WILLIAMS	PLANT SERVICE SUPPLIES
A/P	206969	12/18/2024	237.46	SHARN INC	ANESTHESIA SUPPLIES
A/P	206968	12/18/2024	850.00	SAN ANTONIO ENA	TRAUMA NURSING COURSE
A/P	206894	12/11/2024	90.00		PT REFUND
A/P	206791	12/4/2024	112.14		PT REFUND
A/P	206967	12/18/2024	2,117.50	ROBERTS, ODEFEY, WITTE & WALL	LEGAL SERVICES
A/P	206893	12/11/2024	2,381.34	REPUBLIC SERVICES #847	TRASH SERVICES
A/P	207052	12/30/2024	7,000.00	REPUBLIC PAIN SPECIALISTS	PROCEDURE FEES
A/P	206767	12/4/2024	65.00	RAPID PRINTING LLC	MISCELLANEOUS PRINTING
A/P	206790	12/4/2024	50.00		PT REFUND
A/P	206766	12/4/2024	3,500.00	RADSOURCE	SERVICE AGREEMENT
A/P	206765	12/4/2024	277.62	R & D BATTERIES INC	BATTERIES/MEDICAL SUPPLIES
A/P	206966	12/18/2024	2,285.42	PRO ENERGY PARTNERS LLC	FUEL/PLANT OPS/ENERGY SERVICES
A/P	207051	12/30/2024	2,838.92	PRESS GANEY ASSOCIATES, INC.	PROFESSIONAL FEES
A/P	206892	12/11/2024	204.36	PRECISTON DYNAMICS CORP (PDC)	MEDICAL SUPPLIES
A/P	207050	12/30/2024	2,596.23	POC ELECTRIC, LLC	MOVE OUTLET, ADD OUTLET, INSTALL LIGHT FIXTURES
A/P	206891	12/11/2024	1,795.00	PLENUM MEDICAL TESTING	VENT EVALUATION PLANT OPS
A/P	206764	12/4/2024	397.24	PENTAX MEDICAL COMPANY	SERVICE CONTRACT-EQUIP
A/P	901498	12/23/2024	371.65	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901509	12/30/2024	367.73	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901461	12/2/2024	327.96	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901487	12/9/2024	317.31	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901514	12/24/2024	272.08	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901510	12/27/2024	234.85	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901473	12/6/2024	203.03	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901489	12/16/2024	198.16	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901497	12/20/2024	185.28	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901478	12/12/2024	184.85	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901468	12/5/2024	137.78	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901512	12/26/2024	127.08	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901494	12/17/2024	99.64	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901508	12/31/2024	96.77	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901467	12/4/2024	73.13	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901474	12/13/2024	60.77	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901496	12/19/2024	53.01	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901479	12/11/2024	40.85	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901495	12/18/2024	14.73	PAY PLUS	3RD PARTY PAYOR FEE
A/P	901480	12/10/2024	2.01	PAY PLUS	3RD PARTY PAYOR FEE
A/P	700145	12/4/2024	100.00	PAY FIRST CHECK	TRANSFER TO LOCKBOX ACCOUNT
A/P	206965	12/18/2024	861.08	PARTSSOURCE, LLC	MEDICAL EQUIP REPAIR SUPPLIES
A/P	206763	12/4/2024	251.53	PARTSSOURCE, LLC	MEDICAL EQUIP REPAIR SUPPLIES
A/P	207049	12/30/2024	229.03	PARTSSOURCE, LLC	MEDICAL EQUIP REPAIR SUPPLIES
A/P	207048	12/30/2024	4,034.00	PARAREV	REV INTEGRITY PROG/ QTRLY PROCESSING
A/P	206789	12/4/2024	150.00		PT REFUND
A/P	207047	12/30/2024	752.16	ORTHO CLINICAL DIAGNOSTICS	LABORATORY SUPPLIES
A/P	207046	12/30/2024	1,125.00	OLYMPUS AMERICA INC	SURGICAL SUPPLIES
A/P	206964	12/18/2024	406.48	OLYMPUS AMERICA INC	SURGICAL SUPPLIES
A/P	206762	12/4/2024	204.60	OLYMPUS AMERICA INC	SURGICAL SUPPLIES
A/P	206761	12/4/2024	486.68	OCCUPRO LLC	PROVIDER LICENSE
A/P	206890	12/11/2024	1,000.00	NEXION HEALTH AT NAVASOTA INC	TELEMEDICINE
A/P	207045	12/30/2024	240.00	NEOGENOMICS LABORATORIES	LAB SERVICES
A/P	206760	12/4/2024	960.54	NATUS MEDICAL INC	RADIOLOGY SUPPLIES
A/P	207044	12/30/2024	450.00	NARHC	MEMBERSHIP RENEWAL FOR PLANT OPS
A/P	206889	12/11/2024	157.92	NACOGDOCHES TRANSCRIPTION	TRANSCRIPTION
A/P	206888	12/11/2024	86.78	MXR IMAGING, INC	IMAGING SUPPLIES
A/P	206759	12/4/2024	48,420.05	MORRIS & DICKSON CO, LLC	PHARMACY INVENTORY
A/P	207043	12/30/2024	19,699.80	MORRIS & DICKSON CO, LLC	PHARMACY INVENTORY
A/P	206887	12/11/2024	18,860.32	MORRIS & DICKSON CO, LLC	PHARMACY INVENTORY
A/P	206963	12/18/2024	7,678.32	MORRIS & DICKSON CO, LLC	PHARMACY INVENTORY
A/P	207040	12/30/2024	548.45	MMC AUXILIARY GIFT SHOP	PAYROLL DEDUCT
A/P	206756	12/4/2024	371.40	MMC AUXILIARY GIFT SHOP	PAYROLL DEDUCT
A/P	901464	12/3/2024	381.60	MERCHANT BANKCD	CREDIT CARD PROCESSING FEE
A/P	901462	12/3/2024	206.32	MERCHANT BANKCD	CREDIT CARD PROCESSING FEE
A/P	901465	12/3/2024	170.02	MERCHANT BANKCD	CREDIT CARD PROCESSING FEE
A/P	901463	12/3/2024	19.95	MERCHANT BANKCD	CREDIT CARD PROCESSING FEE
A/P	901466	12/3/2024	9.95	MERCHANT BANKCD	CREDIT CARD PROCESSING FEE
A/P	206961	12/18/2024	53.34	MERCEDES SCIENTIFIC	LABORATORY SUPPLIES
A/P	207039	12/30/2024	200.00	MEMORIAL MEDICAL CLINIC	PAYROLL DEDUCTIONS
A/P	206885	12/11/2024	40.00	MEMORIAL MEDICAL CLINIC	PAYROLL DEDUCTIONS
A/P	206960	12/18/2024	14.50	MEMORIAL MEDICAL CENTER	PETTY CASH
A/P	206917	12/10/2024	-	MEMORIAL MEDICAL CENTER	PETTY CASH
A/P	206959	12/18/2024	25,247.66	MEDLINE INDUSTRIES INC	MEDICAL SUPPLIES
A/P	207038	12/30/2024	20,778.61	MEDLINE INDUSTRIES INC	MEDICAL SUPPLIES
A/P	206755	12/4/2024	6,630.24	MEDLINE INDUSTRIES INC	MEDICAL SUPPLIES
A/P	206884	12/11/2024	352.39	MEDLINE INDUSTRIES INC	MEDICAL SUPPLIES
A/P	206883	12/11/2024	4.66	MEDIMPACT HEALTHCARE SYS, INC.	INDIGENT HEALTHCARE
A/P	206753	12/4/2024	1,674.30	MEDICAL TECHNOLOGY ASSOCIATES	PLANT SERVICES-MED EQUIP MAINT
A/P	206882	12/11/2024	21,679.29	MEDICAL DATA SYSTEMS, INC.	BUSINESS SERVICES
A/P	206956	12/18/2024	3,270.52	MEDICAL DATA SYSTEMS, INC.	BUSINESS SERVICES
A/P	206881	12/11/2024	4,580.77	MCKESSON MEDICAL SURGICAL INC	LAB SUPPLIES
A/P	206955	12/18/2024	2,832.14	MCKESSON MEDICAL SURGICAL INC	LAB SUPPLIES
A/P	207035	12/30/2024	870.79	MCKESSON MEDICAL SURGICAL INC	LAB SUPPLIES

A/P	500662	12/24/2024	6,913.94	MCKESSON	340 B EXPENSE
A/P	500657	12/17/2024	2,414.03	MCKESSON	340 B EXPENSE
A/P	550655	12/3/2024	2,288.79	MCKESSON	340 B EXPENSE
A/P	550656	12/6/2024	1,656.17	MCKESSON	340 B EXPENSE
A/P	500660	12/31/2024	1,155.95	MCKESSON	340 B EXPENSE
A/P	206788	12/4/2024	159.00		PT REFUND
A/P	206880	12/11/2024	895.00	M G TRUST	PAYROLL DEDUCT
A/P	207034	12/30/2024	895.00	M G TRUST	PAYROLL DEDUCT
A/P	207033	12/30/2024	888.25	LOWE'S BUSINESS ACCT/SYNCR	MISCELLANEOUS SUPPLIES
A/P	206879	12/11/2024	1,955.00	LOFTIN EQUIPMENT COMPANY	GENERATOR LABOR AND PARTS
A/P	206954	12/18/2024	1,011.45	LANDAUER INC	RADIOLOGY SERVICE
A/P	206878	12/11/2024	3,000.00	JOHN B WRIGHT LLC	PHYSICIAN SERVICES - PEDIATRIC
A/P	206953	12/18/2024	9,000.00	JINDAL X LLC	REVENUE CYCLE MANAGEMENT
A/P	206952	12/18/2024	250.00	ITERSOURCE CORPORATION	MONTHLY SUPPORT
A/P	206877	12/11/2024	43,183.33	ITA RESOURCES INC	RESPIRATORY PROF FEES
A/P	800642	12/23/2024	110,373.74	IRS USATAXPYMT	PAYROLL TAXES
A/P	800652	12/24/2024	114.73	IRS USATAXPYMT	PAYROLL TAXES
A/P	207032	12/30/2024	3,444.98	IRON MOUNTAIN	RECORD SHREDDING SVCS
A/P	800638	12/9/2024	121,166.95	IRA USATAXPYMT	PAYROLL TAXES
A/P	206752	12/4/2024	714.50	INTOXIMETERS INC	LABORATORY SUPPLIES
A/P	700146	12/4/2024	800,000.00	INTERNET TRF W/D	TRANSFER TO MONEY MARKET ACCOUNT
A/P	206951	12/18/2024	736.56	INOVALON PROVIDER INC.	SCHEDULING SERVICE
A/P	206751	12/4/2024	89.62	ICU MEDICAL, INC	SUPPLIES
A/P	206950	12/18/2024	13,808.33	HUNTER PHARMACY SERVICES	PHARMACY DIRECTOR PAYROLL
A/P	206949	12/18/2024	55.00	HUMANA MILITARY	PT REFUND
A/P	206876	12/11/2024	397.06	HUMANA	REFUND
A/P	207031	12/30/2024	117.60	HUMANA	REFUND
A/P	206750	12/4/2024	38.64	HUMANA	REFUND
A/P	800630	12/3/2024	71,029.34	HPHG LLC PREMIUM	HEALTH INSURANCE PREMIUM PAYMENTS/90 DEGREES
A/P	800634	12/5/2024	55,988.78	HPHG LLC CLAIMS	HEALTH INSURANCE CLAIM PAYMENTS/90 DEGREES
A/P	800632	12/4/2024	44,977.45	HPHG LLC CLAIMS	HEALTH INSURANCE CLAIM PAYMENTS/90 DEGREES
A/P	800633	12/5/2024	8,754.61	HPHG LLC CLAIMS	HEALTH INSURANCE CLAIM PAYMENTS/90 DEGREES
A/P	206749	12/4/2024	23,663.00	HOSPITAL CARE CONSULTANTS INC.	PHYSICIAN SERVICES
A/P	207030	12/30/2024	23,663.00	HOSPITAL CARE CONSULTANTS INC.	PHYSICIAN SERVICES
A/P	207029	12/30/2024	250.00	HOSPICE OF SOUTH TEXAS	PHARMACY INVENTORY
A/P	206748	12/4/2024	236.25	HOLOGIC INC	RADIOLOGY SUPPLIES
A/P	206948	12/18/2024	236.25	HOLOGIC INC	RADIOLOGY SUPPLIES
A/P	206875	12/11/2024	936.00	HOLLAND & KNIGHT LLP	LEGAL SERVICES
A/P	206947	12/18/2024	537.52	HEB CREDIT RECEIVABLES DEPT308	FOOD SUPPLIES
A/P	800651	12/30/2024	95,702.76	HEALTH EQUITY INC	H S A FUNDING PAYMENT
A/P	800635	12/6/2024	1,381.16	HEALTH EQUITY INC	FSA FUNDING
A/P	800640	12/20/2024	1,090.46	HEALTH EQUITY	FSA/HAS PAYMENT
A/P	207028	12/30/2024	4,610.52	HEALTHCARE FINANCIAL SERVICES	LEASE RADIOLOGY MONTHLY
A/P	206747	12/4/2024	529.00	HEALTHCARE CODING & CONSULTING	PRO CLINIC AUDIT/ CHARTS
A/P	207027	12/30/2024	132.50	HEALTHCARE CODING & CONSULTING	PRO CLINIC AUDIT/ CHARTS
A/P	206874	12/11/2024	3,400.00	HEALTH SOLUTIONS DIETETICS	NUTRITIONIST FEES
A/P	901513	12/26/2024	102.05	HARLAND CLARKE	DEPOSIT SUP BOOK
A/P	206746	12/4/2024	2,139.13	GULF COAST PAPER COMPANY	HOUSEKEEPING SUPPLIES
A/P	207026	12/30/2024	919.61	GULF COAST PAPER COMPANY	HOUSEKEEPING SUPPLIES
A/P	206946	12/18/2024	898.99	GULF COAST PAPER COMPANY	HOUSEKEEPING SUPPLIES
A/P	206873	12/11/2024	102.76	GULF COAST PAPER COMPANY	HOUSEKEEPING SUPPLIES
A/P	206872	12/11/2024	75.00	GULF COAST DELIVERY	REPORTS/ SLIDES
A/P	207025	12/30/2024	1,400.00	GUERBET, LLC	LAB SUPPLIES
A/P	207024	12/30/2024	3,780.00	GROUND SWELL HEALTH LLC	COMMUNICATIONS AND MARKETNG CONSULTING
A/P	206945	12/18/2024	10,023.23	GREAT AMERICA FINANCIAL SVCS	COPIER LEASE
A/P	207023	12/30/2024	66.99	GETINGE USA	SURGICAL SUPPLIES
A/P	207022	12/30/2024	13,023.94	GE PRECISION HEALTHCARE, LLC	EQUIP LEASE & MED SUPPLIES
A/P	206745	12/4/2024	4,715.61	GBS ADMINISTRATORS, INC	EMPLOYEE LTD INSURANCE
A/P	206871	12/11/2024	3,320.00	FUSION MEDICAL STAFFING, LLC	AGENCY STAFFING
A/P	207021	12/30/2024	3,320.00	FUSION MEDICAL STAFFING, LLC	AGENCY STAFFING
A/P	206944	12/18/2024	2,656.00	FUSION MEDICAL STAFFING, LLC	AGENCY STAFFING
A/P	206744	12/4/2024	1,992.00	FUSION MEDICAL STAFFING, LLC	AGENCY STAFFING
A/P	206870	12/11/2024	889.27	FUSION CONNECT	PHONE SERVICE
A/P	206943	12/18/2024	7,908.33	FUJI FILM	VERTEX MONTHLY
A/P	206942	12/18/2024	1,270.58	FRONTIER	TELEPHONE
A/P	206869	12/11/2024	82.40	FRONTIER	TELEPHONE
A/P	207020	12/30/2024	16,757.65	FISHER HEALTHCARE	LABORATORY SUPPLIES
A/P	206941	12/18/2024	5,411.92	FISHER HEALTHCARE	LABORATORY SUPPLIES
A/P	206940	12/18/2024	1,488.24	FIRETRON, INC	COVERPLATE PURCHASE AND REPAIR
A/P	206868	12/11/2024	520.31	FEDERAL EXPRESS CORP.	FREIGHT
A/P	206939	12/18/2024	62.43	FEDERAL EXPRESS CORP.	FREIGHT
A/P	901470	12/5/2024	181.77	FDMS	CC MACHINE LEASE
A/P	901491	12/16/2024	120.09	FDMS	CC MACHINE LEASE
A/P	901492	12/16/2024	80.06	FDMS	CC MACHINE LEASE
A/P	901469	12/5/2024	75.67	FDMS	CC MACHINE LEASE
A/P	901471	12/5/2024	45.64	FDMS	CC MACHINE LEASE
A/P	901490	12/16/2024	45.64	FDMS	CC MACHINE LEASE
A/P	901493	12/16/2024	40.03	FDMS	CC MACHINE LEASE
A/P	901472	12/5/2024	32.45	FDMS	CC MACHINE LEASE
A/P	206938	12/18/2024	595.00	FASTHEALTH CORPORATION	WEBSITE
A/P	206743	12/4/2024	600.00	EXTREME SIGNS AND LIGHTING LLC	ADVERTISING
A/P	800636	12/6/2024	570.69	EXPERTPAY	CHILD SUPPORT
A/P	800641	12/20/2024	570.69	EXPERTPAY	CHILD SUPPORT
A/P	207019	12/30/2024	2,299.69	ERBE USA INC SURGICAL SYSTEMS	SURGICAL SUPPLIES
A/P	207017	12/30/2024	10.99	EQUIFAX WORKFORCE SOLUTIONS	SERV FEE ANCILLARY
A/P	206742	12/4/2024	40,062.58	EMERGENCY STAFFING SOLUTIONS	PHYSICIAN SERVICES
A/P	207016	12/30/2024	40,062.50	EMERGENCY STAFFING SOLUTIONS	PHYSICIAN SERVICES
A/P	206741	12/4/2024	6,806.00	EL CAMPO REFRIGERATION	ICE MACHINE REPLACEMENT
A/P	206937	12/18/2024	1,558.90	ECOLAB	DIETARY RENTAL FEES - DISHWASHER
A/P	207015	12/30/2024	531.38	ECOLAB	DIETARY RENTAL FEES - DISHWASHER

A/P	206740	12/4/2024	300.00	ECOLAB	DIETARY RENTAL FEES - DISHWASHER
A/P	206936	12/18/2024	479.75	ECLINICAL WORKS LLC	EMR
A/P	206867	12/11/2024	1,500.00	DR. TIMU KWI	OB SERVICES
A/P	206866	12/11/2024	2,000.00	DR JOHN CLINTON	OB SERVICES
A/P	206885	12/11/2024	1,000.00	DR JEANNINE GRIFFIN	OB SERVICES
A/P	206739	12/4/2024	505.00	DOWELL PEST CONTROL	PEST CONTROL
A/P	206864	12/11/2024	105.00	DOWELL PEST CONTROL	PEST CONTROL
A/P	207014	12/30/2024	125,527.41	DISCOVERY MEDICAL NETWORK INC	PHYSICIAN SERVICES
A/P	206935	12/18/2024	112,530.51	DISCOVERY MEDICAL NETWORK INC	PHYSICIAN SERVICES
A/P	206738	12/4/2024	87,960.13	DISCOVERY MEDICAL NETWORK INC	PHYSICIAN SERVICES
A/P	206737	12/4/2024	489.85	DIRECTV ENTERTAINMENT HOLDINGS	TELEVISION SERVICES
A/P	207013	12/30/2024	489.85	DIRECTV ENTERTAINMENT HOLDINGS	TELEVISION SERVICES
A/P	207012	12/30/2024	51,246.77	DIAMOND HEALTHCARE CORP	PURCHASED SERVICES-BEHAVIORAL HEALTH
A/P	207011	12/30/2024	908.45	DEWITT POTH & SON	OFFICE SUPPLIES
A/P	206863	12/11/2024	816.56	DEWITT POTH & SON	OFFICE SUPPLIES
A/P	206934	12/18/2024	696.42	DEWITT POTH & SON	OFFICE SUPPLIES
A/P	206736	12/4/2024	566.06	DEWITT POTH & SON	OFFICE SUPPLIES
A/P	206933	12/18/2024	64.34	DETAR HOSPITAL	LABORATORY SERVICES
A/P	206932	12/18/2024	80.00		PT REFUND
A/P	207010	12/30/2024	316.00	CYRACOM LLC	INTERPRETATION SERVICES
A/P	206735	12/4/2024	769.51	CUSTOM ASSEMBLIES, INC	SUPPLIES
A/P	206931	12/18/2024	554.15	CULLIGAN ULTRAPURE INC.	WATER
A/P	207009	12/30/2024	554.15	CULLIGAN ULTRAPURE INC.	WATER
A/P	207008	12/30/2024	31,074.85	CULINARY CONCESSIONS LLC	DIETARY SERVICES
A/P	206734	12/4/2024	2,960.00	CROSS COUNTRY STAFFING	AGENCY STAFFING RADIOLOGY
A/P	206862	12/11/2024	2,960.00	CROSS COUNTRY STAFFING	AGENCY STAFFING RADIOLOGY
A/P	206930	12/18/2024	2,960.00	CROSS COUNTRY STAFFING	AGENCY STAFFING RADIOLOGY
A/P	206861	12/11/2024	2,974.01	COVIDIEN SALES LLC	MEDICAL / SURGICAL SUPPLIES
A/P	206733	12/4/2024	871.58	COVIDIEN SALES LLC	MEDICAL / SURGICAL SUPPLIES
A/P	206860	12/11/2024	2,209.41	COVIDIEN	MEDICAL / SURGICAL SUPPLIES
A/P	206787	12/4/2024	3,423.23	COTIVITI	PT REFUND
A/P	206785	12/4/2024	757.99	COTIVITI	PURCHASED SERVICES
A/P	206786	12/4/2024	590.12	COTIVITI	PURCHASED SERVICES
A/P	207007	12/30/2024	2,548.80	CORROHEALTH, INC.	CODING SERVICES
A/P	206929	12/18/2024	501.72	COMBINED INSURANCE	PAYROLL DEDUCT
A/P	206784	12/4/2024	116.00	COLONIAL PENN LIFE	PT REFUND
A/P	206928	12/18/2024	616.67	COCA COLA SOUTHWEST BEVERAGES	BEVERAGES
A/P	206859	12/11/2024	11,142.58	COASTAL REFRIGERATION	ROOFTOP AC UNIT REPLACEMENT
A/P	206732	12/4/2024	3,085.04	COASTAL OFFICE SOLUTIONS	OFFICE SUPPLIES
A/P	206858	12/11/2024	956.00	COASTAL OFFICE SOLUTIONS	OFFICE SUPPLIES
A/P	206927	12/18/2024	13,236.83	CLINICAL PATHOLOGY LABS	LABORATORY SERVICES MONTHLY
A/P	206857	12/11/2024	1,215.46	CLEARFLY	TELEPHONE
A/P	206856	12/11/2024	4,865.08	CITY OF PORT LAVACA	UTILITIES - WATER
A/P	206926	12/18/2024	55,340.52	CITIZENS MEDICAL CENTER	ANESTHESIA SERVICES
A/P	206855	12/11/2024	72.88		PT REFUND
A/P	207006	12/30/2024	593.69	CHEMAQUA	WATER TREATMENT
A/P	207005	12/30/2024	1,650.00	CERVEY, LLC	LICENSE FEE
A/P	207004	12/30/2024	972.97	CDW GOVERNMENT, INC.	IT SUPPLIES / EQUIPMENT
A/P	206726	12/4/2024	1,100.00	C-D ELECTRIC MOTOR SALES	MOTOR AND SUPPLIES
A/P	206731	12/4/2024	208.80	CARESFIELD	MEDICAL SUPPLIES
A/P	206730	12/4/2024	1,790.00	CAREFUSION SOLUTIONS, LLC	SURGICAL INVENTORY
A/P	206925	12/18/2024	474.71	CARDINAL HEALTH 414, INC.	MEDICAL SUPPLIES
A/P	206729	12/4/2024	211.73	CARDINAL HEALTH 414, INC.	MEDICAL SUPPLIES
A/P	206854	12/11/2024	389.38	CAPITAL ONE	VARIOUS DEPT EXPENSES
A/P	207003	12/30/2024	4,400.00	CALHOUN COUNTY EMS	EMS TRANSPORT SVCS
A/P	206853	12/11/2024	41,674.15	CALHOUN COUNTY	ELECTRICITY BILL (JUNE)
A/P	207002	12/30/2024	36,434.34	CALHOUN COUNTY	ELECTRICITY BILL
A/P	206728	12/4/2024	86.36	CALHOUN COUNTY	FUEL
A/P	206727	12/4/2024	610.00	CABLES AND SENSORS	MEDICAL SUPPLIES
A/P	206852	12/11/2024	838.25	BRIGGS HEALTHCARE	ER REGISTER BOOK
A/P	206725	12/4/2024	72.00	BOSART LOCK & KEY INC	LOCK AND KEY SERVICES
A/P	206724	12/4/2024	294.81	BOHLS BEARING & POWER TRANS	PLANT SERVICES - SUPPLIES
A/P	207001	12/30/2024	3,994.36	BIO-RAD LABORATORIES, INC	DIAGNOSTIC SUPPLIES
A/P	206723	12/4/2024	1,338.00	BIO-RAD LABORATORIES, INC	DIAGNOSTIC SUPPLIES
A/P	206924	12/18/2024	10,228.02	BIOMERIEUX, INC	LABORATORY SUPPLIES
A/P	206851	12/11/2024	298.50	BEEKLEY CORPORATION	RADIOLOGY SUPPLIES
A/P	206923	12/18/2024	131.60	BECTION, DICKINSON & CO (BD)	SURGICAL SUPPLIES
A/P	207000	12/30/2024	21,035.20	BECKMAN COULTER INC	LABORATORY SUPPLIES
A/P	206722	12/4/2024	12,814.61	BECKMAN COULTER INC	LABORATORY SUPPLIES
A/P	206850	12/11/2024	8,969.33	BECKMAN COULTER INC	LABORATORY SUPPLIES
A/P	206922	12/18/2024	1,334.77	BAYER HEALTHCARE	MEDICAL/CT SUPPLIES
A/P	206999	12/30/2024	3,272.76	BAXTER HEALTHCARE	MEDICAL/NURSING SUPPLIES
A/P	207083	12/30/2024	-		PT REFUND
A/P	206849	12/11/2024	594.00	AZALEA HEALTH	EHR PROCESSING FEES
A/P	206721	12/4/2024	10,000.00	AVENO NETWORKS	2FA SOLUTION YEARLY
A/P	206848	12/11/2024	6,514.14	AUTHORITYRX, LLC	340B EXPENSE
A/P	800631	12/3/2024	31.80	AUTHNET GATEWAY	3rd PARTY PAYOR FEE
A/P	206783	12/4/2024	52.61		PT REFUND
A/P	206921	12/18/2024	1,081.48	AMPCARE LLC	ESP THERAPY KIT FOR PT
A/P	206847	12/11/2024	750.00	AMERITEX ELEVATOR SERVICES INC	MONTHLY ELEVATOR MAINTENANCE
A/P	206720	12/4/2024	9.98	AMERISOURCEBERGEN DRUG CORP	PHARMACY INVENTORY
A/P	206846	12/11/2024	9.98	AMERISOURCEBERGEN DRUG CORP	PHARMACY INVENTORY
A/P	550657	12/13/2024	826.95	AMERISOURCE	340B EXPENSE
A/P	500658	12/20/2024	689.89	AMERISOURCE	340B EXPENSE
A/P	550661	12/27/2024	474.38	AMERISOURCE	340B EXPENSE
A/P	206719	12/4/2024	5,133.85	AMAZON CAPITAL SERVICES	VARIOUS DEPT EXPENSES
A/P	206998	12/30/2024	290.04	AMAZON CAPITAL SERVICES	VARIOUS DEPT EXPENSES
A/P	206845	12/11/2024	249.35	AMAZON CAPITAL SERVICES	VARIOUS DEPT EXPENSES
A/P	206920	12/18/2024	20.15	AMAZON CAPITAL SERVICES	VARIOUS DEPT EXPENSES
A/P	206997	12/30/2024	384.59	ALINED INC.	MEDICAL SUPPLIES

A/P	206919	12/18/2024	4,191.09	AIRGAS USA, LLC - CENTRAL DIV	OXYGEN - RESP CARE
A/P	206996	12/30/2024	3,575.50	AIRGAS USA, LLC - CENTRAL DIV	OXYGEN - RESP CARE
A/P	206844	12/11/2024	420.17	AIRGAS USA, LLC - CENTRAL DIV	OXYGEN - RESP CARE
A/P	206918	12/18/2024	821.60	ADHC LLC	SUPPLIES
A/P	206843	12/11/2024	1,400.00	ACUTE CARE INC	RFID FEE
A/P	206842	12/11/2024	1,708.44	ACE HARDWARE 15521	VARIOUS DEPT EXPENSES
A/P	206995	12/30/2024	603.40	ACE HARDWARE 15521	VARIOUS DEPT EXPENSES
A/P TOTALS			<u>4,436,322.55</u>		

A/P	206798	45630	93,881.61	ASHFORD GARDENS
A/P	206799	45630	30,340.47	BETHANY SENIOR LIVING
A/P	206800	45630	31,630.63	BROADMOOR AT CREEKSIDE PARK
A/P	206801	45630	25,889.25	FORTBEND HEALTHCARE CENTER
A/P	206802	45630	43,306.37	GOLDENCREEK HEALTHCARE
A/P	206803	45630	52,121.17	SOLERA WEST HOUSTON
A/P	206804	45630	22,969.51	THE CRESCENT
A/P	206805	45630	33,336.99	TUSCANY VILLAGE
A/P	206910	45637	23,051.04	ASHFORD GARDENS
A/P	206911	45637	17,594.73	BETHANY SENIOR LIVING
A/P	206912	45637	21,775.23	BROADMOOR AT CREEKSIDE PARK
A/P	206913	45637	99,105.45	GOLDENCREEK HEALTHCARE
A/P	206914	45637	408.00	SOLERA WEST HOUSTON
A/P	206915	45637	9,118.78	THE CRESCENT
A/P	206916	45637	32,727.10	TUSCANY VILLAGE
A/P	206988	45644	5,478.48	ASHFORD GARDENS
A/P	206989	45644	11,130.04	BETHANY SENIOR LIVING
A/P	206990	45644	14,208.54	BROADMOOR AT CREEKSIDE PARK
A/P	206991	45644	11,708.59	FORTBEND HEALTHCARE CENTER
A/P	206992	45644	2,583.44	GOLDENCREEK HEALTHCARE
A/P	206993	45644	8,454.04	THE CRESCENT
A/P	206994	45644	9,651.44	TUSCANY VILLAGE
A/P	207070	45656	40,942.37	ASHFORD GARDENS
A/P	207071	45656	62,238.92	BETHANY SENIOR LIVING
A/P	207072	45656	31,293.34	BROADMOOR AT CREEKSIDE PARK
A/P	207073	45656	2,486.67	FORTBEND HEALTHCARE CENTER
A/P	207074	45656	193,386.03	GOLDENCREEK HEALTHCARE
A/P	207075	45656	15,403.20	SOLERA WEST HOUSTON
A/P	207076	45656	22,169.69	THE CRESCENT
A/P	207077	45656	104,326.61	TUSCANY VILLAGE
NURSING HOME AP TOTALS			1,072,717.73	

NHG	000227	45637	63.66	MMC OPERATING
NHG	000228	45645	364.53	MMC OPERATING
NHF	000263	45631	5,240.36	MMC OPERATING
NHB	000291	45631	3,797.51	MMC OPERATING
NHB	000292	45637	4,424.00	TUSCANY VILLAGE
NHC	000371	45631	4,609.76	MMC OPERATING
NHC	000372	45645	10,500.00	TUSCANY
NHC	000373	45645	275.68	MMC OPERATING
TUS	001178	45631	8,227.53	MMC OPERATING
NHA	001257	45631	16,737.52	MMC OPERATING
NHS	001318	45631	4,981.79	MMC OPERATING
NURSING HOME TOTALS			59,222.34	

ICP	012652	12/4/2024	4,166.67	MEMORIAL MEDICAL CENTER
ICP	012653	12/4/2024	12.38	MEMORIAL MEDICAL CENTER
ICP TOTAL			<u>4,179.05</u>	

P/R	063460	12/6/2024	556.77	PAY PERIOD 11/15/24 - 11/28/24
P/R	063461	12/6/2024	655.24	PAY PERIOD 11/15/24 - 11/28/24
P/R	063462	12/6/2024	812.33	PAY PERIOD 11/15/24 - 11/28/24
P/R	063463	12/6/2024	766.42	PAY PERIOD 11/15/24 - 11/28/24
P/R	063464	12/6/2024	4,995.96	PAY PERIOD 11/15/24 - 11/28/24
P/R	063465	12/20/2024	240.14	PAY PERIOD 11/29/24 - 12/12/24
P/R	063466	12/20/2024	2,180.54	PAY PERIOD 11/29/24 - 12/12/24
P/R	063467	12/20/2024	847.44	PAY PERIOD 11/29/24 - 12/12/24
P/R	063468	12/20/2024	80.44	PAY PERIOD 11/29/24 - 12/12/24
P/R	999999	12/6/2024	380,173.90	PAY PERIOD 11/15/24 - 11/28/24
P/R	999999	12/20/2024	359,782.83	PAY PERIOD 11/29/24 - 12/12/24
P/R TOTALS			751,092.01	

A/P	206597	12/10/2024	(14.50)	MEMORIAL MEDICAL CENTER
A/P	206657	12/13/2024	(686.30)	DSHS CENTRAL LAB MC2004
Voided AP Checks			<u>(700.80)</u>	

**MEMORIAL MEDICAL CENTER
GROSS PAYROLL REPORT - DECEMBER 2024**

PRTitle	PRDeptName	PRTotGross
SECURITY SUPERVISOR	SECURITY	3,745.54
OPERATOR	CLINIC FS	2,778.63
LICENSED VOCATIONAL	MEMORIAL MEDICAL CLINIC	3,989.49
PURCHASING AGENT	CENTRAL SUPPLY	3,203.55
REGISTERED NURSE	MED/SURG	6,429.98
REGISTERED NURSE	MED/SURG	7,746.11
LICENSED VOCATIONAL	OBSTETRICS	4,483.70
REGISTERED NURSE	MED/SURG	7,163.08
REGISTERED NURSE	OBSTETRICS	7,317.45
DIRECTOR OF INPT SVC	MED/SURG	7,844.80
EXECUTIVE ASSISTANT	ADMINISTRATION	4,507.20
LICENSED VOCATIONAL	SURGERY	4,969.50
MEDICAL LAB TECH	LABORATORY	7,155.45
MEDICAL TECHNOLOGIST	LABORATORY	1,465.00
LAB ASSISTANT	MMC CLINIC - LABORATORY	3,730.23
MEDICAL LAB TECH	LABORATORY	5,120.00
REGISTERED NURSE	MED/SURG	5,010.78
HIM SPECIALIST	HEALTH INFORMATION MANAGEMENT	3,191.76
REGISTERED NURSE	OBSTETRICS	900.01
REGISTERED NURSE	EMERGENCY ROOM	6,434.26
REGISTERED NURSE	MED/SURG	1,786.38
CLINICAL IT SPCLST	ADMINISTRATION-CLINICAL SERVIC	6,557.96
REGISTERED NURSE	OBSTETRICS	5,492.16
REGISTERED NURSE	OBSTETRICS	405.75
REGISTERED NURSE	OBSTETRICS	6,079.03
CEO	ADMINISTRATION	22,905.08
LVN	MED/SURG	1,635.38
REGISTERED NURSE	MED/SURG	7,823.99
OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	7,345.60
LICENSED VOCATIONAL	MED/SURG	5,234.20
NURSE PRACTITIONER	MEMORIAL MEDICAL CLINIC	8,795.20
REGISTERED NURSE	MED/SURG	6,929.26
REGISTERED NURSE	MED/SURG	932.50
CERTIFIED NURSE AIDE	MED/SURG	3,217.56
CERTIFIED NURSE AIDE	MED/SURG	496.25
REGISTERED NURSE	MED/SURG	6,392.91
REGISTERED NURSE	MED/SURG	3,818.24
REGISTERED NURSE	MED/SURG	4,379.14
CASE MANAGER/UR/DP	UTILIZATION REVIEW	6,152.00
REGISTERED NURSE	ICU	6,283.50
CERTIFIED NURSE AIDE	MED/SURG	384.06
REGISTERED NURSE	MED/SURG	7,193.03
REGISTERED NURSE	OBSTETRICS	6,330.81
REGISTERED NURSE	MED/SURG	1,870.25
REGISTERED NURSE	SURGERY	1,789.87
REGISTERED NURSE	MED/SURG	5,832.30
CERTIFIED NURSE AIDE	MED/SURG	1,712.14
REGISTERED NURSE	EMERGENCY ROOM	1,411.44

REGISTERED NURSE	MED/SURG	885.50
REGISTERED NURSE	MED/SURG	6,184.61
CERTIFIED NURSE AIDE	MED/SURG	2,039.74
REGISTERED NURSE	MED/SURG	3,324.84
STUDENT NURSE TECH	MED/SURG	260.03
LVN	MED/SURG	4,789.01
REGISTERED NURSE	OBSTETRICS	11,511.48
INFUSION NURSE	IV THERAPY	6,692.39
REGISTERED NURSE	ICU	8,633.66
REGISTERED NURSE	EMERGENCY ROOM	470.88
CLINICAL COORDINATOR	MEMORIAL MEDICAL CLINIC	5,826.69
REGISTERED NURSE	ICU	4,862.85
STUDENT NURSE TECH	MED/SURG	316.99
LICENSED VOCATIONAL	MED/SURG	3,541.75
NURSE PRACTITIONER	HOSPITAL CAMPUS RHC	8,795.20
CERTIFIED NURSE AIDE	MED/SURG	5,039.54
DIRECTOR OF QUALITY	ADMINISTRATION-CLINICAL SERVIC	6,272.00
REG PHARM TECH SUPER	PHARMACY	5,063.81
NURSE PRACTITIONER	MEMORIAL MEDICAL CLINIC	8,795.20
REGISTERED NURSE	ICU	8,558.76
REGISTERED NURSE	OBSTETRICS	5,460.36
REGISTERED NURSE	ICU	1,432.26
REGISTERED NURSE	ICU	2,579.72
REGISTERED NURSE	ICU	6,751.60
PREADMISSION NURSE	SURGERY	4,584.82
REGISTERED NURSE	SURGERY	6,372.10
HIM SPECIALIST	HEALTH INFORMATION MANAGEMENT	3,205.00
REGISTERED NURSE	OBSTETRICS	6,408.69
REGISTERED NURSE	OBSTETRICS	1,714.18
REGISTERED NURSE	OBSTETRICS	1,196.16
CERTIFIED STERIL TEC	SURGERY	3,224.78
MATERIALS MNGMT MNGR	CENTRAL SUPPLY	4,942.40
CENTRAL SUPPLY TECH	CENTRAL SUPPLY	1,137.50
DIRECTOR	EMERGENCY ROOM	7,859.47
PERIOPERATIVE RN	SURGERY	4,554.96
REGISTERED NURSE	EMERGENCY ROOM	5,222.29
REGISTERED NURSE	MED/SURG	2,094.63
REGISTERED NURSE	ICU	8,145.03
REGISTERED NURSE	EMERGENCY ROOM	4,648.28
TRAUMA COORDINATOR	ADMINISTRATION-CLINICAL SERVIC	5,948.02
REGISTERED NURSE	EMERGENCY ROOM	470.88
REGISTERED NURSE	EMERGENCY ROOM	5,227.77
REGISTERED NURSE	EMERGENCY ROOM	511.63
REGISTERED NURSE	EMERGENCY ROOM	924.94
REGISTERED NURSE	EMERGENCY ROOM	7,338.57
REGISTERED NURSE	EMERGENCY ROOM	191.19
REGISTERED NURSE	EMERGENCY ROOM	5,627.47
REGISTERED NURSE	MED/SURG	1,384.25
REGISTERED NURSE	EMERGENCY ROOM	709.00
LAB ASSISTANT	LABORATORY	748.00
REGISTERED NURSE	EMERGENCY ROOM	8,422.15
LAB ASSISTANT	LABORATORY	3,029.99

MEDICAL LAB TECH	LABORATORY	6,725.00
CHEMISTRY/BB SPVS	LABORATORY	6,941.13
MEDICAL LAB TECH	LABORATORY	5,636.25
LAB DIRECTOR	LABORATORY	10,680.86
LAB ASSISTANT	LABORATORY	3,012.94
REGISTERED NURSE	EMERGENCY ROOM	1,684.07
LAB ASSISTANT	LABORATORY	1,337.75
LAB ASSISTANT	LABORATORY	594.00
MLT	LABORATORY	3,644.04
LAB ASSISTANT	LABORATORY	1,526.25
MEDICAL TECH	LABORATORY	2,473.75
LAB ASSISTANT	LABORATORY	1,244.63
FACILITIES MGMT DIR.	PLANT OPERATIONS	7,186.93
STUDENT NURSE TECH	MED/SURG	1,180.01
MEDICAL LAB TECH	MMC CLINIC - LABORATORY	5,442.13
LAB ASSISTANT	LABORATORY	1,676.00
MEDICAL LAB TECH	LABORATORY	6,161.67
LAB ASSISTANT	LABORATORY	2,449.27
REGISTERED NURSE	MED/SURG	4,889.13
REGISTERED NURSE	MED/SURG	4,628.75
REGISTERED NURSE	MED/SURG	468.01
CENTRAL SUPPLY TECH	CENTRAL SUPPLY	1,871.19
REGISTERED NURSE	MED/SURG	2,766.97
CERTIFIED NURSE AIDE	MED/SURG	3,111.98
REGISTERED NURSE	EMERGENCY ROOM	7,864.74
RADIOLOGICAL TECH	DIAGNOSTIC IMAGING	6,728.18
RECEPT/SECRETARY	DIAGNOSTIC IMAGING	2,693.39
XRAY TECHNICIAN	DIAGNOSTIC IMAGING	2,576.95
RADIOLOGY TECH	DIAGNOSTIC IMAGING	4,179.88
RADIOLOGIC TECH	DIAGNOSTIC IMAGING	7,268.13
RADIOLOGICAL TECH	DIAGNOSTIC IMAGING	6,203.20
LEAD MAMMO TECH	DIAGNOSTIC IMAGING	5,507.79
NUCLEAR MED TECH	DIAGNOSTIC IMAGING	7,372.33
RADIOLOGICAL TECH	DIAGNOSTIC IMAGING	5,646.07
RADIOLOGICAL TECH	DIAGNOSTIC IMAGING	7,785.93
PHARMACY TECH	PHARMACY	3,521.09
PHARMACY TECHNICIAN	PHARMACY	3,478.59
PHARMACY TECHNICIAN	PHARMACY	3,126.13
INS COORDINATOR	PATIENT FINANCIAL SERVICES	2,647.75
RECEPTIONIST	CLINIC FS	2,861.43
REGISTERED NURSE	OBSTETRICS	1,332.08
LICENSED VOCATIONAL	MEMORIAL MEDICAL CLINIC	4,014.23
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	1,934.83
RECEPTIONIST	CLINIC FS	2,758.03
RECEPTIONIST	MEMORIAL MEDICAL CLINIC	2,336.76
RECEPTIONIST	CLINIC FS	2,993.30
REFERRAL SPECIALIST	CLINIC FS	2,442.47
OPERATOR	CLINIC FS	2,793.21
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,523.80
OPERATOR	CLINIC FS	2,901.37
NURSE PRACTITIONER	MEMORIAL MEDICAL CLINIC	8,883.16
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,122.14

MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	1,821.66
MEDICAL ASSISTANT	HOSPITAL CAMPUS RHC	2,798.41
REFERRAL SPECIALIST	CLINIC FS	2,061.16
LICENSED VOCATIONAL	HOSPITAL CAMPUS RHC	3,381.00
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,558.87
RECEPTIONIST	PHYSICAL THERAPY	2,651.22
REFERRAL SPECIALIST	CLINIC FS	3,237.38
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,204.17
OFFICE COORDINATOR	CLINIC FS	2,667.23
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,658.65
LVN	MEMORIAL MEDICAL CLINIC	4,587.57
RECEPTIONIST	CLINIC FS	2,782.80
RECEPTIONIST	CLINIC FS	96.48
CLINICAL SUPERVISOR	MEMORIAL MEDICAL CLINIC	6,051.48
RECEPTIONIST	CLINIC FS	1,601.35
RECEPTIONIST	CLINIC FS	1,095.87
LAB ASSISTANT	LABORATORY	131.00
NURSE PRACTITIONER	MEMORIAL MEDICAL CLINIC	21,107.52
COTA	OCCUPATIONAL THERAPY	712.00
DIRECTOR REHAB SRVCS	PHYSICAL THERAPY	9,620.12
REGISTERED NURSE	MED/SURG	6,091.25
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	1,445.76
PHYSICAL THERAPIST	PHYSICAL THERAPY	7,471.86
OFFICE COORDINATOR	PHYSICAL THERAPY	2,264.07
REGISTERED NURSE	MEMORIAL MEDICAL CLINIC	6,008.12
LEAD PTA	PHYSICAL THERAPY	5,170.69
REGISTERED NURSE	OBSTETRICS	6,760.05
MEDICAL ASSISTANT	HOSPITAL CAMPUS RHC	2,613.00
LEAD THERAPIST	BEHAVIORAL HEALTH	5,440.00
CIHCP COORDINATOR	INDIGENT CARE PROGRAM	3,025.00
DIRECTOR OF HIM	HEALTH INFORMATION MANAGEMENT	3,976.00
PHYSICAL THERAPIST	PHYSICAL THERAPY	3,672.80
REGISTERED NURSE	EMERGENCY ROOM	470.88
DIRECTOR OF HIM	HEALTH INFORMATION MANAGEMENT	1,005.94
BIRTH REG/DIS ANALYS	HEALTH INFORMATION MANAGEMENT	2,152.20
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,023.38
SLP	PHYSICAL THERAPY	11,088.46
DIRECTOR OF DIETARY	DIETARY	5,892.80
OPERATOR	CLINIC FS	1,969.33
FOOD SERVICE STAFF	DIETARY	3,195.00
FOOD SERVICE STAFF	DIETARY	2,659.14
FOOD SERVICE STAFF	DIETARY	3,174.70
FOOD SERVICE STAFF	DIETARY	2,944.00
FOOD SERVICE STAFF	DIETARY	2,371.42
FOOD SERVICE STAFF	DIETARY	1,812.26
FOOD SERVICE STAFF	DIETARY	2,724.39
PLANT OPS TEAM LEAD	PLANT OPERATIONS	3,989.92
EVS SUPERVISOR	ENVIRONMENTAL SERVICES	3,965.36
PLANT OPS SPECIALIST	PLANT OPERATIONS	2,738.77
PLANT OPS SPECIALIST	PLANT OPERATIONS	2,739.84
ES AIDE	ENVIRONMENTAL SERVICES	1,968.00
ES AIDE	ENVIRONMENTAL SERVICES	2,331.52

SECURITY OFFICER	SECURITY	2,606.56
ES AIDE	ENVIRONMENTAL SERVICES	2,053.35
ES AIDE	ENVIRONMENTAL SERVICES	2,616.80
ES TEAM LEAD	ENVIRONMENTAL SERVICES	3,098.96
PLANT OPS SPECIALIST	PLANT OPERATIONS	3,811.86
ES AIDE	ENVIRONMENTAL SERVICES	1,122.00
FLOOR TECHNICIAN	ENVIRONMENTAL SERVICES	2,393.38
ES AIDE/SECURITY	PLANT OPERATIONS	377.74
ES AIDE	ENVIRONMENTAL SERVICES	1,912.00
ES AIDE	ENVIRONMENTAL SERVICES	1,739.00
E.S. AIDE	ENVIRONMENTAL SERVICES	1,102.87
FOOD SERVICE STAFF	DIETARY	1,372.80
ES AIDE	ENVIRONMENTAL SERVICES	1,904.00
ES AIDE	ENVIRONMENTAL SERVICES	2,536.00
ES AIDE	ENVIRONMENTAL SERVICES	2,833.28
FOOD SERVICE STAFF	DIETARY	2,529.45
FLOOR TECHNICIAN	ENVIRONMENTAL SERVICES	2,401.38
ES AIDE	ENVIRONMENTAL SERVICES	3,095.68
OR AIDE	SURGERY	2,455.42
SECURITY OFFICER	SECURITY	967.00
SECURITY OFFICER	SECURITY	3,752.48
PLANT OPS MANAGER	PLANT OPERATIONS	5,688.56
SURGERY MANAGER	SURGERY	8,393.60
DIRECTOR	ADMINISTRATION-CLINICAL SERVIC	200.00
PERIOPERATIVE RN	SURGERY	7,519.97
FINANCIAL COUNSELOR	INDIGENT CARE PROGRAM	2,267.85
REGISTERED NURSE	SURGERY	5,925.78
INS COORDINATOR	PATIENT FINANCIAL SERVICES	3,462.86
REGISTRATION CLERK	PFS - REGISTRATION	3,139.93
INFUSION SVC COORD	IV THERAPY	2,257.95
BILLING CLERK	PATIENT FINANCIAL SERVICES	4,126.44
INFUSION SERV. COOR.	IV THERAPY	2,166.49
ER CLERK	PFS - REGISTRATION	1,992.25
REGISTRATION CLERK	PFS - REGISTRATION	2,899.54
CASHIER-SWITCHBOARD	PATIENT FINANCIAL SERVICES	2,415.42
INS ADJUDICATOR	PATIENT FINANCIAL SERVICES	3,600.07
MEDICARE COORDINATOR	PATIENT FINANCIAL SERVICES	3,333.43
ACCOUNTS PAYABLE	ACCOUNTING	2,676.82
ER CLERK	PFS - REGISTRATION	580.56
ER CLERK	PFS - REGISTRATION	1,660.13
ADMIN ASSISTANT	ADMINISTRATION-CLINICAL SERVIC	3,321.20
DIRECTOR OF REV/BILL	PATIENT FINANCIAL SERVICES	5,470.40
REGISTERED NURSE	SURGERY	1,348.32
REG CLERK TEAM LEAD	PATIENT FINANCIAL SERVICES	4,238.55
REGISTRATION CLERK	PATIENT FINANCIAL SERVICES	2,344.22
PRACTICE ADMIN	MEMORIAL MEDICAL CLINIC	6,963.08
REGISTERED NURSE	EMERGENCY ROOM	7,671.22
PERIOPERATIVE RN	SURGERY	5,621.94
REGISTERED NURSE	ICU	6,544.65
DIRECTOR	DIAGNOSTIC IMAGING	7,711.70
REGISTRATION CLERK	PATIENT FINANCIAL SERVICES	2,163.18
ER CLERK	PFS - REGISTRATION	968.00

I.T. DIRECTOR	INFORMATION TECHNOLOGY	802.00
IT DIRECTOR	INFORMATION TECHNOLOGY	8,202.56
IT SYSTEM ANALYST	INFORMATION TECHNOLOGY	7,233.27
ACCOUNTANT	ACCOUNTING	4,639.96
PTA	PHYSICAL THERAPY	4,103.13
STUDENT REHAB TECH	PHYSICAL THERAPY	94.25
LAB COORDINATOR	LABORATORY	3,110.42
MEDICAL ASSISTANT	MEMORIAL MEDICAL CLINIC	2,248.79
ACCOUNTANT	ACCOUNTING	7,863.40
CFO	ADMINISTRATION	13,886.16
HR MANAGER	HUMAN RESOURCES	4,840.00
HR GENERALIST	HUMAN RESOURCES	3,784.00
SPEC PROJ/MKGT MGR	BUSINESS DEVELOPMENT	4,648.20
		1,083,929.31

07

7. Consider and take necessary action to carry over the remaining 2024 roof project budget in the amount of \$328,200 in the Building Maintenance Department due to the project not being complete in 2024. (VLL)

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

Debbie Vickery

From: candice.villarreal@calhouncotx.org (candice villarreal)
<candice.villarreal@calhouncotx.org>
Sent: Monday, January 27, 2025 1:40 PM
To: 'vern lyssy'
Cc: Debbie.Vickery@calhouncotx.org
Subject: Agenda Items

Judge Lyssy,

Following is sample wording requested for the three agenda items we spoke of this morning regarding 2024 and 2025 budgets.

#7 Roof line item - Building Maintenance

- Consider and take necessary action to carry over the remaining 2024 roof project budget in the amount of \$328,200 in the Building Maintenance Department due to the project not being complete in 2024.

#8 Office Furniture – County Judge Department

- Consider and take necessary action to transfer budgeted funds in the amount of \$_____ for office furniture in the County Judges Department ordered in 2024 and delivered in 2025.

#9 Bill from KMAC

- Consider and take necessary action to carry over \$18,500 to the 2025 Commissioners Court budget for structural removal as approved in Commissioners Court on July 10, 2024 and approve payment to KMAC Construction Services, Inc. for proposal amount of \$18,500. This work was delayed and not completed until 2025.

Sincerely,

Candice Villarreal
Calhoun County Auditor
Calhoun County Auditor's Office
Port Lavaca, TX 77979
Phone (361)553-4611

Calhoun County Texas

08

8. Consider and take necessary action to transfer budgeted funds in the amount of \$14,664.88 for office furniture in the County Judges Department ordered in 2024 and delivered in 2025. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

Debbie Vickery

From: heather@coastaltx.com (Heather Kimmey) <heather@coastaltx.com>
Sent: Wednesday, December 18, 2024 2:57 PM
To: Debbie Vickery
Cc: Andy Evans
Subject: Furniture Delay

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 Debbie,

We sincerely apologize for not having your furniture installed before the end of the year. We did believe based on the original ETA from the manufacturer that we would have it in time. It was supposed to ship today, however due to scheduling conflicts and issues with the trucking company they are not able to pick up the orders from the manufacturer this week. Next week the manufacturer shuts down for the holidays and they don't open until after the first of the year. The trucking company is picking up the order as soon as they can and are scheduled to deliver the furniture to us the week of January 6th. We have you scheduled to install the following week to ensure we time to receive and inspect the furniture. Unfortunately, we are subject to the manufacturer's trucking company, and we cannot use our own to pick up otherwise we would have.

Once again, we are sorry for any inconvenience this has caused. In the meantime, please let us know if there is anything we can help with.

Thank You,



Our Vision: To lead the industry with top-quality, innovative solutions, offering exceptional customer service and personalized experiences for the communities and businesses we serve.

✉ heather@coastaltx.com ☎ 361-578-5392 X 117
🌐 www.coastaltx.com ☎ 1-888-313-9941

Follow Coastal Office Solutions:





QUOTATION

Presented by: Coastal Office Solutions, INC

Presented to: Calhoun County

ATTN: Debbie Vickery

Quote: 11.06.24

Debbie's Desk (Option 3)

PO Box 4407 77903
1514 N. Ben Jordan, Ste B 77901
Victoria, TX

Andy Evans

Confidential Quote

Property of Coastal

Phone: 361-578-5392

Fax: 361-578-0610

Prepared by: Heather Kimmey

PO TO: Coastal Office

REF: Hon OMNIA#R191804,

Coastal NCPA#11-18

Lead Time: Lead Time: 5-7 Weeks

Line	Part Number		Qty	Sell	Ext Sell
1	 TZ-T3COR23297070-S1	Debbie	1	\$2,304.17	\$2,304.17
	90deg Right Extended Corner Height Adjustable Table 23x29x70x70 - Curved Interior Access - T-Legs				
	(H.P.L.)	High Pressure Laminate			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	G2LR	Grommet on Left & Right - Charcoal			
	G2E	Grommet on Center - Charcoal			
	(NON)	No Multi-Outlet			
	(NON)	No Multi-Outlet			
2	 AC-FSHDS1SX	Debbie	1	\$515.63	\$515.63
	Double Extension Monitor Arm - Surface Mount (1 screen)				
3	 AC-KRFP17	Debbie	1	\$446.88	\$446.88
	Resin Keyboard Shelf with 17" Retractable Mechanism - Swivel Mousepad				
4	 TZ-HLD147243-L1	Debbie	1	\$692.19	\$692.19
	Freestanding Hutch 14 7/16 x 72 x 42 1/2 with Laminate Support Legs - 4 Hinged Doors (Laminate Doors)				
	...	Skipped Option			
	(T.F.L.)	Low Pressure Laminate			
	...	Skipped Option			
	LN	NOKI Lock			
	(NON)	No Horizontal Grommet			

Line	Part Number		Qty	Sell	Ext Sell	
5	TZ-PIH117005-L		Debbie	1	\$422.40	\$422.40
	 Horizontal Pigeonhole Unit 11 1/4 x 69 7/8 x 5 - 4 Openings					
	...	Skipped Option				
6	AC-BT7022		Debbie	1	\$209.90	\$209.90
	 Fabric Tackboard 69 7/8 x 22 5/8 (AC-HKBT mounting brackets & velcro strips included)					
	(GR1)	Grade 1				
	...	Skipped Option				
	3067	Black				
7	AC-ETLED48		Debbie	1	\$267.71	\$267.71
	 LED Task Light 48 1/4"					
8	RZ2-DIS303629-LL-S1		Debbie	1	\$667.19	\$667.19
	 Rectangular Reception Table 30x36x29 / "LL" End Panels / Laminate Front					
	...	Skipped Option				
	...	Skipped Option				
	...	Skipped Option				
	G2C	Charcoal Grommet - Center				
9	TZ-TI2472-LL-S1		Debbie	1	\$667.19	\$667.19
	 Rectangular Table 24x72 - Laminate End Panels - "LL" End Panels					
	(H.P.L.)	High Pressure Laminate				
	...	Skipped Option				
	...	Skipped Option				
	...	Skipped Option				
	G2LR	Grommets on Left & Right - Charcoal				
	(NON)	No Multi-Outlets				
	U10	10" High Modesty Panel				

Line	Part Number		Qty	Sell	Ext Sell
10	 TZ-MPUF181621-L	Debbie	1	\$433.86	\$433.86
	Mobile UF Pedestal 18 x 15 5/8 x 21 3/8				
	...	Skipped Option			
	(T.F.L.)	Low Pressure Laminate			
	...	Skipped Option			
	LN	NOKI Lock			
	(Pulls)	With Pulls			
	DN	Deco Nickel			
11	 TZ-L2FN213028-L	Debbie	1	\$585.42	\$585.42
	Lateral File Cabinet 21x30x27 7/8 without Top - FF Drawers				
	...	Skipped Option			
	(T.F.L.)	Low Pressure Laminate			
	...	Skipped Option			
	LN	NOKI Lock			
	DN	Deco Nickel			
	NG	No Grommet(s)			
	(NON)	No Counterweight			
12	 TZ-SDD243029-S1	Debbie	1	\$777.08	\$777.08
	Storage Cabinet 24x30x28 7/8 - 2 Hinged Doors (1 Adjustable Shelf)				
	(H.P.L.)	High Pressure Laminate			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	LX	No Lock			
	DN	Deco Nickel			
	G23	Grommets on Both Side Panels + Center on the Top - Charcoal			
13	 TZ-HBK143043-L1	Debbie	1	\$366.15	\$366.15
	Bookcase Hutch 13 9/16 x 30 x 42 1/2 - Open (1 Adjustable Shelf + 1 Fixed Shelf)				
	...	Skipped Option			

Line	Part Number		Qty	Sell	Ext Sell
14	TZ-AWDUFF242472-H15	Debbie	1	\$1,281.25	\$1,281.25
	Combined Wardrobe Unit 24 x 24 x 71 7/8 - Wardrobe on Left + Mini-Cabinet on Top-Right + UFF Drawers on Bottom-Right (2 Adjustable Shelves)				
	...	Skipped Option			
	(T.F.L.)	Low Pressure Laminate			
	...	Skipped Option			
	LN	NOKI Lock			
	DN	Deco Nickel			
15	RZ2-CIS107242-L1	Debbie	2	\$926.57	\$1,853.14
	Rectangular Transaction Module 10x72x42 / 3" high Metal Fascia				
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	3090	Silver			
	FC	Kickplate Option			
16	RZ2-CIS102442-L1	Debbie	1	\$519.28	\$519.28
	Rectangular Transaction Module 10x24x42 / 3" high Metal Fascia				
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	FC	Kickplate Option			
17	RZ2-CIS103642-L1	Debbie	1	\$616.15	\$616.15
	Rectangular Transaction Module 10x36x42 / 3" high Metal Fascia				
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	FC	Kickplate Option			

Line	Part Number		Qty	Sell	Ext Sell
18	RZ2-CIS103042-L1	Debbie	1	\$567.71	\$567.71
	Rectangular Transaction Module 10x30x42 / 3" high Metal Fascia				
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	...	Skipped Option			
	FC	Kickplate Option			
19	RZ2-CC901010-S1	Debbie	2	\$133.86	\$267.72
	- 90° Curved Junction Shelf 10x10 for Counter Top Module				
	...	Skipped Option			
	...	Skipped Option			
20	CONTRACT		1	\$0.00	\$0.00
	COASTAL NCPA#11-18				
21	FREIGHT		1	\$0.00	\$0.00
	Freight & Surcharges				
22	INSTALL		1	\$770.00	\$770.00
	Installation: Reg Hrs M-F, 8-5				

Coastal to receive, deliver, & install furniture per layouts provided.

-Removal of existing furniture or product EXCLUDED.

-Access will be unhindered to/ from truck to installation areas.

-All install areas will be accessible, substantially complete, and free of existing equipment, furniture, materials, etc. at time of delivery.

-Customer to provide electrician to hardwire power in-feed(s) to building. Customer to provide data cables, route & terminate at faceplates.

Line	Part Number	Qty	Sell	Ext Sell
			Total:	\$14,664.88

50% Deposit Required for orders over \$10K.

Approved By:

Debbie Vickore
 Name
County Judge Admin
 Title

Date: 11/6/24

PO: _____

TAX to be added if applicable. PAYMENT DUE NET 10 days after receipt.
FURNITURE & SPECIAL ORDERS ARE NON-RETURNABLE. ORDERS ABOVE \$10K REQUIRE A 50% DEPOSIT AT TIME OF ORDER.
 LABOR FEE charge for moving existing furniture during installation: \$75.00/HR per man.
 STORAGE FEE charge for order delivery delayed after received: \$100.00-\$450.00/MTH
 MANUFACTURER warranties are applicable. LABOR WARRANTY for one year from purchase.
 SERVICE CHARGE for repairs beyond warranty year.
 Regular DELIVERY HRS: M-F, 8-5.
Quote, Specifications and Drawings Property of Coastal Office Solutions.
IF PAYING BY CREDIT CARD A 3% SERVICE CHARGE WILL APPLY.

Thank you for your business.

09

9. Consider and take necessary action to carry over \$18,500 to the 2025 Commissioners Court budget for structural removal as approved in Commissioners Court on July 10, 2024 and approve payment to KMAC Construction Services, Inc. for proposal amount of \$18,500. This work was delayed and not completed until 2025. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

Debbie Vickery

From: candice.villarreal@calhouncotx.org (candice villarreal)
<candice.villarreal@calhouncotx.org>
Sent: Monday, January 27, 2025 1:40 PM
To: 'vern lyssy'
Cc: Debbie.Vickery@calhouncotx.org
Subject: Agenda Items

Judge Lyssy,

Following is sample wording requested for the three agenda items we spoke of this morning regarding 2024 and 2025 budgets.

#7 Roof line item - Building Maintenance

- Consider and take necessary action to carry over the remaining 2024 roof project budget in the amount of \$328,200 in the Building Maintenance Department due to the project not being complete in 2024.

#8 Office Furniture – County Judge Department

- Consider and take necessary action to transfer budgeted funds in the amount of \$_____ for office furniture in the County Judges Department ordered in 2024 and delivered in 2025.

#9 Bill from KMAC

- Consider and take necessary action to carry over \$18,500 to the 2025 Commissioners Court budget for structural removal as approved in Commissioners Court on July 10, 2024 and approve payment to KMAC Construction Services, Inc. for proposal amount of \$18,500. This work was delayed and not completed until 2025.

Sincerely,

Candice Villarreal
Calhoun County Auditor
Calhoun County Auditor's Office
Port Lavaca, TX 77979
Phone (361)553-4611

Calhoun County Texas

10

10. Consider and take necessary action to authorize the Calhoun County Area Go-Texan Committee to allow alcohol to be consumed on the Calhoun County Fair Grounds, Bauer Building and the Pavilion during their Calhoun County Area Go-Texas Bar-B-Que Cook-off on April 4, 5, and 6, 2025. No alcohol will be sold on the premises. (VLL)

Richard Parrish asked for permission.

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

CALHOUN COUNTY AREA GO-TEXAN

January 29, 2025

Calhoun County Commission Court

211 South Ann

Port Lavaca, Texas 77979

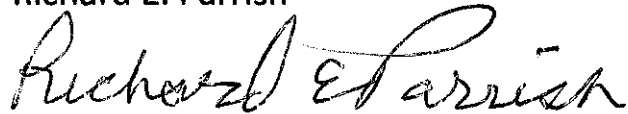
Dear Commission Court:

The Calhoun County Area Go-Texas Committee would like to request permission to have Alcohol at the Calhoun County Fair Grounds, Bauer Building, and the Pavilion during it Calhoun County Area Go-Texas Bar-B-Que Cook-off on the following dates. APRIL 4,5, 6, 2025. The Calhoun County Area Go-Texan Committee will be coordinating the clean up. We are also asking the teams to clean up their space during and after the contest is over. The Calhoun County Area Go-Texan Committee will **NOT** be selling alcohol at the event and will have insurance in place per requirements of State Law. Any alcohols on the grounds or that is in the buildings will have been brought in by

the Teams that are cooking. Alcohol that is proved to the Judges in the Bauer Building that are judging the contest will be provided by the Committee.

Security will be provided.

Richard E. Parrish

A handwritten signature in cursive script that reads "Richard E. Parrish". The signature is written in black ink and is positioned below the printed name.

Calhoun County Area Go-Texan Committee Member



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2025

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).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: MM – Short Term Special Events PHONE (A/C, No, Ext): 1-877-648-6404 FAX (A/C, No): 1-260-459-5502 E-MAIL ADDRESS: info@eventinsurance-kk.com PRODUCER CUSTOMER ID:														
INSURED Calhoun County Area Go Texan P.O. Box 1853 Port Lavaca, TX 77979 A Member of the Sports, Leisure & Entertainment RPG	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Markel Insurance Company</td><td>38970</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Markel Insurance Company	38970	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Markel Insurance Company	38970														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W02904579**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Host Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		M1RPG000000499900	04/04/2025 12:01 AM EDT	04/06/2025 12:01 AM	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td>\$1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$5,000,000</td></tr><tr><td>PRODUCTS – COMP/OP AGG</td><td>\$1,000,000</td></tr><tr><td>PROFESSIONAL LIABILITY</td><td></td></tr><tr><td>BODILY INJURY TO PARTICIPANTS</td><td></td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$5,000,000	PRODUCTS – COMP/OP AGG	\$1,000,000	PROFESSIONAL LIABILITY		BODILY INJURY TO PARTICIPANTS		COMBINED SINGLE LIMIT (Ea accident)		BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)	
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PROPERTY DAMAGE (Per accident)																															
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY NOT PROVIDED WHILE IN HAWAII						<table border="1"><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	EACH OCCURRENCE		AGGREGATE																					
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	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION						<table border="1"><tr><td>PER STATUTE</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td></tr><tr><td>E.L. DISEASE – EA EMPLOYEE</td><td></td></tr><tr><td>E.L. DISEASE – POLICY LIMIT</td><td></td></tr></table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT		E.L. DISEASE – EA EMPLOYEE		E.L. DISEASE – POLICY LIMIT																	
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E.L. DISEASE – EA EMPLOYEE																															
E.L. DISEASE – POLICY LIMIT																															
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table border="1"><tr><td>PRIMARY MEDICAL</td><td></td></tr><tr><td>EXCESS MEDICAL</td><td></td></tr></table>	PRIMARY MEDICAL		EXCESS MEDICAL																					
PRIMARY MEDICAL																															
EXCESS MEDICAL																															
	MEDICAL PAYMENTS FOR PARTICIPANTS																														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event Name: Calhoun County Area Go Texan; Event Date: 04/04/2025 to 04/05/2025; # of attendees: 400

Event Location: 186 Henry Barber Way, Port Lavaca, Texas 77979

Liquor Liability (as provided by CG 00 01 04 13) applies only if the insured is not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDERCounty of Calhoun
211 S. Ann St.
Port Lavaca, TX 77979
(Owner/Lessor of Premises)**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

11

11. Consider and take necessary action to allow The Calhoun County Judge Vern Lyssy sign the Voting Equipment Lease between Calhoun County Elections and The City of Port Lavaca.
(VLL)

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



CALHOUN COUNTY ELECTIONS DEPARTMENT

211 S. ANN ST, PORT LAVACA, TX 77979 • PH: 361-553-4440 • FAX: 361-553-4443

January 29, 2025

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

RE: AGENDA ITEM

Dear Judge Lyssy:

Please place the following item on the Commissioner's Court Agenda for February 05, 2025.

* Consider and take necessary action to allow The Calhoun County Judge Vern Lyssy sign the Voting Equipment Lease between Calhoun County Elections and The City of Port Lavaca.

Thank You,,

A handwritten signature in cursive script, appearing to read "Mary Ann Orta".

Mary Ann Orta
Calhoun County Elections Administrator

VOTING EQUIPMENT LEASE

BASIC TERMS

DATE: 12/19/2024

Lessor: Calhoun County, Texas

Lessor's Address: Calhoun County Courthouse

211 S. Ann, Port Lavaca, Texas 77979

Lessee: City of Port Lavaca

Lessee's Address: 202 N. Virginia St. Port Lavaca, Texas 77979

Equipment:

1 (number) voting machine described as ES&S Express Vote BMD

Term (days): 9

Commencement Date: April 21, 2025

Termination Date: May 03, 2025

Rent: Early voting 1 machine @ \$3,325.00 for 8 days X 3% = \$798.00

Election day 1 machine @ \$3,325.00 for 1 day X 3% = \$99.75

Rent Total: \$897.75

Security Deposit: \$0.00

Permitted Use: Early Voting & Election Day

Clauses and Covenants

A. Lessee agrees to -

1. Lease the Equipment for the entire Term beginning on the Commencement Date and ending on the Termination Date.
2. Accept the voting equipment in its present condition "AS IS," the equipment being currently suitable for the Permitted Use.
3. Obey (a) all applicable laws relating to the use of the voting equipment and (b) any requirements imposed by the utility companies serving or insurance companies covering the Premises.
4. Take reasonable care not to damage or destroy the equipment.
5. Purchase and provide at the renters' own expense all ballots, software, programming and supplies necessary for the proper use of the voting machines.
6. Repair, replace, and maintain the voting equipment, normal wear excepted.
7. Return the voting machines to the County at the end of the lease term.
8. INDEMNIFY, DEFEND AND HOLD LESSOR AND LIENHOLDER HARMLESS FROM ANY INJURY (AND ANY RESULTING OR RELATED CLAIM, ACTION, LOSS, LIABILITY, OR REASONABLE EXPENSE, INCLUDING ATTORNEY'S FEE AND OTHER FEES AND COURT AND OTHER COSTS) OCCURRING IN THE USE OF THESE VOTING MACHINES. THE INDEMNITY CONTAINED IN THIS PARAGRAPH (a) IS INDEPENDENT OF ANY INSURANCE, (b) WILL NOT BE LIMITED BY COMPARATIVE NEGLIGENCE STATUTES OR DAMAGES

PAID UNDER THE WORKERS' COMPENSATION ACT OR SIMILAR EMPLOYEE BENEFIT ACTS, (c) WILL SURVIVE THE END OF THE TERM, AND (d) WILL APPLY EVEN IF AN INJURY IS CAUSED IN WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF CALHOUN BUT WILL NOT APPLY TO THE EXTENT AN INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OR CALHOUN COUNTY.

B. Lessee agrees not to –

1. Use the equipment for any purpose other than the Permitted Use.
2. Create a nuisance.
3. Permit any waste.
4. Use the equipment in any way that would increase insurance premiums or void insurance on the equipment.
5. Change Lessor's equipment.
6. Alter the equipment.
7. Allow a lien to be placed on the equipment.

C. Lessor agrees to –

1. Lease to Lessee the equipment for the entire Term beginning on the Commencement Date and ending on the Termination Date.
2. Provide the Essential Services and instruction on the use and function of the equipment.
3. Repair, replace, and maintain the equipment as provided by the manufacture warranty on the equipment and to the extent of this warranty only.

D. Lessor agrees not to –

1. Interfere with Lessee's possession of the equipment as long as Lessee is not in default.
2. Interfere in any way with the election and the use of the equipment during the election being held by the Lessee.

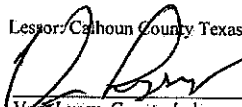
E. Lessor and Lessee agree to the following:

1. *Alterations.* Any physical additions or improvements to the equipment made by Lessee will become the property of Lessor. Lessor may require that Lessee, at the of the Term and at Lessee's expense, remove any physical additions and improvements, repair any alterations, and restore the equipment to the condition existing at the Commencement Date, normal wear excepted.
2. *Abatement.* Lessee's covenant to pay Rent and Lessor's covenants are independent. Except as otherwise provided, Lessee will not be entitled to abate Rent for any reason.
3. *Insurance.* Lessee and Lessor will maintain the respective PERSONAL PROPERTY insurance coverage's on equipment owned by them, being used by them or under their protection, possession or control.
4. *Release of Claim/Subrogation.* LESSOR AND LESSEE RELEASE EACH OTHER AND LEINHOLDER FROM ALL CLAIMS OR LIABILITIES FOR DAMAGE TO THE EQUIPMENT, DAMAGE TO OR LOSS OF PERSONAL PROPERTY WITHIN THE EQUIPMENT, AND LOSS THAT ARE COVERED BY THE RELEASING INSURANCE OR THAT WOULD HAVE BEEN COVERED BY THE REQUIRED INSURANCE IF THE PARTY FAILS TO MAINTAIN THE

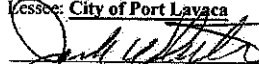
PERSONAL PROPERTY COVERAGES REQUIRED BY THIS LEASE. THE PARTY INCURRING THE DAMAGE OR LOSS WILL BE RESPONSIBLE FOR ANY DEDUCTIBLE OR SELF-INSURED RETENTION UNDER ITS PROPERTY INSURANCE. LESSOR AND LESSEE WILL NOTIFY THE ISSUING PROPERTY INSURANCE COMPANIES OF THE RELEASE SET FORTH IN THIS PARAGRAPH AND WILL HAVE THE PERSONAL PROPERTY INSURANCE POLICIES ENDORSED, IF NECESSARY, TO PREVENT INVALIDATION OF COVERAGE. THIS RELEASE WILL NOT APPLY IF IT INVALIDATES THE PROPERTY INSURANCE COVERAGE OF THE RELEASING PARTY. THE RELEASE IN THIS PARAGRAPH WILL APPLY EVEN IF THE DAMAGE OR LOSS IS CAUSED IN THE WHOLE OR IN PART BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF THE RELEASED PARTY BUT WILL NOT APPLY TO THE EXTENT THE DAMAGE OR LOSS IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASED PARTY.

5. *Alternative Dispute Resolution.* Lessor and Lessee agree to mediate in good faith before filing suit for damages.
6. *Attorney's Fees.* If either party retains an attorney to enforce this lease, the party prevailing in litigation is entitled to recover reasonable attorney's fees and other fees and court and other costs.
7. *Venue.* Exclusive venue is in the county in which the Premises are located.
8. *Entire Agreement.* This lease is the entire agreement of the parties, and there are no oral representations, warranties, agreements, or promises pertaining to this lease or to any expressly mentioned exhibits and riders not incorporated in writing in this lease.
9. *Amendment of Lease.* This lease may be amended only by an instrument in writing signed by Lessor and Lessee.
10. *Limitation of Warranties.* THERE ARE NO IMPLIED WARRANTIES OF MERCHANTABILITY, OF FITNESS FOR A PARTICULAR PURPOSE, OR OF ANY OTHER KIND ARISING OUT OF THIS LEASE, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THOSE EXPRESSLY STATED IN THIS LEASE.
11. *Notices.* Any notice required or permitted under this lease must be in writing. Any notice required by this lease will be deemed to be delivered (whether actually received or not) when deposited with the United States Postal Service, postage prepaid, certified mail, return receipt requested, and addressed to the intended recipient at the address shown in this lease. Notice may also be given by regular mail, personal delivery, courier delivery, facsimile transmission, or other commercially reasonable means and will be effective when actually received. Any address for notices may be changed by written notice delivered as provided herein.

Lessor: Calhoun County Texas


Vern Lyssy, County Judge

Lessee: City of Port Lavaca


By: Jack Whitlow
Title: Mayor

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12. Accept the 2024 Certificate of Completion for Continuing Education Hours from the District Clerk and enter into Official Records. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese



COUNTY & DISTRICT CLERKS' ASSOCIATION OF TEXAS

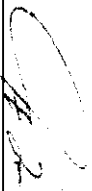
Certificate of Completion Awarded to

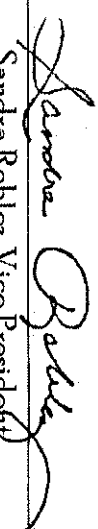
Anna Kabela

District Clerk

For completing the required 20 hours of Continuing Education for 2024 as prescribed in Section 51.605 of the Texas Government Code.

In witness therefore, recognition is hereby made this January 2025.


John F. Warren, President


Sandra Roblez, Vice President

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13. 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)

No action taken

DOCUMENT NO. 00 5000

AGREEMENT BETWEEN OWNER AND CONTRACTOR

THIS AGREEMENT is dated as of the 30th day of October in the year 2024, by and between CALHOUN COUNTY (hereinafter called OWNER) and WEAVER & JACOBS CONSTRUCTORS, INC. (hereinafter called CONTRACTOR).

OWNER and CONTRACTOR, in consideration of the mutual covenants hereinafter set forth, agree as follows:

.01 THE WORK:

CONTRACTOR shall complete all Work as specified or indicated in the Contract Documents. The Work is generally described as follows:

BID NUMBER 2024.06 – MEMORIAL MEDICAL CENTER HVAC & ROOF IMPROVEMENTS FOR CALHOUN COUNTY, TEXAS

.02 ENGINEER:

The Project has been coordinated by G & W Engineers, Inc., 205 West Live Oak, Port Lavaca, Texas, 77979, who is hereinafter called ENGINEER and who will assume all duties and responsibilities and will have the rights and authority assigned to ENGINEER in the Contract Documents in connection with completion of the Work in accordance with the Contract Documents.

.03 CONTRACT TIMES:

a. Calendar Days

The Work shall be complete and ready for final payment in accordance with Paragraph 14.07 of the General Conditions within **260 Calendar Days for Base Bid A and 730 Calendar Days for Base Bid B** after the date when the Contract Times commence to run. A Notice to Proceed (NTP) will be issued to the CONTRACTOR to officially serve as establishing the beginning of the contract time (Calendar Days to complete). Base Bid A and Base Bid B will have separate Notice to Proceeds.

b. Rain Days

CONTRACTOR may be allowed an adjustment to the CONTRACT Times for "rain days", which are defined as follows.

1. Any day(s) in which rainfall occurs prior to 12:00 p.m. (noon), of such quantity that, in the opinion of OWNER's representative, would prevent a safe working environment for CONTRACTOR at the construction site:
2. Any day(s) following the above described "rain day(s)" in which the condition of the construction site, in the opinion of OWNER's representative, is not conducive to providing CONTRACTOR with a safe working environment at the site,

OWNER shall only consider an adjustment in Contract Times if CONTRACTOR submits a written request for "rain days" to OWNER's representative for review, by 10:00 a.m. on the Monday following the week in which the day(s) occurred. Failure to submit such a written request shall be a representation by CONTRACTOR that additional days are not warranted.

OWNER's representative shall review all requests when submitted and will have final on site determination for "rain days". Disagreements between CONTRACTOR and OWNER's representative shall be submitted to OWNER.

c. Liquidated Damages

OWNER and CONTRACTOR recognize that time is of the essence in this Agreement and that OWNER will suffer financial loss if the Work is not substantially complete within the time specified in paragraph .03.a above, plus any extensions thereof allowed in accordance with Article 12 of the General Conditions. They also recognize the delays, expense and difficulties involved in proving in a legal proceeding the actual loss suffered by OWNER if the Work is not substantially complete on time.

Accordingly, instead of requiring any such proof, OWNER and CONTRACTOR agree that, as liquidated damages for delay (but not as a penalty), CONTRACTOR shall pay OWNER **SEVEN HUNDRED FIFTY DOLLARS (\$750.00)** for each day that expires after the time specified in paragraph .03.a. for the **Architectural and Structural Scope of Work**.

Accordingly, instead of requiring any such proof, OWNER and CONTRACTOR agree that, as liquidated damages for delay (but not as a penalty), CONTRACTOR shall pay OWNER **FIFTEEN HUNDRED DOLLARS (\$1,500.00)** for each day that expires after the time specified in paragraph .03.a. for the **Mechanical and Electrical Scope of Work**.

CONTRACTOR hereby agrees that said sum per day is a fair estimate of the pecuniary damages which will be sustained by OWNER in the event that the Work is not complete within the agreed time, or within extensions of time properly granted in accordance with the Contract Documents. Said sum shall be considered as liquidated damages only and not a penalty, said damage being caused by loss of timely use of the Work other injury difficult to quantify.

For purposes of applying this liquidated damages clause, the CONTRACTOR

agrees to waive as against the OWNER any defense to enforcement of said clause based on any of the following claims: (1) that the clause is a penalty; (2) that the daily amount stated in the clause is not a reasonable estimate and approximation as of the time of contracting of OWNER's actual damages; (3) that the damages caused to OWNER by reason of delay were not difficult to estimate at the time of contracting.

.04 CONTRACT PRICE:

OWNER shall pay CONTRACTOR for performance of the Work in accordance with the Contract Documents in current funds as per CONTRACTOR's bid which forms a part of this contract. In no event shall the amounts payable pursuant to this Contract exceed \$33,273,021.00, plus the amount of any duly authorized change orders or contract amendments executed by OWNER.

.05 PAYMENT PROCEDURE:

CONTRACTOR shall submit Applications for Payment in accordance with Article 14 of the General Conditions unless otherwise amended by the Contract Documents. Applications for Payment shall also include all required documentation indicated in Division 1 - General Requirements, Section 01 0250 of these Specifications. ENGINEER shall process Applications as provided in the General Conditions.

a. Progress Payments

OWNER shall make progress payments on account of the Contract Price on the basis of CONTRACTOR's Applications for Payment as recommended by ENGINEER and as provided below. All progress payments will be on the basis of the progress of the Work measured by the schedule of values provided for in Article 2 of the General Conditions.

1. Progress payments will be in an amount equal to the percentage indicated below, but, in each case, less the aggregate of payments previously made and less such amounts as ENGINEER shall determine, or OWNER may withhold in accordance with Paragraph 14.02.B.5 of the General Conditions.

- A. 95% of the Work completed (with the balance being retainage)

- B. 95% (with the balance being retainage) of materials and equipment not incorporated in the Work (but delivered, suitably stored and accompanied by documentation satisfactory to OWNER as provided in Paragraph 14.02.A.1 of the General Conditions).

2. Request for Payments

All requests for payments shall be divided into materials costs and labor/equipment costs. All requests for material payment shall be accompanied by CONTRACTOR's paid invoice for the material in accordance with Article 14.02.A.1 of the General Conditions.

b. Final Payment

Upon final completion and acceptance of the Work in accordance with Paragraph 14.07 of the General Conditions, OWNER shall pay the remainder of the Contract Price as recommended by ENGINEER as provided in said paragraph.

.06 CONTRACTOR's REPRESENTATIONS:

In order to induce OWNER to enter into this Agreement, CONTRACTOR makes the following representations:

- a. CONTRACTOR has examined and carefully studied the Contract Documents (including the Addenda listed in paragraph 7 herein) and the other related data identified in the Bidding Documents including "technical data."
- b. CONTRACTOR has visited the site and become familiar with and is satisfied as to the general, local and site conditions that may affect cost, progress, performance or furnishing of the Work.
- c. CONTRACTOR is familiar with and is satisfied as to all federal, state and local Laws and Regulations that may affect cost, progress, performance and furnishing of the Work.
- d. CONTRACTOR has carefully studied all reports of explorations and tests of subsurface conditions at or contiguous to the site and all drawings of physical conditions in or relating to existing surface or subsurface structures at or contiguous to the site (except Underground Facilities) which have been identified in the Supplementary Conditions as provided in Paragraph 4.02.A of the General Conditions. CONTRACTOR accepts the determination set forth in the Supplementary Conditions to the extent of the "technical data" contained in such reports and drawings upon which CONTRACTOR is entitled to rely as provided in Paragraph 4.02.A of the General Conditions. CONTRACTOR acknowledges that such reports and drawings are not Contract Documents and may not be complete for CONTRACTOR's purposes. CONTRACTOR acknowledges that OWNER and ENGINEER do not assume responsibility for the accuracy or completeness of information and data shown or indicated in the Contract Documents with respect to Underground Facilities at or contiguous to the site. CONTRACTOR has obtained and carefully studied (or assumes responsibility for having done so) all such additional supplementary examinations, investigations, explorations, tests, studies and data concerning conditions (surface, subsurface and underground facilities) at or contiguous to the site or otherwise which may

affect cost, progress, performance or furnishing of the Work or which relate to any aspect of the means, methods, techniques, sequences and procedures of construction to be employed by CONTRACTOR and safety precautions and programs incident thereto. CONTRACTOR does not consider that any additional examinations, investigations, explorations, tests, studies or data are necessary for the performance and furnishing of the Work at the Contract Price, within the Contract Times and in accordance with the other terms and conditions of the Contract Documents.

- e. CONTRACTOR is aware of the general nature of the Work to be performed by OWNER and others at the site that relates to the Work as indicated in the Contract Documents.
- f. CONTRACTOR has correlated the information known to CONTRACTOR, information and observations obtained from visits to the site, reports and drawings identified in the Contract Documents and all additional examinations, investigations, explorations, tests, studies and data with the Contract Documents.
- g. CONTRACTOR has given ENGINEER written notice of all conflicts, errors, ambiguities or discrepancies that CONTRACTOR has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to CONTRACTOR, and the Contract Documents are generally sufficient to indicate and convey understanding of all terms and conditions for furnishing and performing of the Work.

.07 CONTRACT DOCUMENTS:

The executed contract documents shall consist of the following components and are incorporated into this contract for all purposes as if set forth verbatim herein:

- a. This Agreement.
- b. Exhibits to this Agreement.
 - 1. Bid Negotiation.
- c. CONTRACTOR's Bid.
- d. Performance, Payment and other Bonds.
- e. Notice of Award.
- f. Notice to Proceeds.
- g. General Conditions.

- h. Calhoun County, Texas General Conditions.
- i. Supplementary Conditions.
- j. Technical Specifications.

1. Drawings numbered & titled for the different areas of work as indicated below:

BID NUMBER 2024.06 – MEMORIAL MEDICAL CENTER HVAC & ROOF IMPROVEMENTS FOR CALHOUN COUNTY, TEXAS

DRAWING INDEX	SHEET NO.	DATE
INDEX OF DRAWINGS	G1	
ARCHITECTURAL DRAWINGS		
OVERALL ROOF PLAN		
ENLARGED ROOF PLAN.....	R1	3/31/2022
ROOF AREAS A,B,C,D,E,F,H,J,K, & L		
ENLARGED ROOF PLAN.....	R2	3/31/2022
ROOF AREA E,F, & G		
ENLARGED ROOF PLAN.....	R3	3/31/2022
ROOF AREA E,F, & G		
ENLARGED ROOF PLAN.....	R4	3/31/2022
WIND PLAN		
ENLARGED ROOF PLAN	WP	3/31/2022
ELEVATION PLAN		
ENLARGED ELEVATION PLAN.....	A1	3/31/2022
WINDOW ELEVATION PLAN		
ENLARGED WINDOW ELEVATION.....	A2	3/31/2022
ROOF DETAILS.....	D1	3/31/2022
ROOF DETAILS.....	D2	3/31/2022
ROOF DETAILS.....	D3	3/31/2022
ROOF DETAILS.....	D4	3/31/2022
ROOF DETAILS.....	D5	3/31/2022
ROOF DETAILS.....	D6	3/31/2022
WINDOW DETAILS.....	D7	3/31/2022
WINDOW DETAILS.....	D8	3/31/2022
WINDOW DETAILS.....	D9	3/31/2022
WINDOW DETAILS.....	D10	3/31/2022
STRUCTURAL DRAWINGS		
FRAMING PLAN		
ENLARGED FRAMING PLAN.....	S1.0	3/31/2022
FRAMING PLAN		
ENLARGED FRAMING PLAN.....	S2.0	3/31/2022

DRAWING INDEX	SHEET NO.	DATE
STRUCTURAL DRAWINGS CONT'D.		
FRAMING DETAILS		
AHU'S DETAILS.....	S3.0	3/31/2022
FRAMING DETAILS		
COOLING TOWER DETAILS.....	S4.0	3/31/2022
FRAMING DETAILS		
COOLING TOWER DETAILS.....	S4.1	3/31/2022
MECHANICAL DRAWINGS:		
MECHANICAL SYMBOLS & ABBREVIATIONS.....	M001	8/29/2024
FIRST FLOOR SEG A		
MECHANICAL DEMOLITION PLAN.....	MD101	8/29/2024
FIRST FLOOR SEG B		
MECHANICAL DEMOLITION PLAN.....	MD101B	8/29/2024
FIRST FLOOR SEG C		
MECHANICAL DEMOLITION PLAN.....	MD101C	8/29/2024
FIRST FLOOR SEG D		
MECHANICAL DEMOLITION PLAN.....	MD101D	8/29/2024
FIRST FLOOR SEG E		
MECHANICAL DEMOLITION PLAN.....	MD101E	8/29/2024
FIRST FLOOR SEG F		
MECHANICAL DEMOLITION PLAN.....	MD101F	8/29/2024
SECOND FLOOR SEG A		
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SECOND FLOOR SEG B		
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AGREEMENT BETWEEN OWNER AND CONTRACTOR
MMC HVAC & Roof Improvements for Calhoun Co., TX (File# 5310.014a)

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AGREEMENT BETWEEN OWNER AND CONTRACTOR
MMCHVAC & Roof Improvements for Calhoun Co., TX (File# 5310.014a)

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- m. Addendum numbers One (1) to One (1) inclusive
- n. The following of which may be delivered or issued after the Effective Date of the Agreement and are not attached hereto:

All Written Amendments and other documents amending, modifying or supplementing the Contract Documents pursuant to Paragraph 3.04 of the General Conditions.

There are no Contract Documents other than those listed above in this Article 7. The Contract Documents may only be altered, amended or repealed in accordance with the appropriate provisions of Article 3 of the General Conditions.

All protests and disputes will be held in Port Lavaca, Calhoun County, Texas.

.08 MISCELLANEOUS:

- a. Terms used in this Agreement which are defined in Article 1 of the General Conditions will have the meanings indicated in the General Conditions.

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- b. No assignment by a party hereto of any rights under or interests in the Contract Documents will be binding on another party hereto without the written consent of the party sought to be bound; and, specifically but without limitation, moneys that may become due and moneys that are due may not be assigned without such consent(except to the extent that the effect of this restriction may be limited by law), and unless specifically stated to the contrary in any written consent to an assignment no assignment will release or discharge the assignor from any duty or responsibility under the Contract Documents.
- c. OWNER and CONTRACTOR each binds itself, its partners, successors, assigns and legal representatives to the other party hereto, its partners, successors, assigns and legal representatives in respect to all covenants, agreements and obligations contained in the Contract Documents.
- d. Any provision or part of the Contract Documents held to be void or unenforceable under any Law or Regulation shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon OWNER and CONTRACTOR, who agree that the Contract Documents shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

IN WITNESS WHEREOF, the parties hereto have signed this Agreement in triplicate. One counterpart each has been delivered to OWNER, CONTRACTOR and ENGINEER. All portions of the Contract Documents have been signed or identified by OWNER and CONTRACTOR or by ENGINEER on their behalf.

OWNER:
CALHOUN COUNTY

BY: _____
Vern Lyssy, Judge Pro Tem

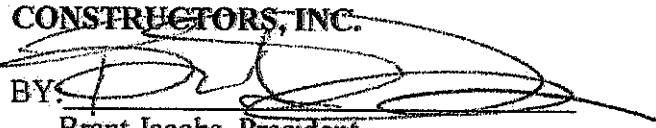
ATTEST: _____

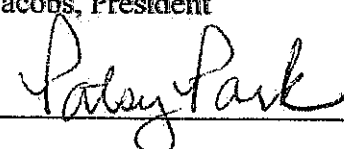
ADDRESS: 211 S. Ann, Suite 301
Port Lavaca, Texas 77979

PHONE: (361) 553-4600

FAX: (361) 553-4444

CONTRACTOR:
WEAVER & JACOBS
CONSTRUCTORS, INC.

BY: 
Brant Jacobs, President

ATTEST: 

ADDRESS: 301 Cooperative Way
Cuero, Texas 77954

PHONE: (361) 277-9300

FAX: (361) 277-9274

EMAIL: byjacobs@weaverandjacobs.com

END OF DOCUMENT

00 5000-14

Memorial Medical Center HVAC & Roof Replacements

Base Bid A - Architectural & Structural Base Bid B - Mechanical & Electrical			
A1	Roof replacement	\$	3,673,515
A2	Curtainwall and storefront window systems	\$	4,405,972
A3	Structural supports for new MEP equipment	\$	213,758
B1	HVAC equipment	\$	7,021,712
B2	HVAC controls	\$	2,458,970
B3	Balance of HVAC scope (excluding Items #1 & #2 above)	\$	14,924,079
B4	New electrical scope	\$	1,465,867
B6	Testing, Adjusting, and Balancing for HVAC Allowance	\$	150,000
		Base Bid - minus Owner's Contingency	\$ 34,313,873
A4	10% Owners Contingency	\$	829,325
B5	10% Owners Contingency	\$	2,837,063
		Total Base Bid	\$ 37,980,261

Accepted VE Options Per Meeting on 10-15-2024		Approved Credit
Accept VE#1, VE#3, VE#4, VE#5, VE#6, VE#7, VE#9A		\$ (4,707,240.00)
Final Base Bid Total		\$ 33,273,021.00

Item	Value Engineering Options	Value
VE #1	Reduce Contingency to 3% (Leaves \$1,029,416 in Contingency Balance)	\$ (2,636,972)
VE #3	Reduce Schedule to Two Year Phasing in lieu of Four Year	\$ (1,007,821)
VE #4	Reduction in Builder's Risk Coverage for 2 Years of Coverage	\$ (400,000)
VE #5	Roofing Alternate with Added Manufacturer Discount of \$(24,288)	\$ (267,595)
VE# 6	Change Roof Cap Sheet from Paradiene 30FR TG BW to Paratech Glass	\$ (56,262)
VE #7	Hydronic Piping Material and Method Change (All Hydronic Piping to be	\$ (260,000)
VE #9A	Aluminum Cabinet Construction on Season 4 Daikin RTAHUs (If Staying with Base Bid Daikin RTAHUs)	\$ (78,590)



WEAVER & JACOBS
CONSTRUCTORS, INC.

DOCUMENT NO. 00 3000

BID

Weaver & Jacobs Constructors, Inc., hereinafter called "BIDDER",
(Legal Firm Name)

is submitting this Bid for Furnishing and Performing the Work specified herein as the
**MEMORIAL MEDICAL CENTER HVAC & ROOF IMPROVEMENTS FOR
CALHOUN COUNTY, TEXAS**

This BID is Submitted to the **COUNTY OF CALHOUN**, hereinafter called "OWNER".

1. Terms used in this BID are defined in the General Conditions or Document No. 00120 - Instructions to Bidders and shall have the meanings indicated in the General Conditions or Instructions.
2. BIDDER proposes and agrees, if this BID is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to furnish and perform all Work as specified or indicated in the Contract Documents for the Bid Price and within the Bid Times indicated in this BID and in accordance with the other terms and conditions of the Contract Documents.
3. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid Security. This BID will remain subject to acceptance for Sixty (60) Calendar Days after the Bid Opening. BIDDER shall sign and deliver the required number of counterparts of the Agreement, including all required documents indicated by the Bidding Requirements, within Fifteen (15) Working Days after the date of OWNER's Notice of Award.
4. In submitting this BID, BIDDER represents, as more fully set forth in the Agreement, that:
 - a. BIDDER has examined and carefully studied the Bidding Documents and the following Addenda, receipt of all which is hereby acknowledged: (List Addenda by Addendum Number and Date):

Addendum No.: 1
Date Received: 8/28/24
 - b. BIDDER has visited the site and is familiar and satisfied with the general, local and site conditions that may affect cost, progress, and furnishing and performing the Work.
 - c. BIDDER is familiar and satisfied with all federal, state and local Laws and Regulations that may affect cost, progress, and furnishing and performing the Work.

00 3000-1

- d. BIDDER is aware of the general nature of work, if any, to be performed by OWNER (or others) at the site in relation to the Work for which this BID is submitted.
 - e. BIDDER has correlated the information known to BIDDER, information and observations obtained from visits to the site, reports and drawings identified in the Contract Documents and all additional examinations, investigations, explorations, tests, studies and data with the Contract Documents.
 - f. BIDDER has given ENGINEER written notice of all conflicts, errors, ambiguities or discrepancies that BIDDER has discovered in the Contract Documents, and the written resolution thereof by ENGINEER is acceptable to BIDDER, and the Contract Documents are generally sufficient to indicate and convey understanding of all terms and conditions for furnishing and performing the Work for which this BID is submitted.
 - g. This BID is GENUINE and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. BIDDER has not directly or indirectly induced or solicited any other BIDDER to submit a false or sham BID. BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding. BIDDER has not sought by collusion to obtain for itself any advantage over any other BIDDER or over OWNER.
5. BIDDER agrees to complete the Work in accordance with the Contract Documents.
- a. BIDDER acknowledges that the amounts are to be shown in both words and figures, and in case of discrepancy, the amount in words shall govern.
 - b. BIDDER acknowledges that the quantities are not guaranteed and final payment will be based on the actual quantities determined as provided in the Contract Documents.
 - c. BIDDER acknowledges that, at OWNER's option and/or at OWNER's request, any of the quantities may be deleted, reduced, or increased based upon the respective Unit Prices.
 - d. BIDDER acknowledges that Unit and Lump Sum Prices have been computed in accordance with paragraph 11.03.B of the General Conditions.
 - e. BIDDER agrees to furnish all necessary labor, superintendence, plant, machinery, equipment, tools, materials, insurance, services and all other requirements deemed necessary to complete the items of Work indicated on the following pages for the specific dollar amounts stated.

00 3000-2

BIDPROJECT NAME: BID NUMBER 2024.06 MEMORIAL MEDICAL CENTER HVAC & ROOF IMPROVEMENTSDUE DATE: Before 2:00:00 pm, Thursday, September 19, 2024NAME: Weaver & Jacobs Constructors, Inc.

WORK SCOPE is Bids are invited for items and quantities of work generally as follows: Replacement of Roof System in totality including modifications necessary to roof top equipment, Replacement of select window systems including exterior cladding repairs and interior repairs necessary to install windows systems as specified. Structural Modifications as required to install new Mechanical Equipment. Replacement of the existing HVAC systems and associated controls, modifications and additions to the electrical infrastructure as required to accommodate the new HVAC systems.

BIDDERS MUST FILL OUT ALL OF THE BASE BID ITEMS INCLUDING ALL OF THE OWNER'S OPTIONS TO BE CONSIDERED A RESPONSIVE BIDDER.

Base Bid A -- Architectural and Structural				
Item	Quantity	Unit	Unit Price	Total Bid Price
A1. Furnish all necessary equipment, materials, and labor for roof replacement scope of work at roof areas A, B, B1, B2, C, D, E, E1, E2, E3, F, F1, F2, F3, G, H, J, and K as defined under BASE BID in accordance with the drawings and specifications. Includes all flashings, sheet metal, sealants, masonry, MEP and other supplemental work necessary.	1	LS	\$3,673,515	\$3,673,515
A2. Furnish all necessary equipment, materials, and labor for the installation of the curtainwall and storefront window systems as defined under BASE BID in accordance with the drawings and specifications. Includes all flashings, sheet metal, sealants, masonry, MEP and other supplemental work necessary.	1	LS	\$4,405,972	\$4,405,972
A3. Furnish all necessary equipment, materials, and labor for the installation and/or modifications of the structural supports for new MEP equipment as defined under BASE BID in accordance with the drawings and specifications. Includes all overhead work and work modifications necessary to accommodate the hospital's schedule.	1	LS	\$213,758	\$213,758

00 3000-3

Base Bid A – Architectural and Structural Cont'd.				
Item	Quantity	Unit	Unit Price	Total Bid Price
A4. 10% Owners Contingency: to be used only as directed by Architect/Engineer for Owner's purposes and only by change orders that indicate amounts to be charged to the Owner's Contingency	1	LS	10% of Base Bid (0.10 x Sum of Base Bid lines A1.-A3. above) \$829,325	\$829,325
Total Base Bid A – (A1 – A4)				\$9,122,570
NOTE: START DATE AND PHASING TO BE COORDINATED WITH OWNER AND GENERAL CONTRACTOR			Base Bid A – Calendar Days	260

Base Bid B – Mechanical and Electrical				
Item	Quantity	Unit	Unit Price	Total Bid Price
B1. Furnish all install all HVAC equipment defined under the BASE BID in accordance with the schedules on drawings M401, M402, M403, M404, and M405 as well as the specifications.	1	LS	\$7,021,712	\$7,021,712
B2. Furnish and install all HVAC controls defined under the BASE BID in accordance with drawings M701, M702, M703, M704, M705, M706, and M707 as well as the specifications.	1	LS	\$2,458,970	\$2,458,970
B3. Furnish and install all equipment, materials, and labor for the installation of the balance of HVAC scope (excluding Items #1 & #2 above) defined under the BASE BID in accordance with the drawings and specifications.			\$14,924,079	\$14,924,079

00 3000-4

Base Bid B – Mechanical and Electrical Cont'd				
Item	Quantity	Unit	Unit Price	Total Bid Price
B4. Furnish all necessary equipment, materials, and labor for the installation of all new electrical scope as defined under the BASE BID in accordance with the electrical drawings and specifications.	1	LS	\$1,465,867	\$1,465,867
B5. 10% Owners Contingency: to be used only as directed by Architect/Engineer for Owner's purposes and only by change orders that indicate amounts to be charged to the Owner's Contingency Asbestos abatement allowance added per addendum #1 (\$250,000)	1	LS	10% of Base Bid (0.10 x Sum of Base Bid lines B1.- B4. above) \$2,837,063	\$2,837,063
B6. Testing, Adjusting, and Balancing for HVAC Allowance: To be used only as directed by Engineer for Owner's purposes and only by change orders that indicate amounts to be charged to the Owner's Testing, Adjusting, and Balancing Allowance.	1	LS	\$150,000.00 \$150,000	\$150,000
Total Base Bid B – (B1 – B6)				\$28,857,691
NOTE: START DATE AND PHASING TO BE COORDINATED WITH OWNER AND GENERAL CONTRACTOR.			Base Bid B – Calendar Days	1,498
Total Base Bid A + Base Bid B				\$37,980,261

We are carrying \$934,000 in Builder's Risk Insurance including named wind storm coverage for four years. If the owner chooses they can carry the Builder's Risk policy themselves and we can remove it from our cost.

+++++
AWARD OF CONTRACT SHALL BE BASED ON THE "TOTAL BASE BID A + TOTAL BASE BID B" WITH CONSIDERATION OF THE OWNER'S OPTIONS
 +++++

00 3000-5

OWNER'S OPTION'S

Owner's Options A -- Architectural and Structural				
Item	Quantity	Unit	Unit Price	Total Bid Price
OA1 Furnish all necessary equipment, materials, and labor for ALTERNATE BID roof replacement scope to install a 2-ply mod bit venting system with LWIC RT pellet surface treatment in lieu of the 3-ply mod bit roof system described under BASE BID of work at roof areas A, B, B1, B2, C, D, E, E1, E2, E3, F, F1, F2, F3, G, H, J, and K as defined under ALTERNATE BID in accordance with the drawings and specifications. Includes all flashings, sheet metal, sealants, masonry, MEP and other supplemental work necessary. It is the intent that this line item be an addition or deduction from BASE BID Item 1 above. Deductions shall be entered as a Negative Price	1	LS	(-\$243,407)	(-\$243,407)
UNIT PRICES: Bidder proposes the following sums as additions to or deductions from the Base Bid amount for Unit Price Work more fully described in referenced Specification Sections in the Contract Documents. Bidder must provide an amount for each Unit Price Item listed or entire Bid may be considered non-responsive. All items listed below include all labor, materials and OH & P, to install.				
Owner's Options A -- Architectural and Structural Cont'd.				
Item	Quantity	Unit	Unit Price	Total Bid Price
03 5216 LWIC: Vermiculite Lightweight Aggregate per 1" thickness, 25 PCF Dry Density	1	SQ. FT	\$17.50	\$17.50
03 5216 LWIC: Insulcal PB Foam Concentrate per 1" thickness, 30 PCF Dry Density	1	SQ. FT	\$10.85	\$10.85
03 5216 LWIC: Insulperm EPS Foam Board insulation per 1" thickness, 1 PCF	1	SQ. FT	\$157.50	\$157.50
04 0100 Thru-Wall Flashing: Raise Through wall flashing including counterflashing and masonry repairs	10	Linear FT	\$341.25	\$3,412.50
06 1055 Treated Wood Blocking Replacement: 2x4 Nominal Size	10	Linear FT	\$8.75	\$87.50

00 3000-6

Owner's Options A -- Architectural and Structural Cont'd.				
Item	Quantity	Unit	Unit Price	Total Bid Price
06 1055 Treated Wood Blocking Replacement: 2x6 Nominal Size	10	Linear FT	\$11.38	\$113.75
06 1055 Treated Wood Blocking Replacement: 2x8 Nominal Size	10	Linear FT	\$14.00	\$140.00
06 1055 Treated Wood Blocking Replacement: 2x10 Nominal Size	10	Linear FT	\$16.63	\$166.25
06 1055 Treated Wood Blocking Replacement: 2x12 Nominal Size	10	Linear FT	\$19.25	\$192.50
06 1055 Treated Wood Blocking Replacement: 3/4" CDX Plywood	32	SQ. FT	\$9.63	\$308.00
07 5216 SBS MOD BIT ROOF MEMBRANE: SBS MOD BIT CAP SHEET TG WITH SRI ≥ 0.75.	1	SQ. FT	\$7.88	\$7.88
07 5216 SBS MOD BIT ROOF MEMBRANE: LWIC 1.75" Base Sheet Fasteners	1	SQ. FT	\$6.13	\$6.13
07 5216 SBS MOD BIT ROOF MEMBRANE: LWIC 1.75" Twin Lock Base Sheet Fasteners	1	SQ. FT	\$6.13	\$6.13
07 5216 SBS MOD BIT ROOF MEMBRANE: Polyisocyanurate Board 1" Thickness 20 PSI.	1	SQ. FT	\$2.10	\$2.10
07 5216 SBS MOD BIT ROOF MEMBRANE: Gypsum 1/2" Cover Board	1	SQ. FT	\$3.50	\$3.50
07 0150.19 Roof Replacement Prep. Steel Decking Replacement, A, B, F, or N Deck	1	SQ. FT	\$26.25	\$26.25
07 6200 Sheet Metal Work: 5"x 5" Sheet Metal Downspout	10	Linear FT	\$61.25	\$612.50
07 6200 Sheet Metal Work: 18" ES-1 Coping w/ 1 cleat and Standing Seam	10	Linear FT	\$78.75	\$787.50
07 6200 Sheet Metal Work: 4" Face ES-1 Fascia W. Continuous Cleat	10	Linear FT	\$22.75	\$227.50
07 6200 Sheet Metal Work: 8" 1-piece Fascia / Coping Face Extension	10	Linear FT	\$26.25	\$262.50
07 6200 Sheet Metal Work: 6' Downspout Boot	1	Each	\$1,575.00	\$1,575.00
07 6200 Sheet Metal Work: Collector Head	1	Each	\$262.50	\$262.50

00 3000-7

Owner's Options A – Architectural and Structural Cont'd.				
Item	Quantity	Unit	Unit Price	Total Bid Price
07 6200 Sheet Metal Work: Hooded Pitch Pan	1	Each	\$157.50	\$157.50
07 6200 Sheet Metal Work: Concrete Splash Block on Traffic Pad	1	Each	\$157.50	\$157.50
07 6200 Sheet Metal Work: R-Panel 36"	10	Linear FT	\$21.88	\$218.75
07 9200 Backer Rod and Sealant: Backer Rod and Sealant (up to 3/4" Joint)	10	Linear FT	\$24.50	\$245.00
22 0500 Plumbing: 4" Ø Roof Drain and Strainer	1	Each	\$6,755.00	\$6,755.00
22 0500 Plumbing: 6" Ø Roof Drain and Strainer	1	Each	\$6,930.00	\$6,930.00
22 0500 Plumbing: 8" Ø Roof Drain and Strainer	1	Each	\$7,113.75	\$7,113.75
22 0500 Plumbing: 1" Ø Condensate Drain and Strainer	10	Linear FT	\$1,295.00	\$12,950.00
22 0500 Plumbing: 2" Ø Condensate Drain and Strainer	10	Linear FT	\$1,487.50	\$14,875.00
22 0500 Plumbing: 1" Ø Copper A/C Condensate Line (W/ Supports)	10	Linear FT	\$1,216.25	\$12,162.50
22 0500 Plumbing: Raise Water Chiller Lines (W/ Supports)	10	Linear FT	\$4,830.00	\$48,300.00

00 3000-8

Owner's Options B – Mechanical and Electrical

UNIT PRICES: Bidder proposes the following sums as additions to or deductions from the Base Bid amount for Unit Price Work more fully described in referenced Specification Sections in the Contract Documents. Bidder must provide an amount for each Unit Price Item listed or entire Bid may be considered non-responsive. All items listed below include all labor, materials and OH & P, to install.

Item	Quantity	Unit	Unit Price	Total Bid Price
OB1. Install run-out ductwork, including a single 2 ft. x 2ft. air device with appropriate frame per Air Device Schedule, up to 15 ft. of 6 in. diameter sheet metal ductwork, 8 ft of flexible ductwork, spin-in tap with balancing damper and duct insulation.	1	LS	\$5,258.75	\$5,258.75
OB2. Install run-out ductwork, including a single 2 ft. x 2ft. air device with appropriate frame per Air Device Schedule, up to 15 ft. of 8 in. diameter sheet metal ductwork, 8 ft of flexible ductwork, spin-in tap with balancing damper and duct insulation.	1	LS	\$5,626.25	\$5,626.25
OB3. Install run-out ductwork, including a single 2 ft. x 2ft. air device with appropriate frame per Air Device Schedule, up to 15 ft. of 10 in. diameter sheet metal ductwork, 8 ft of flexible ductwork, spin-in tap with balancing damper and duct insulation.	1	LS	\$5,801.25	\$5,801.25
OB4. Install run-out ductwork, including a single 2 ft. x 2ft. air device with appropriate frame per Air Device Schedule, up to 15 ft. of 12 in. diameter sheet metal ductwork, 8 ft of flexible ductwork, spin-in tap with balancing damper and duct insulation.	1	LS	\$6,221.25	\$6,221.25

00 3000-9

Owner's Options B -- Mechanical and Electrical Cont'd.				
Item	Quantity	Unit	Unit Price	Total Bid Price
OB5. Install run-out ductwork, including a single 2 ft. x 2ft. air device with appropriate frame per Air Device Schedule, up to 15 ft. of 14 in. diameter sheet metal ductwork, 8 ft of flexible ductwork, spin-in tap with balancing damper and duct insulation.	1	LS	\$6,756.75	\$6,756.75
OB6. Remove and replace 4 ft x 4 ft section of GWB ceiling. Patch, seal and paint to match existing conditions.	1	LS	\$1,487.50	\$1,487.50
OB7. Furnish and install 18 in. x 18 in. painted steel access panel in ceiling.	1	LS	\$1,050.00	\$1,050.00

6. BIDDER agrees that the Work shall be completed and ready for final payment in accordance with Paragraph 14.07 of the General Conditions when the Contract Times commences to run.

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work within the times specified in the Agreement.

7. The following documents are included and made a condition of this BID:
- Required Bid Security in the form of Bid Bond
 - Affidavit
 - System for Award Management -- (sam.gov.)
 - Certification Regarding Debarment & Suspension and Other Responsibility Matters
 - Certification Regarding Lobbying
 - Disclosure of Lobbying Activities
 - Conflict of Interest Questionnaire, Form CIQ
 - House Bill 89 Verification
 - Residence Certification
 - Document No. 00 4150 -- Contractor's Corporate Resolution

00 3000-10

- k. Document No. 00 4200 – Bidder Qualification Statement
- l. Document No. 00 4500 - Certification of Bidder Regarding Civil Rights Laws and Regulations

Submit one (1) USB flash drive and one (1) original and four (4) copies of this bid and forms listed above. Please do not fold, bind or staple sets.

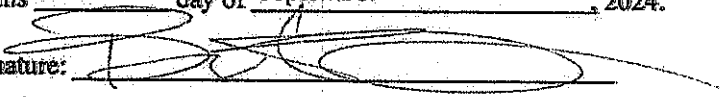
Bids must be returned in a Sealed 9 x 12 or larger envelope clearly marked:
SEALED BID NUMBER 2024.06 - MEMORIAL MEDICAL CENTER HVAC & ROOF IMPROVEMENTS FOR CALHOUN COUNTY, TEXAS.

Submit Sealed Bid Before 2:00:00 PM local time, Thursday, September 12, 2024 to:

Honorable Richard H. Meyer, County Judge
Calhoun County Courthouse
211 South Ann Street, 3rd Floor, Suite 301
Port Lavaca, TX 77979

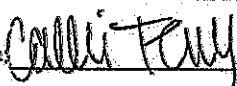
8. Communications about this BID shall be directed to BIDDER's address indicated below.

SUBMITTED this 12th day of September, 2024.

Authorized Signature: 

Name: Brant Jacobs

Title: President

Attesting Signature: 

Name: Callie Terry

Title: Office Admin

Legal Firm Name: Weaver & Jacobs Constructors, Inc.

Business Address: 301 Cooperative Way - Cuero, TX 77954

Phone Number: 361-277-9300

Facsimile Number: 361-277-9274

E-Mail Address: byjacobs@weaverandjacobs.com

State of Incorporation, if applicable: Texas

State Contractor License No.: - Texas does not require General Contractors to be licensed, however Weaver & Jacobs is IBC F-11 Certified to do business in any state. Our registration number is 9335549330.

END OF DOCUMENT

00 3000-11

MEMORIAL MEDICAL CENTER HVAC / ROOF

PUBLIC WORK
STATUTORY PERFORMANCE BOND PURSUANT TO
CHAPTER 2253 OF THE TEXAS GOVERNMENT CODE AS
AMENDED BY THE 73rd LEGISLATURE, 1993

Bond No: 8054767

(Penalty of this bond must be 100% of Contract amount)

KNOW ALL MEN BY THESE PRESENTS:

That, Weaver & Jacobs Constructors, Inc.

(Here insert the name and address or legal title of the Contractor)

301 Cooperative Way, Cuero, TX 77954

(hereinafter called the Principal), as Principal, and

Amerisure Mutual Insurance Company

(Here insert the name of the Surety)

a corporation organized and existing under the laws of the State of Michigan, with its principal office in the City of Farmington
(hereafter called the Surety), as Surety, are held and firmly bound unto

Calhoun County

(Here insert the name of the Obligee)

(hereinafter called the Obligee), in the amount of Thirty-three Million Two Hundred Seventy-three Thousand Twenty-one & 00/100

(Here insert an amount equal to the total contract price)

Dollars (\$33,273,021.00), for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written contract with the Obligee, dated the 30th day of October, 2024 to Memorial Medical Center HVAC & Roof Improvements

which contract is hereby referred to and made a part hereof as fully and to the same extent as if copied at length herein.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall faithfully perform the work in accordance with the plans, specifications and contract documents, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, HOWEVER, that this bond is executed pursuant to the provisions of Chapter 2253 of the Texas Government Code as amended by Acts of the 73rd Legislature, 1993, and all liabilities on this bond shall be determined in accordance with the provisions of said Chapter to the same extent as if it were copied at length herein.

IN WITNESS WHEREOF, the said Principal and Surety have signed and sealed this instrument this 11th day of December, 2024

WITNESS:

(SEAL)

(IF INDIVIDUAL OR FIRM)

ATTEST:

(SEAL)

Weaver & Jacobs Constructors, Inc.
Principal

(SEAL)

(IF CORPORATION)

(SEAL)

Amerisure Mutual Insurance Company
Surety

By

Debra Lee Moon

Attorney-in-Fact

AMERISURE MUTUAL INSURANCE COMPANY
AMERISURE INSURANCE COMPANY
AMERISURE PARTNERS INSURANCE COMPANY



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company are corporations duly organized under the laws of the State of Michigan (herein collectively the "Companies"), and that the Companies do hereby make, constitute and appoint:

DEBRA LEE MOON, ANDREA ROSE CRAWFORD, SANDRA LEE RONEY, FAITH ANN HILTY,
TROY RUSSELL KEY, COLIN E. CONLY, ALLYSON W. DEAN, ANDREW PATRICK CLARK, and JOHN WILLIAM NEWBY

of Actisure, LLC dba Mullis Newby Hurst, its true and lawful Attorney(s)-in Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge, for and on its behalf and as its act and deed, bonds or others writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts or suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED MILLION (\$100,000,000.00) DOLLARS

This Power of Attorney is granted and signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company at meetings duly called and held on February 17, 2022.

"RESOLVED, that any two of the President & Chief Executive Officer, the Chief Financial Officer & Treasurer, the Senior Vice President Surety, the Vice President Surety, or the General Counsel & Corporate Secretary be, and each or any of them hereby is authorized to execute, a Power of Attorney qualifying the attorney-in-fact named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that President & Chief Executive Officer, Chief Financial Officer & Treasurer or General Counsel & Corporate Secretary each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company;

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto electronically/digitally or by facsimile, and any such Power of Attorney or certificate bearing such electronic/digital or facsimile signatures or electronic/digital or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached;

FURTHER RESOLVED, that any work carried out by the attorney-in-fact pursuant to this resolution shall be valid and binding upon the Company."



By:

Michael A. Ito, Senior Vice President Surety

By:

Aaron Green, Vice President Surety



IN WITNESS WHEREOF, Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 26th day of April, 2023.

Amerisure Mutual Insurance Company
Amerisure Insurance Company
Amerisure Partners Insurance Company

State of Illinois
County of Kane

On this 26th day of April, 2023, before me, a Notary Public personally appeared Michael A. Ito, of Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company and Aaron Green of Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



M. Kenny, Notary Public

I, Christopher M. Spaude, the duly elected Chief Financial Officer & Treasurer of Amerisure Mutual Insurance Company, Amerisure Insurance Company and Amerisure Partners Insurance Company, do hereby certify and attest that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Companies, which remains in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 11th day of December, 2024.

Christopher M. Spaude, Chief Financial Officer & Treasurer



Amerisure Mutual Insurance Company
Amerisure Insurance Company
P.O. Box 9098
Farmington Hills, MI 48333-9098

Texas Important Notice

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Amerisure Surety's toll-free telephone number for information or to make a complaint at:

1-800-257-1900

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of

Insurance:

P.O. Box 12030

Austin, TX 78711-2030

Fax: (512) 490-1007

Web: www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Amerisure Surety's para obtener información o para presentar una queja al:

1-800-257-1900

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 12030

Austin, TX 78711-2030

Fax: (512) 490-1007

Sitio web: www.tdi.texas.gov

E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA: Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2024

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).

PRODUCER Mullis Newby Hurst - Texas 5057 Keller Springs Rd. Suite 400 Suite 200 Addison TX 75001	CONTACT NAME: Nichelle Alger PHONE (A/C, No, Ext): 972-201-0109 E-MAIL ADDRESS: NAlger@acrisure.com FAX (A/C, No): 972-201-0123												
INSURED Weaver & Jacobs Constructors, Inc. 301 Cooperative Way Cuero TX 77954	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Amerisure Insurance Company</td><td>NAIC # 19488</td></tr><tr><td>INSURER B: Amerisure Mutual Insurance Company</td><td>23396</td></tr><tr><td>INSURER C: Westchester Fire Insurance Company</td><td>10030</td></tr><tr><td>INSURER D: Indian Harbor Insurance Company</td><td>36940</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Amerisure Insurance Company	NAIC # 19488	INSURER B: Amerisure Mutual Insurance Company	23396	INSURER C: Westchester Fire Insurance Company	10030	INSURER D: Indian Harbor Insurance Company	36940	INSURER E:		INSURER F:	
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INSURER C: Westchester Fire Insurance Company	10030												
INSURER D: Indian Harbor Insurance Company	36940												
INSURER E:													
INSURER F:													

COVERAGES**CERTIFICATE NUMBER:** 2061329008**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			CPP20357111702	3/15/2024	3/15/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																				
MED EXP (Any one person)	\$ 10,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			CA20357101703	3/15/2024	3/15/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			CU20357121702	3/15/2024	3/15/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
B	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC20357131503	3/15/2024	3/15/2025	<table><tr><td>☒ PER STATUTE ☐ OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	☒ PER STATUTE ☐ OTHER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
☒ PER STATUTE ☐ OTHER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
D C	Pollution/Professional Builders Risk			CEO742133602 I23667502 001	3/15/2024 3/15/2024	3/15/2025 3/15/2025	<table><tr><td>Occurrence/Aggregate See Limits Below</td><td>1,000,000</td></tr></table>	Occurrence/Aggregate See Limits Below	1,000,000												
Occurrence/Aggregate See Limits Below	1,000,000																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability, Auto, and Umbrella 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 policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder for ongoing and completed operations only when there is written contract between the named insured and the certificate holder that requires such status.

The General Liability, Auto, and Umbrella policies contain an endorsement with primary and noncontributory wording that may apply only when there is a written contract between the named insured and the certificate holder that may require such status.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Calhoun County
211 South Ann Street, 3rd Floor, Suite 301
Port Lavaca TX 77979

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jimmy Irwin



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mullis Newby Hurst – Texas		NAMED INSURED Weaver & Jacobs Constructors, Inc. 301 Cooperative Way Cuero TX 77954
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

The General Liability, Auto, Umbrella, and Workers Compensation policies include a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires this.

The Contractors Equipment policy includes a blanket Loss Payee endorsement that provides loss payee status to the certificate holder as their interest may appear.

The Automobile policy includes a Loss Payee endorsement that provides loss payee status to the certificate holder as their interest may appear.

The Property policy includes a Loss Payee endorsement that provides loss payee status to the certificate holder as their interest may appear.

Limits:

\$20,000,000	Joisted Masonry Construction - Per Occurrence
\$2,500,000	Wood Frame - Per Occurrence
\$10,000,000	Named Windstorm - Per Occurrence
\$5,000,000	Flood - Per Occurrence/Annual Aggregate
\$5,000,000	Earth Movement - Per Occurrence/Annual Aggregate
\$500,000	Soft Costs/Additional Expenses
\$1,000,000	Property In Transit
\$1,000,000	Temporary Off-Site Storage

Includes coverage for these counties: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kennedy, Kleberg, Matagorda, Nueces, Orange, Refugio, San Patricio, Willacy

RE: Memorial Medical Center HVAC & Roof Improvements, District Wide Campuses, Port Lavaca, Texas 77979 / Contract Amount: \$33,273,021.00

Certificate Holder includes Calhoun County, their Employees, and G&W Engineers, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE – THIRD PARTY

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
TRUCKERS COVERAGE FORM

Subject to the cancellation provisions of the Coverage Form to which this endorsement is attached, we will not:

1. Cancel;
2. Nonrenew; or,
3. Materially change (reduce or restrict)

this Coverage Form, except for nonpayment of premium, until we provide at least 60 days written notice of such cancellation, nonrenewal or material change. Written notice will be to the person or organization named in the Schedule. Such notice will be by certified mail with return receipt requested.

This notification of cancellation, nonrenewal or material change to the person or organization named in the Schedule is intended as a courtesy only. Our failure to provide such notification will not:

1. Extend any Coverage Form cancellation date;
2. Negate the cancellation as to any insured or any certificate holder;
3. Provide any additional insurance that would not have been provided in the absence of this endorsement;
or
4. Impose liability of any kind upon us.

This endorsement does not entitle the person or organization named in the Schedule to any benefits, rights or protection under this Coverage Form.

SCHEDULE

Name Of Person Or Organization

Any person or organization holding a certificate of insurance issued for you, provided the certificate:

1. Refers to this policy;
2. States that notice of:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage;will be provided to that person or organization;
3. Is in effect at the time of the:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage; and
4. Is on file at your agent or broker's office for this policy

Mailing Address

The address shown for that person or organization in that certificate of insurance

Forms and Endorsements Schedule

Policy Number: CPP20357111702 Effective Date: 03/15/2024
Named Insured: WEAVER & JACOBS CONSTRUCTORS, INC.

<u>Form Number</u>	<u>Description</u>
IL 01 68 03 12	TEXAS CHANGES - DUTIES
IL 09 11 11 85	SUPPLEMENTAL TO RETROSPECTIVE PREMIUM ENDORSEMENT - FINAL PREMIUM COMPUTATION
IL 09 85 12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL 70 66 07 14	BLK(BLANKET) NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE - THIRD PARTY
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 01 03 06 06	TEXAS CHANGES
CG 03 00 01 96	DEDUCTIBLE LIABILITY INSURANCE
CG 20 10 04 13	ADD'L INSURED-OWNERS, LESSEES OR CONTRACTORS/SCHEDULED PERSON OR ORGANIZATION
CG 20 32 04 13	ADD'L INSURED-ENGINEERS, ARCHITECTS OR SURVEYORS NOT ENGAGED BY THE NAMED INSD
CG 20 32 12 19	ADD'L INSURED-ENGINEERS, ARCHITECTS OR SURVEYORS NOT ENGAGED BY THE NAMED INSD
CG 20 37 04 13	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS
CG 21 54 12 19	EXCLU-DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRA
CG 21 60 09 98	EXCLUSION - YEAR 2000 COMPUTER-RELATED AND OTHER ELECTRONIC PROBLEMS
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 86 12 04	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
CG 22 34 04 13	EXCLUSION - CONSTRUCTION MANAGEMENT ERRORS AND OMISSIONS
CG 22 79 04 13	EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
CG 25 03 05 09	DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT
CG 26 39 12 07	TEXAS CHANGES - EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 70 42 04 03	ASBESTOS EXCLUSION ENDORSEMENT
CG 70 45 11 09	TEXAS REPAIR AND REWORK COV: EXP INDEM FOR REPAIR OF YOUR PRODUCT OR YOUR WORK
CG 70 63 04 17	TEXAS CONTRACTORS GENERAL LIABILITY EXTENSION ENDT
CG 70 66 11 09	TEXAS LIMITED POLLUTION - "WORK SITES"
CG 71 17 01 01	EXCLUSION - LEAD POISONING OR CONTAMINATION
CG 71 34 04 05	BODILY INJURY DEFINITION MODIFICATION
CG 71 55 02 14	ELECTRONIC DATA LIABILITY
CG 72 46 07 13	EXCLUSION-CONDOMINIUM CONSTRUCTION-COMPLETED OPERATIONS
CG 73 24 03 23	CONTRACTOR'S BLANKET FLEX ADDITIONAL INSURED ENDORSEMENT - FORM A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS CONTRACTOR'S GENERAL LIABILITY EXTENSION ENDORSEMENT

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This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Under **SECTION I – COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, paragraph 2. **EXCLUSIONS**, provisions 1. through 6. of this endorsement are excess over any valid and collectible insurance (including any deductible) available to the insured, whether primary, excess or contingent (**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph 4. **Other Insurance** is changed accordingly). Provisions 1. through 6. of this endorsement amend the policy as follows:

1. PROPERTY DAMAGE LIABILITY – ALIENATED PREMISES

- A. Exclusion j. **Damage to Property**, subparagraph (2) is deleted.
- B. The following paragraph is deleted from Exclusion j. **Damage to Property**;
Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

2. PROPERTY DAMAGE LIABILITY – ELEVATORS AND SIDETRACK AGREEMENTS

- A. Exclusion j. **Damage to Property**, paragraphs (3), (4), and (6) do not apply to the use of elevators.
- B. Exclusion k. **Damage to Your Product** does not apply to:
 - 1. The use of elevators; or
 - 2. Liability assumed under a sidetrack agreement.

3. PROPERTY DAMAGE LIABILITY – PROPERTY LOANED TO THE INSURED OR PERSONAL PROPERTY IN THE CARE, CUSTODY AND CONTROL OF THE INSURED

- A. Exclusion j. **Damage to Property**, paragraphs (3) and (4) are deleted..
- B. Coverage under this provision 3. does not apply to "property damage" that exceeds \$25,000 per occurrence or \$25,000 annual aggregate.

4. PRODUCT RECALL EXPENSE

- A. Exclusion n. **Recall of Products, Work or Impaired Property** does not apply to "product recall expenses" that you incur for the "covered recall" of "your product". This exception to the exclusion does not apply to "product recall expenses" resulting from:
 - 1. Failure of any products to accomplish their intended purpose;
 - 2. Breach of warranties of fitness, quality, durability or performance;
 - 3. Loss of customer approval or any cost incurred to regain customer approval;
 - 4. Redistribution or replacement of "your product", which has been recalled, by like products or substitutes;
 - 5. Caprice or whim of the insured;
 - 6. A condition likely to cause loss, about which any insured knew or had reason to know at the inception of this insurance;
 - 7. Asbestos, including loss, damage or clean up resulting from asbestos or asbestos containing materials;
 - 8. Recall of "your product(s)" that have no known or suspected defect solely because a known or suspected defect in another of "your product(s)" has been found.
- B. Under **SECTION III – LIMITS OF INSURANCE**, paragraph 3. is replaced in its entirety as follows and paragraph 8. is added:
 - 3. The Products-Completed Operations Aggregate Limit is the most we will pay for the sum of:

- a. Damages under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** because of "bodily injury" and "property damage" included in the "products-completed operations hazard" and

- b. "Product recall expenses".

- 8. Subject to paragraph 5. above [of the CGL Coverage Form], \$25,000 is the most we will pay for all "product recall expenses" arising out of the same defect or deficiency.

5. NONOWNED WATERCRAFT

Exclusion **g. Aircraft, Auto or Watercraft**, paragraph (2) is deleted and replaced with the following:

[This exclusion does not apply to:]

- (2) A watercraft you do not own that is:
 - (a) Less than 75 feet long; and
 - (b) Not being used to carry any person or property for a charge;

6. BLANKET CONTRACTUAL LIABILITY – RAILROADS

Under **SECTION V – DEFINITIONS**, paragraph c. of "Insured Contract" is deleted and replaced by the following:

- c. Any easement or license agreement;

Under **SECTION V – DEFINITIONS**, paragraph f.(1) of "Insured Contract" is deleted.

7. CONTRACTUAL LIABILITY – PERSONAL AND ADVERTISING INJURY

Under **SECTION I – COVERAGE B.**, paragraph 2. **Exclusions**, paragraph e. **Contractual Liability** is deleted.

8. SUPPLEMENTARY PAYMENTS

Under **SECTION I – SUPPLEMENTARY PAYMENTS – COVERAGES A AND B**, paragraph 1.b. is deleted and replaced with the following:

- 1. b. Up to \$5,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

9. BROADENED WHO IS AN INSURED

SECTION II – WHO IS AN INSURED is deleted and replaced with the following:

- 1. If you are designated in the Declarations as:
 - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

2. Each of the following is also an insured:

- a.** Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees," other than either your "executive officers," (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insured for:

(1) "Bodily injury" or "personal and advertising injury":

- (a)** To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
- (b)** To the spouse, child, parent, brother or sister of that co-"employee" or volunteer worker as a consequence of paragraph **(1)(a)** above;
- (c)** For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in paragraphs **(1)(a)** or **(b)** above; or
- (d)** Arising out of his or her providing or failing to provide professional health care services except as provided in Provision **10.** of this endorsement.

Paragraphs **(1)(a)**, **(1)(b)** and **(1)(c)** above do not apply to your "employees" who are:

- (i)** Managers;
- (ii)** Supervisors;
- (iii)** Directors; or
- (iv)** Officers;

with respect to "bodily injury" to a co-"employee".

(2) "Property damage" to property:

- (a)** Owned, occupied or used by;
- (b)** Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by

you, any of your "employees," "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

- b.** Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.
- c.** Any person or organization having proper temporary custody of your property if you die, but only;
- (1)** With respect to liability arising out of the maintenance or use of that property; and
- (2)** Until your legal representative has been appointed.
- d.** Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Form.
- e.** Your subsidiaries if:
- (1)** They are legally incorporated entities; and
- (2)** You own more than 50% of the voting stock in such subsidiaries as of the effective date of this policy.

If such subsidiaries are not shown in the Declarations, you must report them to us within 180 days of the inception of your original policy.

- f. Any person or organization, including any manager, owner, lessor, mortgagee, assignee or receiver of premises, to whom you are obligated under a written contract to provide insurance such as is afforded by this policy, but only with respect to liability arising out of the ownership, maintenance or use of that part of any premises or land leased to you, including common or public areas about such premises or land if so required in the contract.

However, no such person or organization is an insured with respect to:

- (1) Any "occurrence" that takes place after you cease to occupy or lease that premises or land; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

- g. Any state or political subdivision but only as respects legal liability incurred by the state or political subdivision solely because it has issued a permit with respect to operations performed by you or on your behalf.

However, no state or political subdivision is an insured with respect to:

- (1) "Bodily injury", "property damage", "personal and advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

- h. Any person or organization who is the lessor of equipment leased to you, to whom you are obligated under a written contract to provide insurance such as is afforded by this policy, but only with respect to their liability arising out of the maintenance, operation or use of such equipment by you or a subcontractor on your behalf with your permission and under your supervision. However, if you have entered into a construction contract subject to Subchapter C of Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code with the additional insured, the insurance afforded to such person(s) or organization(s) only applies to the extent permitted by Subchapter C of Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code.

No such person or organization, however, is an insured with respect to any "occurrence" that takes place after the equipment lease expires.

- i. Any architect, engineer, or surveyor engaged by you under a written contract but only with respect to liability arising out of your premises or "your work." However, if you have entered into a construction contract subject to Subchapter C of Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code with the additional insured, the insurance afforded to such person only applies to the extent permitted by Subchapter C of the Chapter 151 of Subtitle C of Title 2 of the Texas Insurance Code.

No architect, engineer, or surveyor, however, is an insured with respect to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- (1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; or
- (2) Supervisory, inspection, or engineering services.

This paragraph i. does not apply if a separate Additional Insured endorsement providing liability coverage for architects, engineers, or surveyors engaged by you is attached to the policy.

If the written contract or written agreement requires primary and non-contributory coverage, the insurance provided by paragraphs f. through i. above will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
- a. Coverage under this provision is afforded only until the end of the policy period;
 - b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization;

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- c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.
 - d. Coverage **A** does not apply to "product recall expense" arising out of any withdrawal or recall that occurred before you acquired or formed the organization.
4. Any person or organization (referred to below as vendor) with whom you agreed under a written contract to provide insurance is an insured, but only with respect to "bodily injury" or "property damage" arising out of "your products" that are distributed or sold in the regular course of the vendor's business.

However, no such person or organization is an insured with respect to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement.
- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in "your product" made intentionally by the vendor;
- d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of "your products";
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the "your product";
- g. "Your products" which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
- h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (1) The exceptions contained in subparagraphs **d.** or **f.**; or
 - (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

This paragraph 4. does not apply to any insured person or organization from which you have acquired "your products", or any ingredient, part, or container, entering into, accompanying or containing "your products". This paragraph 4. also does not apply if a separate Additional Insured endorsement, providing liability coverage for "bodily injury" or "property damage" arising out of "your product" that is distributed or sold in the regular course of a vendor's business, is attached to the policy.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

10. INCIDENTAL MALPRACTICE LIABILITY

As respects provision 9., **SECTION II – WHO IS AN INSURED**, paragraph 2.a.(1)(d) does not apply to any nurse, emergency medical technician or paramedic employed by you to provide medical or paramedical services, provided that you are not engaged in the business or occupation of providing such services, and your "employee" does not have any other insurance that would also cover claims arising under this provision, whether the other insurance is primary, excess, contingent or on any other basis.

Under **SECTION III – LIMITS OF INSURANCE**, provisions 11. through 14. of this endorsement amend the policy as follows:

11. AGGREGATE LIMITS PER PROJECT

The General Aggregate Limit applies separately to each of your construction projects away from premises owned by or rented to you.

12. AGGREGATE LIMITS PER LOCATION

The General Aggregate Limit applies separately to each of your locations, but only when required by written contract or written agreement. As respects this provision 12., your locations are premises you own, rent or use involving the same or connecting lots or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad. However, your locations do not include any premises where you, or others acting on your behalf, are performing construction operations.

13. INCREASED MEDICAL PAYMENTS LIMITS

A. **SECTION III – LIMITS OF INSURANCE**, paragraph 7., the Medical Expense Limit, is subject to all the terms of **SECTION III – LIMITS OF INSURANCE** and is the greater of:

1. \$10,000; or
2. The amount shown in the Declarations for Medical Expense Limit.

B. This provision 13. does not apply if **COVERAGE C MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Form or by endorsement.

14. DAMAGE TO PREMISES RENTED TO YOU – SPECIFIC PERILS AND INCREASED LIMIT

A. The word fire is changed to "specific perils" where it appears in:

1. The last paragraph of **SECTION I – COVERAGE A**, paragraph 2. **Exclusions**;
2. **SECTION IV**, paragraph 4.b. **Excess Insurance**.

B. The Limits of Insurance shown in the Declarations will apply to all damage proximately caused by the same event, whether such damage results from a "specific peril" or any combination of "specific perils."

C. The Damage To Premises Rented To You Limit described in **SECTION III -- LIMITS OF INSURANCE**, paragraph 6., is replaced by a new limit, which is the greater of:

1. \$1,000,000; or
2. The amount shown in the Declarations for Damage To Premises Rented To You Limit.

D. This provision 14. does not apply if the Damage To Premises Rented To You Limit of **SECTION I – COVERAGE A** is excluded either by the provisions of the Coverage Form or by endorsement.

E. "Specific Perils" means fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; weight of snow, ice or sleet; or "water damage".

"Water damage" means accidental discharge or leakage of water or steam as the direct result of the breaking or cracking of any part of a system or appliance containing water or steam.

15. BROADENED LEGAL LIABILITY COVERAGE FOR LANDLORD'S BUSINESS PERSONAL PROPERTY

Under **SECTION I – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, 2.

Exclusions, j. Damage to Property, the first paragraph following paragraph (6) is deleted and replaced with the following:

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to a landlord's business personal property that is subject to, or part of, a premises lease or rental agreement with that landlord.

The most we will pay for damages under this provision 15. is \$10,000. A \$250 deductible applies.

Under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, provisions 16. through 18. of this endorsement amend the policy as follows:

16. BROADENED KNOWLEDGE OF OCCURRENCE

Under **2. Duties In The Event Of Occurrence, Offense, Claim, Or Suit**, paragraph **a.** is deleted and replaced and paragraphs **e.** and **f.** are added as follows:

- a.** You must see to it that we are notified as soon as practicable of an "occurrence" or an offense, regardless of the amount, which may result in a claim. Knowledge of an "occurrence" or an offense by your "employee(s)" shall not, in itself, constitute knowledge to you unless one of your partners, members, "executive officers," directors, or managers has knowledge of the "occurrence" or offense. To the extent possible, notice should include:
 - (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
- e.** If you report an "occurrence" to your workers compensation carrier that develops into a liability claim for which coverage is provided by this Coverage Form, failure to report such an "occurrence" to us at the time of the "occurrence" shall not be deemed a violation of paragraphs **a.**, **b.**, and **c.** above. However, you shall give written notice of this "occurrence" to us as soon you become aware that this "occurrence" may be a liability claim rather than a workers compensation claim.
- f.** You must see to it that the following are done in the event of an actual or anticipated "covered recall" that may result in "product recall expense":
 - (1) Give us prompt notice of any discovery or notification that "your product" must be withdrawn or recalled. Include a description of "your product" and the reason for the withdrawal or recall;
 - (2) Cease any further release, shipment, consignment or any other method of distribution of like or similar products until it has been determined that all such products are free from defects that could be a cause of loss under the insurance.

17. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Paragraph **6. Representations** is deleted and replaced with the following:

6. Representations

By accepting this policy, you agree:

- a.** The statements in the Declarations are accurate and complete;
- b.** Those statements are based upon representations you made to us; and
- c.** We have issued this policy in reliance upon your representations.

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in the description of any premises or operations intended to be covered by this Coverage Form as soon as practicable after its discovery. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or nonrenewal.

18. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

Paragraph **8. Transfer of Rights Of Recovery Against Others To Us** is deleted and replaced with the following:

- 8.** If the insured has rights to recover all or part of any payment we have made under this Coverage Form, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them. However, if the insured has waived rights to recover through a written contract, or if "your work" was commenced under a letter of intent or work order, subject to a subsequent reduction to writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

19. EXTENDED NOTICE OF CANCELLATION AND NONRENEWAL

Paragraph 2.b. of **A. Cancellation** of the **COMMON POLICY CONDITIONS** is deleted and replaced with the following:

- b. 60 days before the effective date of the cancellation if we cancel for any other reason.

Under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph **9. When We Do Not Renew** is deleted and replaced with the following:

9. When We Do Not Renew

- a. We may elect not to renew this policy except, that under the provisions of the Texas Insurance Code, we may not refuse to renew this policy solely because the policyholder is an elected official.
- b. If we elect not to renew this policy, we may do so by mailing or delivering to the first Named Insured, at the last mailing address known to us, written notice of nonrenewal, stating the reason for nonrenewal, at least 60 days before the expiration date. If notice is mailed or delivered less than 60 days before the expiration date, this policy will remain in effect until the 61st day after the date on which the notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the expiration date will be computed pro rata based on the previous year's premium.
- c. If notice is mailed, proof of mailing will be sufficient proof of notice.
- d. The transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew.

20. MOBILE EQUIPMENT REDEFINED

Under **SECTION V – DEFINITIONS**, paragraph 12. "Mobile equipment", paragraph **f. (1)** does not apply to self-propelled vehicles of less than 1,000 pounds gross vehicle weight that are not designed for highway use.

21. ADDITIONAL DEFINITIONS

- 1. **SECTION V – DEFINITIONS**, paragraph 4. "Coverage territory" is replaced by the following definition:

"Coverage territory" means anywhere in the world with respect to liability arising out of "bodily injury," "property damage," or "personal and advertising injury," including "personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication provided the insured's responsibility to pay damages is determined in a settlement to which we agree or in a "suit" on the merits, in the United States of America (including its territories and possessions), Puerto Rico and Canada.

- 2. **SECTION V – DEFINITIONS** is amended by the addition of the following definitions:

"Covered recall" means a recall made necessary because you or a government body has determined that a known or suspected defect, deficiency, inadequacy, or dangerous condition in "your product" has resulted or will result in "bodily injury" or "property damage".

"Product Recall expenses" mean only reasonable and necessary extra costs, which result from or are related to the recall or withdrawal of "your product" for:

- a. Telephone and telegraphic communication, radio or television announcements, computer time and newspaper advertising;
- b. Stationery, envelopes, production of announcements and postage or facsimiles;
- c. Remuneration paid to regular employees for necessary overtime or authorized travel expense;
- d. Temporary hiring by you or by agents designated by you of persons, other than your regular employees, to perform necessary tasks;
- e. Rental of necessary additional warehouse or storage space;
- f. Packaging of or transportation or shipping of defective products to the location you designate; and
- g. Disposal of "your products" that cannot be reused. Disposal expenses do not include:
 - (1) Expenses that exceed the original cost of the materials incurred to manufacture or process such product; and

- (2) Expenses that exceed the cost of normal trash discarding or disposal, except as are necessary to avoid "bodily injury" or "property damage".

22. REASONABLE FORCE – BODILY INJURY OR PROPERTY DAMAGE

Under **SECTION I – COVERAGE A.**, paragraph 2. **Exclusions**, subparagraph a. **Expected Or Intended Injury** is deleted and replaced with the following:

[This insurance does not apply to:]

a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

23. BROADENED LIABILITY COVERAGE FOR DAMAGE TO YOUR PRODUCT AND YOUR WORK

- A. Under **SECTION I – COVERAGE A.**, paragraph 2. **Exclusions**, exclusion k. **Damage to Your Product** and exclusion l. **Damage to Your Work** are deleted and replaced with the following:

[This insurance does not apply to:]

k. Damage to Your Product

"Property damage" to "your product" arising out of it or any part of it, except when caused by or resulting from:

- (1) Fire;
- (2) Smoke;
- (3) "Collapse"; or
- (4) Explosion.

For purposes of exclusion k. above, "collapse" means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the building cannot be occupied for its intended purpose.

l. Damage to Your Work

"Property damage" to "your work" arising out of it or any part of it and included in the "products-completed operations hazard". This exclusion does not apply:

- (1) If the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor; or
- (2) If the cause of loss to the damaged work arises as a result of:
 - (a) Fire;
 - (b) Smoke;
 - (c) "Collapse"; or
 - (d) Explosion.

For purposes of exclusion l. above, "collapse" means an abrupt falling down or caving in of a building or any part of a building with the result that the building or part of the building cannot be occupied for its intended purpose.

- B. The following paragraph is added to **SECTION III – LIMITS OF INSURANCE**:

Subject to 5. above [of the CGL Coverage Form], \$100,000 is the most we will pay under Coverage **A** for the sum of damages arising out of any one "occurrence" because of "property damage" to "your product" and "your work" that is caused by fire, smoke, collapse or explosion and is included within the "product-completed operations hazard". This sublimit does not apply to "property damage" to "your work" if the damaged work, or the work out of which the damage arises, was performed on your behalf by a subcontractor.

24. BROADENED BODILY INJURY COVERAGE

Under **SECTION V – DEFINITIONS**, the definition of "bodily injury" is deleted and replaced with the following:

3. "Bodily injury"

a. Means physical:

- (1) Injury;
- (2) Disability;
- (3) Sickness; or
- (4) Disease;

sustained by a person, including death resulting from any of these at any time.

b. Includes mental:

- (5) Anguish;
- (6) Injury;
- (7) Humiliation;
- (8) Fright; or
- (9) Shock;

directly resulting from any "bodily injury" described in paragraph 3.a.

c. All "bodily injury" described in paragraph 3.b. shall be deemed to have occurred at the time the "bodily injury" described in paragraph 3.a. occurred.

25. DESIGNATED COMPLETED PROJECTS – AMENDED LIMITS OF INSURANCE

When a written contract or written agreement between you and another party requires project-specific limits of insurance exceeding the limits of this policy;

- A.** for "bodily injury" or "property damage" that occurs within any policy period for which we provided coverage; and
- B.** for "your work" performed within the "products-completed operation hazard"; and
- C.** for which we previously issued Amendment Of Limits Of Insurance (Designated Project Or Premises) CG 71 94 either during this policy term or a prior policy term; and
- D.** that designated project is now complete;

the limits of insurance shown in the CG 71 94 schedule will replace the limits of insurance of this policy for the designated project and will continue to apply for the amount of time the written contract or written agreement requires, subject to the state statute of repose of the project location. These limits are inclusive of and not in addition to the replaced limits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONTRACTOR'S BLANKET FLEX ADDITIONAL INSURED
ENDORSEMENT – FORM A**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Policy Number CPP20357111702	Agency Number 0775315	Policy Effective Date 03/15/2024
Policy Expiration Date 03/15/2025	Date 03/14/2024	Account Number 20011131
Named Insured WEAVER & JACOBS CONSTRUCTORS, INC.	Agency MULLIS NEWBY HURST	Issuing Company AMERISURE INSURANCE COMPANY

A. SECTION II - WHO IS AN INSURED is amended to add as an additional insured:

1. Any person or organization with whom you have agreed in a "written agreement" that such person or organization be added as an additional insured on this policy, and any other person or organization you are required to add as an additional insured under such "written agreement".
2. If "your work" began under a written letter of intent or written work order, any person or organization who issued the written letter of intent or written work order, but:
 - a. such coverage will apply only for 30 calendar days following the date the written letter of intent or written work order was issued; and
 - b. the person or organization is an additional insured only for, and to the extent of, liability arising out of "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your negligent acts or omissions, or the negligent acts or omissions of others working on your behalf, in the performance of your work as specified in the written letter of intent or written work order. This coverage does not apply to liability arising out of the independent acts or omissions of the additional insured.

For the purposes of the coverage provided by this endorsement, a "written agreement" means a written contract or written agreement that:

1. requires you to include a person or organization as an additional insured for a period of time during the policy period; and
2. is executed prior to the occurrence of "bodily injury", "property damage", or "personal and advertising injury" that forms the basis for a claim under this policy.

The insurance provided by this endorsement does not apply to any person or organization that is specifically listed as an additional insured on another endorsement attached to this policy.

B. The coverage provided to any person or organization added as an additional insured pursuant to Paragraph **A.1** is limited as follows:

1. If the "written agreement" specifically and exclusively requires you to name the person or organization as an additional insured using the ISO CG 20 10 endorsement with edition dates of 11 85 or 10 01, or the ISO CG 20 37 10 01 endorsement, that person or organization is an additional insured, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" arising out of "your work" for that insured by or for you.
2. If the "written agreement" requires you to name the person or organization as an additional insured using the ISO CG 20 10 and or CG 20 37 endorsements without specifically and exclusively requiring the 11 85 or 10 01 edition dates, that person or organization is an additional insured, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.
3. If the "written agreement" requires you to name the person or organization as an additional insured for operations arising out of your work and does not specify an ISO additional insured endorsement, that person or organization is an additional insured, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" arising out of your acts or omissions, or the acts or omissions of others working on your behalf, in the performance of your work as specified in the "written agreement". This coverage does not apply to liability arising out of the sole negligence of the additional insured unless specifically required in the "written agreement".
4. If none of the above paragraphs apply, then the person or organization is an additional insured only for, and to the extent of, liability arising out of "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your negligent acts or omissions, or the negligent acts or omissions of others working on your behalf, in the performance of your work as specified in the "written agreement". This coverage does not apply to liability arising out of the independent acts or omissions of the additional insured.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

C. The insurance provided to an additional insured under this endorsement does not apply to:

1. "Bodily injury" or "property damage" included in the "products-completed operations hazard" unless the "written agreement" specifically requires such coverage (including by specifically requiring the CG 20 10 11 85). To the extent the "written agreement" requires such coverage for a specified amount of time, the coverage provided by this endorsement is limited to the amount of time required for such coverage by the "written agreement".
2. "Bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:
 - a. The preparing, approving, or failing to prepare or approve:
 - (1) Maps;
 - (2) Drawings;
 - (3) Opinions;
 - (4) Reports;
 - (5) Surveys;
 - (6) Change orders;

(7) Design specifications; and

b. Supervisory, inspection, or engineering services.

- D. The limits of insurance that apply to the additional insured are the least of those specified in the "written agreement" or declarations of this policy.

Coverage provided by this endorsement for any additional insured shall not increase the applicable Limits of Insurance shown in the Declarations. The limits of insurance that apply to the additional insured are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.

- E. With respect to the coverage provided by this endorsement, **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. **Other Insurance** is deleted and replaced with the following:

4. Other Insurance.

- a. Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- (1) Primary;
- (2) Excess;
- (3) Contingent; or
- (4) On any other basis.

In addition, this insurance is excess over any self-insured retentions, deductibles, or captive retentions payable by the additional insured or payable by any person or organization whose coverage is available to the additional insured.

However, if the "written agreement" requires primary and non-contributory coverage, this insurance will be primary and non-contributory relative only to the other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance. For any other insurance available to the additional insured where that person or organization is not a Named Insured, this policy will share coverage with that other insurance based on the terms specified in Paragraph b. Method of Sharing below.

b. Method of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this method, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE – THIRD PARTY

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
TRUCKERS COVERAGE FORM

Subject to the cancellation provisions of the Coverage Form to which this endorsement is attached, we will not:

1. Cancel;
2. Nonrenew; or,
3. Materially change (reduce or restrict)

this Coverage Form, except for nonpayment of premium, until we provide at least 60 days written notice of such cancellation, nonrenewal or material change. Written notice will be to the person or organization named in the Schedule. Such notice will be by certified mail with return receipt requested.

This notification of cancellation, nonrenewal or material change to the person or organization named in the Schedule is intended as a courtesy only. Our failure to provide such notification will not:

1. Extend any Coverage Form cancellation date;
2. Negate the cancellation as to any insured or any certificate holder;
3. Provide any additional insurance that would not have been provided in the absence of this endorsement;
or
4. Impose liability of any kind upon us.

This endorsement does not entitle the person or organization named in the Schedule to any benefits, rights or protection under this Coverage Form.

SCHEDULE

Name Of Person Or Organization

Any person or organization holding a certificate of insurance issued for you, provided the certificate:

1. Refers to this policy;
2. States that notice of:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage;will be provided to that person or organization;
3. Is in effect at the time of the:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage; and
4. Is on file at your agent or broker's office for this policy

Mailing Address

The address shown for that person or organization in that certificate of insurance

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The premium for this endorsement is \$ \$250.00

1. BROAD FORM INSURED

SECTION II - LIABILITY COVERAGE, A.1. Who Is An Insured is amended by the addition of the following:

- d. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or a majority interest, will qualify as a Named Insured. However,
 - (1) Coverage under this provision is afforded only until the end of the policy period;
 - (2) Coverage does not apply to "accidents" or "loss" that occurred before you acquired or formed the organization; and
 - (3) Coverage does not apply to an organization that is an "insured" under any other policy or would be an "insured" but for its termination or the exhausting of its limit of insurance.
- e. Any "employee" of yours using:
 - (1) A covered "auto" you do not own, hire or borrow, or a covered "auto" not owned by the "employee" or a member of his or her household, while performing duties related to the conduct of your business or your personal affairs; or
 - (2) An "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business. However, your "employee" does not qualify as an insured under this paragraph (2) while using a covered "auto" rented from you or from any member of the "employee's" household.
- f. Your members, if you are a limited liability company, while using a covered "auto" you do not own, hire or borrow and while performing duties related to the conduct of your business or your personal affairs.
- g. Any person or organization with whom you agree in a written contract, written agreement or permit, to provide insurance such as is afforded under this policy, but only with respect to your covered "autos".

This provision does not apply:

 - (1) Unless the written contract or agreement is executed or the permit is issued prior to the "bodily injury" or "property damage";
 - (2) To any person or organization included as an insured by an endorsement or in the Declarations; or
 - (3) To any lessor of "autos" unless:
 - (a) The lease agreement requires you to provide direct primary insurance for the lessor;
 - (b) The "auto" is leased without a driver; and

(c) The lease had not expired.

Leased "autos" covered under this provision will be considered covered "autos" you own and not covered "autos" you hire.

- h. Any legally incorporated organization or subsidiary in which you own more than 50% of the voting stock on the effective date of this endorsement.

This provision does not apply to "bodily injury" or "property damage" for which an "insured" is also an insured under any other automobile policy or would be an insured under such a policy, but for its termination or the exhaustion of its limits of insurance, unless such policy was written to apply specifically in excess of this policy.

2. COVERAGE EXTENSIONS - SUPPLEMENTARY PAYMENTS

Under **Section II - LIABILITY COVERAGE, A.2.a. Supplementary Payments**, paragraphs (2) and (4) are deleted and replaced as follows:

- (2) Up to \$2,500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

3. AMENDED FELLOW EMPLOYEE EXCLUSION

Under **SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS**, paragraph 5. Fellow Employee is deleted and replaced by the following:

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to your "employees" that are officers, managers, supervisors or above. Coverage is excess over any other collectible insurance.
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of paragraph a. above.

4. HIRED AUTO PHYSICAL DAMAGE COVERAGE AND LOSS OF USE EXPENSE

- A. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If any of your owned covered "autos" are covered for Physical Damage, we will provide Physical Damage coverage to "autos" that you or your "employees" hire or borrow, under your name or the "employee's" name, for the purpose of doing your work.

We will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the Declarations, Item Three, Schedule of Covered Autos You Own, or on any endorsements amending this schedule.

- B. Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions**, paragraph b. Loss Of Use Expenses is deleted and replaced with the following:

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision, only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";

- (2) Specified Causes of Loss, only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision, only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$2,000.

C. Under SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, paragraph b. is replaced by the following:

- b. For Hired Auto Physical Damage, the following are deemed to be covered "autos" you own:**
 - 1. Any covered "auto" you lease, hire, rent or borrow; and
 - 2. Any covered "auto" hired or rented by your "employees" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto", nor is any "auto" you hire from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

5. LOAN OR LEASE GAP COVERAGE

Under **SECTION III – PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, the following is added:

If a covered "auto" is owned or leased and if we provide Physical Damage Coverage on it, we will pay, in the event of a covered total "loss", any unpaid amount due on the lease or loan for a covered "auto", less:

- (a) The amount paid under the Physical Damage Section of the policy; and:
- (b) Any:
 - (1) Overdue lease or loan payments including penalties, interest or other charges resulting from overdue payments at the time of the "loss";
 - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - (3) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
 - (4) Security deposits not refunded by a lessor; and
 - (5) Carry-over balances from previous loans or leases.

6. RENTAL REIMBURSEMENT

Under **SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. Coverage Extensions**, paragraph a. **Transportation Expenses** is deleted and replaced by the following:

a. Transportation Expenses

- (1) We will pay up to \$75 per day to a maximum of \$2,000 for transportation expense incurred by you because of covered "loss". We will pay only for those covered "autos" for which you carry Collision Coverage or either Comprehensive Coverage or Specified Causes of Loss Coverage. We will pay for transportation expenses incurred during the period beginning 24 hours after the covered "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". This coverage is in addition to the otherwise applicable coverage you have on a covered "auto". No deductibles apply to this coverage.

- (2) This coverage does not apply while there is a spare or reserve "auto" available to you for your operation.

7. AIRBAG COVERAGE

Under **SECTION III - PHYSICAL DAMAGE, B. EXCLUSIONS**, paragraph 3. is deleted and replaced by the following:

3. We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:
- (1) Wear and tear, freezing, mechanical or electrical breakdown. However, this exclusion does not include the discharge of an airbag.
 - (2) Blowouts, punctures or other road damage to tires.

8. GLASS REPAIR – WAIVER OF DEDUCTIBLE

Section III – PHYSICAL DAMAGE COVERAGE, D. Deductible is amended to add the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

9. COLLISION COVERAGE – WAIVER OF DEDUCTIBLE

Under **Section III - PHYSICAL DAMAGE COVERAGE, D. Deductible** is amended to add the following:

When there is a loss to your covered "auto" insured for Collision Coverage, no deductible will apply if the loss was caused by a collision with another "auto" insured by us.

10. KNOWLEDGE OF ACCIDENT

Under **SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss**, paragraph a. is deleted and replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "accident", claim, "suit" or "loss". Knowledge of an "accident", claim, "suit" or "loss" by your "employees" shall not, in itself, constitute knowledge to you unless one of your partners, executive officers, directors, managers, or members (if you are a limited liability company) has knowledge of the "accident", claim, "suit" or "loss". Notice should include:
- (1) How, when and where the "accident" or "loss" occurred;
 - (2) The "insured's" name and address; and
 - (3) To the extent possible, the names and addresses of any injured persons and witnesses.

11. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

Under **SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions** paragraph 5. **Transfer Of Rights Of Recovery Against Others To Us** is deleted and replaced by the following:

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them. However, if the "insured" has waived rights to recover through a written contract, or if your work was commenced under a letter of intent or work order, subject to a subsequent reduction in writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

12. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Under **SECTION IV - BUSINESS AUTO CONDITIONS , B. General Conditions , paragraph 2. Concealment, Misrepresentation Or Fraud** is amended by the addition of the following:

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in your representations as soon as practicable after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

13. BLANKET COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS

When required by written contract or written agreement, the definition of "insured contract" is amended as follows:

— The exception contained in paragraph **H.3.** relating to construction or demolition operations on or within 50 feet of a railroad; and

— Paragraph **H.a.**

are deleted with respect to the use of a covered "auto" in operations for, or affecting, a railroad.



WC 00 00 01A (01-10)

AMERISURE MUTUAL INSURANCE COMPANY

NCCI Code No. 15660

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
INFORMATION PAGE

Issuing Office

DALLAS BRANCH

POLICY NUMBER
WC 20357131503Renewal of
WC 20357131502 Agent
0775315Producer
MULLIS NEWBY HURSTItem 1. Name of Insured and Address. For Additional Named Insureds,
See Extension of Information Page - Item 1 - Named InsuredsWEAVER & JACOBS CONSTRUCTORS, INC.
301 COOPERATIVE WAY
CUERO, TX 77954☒ Individual ☐ Partnership
Corporation or

FEIN 260036919

INTRA NO. TX 420911742

INTER NO.

CUSTOMER NO. 20011131

GROUP:

For Other Workplaces Not Shown Here, See Extension of Information Page - Item 1 - Other Workplaces

Item 2. Policy Period: from
03/15/2024 TO 03/15/202512:01 A.M. Standard time at the insured's mailing addressItem 3. A. Worker's Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
TX

B. Employers Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A.

The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$1,000,000	each accident
Bodily Injury by Disease:	\$1,000,000	each employee
Bodily Injury by Disease:	\$1,000,000	policy limit

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All States and U.S. territories except North Dakota, Ohio, Washington, Wyoming, Puerto Rico, the U.S. Virgin Islands, and states designated in 3.A. of the Information Page.

D. This policy includes these endorsements: SEE EXTENSION OF INFORMATION PAGE - Item 3D - Endorsement Schedule

Item 4. The Premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans.

All information required below is subject to verification and change by audit.

ADJUSTMENTS OF PREMIUM SHALL BE MADE ANNUALLY

SEE EXTENSION OF INFORMATION PAGE -
ITEM 4 - CLASSIFICATION SCHEDULE
EXPENSE CONSTANT

TOTAL ESTIMATED ANNUAL PREMIUM

POLICY MINIMUM PREMIUM

PAID LOSS RETROSPECTIVE RATING PLAN
DIVIDEND PLAN:
SAFETY GROUPSCountersigned This
Issue Date 03/14/2024Day of
INSURED COPY

,20

Authorized Representative

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule**1. () Specific Waiver**

Name of person or organization

(X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:**3. Premium:**

The premium charge for this endorsement shall be 0.020 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: \$3,019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION PROVIDED BY US

Number of Days Notice 60

For any statutorily permitted reason **other than nonpayment of premium**, the number of days required for notice of cancellation is increased to the number of days shown in the Schedule above.

If this policy is cancelled by us we will send the Named Insured and any party listed in the following schedule notice of cancellation based on the number of days notice shown above.

SCHEDULE

Name of Person or Organization

The Name of Person or Organization is any person or organization holding a certificate of insurance issued for you, provided the certificate:

1. Refers to this policy;
2. States that notice of:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage;will be provided to that person or organization;
3. Is in effect at the time of the:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage; and
4. Is on file at your agent or broker's office for this policy.

Mailing Address

The Mailing Address is the address shown for that person or organization in that certificate of insurance.

SCHEDULE OF UNDERLYING INSURANCE

The Schedule of Underlying Insurance is part of Policy No. CU 20357121702

Carrier, Policy Number, Policy Period	Type of Policy	Limits of Liability
AMERISURE MUTUAL INSURANCE COMPANY WC 2035713503 03/15/2024 - 03/15/2025	Standard Workers Compensation and Employers Liability	Employers Liability \$1,000,000 \$1,000,000 \$1,000,000 Bodily Injury by Accident - each accident Bodily Injury by Disease - each employee Bodily Injury by Disease - policy limit
AMERISURE INSURANCE COMPANY CPP20357111702 03/15/2024 - 03/15/2025	General Liability	Each Occurrence \$1,000,000 Personal & Advertising Injury (Any one person or organization) \$1,000,000 Aggregates \$2,000,000 \$2,000,000 General Aggregate Products - completed operations Aggregate
AMERISURE MUTUAL INSURANCE COMPANY CA 20357101703 03/15/2024 - 03/15/2025	Automobile Liability	Each Accident \$1,000,000
EXCLUDED	Employee Benefits Liability	Each Employee Annual Aggregate

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION, NONRENEWAL OR MATERIAL CHANGE – THIRD PARTY

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
TRUCKERS COVERAGE FORM

Subject to the cancellation provisions of the Coverage Form to which this endorsement is attached, we will not:

1. Cancel;
2. Nonrenew; or,
3. Materially change (reduce or restrict)

this Coverage Form, except for nonpayment of premium, until we provide at least 60 days written notice of such cancellation, nonrenewal or material change. Written notice will be to the person or organization named in the Schedule. Such notice will be by certified mail with return receipt requested.

This notification of cancellation, nonrenewal or material change to the person or organization named in the Schedule is intended as a courtesy only. Our failure to provide such notification will not:

1. Extend any Coverage Form cancellation date;
2. Negate the cancellation as to any insured or any certificate holder;
3. Provide any additional insurance that would not have been provided in the absence of this endorsement;
or
4. Impose liability of any kind upon us.

This endorsement does not entitle the person or organization named in the Schedule to any benefits, rights or protection under this Coverage Form.

SCHEDULE

Name Of Person Or Organization

Mailing Address

Any person or organization holding a certificate of insurance issued for you, provided the certificate:

The address shown for that person or organization in that certificate of insurance

1. Refers to this policy;
2. States that notice of:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage;will be provided to that person or organization;
3. Is in effect at the time of the:
 - a. Cancellation;
 - b. Nonrenewal; or
 - c. Material change reducing or restricting coverage; and
4. Is on file at your agent or broker's office for this policy

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.

Weaver And Jacobs Constructors Inc.
Cuero, TX United States

Certificate Number:
2025-1264504

Date Filed:
02/04/2025

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

Calhoun County

Date Acknowledged: *JAV*
2/04/2025

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.

2024.06
Memorial Medical Center HVAC & Roof Improvements for Calhoun County

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



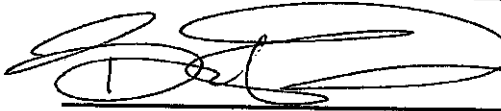
6 UNSWORN DECLARATION

My name is Brant Jacobs, and my date of birth is [REDACTED]

My address is [REDACTED], Cuero, TX, 77954, United States
(street) (city) (state) (zip code) (country)

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

Executed in Dewitt County, State of Texas, on the 4 day of February, 20 25.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

14

14. Consider and take necessary action on the following FY 2025 Interlocal Agreements and authorize payment of purchase orders and authorize Judge Lyssy to sign all documents.

(a) Calhoun Soil and Water Conservation District \$7,750.00

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

CALHOUN SOIL and WATER CONSERVATION DISTRICT NO. 345

Post Office Box 553
Port Lavaca, Texas 77979

January 21, 2025

Vern Lyssy, Calhoun County Judge
Calhoun County Commissioners Court
211 South Ann Street, Suite 301
Port Lavaca, Texas 77979

Dear Judge Lyssy and Commissioners:

Calhoun Soil and Water Conservation District is making request to receive the contribution from Calhoun County Commissioners Court that was allocated in its 2025 budget.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dennis Klump".

Dennis Klump
Chairman

DK/jm

INTERLOCAL AGREEMENT
between
CALHOUN COUNTY
and
CALHOUN SOIL & WATER CONSERVATION DISTRICT #345

STATE OF TEXAS

COUNTY OF CALHOUN

WHEREAS, Calhoun County, hereinafter *COUNTY*, a political subdivision of the State of Texas, has determined that the expenditure of county funds proposed herein is one which serves a public purpose and has further determined that the State of Texas, by its Constitution or by its state statutes, either implicitly or explicitly, has conferred upon *COUNTY* the authority, the power and the jurisdiction to accomplish the uses for said funds as proposed herein, *infra*. Having found the above elements fully satisfied, *COUNTY* may contract with the CALHOUN SOIL & WATER CONSERVATION DISTRICT so that they may use said public funds for the purposes contemplated herein, but only if the expenditure is to accomplish "county business" (which encompasses matters of general concern to county residents) and only if *COUNTY* assures itself that the funds to be transferred by this contract are subject to adequate contractual or other controls to ensure that expenditure of said county funds for the public purpose stated herein will be accomplished and so long as *COUNTY* received adequate consideration for the county funds to be provided by this contract.

WHEREAS, CALHOUN SOIL & WATER CONSERVATION DISTRICT #345, hereinafter referred to as *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*, is engaged in various functions involving agricultural production - including livestock, crops, aquaculture, horticulture and forestry and providing services for the betterment of Calhoun County, and desires to enter into such a contract for the provision of certain services for the *COUNTY*; said services being considered by both parties to this contract as fair consideration from *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* to *COUNTY* in exchange for the funds transferred hereby.

IT IS THEREFORE AGREED THAT:

1. Payment by County: In consideration that the services described below to the residents of *COUNTY*, *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall be entitled to a sum not to exceed \$7,750.00 per annum. Such amount shall be disbursed by *COUNTY* to *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* after January 1, 2025, upon written request from *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*.

2. Insurance: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall at all times maintain a policy of liability insurance for premises liability for personal injury. The County will require documentation of General Liability insurance coverage, with adequate limits to be determined individually, depending on exposure.

3. Services: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall provide services to the residents of *COUNTY* by providing diverse services including the following: providing secretarial help to the Natural Resource Conservation Service, which in turn provides technical time for assistance to our local government, drainage districts, industry, local businesses, farmers and ranchers, in addition to developing and carrying out programs for the conservation, protection and development of soil, water, and related plant and animal resources and shoreline erosion projects with the County.

4. Most Recent Financial and Performance Reports: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall submit to *COUNTY* Auditor and *COUNTY* Judge each a copy of *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*'s most current independent financial audit or end-of-year financial report of all expenditures and income for the period of *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* fiscal year ending in calendar year 2024, within 30 days of the approval of this contract. *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall provide to *COUNTY* Auditor and *COUNTY* Judge each a performance review by which *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* gives details of services provided and clients served for the previous *COUNTY* fiscal year, within 30 days after the approval of this contract.

6. Prospective Financial and Performance Reports: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall submit to *COUNTY* Auditor and *COUNTY* Judge each a copy of *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*'s independent financial audit or end-of-year financial report of all expenditures and income for the period of *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*'s fiscal year ending in calendar year 2024, by the earliest of thirty days following its receipt by *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* or by September 30, 2025. *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall provide to *COUNTY* Auditor and *COUNTY* Judge each a performance review by which *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* gives details of services provided and clients served for *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*'s fiscal year ending in calendar year 2024, by September 30, 2025.

7. Term: The Term of this contract is to begin on January 1, 2025 and end on December 31, 2025, unless earlier terminated by either party on thirty-days written notice.

8. Books and Records: All books and records of *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* shall be open for inspection during normal business hours to any member of the public, the Calhoun County Auditor, and such persons as may be given that authority, in writing, by the Commissioners' Court, provided, however that this clause shall in no way be construed to override the provision of the Federal Privacy Act or other state or federal law or regulation concerning the disclosure of confidential or privacy matters.

9. Effectiveness: This contract is effective upon approval by Order of the Calhoun County Commissioners' Court.

10. Non-Discrimination: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* agrees to operation under a policy of non-discrimination with regard to the provision of said services. Such policy shall prohibit discrimination on the basis of race, sex, age, religion, color, handicap, disability, national origin, language, political affiliation or belief or other non-merit factor. Any act of discrimination shall constitute a material breach of this contract.

11. Sexual Harassment Prohibited: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* agrees to adopt and maintain a policy that prohibits sexual harassment. Any act of sexual harassment constitutes a material breach of this contract.

12. Applicable Laws: *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* agrees to comply with any and all applicable laws, local, state and federal, regarding work hours, safety, wages, social security benefits, and/or worker's compensation. This clause places a duty to meet the requirements of such laws only if the law itself places such a duty on *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345*. Any act in violation of any of those laws or ordinances shall constitute a material breach of this contract.

13. Default:

a. In the event either party shall fail to keep, observe or perform any covenant, contract, term or provision of this contract to be kept, observed or performed by such party, respectively, and such default shall continue for a period of ten days after notice thereof by the non-defaulting party to the other, then in any such event the non-defaulting party shall be entitled to terminate this contract.

b. No delay on the part of either party in exercising any right, power or privilege shall operate as a waiver thereof, nor shall any single or partial exercise of any right, power or privilege constitute such a waiver nor exhaust the same, which shall be continuing. No notice to or demand on either party in any case shall entitle such party to any other or further notice or demand in similar or other circumstances, or constitute a waiver of the rights of either party to any other or further action in any circumstances without notice or demand.

14. Successors and Assigns: This contract shall inure to the benefit of, and be binding upon, the parties hereto and their respective heirs, legal representatives, successors and assigns; provided that *CALHOUN SOIL & WATER CONSERVATION DISTRICT #345* may not assign this contract without *COUNTY's* prior written consent.

15. Governing Law: This contract shall be governed by and construed and interpreted in accordance with the laws of the State of Texas and shall be enforceable in, and venue shall be in, Calhoun County, Texas.

16. Notices: Any notice or communication hereunder must be in writing, and may be given by registered or certified mail; if given by registered or certified mail, same shall be deemed to have been given and received when a registered or certified letter containing such notice, properly addressed, with postage prepaid, is deposited in the United States mail; and

if given otherwise than by registered mail, it shall be deemed by have been given when delivered to and received by the party to whom it is addressed. Such notices or communications shall be given to the parties hereto at the addresses set forth below. Any party hereto may at any time by giving ten days' written notice to the other party hereto designate any other address in substitution of the foregoing address to which such notice or communication shall be given.

17. Severability: If any term, covenant or condition of this contract or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of this contract or the application of such term, covenant or condition to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby, and each term, covenant or condition of this contract shall be valid and shall be enforced to the fullest extent permitted by law.

18. Relationship: The parties hereby agree that this is a contract for the administration of the Program and hereby renounce the existence of any other relationship. In no event shall COUNTY have any obligation or liability whatsoever with respect to any debts, obligations or liability of CALHOUN SOIL & WATER CONSERVATION DISTRICT #345, and CALHOUN SOIL & WATER CONSERVATION DISTRICT #345 shall have no authority to bind COUNTY to any contract, matter or obligation. No duties of COUNTY are delegated to CALHOUN SOIL & WATER CONSERVATION DISTRICT #345 by this contract and any provision which is or may be held to be such a delegation shall be of no force or effect.

19. Modification; Termination: This contract may be amended, modified, terminated or released only by written instrument executed by COUNTY and CALHOUN SOIL & WATER CONSERVATION DISTRICT #345, except as herein otherwise provided.

20. Total Agreement: This contract is a total and complete integration of any and all undertakings existing between the parties hereto and supersedes any prior oral or written agreements, promises or representation between them. The headings of the various paragraphs of this contract are for convenience only, and shall not define, interpret, affect or prescribed the meaning and interpretation of the provisions of this contract.

CALHOUN COUNTY

By: _____

Date: _____

CALHOUN SOIL & WATER
CONSERVATION DISTRICT #345

By: _____

Date: _____

NOTICES

COUNTY:

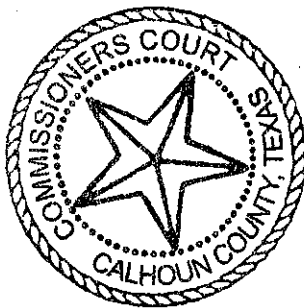
Calhoun County Judge
211 S. Ann Street, Suite 301
Port Lavaca, Texas 77979

CALHOUN SOIL & WATER CONSERVATION DISTRICT #345

P.O. Box 553
Port Lavaca, Texas 77979

CLERK'S CERTIFICATION

I, Anna Goodman, County Clerk of Calhoun County, Texas, certify that the above contract was accepted and agreed to by the Commissioners' Court of Calhoun County on February 9th, 2025.



By: Kadele Smith
Deputy Clerk

Date: 2-9-25

Services provided by the Calhoun Soil & Water Conservation District #345 and clients served - -

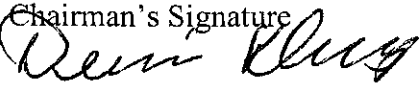
1. Provide all churches within Calhoun County Soil Stewardship material for National Soil Stewardship Week.
2. Host an educational agriculture day for all third grade students within Calhoun County. Provide educational material, goody-bag and noon meal.
3. Hold a coloring contest for pre-kindergarten, kindergarten and first-grades within county for students in private, parochial and public schools. Award each pencil for participating. Winners within each grade are given ribbons (1st-6th) with rosettes given to school winners (1st-3rd). County winners each receive a trophy (1st-3rd).
4. Hold poster contest for students age 12-year and under. Each receive a pencil for participating. Grade winners (1st-6th) are given ribbons with rosettes (1st-3rd) to school winners. County winners each receive a trophy (1st-3rd). Submit County winner to area competition.
5. Hold essay contest(s) for students ages 13 and under (junior) and ages 14 to 18 (senior). First through third in each category receive monetary awards and a certificate. Submit first place winner of each category to area competition.
6. Host annual awards banquet for landowners, tenants and public to recognize winning students. Honor outstanding conservation individuals within the county.
7. Co-sponsor Local Led Conservation Workshop with NRCS to receive input from agricultural leaders, businesses and individuals with an interest in natural resource concerns to identify and prioritize resource concerns for eligible practices and ranking for county-based funding.
8. Co-sponsor Calhoun County Cattleman's Association annual banquet.
9. Co-sponsor NRCS workshops (Range Management, Soil Health).

AFFIDAVIT
Annual Financial Report/Review/Audit

TO: Texas State Soil and Water Conservation Board

We certify that we have inspected and reconciled to bank statements the attached Combined Statement of Financial Position for all Funds, Combined Statement of Revenues, Expenditures, Changes in Fund Balances, Schedule of Bonded Officials and Employees, Fixed Assets/Equipment Schedule, and to the best of our knowledge and belief hereby certify that they are a true, correct, and complete representation of the financial condition of the _____ Calhoun _____ Soil and Water Conservation District # __345__ as of August 31, 2024.

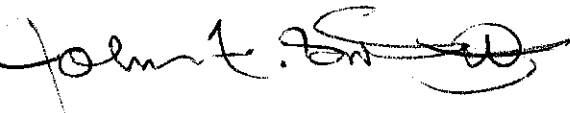
Chairman's Signature



October 15, 2024

Date

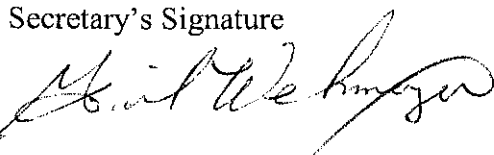
Vice-Chairman's Signature



October 15, 2024

Date

Secretary's Signature



October 15, 2024

Date

INVESTMENT POLICY

It is the desire of the Board of Directors to establish a sound investment policy which provides for maximum security and investment return for funds belonging to the District. The investment objectives of this policy are to comply with the laws of the State of Texas as defined in Chapter 2256, Government Code, known as the "Public Funds Investment Act"; to ensure sufficient funds are available to meet immediate and short term needs; to ensure funds are invested safely and not for speculation; and to maximize interest earned through prudent investment of District funds.

As provided in the Public Funds Investment Act, the following investments of District funds are authorized:

- 1) Interest bearing demand deposits in which the principal and interest are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States and shall be opened by a depository institution that has a main office or branch in the State of Texas.
- 2) Certificates of deposit and share certificates in which the principal and interest are fully guaranteed or insured by the Federal Deposit Insurance Corporation or by the explicit full faith and credit of the United States and shall be opened by a depository institution that has a main office or branch in the State of Texas. The maximum term for certificates will be such to ensure sufficient funds are available to meet all immediate and short term needs.

The District will designate an Investment Officer with authority to manage all investments authorized within this policy.

This investment policy is hereby adopted by the ___ Calhoun ___ Soil and Water Conservation District #345. This policy shall be reviewed annually and revised as best practices in investment management and all investments shall comply with legal requirements as outlined in the Texas Government Code.

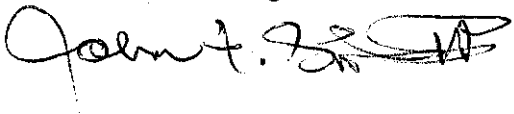
management and all investments shall comply with legal requirements as outlined in the Texas Government Code.



Chairman's Signature

October 15, 2024
Date

Vice-Chairman's Signature



October 15, 2024
Date

Secretary's Signature



October 15, 2024
Date

District Name

Calhoun

District #

345

**Combined Statement of Financial Position for all Funds
for the Fiscal Year Ended August 31, 2024**

	STATE FUND	LOCAL FUND	TRUST FUND	FUND	FUND
ASSETS					
Cash in Bank Accounts	19,190.75		14,742.94		
Cash on hand					
Certificates of Deposit			68,147.81		
Accounts Receivable					
Prepays					
Due From Other Funds					
Subtotal Current Assets	<u>19,190.75</u>		<u>82,890.75</u>		
FIXED ASSETS					
Land / Buildings					
Furniture / Equipment			3,900.00		
Rental Equipment					
Vehicles					
Subtotal Fixed Assets	<u>0.00</u>		<u>3,900.00</u>		
TOTAL ASSETS	<u>19,190.75</u>		<u>86,790.75</u>		
LIABILITIES AND FUND EQUITY					
LIABILITIES					
Accounts Payable					
Due to Other Funds					
Total Liabilities	<u>0.00</u>		<u>0.00</u>		
FUND EQUITY					
Investment in Fixed Assets			3,900.00		
Unreserved Fund Balance			82,890.75		
Total Fund Equity	<u>19,190.75</u>		<u>86,790.75</u>		
TOTAL LIABILITIES AND FUND EQUITY	<u>19,190.75</u>		<u>86,790.75</u>		

1. May prepare on cash or modified accrual basis

**Combined Statement of Revenues, Expenditures, and Changes in Fund Balances
for the Fiscal Year Ended August 31, 2024**

	STATE FUND	LOCAL FUND	TRUST FUND	FUND	FUND
REVENUES:					
Interest Income			1,534.83		
Sale of Materials					
Donations			10,232.00		
Building & Equipment Rental					
Fund Transfers	511.95				
Director Mileage & Per Diem	2,292.00				
Supplemental Mileage & Per Diem (prior year)	638.31				
Matching Funds	7,500.00				
Supplemental MF / TA Combined (prior year)	2,717.14				
Conservation Implementation Asst. (TA)	15,144.00				
Conservation Activity Program (CAP)	2,877.50				
NACD Technical Assistance Grant					
NRCS Clerical Assistance (TSP)	1,469.43				
Information Technology Assistance Grant					
SWCD Audit Reimbursement					
ATSWCD 555 Program			433.81		
Other Income (please list)					
TOTAL REVENUES	33,150.33		12,200.64		
EXPENDITURES:					
Salaries/Wages					
Conservation Implementation (TA)	15,144.00				
NRCS Clerical Assistance (TSP)	1,469.43				
Other (please list)					
clerical	353.05		2,133.73		
Payroll Taxes					
Federal Withholding	2,310.00		122.00		
OASDI & Medicare	1,839.04		373.67		
Worker's compensation insurance	194.00				
Employee Travel	433.97				
Director Mileage	1,282.53				
Director Per Diem	1,710.00				
Awards			1,279.85		
Bonds and other insurance	605.00		5,821.72		
Conferences/Registrations			910.48		
Educational Program					
Fund transfers					
Computer / Printer / Internet Service					
Materials purchased for resale					
Meals/Banquets			1,681.38		
NACD Dues					
Professional fees including CPA services					
Building & Equipment Rentals					
State Association quota	425.00				
Supplies and Postage	492.40		43.32		
Other Expenses (please list)	75.00				
donations, RC&D, Gulf Coast, TWC	117.00		1,586.23		
TOTAL EXPENDITURES	26,450.42		13,952.38		
Excess (Deficiency) Revenue over Expenditures	6,699.91		(1,751.74)		
Fund Balance September 1, 2023	12,490.84		88,542.49		
FUND BALANCE AUGUST 31, 2024	19,190.75		86,790.75		

1. Fund Balances must reconcile to Bank Statements

Revised 08/16/24

District Name Calhoun District # 345

**Fixed Assets/Equipment Schedule
As of August 31, 2024**

<u>Description</u>	<u>Date Acquired</u>	<u>COST</u>				
		<u>State Fund</u>	<u>Local Fund</u>	<u>Trust Fund</u>	<u>Fund</u>	<u>Fund</u>
IKON Copier	08/17/2004			3,900.00		
TOTAL				<u>3,900.00</u>		



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

MB 02 001121 42076 H 6 A



April 14, 2024

CALHOUN SOIL & WATER CONSERVATION DISTR #345
P.O. BOX 553
PORT LAVACA TX 77979-0553

Policy Information:

Policy Holder Details:	
CALHOUN SOIL & WATER CONSERVATION DISTR #345	
Policy Number	Policy Term
65 WEC EX0998	05/24/24 to 05/24/25



Contact Us

Visit <https://agency.thehartford.com>
24/7 access to manage your book of
business.

Need Help? Start a live chat online or
call us at (866) 467-8730. We're here
weekdays from 8:00 AM to 8:00 PM ET

Dear Policyholder,

It's time to put up your new Workers' Compensation posting notices! Please make sure to post them in your workplace as soon as possible, following the requirements in your state.

You're getting hard copies for one of two reasons: either your state requires it, or you chose this as your delivery method.

Visit us at www.thehartford.com/servicecenter to:

- o View, download and print notices, if you have locations in a state that allows digital delivery
- o Change your delivery preferences
- o Order new copies of the notices in this packet, if you misplace them or need extras

If you have questions or need help, call your agent at (254) 699-7100.

On behalf of BKCW LP, thanks for choosing us for your business insurance needs.

Have a great day,
The Hartford



15

15. Consider and take necessary action to renew Precinct 3 copier rental agreement (#3111572) with Great America Financial Services/Dewitt Poth & Son. For a Kyocera ECOSYS MA3500cifx model copier and authorized Commissioner Behrens sign all necessary documents. (JMB)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	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



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 February 5, 2025.

Consider and take necessary action to renew Precinct 3 copier rental agreement (#3111572) with Great America Financial Services/Dewitt Poth & Son. For a Kyocera ECOSYS MA3500cifix model copier and authorized Judge Lyssy to sign all necessary documents.

Sincerely,

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

Joel Behrens
Commissioner Pct. 3



625 First Street SE, Suite 800
Cedar Rapids, IA 52401
Toll Free 866-339-9778

January 13, 2025

County of Calhoun
211 S. Ann St.
Port Lavaca, Texas 77979-4203

Re: Agreement No. 3111572 (the "Agreement")

To Whom It May Concern:

We understand that you are contemplating entering into an agreement with GreatAmerica for the rental of certain office equipment ("Equipment") and that you desire to have GreatAmerica sign the Agreement before delivery and the installation of the Equipment. Ordinarily, we do not sign agreements until after the customer has signed the document(s) and after we have confirmed with the customer that the Equipment has been delivered and is installed satisfactorily. However, you have a strong desire that we sign the Agreement prior to installation, and we are okay with that; provided that you understand that the Agreement will not become binding until we confirm your unconditional acceptance of the installed Equipment either by telephone verification with you or by receipt of a signed delivery and acceptance certificate in a form acceptable to us.

Accordingly, enclosed please find two copies of the Agreement bearing our original signature, one of which has a legend in the margin that states as follows: "This is a copy. This is a copy view of the authoritative copy held by the designated custodian." You may keep the copy with that legend on it. The other copy will be our original. You will need to sign our original and return it to us before we can fund your transaction.

If you have any questions, feel free to contact us.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Lanny Wilkerson", with a long horizontal flourish extending to the right.

Lanny Wilkerson
Docs Specialist

AGREEMENT



GREATAMERICA FINANCIAL SERVICES CORPORATION
PAYMENT ADDRESS:
PO BOX 660831, DALLAS TX 75266-0831

AGREEMENT NO.: 3111572

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: Calhoun, County of DBA Treasurer

ADDRESS: 211 S Ann St

Port Lavaca TX 77979-4203

VENDOR (VENDOR IS NOT OUR AGENT AND IS NOT AUTHORIZED BY US TO ACT ON OUR BEHALF OR TO WAIVE OR ALTER ANY PROVISION OF THIS AGREEMENT)

Dewitt Poth & Son

Yoakum, TX

EQUIPMENT AND PAYMENT TERMS

TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES

☐ SEE ATTACHED SCHEDULE

1 Kyocera ECOSYS MA3500cfx copier

EQUIPMENT LOCATION: 24627 State Highway 172, Port Lavaca, TX 77979

(*PLUS TAX)

TERM IN MONTHS: 63

MONTHLY PAYMENT AMOUNT: \$69.00

PURCHASE OPTION: Fair Market Value

ADDITIONAL TERMS AND CONDITIONS

AGREEMENT. You want us to now pay your Vendor for the equipment and/or software referenced herein ("Equipment") and the amounts your Vendor included on the invoice to us for the Equipment for related installation, training, and/or implementation costs, and you unconditionally agree to pay us the amounts payable under the terms of this agreement ("Agreement") each period by the due date. This Agreement will begin on the date the Equipment is delivered to you or any later date we designate. We may charge you a one-time origination fee of \$125.00. If we do not receive by the due date, at the remittance address indicated on your invoice, any amount payable to us, you will pay a late charge equal to: 1) the greater of ten (10) cents for each dollar overdue or twenty-six dollars (\$26.00); or 2) the highest lawful charge, if less.

NET AGREEMENT. THIS AGREEMENT IS NON-CANCELABLE FOR THE ENTIRE AGREEMENT TERM. YOU UNDERSTAND WE ARE PAYING FOR THE EQUIPMENT BASED ON YOUR UNCONDITIONAL ACCEPTANCE OF IT AND YOUR PROMISE TO PAY US UNDER THE TERMS OF THIS AGREEMENT, WITHOUT SET-OFFS FOR ANY REASON, EVEN IF THE EQUIPMENT DOES NOT WORK OR IS DAMAGED, EVEN IF IT IS NOT YOUR FAULT.

EQUIPMENT USE. You will keep the Equipment in good working order, use it for business purposes only, and not modify or move it from its initial location without our consent. You must resolve any dispute you may have concerning the Equipment with the manufacturer or Vendor. Payments under this Agreement may include amounts you owe your Vendor under a separate arrangement (for maintenance, service, supplies, etc.), which amounts may be invoiced by us on your Vendor's behalf for your convenience.

SOFTWARE/DATA. Except as provided in this paragraph, references to "Equipment" include any software referenced above or installed on the Equipment. We do not own the software and cannot transfer any interest in it to you. We are not responsible for the software or the obligations of you or the licensor under any license agreement. You are solely responsible for protecting and removing any confidential data/images stored on the Equipment prior to its return for any reason.

NO WARRANTY. WE MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. YOU HAVE ACCEPTED THE EQUIPMENT "AS-IS". YOU CHOSE THE EQUIPMENT, THE VENDOR AND ANY/ALL SERVICE PROVIDER(S) BASED ON YOUR JUDGMENT. YOU MAY CONTACT YOUR VENDOR FOR A STATEMENT OF THE WARRANTIES, IF ANY, THAT THE MANUFACTURER OR VENDOR IS PROVIDING. WE ASSIGN TO YOU ANY WARRANTIES GIVEN TO US.

ASSIGNMENT. You may not sell, assign or sublease the Equipment or this Agreement without our written consent. We may sell or assign this Agreement or our rights in the Equipment, in whole or in part, to a third party without notice to you. You agree that if we do so, the assignee will have our rights but will not be subject to any claim, defense, or set-off assertable against us or anyone else.

LAW/FORUM. This Agreement and any claim related to this Agreement will be governed by Iowa law. Any dispute will be adjudicated in a state or federal court located in Linn County, Iowa. You consent to personal jurisdiction and venue in such courts and waive transfer of venue. Each party waives any right to a jury trial.

LOSS OR DAMAGE. You are responsible for any damage to or loss of the Equipment. No such loss or damage will relieve you from your payment obligations hereunder. We are not responsible for, and you will indemnify us against, any claims, losses or damages, including attorney fees, in any way relating to the Equipment or data stored on it. This indemnity will survive the expiration of this Agreement. In no event will we be liable for any consequential or indirect damages.

INSURANCE. You agree to maintain commercial general liability insurance acceptable to us. You also agree to: 1) keep the Equipment fully insured against loss at its replacement cost, with us named as loss payee; and 2) provide proof of insurance satisfactory to us no later than 30 days following the commencement of this Agreement, and thereafter upon our written request. If you fail to maintain property loss insurance satisfactory to us and/or you fail to timely provide proof of such insurance, we have the option, but not the obligation, to secure property loss insurance on the Equipment from a carrier of our choosing in such forms and amounts as we deem reasonable to protect our interests. If we secure insurance on the Equipment, we will not name you as an insured party, your interests may not be fully protected, and you will reimburse us the premium which may be higher than the premium you would pay if you obtained insurance, and which may result in a profit to us through an investment in reinsurance. If you are current in all of your obligations under the Agreement at the time of loss, any insurance proceeds received will be applied, at our option, to repair or replace the Equipment, or to pay us the remaining payments due or to become due under this Agreement, plus our booked residual, both discounted at 3% per annum.

TAXES. We own the Equipment. You will pay when due, either directly or by reimbursing us, all taxes and fees relating to the Equipment and this Agreement. Sales or use tax due upfront will be payable over the term with a finance charge.

END OF TERM. At the end of the term of this Agreement (or any renewal term) (the "End Date"), this Agreement will renew month to month unless a) we receive written notice from you, at least 30 days prior to the End Date, of your intent to return the Equipment, and b) you timely return the Equipment to the location designated by us, at your expense. If a Purchase Option is indicated above and you are not in default on the End Date, you may purchase the Equipment from us "AS IS" for the Purchase Option price. If the returned Equipment is not immediately available for use by another without need of repair, you will reimburse us for all repair costs. You cannot pay off this Agreement or return the Equipment prior to the End Date without our consent. If we consent, we may charge you, in addition to other amounts owed, an early termination fee equal to 5% of the amount we paid for the Equipment.

DEFAULT/REMEDIES. If a payment becomes 10+ days past due, or if you otherwise breach this Agreement, you will be in default, and we may require that you return the Equipment to us at your expense and pay us: 1) all past due amounts and 2) all remaining payments for the unexpired term, plus our booked residual, discounted at 3% per annum; and we may disable or repossess the Equipment and use all other legal remedies available to us. You agree to pay all costs and expenses (including reasonable attorney fees) we incur in any dispute with you related to this Agreement. You agree to pay us interest on all past due amounts at the rate of 1.5% per month, or at the highest rate allowed by applicable law, if less.

UCC. You agree that this Agreement is (and/or shall be treated as) a "Finance Lease" as that term is defined in Article 2A of the Uniform Commercial Code ("UCC"). You agree to forgo the rights and remedies provided under sections 507-522 of Article 2A of the UCC.

MISCELLANEOUS. This Agreement is the entire agreement between you and us relating to the Equipment and supersedes any prior representations or agreements, including any purchase orders. Amounts payable under this Agreement may include a profit to us. The parties agree that the original hereof for enforcement and perfection purposes, and the sole "record" constituting "chattel paper" under the UCC, is the paper copy hereof bearing (i) the original or a copy of either your manual signature or an electronically applied indication of your intent to enter into this Agreement, and (ii) our original manual signature. If any provision of this Agreement is unenforceable, the other provisions herein shall remain in full force and effect to the fullest extent permitted by law. Any change must be in writing signed by each party.

APPLICABLE TO GOVERNMENTAL ENTITIES ONLY

You hereby represent and warrant to us that as of the date of the Agreement: (a) the individual who executed the Agreement had full power and authority to execute the Agreement on your behalf; (b) all required procedures necessary to make the Agreement a legal and binding obligation against you have been followed; (c) the Equipment will be operated and controlled by you and will be used for essential government purposes for the entire term of the Agreement; (d) that all payments due and payable for the current fiscal year are within the current budget and are within an available, unexpended, and unencumbered appropriation; (e) you intend to pay all amounts payable under the terms of the Agreement when due, if funds are legally available to do so; (f) your obligations to remit amounts under the Agreement constitute a current expense and not a debt under applicable state law; (g) no provision of the Agreement constitutes a pledge of your tax or general revenues; and (h) you will comply with any applicable information reporting requirements of the tax code, which may include 8038-G or 8038-GC Information Returns. If funds are not appropriated to pay amounts due under the Agreement for any future fiscal period, you shall have the right to return the Equipment and terminate the Agreement on the last day of the fiscal period for which funds were available, without penalty or additional expense to you (other than the expense of returning the Equipment to the location designated by us), provided that at least thirty (30) days prior to the start of the fiscal period for which funds were not appropriated, your Chief Executive Officer (or Legal Counsel) delivers to us a certificate (or opinion) certifying that (a) you are a state or a fully constituted political subdivision or agency of the state in which you are located; (b) funds have not been appropriated for the applicable fiscal period to pay amounts due under the Agreement; (c) such non-appropriation did not result from any act or failure to act by you; and (d) you have exhausted all funds legally available for the payment of amounts due under the Agreement. You agree that this paragraph shall only apply if, and to the extent that, state law precludes you from entering into the Agreement if the Agreement constitutes a multi-year unconditional payment obligation.

OWNER ("WE", "US", "OUR")

CUSTOMER'S AUTHORIZED SIGNATURE

THIS AGREEMENT IS NON-CANCELABLE FOR THE FULL AGREEMENT TERM. THIS AGREEMENT IS BINDING WHEN WE EXECUTE THIS AGREEMENT AND PAY FOR THE EQUIPMENT.

OWNER: GreatAmerica Financial Services Corporation

CUSTOMER: (As Stated Above)

SIGNATURE: *Lanny Welkerson*

DATE: 1/13/25

SIGNATURE: *X Lanny Welkerson*

DATE: 02/05/25

PRINT NAME & TITLE: LANNY WELKERSON

DOCS SPECIALIST

PRINT NAME & TITLE: Lanny Welkerson

Commissioner

CERTIFICATE OF DELIVERY AND ACCEPTANCE

The Customer hereby certifies that all the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted.

SIGNATURE: X

NAME AND TITLE:

DATE:



Amendment

This Amendment amends that certain agreement by and between GreatAmerica Financial Services Corporation ("Owner") and Calhoun, County of _____ ("Customer") which agreement is identified in the Owner's internal books and records as Agreement No. 3111572 (the "Agreement"). All capitalized terms used in this Amendment, which are not otherwise defined herein, shall have the meanings given to such terms in the Agreement. Owner and Customer have mutually agreed that the following modifications be made to the Agreement.

The Section entitled INSURANCE is hereby deleted in its entirety and replaced with the following:

"You Agree: (a) to keep the Equipment fully insured against loss at its replacement cost; and (b) to maintain comprehensive public liability insurance."

Except as specifically modified by this Amendment, all other terms and conditions of the Agreement remain in full force and effect. If, and to the extent there is a conflict between the terms of this Amendment and the terms of the Agreement, the terms of this Amendment shall control. A facsimile copy of this Amendment bearing authorized signatures may be treated as an original. This Amendment is not binding until accepted by Owner.

GreatAmerica Financial Services Corporation

Owner

By:

Larry Wilkerson

Signature

Larry Wilkerson DOCS SPECIALIST

Print Name & Title

Date Accepted:

1/13/25

Calhoun, County of DBA Treasurer

Customer

By: X

Joel Behrens

Signature

Joel Behrens Commissioner

Print Name & Title

Date:

02/05/2025

THIS IS A COPY. THIS IS A COPY VIEW OF THE AUTHORITY COPY HELD BY THE DESIGNATED CUSTODIAN.

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.

Weaver And Jacobs Constructors Inc.
Cuero, TX United States

Certificate Number:
2025-1264504

Date Filed:
02/04/2025

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

Calhoun County

Date Acknowledged: *[Signature]*

2/5/25

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.

2024.06
Memorial Medical Center HVAC & Roof Improvements for Calhoun County

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Brant Jacobs, and my date of birth is [REDACTED]

My address is [REDACTED], Cuero, TX, 77954, United States
(street) (city) (state) (zip code) (country)

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

Executed in Dewitt County, State of Texas, on the 4 day of February, 20 25.
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity
(Declarant)

16

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

Scott Mason explained the Infrastructure Development Plat.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Joel Behrens, Commissioner Pct 3
SECONDER:	David Hall, Commissioner Pct 1
AYES:	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



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

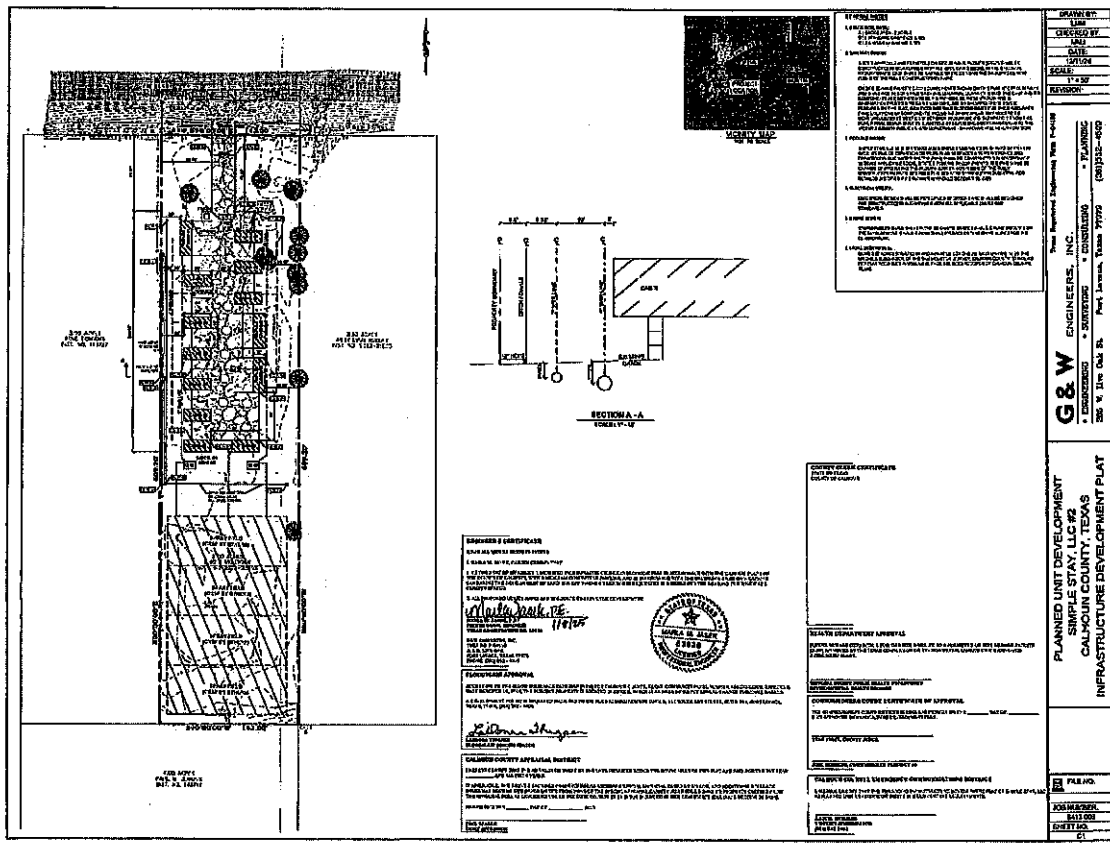
RE: Agenda Item

Dear Judge Lyssy:

Please place the following item on the Commissioner's Court Agenda for February 5, 2025.

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

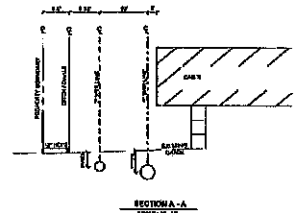
Sincerely,
Joel Behrens
Commissioner Pct. 3



SEE DETAIL
FOR ALL NOTES

SEE DETAIL
FOR ALL NOTES

SEE DETAIL
FOR ALL NOTES



NOTES

1. THE PLANNED UNIT DEVELOPMENT (PUD) IS A DEVELOPMENT OF A SINGLE-UNIT RESIDENTIAL TRACT OF LAND, HEREINAFTER REFERRED TO AS THE "PUD", WHICH IS A DEVELOPMENT OF A SINGLE-UNIT RESIDENTIAL TRACT OF LAND, HEREINAFTER REFERRED TO AS THE "PUD", WHICH IS A DEVELOPMENT OF A SINGLE-UNIT RESIDENTIAL TRACT OF LAND, HEREINAFTER REFERRED TO AS THE "PUD".

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ENGINEER'S CERTIFICATION

I, the undersigned, being a duly licensed Professional Engineer in the State of Texas, do hereby certify that the foregoing is a true and correct copy of the original as submitted to me, and that the same conforms to the requirements of the Texas Engineering Board.

[Signature]
11/1/25

PLANNED UNIT DEVELOPMENT

THE PLANNED UNIT DEVELOPMENT (PUD) IS A DEVELOPMENT OF A SINGLE-UNIT RESIDENTIAL TRACT OF LAND, HEREINAFTER REFERRED TO AS THE "PUD", WHICH IS A DEVELOPMENT OF A SINGLE-UNIT RESIDENTIAL TRACT OF LAND, HEREINAFTER REFERRED TO AS THE "PUD".

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CITY OF DALLAS

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G&W ENGINEERS, INC.

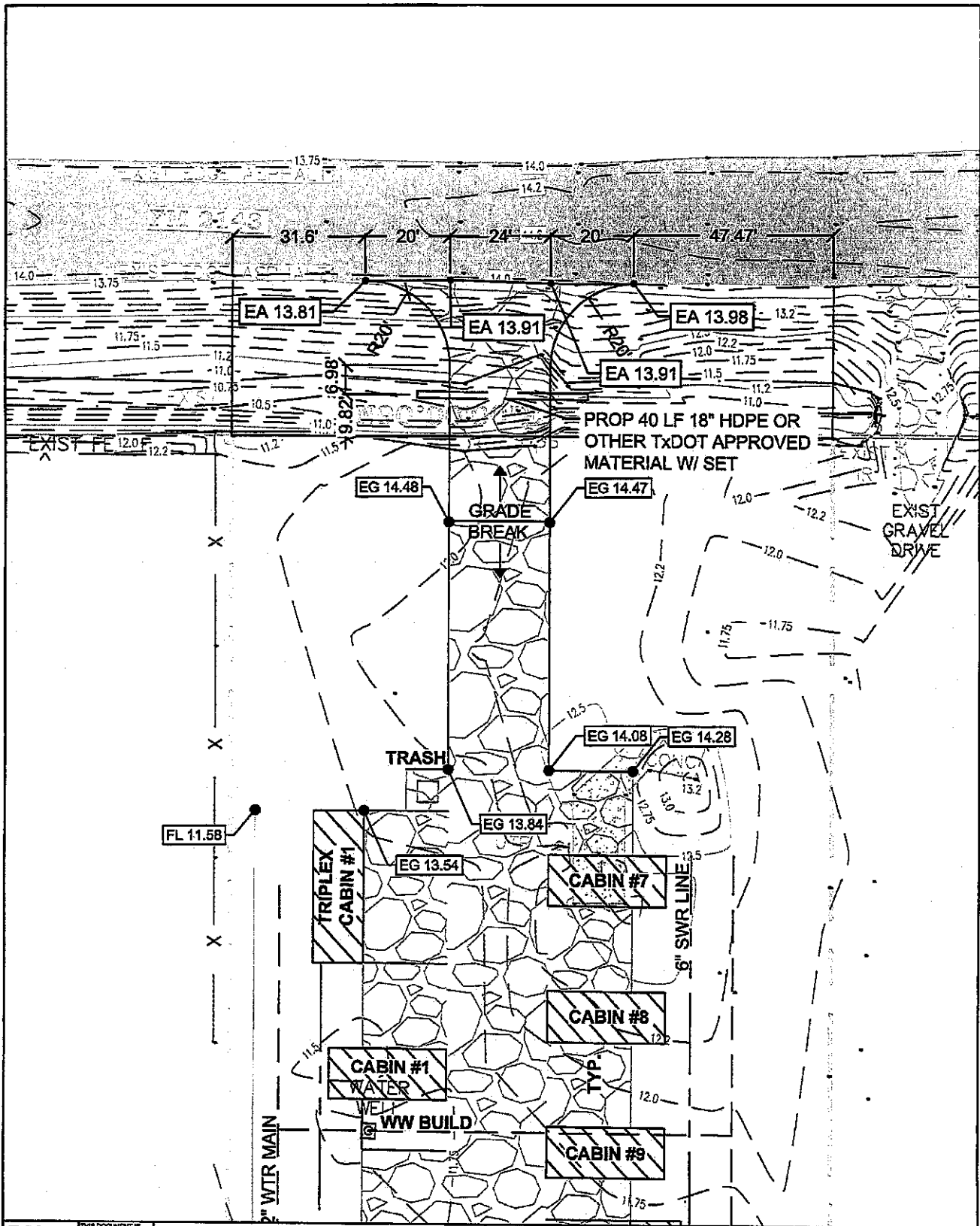
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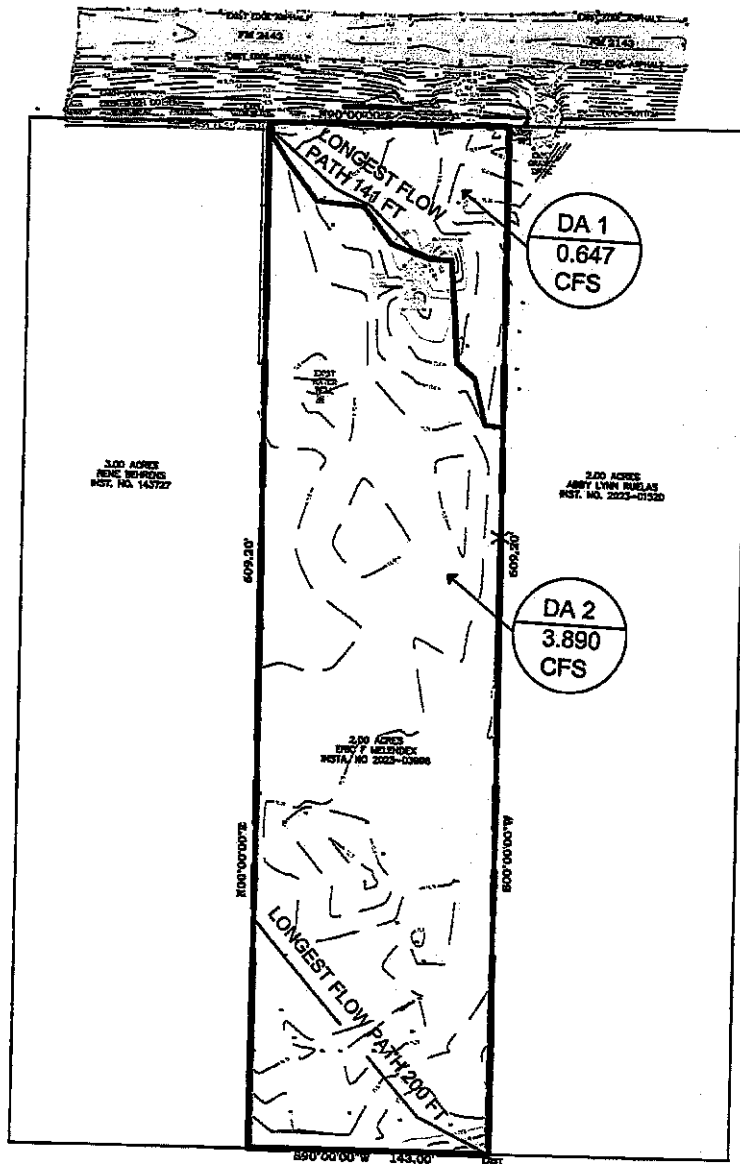
G&W ENGINEERS, INC.

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FILE NO.	THIS DOCUMENT IS FOR PLANNING PURPOSES ONLY AND IS NOT TO BE RELED UNLESS AN OFFICIAL OR COMPLETE ENGINEERING DOCUMENT.	SIMPLE STAY 2AC LOCATION PORT LAVACA, TEXAS DRIVEWAY EXHIBIT	G & W ENGINEERS, INC. • ENGINEERING • SURVEYING • CONSULTING • PLANNING 205 W. Live Oak St. Port Lavaca, Texas 77979 (361)562-4509	DRAWN BY: ZLR CHECKED BY: MN DATE: 12/04/24 SCALE: 1"=30' REVISION:
JOB NUMBER:				
SHEET NO.				
CS				



FILE NO.
JOB NUMBER:
SHEET NO.
01

THIS DOCUMENT IS
FOR PLANNING
PURPOSES ONLY AND
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OR COMPLETE
DOCUMENT.

**SIMPLE STAY 2AC LOCATION
PORT LAVACA, TEXAS
DRIVEWAY DRAINAGE EXHIBIT**

G & W

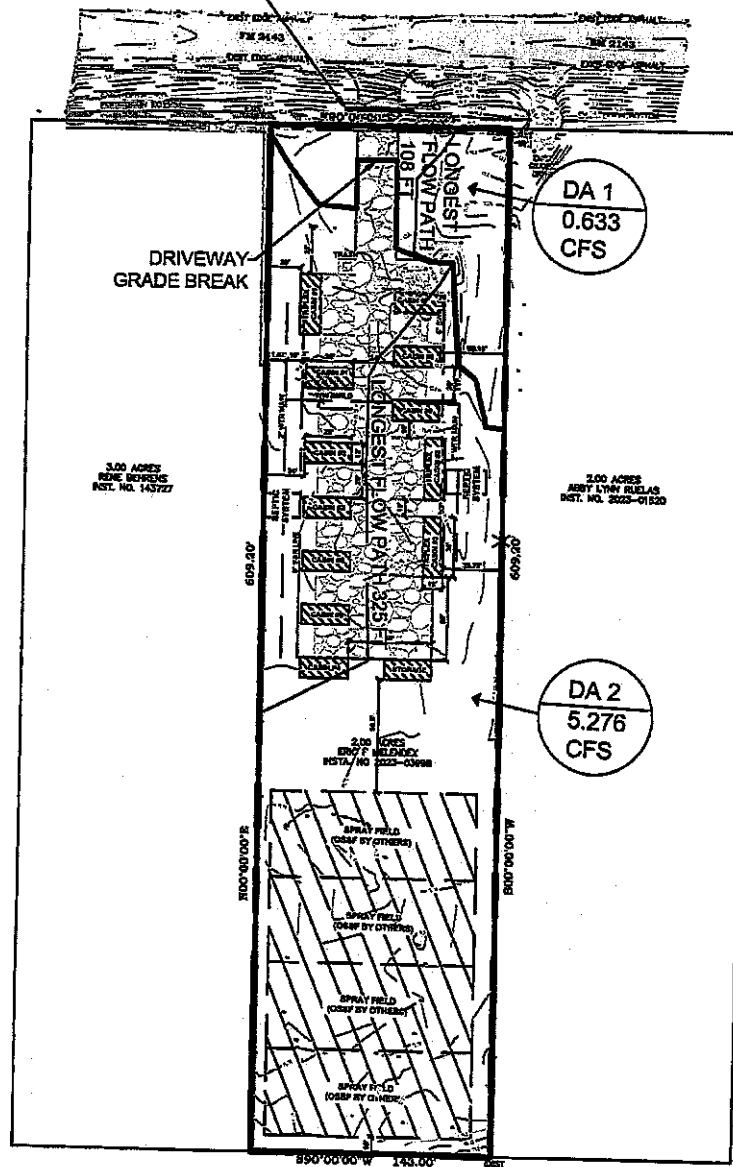
ENGINEERS, INC.

Texas Registered Engineering Firm P-6028

• ENGINEERING • SURVEYING • CONSULTING • PLANNING
206 W. Live Oak St. Fort Lavaca, Texas 77979 (361)562-4509

DRAWN BY: Z.R.
CHECKED BY: MJ
DATE: 12/02/24
SCALE: 1"=100'
REVISION:

PROP 40 LF18" HDPE CULVERT WITH SET



FILE NO.	THIS DOCUMENT IS FOR PLANNING PURPOSES ONLY AND IS NOT TO BE RELED UPON AS AN OFFICIAL OR COMPLETE ENGINEERING DOCUMENT.
JOB NUMBER:	1413.005
SHEET NO.	C2

**SIMPLE STAY 2AC LOCATION
PORT LAVACA, TEXAS
DRIVEWAY DRAINAGE EXHIBIT**

G&W ENGINEERS, INC.
 • ENGINEERING • SURVEYING • CONSULTING • PLANNING
 205 W. Live Oak St. Port Lavaca, Texas 77979 (361)552-4509

DRAWN BY: ZLR
 CHKD BY: ALJ
 DATE: 12/22/24
 SCALE: 1"=50'
 REVISION:

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Hydrology Studio v 3.0.0.34

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Basin Model

Hydrology Studio v 3.0.0.34

Project Name: Simple Stay

12-04-2024

Pre DA 1



Post DA 1



Pre DA 2



Post DA 2



Project Name: Simple Stay

12-04-2024

2

Hydrograph 5-yr Summary

Project Name: Simple Stay

12-04-2024

Hydrology Studio v 3.0.0.34

Hyd. No.	Hydrograph Type	Hydrograph Name	Peak Flow (cfs)	Time to Peak (hrs)	Hydrograph Volume (cuft)	Inflow Hyd(s)	Maximum Elevation (ft)	Maximum Storage (cuft)
1	Rational	Pre DA 1	0.391	0.32	446	—		
2	Rational	Post DA 1	0.383	0.32	436	—		
3	Rational	Pre DA 2	2.350	0.42	3,524	—		
4	Rational	Post DA 2	3.185	0.43	4,969	—		

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

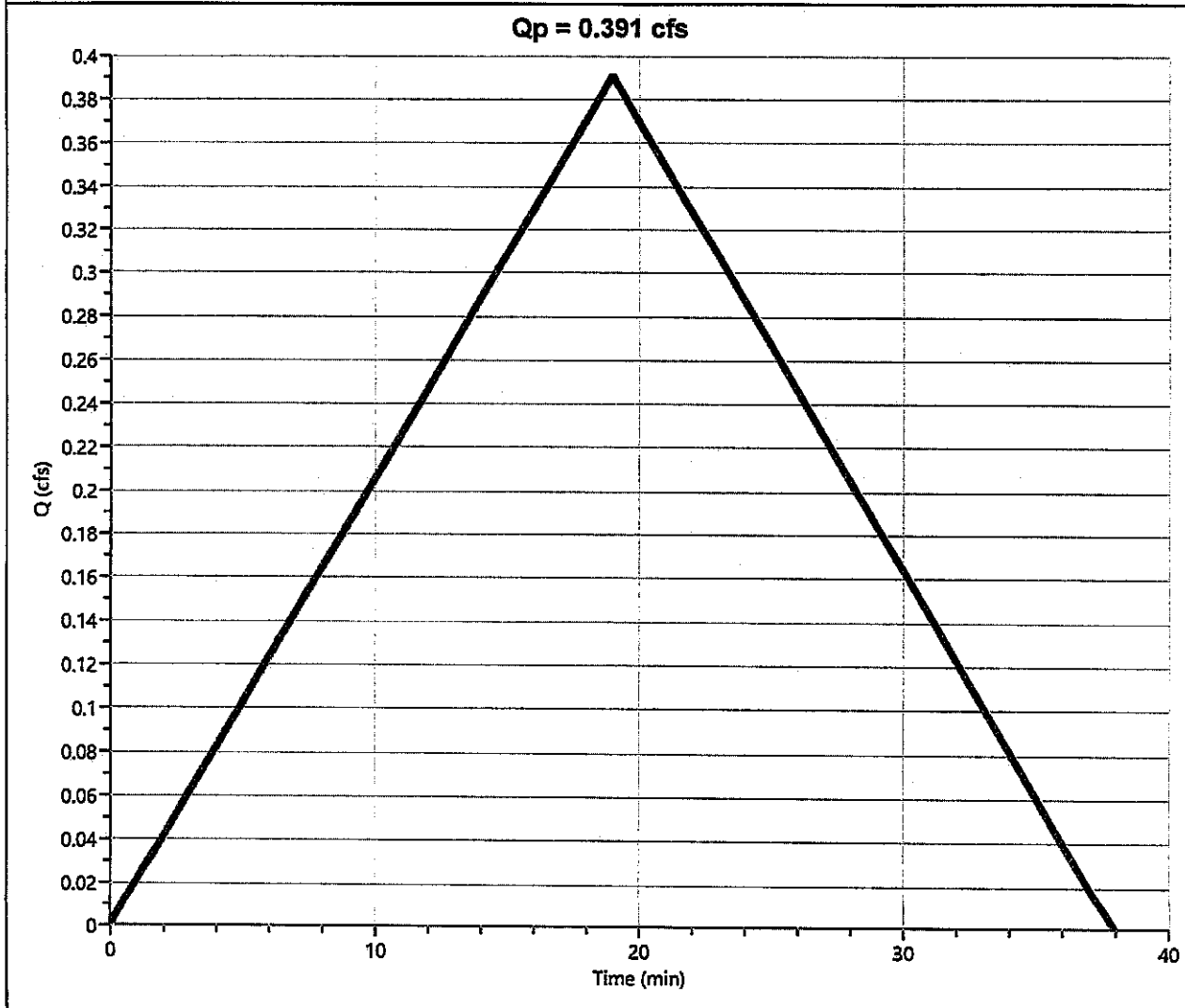
Pre DA 1

Hyd. No. 1

Hydrograph Type	= Rational	Peak Flow	= 0.391 cfs
Storm Frequency	= 5-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 446 cuft
Drainage Area	= 0.253 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 5.15 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.253	0.30	
0.253	0.30	



Tc by TR55 Worksheet

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

DA 1
Rational

Hyd. No. 1

Description	Segments			Tc (min)
	A	B	C	
Sheet Flow				
Description				
Manning's n	0.240	0.013	0.013	
Flow Length (ft)	100			
2-yr, 24-hr Precip. (in)	2.28	2.28	2.28	
Land Slope (%)	1.55			
Travel Time (min)	18.72	0.00	0.00	18.72
Shallow Concentrated Flow				
Flow Length (ft)	41.5			
Watercourse Slope (%)	1.55	0.00	0.00	
Surface Description	Unpaved	Paved	Paved	
Average Velocity (ft/s)	2.01			
Travel Time (min)	0.34	0.00	0.00	0.34
Channel Flow				
X-sectional Flow Area (sqft)				
Wetted Perimeter (ft)				
Channel Slope (%)				
Manning's n	0.013	0.013	0.013	
Velocity (ft/s)				
Flow Length (ft)				
Travel Time (min)	0.00	0.00	0.00	0.00
Total Travel Time				19 min

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

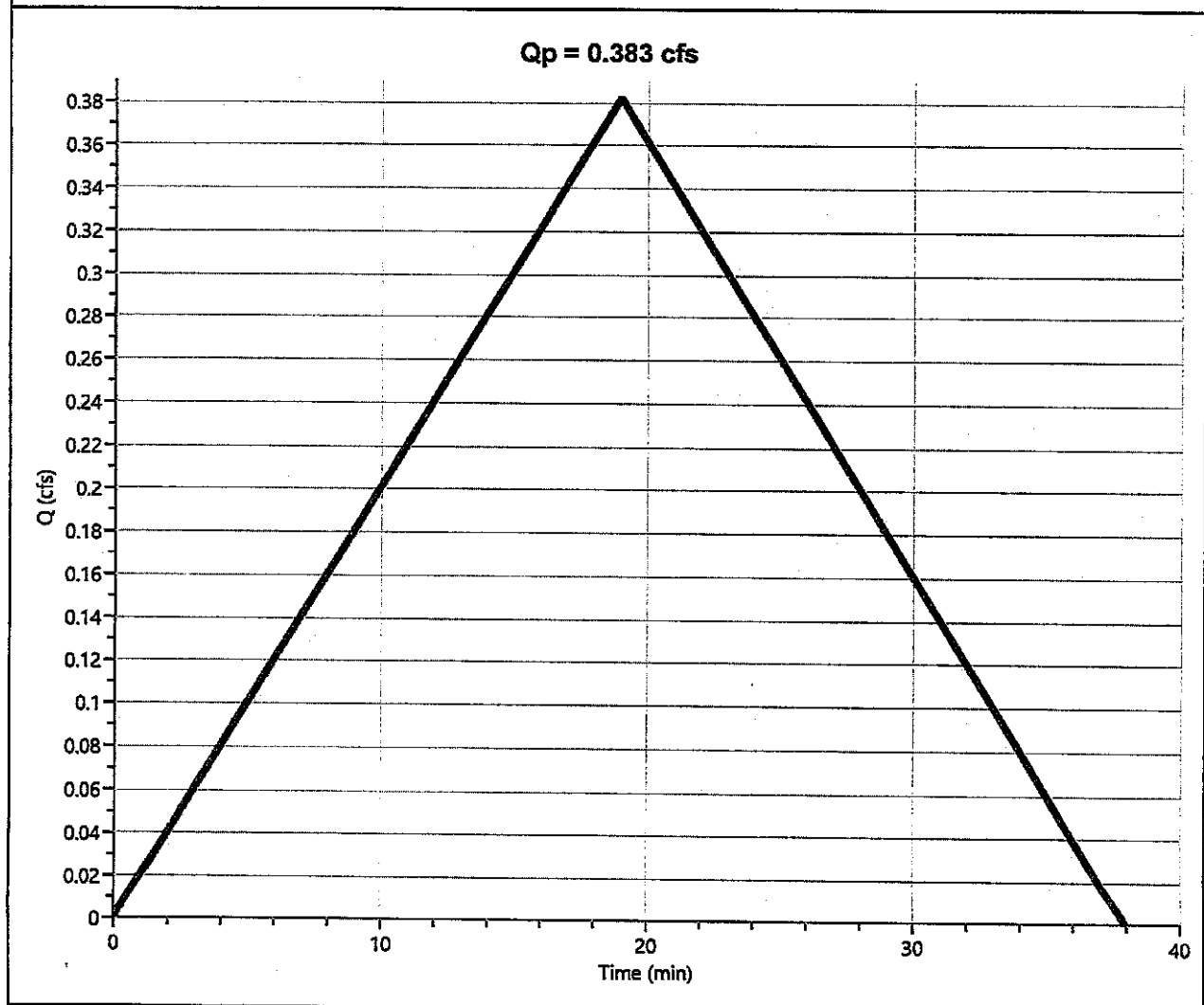
Post DA 1

Hyd. No. 2

Hydrograph Type	= Rational	Peak Flow	= 0.383 cfs
Storm Frequency	= 5-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 436 cuft
Drainage Area	= 0.232 ac	Runoff Coeff.	= 0.32*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 5.15 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.011	0.70	Gravel
0.221	0.30	Grass
0.232	0.32	



Tc by TR55 Worksheet

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

DA 1
Rational

Hyd. No. 2

Description	Segments			Tc (min)
	A	B	C	
Sheet Flow				
Description				
Manning's n	0.240	0.013	0.013	
Flow Length (ft)	100			
2-yr, 24-hr Precip. (in)	2.28	2.28	2.28	
Land Slope (%)	1.55			
Travel Time (min)	18.72	0.00	0.00	18.72
Shallow Concentrated Flow				
Flow Length (ft)	8			
Watercourse Slope (%)	1.55	0.00	0.00	
Surface Description	Unpaved	Paved	Paved	
Average Velocity (ft/s)	2.01			
Travel Time (min)	0.07	0.00	0.00	0.07
Channel Flow				
X-sectional Flow Area (sqft)				
Wetted Perimeter (ft)				
Channel Slope (%)				
Manning's n	0.013	0.013	0.013	
Velocity (ft/s)				
Flow Length (ft)				
Travel Time (min)	0.00	0.00	0.00	0.00
Total Travel Time				19 min

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

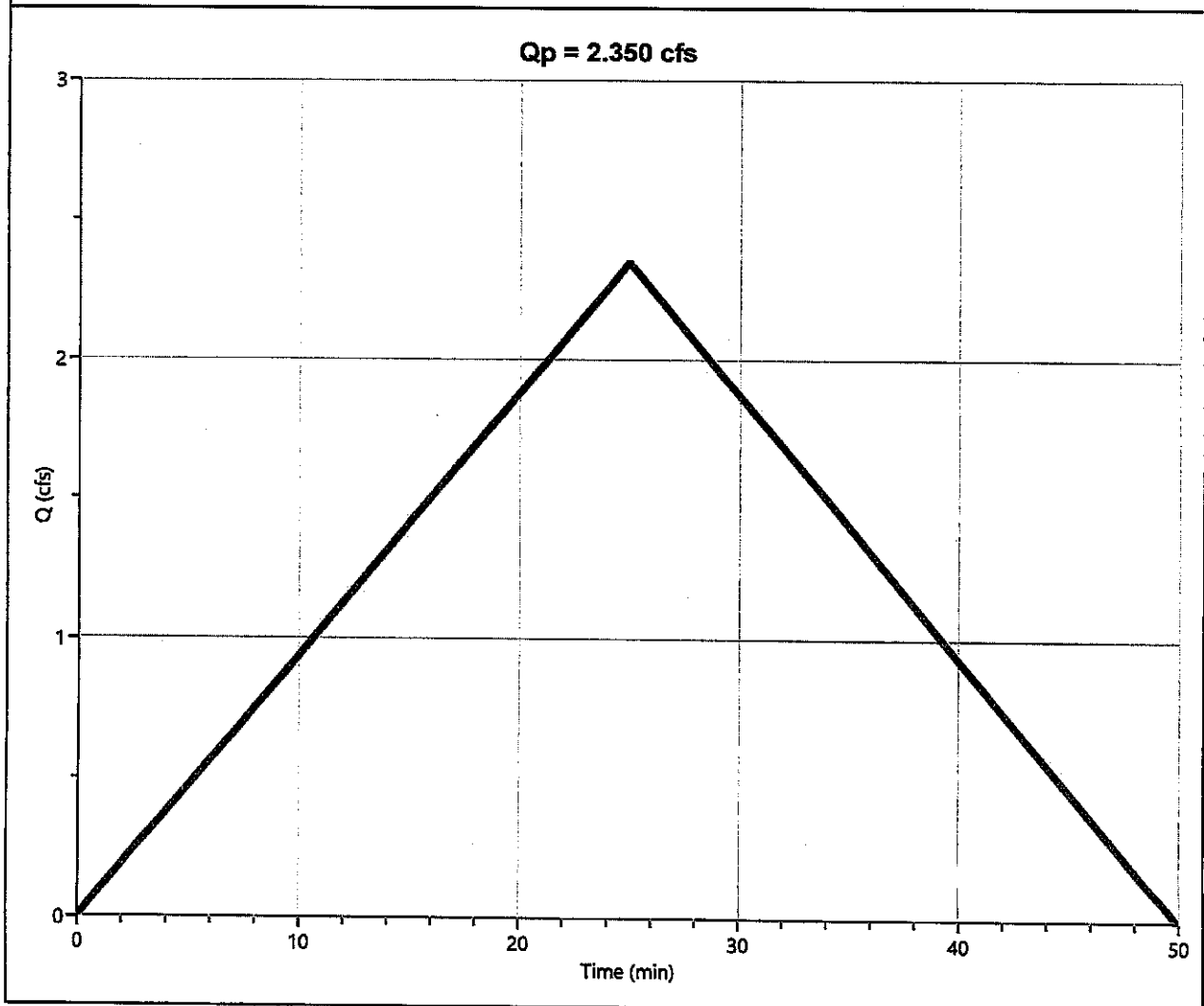
Pre DA 2

Hyd. No. 3

Hydrograph Type	= Rational	Peak Flow	= 2.350 cfs
Storm Frequency	= 5-yr	Time to Peak	= 0.42 hrs
Time Interval	= 1 min	Runoff Volume	= 3,524 cuft
Drainage Area	= 1.746 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 25.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 4.49 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
1.738	0.30	Grass
0.008	0.90	Concrete
1.746	0.30	



Tc by TR55 Worksheet

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

DA 2
Rational

Hyd. No. 3

Description	Segments			Tc (min)
	A	B	C	
Sheet Flow				
Description				
Manning's n	0.240	0.013	0.013	
Flow Length (ft)	100			
2-yr, 24-hr Precip. (in)	2.28	2.28	2.28	
Land Slope (%)	.87			
Travel Time (min)	23.59	0.00	0.00	23.59
Shallow Concentrated Flow				
Flow Length (ft)	100.21			
Watercourse Slope (%)	0.87	0.00	0.00	
Surface Description	Unpaved	Paved	Paved	
Average Velocity (ft/s)	1.5			
Travel Time (min)	1.11	0.00	0.00	1.11
Channel Flow				
X-sectional Flow Area (sqft)				
Wetted Perimeter (ft)				
Channel Slope (%)				
Manning's n	0.013	0.013	0.013	
Velocity (ft/s)				
Flow Length (ft)				
Travel Time (min)	0.00	0.00	0.00	0.00
Total Travel Time				25 min

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

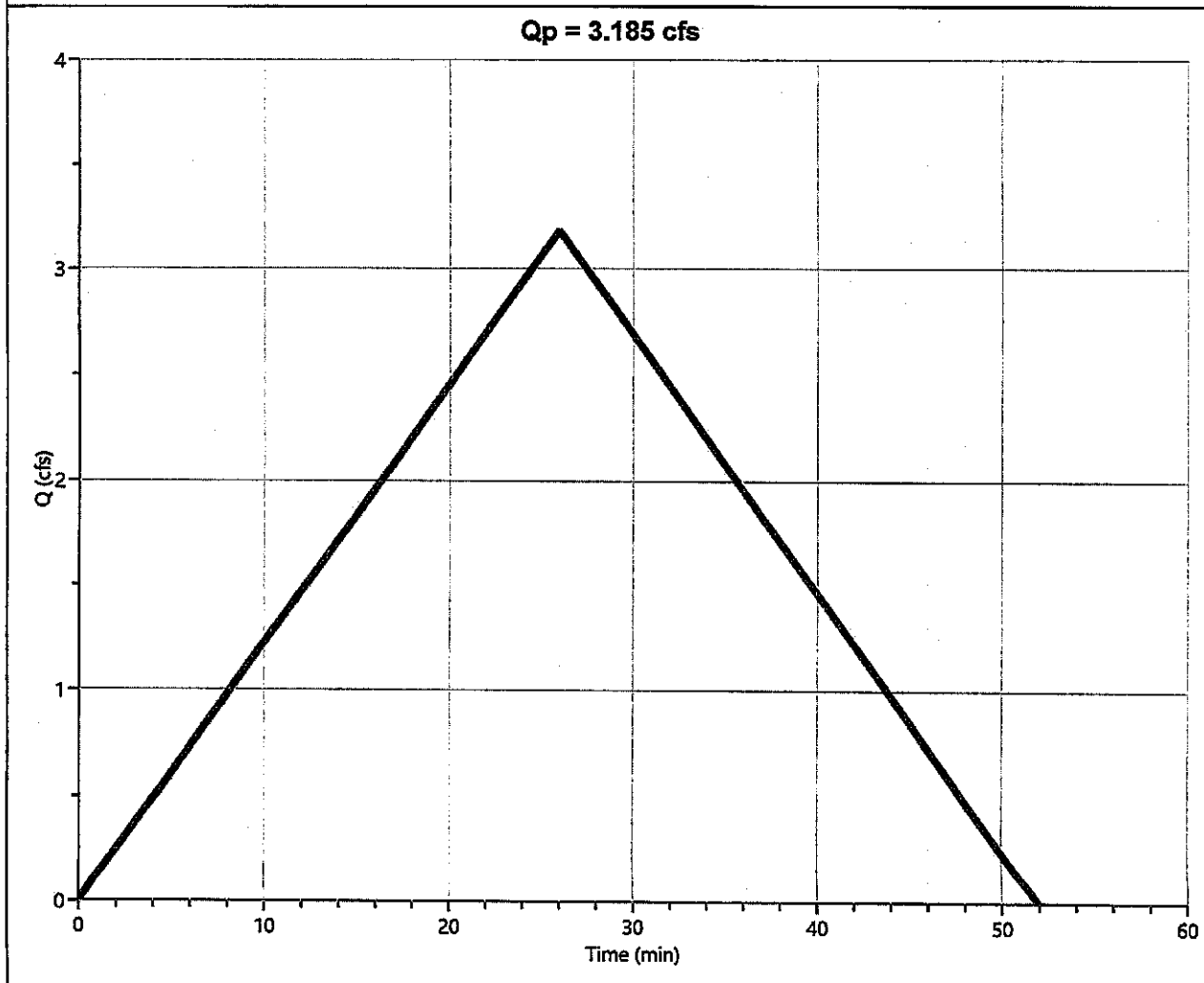
Post DA 2

Hyd. No. 4

Hydrograph Type	= Rational	Peak Flow	= 3.185 cfs
Storm Frequency	= 5-yr	Time to Peak	= 0.43 hrs
Time Interval	= 1 min	Runoff Volume	= 4,969 cuft
Drainage Area	= 1.768 ac	Runoff Coeff.	= 0.41*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 26.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 4.39 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.345	0.70	Gravel
1.324	0.30	Grass
0.099	0.90	Cabins
1.768	0.41	



Tc by TR55 Worksheet

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

DA 2
Rational

Hyd. No. 4

Description	Segments			Tc (min)
	A	B	C	
Sheet Flow				
Description				
Manning's n	0.240	0.013	0.013	
Flow Length (ft)	100			
2-yr, 24-hr Precip. (in)	2.28	2.28	2.28	
Land Slope (%)	.87			
Travel Time (min)	23.59	0.00	0.00	23.59
Shallow Concentrated Flow				
Flow Length (ft)	225			
Watercourse Slope (%)	0.87	0.00	0.00	
Surface Description	Unpaved	Paved	Paved	
Average Velocity (ft/s)	1.5			
Travel Time (min)	2.49	0.00	0.00	2.49
Channel Flow				
X-sectional Flow Area (sqft)				
Wetted Perimeter (ft)				
Channel Slope (%)				
Manning's n	0.013	0.013	0.013	
Velocity (ft/s)				
Flow Length (ft)				
Travel Time (min)	0.00	0.00	0.00	0.00
Total Travel Time				26 min

Project Name: Simple Stay

12-04-2024

[illegible]

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

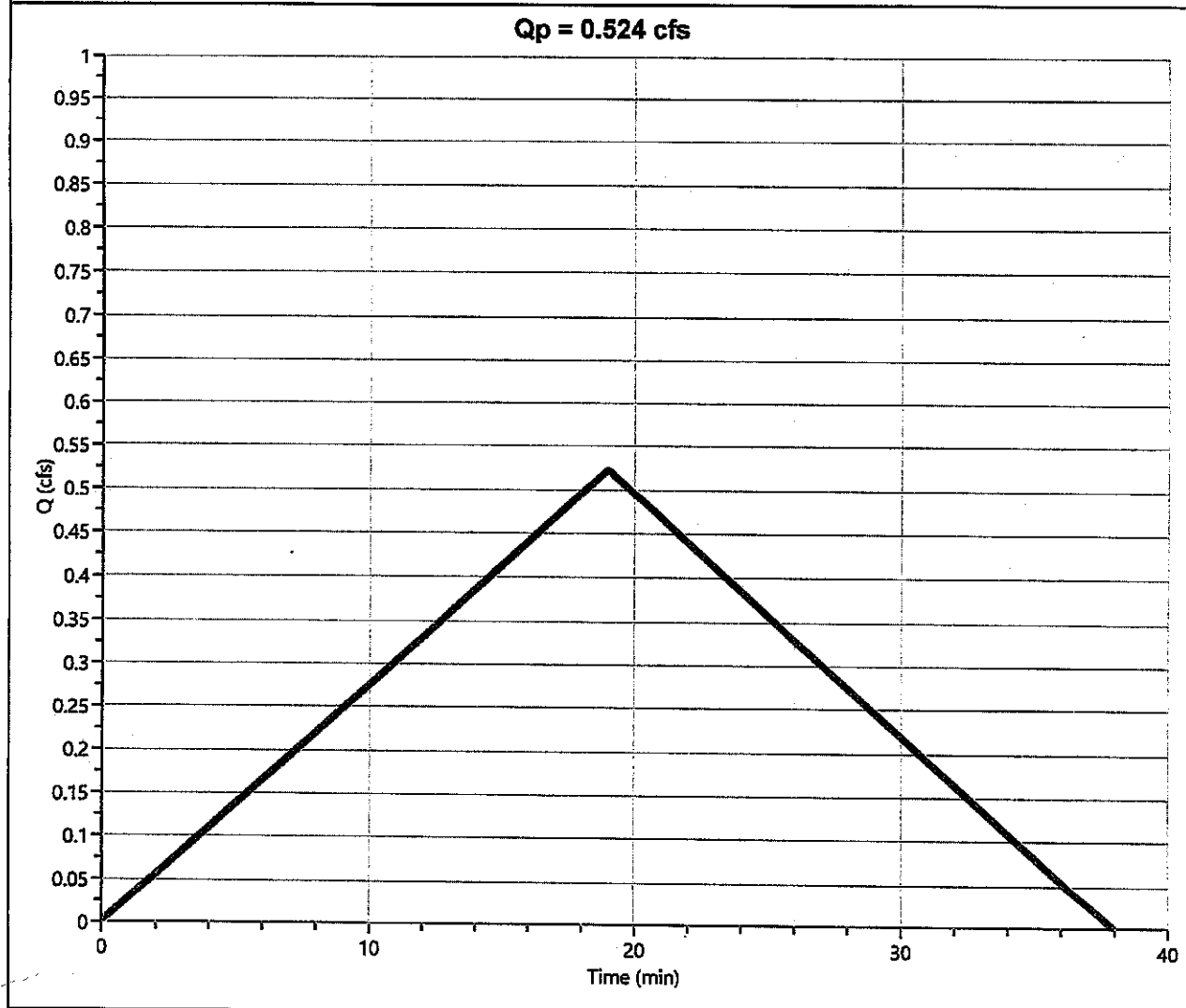
Pre DA 1

Hyd. No. 1

Hydrograph Type	= Rational	Peak Flow	= 0.524 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 597 cuft
Drainage Area	= 0.253 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 6.90 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.253	0.30	
0.253	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

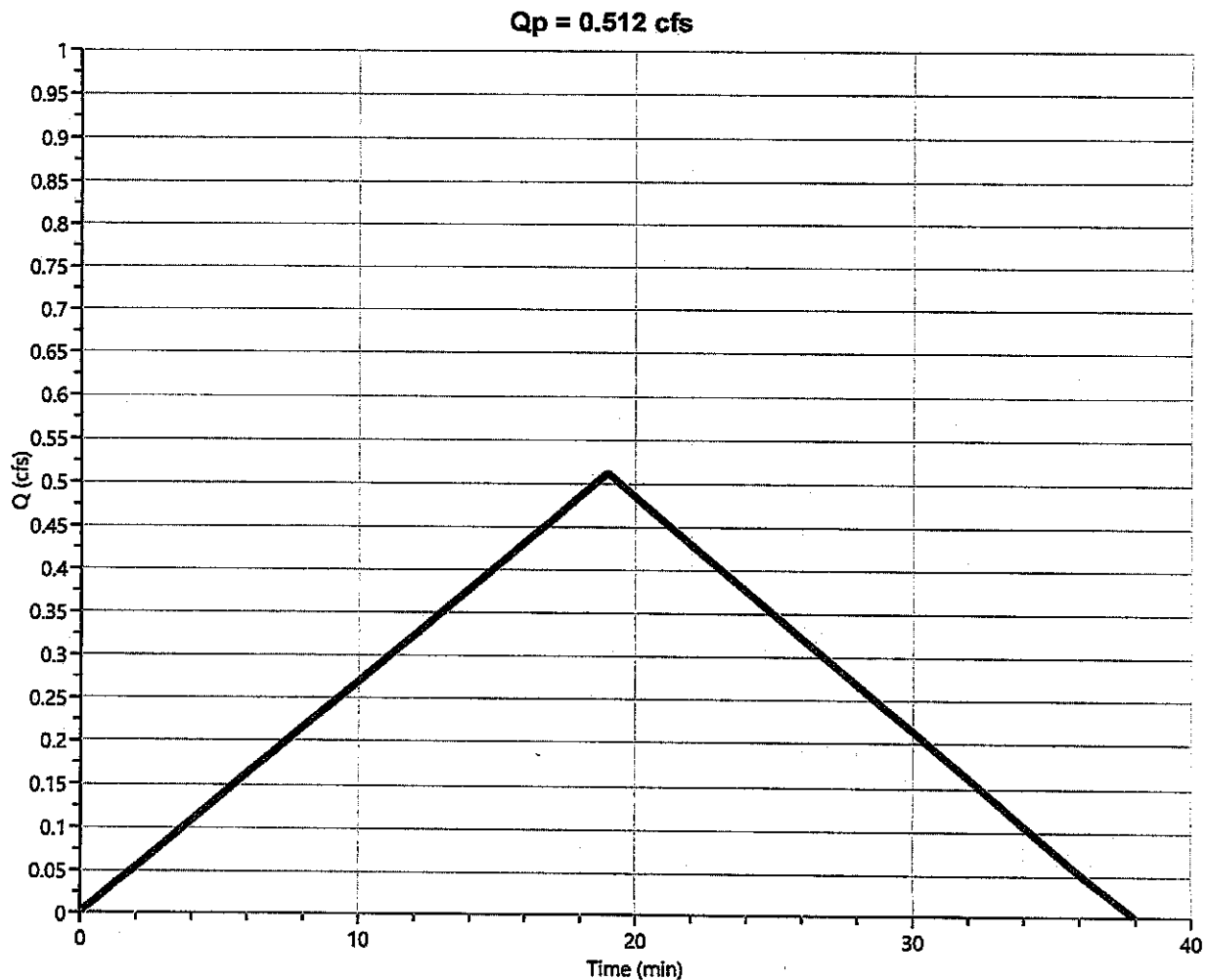
Post DA 1

Hyd. No. 2

Hydrograph Type	= Rational	Peak Flow	= 0.512 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 584 cuft
Drainage Area	= 0.232 ac	Runoff Coeff.	= 0.32*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 6.90 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.011	0.70	Gravel
0.221	0.30	Grass
0.232	0.32	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

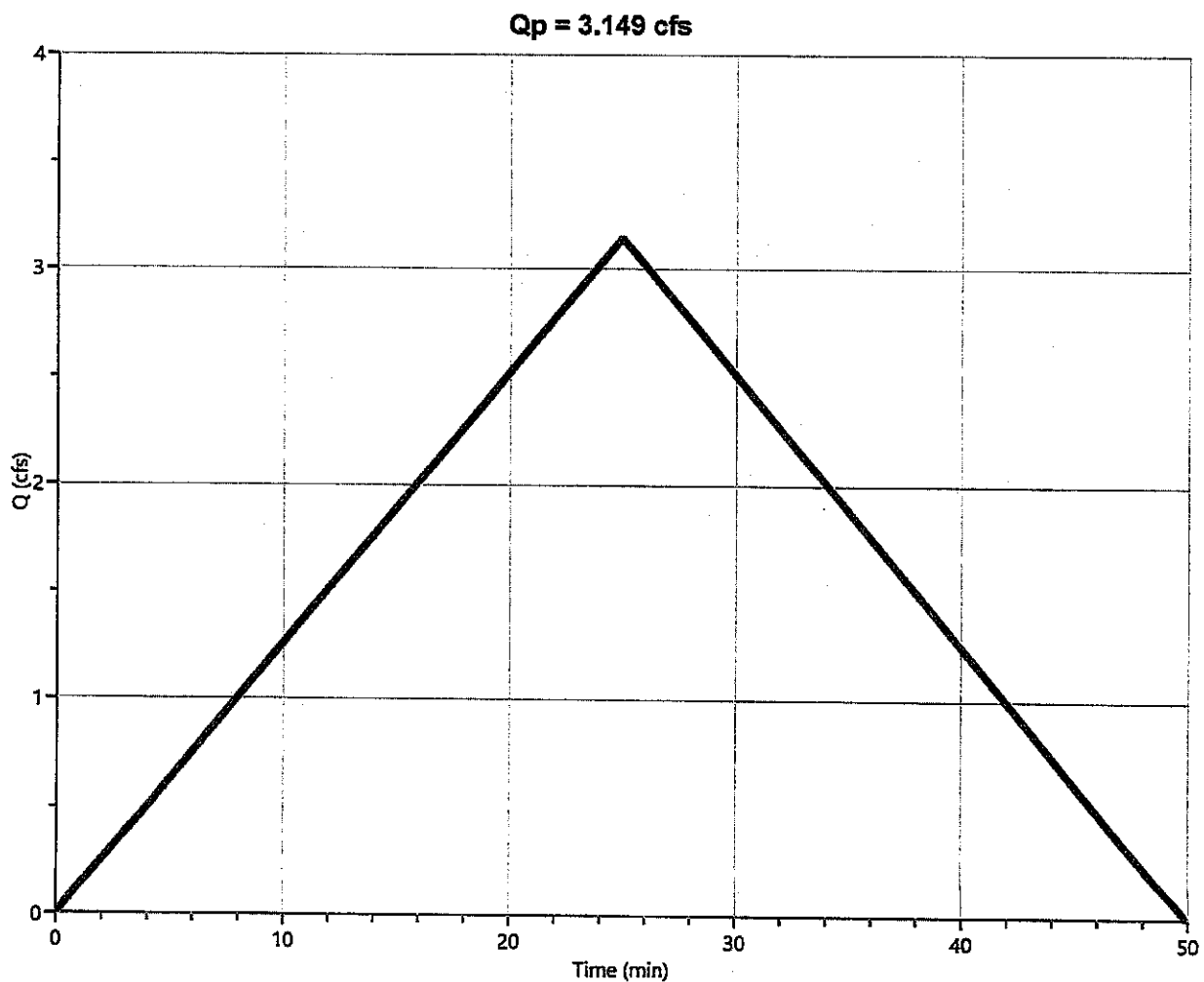
Pre DA 2

Hyd. No. 3

Hydrograph Type	= Rational	Peak Flow	= 3.149 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.42 hrs
Time Interval	= 1 min	Runoff Volume	= 4,723 cuft
Drainage Area	= 1.746 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 25.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 6.01 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
1.738	0.30	Grass
0.008	0.90	Concrete
1.746	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

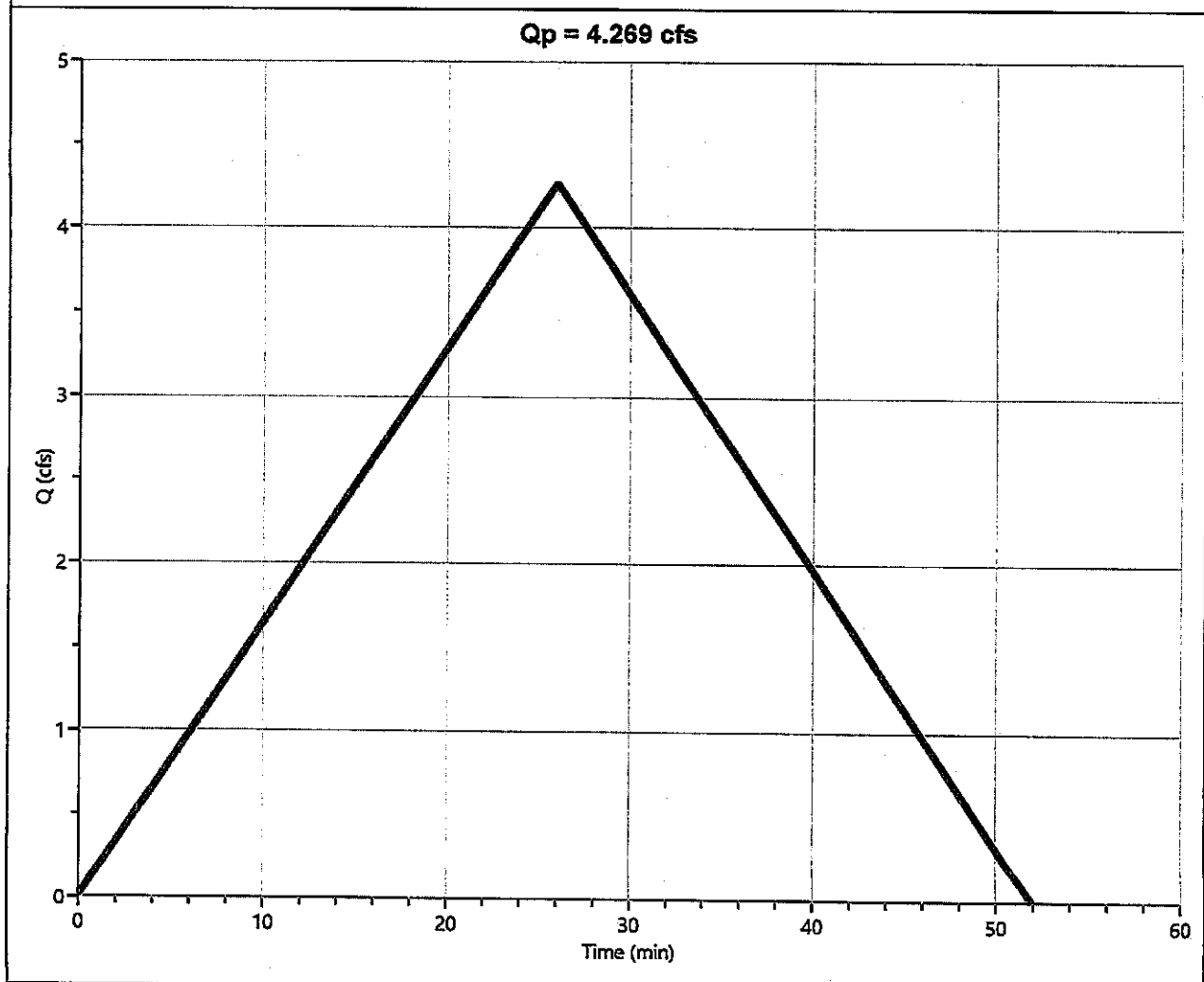
Post DA 2

Hyd. No. 4

Hydrograph Type	= Rational	Peak Flow	= 4.269 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.43 hrs
Time Interval	= 1 min	Runoff Volume	= 6,660 cuft
Drainage Area	= 1.768 ac	Runoff Coeff.	= 0.41*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 26.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 5.89 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.345	0.70	Gravel
1.324	0.30	Grass
0.099	0.90	Cabins
1.768	0.41	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

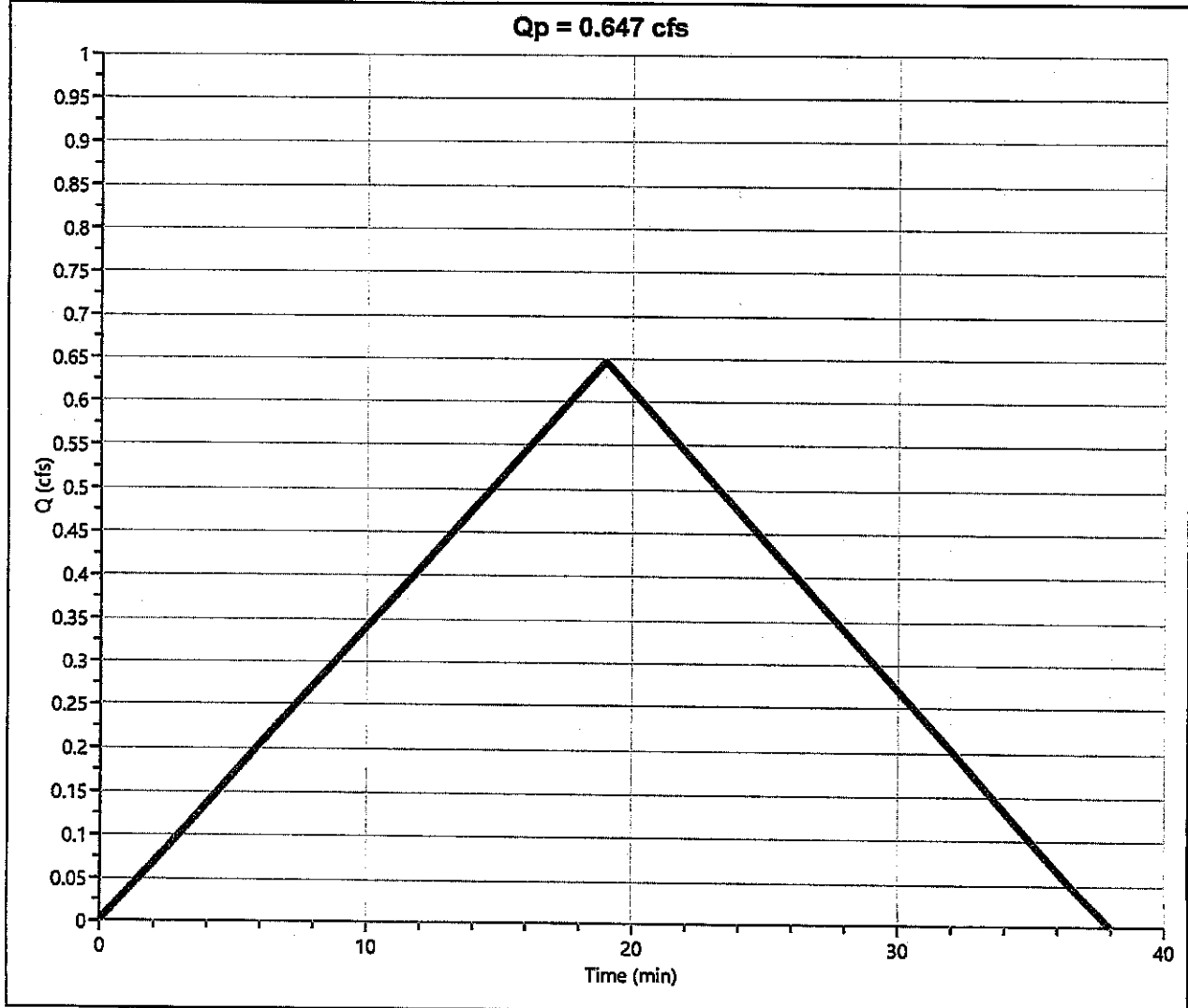
Pre DA 1

Hyd. No. 1

Hydrograph Type	= Rational	Peak Flow	= 0.647 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 737 cuft
Drainage Area	= 0.253 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 8.52 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.253	0.30	
0.253	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

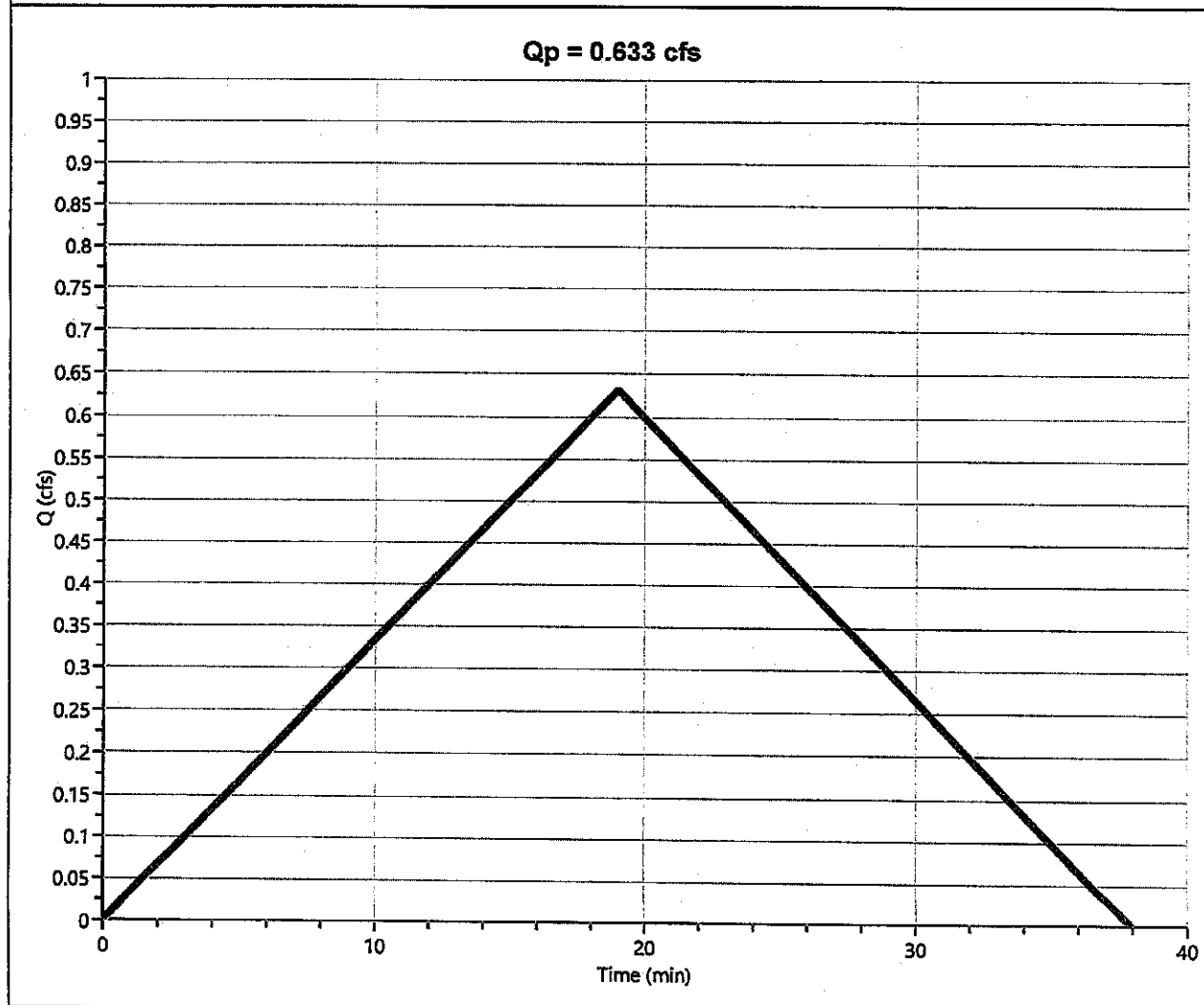
Post DA 1

Hyd. No. 2

Hydrograph Type	= Rational	Peak Flow	= 0.633 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 721 cuft
Drainage Area	= 0.232 ac	Runoff Coeff.	= 0.32*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 8.52 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.011	0.70	Gravel
0.221	0.30	Grass
0.232	0.32	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

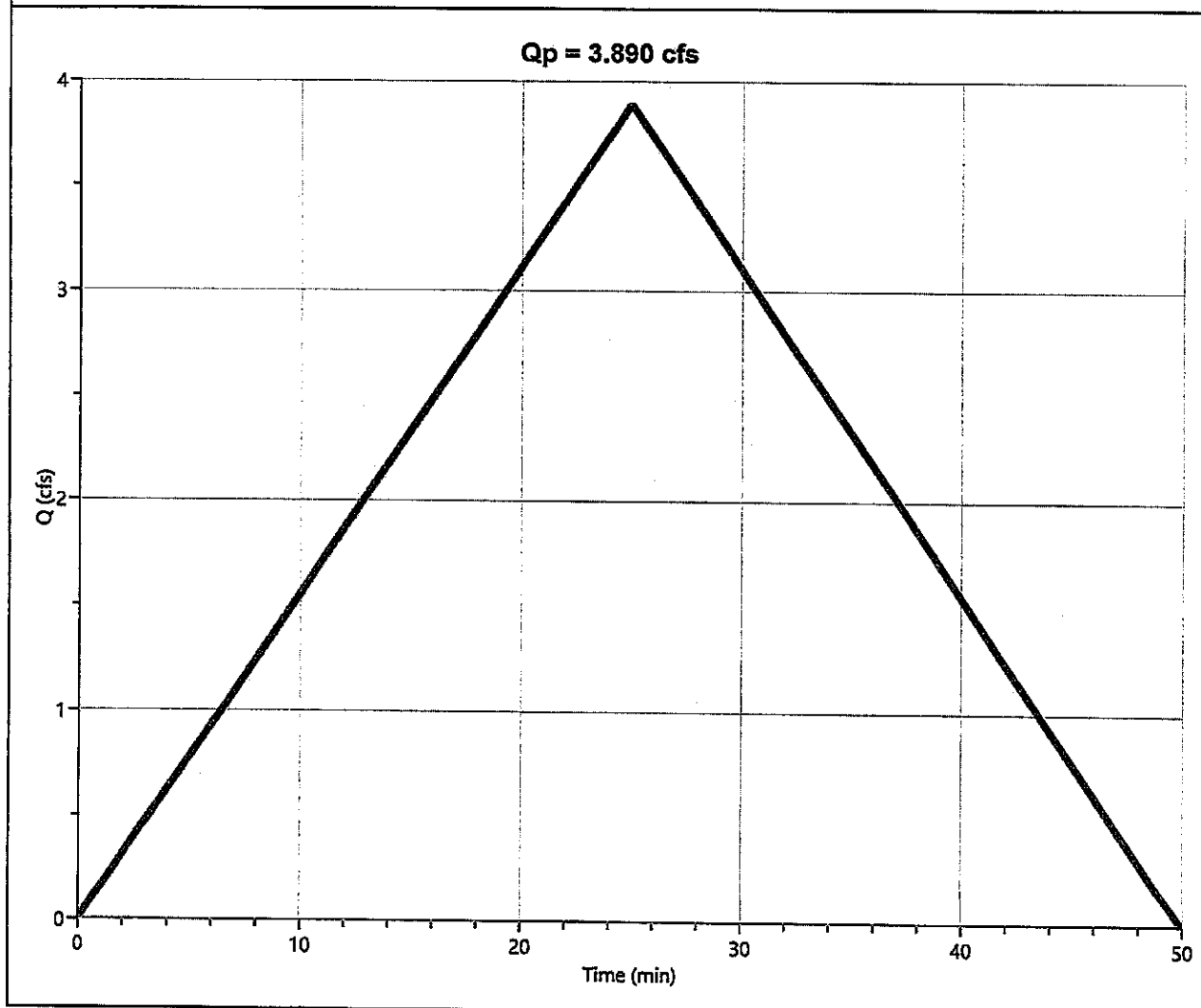
Pre DA 2

Hyd. No. 3

Hydrograph Type	= Rational	Peak Flow	= 3.890 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.42 hrs
Time Interval	= 1 min	Runoff Volume	= 5,835 cuft
Drainage Area	= 1.746 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 25.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 7.43 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
1.738	0.30	Grass
0.008	0.90	Concrete
1.746	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

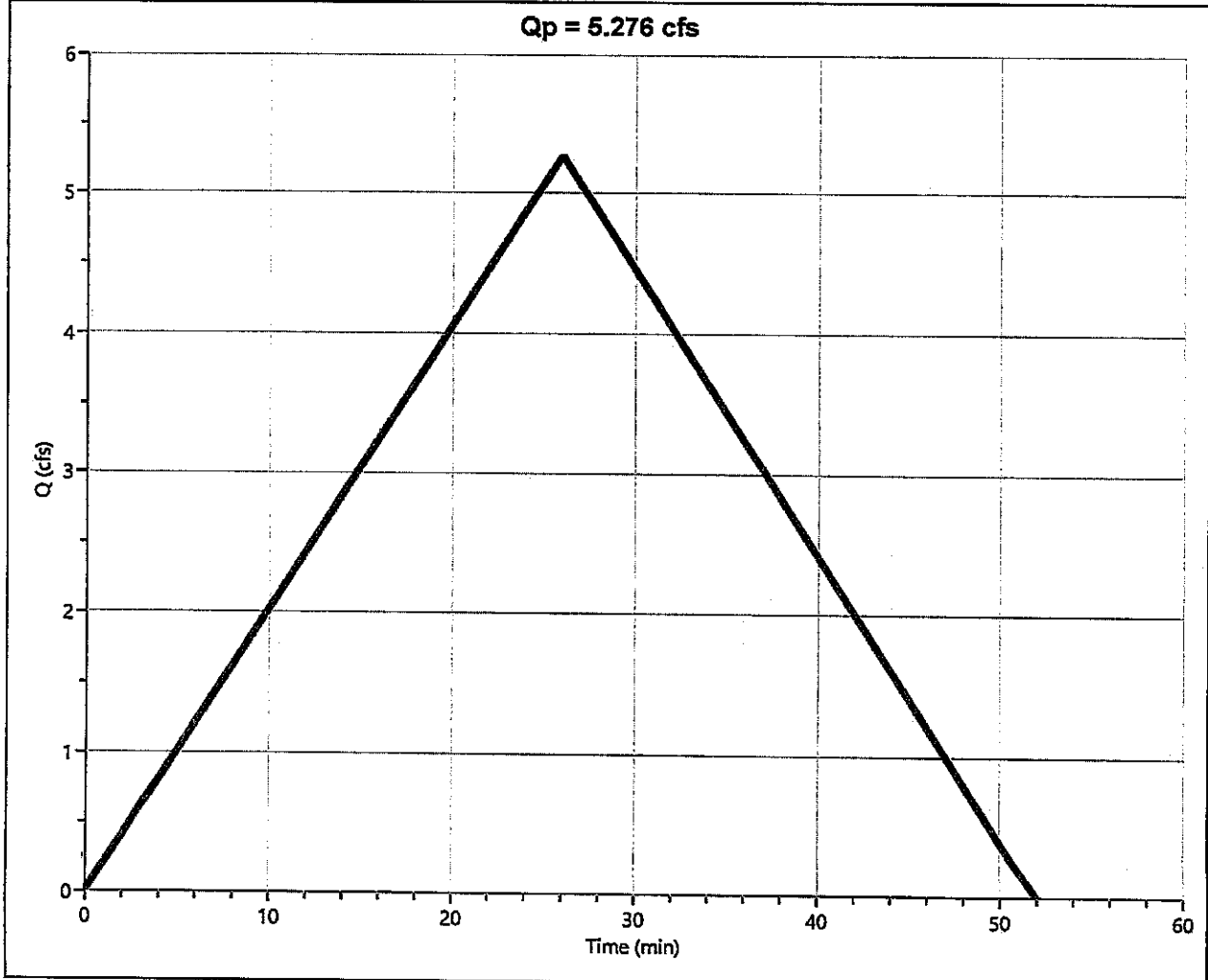
Post DA 2

Hyd. No. 4

Hydrograph Type	= Rational	Peak Flow	= 5.276 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.43 hrs
Time Interval	= 1 min	Runoff Volume	= 8,230 cuft
Drainage Area	= 1.768 ac	Runoff Coeff.	= 0.41*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 26.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 7.28 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.345	0.70	Gravel
1.324	0.30	Grass
0.099	0.90	Cabins
1.768	0.41	



IDF Report

IDF filename: Port Lavaca Area IDF Data - ZLR.idf

Hydrology Studio v 3.0.0.34

12-04-2024

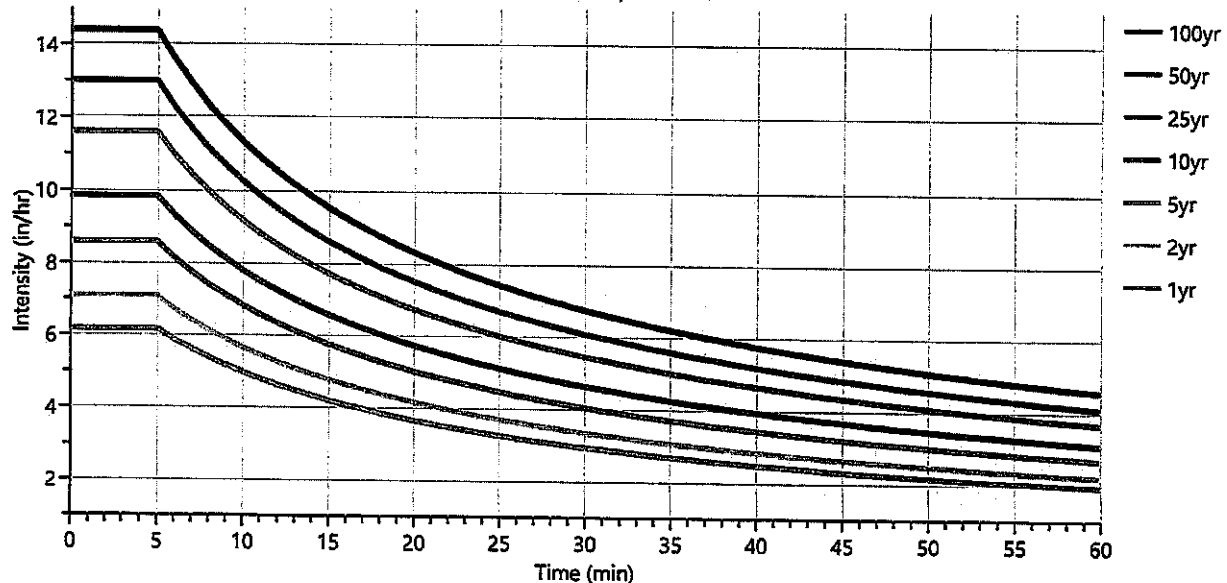
Equation Coefficients	Intensity = B / (Tc + D)^E (in/hr)							
	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
B	42.9655	42.1320	0.0000	47.7516	51.9749	57.6096	62.6069	67.2930
D	9.4000	8.1000	0.0000	7.5000	7.1000	6.6000	6.3000	6.1000
E	0.7282	0.6931	0.0000	0.6794	0.6680	0.6545	0.6488	0.6412

Minimum Tc = 5 minutes

Tc (min)	Intensity Values (in/hr)							
	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Cf	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
5	6.16	7.08	0	8.59	9.83	11.58	12.98	14.38
10	4.96	5.66	0	6.83	7.80	9.16	10.24	11.33
15	4.20	4.78	0	5.76	6.57	7.71	8.61	9.52
20	3.66	4.17	0	5.02	5.74	6.73	7.51	8.31
25	3.27	3.73	0	4.49	5.12	6.01	6.70	7.43
30	2.96	3.38	0	4.07	4.65	5.46	6.09	6.75
35	2.71	3.10	0	3.74	4.27	5.02	5.60	6.21
40	2.51	2.88	0	3.47	3.98	4.66	5.20	5.77
45	2.34	2.69	0	3.24	3.71	4.36	4.87	5.40
50	2.20	2.52	0	3.04	3.49	4.10	4.58	5.09
55	2.07	2.38	0	2.88	3.30	3.88	4.34	4.82
60	1.96	2.26	0	2.73	3.13	3.69	4.12	4.58

Cf = Correction Factor applied to Rational Method runoff coefficient.

Texas, USA



Precipitation Report

Precipitation filename: SamplePrecip.pcp

Hydrology Studio v 3.0.0.34 (Rainfall totals in Inches)

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
SCS Storms	> SCS Dimensionless Storms								
SCS 6hr		1.20	1.50	0	1.86	2.18	2.64	3.01	3.41
Type I, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type IA, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type II, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type II FL, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type III, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Synthetic Storms	> IDF-Based Synthetic Storms								
1-hr		1.96	2.26	0	2.73	3.13	3.69	4.12	4.58
2-hr		2.49	2.92	0	3.54	4.09	4.85	5.42	6.05
3-hr		2.83	3.35	0	4.09	4.73	5.64	6.32	7.08
6-hr	✓	3.48	4.21	0	5.18	6.03	7.25	8.16	9.17
12-hr		4.24	5.25	0	6.51	7.65	9.27	10.46	11.82
24-hr		5.14	6.52	0	8.16	9.66	11.81	13.38	15.20
Huff Distribution	> 1st Quartile (0 to 6 hrs)								
1-hr		0.76	0.98	0	1.33	1.61	2.01	2.34	2.69
2-hr		0.89	1.14	0	1.50	1.80	2.24	2.60	2.99
3-hr		0.98	1.24	0	1.59	1.90	2.33	2.68	3.07
6-hr		1.20	1.50	0	1.86	2.18	2.64	3.01	3.41
Huff Distribution	> 2nd Quartile (>6 to 12 hrs)								
8-hr		0	0	0	0	0	0	0	0
12-hr		0	0	0	0	0	0	0	0
Huff Distribution	> 3rd Quartile (>12 to 24 hrs)								
18-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Custom Storms	> Custom Storm Distributions								
My Custom Storm 1		0	0	0	0	0	0	0	0
My Custom Storm 2		0	0	0	0	0	0	0	0
My Custom Storm 3		0	0	0	0	0	0	0	0
My Custom Storm 4		0	0	0	0	0	0	0	0
My Custom Storm 5		0	0	0	0	0	0	0	0
My Custom Storm 6		0	0	0	0	0	0	0	0
My Custom Storm 7		0	0	0	0	0	0	0	0
My Custom Storm 8		0	0	0	0	0	0	0	0
My Custom Storm 9		0	0	0	0	0	0	0	0
My Custom Storm 10		0	0	0	0	0	0	0	0

Precipitation Report Cont'd

Precipitation filename: SamplePrecip.pcp

Rainfall totals in inches

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
Huff Indiana	> Indianapolis								
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana	> Evansville								
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana	> Fort Wayne								
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana	> South Bend								
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0

Precipitation Report Cont'd

Precipitation filename: SamplePrecip.pcp

Rainfall totals in inches

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
NRCS Storms	> NRCS Dimensionless Storms								
NRCS MSE1, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE2, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE3, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE4, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE5, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE6, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-A, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-B, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-C, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-D, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-A, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-B, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-C, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-D, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-1, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-2, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-3, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-4, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-5, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-6, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
FDOT Storms	> Florida DOT Storms								
FDOT, 1-hr		0	2.14	2.36	2.58	2.92	3.35	3.66	3.95
FDOT, 2-hr		0	2.70	3.00	3.26	3.69	4.24	4.64	5.00
FDOT, 4-hr		0	3.28	3.75	4.00	4.80	5.50	6.20	6.80
FDOT, 8-hr		0	3.76	4.32	4.80	5.60	6.20	7.20	8.00
FDOT, 24-hr		0	4.28	4.75	5.21	6.11	7.53	8.78	10.20
FDOT, 72-hr		0	5.44	6.10	6.74	7.98	9.92	11.60	13.40
SFWMD, 72-hr		0	5.44	6.10	6.74	7.98	9.92	11.60	13.40
Austin Storms	> Austin Frequency Storms								
Austin Zone 1, 24-hr		0	4.14	0	5.51	6.84	8.90	10.69	12.80
Austin Zone 2, 24-hr		0	4.06	0	5.38	6.65	8.59	10.28	12.23

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

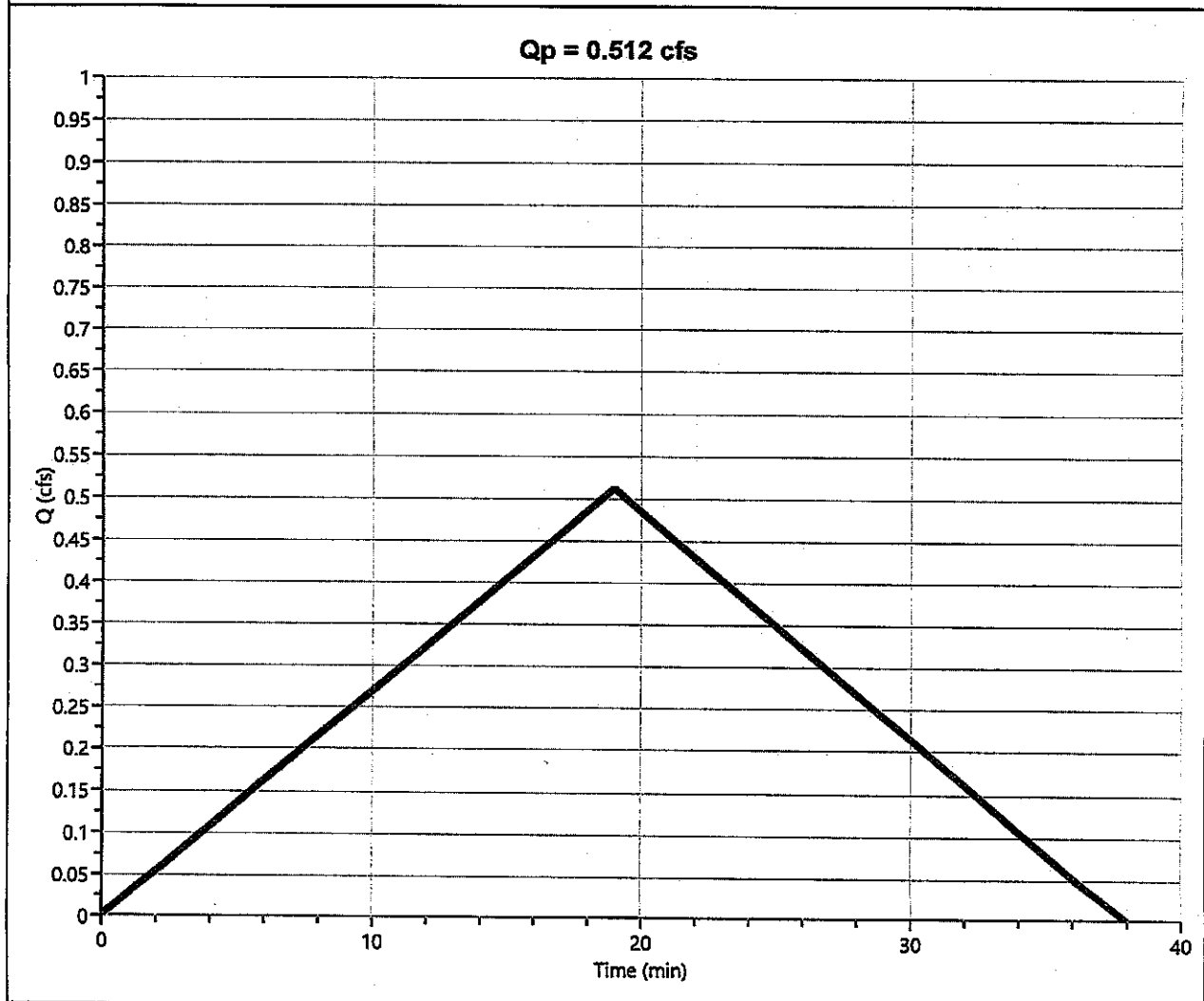
Post DA 1

Hyd. No. 2

Hydrograph Type	= Rational	Peak Flow	= 0.512 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 584 cuft
Drainage Area	= 0.232 ac	Runoff Coeff.	= 0.32*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 6.90 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.011	0.70	Gravel
0.221	0.30	Grass
0.232	0.32	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

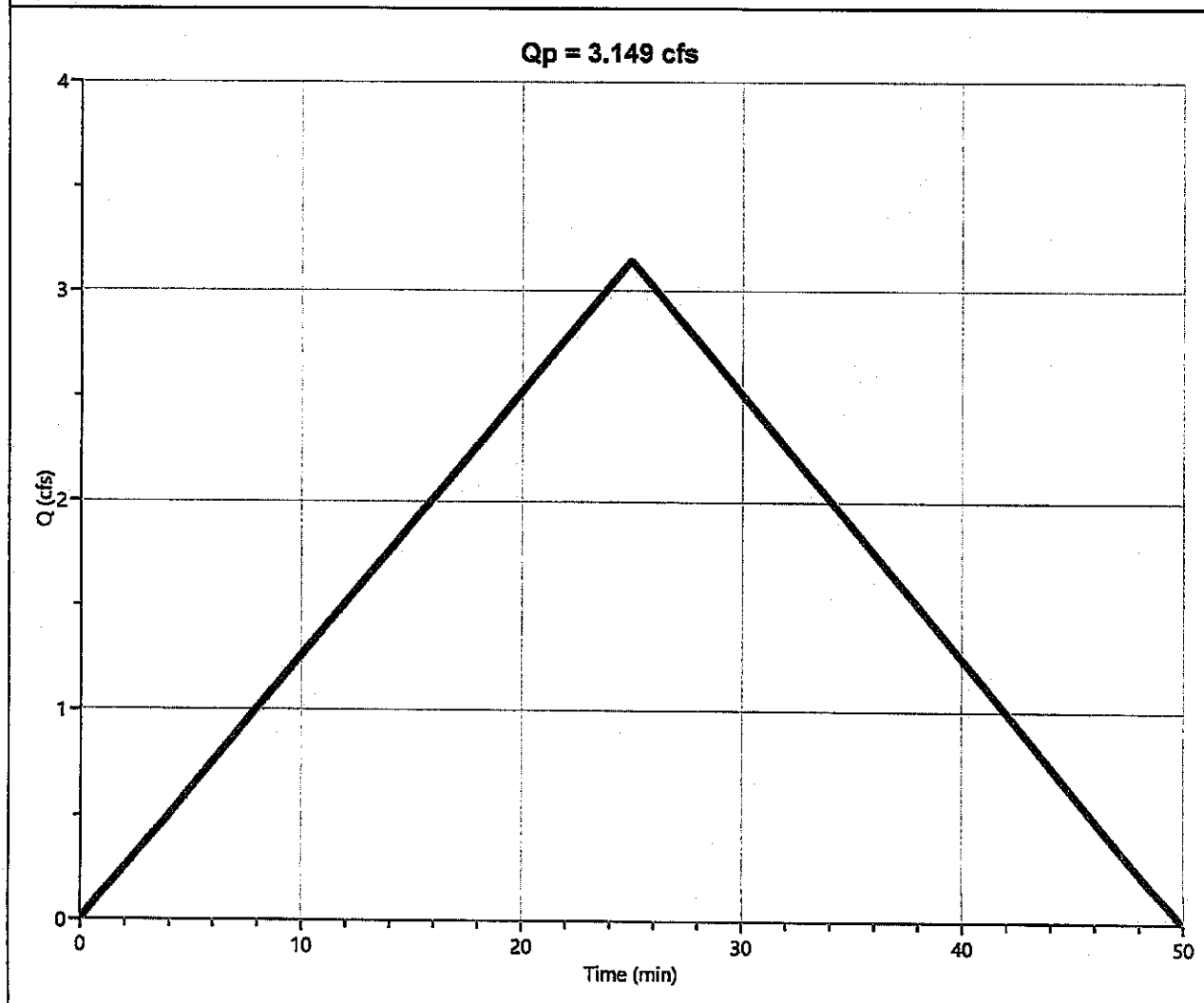
Pre DA 2

Hyd. No. 3

Hydrograph Type	= Rational	Peak Flow	= 3.149 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.42 hrs
Time Interval	= 1 min	Runoff Volume	= 4,723 cuft
Drainage Area	= 1.746 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 25.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 6.01 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
1.738	0.30	Grass
0.008	0.90	Concrete
1.746	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

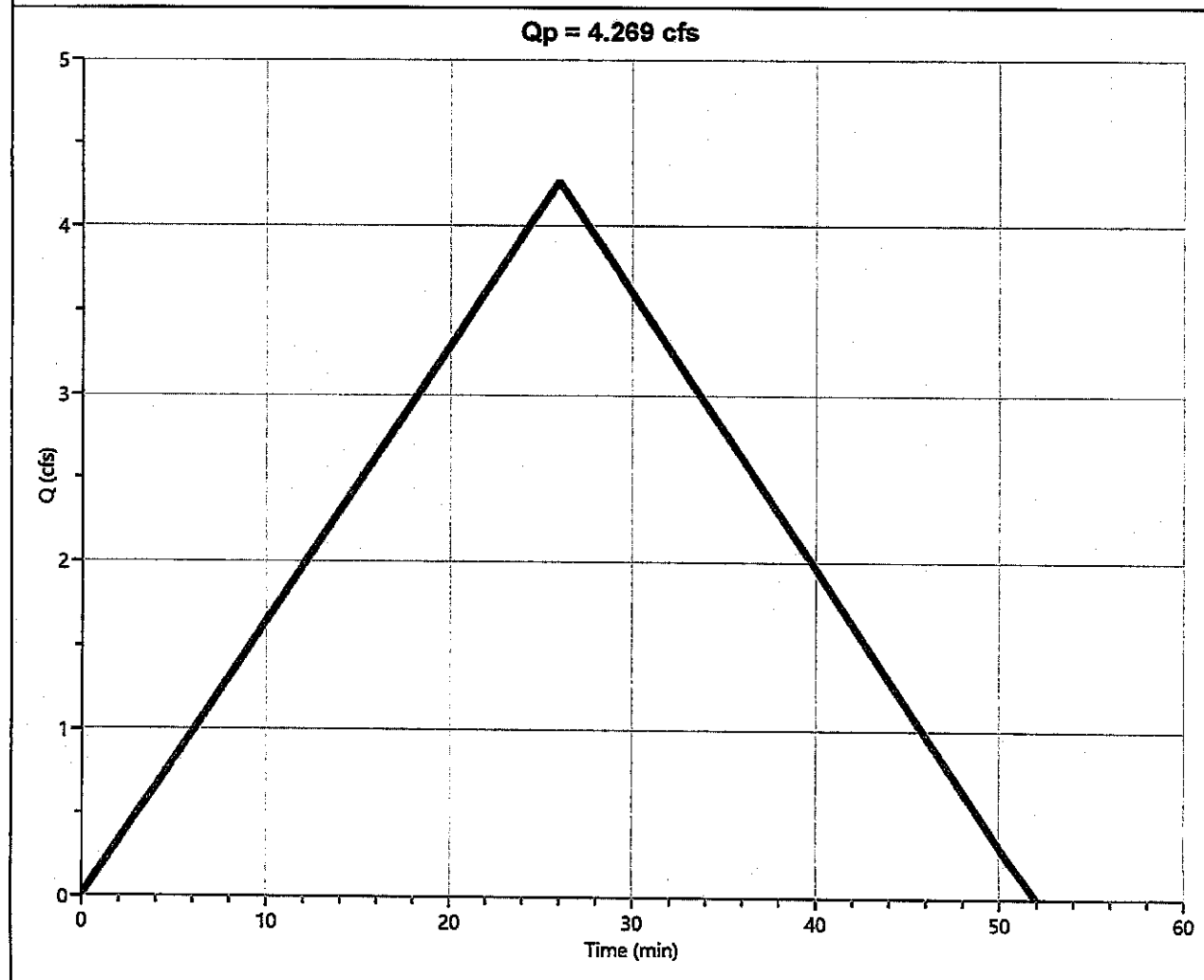
Post DA 2

Hyd. No. 4

Hydrograph Type	= Rational	Peak Flow	= 4.269 cfs
Storm Frequency	= 25-yr	Time to Peak	= 0.43 hrs
Time Interval	= 1 min	Runoff Volume	= 6,660 cuft
Drainage Area	= 1.768 ac	Runoff Coeff.	= 0.41*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 26.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 5.89 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.345	0.70	Gravel
1.324	0.30	Grass
0.099	0.90	Cabins
1.768	0.41	



Hydrograph 100-yr Summary

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

Hyd. No.	Hydrograph Type	Hydrograph Name	Peak Flow (cfs)	Time to Peak (hrs)	Hydrograph Volume (cuft)	Inflow Hyd(s)	Maximum Elevation (ft)	Maximum Storage (cuft)
1	Rational	Pre DA 1	0.647	0.32	737	—		
2	Rational	Post DA 1	0.633	0.32	721	—		
3	Rational	Pre DA 2	3.890	0.42	5,835	—		
4	Rational	Post DA 2	5.276	0.43	8,230	—		

Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

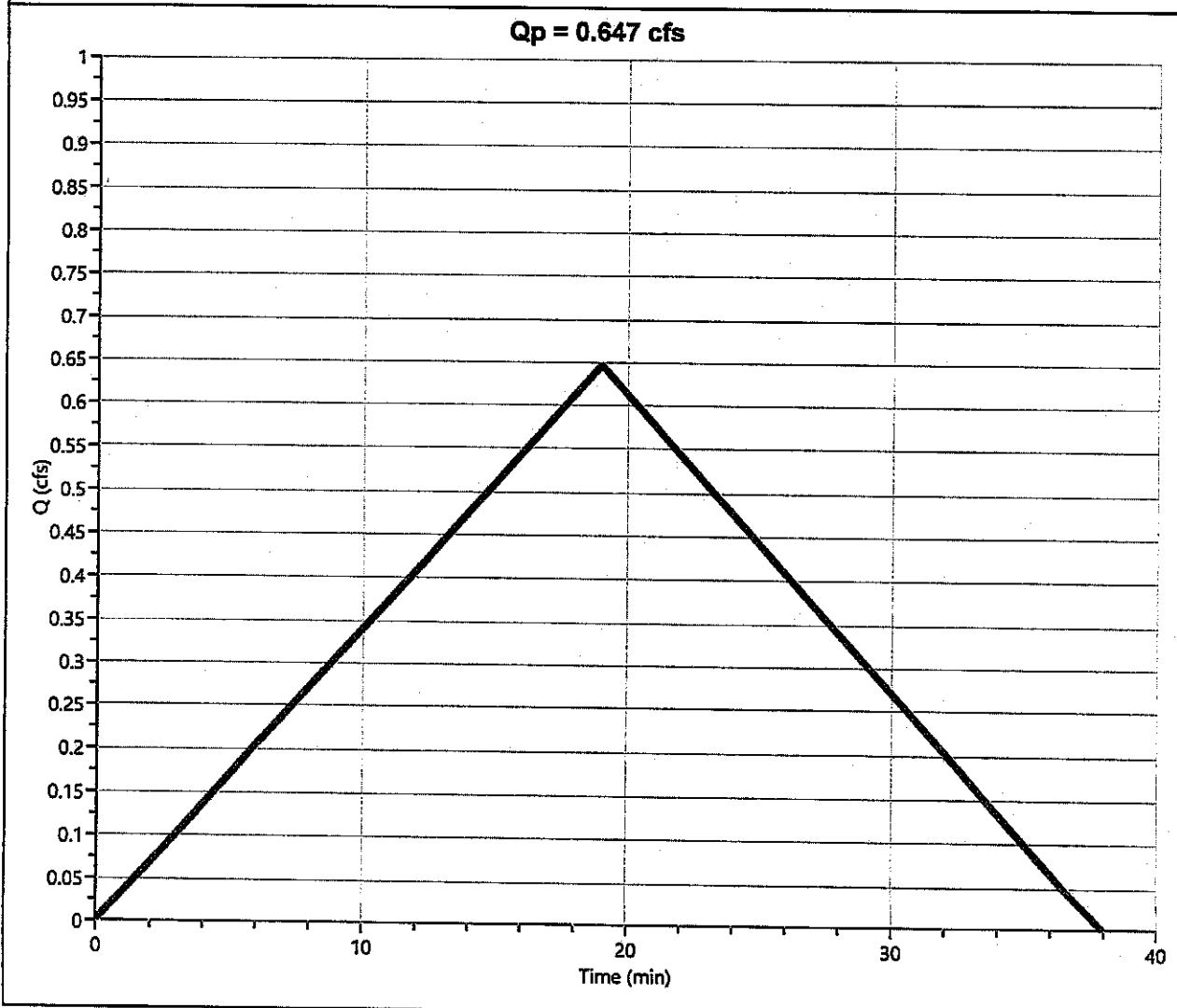
Pre DA 1

Hyd. No. 1

Hydrograph Type	= Rational	Peak Flow	= 0.647 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 737 cuft
Drainage Area	= 0.253 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 8.52 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.253	0.30	
0.253	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

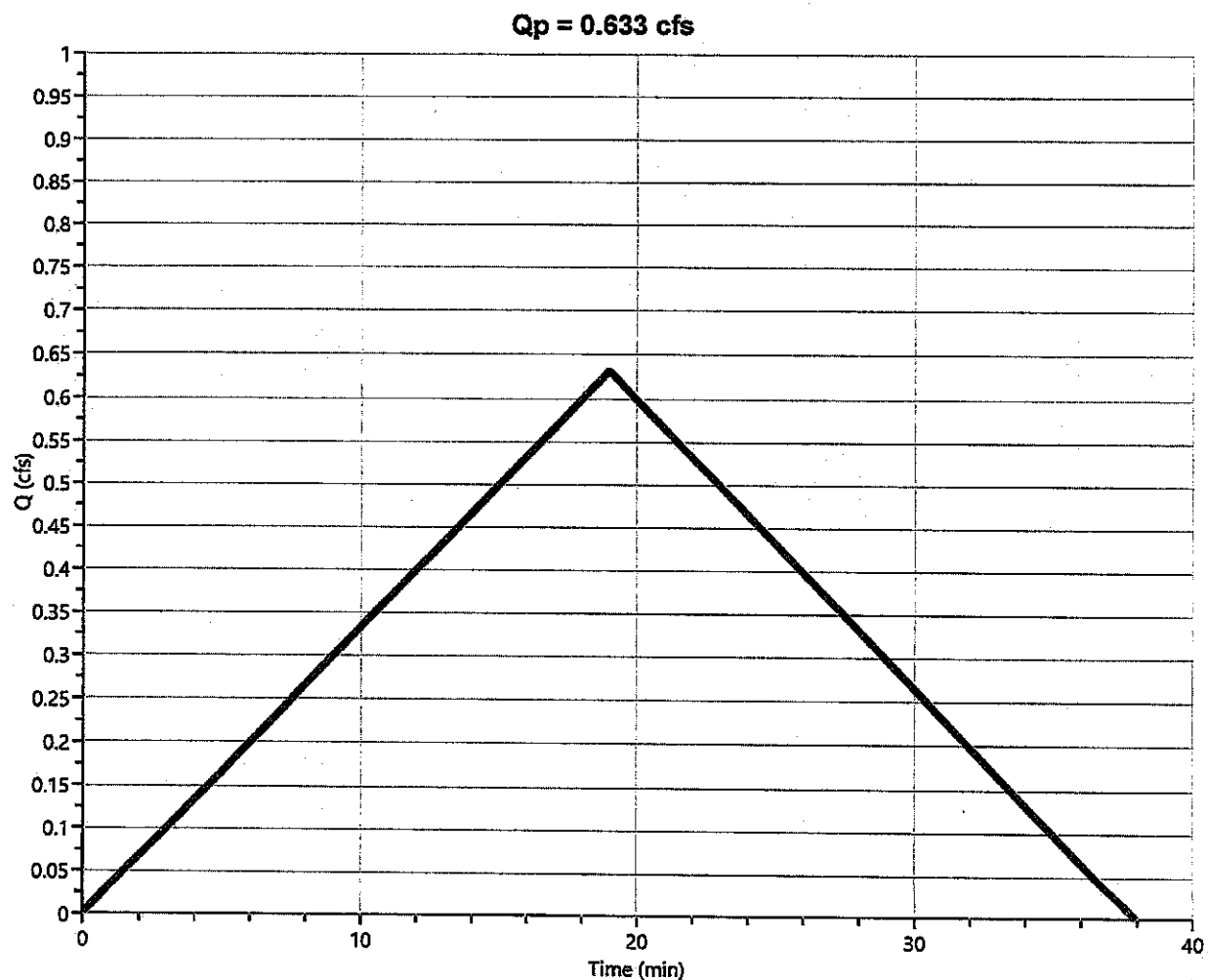
Post DA 1

Hyd. No. 2

Hydrograph Type	= Rational	Peak Flow	= 0.633 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.32 hrs
Time Interval	= 1 min	Runoff Volume	= 721 cuft
Drainage Area	= 0.232 ac	Runoff Coeff.	= 0.32*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 19.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 8.52 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.011	0.70	Gravel
0.221	0.30	Grass
0.232	0.32	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

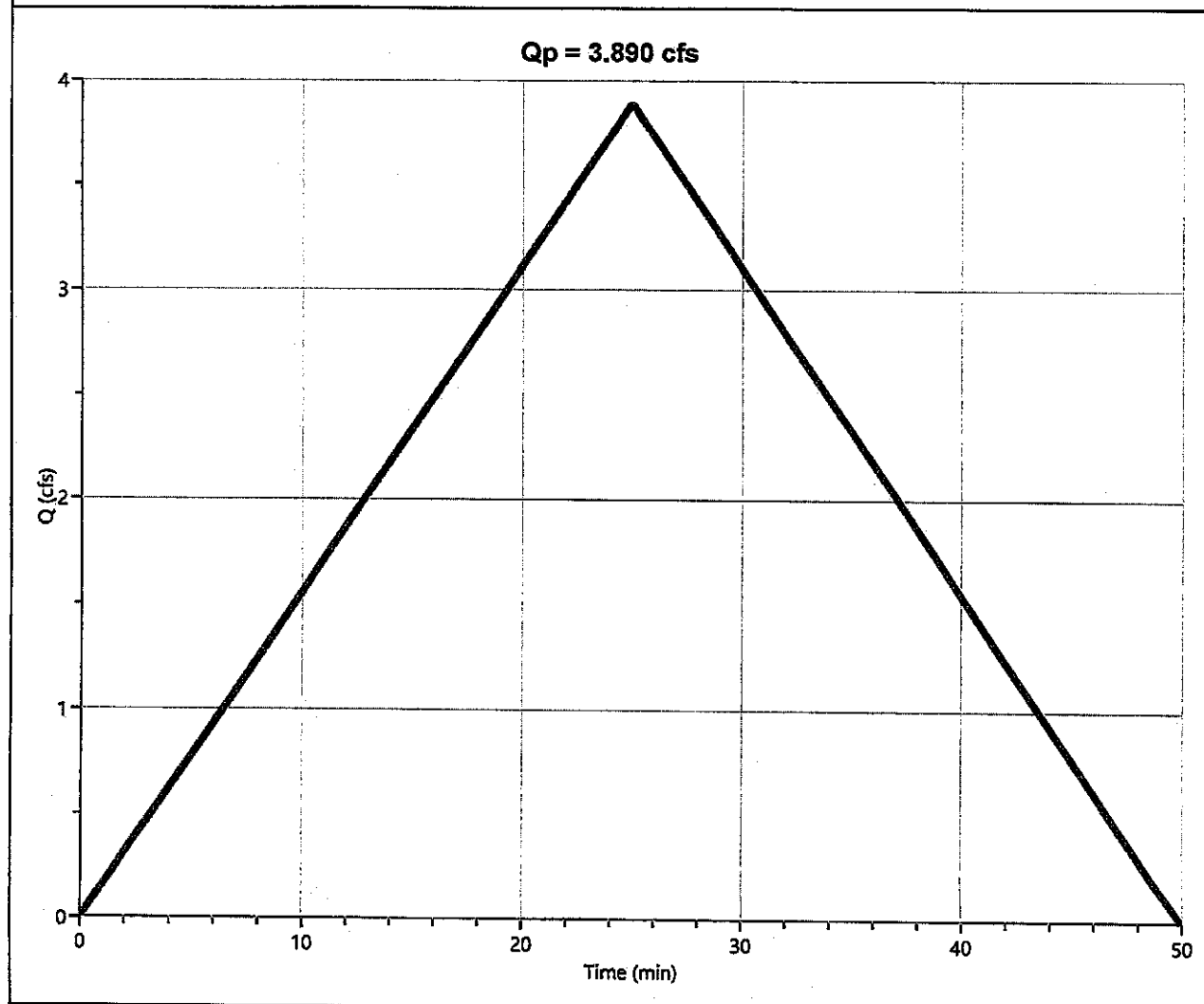
Pre DA 2

Hyd. No. 3

Hydrograph Type	= Rational	Peak Flow	= 3.890 cfs
Storm Frequency	= 100-yr.	Time to Peak	= 0.42 hrs
Time Interval	= 1 min	Runoff Volume	= 5,835 cuft
Drainage Area	= 1.746 ac	Runoff Coeff.	= 0.3*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 25.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 7.43 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
1.738	0.30	Grass
0.008	0.90	Concrete
1.746	0.30	



Hydrograph Report

Project Name: Simple Stay

Hydrology Studio v 3.0.0.34

12-04-2024

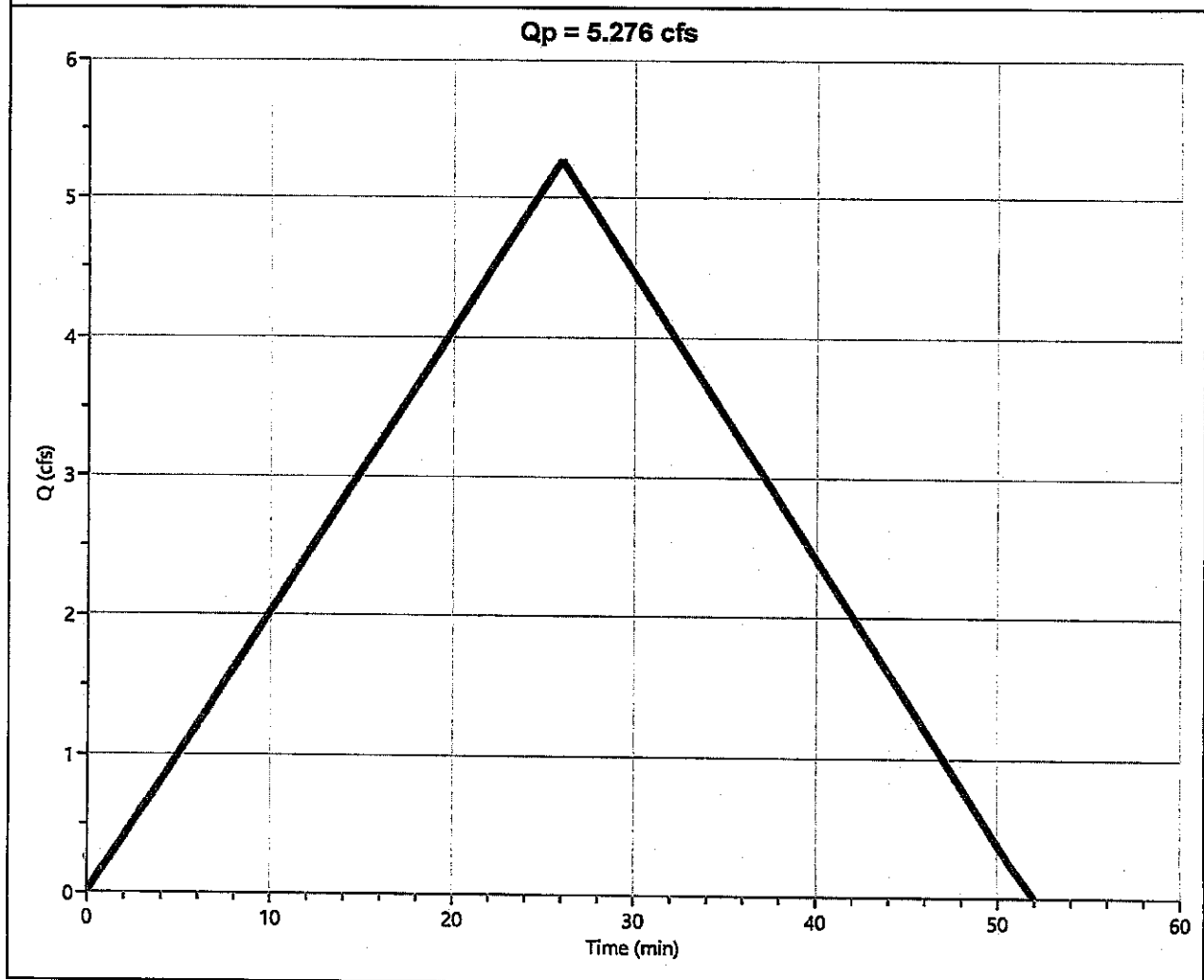
Post DA 2

Hyd. No. 4

Hydrograph Type	= Rational	Peak Flow	= 5.276 cfs
Storm Frequency	= 100-yr	Time to Peak	= 0.43 hrs
Time Interval	= 1 min	Runoff Volume	= 8,230 cuft
Drainage Area	= 1.768 ac	Runoff Coeff.	= 0.41*
Tc Method	= TR55 (See Worksheet)	Time of Conc. (Tc)	= 26.0 min
IDF Curve	= Port Lavaca Area IDF Data - ZLR.idf	Intensity	= 7.28 in/hr
Freq. Corr. Factor	= 1.00	Asc/Rec Limb Factors	= 1/1

* Composite C Worksheet

AREA (ac)	C	DESCRIPTION
0.345	0.70	Gravel
1.324	0.30	Grass
0.099	0.90	Cabins
1.768	0.41	



IDF Report

IDF filename: Port Lavaca Area IDF Data - ZLR.idf

Hydrology Studio v 3.0.0.34

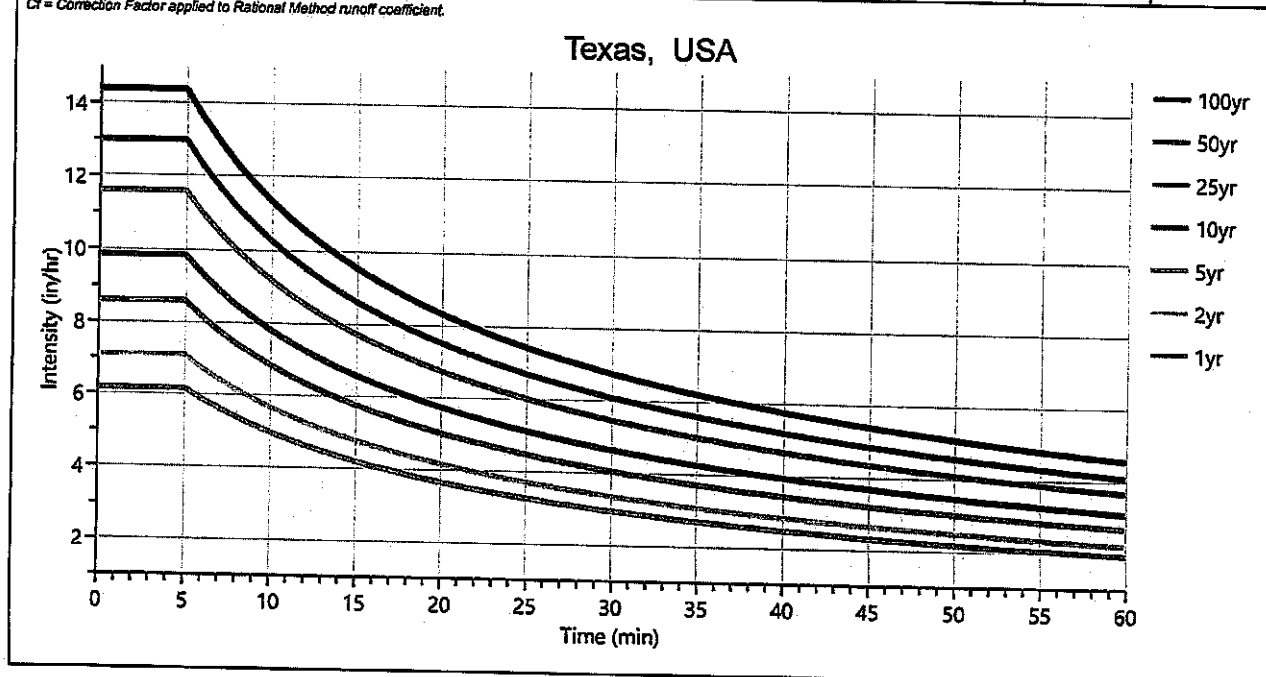
12-04-2024

Equation Coefficients	Intensity = $B / (T_c + D)^E$ (in/hr)							
	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
B	42.9655	42.1320	0.0000	47.7516	51.9749	57.6096	62.6069	67.2930
D	9.4000	8.1000	0.0000	7.5000	7.1000	6.6000	6.3000	6.1000
E	0.7282	0.6931	0.0000	0.6794	0.6680	0.6545	0.6488	0.6412

Minimum T_c = 5 minutes

T_c (min)	Intensity Values (in/hr)							
	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
C_f	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
5	6.16	7.08	0	8.59	9.83	11.58	12.98	14.38
10	4.96	5.66	0	6.83	7.80	9.16	10.24	11.33
15	4.20	4.78	0	5.76	6.57	7.71	8.61	9.52
20	3.66	4.17	0	5.02	5.74	6.73	7.51	8.31
25	3.27	3.73	0	4.49	5.12	6.01	6.70	7.43
30	2.96	3.38	0	4.07	4.65	5.46	6.09	6.75
35	2.71	3.10	0	3.74	4.27	5.02	5.60	6.21
40	2.51	2.88	0	3.47	3.98	4.66	5.20	5.77
45	2.34	2.69	0	3.24	3.71	4.36	4.87	5.40
50	2.20	2.52	0	3.04	3.49	4.10	4.58	5.09
55	2.07	2.38	0	2.88	3.30	3.88	4.34	4.82
60	1.96	2.26	0	2.73	3.13	3.69	4.12	4.58

C_f = Correction Factor applied to Rational Method runoff coefficient.



Precipitation Report

Precipitation filename: SamplePrecip.pcp

Hydrology Studio v 3.0.0.34 (Rainfall totals in inches)

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
SCS Storms	> SCS Dimensionless Storms								
SCS 6hr		1.20	1.50	0	1.86	2.18	2.64	3.01	3.41
Type I, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type IA, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type II, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type II FL, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Type III, 24-hr		1.82	2.28	0	2.85	3.31	3.94	4.43	4.94
Synthetic Storms	> IDF-Based Synthetic Storms								
1-hr		1.96	2.26	0	2.73	3.13	3.69	4.12	4.58
2-hr		2.49	2.92	0	3.54	4.09	4.85	5.42	6.05
3-hr		2.83	3.35	0	4.09	4.73	5.64	6.32	7.08
6-hr	✓	3.48	4.21	0	5.18	6.03	7.25	8.16	9.17
12-hr		4.24	5.25	0	6.51	7.65	9.27	10.46	11.82
24-hr		5.14	6.52	0	8.16	9.66	11.81	13.38	15.20
Huff Distribution	> 1st Quartile (0 to 6 hrs)								
1-hr		0.76	0.98	0	1.33	1.61	2.01	2.34	2.69
2-hr		0.89	1.14	0	1.50	1.80	2.24	2.60	2.99
3-hr		0.98	1.24	0	1.59	1.90	2.33	2.68	3.07
6-hr		1.20	1.50	0	1.86	2.18	2.64	3.01	3.41
Huff Distribution	> 2nd Quartile (>6 to 12 hrs)								
8-hr		0	0	0	0	0	0	0	0
12-hr		0	0	0	0	0	0	0	0
Huff Distribution	> 3rd Quartile (>12 to 24 hrs)								
18-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Custom Storms	> Custom Storm Distributions								
My Custom Storm 1		0	0	0	0	0	0	0	0
My Custom Storm 2		0	0	0	0	0	0	0	0
My Custom Storm 3		0	0	0	0	0	0	0	0
My Custom Storm 4		0	0	0	0	0	0	0	0
My Custom Storm 5		0	0	0	0	0	0	0	0
My Custom Storm 6		0	0	0	0	0	0	0	0
My Custom Storm 7		0	0	0	0	0	0	0	0
My Custom Storm 8		0	0	0	0	0	0	0	0
My Custom Storm 9		0	0	0	0	0	0	0	0
My Custom Storm 10		0	0	0	0	0	0	0	0

Precipitation Report Cont'd

Precipitation filename: SamplePrecip.pcp

Rainfall totals in inches

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
Huff Indiana > Indianapolis									
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana > Evansville									
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana > Fort Wayne									
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0
Huff Indiana > South Bend									
30-min		0.99	1.19	0	1.44	1.63	1.89	2.08	2.28
1-hr		1.21	1.46	0	1.81	2.08	2.45	2.75	3.06
2-hr		1.46	1.77	0	2.22	2.57	3.05	3.44	3.85
3-hr		1.57	1.90	0	2.38	2.76	3.30	3.75	4.21
6-hr		1.92	2.31	0	2.88	3.36	4.01	4.56	5.13
12-hr		0	0	0	0	0	0	0	0
24-hr		0	0	0	0	0	0	0	0

Precipitation Report Cont'd

Precipitation filename: SamplePrecip.pcp

Rainfall totals in Inches

12-04-2024

	Active	1-yr	2-yr	3-yr	5-yr	10-yr	25-yr	50-yr	100-yr
Active					✓		✓		✓
NRCS Storms	> NRCS Dimensionless Storms								
NRCS MSE1, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE2, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE3, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE4, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE5, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCS MSE6, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-A, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-B, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-C, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NOAA-D, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-A, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-B, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-C, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
NRCC-D, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-1, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-2, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-3, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-4, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-5, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
CA-6, 24-hr		2.72	3.27	0	4.07	4.72	5.63	6.37	7.15
FDOT Storms	> Florida DOT Storms								
FDOT, 1-hr		0	2.14	2.36	2.58	2.92	3.35	3.66	3.95
FDOT, 2-hr		0	2.70	3.00	3.26	3.69	4.24	4.64	5.00
FDOT, 4-hr		0	3.28	3.76	4.00	4.80	5.50	6.20	6.80
FDOT, 8-hr		0	3.76	4.32	4.80	5.60	6.20	7.20	8.00
FDOT, 24-hr		0	4.28	4.75	5.21	6.11	7.53	8.78	10.20
FDOT, 72-hr		0	5.44	6.10	6.74	7.98	9.92	11.60	13.40
SFWMD, 72-hr		0	5.44	6.10	6.74	7.98	9.92	11.60	13.40
Austin Storms	> Austin Frequency Storms								
Austin Zone 1, 24-hr		0	4.14	0	5.51	6.84	8.90	10.69	12.80
Austin Zone 2, 24-hr		0	4.06	0	5.38	6.65	8.59	10.28	12.23

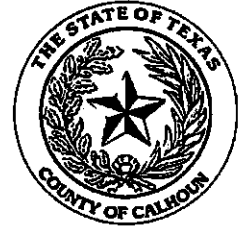
17

17. Consider and take necessary action to accept donation from Lisa Baumann for the Port O'Connor Community Center and put into Utilities line item, 2736-999-66616. (GDR)

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



Gary D. Reese
County Commissioner
County of Calhoun
Precinct 4



January 29, 2025

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 February 5, 2025.

- Consider and take necessary action to accept donation from Lisa Baumann for the Port O'Connor Community Center and put into Utilities line item, 2736-999-66616.

Sincerely,

A handwritten signature in black ink, appearing to read "GDR" with a stylized flourish.

Gary D. Reese

GDR/at

37-65/1119

399

MARK D. OR LISA E. BAUMANN

1/20 25

20

Pay To
The Order Of

Community Center Calhoun Cty \$ 200.00

Two hundred & 00/100

Dollars



Security Features
Included
Details on Back

WELLS FARGO BANK, N.A.
TEXAS
WELLSFARGO.COM

For donation

[Signature]

MP

0399

18

18. Consider and take necessary action to set a hearing to consider the Petition to create Calhoun County Hospital District received by Calhoun County Commissioner's Court on February 12, 2025 at 10:00 a.m., in the Commissioner's Court Courtroom, First Floor of the Calhoun County Courthouse, 211 S. Ann, Port Lavaca, Texas. (VLL)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

19

19. Consider and take necessary action on Addendum No. 1; Bid No. 2024.12-Calhoun County Green Lake Park - Phase 1; Project 1 and authorize Judge Lyssy to sign all documentation.

Matt Glaze with Urban Engineering explained addendum.

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



January 30, 2025

ADDENDUM NO. 1

BID NO. 2024.12 – CALHOUN COUNTY
GREEN LAKE PARK – PHASE 1; PROJECT 1
(U.E. JOB NO. E23596.00)

Item A. **REVISION:** Replace the Bid Form in the Bid Package with the attached.
Revise Items 3 – 5.

Item B. **REVISION:** Replace the Construction Plans with the attached.


Matt A. Glaze, P.E.
Vice President



REVISED PER ADDENDUM NO. 1

BID FORM

PROJECT IDENTIFICATION:

Bid No 2024.12 – Calhoun County Green Lake Park – Phase 1; Project 1
Calhoun County, Texas

CONTRACT IDENTIFICATION AND NUMBER:

Bid No. 2024.12

THIS BID IS SUBMITTED TO:

Calhoun County Judge's Office
Calhoun County Courthouse
211 S. Ann Street, Suite 301
Port Lavaca, Texas 77979

1.01 The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Bidding Documents to perform all Work as specified or indicated in the Bidding Documents for the prices and within the times indicated in this Bid and in accordance with the other terms and conditions of the Bidding Documents.

2.01 Bidder accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. The Bid will remain subject to acceptance for 60 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of OWNER.

3.01 In submitting this Bid, Bidder represents, as set forth in the Agreement, that:

A. Bidder has examined and carefully studied the Bidding Documents, the other related data identified in the Bidding Documents, and the following Addenda, receipt of which is hereby acknowledged.

Addendum No.

Addendum Date

B. Bidder has visited the Site and become familiar with and is satisfied as to the general, local and Site conditions that may affect cost, progress, and performance of the Work.

C. Bidder is familiar with and is satisfied as to all federal, state and local Laws and Regulations that may affect cost, progress, and performance of the Work.

D. Bidder has carefully studied all: (1) reports of explorations and tests of subsurface conditions at or contiguous to the Site and all drawings of physical conditions in or relating to existing surface or subsurface structures at or contiguous to the Site (except Underground Facilities) which have been identified in the Supplementary Conditions as provided in paragraph 4.02 of the General Conditions, and (2) reports and drawings of a Hazardous Environmental Condition, if any, which has been identified in the Supplementary Conditions as provided in paragraph 4.06 of the General Conditions.

E. Bidder has obtained and carefully studied (or assumes responsibility for having done so) all additional or supplementary examinations, investigations, explorations, tests, studies and data concerning conditions (surface, subsurface and Underground Facilities) at or contiguous to the Site which may affect cost, progress, or performance of the Work or which relate to any aspect of the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder, including applying the specific means, methods, techniques, sequences, and procedures of construction expressly required by the Bidding Documents to be employed by Bidder, and safety precautions and programs incident thereto.

REVISED PER ADDENDUM NO. 1

F. Bidder does not consider that any further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of this Bid for performance of the Work at the price(s) bid and within the times and in accordance with the other terms and conditions of the Bidding Documents.

G. Bidder is aware of the general nature of work to be performed by OWNER and others at the Site that relates to the Work as indicated in the Bidding Documents.

H. Bidder has correlated the information known to Bidder, information and observations obtained from visits to the Site, reports and drawings identified in the Bidding Documents, and all additional examinations, investigations, explorations, tests, studies, and data with the Bidding Documents.

I. Bidder has given ENGINEER written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and the written resolution thereof by ENGINEER is acceptable to Bidder.

J. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance of the Work for which this Bid is submitted.

4.01 Bidder further represents that this Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; Bidder has not solicited or induced any individual or entity to refrain from bidding; and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

5.01 Bidder will complete the Work in accordance with the Contract Documents for the price(s) on the following page(s):

REVISED PER ADDENDUM NO. 1

BID NO. 2024.12 - CALHOUN COUNTY					
GREEN LAKE PARK - PHASE 1; PROJECT 1					
(BIDDER)					
PREPARED BY: URBAN ENGINEERING					
ITEM NO.	DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
BASE BID					
GENERAL					
1.	Mobilization, Insurance and Bonds (Maximum 10% of Base Bid)	1	LS	\$	\$
2.	Construction Staking	1	LS	\$	\$
SUBTOTAL GENERAL					\$
IMPROVEMENTS					
3.	Mowed Trail (10' TYP)	7,400	LF	\$	\$
4.	Limestone Trail (10' TYP)	7,300	LF	\$	\$
5.	Mulched Trail (10' TYP)	2,500	LF	\$	\$
6.	Culvert Pipe 12" HDPE (20' TYP)	5	EA	\$	\$
7.	Bird Blind (Permanent)	1	EA	\$	\$
8.	Bird Blind (Portable)	2	EA	\$	\$
9.	Berm Cut & Fill	1,250	LF	\$	\$
SUBTOTAL IMPROVEMENTS					\$
TOTAL BASE BID					\$

Unit Prices have been computed in accordance with paragraph 11.03.B of the General Conditions.

Bidder acknowledges that estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids, and final payment for all Unit Price Bid items will be based on actual quantities provided, determined as provided in the Contract Documents.

It is the intent of the OWNER to award a Contract for all work items and quantities listed on the Bid Form. In the event that the low Bid submitted by a qualified Bidder exceed the funds budgeted for this Project, the OWNER reserves the right to reduce the scope of the work so that the Project can be completed within the budgeted amount; this may be done by eliminating any or all parts of the Project. The Bidder hereby agrees to maintain the unit prices shown on the Bid Form should this reduction in the scope of the work be necessary.

6.01 Bidder agrees that the Work will be substantially complete within _____ calendar days (TO BE FILLED IN BY BIDDER) after the date when the Contract Times commence to run as provided in paragraph 2.03 of the General Conditions, and completed and ready for final payment in accordance with paragraph 14.07 of the General Conditions within 14 calendar days after the date of substantial completion.

6.02 Bidder accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work within the times specified above, which shall be stated in the Agreement.

REVISED PER ADDENDUM NO. 1

7.01 The following document(s) are attached to and made a condition of this Bid:

- A. Required Bid Security in the form of _____ (specify type of Bid Security: Bond, Cashier's Check, Certified Check);
- B. Schedule of Proposed Subcontractors to be identified in this Bid;
- C. Statement of Bidder's Qualifications with supporting data;
- D. Affidavit;
- E. Certificate of Liability Insurance;
- F. Conflict of Interest Questionnaire Form CIQ;
- G. Certification Regarding Debarment & Suspension and Other Responsibility Matters;
- H. Certification Regarding Lobbying;
- I. Disclosure of Lobbying Activities and Instructions;
- J. House Bill 89 Verification;
- K. Residence Certification;
- L. System for Award Management (Print out of search results);
- M. W-9.

8.01 The terms used in this Bid with initial capital letters have the meanings indicated in the Instructions to Bidders, the General Conditions, and the Supplementary Conditions.

SUBMITTED on _____.

State Contractor License No. _____. (If applicable)

If Bidder is:

An Individual

Name (typed or printed): _____

By: _____ (SEAL)
(Individual's signature)

Doing business as: _____

Business address: _____

Phone No.: _____ FAX No.: _____

REVISED PER ADDENDUM NO. 1

A Partnership

Partnership Name: _____ (SEAL)

By: _____
(Signature of general partner -- attach evidence of authority to sign)

Name (typed or printed): _____

Business address: _____

Phone No.: _____ FAX No.: _____

A Corporation

Corporation Name: _____ (SEAL)

State of Incorporation: _____

Type (General Business, Professional, Service, Limited Liability): _____

By: _____
(Signature -- attach evidence of authority to sign)

Name (typed or printed): _____

Title: _____ (CORPORATE SEAL)

Attest: _____
(Signature of Corporate Secretary)

Business address: _____

Phone No.: _____ FAX No.: _____

Date of Qualification to do business is _____

A Joint Venture

Joint Venturer Name: _____ (SEAL)

By: _____
(Signature of joint venture partner -- attach evidence of authority to sign)

Name (typed or printed): _____

Title: _____

Business address: _____

REVISED PER ADDENDUM NO. 1

Phone No.: _____ FAX No.: _____

Joint Venturer Name: _____ (SEAL)

By: _____
(Signature -- attach evidence of authority to sign)

Name (typed or printed): _____

Title: _____

Business address: _____

Phone No.: _____ FAX No.: _____

Phone and FAX Number, and Address for receipt of official communications:

(Each joint venturer must sign. The manner of signing for each individual, partnership, and corporation that is a party to the joint venture should be in the manner indicated above.)

20

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

- (a) 2024 budget adjustment
- (b) 2025 budget adjustments

2024

RESULT:

APPROVED [UNANIMOUS]

MOVER:

Gary Reese, Commissioner Pct 4

SECONDER:

Joel Behrens, Commissioner Pct 3

AYES:

Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

2025

RESULT:

APPROVED [UNANIMOUS]

MOVER:

Gary Reese, Commissioner Pct 4

SECONDER:

Joel Behrens, Commissioner Pct 3

AYES:

Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: BUILDING MAINTENANCE

DEPARTMENT NO: 170

AMENDMENT NO: 6978 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 (DECREASE)
53610	BUILDING SUPPLIES/PARTS	999	NO GRANT	\$0	\$0	\$350	\$0	(\$350)
65454	REPAIRS-COURTHOUSE AND JAIL	999	NO GRANT	\$0	\$0	\$1,300	\$0	(\$1,300)
65455	REPAIRS-COURTHOUSE ANNEX II	999	NO GRANT	\$0	\$0	\$0	\$1,650	\$1,650
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,650	\$1,650	\$0

BUILDING MAINTENANCE TOTAL \$0 \$0 \$1,650 \$1,650 \$0

DEPARTMENT NAME: COMMISSIONERS COURT

DEPARTMENT NO: 230

AMENDMENT NO: 6978 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 (DECREASE)
50545	GRANT ADMINISTRATOR	999	NO GRANT	\$0	\$0	\$0	\$245	\$245
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$245	\$0	(\$245)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$245	\$245	\$0

COMMISSIONERS COURT TOTAL \$0 \$0 \$245 \$245 \$0

DEPARTMENT NAME: COUNTY CLERK

DEPARTMENT NO: 250

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND FUND NO: 1000

DEPARTMENT NAME: COUNTY CLERK DEPARTMENT NO: 250

AMENDMENT NO: 6978 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 (DECREASE)
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$350	\$0	(\$350)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$350	\$350
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$350	\$350	\$0

COUNTY CLERK TOTAL \$0 \$0 \$350 \$350 \$0

DEPARTMENT NAME: COUNTY COURT-AT-LAW DEPARTMENT NO: 410

AMENDMENT NO: 6978 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 (DECREASE)
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$100	\$100	\$0

COUNTY COURT-AT-LAW TOTAL \$0 \$0 \$100 \$100 \$0

DEPARTMENT NAME: COUNTY TREASURER DEPARTMENT NO: 210

AMENDMENT NO: 6978 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 (DECREASE)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND FUND NO: 1000

DEPARTMENT NAME: COUNTY TREASURER DEPARTMENT NO: 210

AMENDMENT NO: 6978 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
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	\$0	\$0	\$150	\$0		(\$150)
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$150		\$150
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$150	\$150		\$0

COUNTY TREASURER TOTAL \$0 \$0 \$150 \$150 \$0

DEPARTMENT NAME: DISTRICT ATTORNEY DEPARTMENT NO: 510

AMENDMENT NO: 6978 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
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$100	\$0		(\$100)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$100		\$100
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$100	\$100		\$0

DISTRICT ATTORNEY TOTAL \$0 \$0 \$100 \$100 \$0

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

AMENDMENT NO: 6978 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, February 5, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

AMENDMENT NO: 6978 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE	REVENUE	EXPENDITURE	EXPENDITURE	FUND BAL
				INCREASE	DECREASE	INCREASE	DECREASE	
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$700	\$0	(\$700)
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$1,400	\$1,400
70654	BUILDING-EMERGENCY COMMUNIC	999	NO GRANT	\$0	\$0	\$700	\$0	(\$700)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,400	\$1,400	\$0

EMERGENCY COMMUNICATION DIVISION TOTAL \$0 \$0 \$1,400 \$1,400 \$0

DEPARTMENT NAME: EMERGENCY MANAGEMENT DEPARTMENT NO: 630

AMENDMENT NO: 6978 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE	REVENUE	EXPENDITURE	EXPENDITURE	FUND BAL
				INCREASE	DECREASE	INCREASE	DECREASE	
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
53110	COMPUTER SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$100	\$100	\$0

EMERGENCY MANAGEMENT TOTAL \$0 \$0 \$100 \$100 \$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES

DEPARTMENT NO: 345

AMENDMENT NO: 6978 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 (DECREASE)
50815	PARAMEDIC	999	NO GRANT	\$0	\$0	\$0	\$3,847	\$3,847
50835	SUPERVISOR	999	NO GRANT	\$0	\$0	\$0	\$4,900	\$4,900
50900	SPECIAL LICENSE	999	NO GRANT	\$0	\$0	\$0	\$1,123	\$1,123
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$500	\$0	(\$500)
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	\$0	\$0	\$200	\$0	(\$200)
61080	CONTINUING EDUCATION	999	NO GRANT	\$0	\$0	\$3,350	\$0	(\$3,350)
61710	DEPARTMENTAL REPAIRS	999	NO GRANT	\$0	\$0	\$300	\$0	(\$300)
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$50	\$0	(\$50)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$400	\$0	(\$400)
66590	UNIFORMS	999	NO GRANT	\$0	\$0	\$70	\$0	(\$70)
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$5,000	\$0	(\$5,000)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$9,870	\$9,870	\$0

EMERGENCY MEDICAL SERVICES TOTAL

\$0

\$0

\$9,870

\$9,870

\$0

DEPARTMENT NAME: EXTENSION SERVICE

DEPARTMENT NO: 110

AMENDMENT NO: 6978 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 (DECREASE)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$50	\$50
53310	PROGRAM SUPPLIES	999	NO GRANT	\$0	\$0	\$50	\$0	(\$50)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$50	\$50	\$0
EXTENSION SERVICE TOTAL				\$0	\$0	\$50	\$50	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND FUND NO: 1000

DEPARTMENT NAME: FIRE PROTECTION-SIX MILE DEPARTMENT NO: 695

AMENDMENT NO: 6977 REQUESTOR: COMMISSIONER PRECINCT #2

AMENDMENT REASON: LINE ITEM ADJUSTMENT

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	\$5	\$0	(\$5)	
AMENDMENT NO 6977 TOTAL				\$0	\$0	\$5	\$0	(\$5)	

AMENDMENT NO: 6978 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	\$409	\$0	(\$409)	
65740	SERVICES	999	NO GRANT	\$0	\$0	\$0	\$160	\$160	
66600	UTILITIES	999	NO GRANT	\$0	\$0	\$0	\$249	\$249	
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$409	\$409	\$0	

FIRE PROTECTION-SIX MILE TOTAL \$0 \$0 \$414 \$409 (\$5)

DEPARTMENT NAME: INFORMATION TECHNOLOGY DEPARTMENT NO: 275

AMENDMENT NO: 6978 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
60970	COMPUTER MAINTENANCE	999	NO GRANT	\$0	\$0	\$300	\$0	(\$300)	
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$1,500	\$0	(\$1,500)	
65461	REPAIRS-117 W. ASH ST. BUILDING	999	NO GRANT	\$0	\$0	\$0	\$1,800	\$1,800	

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND FUND NO: 1000

DEPARTMENT NAME: INFORMATION TECHNOLOGY DEPARTMENT NO: 275

AMENDMENT NO: 6978 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 (DECREASE)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,800	\$1,800	\$0
INFORMATION TECHNOLOGY TOTAL				\$0	\$0	\$1,800	\$1,800	\$0

DEPARTMENT NAME: JAIL DEPARTMENT NO: 180

AMENDMENT NO: 6978 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 (DECREASE)
51940	WORKMENS COMPENSATION	999	NO GRANT	\$0	\$0	\$0	\$1,500	\$1,500
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	\$0	\$0	\$600	\$0	(\$600)
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$900	\$0	(\$900)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,500	\$1,500	\$0
JAIL TOTAL				\$0	\$0	\$1,500	\$1,500	\$0

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #2 DEPARTMENT NO: 460

AMENDMENT NO: 6978 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 (DECREASE)
51910	SOCIAL SECURITY	999	NO GRANT	\$0	\$0	\$0	\$250	\$250

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #2

DEPARTMENT NO: 460

AMENDMENT NO: 6978 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
53020	GENERAL OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$250	\$0		(\$250)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$250	\$250	\$0	\$0

JUSTICE OF PEACE-PRECINCT #2 TOTAL

\$0 \$0 \$250 \$250 \$0

DEPARTMENT NAME: LIBRARY

DEPARTMENT NO: 140

AMENDMENT NO: 6978 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
62955	INTERNET SERVICES	999	NO GRANT	\$0	\$0	\$0	\$800		\$800
70550	BOOKS-LIBRARY	999	NO GRANT	\$0	\$0	\$800	\$0		(\$800)
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$800	\$800	\$0	\$0

LIBRARY TOTAL

\$0 \$0 \$800 \$800 \$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2

DEPARTMENT NO: 550

AMENDMENT NO: 6977 REQUESTOR: COMMISSIONER PRECINCT #2

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
64790	POSTAGE	999	NO GRANT	\$0	\$0	\$0	\$5		\$5

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2

DEPARTMENT NO: 550

AMENDMENT NO: 6977 REQUESTOR: COMMISSIONER PRECINCT #2

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
AMENDMENT NO 6977 TOTAL				\$0	\$0	\$0	\$5	\$5

AMENDMENT NO: 6978 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 (DECREASE)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$0	\$2,597	\$2,597
53540	GASOLINE/OIL/DIESEL/GREASE	999	NO GRANT	\$0	\$0	\$2,848	\$0	(\$2,848)
66488	TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$965	\$0	(\$965)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	\$0	\$0	\$0	\$1,216	\$1,216
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$3,813	\$3,813	\$0

ROAD AND BRIDGE-PRECINCT #2 TOTAL

\$0

\$0

\$3,813

\$3,818

\$5

DEPARTMENT NAME: SHERIFF

DEPARTMENT NO: 760

AMENDMENT NO: 6978 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 (DECREASE)
53430	LAW ENFORCEMENT SUPPLIES	999	NO GRANT	\$0	\$0	\$1,016	\$0	(\$1,016)
53992	SUPPLIES-MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$1,016	\$1,016
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,016	\$1,016	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: SHERIFF

DEPARTMENT NO: 760

SHERIFF TOTAL	\$0	\$0	\$1,016	\$1,016	\$0
GENERAL FUND TOTAL	\$0	\$0	\$23,608	\$23,608	\$0

FUND NAME AIRPORT FUND

FUND NO: 2610

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6978 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 (DECREASE)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	\$0	\$0	\$1,003	\$0	(\$1,003)
53905	OTHER SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$24	\$24
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$580	\$0	(\$580)
66192	TELEPHONE SERVICES	999	NO GRANT	\$0	\$0	\$0	\$101	\$101
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$67	\$67
73805	ROOF-AIRPORT	999	NO GRANT	\$0	\$0	\$0	\$1,391	\$1,391
AMENDMENT NO 6978 TOTAL				\$0	\$0	\$1,583	\$1,583	\$0
NO DEPARTMENT TOTAL				\$0	\$0	\$1,583	\$1,583	\$0
AIRPORT FUND TOTAL				\$0	\$0	\$1,583	\$1,583	\$0
Grand Total				\$0	\$0	\$25,191	\$25,191	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR BUDGET YEAR: 2025

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: DISTRICT ATTORNEY

DEPARTMENT NO: 510

AMENDMENT NO: 6976 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 (DECREASE)
51740	VACATION PAY ON TERMINATION	999	NO GRANT	\$0	\$0	\$3,937	\$0	(\$3,937)
66980	WITNESS FEES	999	NO GRANT	\$0	\$0	\$0	\$3,937	\$3,937
AMENDMENT NO 6976 TOTAL				\$0	\$0	\$3,937	\$3,937	\$0

DISTRICT ATTORNEY TOTAL \$0 \$0 \$3,937 \$3,937 \$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES

DEPARTMENT NO: 345

AMENDMENT NO: 6976 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 (DECREASE)
51700	MEAL ALLOWANCE	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
66505	TRAVEL/DUES/SUBSCRIPTIONS	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
AMENDMENT NO 6976 TOTAL				\$0	\$0	\$100	\$100	\$0

EMERGENCY MEDICAL SERVICES TOTAL \$0 \$0 \$100 \$100 \$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1

DEPARTMENT NO: 540

AMENDMENT NO: 6975 REQUESTOR: COMMISSIONER PRECINCT #1

AMENDMENT REASON: LINE ITEM ADJUSTMENT TO PAY BILLS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, February 5, 2025

HEARING TYPE: REGULAR

BUDGET YEAR: 2025

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1

DEPARTMENT NO: 540

AMENDMENT NO: 6975 REQUESTOR: COMMISSIONER PRECINCT #1

AMENDMENT REASON: LINE ITEM ADJUSTMENT TO PAY BILLS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$22,890	\$22,890
60795	CLEANING-PARKS	999	NO GRANT	\$0	\$0	\$79	\$0	(\$79)
65458	REPAIRS-FAIRGROUNDS BALL PAR	999	NO GRANT	\$0	\$0	\$11	\$0	(\$11)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	\$0	\$0	\$22,800	\$0	(\$22,800)
AMENDMENT NO 6975 TOTAL				\$0	\$0	\$22,890	\$22,890	\$0
ROAD AND BRIDGE-PRECINCT #1 TOTAL				\$0	\$0	\$22,890	\$22,890	\$0

DEPARTMENT NAME: WASTE MANAGEMENT

DEPARTMENT NO: 380

AMENDMENT NO: 6976 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 (DECREASE)
53982	SUPPLIES-MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
AMENDMENT NO 6976 TOTAL				\$0	\$0	\$100	\$100	\$0
WASTE MANAGEMENT TOTAL				\$0	\$0	\$100	\$100	\$0
GENERAL FUND TOTAL				\$0	\$0	\$27,027	\$27,027	\$0
Grand Total				\$0	\$0	\$27,027	\$27,027	\$0

21

21. 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:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

2025 County Bills:

RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Ronald Best, Commissioner Pct 2
AYES:	Judge Lyssy, Commissioner Hall, Best, Behrens, Reese

Adjourned 10:42

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	EAGLE MOUNTAIN FLAG & FLAGPOLE	1812	32772	MAINT 5/20 (6) FLAGS	633.62	
			53610	WOOD EVERETT	7847	PO1700...	MAINT 1/30 REIMB- (2) BOILER IGNITORS	160.78	
		REPAIRS-COURTHOUSE AND JAIL	65454	CFI MECHANICAL INC	2005	SD24569	MAINT 10/30 4TH QTR 2024 JAIL CHILLER P/M	2,216.25	
BUILDING MAINTENANCE	Total 170							3,010.65	0.00
COUNTY COURT-AT-LAW	410	MACHINE MAINTENANCE	63500	RELX INC	4625	3095537...	CRT@LAW/1 12/31 DEC 2024 SUBSCRIPTION	59.00	
			63500	XEROX CORPORATION	9001	0228438...	CRT@LAW/1 1/7 COPIER LEASE 11/30- 12/30	62.94	
COUNTY COURT-AT-LAW	Total 410							121.94	0.00
EMERGENCY COMMUNICATION DIVISION	635	CAPITAL OUTLAY	70750	DELL MARKETING LP	1466	1079024...	EMER COM 12/19 OPTIPLEX PC	1,427.87	
EMERGENCY COMMUNICATION DIVISION	Total 635							1,427.87	0.00
EMERGENCY MEDICAL SERVICES	345	COLLECTIONS-ACCOUNTS RECEIVABLE	60890	EMERGICON LLC	2870	15252	EMS 11/30 NOV 2024 COLLECS	13,204.44	
			60890	EMERGICON LLC	2870	15303	EMS 12/31 DEC 2024 COLLECS	15,527.59	
		DEPARTMENTAL REPAIRS	61710	VICTORIA BUILDER SUPPLY CO.INC	8255	15412701	EMS CNTL 6/20 REPAIR/MAINT GARAGE DOORS	285.00	
EMERGENCY MEDICAL SERVICES	Total 345							29,017.03	0.00
FIRE PROTECTION-SIX MILE	695	SUPPLIES-MISCELLANEOUS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301120...	6MILE VFD 12/31 BATTERY, FUEL HOSE, CLAMP, MOWER	57.09	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
FIRE PROTECTION-SIX MILE	Total 695								
								412.55	0.00
INFORMATION TECHNOLOGY	275	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615539...	IT 12/19 ACT# 287289192983 PHONE 11/20- 12/19	121.49	
INFORMATION TECHNOLOGY	Total 275							121.49	0.00
JAIL OPERATIONS	180	PRISONER MEDICAL SERVICES	64910	SOUTHERN HEALTH PARTNERS	3460	OCP21755	JAIL 12/31 DEC 2024 COSTPOOL LIMITATION	5,512.48	
JAIL OPERATIONS	Total 180							5,512.48	0.00
LIBRARY	140	GENERAL OFFICE SUPPLIES	53020	MARLIN MICHELLE	EM...	PO0117...	LIBRARY 12/18 REIMB FOR (2) EXT CORDS	21.98	
LIBRARY	Total 140							21.98	0.00
ROAD AND BRIDGE-PRECINCT #2	550	GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	8008824...	RB2 12/30 680G UNLEADED, 458G DIESEL	2,848.74	
ROAD AND BRIDGE-PRECINCT #2	Total 550							2,848.74	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 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	MACHINERY/EQUIPMENT REPAIRS	63530	CSI	8885	133177	AIRPORT I/7 FRONT GATE CAMERA REPAIRS	580.00	
NO DEPARTMENT	Total 999							580.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
2716 - GRANTS FUND

<u>Dept Title</u>	<u>Dept C...</u>	<u>GL Title</u>	<u>GL Code</u>	<u>Vendor Name</u>	<u>Ven... ID</u>	<u>Document Number</u>	<u>Transaction Description</u>	<u>Debit</u>	<u>Credit</u>
NO DEPARTMENT	999	TELEPHONE SERVICES	66192	VERIZON WIRELESS	7896	6104306...	OSG 1/23 ACT# 342228328-00001 PHONE 1/24-2/23	75.98	
NO DEPARTMENT	Total 999							75.98	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7030 - BAIL BOND FEES (HB 1940)

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	177.00	
NO DEPARTMENT	Total 999							177.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7070 - CONSOLIDATED COURT COSTS FUND-NEW

<u>Dept Title</u>	<u>Dept C...</u>	<u>GL Title</u>	<u>GL Code</u>	<u>Vendor Name</u>	<u>Ven... ID</u>	<u>Document Number</u>	<u>Transaction Description</u>	<u>Debit</u>	<u>Credit</u>
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	76.28	
NO DEPARTMENT	Total 999							76.28	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7072 - CONSOLIDATED COURT COSTS FUND-2020

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	2,432.98	
NO DEPARTMENT	Total 999							2,432.98	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7383 - DNA TESTING FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	0.54	
NO DEPARTMENT	Total 999							0.54	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7390 - DRUG COURT PROGRAM FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 DRUG COURT PROGRAM FEES	0.78	
NO DEPARTMENT	Total 999							0.78	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
 7405 - EMS TRAUMA FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	130.02	
NO DEPARTMENT	Total 999							130.02	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7505 - JUDICIAL SALARIES FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO99990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	11.58	
NO DEPARTMENT	Total 999							11.58	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7855 - STATE CIVIL FEE FUND

<u>Dept Title</u>	<u>Dept C...</u>	<u>GL Title</u>	<u>GL Code</u>	<u>Vendor Name</u>	<u>Ven... ID</u>	<u>Document Number</u>	<u>Transaction Description</u>	<u>Debit</u>	<u>Credit</u>
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 CIVIL FEES	4.00	
		DUE TO GEN.FD-OTHER THAN DIVORCE/FAM.LAW	20658	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 CIVIL FEES	3.50	
NO DEPARTMENT	Total 999							7.50	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7856 - STATE CIVIL JUSTICE DATA RESPOSITORY

<u>Dept Title</u>	<u>Dept C...</u>	<u>GL Title</u>	<u>GL Code</u>	<u>Vendor Name</u>	<u>Ven... ID</u>	<u>Document Number</u>	<u>Transaction Description</u>	<u>Debit</u>	<u>Credit</u>
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	0.09	
NO DEPARTMENT	Total 999							0.09	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7857 - STATE JURY REIMBURSEMENT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO I/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	6.37	
NO DEPARTMENT	Total 999							6.37	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
 7860 - STATE TRAFFIC FEE/SUBTITLE C FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Van... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO I/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	304.03	
NO DEPARTMENT	Total 999							304.03	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7865 - SUPPORT OF CRIMINAL INDIGENT DEFENSE REP

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO99990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	3.72	
NO DEPARTMENT	Total 999							3.72	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7950 - TIME PAYMENT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	58.48	
NO DEPARTMENT	Total 999							58.48	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2024 BUDGET
7970 - TRAFFIC LAW FAILURE TO APPEAR FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	129.41	
NO DEPARTMENT	Total 999							129.41	0.00

CALHOUN COUNTY, TEXAS
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 7998 - TRUANCY PREVENTION AND DIVERSION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO JUVENILE CASE MANAGER FUND	20701	CALHOUN CO. JUVENILE CASE	9301	PO9990...	CALCO 1/29 4TH QTR 2024 STATE CRIMINAL COSTS & FEES	14.13	
NO DEPARTMENT	Total 999							14.13	0.00
Report Total								46,503.62	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
AMBULANCE OPERATIONS-SEADRIFT	340	SERVICES	65740	FRONTIER COMMUNICATIONS	2855	3617852...	SEA AMB 1/25 ACT# 361-785-2911- 010699-5 PHONE 1/25- 2124	81.08	
AMBULANCE OPERATIONS-SEADRIFT	Total 340							81.08	0.00
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	GULF COAST HARDWARE LLC	63196	195794	MAINT 1/22 (3) DOLLY TRASH CANS	158.97	
			53610	GULF COAST HARDWARE LLC	63196	195800	MAINT 1/22 SLIDE RUG, SLIDER FELT	23.98	
			53610	GULF COAST HARDWARE LLC	63196	195879	MAINT 1/24 WIRE CONNECTOR, TERM RINGS	29.96	
			53610	GULF COAST HARDWARE LLC	63196	195943	MAINT 1/27 BROOM, DUSTPAN	14.99	
			53610	GULF COAST HARDWARE LLC	63196	195975	MAINT 1/28 BATTERIES, TERM RINGS, ADHESIVE REMOVER	42.57	
			53610	GULF COAST HARDWARE LLC	63196	195992	MAINT 1/29 TENNIS BALLS, FLY PAPER	16.17	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615502...	MAINT 1/12 ACT# 287022659855 PHONE 12/13- 1/12	221.24	
			66602	REPUBLIC SERVICES #847	8897	0847001...	FG 1/26 ACT# 3-0847-0004638 FEB 2025 TRASH SVC	241.04	
		UTILITIES-COURTHOUSE AND JAIL	66604	REPUBLIC SERVICES #847	8897	0847001...	CH 1/26 ACT# 3-0847-0004639 FEB 2025 TRASH SVC	500.78	
		UTILITIES-JAIL	66605	REPUBLIC SERVICES #847	8897	0847001...	JAIL 1/26 ACT# 3-0847-0004640 FEB 2025 TRASH SVC	393.66	
BUILDING MAINTENANCE	Total 170							1,643.36	0.00
COMMISSIONERS COURT	230	COUNTY HEALTH/WEELNESS PROGRAM	61425	JUREK LESA	1088	PO2304...	COM CRT 2/3 TRAVEL REIMB- AUSTIN, TX 1/29- 1/31	228.20	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COMMISSIONERS COURT	Total 230								
		PATHOLOGIST FEES	64520	VICTORIA MORTUARY SERVICE INC	8238	250107	COM CRT/P2 I/3 TRANSPORT- R. REYES	642.50	
								870.70	0.00
COUNTY CLERK	250	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	38394230	CO CLK I/23 COPIER/SCANNER LEASES	428.00	
COUNTY CLERK	Total 250							428.00	0.00
COUNTY COURT-AT-LAW	410	LEGAL SERVICES-COURT APPOINTED	63380	HELLER JOYCE M	9076	2025007	CRT@LAW1 I/22 C# 2023-FAM-0090-CC	2,341.46	
COUNTY COURT-AT-LAW	Total 410							2,341.46	0.00
COUNTY TREASURER	210	GENERAL OFFICE SUPPLIES	53020	PTTNEY BOWES INC	6390	102673...	TREAS I/8 POSTAGE METER INK	123.19	
COUNTY TREASURER	Total 210							123.19	0.00
DISTRICT ATTORNEY	510	TRAINING TRAVEL OUT OF COUNTY	66316	GONZALES ALICIA FLORES	2301	POS100...	DA I/28 TRAVEL REIMB- AUSTIN, TX I/20- I/22	390.00	
DISTRICT ATTORNEY	Total 510							390.00	0.00
DISTRICT CLERK	420	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	2446940	DIST CLK I/17 CREDIT ON RETURN OF ETHERNET COUPLER		4.08
			53020	QUILL LLC	6602	42271623	DIST CLK I/8 STEP STOOL	34.19	
			53020	QUILL LLC	6602	42277526	DIST CLK I/8 (3) FLASH DRIVES	88.32	
			53020	QUILL LLC	6602	42280358	DIST CLK I/8 PENS	49.28	
			53020	QUILL LLC	6602	42291273	DIST CLK I/8 USBs, HOLDERS, STAPLER, MIS OFF SUPP	94.84	
			53020	QUILL LLC	6602	42292248	DIST CLK I/8 ETHERNET COUPLER	4.08	

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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
DISTRICT CLERK	Total 420							270.71	4.08
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	DISHER DAVID A	1398	2025016	DIST CRT 1/23 C# 2021-CR-8429-DC D. MARTINEZ	1,525.00	
DISTRICT COURT	Total 430							1,525.00	0.00
EMERGENCY COMMUNICATION DIVISION	635	TRAINING REGISTRATION FEES/TRAVEL	66310	TCJUG - TEXAS CRIMINAL	774	PO6352...	EMER COM 1/23 CONF REG	350.00	
		TRAVEL ADVANCE SUSPENSE	66448	SCHUBERT PATRICK	EM...	PO6354...	EMER COM 1/17 TRAVEL ADV- AUSTIN, TX 2/17-2/21	343.00	
			66448	BRANDT KARIE	EM...	PO6354...	EMER COM 1/17 TRAVEL ADV- AUSTIN, TX 2/17-2/21	343.00	
EMERGENCY COMMUNICATION DIVISION	Total 635							1,036.00	0.00
EMERGENCY MANAGEMENT	630	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615501...	EMER MGMT 1/19 ACT# 2873421941111 PHONE 12/20-1/19	129.84	
EMERGENCY MANAGEMENT	Total 630							129.84	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	AIRGAS USA, LLC	136	9157210...	EMS 1/10 OXYGEN	605.63	
			53980	AIRGAS USA, LLC	136	9157210...	EMS 1/10 OXYGEN	231.17	
			53980	BOUND TREE MEDICAL, LLC	412	85625244	EMS 1/15 AED TRAINER, C-COLLAR	565.15	
			53980	BOUND TREE MEDICAL, LLC	412	85625245	EMS 1/15 POX W/ CASE	1,232.60	
			53980	BOUND TREE MEDICAL, LLC	412	85625246	EMS 1/15 IV CATHS	712.35	
			53980	BOUND TREE MEDICAL, LLC	412	85625247	EMS 1/15 B/P CUFF, ET STYLETTE	28.30	
			53980	BOUND TREE MEDICAL, LLC	412	85626879	EMS 1/16 GUN SHOT WND PKNG TRAINER	791.99	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Yen... ID	Document Number	Transaction Description	Debit	Credit
			53980	BOUND TREE MEDICAL, LLC	412	85626880	EMS 1/16 IV CATHS	234.78	
			53980	BOUND TREE MEDICAL, LLC	412	85626881	EMS 1/16 C-COLLAR, ELECTRODES	991.32	
			53980	BOUND TREE MEDICAL, LLC	412	85628467	EMS 1/17 CPR PKT MASK, POX, STETHOSCOPE	163.76	
			53980	BOUND TREE MEDICAL, LLC	412	85629750	EMS 1/20 GAUZE, DEHB PADS, B/P CUFF, GLOVES	1,558.53	
			53980	MED-TECH RESOURCE, INC.	5198	151898	EMS 1/20 LARYNGOSCOPE BLADES	106.38	
DEPARTMENTAL REPAIRS			61710	POWER ELECTRIC LLC	2927	1880	EMS CNTL 1/21 REWIRE & FINISH ELECTRICAL	1,036.00	
			61710	GULF COAST HARDWARE LLC	63198	195614	EMS STH 1/16 WASP SPRAY	17.98	
			61710	GULF COAST HARDWARE LLC	63198	195637	EMS STH 1/16 WASP SPRAY	35.96	
			61710	GULF COAST HARDWARE LLC	63198	195710	EMS 1/19 HEATER- AMB WARMER	59.98	
MACHINERY/EQUIPMENT REPAIRS			63530	FRAZER LTD	2266	98599	EMS 1/15 AMB A/C KIT, EXTRA RELAY BOARD	303.32	
			63530	PORT LAVACA DODGE	6227	71773	EMS 1/18 HEADLAMP- U7	1,838.00	
			63530	PORT LAVACA DODGE	6227	71777	EMS 1/23 HEADLAMP- U11	1,290.80	
OUTSIDE SERVICES			64400	DOWELL PEST CONTROL LLC	3183	43678	EMS STH 1/20 PEST CNTRL	65.00	
			64400	DOWELL PEST CONTROL LLC	3183	43741	EMS CNTL 1/22 PEST CNTRL	65.00	
TRAVEL/DUES/SUBSCRIPTI...			66505	HAAS ALERT	3320	INV5255	EMS 1/17 HAAS ALERT SAFETY CLOUD SVC	3,192.00	
UNIFORMS			66590	GALLS PARENT HOLDINGS LLC	26140	0301792...	EMS 1/16 UNIFORMS	56.04	
			66590	GALLS PARENT HOLDINGS LLC	26140	0301937...	EMS 1/17 UNIFORMS	112.07	
			66590	GALLS PARENT HOLDINGS LLC	26140	0302100...	EMS 1/20 UNIFORMS	456.61	
			66590	GALLS PARENT HOLDINGS LLC	26140	0302313...	EMS 1/21 UNIFORMS	58.36	
UTILITIES			66600	REPUBLIC SERVICES #847	8897	0847001...	EMS CNTL 1/26 ACT# 3-0847-0004637 FEB 2025 TRASH SVC	305.93	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Var... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MEDICAL SERVICES	Total 345	VEHICLE	74050	SAFETY VISION LLC	3370	INV14232	EMS 1/15 CAMERA SYSTEM- M3	5,972.29	
								22,087.30	0.00
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	PORT LAVACA WAVE	62340	PO1102...	EXT SVC 1/10 1YR SUBSCRIPTION RENEWAL	45.00	
EXTENSION SERVICE	Total 110							45.00	0.00
FIRE PROTECTION-OLVIA/P.. ALTO	650	SUPPLIES/OPERATING EXPENSES	53980	GULF COAST HARDWARE LLC	63193	195788	OPA VFD 1/22 SHELF	26.99	
								26.99	0.00
FIRE PROTECTION-OLVIA/P.. ALTO	Total 650							26.99	0.00
FIRE PROTECTION-SIX MILE	695	UTILITIES	66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	6MILE VFD 1/27 ACT# 981270-022 ELEC 12/17- 1/17	56.26	
								56.26	0.00
FIRE PROTECTION-SIX MILE	Total 695							56.26	0.00
HUMAN RESOURCES	265	PHYSICALS/DRUG TESTING	64671	MEMORIAL MEDICAL CLINIC	5971	306560	HR 1/16 PRE-EMPLOYMENT PHYSICAL	32.50	
			64671	MEMORIAL MEDICAL CLINIC	5971	306561	HR 1/16 PRE-EMPLOYMENT PHYSICAL	32.50	
			64671	MEMORIAL MEDICAL CLINIC	5971	306562	HR 1/16 PRE-EMPLOYMENT PHYSICAL	32.50	
HUMAN RESOURCES	Total 265							97.50	0.00
INFORMATION TECHNOLOGY	275	UTILITIES-117 W. ASH ST. BUILDING	66609	CENTERPOINT ENERGY	1805	2799453...	IT 1/29 ACT# 2799453-2 CCF 71 12/23- 1/24	114.44	
			66609	REPUBLIC SERVICES #847	8897	0847001...	IT 1/26 ACT# 3-0847-0004634 FEB 2025 TRASH SVC	40.64	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
INFORMATION TECHNOLOGY	Total 275							155.08	0.00
JAIL OPERATIONS	180	JAIL MAINTENANCE/SUPPLIES	53420	PERFORMANCE FOOD GROUP INC	63650	3109627	JAIL 1/20 FOIL	49.27	
		GROCERIES	53955	PERFORMANCE FOOD GROUP INC	63650	3109627	JAIL 1/20 INMATE GROCERIES	1,806.02	
			53955	PERFORMANCE FOOD GROUP INC	63650	3111302	JAIL 1/24 INMATE GROCERIES	819.78	
			53955	PERFORMANCE FOOD GROUP INC	63650	3112435	JAIL 1/27 INMATE GROCERIES	2,026.44	
			53955	PERFORMANCE FOOD GROUP INC	63650	3114382	JAIL 1/30 INMATE GROCERIES	834.05	
		UNIFORMS	53995	MOTOROLA SOLUTIONS INC	5171	8282051...	JAIL 1/6 (20) MAGNETIC MOUNTS	1,380.00	
		PHYSICALS	64670	MEMORIAL MEDICAL CLINIC	5971	306563	JAIL 1/16 PRE-EMPLOYMENT PHYSICAL	32.50	
JAIL OPERATIONS	Total 180							6,948.06	0.00
JUSTICE OF PEACE-PRECINCT #3	470	TRAINING TRAVEL OUT OF COUNTY	66316	TEXAS STATE UNIVERSITY	7745	13897	JP3 1/10 CONF REG- LUBBOCK, TX 6/1- 6/4	330.00	
		TRAVEL ADVANCE SUSPENSE	66448	SERVANTES RAMONA	EM...	PO1292...	JP3 1/29 TRAVEL ADV- CORPUS CHRISTI, TX 2/12- 2/14	247.80	
		UTILITIES	66600	CITY OF POINT COMFORT	860	8000/0225	JP3 2/1 ACT# 8000 WATER 12/16- 1/16	37.50	
			66600	SPARKLIGHT	9988	1036738...	JP3 2/1 ACT# 103673893 FEB 2025 INTERNET	96.69	
JUSTICE OF PEACE-PRECINCT #3	Total 470							711.99	0.00
JUSTICE OF PEACE-PRECINCT #5	490	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	38351995	JP5 1/17 COPIER LEASE	69.00	
		TRAINING TRAVEL OUT OF COUNTY	66316	POMYKAL NANCY	6203	PO971	JP5 1/30 TRAVEL REIMB- CORPUS CHRISTI, TX 1/12- 1/15	265.20	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JUSTICE OF PEACE-PRECINCT #5	Total 490							651.56	0.00
JUVENILE COURT	500	MEDICAL/DENTAL FEES	63776	IKONOMOPOULOS JAMES PETER	35000	2900020...	JUV CRT 1/22 CLINICAL EVAL	500.00	
			63776	IKONOMOPOULOS JAMES PETER	35000	2900021...	JUV CRT 1/22 CLINICAL EVAL	500.00	
JUVENILE COURT	Total 500							1,000.00	0.00
LIBRARY	140	GENERAL OFFICE SUPPLIES	53020	THE LIBRARY STORE INC	4616	724940	LIBRARY 1/24 DOUBLE RANGE FINDER	278.89	
		PHOTO COPIES/SUPPLIES	53030	XEROX CORPORATION	9010	6692940	LIBRARY 1/12 JAN 2025 COPIER LEASE	139.00	
		PUBLICATIONS	54030	SMITHSONIAN INSTITUTION	72620	9203230...	LIBRARY 1/12 ACT# 92032300199 ANNUAL SUBSCRIPTION	39.99	
			54030	SMITHSONIAN INSTITUTION	72620	9312150...	SEA LIBRARY 1/12 ACT# 93121500248 ANNUAL SUBSCRIPTION	39.99	
		INTERNET SERVICES	62955	T MOBILE USA INC	79681	9966804...	LIBRARY 1/21 ACT# 996680425 (10) HOTSPOTS 12/21- 1/20	313.70	
		REPAIRS-SEADRIFT LIBRARY	65478	COASTAL REFRIGERATION	812	8612020	SEA LIBRARY 1/15 INSPECT A/C & HEAT ISSUES	216.60	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617854...	LIBRARY 1/25 A# 361-785-4241- 020867-5 PHONE 1/25- 2/24	167.20	
			66192	MCI MEGA PREFERRED	5035	POMCID...	CALCO 1/19 ACT# 08615304863 LONG DISTANCE SVC	0.87	
		UTILITIES-MAIN LIBRARY	66610	REPUBLIC SERVICES #847	8897	0847001...	LIBRARY 1/26 ACT# 3-0847-0004635 FEB 2025 TRASH SVC	40.64	

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LIBRARY	Total 140	UTILITIES-PORT O'CONNOR LIBRARY	66620	VICTORIA ELECTRIC COOP, INC	8205	1008600...	POC LIBRARY 1/27 ACT# 10086-002 ELEC 12/17- 1/17	213.17	
		UTILITIES-SEADRIFT LIBRARY	66622	CITY OF SEADRIFT	862	1253/0125	SEA LIBRARY 1/29 ACT# 1253 WATER	103.20	
		BOOKS & PRINT MATL-LIBRARY	70550	BAKER & TAYLOR	403	5019289...	LIBRARY 1/7 BOOK	15.83	
			70550	BAKER & TAYLOR	403	5019289...	LIBRARY 1/7 (2) BOOKS	26.69	
			70550	BAKER & TAYLOR	403	5019289...	LIBRARY 1/7 (9) BOOKS	138.31	
			70550	BAKER & TAYLOR	403	5019289...	LIBRARY 1/7 (9) BOOKS	122.11	
			70550	BAKER & TAYLOR	403	5019300...	LIBRARY 1/13 (65) BOOKS	915.24	
			70550	BAKER & TAYLOR	403	5019300...	LIBRARY 1/13 BOOK	15.81	
		E-FORMAT/DIGITAL MATL-LIBRARY	71146	NEWSBANK INC	5519	RTRN11...	LIBRARY 1/23 ANNUAL SUBSCRIPTION 02/2025- 01/2026	2,031.00	
								4,818.24	0.00
MISCELLANEOUS	280	INSURANCE-NOTARY BONDS	62874	AMERICAN ASSOCIATION	631	POST02...	RB4 1/27 NOTARY BOND, FILING FEE	71.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615536...	MUSEUM 1/22 ACT# 361-553-6868- 083005-5 PHONE 1/22- 2/21	74.97	
			66192	MCI MEGA PREFERRED	5035	POMC10...	CALCO 1/19 ACT# 08615304863 LONG DISTANCE SVC	52.81	
								198.78	0.00
MISCELLANEOUS	Total 280								
MUSEUM	150	GENERAL OFFICE SUPPLIES	53020	COX VICKI	EM...	PO704	MUSEUM 1/29 REIMB-STAMPS	29.20	
MUSEUM	Total 150							29.20	0.00
NO DEPARTMENT	999	DUE TO JP COLLECTIONS ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	296389	JP3 12/10 COLLECTION FEES	195.90	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	297950	JP5 1/17 COLLECTION FEES	307.50	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	298220	JP3 1/23 COLLECTION FEES	484.50	

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NO DEPARTMENT	Total 999							1,311.72	0.00
OTHER FINANCING	520	GAIN/LOSS ON SALE OF ASSETS	90005	ANDERSON MACHINERY CO., INC.	13	VIC0469	RB1 1/28 TRADE IN VALUE OF 2016 DRUM ROLLER		20,000.00
OTHER FINANCING	Total 520							0.00	20,000.00
ROAD AND BRIDGE-PRECINCT #1	540	SIGNS	53590	GULF COAST HARDWARE LLC	63191	195816	RB1 1/23 SIGN HINGES	119.90	
			53590	GULF COAST HARDWARE LLC	63191	195817	RB1 1/23 SIGN HINGES	79.12	
			53590	GULF COAST HARDWARE LLC	63191	195819	RB1 1/23 HARDWARE	12.76	
		TOOLS	53595	GULF COAST HARDWARE LLC	63191	195817	RB1 1/23 BITS, DRIVER SET	47.98	
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63191	195626	RB1 1/16 GARDEN HOSE, PAINT MIXER	23.98	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4218755...	RB1 1/23 UNIFORMS	150.64	
		BLDG REPAIRS-PARKS	60370	GULF COAST HARDWARE LLC	63191	195601	RB1 1/16 INDIANOLA RR HEATER, POOL SALT	39.98	
			60370	GULF COAST HARDWARE LLC	63191	195634	RB1 1/16 MAG BEACH RR HEATER	29.99	
		GARBAGE COLLECTION	62659	REPUBLIC SERVICES #847	8897	0847001...	RB1 1/26 ACT# 3-0847-0010464 FEB 2025 TRASH SVC	640.84	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3612500...	RB1 1/19 ACT# 28733638169 CAMERA WIFI 12/20- 1/19	264.00	
			66192	AT&T MOBILITY	5209	3619203...	RB1 1/20 ACT# 287333689816 IPAD WIFI 1/21- 2/20	71.52	
			66192	AT&T MOBILITY	5209	3619209...	RB1 1/15 ACT# 287343529199 PHONE 12/16- 1/15	41.88	

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ROAD AND BRIDGE-PRECINCT #1	Total 540	UTILITIES	66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB1 1/27 ACT# 981270-020 ELEC 12/17- 1/17	266.83	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB1 1/27 ACT# 981270-029 ELEC 12/19- 1/17	102.17	
		UTILITIES-PARKS	66614	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB1 1/27 ACT# 981270-016 ELEC 12/17- 1/17	86.58	
			66614	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB1 1/27 ACT# 981270-025 ELEC 12/17- 1/17	92.90	
			66614	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB1 1/27 ACT# 981270-028 ELEC 12/17- 1/17	38.30	
		IMPROVEMENTS-LITTLE LEAGUE PARK	73347	GUERRERO CONSTRUCTION	85901	0000001.1	CAP PROJ 1/28 LITTLE LEAGUE PK NEW DUGOUTS	9,450.00	
		MACHINERY AND EQUIPMENT	73400	ANDERSON MACHINERY CO., INC.	13	VIC0469	RB1 1/28 PURCHASE 2019 DRUM ROLLER W/ TRADE IN	80,446.15	
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES	53210	POWER HARDWARE LLC	62260	A115316	RB2 1/14 HARDWARE	9.15	
			53210	GULF COAST HARDWARE LLC	63192	195840	RB2 1/23 HARDWARE	4.06	
		ROAD & BRIDGE SUPPLIES	53510	GULF COAST HARDWARE LLC	63192	195625	RB2 1/16 (50) BAGS BLACK TOP MIX	1,000.00	
		SIGNS	53590	CUSTOM PRODUCTS CORPORATION	98590	6721	RB2 1/23 (2) SIGNS	110.81	
		SUPPLIES-MISCELLANEOUS	53992	POWER HARDWARE LLC	62260	B75769	RB2 1/23 STRAP	3.90	
		MACHINERY/EQUIPMENT REPAIRS	63530	CROSSROADS TIRE SERVICE LLC	7059	4000830	RB2 1/17 FLAT REPAIR- BACKHOE	202.73	
			63530	CROSSROADS TIRE SERVICE LLC	7059	4000847	RB2 1/17 REPL O-RING- CASE LOADER	413.40	
			63530	CROSSROADS TIRE SERVICE LLC	7059	4000861	RB2 1/23 CREDIT ON SVC CALL-BACKHOE		50.42
			63530	CROSSROADS TIRE SERVICE LLC	7059	4000862	RB2 1/23 FLAT REPAIR	156.23	
		MISCELLANEOUS	63920	AZALIA BONUZ, TAX ASSESSOR	4042	1589002...	RB2 1/22 REGISTRATION	7.50	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #2	Total 550	OUTSIDE MAINTENANCE	64370	FIRESTONE OF PORT LAVACA LLC	5384	0088416	RB2 1/23 MNT/BAL (4) TIRES	1,567.88	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3612124...	RB2 1/19 ACT# 28734092329 PHONE 12/20- 1/19	268.07	
		UTILITIES	66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB2 1/27 ACT# 981270-007 ELEC 12/23- 1/27	10.97	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB2 1/27 ACT# 981270-010 ELEC 12/23- 1/27	10.97	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB2 1/27 ACT# 981270-017 ELEC 12/17- 1/17	241.86	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB2 1/27 ACT# 981270-027 ELEC 12/17- 1/17	66.96	
			66614	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB2 1/27 ACT# 981270-013 ELEC 12/17- 1/17	137.60	
		UTILITIES-PARKS	66614	VICTORIA ELECTRIC COOP, INC	8205	9812700...		137.60	
								4,212.09	50.42
ROAD AND BRIDGE-PRECINCT #3	560	MACHINERY PARTS/SUPPLIES	53210	REGIONAL STEEL PRODUCTS INC	6803	1134462	RB3 1/8 FLAT BAR, PIPE, METAL- TRAILER	1,186.72	
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301120...	RB3 1/22 FILTERS	96.70	
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301120...	RB3 1/22 REFUND ON CORE RETURN		10.00
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301120...	RB3 1/23 IGNITION COIL, FILTERS, MISC SUPP- U34	300.00	
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301120...	RB3 1/26 SENSOR, A/C CUT OFF SWITCH- U34	97.69	
		TOOLS	53595	GULF COAST HARDWARE LLC	63193	195317	RB3 1/7 SCREWDRIVER	4.99	
			53595	GULF COAST HARDWARE LLC	63193	195373	RB3 1/8 DRILL BITS	11.98	
			53640	CINTAS CORPORATION LOC. 083	958	4218601...	RB3 1/22 FRESHENER	9.48	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 1/8 COVERALLS	53.40	
			53992	GULF COAST HARDWARE LLC	63193	195317	RB3 1/7 PLUGS, GUIDE SETS, BATTERIES, SUPP	186.26	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit		
ROAD AND BRIDGE-PRECINCT #3	Total 560	UTILITIES-PARKS	53992	GULF COAST HARDWARE LLC	63193	195787	RB3 1/22 PROPANE, GLOVES, STORAGE BOX	79.95			
			53992	GULF COAST HARDWARE LLC	63193	920776	RB3 1/7 GEAR HEAD	88.99			
			53995	CINTAS CORPORATION LOC. 083	958	4218601...	RB3 1/22 UNIFORMS	144.30			
			62510	GREAT AMERICA FINANCIAL	2751	38407497	RB3 1/27 COPIER LEASE	69.00			
			66600	JACKSON ELECTRIC COOP, INC.	3802	3098001...	RB3 1/18 ACT# 3098001 ELEC 12/18- 1/18	190.91			
			66600	JACKSON ELECTRIC COOP, INC.	3802	3098002...	RB3 1/18 ACT# 3098002 ELEC 12/18- 1/18	227.19			
			66600	JACKSON ELECTRIC COOP, INC.	3802	3098005...	RB3 1/18 ACT# 3098005 ELEC 12/18- 1/18	135.09			
			66614	JACKSON ELECTRIC COOP, INC.	3802	3098003...	RB3 1/18 ACT# 3098003 ELEC 12/18- 1/18	38.75			
			66614	JACKSON ELECTRIC COOP, INC.	3802	3098004...	RB3 1/18 ACT# 3098004 ELEC 12/18- 1/18	25.00			
			66614	AT&T MOBILITY	5209	3619209...	RB3 1/19 ACT# 287336340847 CAMERA WIFI 12/20- 1/19	66.00			
ROAD AND BRIDGE-PRECINCT #4	570	GENERAL OFFICE SUPPLIES	53020	AMERICAN ASSOCIATION	631	PO5702...	RB4 1/27 NOTARY SUPP	35.90			
			53210	ATZENHOFFER CHEVROLET CO.INC.	22	156849C...	RB4 1/16 ARM, BOLT	24.15			
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301120...	RB4 1/22 FILTERS, BATTERY	183.76			
			53520	THE RENALT-THOMAS CORPORATION	3628	1338663	RB4 1/22 TIRE	98.00			
			53540	GASOLINE/OIL/DIESEL/GRE...	3638	8120625...	RB4 1/23 400G DIESEL, 900G UNLEADED	3,381.90			
			53540	TRI-WHOLESALE COMPANY, INC.	7637	9301120...	RB4 1/22 OIL	82.53			
			53540	TRI-WHOLESALE COMPANY, INC.	7637	9301120...	RB4 1/23 GREASE, ANTIFREEZE	448.58			
			Total 560								10.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
SIGNS			53590	ECONO SIGN & BARRICADE LLC	1825	10994050	RB4 1/10 SIGNS, SIGN POSTS	4,108.47	
SUPPLIES-MISCELLANEOUS			53992	FASTENAL COMPANY	2274	TXPOT2...	RB4 1/22 NUTS, BOLTS	20.02	
TELEPHONE SERVICES			66192	FRONTIER COMMUNICATIONS	2855	3617853...	RB4 1/25 ACT# 361-785-3141 - 010165-5 PHONE 1/25-2/24	235.73	
			66192	MCI MEGA PREFERRED	5035	POMC10...	CALCO 1/19 ACT# 08615304863 LONG DISTANCE SVC	0.40	
			66192	AT&T MOBILITY	5209	3619209...	RB4 1/19 ACT# 28736341558 CAMERA WIFI 12/20- 1/19	308.25	
UTILITIES			66600	PORT OCONNOR IMPROVEMENT	62370	7550020...	RB4 2/1 ACT# 7550020000 JAN 2025 WATER	93.20	
			66600	PORT OCONNOR IMPROVEMENT	62370	7550025...	RB4 2/1 ACT# 7550025300 JAN 2025 WATER	112.29	
			66600	PORT OCONNOR IMPROVEMENT	62370	7550084...	RB4 2/1 ACT# 7550084500 JAN 2025 WATER	58.98	
			66600	VICTORIA ELECTRIC COOP, INC	8205	4463680...	RB4 1/27 ACT# 44636806-001 ELEC 12/17- 1/17	38.97	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-001 ELEC 12/17- 1/17	231.85	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-005 ELEC 12/23- 1/27	21.72	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-006 ELEC 12/17- 1/17	111.19	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-009 ELEC 12/17- 1/17	109.77	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-011 ELEC 12/17- 1/17	55.38	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9812700...	RB4 1/27 ACT# 981270-012 ELEC 12/17- 1/17	62.91	
			66600	CITY OF SEADRIFT	862	125/0125	RB4 1/29 ACT# 125 SEA OFFICE WATER	56.60	

ROAD AND
BRIDGE-PRECINCT #4

Total 570

9,880.55 0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	CINTAS CORPORATION LOC. 083	958	4218755...	SO 1/23 SCRAPER MATS	83.37	
		LAW ENFORCEMENT SUPPLIES	53430	GULF COAST HARDWARE LLC	63195	195789	SO 1/22 LOCKS, HARDWARE	103.53	
			53430	SIRCHIE ACQUISITION	7206	0677112...	SO 1/13 (2) RIFLE BOXES, EVIDENCE BAGS	177.66	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0088396	SO 1/17 MNT/BAL. TIRES- OSG8	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0088402	SO 1/20 TIRE REPAIR- U6	25.00	
		AUTOMOTIVE REPAIRS	60360	KNEUPER CARROLL CROSSROADS TIRE SERVICE LLC	3678 7059	49604 4000855	SO 1/23 OIL CHG- U47 SO 1/23 DIAGNOSE BLOWN HEAD GASKET- U40	148.22 167.99	
			60360	COWAN COBY D	772	6378	SO 1/22 TOW- U40	208.00	
			60360	COWAN COBY D	772	6388	SO 1/23 TOW- U40	80.00	
		TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMC10...	CALCO 1/19 ACT# 08615304863 LONG DISTANCE SVC	16.51	
			66192	AT&T MOBILITY	5209	3612189...	SO 1/19 ACT# 287284474152 PHONE 12/20- 1/19	750.77	
SHERIFF	Total 760							1,785.05	0.00
WASTE MANAGEMENT	380	SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63192	195459	WASTE MGMT 1/11 FRONT GATE CHAIN	13.77	
		TELEPHONE SERVICES	66192	INFINIUM BROADBAND INTERNET	3378	98620	WASTE MGMT 1/29 ACT# ACC0002266 INTERNET 1/29- 2/28	59.00	
		UTILITIES	66600	VICTORIA ELECTRIC COOP, INC	8205	9814860...	WASTE MGMT 1/27 ACT# 981486-002 ELEC 12/17- 1/17	74.04	
			66600	VICTORIA ELECTRIC COOP, INC	8205	9814860...	WASTE MGMT 1/27 ACT# 981486-003 ELEC 12/17- 1/17	64.50	
WASTE MANAGEMENT	Total 380							211.31	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 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	OTHER SERVICES	64320	AARC ENVIRONMENTAL INC	1139	001115426	AIRPORT 1/15 1ST QTR 2025 SWPP INSPECTION	550.00	
			64320	AARC ENVIRONMENTAL INC	1139	001115685	AIRPORT 1/15 1ST QTR 2025 SPCC PLAN INSPECTION	1,350.00	
		UTILITIES	66600	REPUBLIC SERVICES #847	8897	0847001...	AIRPORT 1/26 ACT# 3-0847-0006197 FEB 2025 TRASH SVC	68.20	
NO DEPARTMENT	Total 999							1,968.20	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
 2697 - DONATIONS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SOUVENIR/GIFT ITEMS	53973	COX VICKI	EM...	PO704	MUSEUM 1/29 REIMB- BROCHURES	800.00	
NO DEPARTMENT	Total 999							800.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	PROGRAMS: SUMMER/AUTHOR VISITS	64970	CREATIVE PRODUCT SOURCE INC	223	CP11056...	LIBRARY 1/15 (200) COLORING BOOKS	472.90	
			64970	IMAGETUFF.COM dba SCHOOL LIFE	4526	2000947...	LIBRARY 1/23 (250) BRAG TAGS	72.10	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3612189...	OSG 1/19 ACT# 287284474152 PHONE 12/20- 1/19	690.00	
NO DEPARTMENT	Total 999							1,235.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	REPAIRS-P.O.C. COMMUNITY CENTER	65482	TWOMEY DWAYNE	77550	939783	POCCC 1/27 CUT, REPAIR SIDEWALKS, GUTTER	775.00	
		UTILITIES-POC COMMUNITY CENTER	66616	PORT O'CONNOR IMPROVEMENT	62370	7550084...	POCCC PAVILION 2/1 ACT# 7550084300 JAN 2025 WATER	181.02	
			66616	PORT O'CONNOR IMPROVEMENT	62370	7550084...	POCCC 2/1 ACT# 7550084400 JAN 2025 WATER	181.02	
			66616	VICTORIA ELECTRIC COOP, INC	8205	9812700...	POCCC 1/27 ACT# 981270-023 ELEC 12/17- 1/17	823.67	
NO DEPARTMENT	Total 999							1,960.71	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 2025 BUDGET
 5102 - C.PRI-AMERICAN RESCUE PLAN ACT OF 2021

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BUILDING-EMERGENCY COMMUNICATIONS	70654	G&W ENGINEERS, INC.	2601	5310020...	ARPA I/15 COMBINED DISPATCH- FINAL PMNT	150.00	
NO DEPARTMENT	Total 999							150.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.03.25 / 2025 BUDGET
7400 - ELECTION SERVICES CONTRACT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	42348252	ELEC I/11 PRINTER	419.00	
NO DEPARTMENT	Total 999							419.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 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 1/31 JAN 2025 TAX COLLECS	459.17	
			20749	CALHOUN CO. WATER CONTROL	895	PO20251...	TAX A/C 1/31 JAN 2025 TAX COLLECS	541.28	
NO DEPARTMENT	Total 999							1,000.45	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 02.05.25 / 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	TRAVEL	66450	LEILA LUIS	4701	PO7401...	JUV PROB 1/29 TRAVEL REIMB-CORPUS CHRISTI, TX 1/27-1/28	91.00	
NO DEPARTMENT	Total 999							91.00	0.00
Report Total								165,708.30	20,064.50

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---February 5, 2025

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 470,117.24
TOTAL TRANSFERS BETWEEN FUNDS	\$ 904,584.12
TOTAL NURSING HOME UPL EXPENSES	\$ 1,132,900.68
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 49,775.00
GRAND TOTAL DISBURSEMENTS APPROVED February 5, 2025	\$ 2,557,377.04

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---February 5, 2025

PAYABLES AND PAYROLL

1/30/2025 Weekly Payables	194,045.84
2/3/2025 McKesson-340B Prescription Expense	2,751.69
2/3/2025 Amerisource Bergen-340B Prescription Expense	345.95
2/3/2025 Amerisource Bergen-340B Prescription Expense	3,992.17
Prosperity Electronic Bank Payments	
2/3/2025 90 Degree Benefits - employee insurance claims	77,660.00
2/3/2025 90 Degree Benefits - employee insurance claims	104,751.98
2/3/2025 90 Degree Benefits - employee insurance claims	26,333.57
2/3/2025 HPHG - health insurance premium payment	59,961.33
2/3/2025 Pay Plus-Patient Claims Processing Fee	275.31

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **470,117.24**

TRANSFERS BETWEEN FUNDS-MMC

2/3/2025 Transfer from Prosperity Money Market to Operating Account	800,000.00

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

1/30/2025 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	80,080.12
1/30/2025 MMC Operating to Tuscan Village-Correction of insurance payment deposited into MMC operating in error	24,504.00

TOTAL TRANSFERS BETWEEN FUNDS \$ **904,584.12**

NURSING HOME UPL EXPENSES

2/3/2025 Nursing Home UPL-Cantex Transfer	705,444.01
2/3/2025 Nursing Home UPL-Nexion Transfer	9,124.39
2/3/2025 Nursing Home UPL-HMG Transfer	191.53
2/3/2025 Nursing Home UPL-Tuscan Transfer	263,928.62
2/3/2025 Nursing Home UPL-HSL Transfer	154,212.13

TOTAL NURSING HOME UPL EXPENSES \$ **1,132,900.68**

INTER-GOVERNMENT TRANSFERS

2/3/2025 UC IGT	49,775.00

TOTAL INTER-GOVERNMENT TRANSFERS \$ **49,775.00**

GRAND TOTAL DISBURSEMENTS APPROVED February 5, 2025 \$ **2,557,977.04**

JAN 30 2025

01/30/2025

12:52

DALLAS COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/13/2025

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ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13180 ✓ ADVANCED STERILIZATION PRODUCT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8020812529		01/29/202	01/21/202	01/29/202			362.94	0.00	0.00	362.94 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT	362.94	0.00	0.00	362.94

Vendor# Vendor Name

Class Pay Code

12232 ✓ ALCOR SCIENTIFIC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 198627		01/29/202	01/24/202	01/24/202			1,780.00	0.00	0.00	1,780.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12232	ALCOR SCIENTIFIC	1,780.00	0.00	0.00	1,780.00

Vendor# Vendor Name

Class Pay Code

14028 ✓ AMAZON CAPITAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 1GHHLHKCTMKD		01/14/202	01/14/202	02/13/202			67.96	0.00	0.00	67.96 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	67.96	0.00	0.00	67.96

Vendor# Vendor Name

Class Pay Code

10592 ✓ AMERICAN PROFICIENCY INSTITUTE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 715585		01/15/202	01/09/202	02/03/202			193.00	0.00	0.00	193.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10592	AMERICAN PROFICIENCY INSTITUTE	193.00	0.00	0.00	193.00

Vendor# Vendor Name

Class Pay Code

B1150 ✓ BAXTER HEALTHCARE

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 82952919		01/23/202	10/03/202	10/28/202			361.22	0.00	0.00	361.22 ✓

✓ 83296704		01/23/202	12/17/202	01/11/202			319.71	0.00	0.00	319.71 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	680.93	0.00	0.00	680.93

Vendor# Vendor Name

Class Pay Code

M2485 ✓ BAYER HEALTHCARE

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6011763394		01/23/202	01/02/202	01/23/202			585.16	0.00	0.00	585.16 ✓

✓ 6011769627		01/29/202	01/09/202	01/29/202			585.16	0.00	0.00	585.16 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE	1,170.32	0.00	0.00	1,170.32

Vendor# Vendor Name

Class Pay Code

B1220 ✓ BECKMAN COULTER INC

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111777429		01/08/202	01/03/202	01/28/202			3,841.86	0.00	0.00	3,841.86 ✓

✓ 111782319		01/15/202	01/07/202	02/01/202			1,495.20	0.00	0.00	1,495.20 ✓

✓	111787082	01/15/202 01/08/202 02/02/202	231.19	0.00	0.00	231.19	✓
✓	111785855	01/15/202 01/08/202 02/02/202	5,861.25	0.00	0.00	5,861.25	✓
✓	111790388	01/15/202 01/09/202 02/03/202	388.24	0.00	0.00	388.24	✓
✓	111792873	01/15/202 01/12/202 02/06/202	135.31	0.00	0.00	135.31	✓
✓	111793445	01/15/202 01/12/202 02/06/202	287.86	0.00	0.00	287.86	✓
✓	111799366	01/22/202 01/14/202 02/08/202	129.00	0.00	0.00	129.00	✓
✓	111802470	01/22/202 01/15/202 02/09/202	3,472.53	0.00	0.00	3,472.53	✓
✓	7376759	01/27/202 01/17/202 02/11/202	7,867.25	0.00	0.00	7,867.25	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	23,709.69	0.00	0.00	23,709.69

Vendor#	Vendor Name	Class	Pay Code
14680	✓ BLAIS MICROSCOPE COMPANY LLC		
Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ 84345		01/27/202	01/15/202 01/27/202

Gross	Discount	No-Pay	Net
970.00	0.00	0.00	970.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14680	BLAIS MICROSCOPE COMPANY LLC	970.00	0.00	0.00	970.00

Vendor#	Vendor Name	Class	Pay Code
B1650	✓ BOSART LOCK & KEY INC	M	
Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ 129297		01/22/202	01/14/202 02/13/202

Gross	Discount	No-Pay	Net
217.45	0.00	0.00	217.45

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	217.45	0.00	0.00	217.45

Vendor#	Vendor Name	Class	Pay Code
13968	✓ BROOKHOLLOW		
Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ B2829969		01/14/202	12/17/202 01/22/202

Gross	Discount	No-Pay	Net
195.59	0.00	0.00	195.59

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13968	BROOKHOLLOW	195.59	0.00	0.00	195.59

Vendor#	Vendor Name	Class	Pay Code
C1048	✓ CALHOUN COUNTY	W	
Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ 012425		01/27/202	01/24/202 02/05/202

Gross	Discount	No-Pay	Net
113.87	0.00	0.00	113.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	113.87	0.00	0.00	113.87

Vendor#	Vendor Name	Class	Pay Code
10541	✓ CARESFIELD		
Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ 2000288961		01/22/202	01/13/202 02/12/202

Gross	Discount	No-Pay	Net
250.00	0.00	0.00	250.00

Invoice#	Comment	Tran Dt	Inv Dt Due Dt Check Dt Pay
✓ 2000288962		01/22/202	01/14/202 02/13/202

Gross	Discount	No-Pay	Net
46.90	0.00	0.00	46.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10541	CARESFIELD	296.90	0.00	0.00	296.90

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
C1970	✓ CONMED CORPORATION	M		✓ 10819335		01/15/202	01/09/202	12/18/202			651.20	0.00	0.00	651.20 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1970	CONMED CORPORATION	651.20	0.00	0.00	651.20

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13932	✓ COVIDIEN SALES LLC			✓ 5873824202		01/15/202	12/31/202	01/08/202			496.50	0.00	0.00	496.50 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13932	COVIDIEN SALES LLC	496.50	0.00	0.00	496.50

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10368	✓ DEWITT POTH & SON			✓ 7802550		01/22/202	01/13/202	02/07/202			5.95	0.00	0.00	5.95 ✓

✓ 7801990		01/22/202	01/13/202	02/07/202		154.92	0.00	0.00	154.92 ✓

✓ 7802551		01/29/202	01/14/202	02/08/202		86.83	0.00	0.00	86.83 ✓

✓ 7806260		01/29/202	01/14/202	02/08/202		396.67	0.00	0.00	396.67 ✓

✓ 7807760		01/29/202	01/18/202	02/10/202		453.69	0.00	0.00	453.69 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,098.06	0.00	0.00	1,098.06

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13240	✓ ELSEVIER INC.			✓ R079497		01/10/202	01/09/202	02/08/202			3,144.73	0.00	0.00	3,144.73 ✓

Pharmacy Subscription 1/4/25 - 1/3/26

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13240	ELSEVIER INC.	3,144.73	0.00	0.00	3,144.73

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11284	✓ EMERGENCY STAFFING SOLUTIONS			✓ 43912		01/27/202	01/31/202	02/10/202			40,062.50	0.00	0.00	40,062.50 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
F1400	✓ FISHER HEALTHCARE	M		✓ 7685227		01/01/202	12/18/202	01/12/202			373.57	0.00	0.00	373.57 ✓

✓ 7808347		01/15/202	12/26/202	01/20/202		16,844.39	0.00	0.00	16,844.39 ✓

✓ 8022265		01/15/202	01/09/202	02/03/202		339.37	0.00	0.00	339.37 ✓

✓ 8122423		01/22/202	01/14/202	02/08/202		263.23	0.00	0.00	263.23 ✓

✓ 8122424		01/22/202	01/14/202	02/08/202		189.17	0.00	0.00	189.17 ✓

✓ 8159805	01/22/202 01/15/202 02/09/202	5,718.60	0.00	0.00	5,718.60 ✓
✓ 6836302	01/23/202 11/12/202 12/07/202	220.28	0.00	0.00	220.28 ✓
3906932	01/23/202 11/14/202 12/09/202	387.16	0.00	0.00	387.16
✓ 7084509	01/23/202 11/21/202 12/16/202	944.10	0.00	0.00	944.10 ✓
✓ 7221653	01/23/202 11/27/202 12/22/202	2,532.17	0.00	0.00	2,532.17 ✓

NO Sig. Approval - removed

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	27,812.04	0.00	0.00	27,812.04

Vendor#	Vendor Name			Class	Pay Code						
14156✓	FUJI FILM										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 91591220		01/27/202	01/25/202	01/27/202			7,908.33	0.00	0.00	7,908.33	✓
	022525-032425										

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14156	FUJI FILM	7,908.33	0.00	0.00	7,908.33

Vendor#	Vendor Name	Class	Pay Code							
11078	FUSION MEDICAL STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV790215		01/27/202	01/18/202	02/12/202			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							
G1210 ✓	GULF COAST PAPER COMPANY	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2596975		01/27/202	11/25/202	12/25/202			991.15	0.00	0.00	991.15 ✓

✓ 2610729		01/29/202	01/14/202	02/13/202			1,035.62	0.00	0.00	1,035.62 ✓
✓ 2610728		01/29/202	01/14/202	02/13/202			92.58	0.00	0.00	92.58 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY	2,119.35	0.00	0.00	2,119.35

Vendor#	Vendor Name	Class	Pay Code							
H1600 ✓	HOBART SALES & SERVICE	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 35986868		01/27/202	04/08/202	05/08/202			729.05	0.00	0.00	729.05 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
H1600	HOBART SALES & SERVICE	729.05	0.00	0.00	729.05

Vendor#	Vendor Name	Class	Pay Code							
15208 ✓	HOSPITAL CARE CONSULTANTS INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6754		01/27/202	01/31/202	02/10/202			23,663.00	0.00	0.00	23,663.00
Vendor Totals: Number										
Name										
Services Net - 90m										

Services Net - QDM

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code							
14976	INOVALON PROVIDER INC.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25M0000259		01/09/202	01/09/202	02/08/202			736.56	0.00	0.00	736.56

Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net
14976		INOVALON PROVIDER INC.	736.56		0.00	0.00	736.56
Vendor#	Vendor Name	Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC	M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
✓	2352800411		01/22/202	01/14/202	02/08/202		
			Gross	Discount	No-Pay	Net	
			252.00	0.00	0.00	252.00	✓
✓	2352949277		01/22/202	01/14/202	02/08/202		
			200.77	0.00	0.00	200.77	✓
✓	2353073286		01/22/202	01/15/202	02/09/202		
			31.27	0.00	0.00	31.27	✓
✓	2353073285		01/22/202	01/15/202	02/09/202		
			11.62	0.00	0.00	11.62	✓
✓	2353073289		01/22/202	01/15/202	02/09/202		
			4,970.01	0.00	0.00	4,970.01	✓
✓	2353073287		01/22/202	01/15/202	02/09/202		
			216.68	0.00	0.00	216.68	✓
✓	2353073286		01/22/202	01/15/202	02/09/202		
			5.14	0.00	0.00	5.14	✓
✓	2353202565		01/22/202	01/16/202	02/10/202		
			11.24	0.00	0.00	11.24	✓
✓	2353438196		01/22/202	01/17/202	02/11/202		
			7.08	0.00	0.00	7.08	✓
✓	2350846050		01/23/202	12/31/202	01/25/202		
			80.03	0.00	0.00	80.03	✓
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net
M2470		MEDLINE INDUSTRIES INC	5,785.84		0.00	0.00	5,785.84
Vendor#	Vendor Name	Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
✓	011025		01/27/202	11/25/202	01/27/202		
			Gross	Discount	No-Pay	Net	
			380.00	0.00	0.00	380.00	✓
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net
10963		MEMORIAL MEDICAL CLINIC	380.00		0.00	0.00	380.00
Vendor#	Vendor Name	Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
✓	0035419		01/27/202	01/15/202	01/25/202		
			Gross	Discount	No-Pay	Net	
			210.00	0.00	0.00	210.00	✓
✓	2927386		01/27/202	01/15/202	01/25/202		
			122.55	0.00	0.00	122.55	✓
✓	2924403		01/27/202	01/15/202	01/25/202		
			58.42	0.00	0.00	58.42	✓
✓	2924402		01/27/202	01/15/202	01/25/202		
			423.66	0.00	0.00	423.66	✓
✓	2927387		01/27/202	01/15/202	01/25/202		
			115.23	0.00	0.00	115.23	✓
✓	2930044		01/27/202	01/16/202	01/26/202		
			62.99	0.00	0.00	62.99	✓
✓	2932933		01/27/202	01/16/202	01/26/202		
			473.82	0.00	0.00	473.82	✓
✓	CM81253		01/27/202	01/16/202	01/26/202		
			-2,258.08	0.00	0.00	-2,258.08	✓
✓	2932747		01/27/202	01/16/202	02/10/202		
			0.29	0.00	0.00	0.29	✓
✓	2930045		01/27/202	01/16/202	02/10/202		
			24.54	0.00	0.00	24.54	✓

✓ 2932934	01/27/202 01/16/202 02/10/202	6,611.56	0.00	0.00	6,611.56	✓
✓ 2932746	01/27/202 01/16/202 02/10/202	56.69	0.00	0.00	56.69	✓
✓ 2939293	01/27/202 01/19/202 01/29/202	90.78	0.00	0.00	90.78	✓
✓ 2939292	01/27/202 01/19/202 02/10/202	29.18	0.00	0.00	29.18	✓
✓ 2940316	01/27/202 01/19/202 02/10/202	325.92	0.00	0.00	325.92	✓
✓ 2940317	01/27/202 01/19/202 02/10/202	514.93	0.00	0.00	514.93	✓
✓ 2952706	01/27/202 01/22/202 02/01/202	411.46	0.00	0.00	411.46	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10536	MORRIS & DICKSON CO, LLC	7,273.94	0.00	0.00	7,273.94

Vendor#	Vendor Name				Class	Pay Code					
M2659	✓ MXR IMAGING, INC				M						
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8801217771		01/15/202	01/08/202	02/07/202			442.14	0.00	0.00	442.14 ✓
✓	8801218960		01/29/202	01/14/202	02/13/202			181.30	0.00	0.00	181.30 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2659	MXR IMAGING, INC	623.44	0.00	0.00	623.44

Vendor#	Vendor Name			Class	Pay Code						
Q1416	✓ ORTHO CLINICAL DIAGNOSTICS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1853883139		01/15/202	01/09/202	02/08/202			283.38	0.00	0.00	283.38

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1416	ORTHO CLINICAL DIAGNOSTICS	283.38	0.00	0.00	283.38

Vendor#	Vendor Name										
11155	✓ PARAREV										
✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓ 2014027		01/27/202	01/01/202	01/31/202			3,084.00	0.00	0.00	3,084.00	✓
✓ 919557		01/27/202	09/01/202	10/01/202			3,084.00	0.00	0.00	3,084.00	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11155	PARAREV	6,168.00	0.00	0.00	6,168.00

Vendor#	Vendor Name										
12708 ✓	POC ELECTRIC, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	4271		01/27/202	01/24/202	02/01/202			209.71	0.00	0.00	209.71

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12708	POC ELECTRIC, LLC	209.71	0.00	0.00	209.71

Vendor#	Vendor Name										
11024	✓ REED, CLAYMON, MEEKER & HARGET										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	33040		01/27/202	01/21/202	01/28/202			10,950.00	0.00	0.00	10,950.00 ✓

33138		01/27/202	01/23/202	01/27/202			5,950.00	0.00	0.00	5,950.00

NOV-DEC

no sig. approval - removed

Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
11024		REED, CLAYMON, MEEKER & HARGET	16,900.00		0.00	0.00	16,900.00			
Vendor#	Vendor Name	Class	Pay Code							
14996	REMEDIS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31367		01/10/202	12/31/202	01/09/202			10,136.00	0.00	0.00	10,136.00
30849		01/15/202	12/04/202	01/03/202			4,000.00	0.00	0.00	4,000.00
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
14996		REMEDIS LLC	14,136.00		0.00	0.00	14,136.00			
Vendor#	Vendor Name	Class	Pay Code							
S0900	SAMS CLUB DIRECT	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
012025		01/29/202	01/20/202	01/29/202			114.58	0.00	0.00	114.58
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
S0900		SAMS CLUB DIRECT	114.58		0.00	0.00	114.58			
Vendor#	Vendor Name	Class	Pay Code							
10758	TEXAS SELECT STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0024896		01/27/202	01/23/202	01/24/202			3,614.00	0.00	0.00	3,614.00
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
10758		TEXAS SELECT STAFFING, LLC	3,614.00		0.00	0.00	3,614.00			
Vendor#	Vendor Name	Class	Pay Code							
13616	TRIOSE, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI205907		01/27/202	12/10/202	12/25/202			61.56	0.00	0.00	61.56
TRI206566		01/27/202	12/17/202	01/01/202			92.73	0.00	0.00	92.73
TRI207957		01/27/202	12/31/202	01/15/202			355.93	0.00	0.00	355.93
TRI208640		01/27/202	01/08/202	01/23/202			86.52	0.00	0.00	86.52
TRI209262		01/27/202	01/15/202	01/30/202			100.99	0.00	0.00	100.99
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
13616		TRIOSE, INC	697.73		0.00	0.00	697.73			
Vendor#	Vendor Name	Class	Pay Code							
15444	VANDERBILT HEALTH									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CIG0085373		01/27/202	01/01/202	01/31/202			450.00	0.00	0.00	450.00
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
15444		VANDERBILT HEALTH	450.00		0.00	0.00	450.00			
Vendor#	Vendor Name	Class	Pay Code							
V0552	VERATHON INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
81052521		01/22/202	01/18/202	02/10/202			464.30	0.00	0.00	464.30
Vendor Totals: Number		Name	Gross		Discount	No-Pay	Net			
V0552		VERATHON INC	464.30		0.00	0.00	464.30			
Vendor#	Vendor Name	Class	Pay Code							
I1110	WERFEN USA LLC									

Annual Fee Jan - March 2025

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓ 9111733966		01/22/202	01/15/202	02/09/202		1,571.67	0.00	0.00	1,571.67 ✓
✓ 9111736180		01/22/202	01/16/202	02/10/202		210.44	0.00	0.00	210.44 ✓
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
11110 WERFEN USA LLC						1,782.11	0.00	0.00	1,782.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	200,383.00	0.00	0.00	~~200,383.00~~

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JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

200,383.00 +
 387.16 - Pg. 4 FisherHealth Inv# 6906932 no sig.
 5,950.00 - Pg. 6 Reed, Clayman... Inv# 33138 no sig.
 194,045.84 =

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: 01/31/2025

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: 01/31/2025 Page: 002
Mail to: Comp: 8000

Customer: 632536
Date: 02/01/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 02/01/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 632536 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

Subtotals: 2,807.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 02/04/2025,
Pay This Amount:

2,751.69 USD

If Paid After 02/04/2025,
Pay this Amount:

2,807.85 USD

Due If Paid On Time: 2,751.69
USD
Disc lost if paid late: 56.16
Due If Paid Late: 2,807.85
USD

2,489.07 +
254.02 +
3.74 +
3.48 +
1.38 +
2,751.69 0

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FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 01/31/2025

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
FORT LAYACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 02/01/2025

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/01/2025 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 256342 WALMART 1098/MEM MED PHS											
01/27/2025	02/04/2025	7547479443	225184157	115Invoice	0.02	1.06		1.04	✓	7547479443	
01/28/2025	02/04/2025	7547798187	217107713	115Invoice	0.02	0.95		0.93	✓	7547798187	
01/28/2025	02/04/2025	7547798191	225394463	115Invoice	0.02	0.95		0.93	✓	7547798191	
01/28/2025	02/04/2025	7547798194	218833893	115Invoice	0.02	0.95		0.93	✓	7547798194	
01/29/2025	02/04/2025	7548073553	223063089	115Invoice	22.53	1,126.36		1,103.83	✓	7548073553	
01/31/2025	02/04/2025	7548582081	224761472	115Invoice	0.02	0.95		0.93	✓	7548582081	
01/31/2025	02/04/2025	7548582082	223662370	115Invoice	22.91	1,145.66		1,122.75	✓	7548582082	
01/31/2025	02/04/2025	7548582083	217107713	115Invoice	5.26	262.99		257.73	✓	7548582083	

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: 2,539.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/27/2025 3,682.08

If Paid By 02/04/2025,
Pay This Amount:

2,489.07 USD

If Paid After 02/04/2025,
Pay this Amount:

2,539.87 USD

Due If Paid On Time:
USD

2,489.07

Disc lost if paid late:

50.80

Due If Paid Late:
USD

2,539.87

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FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 01/31/2025

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: 01/31/2025 Page: 001
Mail to: Comp: 8000

Customer: 820405
Date: 02/01/2025

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 02/01/2025 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											
01/27/2025	02/04/2025	7547199881	82501-055-188241	115Invoice		0.08		0.08		7547199881	
01/30/2025	02/04/2025	7548133826	82501-055-188741	115Invoice	5.18	259.12		253.94		7548133826	

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: 259.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/27/2025 3,682.08

If Paid By 02/04/2025,
Pay This Amount:

254.02 USD

If Paid After 02/04/2025,
Pay this Amount:

259.20 USD

Due If Paid On Time:
USD

254.02

Disc lost if paid late:

5.18

Due If Paid Late:
USD

259.20

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CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

As of: 01/31/2025

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

Company: 8000

CVS PHCY 8923/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: 835434
Date: 02/01/2025

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 02/01/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434	CVS PHCY 8923/MEM MC PHS										
01/29/2025	02/04/2025	7547882235	3844694	115Invoice	0.08	3.82		3.74		7547882235	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 3.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,449.41
01/13/2025

If Paid By 02/04/2025,
Pay This Amount:

3.74 USD

If Paid After 02/04/2025,
Pay this Amount:

3.82 USD

Due If Paid On Time:
USD

3.74

Disc lost if paid late:

0.08

Due If Paid Late:
USD

3.82

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FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 01/31/2025

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: 02/01/2025

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 02/01/2025 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437	CVS PHCY 7416/MEM MC PHS										
01/29/2025	02/04/2025	7548091455	3841775	115Invoice	0.07	3.55		3.48	✓	7548091455	

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:

3.55 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 02/04/2025,
Pay This Amount:

3.48 USD

If Paid After 02/04/2025,
Pay this Amount:

3.55 USD

Due If Paid On Time:
USD

3.48

Disc lost if paid late:

0.07

Due If Paid Late:
USD

3.55

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FEB 03 2025

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CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 01/31/2025

Page: 001

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALUSEK
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: 835438
Date: 02/01/2025

To ensure proper credit to your
account, detach and return this
stub with your remittance

As of: 01/31/2025 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 02/01/2025 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 835438	CVS PHCY 7475/MEM MC PHS										
01/29/2025	02/04/2025	7548087692	3843278	115Invoice	0.03	1.41		1.38	✓	7548087692	

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:

1.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,621.67
01/20/2025

If Paid By 02/04/2025,
Pay This Amount:

1.38 USD

If Paid After 02/04/2025,
Pay this Amount:

1.41 USD

Due If Paid On Time:
USD

1.38

Disc lost if paid late:

0.03

Due If Paid Late:
USD

1.41

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 69080850
Date: 01-31-2025

1 of 1

Served By: AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655Customer: WALGREENS #12494 3408
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509Remit 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:	345.95
Past Due:	0.00
Total Due:	345.95
Account Balance:	345.95

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-27-2025	02-07-2025	3203881838	7008776130	Invoice	4.98		0.00	4.98
01-27-2025	02-07-2025	3203881839	7008782675	Invoice	8.25		0.00	8.25
01-27-2025	02-07-2025	3203882020	7008792818	Invoice	166.41		0.00	166.41
01-27-2025	02-07-2025	3203882021	7008793822	Invoice	0.74		0.00	0.74
01-28-2025	02-07-2025	3204046402	7008798858	Invoice	85.49		0.00	85.49
01-29-2025	02-07-2025	3204196031	7008808786	Invoice	25.96		0.00	25.96
01-30-2025	02-07-2025	3204348394	7008817072	Invoice	6.66		0.00	6.66
01-30-2025	02-07-2025	363043126	7007809180	Invoice	(2.67)		0.00	(2.67)
01-30-2025	02-07-2025	363043127	7007809180	Invoice	3.46		0.00	3.46
01-31-2025	02-07-2025	3204502202	7008824718	Invoice	26.67		0.00	26.67

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
345.95	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
01-31-2025	(4,133.46)

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
02-07-2025	345.95
Total Due:	345.95



STATEMENT

Statement Number: 69098696
Date: 01-31-2025

1 of 1

Served By: AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer: WALGREENS CENTRAL FILL #21373 3408
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:	3,992.17
Past Due:	0.00
Total Due:	3,992.17
Account Balance:	3,992.17

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
01-27-2025	02-07-2025	3203847649	7008792270	Invoice	998.05		0.00	✓ 998.05
01-28-2025	02-07-2025	3204095404	7008808455	Invoice	1,993.36		0.00	✓ 1,993.36
01-29-2025	02-07-2025	3204249839	7008817488	Invoice	0.66		0.00	✓ 0.66
01-30-2025	02-07-2025	3204402667	7008824783	Invoice	5.15		0.00	✓ 5.15
01-31-2025	02-07-2025	3204552958	7008831317	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
3,992.17	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
02-07-2025	3,992.17
Total Due:	3,992.17

✓ 3,992.17

3099	76360	3	32	6	2024	269002189 0	10/11/2024	\$77,660.00	1	WOMAN'S HOSPITAL OF TEXAS	485	0	[REDACTED]	INLM	F	5/28/2024

\$77,660.00

[Handwritten signature]

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[illegible]

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

HPHG, LLC dba 90 Degree Benefits

Monthly Billing for 1/1/2025

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

SPEC AGG	174	\$57,498.64	Adjustments	39	(\$7,066.36)	Total Due
ADMIN FEES	174	\$7,221.00	Adjustments	29	(\$1,203.50)	\$50,432.28
PPO UR	174	\$3,373.86	Adjustments	29	(\$562.31)	\$6,017.50
CHIC MGMT FEE		\$700.00				\$2,811.55
						\$700.00

Balance Forward:		\$227.55
Payments:	-	\$227.55
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$68,793.50
Current Adjustments:	+	(\$8,832.17)
Total Amount Due:		\$59,961.33 ✓

18

Description	Medical
EE	105
ES	17
EF	11
EC	41
Mst Total	174

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Jan 27, 2025 - February 2, 2025**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSL "Handwritten" Check #</u>
1/31/2025	PAY PLUS ACHTrans 53834407 101000698834601 P	- 3rd Party Payor Fee	125.27	901543
1/31/2025	EXPERTPAY EXPERTPAY 746003411 91000017521184	- Child Support Payment	570.69 *	800570
1/31/2025	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	4,133.48 *	550558
1/31/2025	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	414,456.87 *	
1/30/2025	PAY PLUS ACHTrans 53662231 101000697598265 P	- 3rd Party Payor Fee	31.26	901544
1/29/2025	PAY PLUS ACHTrans 53520122 101000696037023 P	- 3rd Party Payor Fee	7.52	901545
1/29/2025	HPHG LLC MEMORIALME MemMedCtr Pilav 11312265	- Health Insurance Claim Payments	36,790.75 ***	800571
1/28/2025	PAY PLUS ACHTrans 53245890 101000694866069 P	- 3rd Party Payor Fee	83.33	901546
1/28/2025	MCKESSON DRUG AUTO ACH ACH06368437 910000123	- 340B Drug Program Expense	3,682.08 *	550559
1/27/2025	PAY PLUS ACHTrans 53103489 101000693465471 P	- 3rd Party Payor Fee	77.93	901547
			<u>439,909.18</u>	

Steve Brock, CFO
Memorial Medical Center

February 3, 2025

* Approved on 1.29.25 cc
** Approved on 1.22.25 cc

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
2/5/2025	- STATE COMTRLR TEXNET	- UC IGT	49,775.00
			<u>49,775.00</u>

Steve Brock, CFO
Memorial Medical Center

February 3, 2025

459,909.18 +
570.69 -
4,133.48 -
414,456.87 -
36,790.75 -
3,682.08 -
275.31 +
275.31 -
0.00 +

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

125.27 +
31.26 +
7.52 +
83.33 +
27.93 +
275.31 +



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$49,775.00
Bank Routing and Account Number	
Settlement Date	2/5/2025
Miscellaneous Amount	\$49,775.00
Entered By	Michelle Cumberland

Memorial Medical Center
Transfer Request

Amount: \$ 800,000.00

Date: 2/3/2025

From Account: Prosperity Money Market

APPROVED ON

To Account: Prosperity Operating Account

~~FEB 03 2025~~

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Explanation:

Transfer from Prosperity Money Market Account to Prosperity Operating Account

Requested by: Michelle Cumberland

Date: 2/3/2025

Authorized by: 

Date: 2/3/2025

RECEIVED BY THE
COUNTY AUDITOR ON

01/30/2025
10:44

JAN 30 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/14/2025

0
ap_open_invoice.template

Vendor# Vendor Name
11836 GOLDEN CREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 012325A		01/27/202	01/23/202	02/14/202			1,168.64	0.00	0.00	1,168.64 ✓
	ins. pmt. due into mmc opt in error									
✓ 012325B		01/27/202	01/23/202	02/14/202			10,554.75	0.00	0.00	10,554.75 ✓
✓ 012325		01/27/202	01/23/202	02/14/202			5,625.00	0.00	0.00	5,625.00 ✓
✓ 012425		01/27/202	01/24/202	02/14/202			62,731.73	0.00	0.00	62,731.73 ✓

Vendor Totals: Number Name

11836 GOLDEN CREEK HEALTHCARE

Gross	Discount	No-Pay	Net
80,080.12	0.00	0.00	80,080.12

Report Summary

Grand Totals:

APPROVED ON

Gross
80,080.12

Discount
0.00

No-Pay
0.00

Net
80,080.12

JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

01/30/2025
10:44

JAN 30 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 02/14/2025

0
ap_open_invoice.template

Vendor# Vendor Name
13004 CALHOUN COUNTY, TEXAS
TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 012425		01/27/202	01/25/202	02/14/202			9,595.00	0.00	0.00	9,595.00 ✓
✓ 012325	INS pmt. dup. into mmc opt in error	01/27/202	01/23/202	02/14/202			6,324.00	0.00	0.00	6,324.00 ✓
✓ 012325A		01/27/202	01/23/202	02/14/202			8,585.00	0.00	0.00	8,585.00 ✓

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
24,504.00	0.00	0.00	24,504.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,504.00	0.00	0.00	24,504.00

APPROVED ON

JAN 30 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantek Transfer
Prosperity Accounts
2/3/2025

Account Number	Previous Beginning Balance	Transfer Out	AGT Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
██████████	85,112.77	85,012.77	87,927.08		88,027.08	87,927.08
					Bank Balance Variance	
					Leave in Balance	100.00

Routine Information for Ashford Gargers

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

██████████	26,015.59	15,915.59	88,502.46		Adjust Balance/Transfer Amt	87,927.08	
					Bank Balance	88,502.46	88,502.46
					Bank Balance Variance	38,601.45	
					Leave in Balance	100.00	

██████████	64,545.76	64,455.76	342,243.54		Adjust Balance/Transfer Amt	88,502.46	
					Bank Balance	342,243.54	342,243.54
					Bank Balance Variance	342,143.54	
					Leave in Balance	100.00	

██████████	2,196.80		1,537.88		Adjust Balance/Transfer Amt	342,243.54	
					Bank Balance	4,324.76	4,324.76
					Bank Balance Variance	4,324.76	
					Leave in Balance	100.00	

██████████	18,558.78	13,458.78	232,646.17		Adjust Balance/Transfer Amt	4,324.76	
					Bank Balance	232,746.17	232,646.17
					Bank Balance Variance	232,746.17	
					Leave in Balance	100.00	

37,927.08 +
88,502.46 +
342,243.54 +
4,124.76 +
232,646.17 +
705,444.01

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 MMC deposited to open account

APPROVED ON
FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 232,646.17
TOTAL TRANSFERS 705,444.01
Approved: 
Steve Brock, CFO
2/3/2025

1/31/2025 Added to Account
1/30/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
1/30/2025 NOVITAS SOLUTION HCCLAIMPMT 675413 420000155
1/29/2025 WIRE OUT CANTER HEALTH CARE CENTERS III
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 NOVITAS SOLUTION HCCLAIMPMT 675413 420000162
1/27/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
							67.84
							411.84
85,012.77	497.76						497.76
	12,590.76						12,590.76
	19,403.81						19,403.81
	4,955.00						4,955.00
85,012.77	37,927.08						37,927.08

1/31/2025 Added to Account
1/31/2025 Deposit
1/30/2025 NOVITAS SOLUTION HCCLAIMPMT 675357 420000194
1/29/2025 WIRE OUT CANTER HEALTH CARE CENTERS III
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 NOVITAS SOLUTION HCCLAIMPMT 675357 420000194
1/27/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
1/27/2025 HUMANA CHA DISB HCCLAIMPMT 67167297 42000016

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
	54.20						54.20
	1,241.02						1,241.02
25,915.59	43,856.35						43,856.35
	9,075.71						9,075.71
	568.40						568.40
	21,161.76						21,161.76
	9,240.00						9,240.00
	1,305.00						1,305.00
25,915.59	82,502.46						82,502.46

1/31/2025 Added to Account
1/31/2025 382
1/31/2025 Deposit
1/31/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300
1/31/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000166
1/30/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/30/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300
1/30/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300
1/30/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000194
1/29/2025 WIRE OUT CANTER HEALTH CARE CENTERS III
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/29/2025 NOVITAS SOLUTION HCCLAIMPMT 676323 420000166
1/28/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
1/28/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/28/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300
1/28/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300
1/27/2025 HUMANA CHA DISB HCCLAIMPMT 67167297 42000016
1/27/2025 DEVOTED HEALTH P HCCLAIMPMT 23000027549300

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
5,924.30	140.77						140.77
	2,400.00						2,400.00
	6,750.00						6,750.00
	63,519.13						63,519.13
	61,692.31						61,692.31
	2,500.00						2,500.00
	9,600.00						9,600.00
	164,979.33						164,979.33
58,541.46							58,541.46
	128.74						128.74
	6,831.30						6,831.30
	999.70						999.70
	254.67						254.67
	838.00						838.00
	1,208.51						1,208.51
	6,300.00						6,300.00
	4,500.00						4,500.00
	2,225.00						2,225.00
	7,376.00						7,376.00
64,465.76	342,243.54						342,243.54

1/31/2025 Added to Account
1/28/2025 NOVITAS SOLUTION HCCLAIMPMT 675663 420000132

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
	11.62						11.62
	1,526.26						1,526.26
	1,537.88						1,537.88

1/31/2025 Added to Account
1/31/2025 1311
1/31/2025 Deposit
1/31/2025 MANAGEANDNET1718 MNS PMNT 00000000000093 41
1/31/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000155
1/30/2025 HNB - ECHO HCCLAIMPMT 746003411 440000265684
1/30/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000194
1/29/2025 WIRE OUT CANTER HEALTH CARE CENTERS III
1/29/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000161
1/28/2025 NOVITAS SOLUTION HCCLAIMPMT 676310 420000132

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
1,602.81	78.07						78.07
	27,899.29						27,899.29
	831.00						831.00
	21,431.04						21,431.04
	56,485.08						56,485.08
	47,130.25						47,130.25
11,855.97	67,278.06						67,278.06
	1,513.38						1,513.38
13,458.78	232,646.17						232,646.17
	702,837.13						702,837.13

TOTALS

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,587,080.03	\$1,501,845.11	\$1,587,080.03	\$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$38,027.08 ✓	\$51,464.47	\$38,027.08	\$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$88,602.46 ✓	\$98,996.42	\$88,602.46	\$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$342,343.54 ✓	\$400,043.51	\$342,343.54	\$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$232,746.17 ✓	\$242,700.57	\$232,746.17	\$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,224.76 ✓	\$4,224.76	\$4,224.76	\$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$9,383.36	\$15,607.73	\$9,383.36	\$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	\$5,502.88	\$5,502.88	\$5,502.88	\$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$291.53	\$291.53	\$291.53	\$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.77	\$110.77	\$110.77	\$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	\$264,197.42	\$264,197.42	\$264,197.42	\$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	\$154,312.13	\$154,312.13	\$154,312.13	\$154,312.13
*2998 MMC -MONEY MARKET FUND	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.73	\$39.73	\$39.73	\$39.73
Total Balance	\$3,790,648.43	\$3,803,123.60	\$3,790,648.43	\$3,790,648.43

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
2/3/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~Golden Creek~~		212,056.27	211,956.27	9,289.96		9,383.36	9,124.39
					Bank Balance Variance	9,383.36	
					Leave in Balance	100.00	
					January Interest	158.97	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

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 9,124.39

Approved: 83
Steve Brack, CFO

2/3/2025

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1/31/2025 Added to Account
 1/31/2025 Deposit
 1/31/2025 TSPS/TRANSFIRST CR CO DEP 543684552876927 43
 1/29/2025 WIRE OUT NERSON HEALTH d/b/a GOLDEN CREEK HC
 1/29/2025 GOLDEN CREEK HEALTH MERC DEP 8210356 9100001172

		MMAC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 Elapse	QIPP TT	
-	158.97	-	-	-	-	-	158.97
-	2,497.39	-	-	-	-	-	2,497.39
-	1,552.00	-	-	-	-	-	1,552.00
211,956.27	-	-	-	-	-	-	-
-	5,115.00	-	-	-	-	-	5,115.00
211,956.27	9,283.36	-	-	-	-	-	9,283.36

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,587,080.03	\$1,501,845.11	\$1,587,080.03	\$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$38,027.08	\$51,464.47	\$38,027.08	\$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$88,602.46	\$98,996.42	\$88,602.46	\$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$342,343.54	\$400,043.51	\$342,343.54	\$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$232,746.17	\$242,700.57	\$232,746.17	\$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,224.76	\$4,224.76	\$4,224.76	\$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$9,383.36 ✓	\$15,607.73	\$9,383.36	\$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	\$5,502.88	\$5,502.88	\$5,502.88	\$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$291.53	\$291.53	\$291.53	\$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.77	\$110.77	\$110.77	\$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	\$264,197.42	\$264,197.42	\$264,197.42	\$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	\$154,312.13	\$154,312.13	\$154,312.13	\$154,312.13
*2998 MMC -MONEY MARKET FUND	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.73	\$39.73	\$39.73	\$39.73
Total Balance	\$3,790,648.43	\$3,803,123.60	\$3,790,648.43	\$3,790,648.43

2/3/2025

Nursing Home
NAME _____ **ADDRESS** _____

Nursing Home
Oak Pointe Health Center / Madison, WI

TOTAL TRANSFERS

Approved:
Steven Brock, CFO

2/3/2025

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1/31/2025 Added to Account
 1/31/2025 HNB - ECHO HCCLAIMPMT 746003411 440000248915
 1/29/2025 WIRE OUT HMG Rockport SNF, LP - Commerical
 1/28/2025 HNB - ECHO HCCLAIMPMT 746003411 440000222925

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	2.39	-	-	-	-	-	2.39
-	36.33	-	-	-	-	-	36.33
2,572.32	-	-	-	-	-	-	-
-	152.81	-	-	-	-	-	152.81
2,572.32	191.53	-	-	-	-	-	191.53

1/31/2025 Added to Account

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	0.14	-	-	-	-	-	0.14
-	-	-	-	-	-	-	-
-	0.14	-	-	-	-	-	0.14
2,572.32	191.67	-	-	-	-	-	191.67

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL - OPERATING	\$1,587,080.03	\$1,501,845.11	\$1,587,080.03	\$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$38,027.08	\$51,464.47	\$38,027.08	\$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$88,602.46	\$98,996.42	\$88,602.46	\$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$342,343.54	\$400,043.51	\$342,343.54	\$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$232,746.17	\$242,700.57	\$232,746.17	\$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,224.76	\$4,224.76	\$4,224.76	\$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$9,383.36	\$15,607.73	\$9,383.36	\$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	\$5,502.88	\$5,502.88	\$5,502.88	\$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$291.53 ✓	\$291.53	\$291.53	\$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.77 ✓	\$110.77	\$110.77	\$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	\$264,197.42	\$264,197.42	\$264,197.42	\$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	\$154,312.13	\$154,312.13	\$154,312.13	\$154,312.13
*2998 MMC -MONEY MARKET FUND	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.73	\$39.73	\$39.73	\$39.73
Total Balance	\$3,790,648.43	\$3,803,123.60	\$3,790,648.43	\$3,790,648.43

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
2/3/2025

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home	496.32		263,741.10			264,237.42	263,928.62
					Bank Balance	264,197.42	
					Variance		
					Leave-in Balance	100.00	
					January Interest	169.80	

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 MHC deposited to open account.

Adjust Balance/Transfer Amt 263,928.62

Approved:
Steve Brack, CFO

2/3/2025

APPROVED ON

FEB 03 2025

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



1/31/2025 Added to Account
1/31/2025 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000166
1/31/2025 CENTENE CORP HCCCLAIMPMT 53101126377480
1/30/2025 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000194
1/30/2025 BCBS TEXAS HCCCLAIMPMT C25021E27935580 710001
1/29/2025 NDC SWEEP FAC 02330 \$1609880007061 SWEEP FR
1/29/2025 CENTENE CORP HCCCLAIMPMT 53101110315815
1/28/2025 Deposit
1/28/2025 Deposit
1/28/2025 HNB - ECHO HCCCLAIMPMT 746003411 440000223524
1/28/2025 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000132
1/28/2025 HUMANA CHA.DS8 HCCCLAIMPMT 67228976 42000010
1/28/2025 CENTENE CORP HCCCLAIMPMT 53101124998524
1/27/2025 HNB - ECHO HCCCLAIMPMT 746003411 440000268030
1/27/2025 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000185

		MMC PORTION					NH PORTION
Transfer Out	Transfer In	QPPP/Comp1	QPPP/Comp 2	QPPP/Comp3	QPPP/Comp4&Lapse	QPPP T1	
-	168.80	-	-	-	-	-	168.80
-	2,018.67	-	-	-	-	-	2,018.67
-	2.99	-	-	-	-	-	2.99
-	1,257.26	-	-	-	-	-	1,257.26
-	2,448.00	-	-	-	-	-	2,448.00
-	14,725.34	-	-	-	-	-	14,725.34
-	17.04	-	-	-	-	-	17.04
-	59,340.07	-	-	-	-	-	59,340.07
-	31,904.99	-	-	-	-	-	31,904.99
-	796.01	-	-	-	-	-	796.01
-	8,758.88	-	-	-	-	-	8,758.88
-	371.98	-	-	-	-	-	371.98
-	105,327.01	-	-	-	-	-	105,327.01
-	94.90	-	-	-	-	-	94.90
-	36,509.16	-	-	-	-	-	36,509.16
-	263,741.10	-	-	-	-	-	263,741.10

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,587,080.03	\$1,501,845.11	\$1,587,080.03	\$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$38,027.08	\$51,464.47	\$38,027.08	\$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$88,602.46	\$98,996.42	\$88,602.46	\$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$342,343.54	\$400,043.51	\$342,343.54	\$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$232,746.17	\$242,700.57	\$232,746.17	\$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,224.76	\$4,224.76	\$4,224.76	\$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$9,383.36	\$15,607.73	\$9,383.36	\$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	\$5,502.88	\$5,502.88	\$5,502.88	\$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$291.53	\$291.53	\$291.53	\$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.77	\$110.77	\$110.77	\$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	\$264,197.42	\$264,197.42	\$264,197.42	\$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	\$154,312.13	\$154,312.13	\$154,312.13	\$154,312.13
*2998 MMC -MONEY MARKET FUND	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.73	\$39.73	\$39.73	\$39.73
Total Balance	\$3,790,648.43	\$3,803,123.60	\$3,790,648.43	\$3,790,648.43

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
2/3/2025

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
		482,579.97	482,779.97	154,212.13			154,312.13	154,212.13
						Bank Balance Variance	154,312.13	
						Leave in Balance	100.00	

Adjust Balance/Transfer Amt 154,212.13

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 MAC deposited to open account.

Approved: 
Steve Brock, CFO 2/3/2015

APPROVED ON
FEB 03 2025
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1/31/2025 Added to Account
 1/31/2025 Deposit
 1/31/2025 Deposit
 1/31/2025 Deposit
 1/29/2025 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
 1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000268838
 1/29/2025 HNB - ECHO HCCLAIMPMT 746003411 440000268802
 1/28/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000161
 1/28/2025 Deposit
 1/28/2025 NOVITAS SOLUTION HCCLAIMPMT 676201 420000132
 1/27/2025 HNB - ECHO HCCLAIMPMT 746003411 4400002688080

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
-	370.54	-	-	-	-	-	370.54
-	7,527.11	-	-	-	-	-	7,527.11
-	38,376.96	-	-	-	-	-	38,376.96
-	13,013.95	-	-	-	-	-	13,013.95
482,779.97 ✓	-	-	-	-	-	-	-
-	46,486.14	-	-	-	-	-	46,486.14
-	1,452.51	-	-	-	-	-	1,452.51
-	11,315.17	-	-	-	-	-	11,315.17
-	2,652.00	-	-	-	-	-	2,652.00
-	32,027.85	-	-	-	-	-	32,027.85
-	989.90	-	-	-	-	-	989.90
482,779.97 ✓	154,212.13 ✓	-	-	-	-	-	154,212.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,587,080.03	\$1,501,845.11	\$1,587,080.03	\$1,587,080.03
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$38,027.08	\$51,464.47	\$38,027.08	\$38,027.08
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$88,602.46	\$98,996.42	\$88,602.46	\$88,602.46
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$342,343.54	\$400,043.51	\$342,343.54	\$342,343.54
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$232,746.17	\$242,700.57	\$232,746.17	\$232,746.17
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,224.76	\$4,224.76	\$4,224.76	\$4,224.76
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$9,383.36	\$15,607.73	\$9,383.36	\$9,383.36
*4551 CAL CO INDIGENT HEALTHCARE	\$5,502.88	\$5,502.88	\$5,502.88	\$5,502.88
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$291.53	\$291.53	\$291.53	\$291.53
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$110.77	\$110.77	\$110.77	\$110.77
*5506 MMC -NH BETHANY SENIOR LIVING	\$264,197.42	\$264,197.42	\$264,197.42	\$264,197.42
*3407 MMC -NH TUSCANY VILLAGE	\$154,312.13 ✓	\$154,312.13	\$154,312.13	\$154,312.13
*2998 MMC -MONEY MARKET FUND	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57	\$1,063,786.57
*7168 MEMORIAL MEDICAL CENTER - LOCKBOX MONEY MKT	\$39.73	\$39.73	\$39.73	\$39.73
Total Balance	\$3,790,648.43	\$3,803,123.60	\$3,790,648.43	\$3,790,648.43