July 10, 2024

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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

THE FOLLOWING MEMBERS WERE PRESENT:

	Richard Meyer	**County Judge**
	David Hall	**Commissioner Pct 1**
	Vern Lyssy	**Commissioner Pct 2**
	Joel Behrens	**Commissioner Pct 3**
	Gary Reese	**Commissioner Pct 4**
(ABSENT)	**Anna Goodman**	**County Clerk**
	By: Kaddie Smith	**Deputy Clerk**

The subject matter of such meeting is as follows:

1) Call meeting to order.

   Meeting was called to order at 10am by Judge Richard Meyer

2) Invocation.

   Commissioner David Hall

3) Pledges of Allegiance.

   US Flag: Commissioner Gary Reese
   Texas Flag: Commissioner Vern Lyssy

4) General Discussion of Public Matters and Public Participation.

   Joel Behrens thanked Bayside Beach Church for giving aid to residents in need.

5) Consider and take necessary action on re-appointments of Teddy Hawes and Louis (Buzzy) Dillon to the West Side Calhoun County Navigation District. (RHM)

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

6) Consider and take necessary action to accept anonymous donation to the Sheriffs Office to be deposited into the Motivation account (2697-001-49082-679) in the amount of $250.00. (RHM)

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

7) Consider and take necessary action to approve the contract with Lester Contracting, Inc. for Bid No. 2024.05 Seadrift Drainage Improvements Project for Calhoun County, Texas under Texas General Land Office Contract No. 22-085-014-D245 and authorize the County Judge to sign. (GDR)

Scott Mason explained the project.

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

8) Consider and take necessary action to approve the Asbestos Abatement Proposal with KMAC Construction Services, Inc. for $10,660.00 and any demolition and/or any Structural Removal for the Courthouse Parking lot Project. (RHM)

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

9) Consider and take necessary action remove the following items from Sheriff's Office Inventory. They were stolen out of unit while at training. (RHM)

A. APX8000 PORT ABLE RADIO SERIAL #579CXT6259 ASSET #565-0977
B. ASER GUN X26P SERIAL #XI200A8X4 ASSET #565-0850

*** For reference attached is a list of items stolen but not on inventory.

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

10) Consider and take necessary action to approve the May and June donation, surplus/salvage and waste lists for the Calhoun County Library. (RHM)

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

11) Accept Monthly Reports from the following County Offices:

i. Justice of the Peace, Pct 1 – June 2024
ii. Justice of the Peace, Pct 2 – June 2024
iii. Justice of the Peace, Pct 3 – June 2024
iv. Floodplain Administration – June 2024
v. District Clerk – June 2024
vi. Texas Agrilife Extension Service – May 2024
    a. 4-H and Youth Development
    b. Agriculture and Nature Resources
    c. Family and Community Health
    d. Coastal and Marine

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

12. Consider and take necessary action on any necessary budget adjustments. (RHM)

None

13. Approval of bills and payroll. (RHM)

MMC Bills

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

County Bills

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

CALHOUN COUNTY COMMISSIONERS' COURT
PACKET COMPLETION SHEET

✓ **All Agenda Items Properly Numbered**

✓ **Contracts Completed and Signed**

✓ **All 1295's Flagged for Acceptance**
(number of 1295's ____)

✓ **All Documents for Clerk Signature Flagged**
(All documents needing to be attested to need to be signed day of Commissioner's Court.)

On this 16th **day of** July **2024, the packet for the** 10th **day of** July **2024 Commissioners' Court 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

Richard H. Meyer
County Judge

David Hall, Commissioner, Precinct 1
Vern Lyssy, 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, July 10, 2024 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

FILED
AT 9:46 O'CLOCK A M
JUL 05 2024
ANNA M. GOODMAN
COUNTY CLERK CALHOUN COUNTY, TEXAS
BY: Karla Perez DEPUTY

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) Consider and take necessary action on re-appointments of Teddy Hawes and Louis (Buzzy) Dillon to the West Side Calhoun County Navigation District. (RHM)

6) Consider and take necessary action to accept anonymous donation to the Sheriffs Office to be deposited into the Motivation account (2697-001-49082-679) in the amount of $250.00. (RHM)

7) Consider and take necessary action to approve the contract with Lester Contracting, Inc. for Bid No. 2024.05 Seadrift Drainage Improvements Project for Calhoun County, Texas under Texas General Land Office Contract No. 22-085-014-D245 and authorize the County Judge to sign. (GDR)

8) Consider and take necessary action to approve the Asbestos Abatement Proposal with KMAC Construction Services, Inc. for $10,660.00 and any demolition and/or any Structural Removal for the Courthouse Parking lot Project. (RHM)

9) Consider and take necessary action remove the following items from Sheriff's Office Inventory. They were stolen out of unit while at training. (RHM)

   A. APX8000 PORT ABLE RADIO SERIAL #579CXT6259 ASSET #565-0977
   B. ASER GUN X26P SERIAL #XI200A8X4 ASSET #565-0850
   *** For reference attached is a list of items stolen, but not on inventory.***

10) Consider and take necessary action to approve the May and June donation, surplus/salvage and waste lists for the Calhoun County Library. (RHM)

11) Accept Monthly Reports from the following County Offices:

   i. Justice of the Peace, Pct 1 – June 2024
   ii. Justice of the Peace, Pct 2 – June 2024
   iii. Justice of the Peace, Pct 3 – June 2024
   iv. Floodplain Administration – June 2024
   v. District Clerk – June 2024
   vi. Texas Agrilife Extension Service – June 2024
      a. 4-H and Youth Development
      b. Agriculture and Nature Resources
      c. Family and Community Health
      d. Coastal and Marine

12. Consider and take necessary action on any necessary budget adjustments. (RHM)

13. Approval of bills and payroll. (RHM)

Richard H. Meyer, 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

July 10, 2024

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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

THE FOLLOWING MEMBERS WERE PRESENT:

	Richard Meyer	**County Judge**
	David Hall	**Commissioner Pct 1**
	Vern Lyssy	**Commissioner Pct 2**
	Joel Behrens	**Commissioner Pct 3**
	Gary Reese	**Commissioner Pct 4**
(ABSENT)	**Anna Goodman**	**County Clerk**
	By: Kaddie Smith	**Deputy Clerk**

The subject matter of such meeting is as follows:

1) Call meeting to order.

   Meeting was called to order at 10am by Judge Richard Meyer

2) Invocation.

   Commissioner David Hall

3) Pledges of Allegiance.

   US Flag: Commissioner Gary Reese
   Texas Flag: Commissioner Vern Lyssy

4) General Discussion of Public Matters and Public Participation.

   Joel Behrens thanked Bayside Beach Church for giving aid to residents in need.

05

5) Consider and take necessary action on re-appointments of Teddy Hawes and Louis (Buzzy) Dillon to the West Side Calhoun County Navigation District. (RHM)

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

Gary D. Reese

County Commissioner
County of Calhoun
Precinct 4

July 2, 2024

Honorable Richard Meyer
Calhoun County Judge
211 S. Ann
Port Lavaca, TX 77979

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for July 10, 2024.

- Consider and take necessary action on re-appointments of Teddy Hawes and Louis (Buzzy) Dillon to the West Side Calhoun County Navigation District.

Sincerely,

Gary D. Reese

GDR/at

P.O. Box 177 ~ Seadrift, Texas 77983 ~ email: gary.reese@calhouncotx.org ~ (361) 785-3141 ~ Fax (361) 785-5602

7-2-24

To: Commisioner Court

I Teddy Howes would like to be Reappointed to the Board of the West Side Calhoun County Navigation District

Thank You
Teddy Howes

From: [redacted]>
Sent: Tuesday, July 9, 2024 3:34 PM
To: gary.reese@calhouncotx.org
Subject: Commissioner

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.

Mr.Reese
I Louis Dillon would like to continue as a Commissioner on the Calhoun West
District Navigation Board.
Sent from my iPhone

Calhoun County Texas

06

6) Consider and take necessary action to accept anonymous donation to the Sheriffs Office to be deposited into the Motivation account (2697-001-49082-679) in the amount of $250.00. (RHM)

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

CALHOUN COUNTY, TEXAS
COUNTY SHERIFF'S OFFICE

211 SOUTH ANN STREET
PORT LAVACA, TEXAS 77979

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

MEMO TO: RICHARD MEYER, COUNTY JUDGE

SUBJECT: ACCEPT DONATION TO SHERIFF'S OFFICE

DATE: JULY 10, 2024

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

AGENDA FOR JULY 10, 2024

* Consider and take necessary action to accept anonymous donation to the Sheriff's Office to be deposited into the Motivation account (2697-001-49082-679) in the amount of $250.00.

Sincerely,

Bobbie Vickery
Calhoun County Sheriff

07

7) Consider and take necessary action to approve the contract with Lester Contracting, Inc. for Bid No. 2024.05 Seadrift Drainage Improvements Project for Calhoun County, Texas under Texas General Land Office Contract No. 22-085-014-D245 and authorize the County Judge to sign. (GDR)

Scott Mason explained the project.

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

Gary D. Reese

County Commissioner
County of Calhoun
Precinct 4

July 2, 2024

Honorable Richard Meyer
Calhoun County Judge
211 S. Ann
Port Lavaca, TX 77979

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for July 10, 2024.

- Consider and take necessary action to approve the contract with Lester Contracting, Inc. for Bid No. 2024.05 Seadrift Drainage Improvements Project for Calhoun County, Texas under Texas General Land Office Contract No. 22-085-014-D245 and authorize the County Judge to sign.

Sincerely,

Gary D. Reese

GDR/at

P.O. Box 177 ~ Seadrift, Texas 77983 ~ email: gary.reese@calhouncotx.org ~ (361) 785-3141 ~ Fax (361) 785-5602

ATTORNEY'S REVIEW CERTIFICATION

Bid No. 2024.05 – Seadrift Drainage Improvements Project – GLO Contract No. 22-085-014-D245 for Calhoun County, Texas

I, the undersigned, Sara M. Rodriguez, the duly authorized and acting legal representative of the **Calhoun County**, do hereby certify as follows:

I have examined the attached contract(s) and surety bonds and am of the opinion that each of the agreements may be duly executed by the proper parties, acting through their duly authorized representatives; that said representatives have full power and authority to execute said agreements on behalf of the respective parties; and that the agreements shall constitute valid and legally binding obligations upon the parties executing the same in accordance with terms, conditions and provisions thereof.

Attorney's signature: Sara M. Rodriguez Date: 7/9/2024

Print Attorney's Name: Sara M. Rodriguez

Texas State Bar Number: 24050998

Standard Form of Agreement for Construction Contracts

THIS AGREEMENT made this the **5th** day of **June, 2024**, by and between **LESTER CONTRACTING, INC.** *a corporation organized and existing under the laws of the State of Texas* hereinafter called the "*Contractor*", and **CALHOUN COUNTY, TEXAS** hereinafter called the "*County*."

WITNESSETH, that the Contractor and the County for the considerations stated herein mutually agree as follows:

ARTICLE 1. Statement of Work. The Contractor shall furnish all supervision, technical personnel, labor, materials, machinery, tools, equipment and services, including utility and transportation services, and perform and complete all work required for the construction of the Improvements embraced in the Project; namely **Bid No. 2024.05 – Seadrift Drainage Improvements Project – GLO Contract No. 22-085-014-D245 for Calhoun County, Texas** for the Community Development Block Grant – Mitigation (CDBG- DR) project, all in strict accordance with the contract documents including all addenda thereto, numbered **One (1)**, dated **April 25, 2024**, all as prepared by **G&W Engineers, Inc.** acting and in these contract documents preparation, referred to as the "*Engineer*".

ARTICLE 2. The Contract Price. The County will pay the Contractor for the performance of the Contract in current funds, for the total quantities of work performed at the *unit prices* stipulated in the Bid for the several respective items of work completed subject to additions and deductions in amount of **Six Million Ninety Six Thousand Five Hundred Thirty Eight Dollars and 50 Cents ($6,096,538.50)**.

ARTICLE 3. The Contract. The executed contract documents shall consist of the following components:

a. This Agreement
b. Addenda
c. Invitation for Bids
d. Instructions to Bidders
e. Signed Copy of Bid
f. General Conditions
g. Calhoun County Conditions
h. Special Conditions g.
i. Performance Bond
j. Payment Bond
k. Technical Specifications
l. Drawings
m. Other

ARTICLE 4. Performance. Work, in accordance with the Contract dated **June 5, 2024,** shall commence on or before as established in an official letter notification to the contractor called "Notice to Proceed" and Contractor shall complete the WORK within **650 consecutive calendar days** thereafter. The date of completion of all WORK is therefore established by the Notice to Proceed Letter

This Agreement, together with other documents enumerated in this ARTICLE 3, which said other documents are as fully a part of the Contract as if hereto attached or herein repeated, forms the Contract between the parties hereto. In the event that any provision in any component part of this Contract conflicts with any provision of any other component part, the provision of the component part first enumerated in this ARTICLE 3 shall govern, except as otherwise specifically stated.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in **4** original copies on the day and year first above written.

LESTER CONTRACTING, INC.
(Contractor)
By _____
Name/Title Ken Lester, Jr. President

CALHOUN COUNTY
(County)
By _____
Name/Title: Richard H. Meyer, County Judge

BID SCHEDULE

PROJECT NAME: **BID NO. 2024.05 – SEADRIFT DRAINAGE IMPROVEMENTS PROJECT**

DUE DATE: MAY 9, 2024 BEFORE 2:00:00 P.M.

BIDDER NAME: LESTER CONTRACTING, INC.

BASE WORK SCOPE: The project shall consist of ditch improvements including vegetation removal, regrading, reshaping and channel liner; removal and replacement of culverts; installation of storm sewer; bridge construction and roadway reconstruction associated with the drainage improvements in Seadrift, Texas.

Base Bid

Item #	TxDOT ITEM CODE	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
1	0104 6017	REMOVING CONC (DRIVEWAYS)	SY	44	75.00	3,300.00
2	0110 6001	EXCAVATION (ROADWAY)	CY	657	39.00	25,623.00
3	0110 6002	EXCAVATION (CHANNEL)	CY	242	170.00	41,140.00
4	0132 6005	EMBANKMENT (FINAL)(ORD COMP)(TY C)	CY	116	130.00	15,080.00
5	0132 6999	EMBANK (CHANNEL)(FINAL)(OC)(TY C)	CY	539	200.00	107,800.00
6	0162 6002	BLOCK SODDING	SY	1269	36.00	45,684.00
7	0164 6005	BROADCAST SEED (PERM)(URBAN)(SANDY)	SY	9905	.50	4,952.50
8	0247 6057	FL BS (CMP IN PLC)(TYE GR1-2)(FNAL POS)	CY	291	142.00	41,322.00
9	0260 6012	LIME (HYD, COM OR QK(SLURRY) OR QK(DRY)	TON	16	375.00	6,000.00
10	0260 6079	LIME TRT (SUBGRADE)(6")	SY	1365	10.00	13,650.00
11	0310 6027	PRIME COAT (MC-30 OR AE-P)	GAL	335	9.00	3,015.00
12	0316 6001	ASPH (MULTI OPTION)	GAL	447	13.00	5,811.00
13	0316 6246	AGGR (TY-PB GR-3 SAC-B)	CY	13	1,300.00	16,900.00
14	0400 6005	CEM STABIL BKFL	CY	1959	112.00	219,408.00
15	0400 6008	CUT & RESTOR ASPH PAVING	SY	2206	180.00	397,080.00
16	0409 6002	PRESTR CONC PIL(18 IN SQ)(HPC)	LF	576	342.00	196,992.00
17	0420 6014	CL C CONC(ABUT)(HPC)	CY	39.2	5,000.00	196,000.00
18	0422 6008	REINF CONC SLAB (SLAB BEAM)(HPC)	SF	2080	105.00	218,400.00
19	0425 6010	PRESTR CONC SLAB BEAM (5SB12)	LF	395	740.00	292,300.00
20	0432 6003	RIPRAP (CONC)(6IN)	CY	15	920.00	13,800.00
21	0432 6033	RIPRAP (STONE PROTECTION)(18IN)	CY	219	470.00	102,930.00
22	0450 6018	RAIL (TY T631)	LF	208	145.00	30,160.00
23	0460 6002	CMP (GAL STL 18 IN)	LF	15	160.00	2,400.00
24	0462 6005	CONC BOX CULV (4FTX4FT)	LF	52	600.00	31,200.00
25	0462 6007	CONC BOX CULV (5FTX3FT)	LF	166	660.00	109,560.00

Base Bid Continued						
Item #	TxDOT ITEM CODE	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
55	0540 6001	MTL W-BEAM GD FEN (TIM POST)	LF	92	120.00	11,040.00
56	0540 6016	DOWNSTREAM ANCHOR TERMINAL SECTION	EA	4	3,500.00	14,000.00
57	0544 6001	GUARDRAIL END TREATMENT (INSTALL)	EA	4	5,600.00	22,400.00
58	0644 6001	IN SM RD SN SUP&AMTY10BWG(1)(SA)(P)	EA	15	300.00	4,500.00
59	0644 6076	REMOVE SM RD SN SUP&AM	EA	15	150.00	2,250.00
60	0658 6073	INSTL OM ASSM (OM-2Y)(WC)GND(BI)	EA	8	350.00	2,800.00
61	0752 6004	TREE TRIMMING / BRUSH REMOVAL(CHANNELS)	AC	1.11	64,000.00	71,040.00
62	0752 9999	TREE AND BRUSH REMOVAL (CHANNEL)	AC	1.13	65,000.00	73,450.00
63	0760 6001	DITCH CLEANING AND RESHAPING (FOOT)	LF	5484	17.00	93,228.00
64	0999 6001	ENGINEERED TURF (HYDROTURFZ OR EQUIV)	SF	40675	14.00	569,450.00
65	0999 6002	MODIFY SEAWALL PANEL FOR OUTFALL	EA	4	10,000.00	40,000.00
66	3076 6043	D-GR HMA TY-D PG70-22 (LEVEL-UP)	TON	192	320.00	61,440.00
67	4122 6004	THERMO PIPE(18")(HDPE)(TY S)(CSB)	LF	644	120.00	77,280.00
68	4122 6005	THERMO PIPE(24")(HDPE)(TY S)(CSB)	LF	316	150.00	47,400.00
69	4122 6006	THERMO PIPE(36")(HDPE)(TY S)(CSB)	LF	49	220.00	10,780.00
70	4122 6021	THERMO PIPE(30")(HDPE)(TY S)(CSB)	LF	569	230.00	130,870.00
71	5048 6002	FLOATING TURBIDITY BARRIER(FUR & INST)	LF	90	90.00	8,100.00
72	5048 6003	FLOATING TURBIDITY BARRIER (REMOVE)	LF	90	22.00	1,980.00
73	7218 6013	PIPE ENCASEMENT (12" STL)	LF	32	210.00	6,720.00
					Total Base Bid (Base Bid +$60,000.00 Testing Allowance) =	6,096,538.50

ALTERNATE BID #1 (REPLACES ITEM 0999 6001 ENGINEERED TURF)						
Item #	TxDOT ITEM CODE	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
A01	0432 6002	RIPRAP (CONC)(5IN)	CY	619	550.00	340,450.00

OWNER'S OPTION A – 9TH ST LEFT DITCH CONCRETE LINER (additional work)						
Item #	TxDOT ITEM CODE	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
B01	B0432 6003	RIPRAP (CONC)(6IN)	CY	227	580.00	131,660.00
					OWNERS OPTION A + $4,000.00 Allowance =	135,660.00

GENERAL CONDITIONS - PART I
FOR CONSTRUCTION

1. Contract and Contract Documents

a. The project to be constructed pursuant to this contract will be financed with assistance from the General Land Office (GLO) through the Community Development Block Grant – Mitigation (CDBG-MIT) fund and is subject to all applicable Federal and State laws and regulations.

b. The Plans, Specifications and Addenda shall form part of this contract and the provisions thereof shall be binding upon the parties as if they were herein fully set forth.

2. Definitions

Whenever used in any of the Contract Documents, the following meanings shall be given to the terms here in defined:

(a) The term "Contract" means the Contract executed between **Calhoun County**, hereinafter called the "County" and **Lester Contracting, Inc.**, hereinafter called "Contractor", of which these GENERAL CONDITIONS, form a part.

(b) The term "Project Area" means the area within the specified Contract limits of the Improvements contemplated to be constructed in whole or in part under this contract.

(c) The term "Engineer" means (G & W Engineers, Inc.), Engineer in charge, serving the County with architectural or engineering services, his successor, or any other person or persons, employed by the County for the purpose of directing or having in charge the work embraced in this Contract.

(d) The term "Contract Documents" means and shall include the following: Executed Contract, Addenda (if any), Invitation for Bids, Instructions to Bidders, Signed Copy of Bid, General Conditions, Special Conditions, Technical Specifications, and Drawings (as listed in the Schedule of Drawings).

3. Supervision By Contractor

(a) Except where the Contractor is an individual and personally supervises the work, the Contractor shall provide a competent superintendent, satisfactory to the Engineer, on the work at all times during working hours with full authority to act as Contractor's agent. The Contractor shall also provide adequate staff for the proper coordination and expediting of his work.

(b) The Contractor shall be responsible for all work executed under the Contract. Contractor shall verify all figures and elevations before proceeding with the work and will be held responsible for any error resulting from his failure to do so.

4. Subcontracts

(a) The Contractor shall not execute an agreement with any subcontractor or permit any subcontractor to perform any work included in this contract until Contractor has verified the subcontractor has been cleared (not suspended or debarred) to participate in federally funded contracts.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

CONTRACTOR'S CERTIFICATION

CONCERNING LABOR STANDARDS AND PREVAILING WAGE REQUIREMENTS

TO (appropriate recipient)	DATE
Calhoun County, TX	04/24/24
	PROJECT NUMBER (if any) GLO # 22-085-014-D245
C/O	PROJECT NAME Seadrift Drainage Improvements Project

1. The undersigned, having executed a contract with Calhoun County, TX _____ for the construction of the above-identified project, acknowledges that:

   (a) The Labor Standards provisions are included in the aforesaid contract,

   (b) Correction of any infractions of the aforesaid conditions, including infractions by any subcontractors and any lower tier subcontractors, is Contractor's responsibility.

2. Certifies that:

   (a) Neither Contractor nor any firm, partnership or association in which it has substantial interest is designated as an ineligible contractor by the Comptroller General of the United States pursuant to Section 5.6(b) of the Regulations of the Secretary of Labor, Part 5 (29 CFR, Part 5) or pursuant to Section 3(a) of the Davis-Bacon Act, as amended.

   (b) No part of the aforementioned contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation, partnership or association in which such subcontractor has a substantial interest is designated as an ineligible contractor pursuant to any of the aforementioned regulatory or statutory provisions.

3. Contractor agrees to obtain and forward to the aforementioned recipient within ten days after the execution of any subcontract, including those executed by subcontractors and any lower tier subcontractors, a Subcontractor's Certification Concerning Labor Standards and Prevailing Wage Requirements executed by the subcontractors.

4. Certifies that:

   (a) The legal name and the business address of the undersigned are:

Lester Contracting, Inc.
3077 Hwy 35 South
Port Lavaca, TX 77979

   (b) The undersigned is (choose one):

(1) A SINGLE PROPRIETORSHIP	(3) A CORPORATION ORGANIZED IN THE STATE OF Texas
(2) A PARTNERSHIP	(4) OTHER ORGANIZATION (Describe)

(c) The name, title and address of the owner, partners or officers of the undersigned are:

NAME	TITLE	ADDRESS
Ken Lester, Jr.	President	119 Egret Dr. Port Lavaca, TX 77979
Melissa Lester	Treasurer	119 Egret Dr. Port Lavaca, TX 77979
Trent Tagliabue	Vice President	411C Southwind #123 Port O' Connor, TX 77982
Kendra Boone	Secretary	478 Matson Rd. Port Lavaca, TX 77979

(d) The names and addresses of all other persons having a substantial interest in the undersigned, and the nature of the interest are:

NAME	ADDRESS	NATURE OF INTEREST

(e) The names, addresses and trade classifications of all other building construction contractors in which the undersigned has a substantial interest are:

NAME	ADDRESS	TRADE CLASSIFICATION

Lester Contracting, Inc.
(Contractor)

Date 06/24/2024

By

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2024-1179761

Date Filed:
06/24/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Lester Contracting, inc.
Port Lavaca, TX United States

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

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
GLO No. 22-085-014-D245
Bid No. 2024.05 - Seadrift Drainage Improvements Project GLO Contract No. 22-085-014-D245

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Lester, Jr., Ken	Port Lavaca, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Kendra Boone, and my date of birth is [redacted].

My address is [redacted].

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

Executed in Calhoun County, State of Texas, on the 24th day of June (month), 2024 (year).

Kendra Boone
Signature of authorized agent of contracting business entity
(Declarant)

SECTION 504 CERTIFICATION

POLICY OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

The Lester Contracting, Inc does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs or activities.

(Name) Kendra Boone

(Address) 3677 Hwy 35 South

PO A Lavaca TX 77979

City State Zip

Telephone Number (361) 552 - 3024 Voice

( ) _____ - _____ TDD

Kendra Boone has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8. dated June 2, 1988).

CHILD SUPPORT STATEMENT FOR NEGOTIATED CONTRACTS AND GRANTS

Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is eligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.

Section 231.006, Family Code, specifies that a child support obligor who is more than 30 days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services; or receive a state-funded grant or loan.

List below the name and ownership percentage of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of at least 25% of the business entity submitting the bid or application.

NAME	OWNERSHIP BY %
Ken Lester, Jr.	100%

A child support obligor or business entity ineligible to receive payments described above remains ineligible until all arrearage have been paid or the obligor is in compliance with a written repayment agreement or court order as to any existing delinquency.

The undersigned proposer certifies that he or she, is the proposing individual, or the sole proprietor of the proposing business, and is eligible under Section 231.006 of the Texas Family Code, to receive the payments of State funds which may be disbursed in connection with a contract arising from this solicitation, The undersigned each further acknowledges that a contract resulting from this solicitation may be terminated and payment may be withheld if the certification provided herein is found to be inaccurate.

Kenda Boone

Signature – Company Official

Lester Contracting, Inc.

Printed/Type Firm Name

Kenda Boone · Secretary

Printed/Typed Name and Title

10/24/2024

Date

DOCUMENT NO. 00417

TRENCH SAFETY SYSTEMS INDEMNITY AGREEMENT

OWNER: **Calhoun County**

CONTRACTOR: **Lester Contracting, Inc.**

ENGINEER: **G & W Engineers, Inc., Port Lavaca, Calhoun County, Texas**

PROJECT: **Bid No. 2024.05 – Seadrift Drainage Improvements Project – GLO Contract No. 22-085-014-D245 for Calhoun County, Texas**

CONTRACTOR has entered into a contract with OWNER for the construction of the Project. ENGINEER has designed the Project on behalf of OWNER, but has not designed any trench safety systems for the Project that may be required by applicable federal, state and/or local laws. CONTRACTOR, in its contract with OWNER, has agreed to prepare, and to conform all trenching work to plans for trench safety systems meeting the standards of applicable laws.

CONTRACTOR, as part of its consideration to OWNER for the contract for the construction of the Project, agrees that it will be solely responsible for compliance with its trench safety plans and with all applicable standards of federal, state and/or local laws relating to trench safety.

CONTRACTOR further agrees to hold harmless, indemnify, and defend OWNER and ENGINEER, and all officers, agents and employees of either OWNER or ENGINEER, from and against any and all claims, demands or causes of action of any nature, character or description in connection with the presence, or in any way arising out of, the use or construction of trenches or trench safety systems as part of the Project.

EXECUTED, this _____ day of _____, 20 _____.

Lester Contracting, Inc.

By: Kendra Boone

Officer's Name: Kendra Boone

Title of Officer: Secretary

(Contractor's Seal)

Calhoun County, Texas

By: Richard H. Meyer

Officer's Name: Richard H. Meyer

Title of Officer: Calhoun County Judge

G&W Engineers, Inc.

By: Scott Thomas, P.E.

For Engineer's Name: Marla Jasek, P.E.

Title of Engineer: Project Engineer

TEXAS STATUTORY PERFORMANCE BOND
(Public Works)

Bond No. 30184146

KNOW ALL MEN BY THESE PRESENTS:

THAT, Lester Contracting, Inc.

3677 Highway 35 South, Port Lavaca, Tx 77979 (hereinafter called the Principal), as principal, and

Continental Casualty Company, 151 N. Franklin St., Chicago, IL 60606,

a corporation organized and existing under the laws of the State of Illinois, licensed to do business in the State of Texas and admitted to write bonds, as surety, (hereinafter called the Surety), are held and firmly bound unto Calhoun County, Texas

(hereinafter called the Obligee), in the amount of Six Million, Ninety Six Thousand, Five Hundred Thirty Eight Dollars & 50/100 Dollars ($6,096,538.50) 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 contract with the Obligee, dated the 5th day of June, 2024, for Calhoun County-Seadrift Drainage Improvements Project GLO #22-085-014-D245

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 null and 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 and all liabilities on this bond shall be determined in accordance with the provisions, conditions and limitations 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 5th day of June, 2024.

Witness:

_____ (if Individual or Firm)

Attest:

Leticia Ballejo (if Corporation)

Leticia Ballejo Witness

_____ (Seal)

Lester Contracting, Inc. (Seal)

Ken Lester Jr. President Principal (Seal)

Continental Casualty Company Surety

By: Kristie Rodriguez

Kristie Rodriguez Attorney-in-Fact

Form F5558

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Gary Grissom, Laurie J Barnes, Ronda Brown, Denise Dugan, James Russell, Ana Rodriguez, Kristie Rodriguez, Shanna Wagner, Coy Sunderman, J D Steanson, Individually

of Austin, TX, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Laws and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 29th day of August, 2023.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

Larry Kasten — Vice President

State of South Dakota, County of Minnehaha, ss:

On this 29th day of August, 2023, before me personally came Larry Kasten to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

My Commission Expires March 2, 2026

M. Bent — Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Laws and Resolutions of the Board of Directors of the insurance companies printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 5th day of June, 2024.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

D. Johnson — Assistant Secretary

Form F6853-4-2023

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

Authorizing By-Laws and Resolutions

This Power of Attorney is signed by Larry Kasten, Vice President of each of the CNA Companies (as defined in the Power of Attorney), who has been authorized pursuant to the below Bylaws and Resolutions to execute power of attorneys on behalf of each of the CNA Companies.

ADOPTED BY THE BOARD OF DIRECTORS OF CONTINENTAL CASUALTY COMPANY:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company at a meeting held on May 12, 1995:

"RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

"Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

ADOPTED BY THE BOARD OF DIRECTORS OF NATIONAL FIRE INSURANCE COMPANY OF HARTFORD:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

"RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

"Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

ADOPTED BY THE BOARD OF DIRECTORS OF AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

"RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

"Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

TEXAS STATUTORY PAYMENT BOND
(Public Works)

Bond No. 30184146

KNOW ALL MEN BY THESE PRESENTS:

THAT, Lester Contracting, Inc.

3677 Highway 35 South, Port Lavaca, Tx 77979 (hereinafter called the Principal), as principal, and

Continental Casualty Company, 151 N. Franklin St., Chicago, IL 60606,

a corporation organized and existing under the laws of the State of Illinois, licensed to do business in the State of Texas and admitted to write bonds, as surety, (hereinafter called the Surety), are held and firmly bound unto Calhoun County, Texas

(hereinafter called the Obligee), in the amount of Six Million, Ninety Six Thousand, Five Hundred Thirty Eight Dollars & 50/100 Dollars ($6,096,538.50) 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 contract with the Obligee, dated the 5th day of June, 2024, for Calhoun County-Seadrift Drainange Improvements Project GLO # 22-085-014-D245

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 pay all claimants supplying labor and material to him or a subcontractor in the prosecution of the work provided for in said contract, then, this obligation shall be null and 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 and all liabilities on this bond shall be determined in accordance with the provisions, conditions and limitations 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 5th day of June, 2024.

Witness:

_____ (Seal)
(if Individual or Firm)

Attest:
Leticia Ballejo
Leticia Ballejo Witness (if Corporation)

_____ (Seal)
Lester Contracting, Inc.

_____ (Seal)
Ken Lester Jr. President Principal

_____ (Seal)
Continental Casualty Company Surety

By: Kristie Rodriguez
Kristie Rodriguez Attorney-in-Fact

Form F6137

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Gary Grissom, Laurie J Barnes, Ronda Brown, Denise Dugan, James Russell, Ana Rodriguez, Kristie Rodriguez, Shanna Wagner, Coy Sunderman, J D Steanson, Individually

of Austin, TX, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Laws and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 29th day of August, 2023.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

Larry Kasten — Vice President

State of South Dakota, County of Minnehaha, ss:

On this 29th day of August, 2023, before me personally came Larry Kasten to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

My Commission Expires March 2, 2026

M. Bent — Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Laws and Resolutions of the Board of Directors of the insurance companies printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 5th day of June, 2024.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

D. Johnson — Assistant Secretary

Form F6853-4-2023

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

Authorizing By-Laws and Resolutions

This Power of Attorney is signed by Larry Kasten, Vice President of each of the CNA Companies (as defined in the Power of Attorney), who has been authorized pursuant to the below Bylaws and Resolutions to execute power of attorneys on behalf of each of the CNA Companies.

ADOPTED BY THE BOARD OF DIRECTORS OF CONTINENTAL CASUALTY COMPANY:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company at a meeting held on May 12, 1995:

> "RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

> "Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and
>
> Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

> "RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

ADOPTED BY THE BOARD OF DIRECTORS OF NATIONAL FIRE INSURANCE COMPANY OF HARTFORD:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

> "RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

> "Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and
>
> Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

> "RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

ADOPTED BY THE BOARD OF DIRECTORS OF AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

> "RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

> "Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and
>
> Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

> "RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

Figure: 28 TAC §1.601(a)(3)

1 **IMPORTANT NOTICE**

To obtain information or make a complaint:

2 You may contact Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company at 312-822-5000.

3 You may call Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company's toll-free telephone number for information or to make a complaint at:

1-877-672-6115

4 You may also write to Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company at:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

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

1-800-252-3439

6 You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

7 **PREMIUM OR CLAIM DISPUTES:**
Should you have a dispute concerning your premium or about a claim you should contact Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8 **ATTACH THIS NOTICE TO YOUR POLICY:**
This notice is for information only and does not become a part or condition of the attached document.

Form F8277-6-2018

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company al 312-822-5000.

Usted puede llamar al numero de telefono gratis de Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company's para informacion o para someter una queja al:

1-877-672-6115

Usted tambien puede escribir a Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:
Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU PÓLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

State of Texas

Claim Notice Endorsement

To be attached to and form a part of Bond No. 30184146.

In accordance with Section 2253.021(f) of the Texas Government Code and Section 53.202(6) of the Texas Property Code any notice of claim to the named surety under this bond(s) should be sent to:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

Telephone: 1-877-672-6115

LESTCON-01 TXKRODRIGUEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2024

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
AssuredPartners Austin
1120 S Capital of Texas Hwy
Bldg 3, Suite 300
Austin, TX 78746

CONTACT NAME: Kristie Rodriguez
PHONE (A/C, No, Ext): (979) 475-1173 FAX (A/C, No):
E-MAIL ADDRESS: Kristie.Rodriguez@assuredpartners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : BITCO Insurance Companies	
INSURER B : Bitco General Insurance Corporation	
INSURER C : Texas Mutual Insurance Company	22945
INSURER D : Lloyds Of London Underwriters (AIIN# AA1120098)	
INSURER E :	
INSURER F :	

INSURED
Lester Contracting, Inc.
P.O. Box 986
Port Lavaca, TX 77979

COVERAGES **CERTIFICATE NUMBER:** **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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X	X	CLP3737767	12/31/2023	12/31/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Lmtd Wksite Poll $1M						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO	X	X	CAP3737749	12/31/2023	12/31/2024	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	CUP3737768	12/31/2023	12/31/2024	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A	X	TSF0001298772	12/31/2023	12/31/2024	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Leased/Rented			CLP3737767	12/31/2023	12/31/2024	Per Item	690,000
D	Prof/Poll Liab			ANE4946824.23	12/31/2023	12/31/2024	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Calhoun County-Seadrift Drainage Improvements Project GLO # 22-085-014-D245
All policies (except for workers compensation/employers liability) include Calhoun County as an additional insured for all insurance requirements, by policy endorsement, along with County's employees and owner's engineer (G&W Engineers, Inc. as additional insured.

CERTIFICATE HOLDER
Calhoun County, Texas
211 South Ann St
Port Lavaca, TX 77979

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
Brady KGo

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXTENDED LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the provisions listed below apply only upon the entry of an [X] in the box next to the caption of such provision.

A. [X] Broad Form Named Insured
B. [X] Bodily Injury Extension
C. [X] Employee As Insureds - Health Care Services
D. [X] Non-Owned Watercraft Liability
E. [X] Liberalization
F. [X] Chartered Aircraft
G. [X] Coverage Territory Broadened
H. [X] Medical Payments - Increased Limits
I. [X] Expanded Expected or Intended Exception
J. [X] Property Perils Legal Liability
K. [X] Broadened Supplementary Payments

A. BROAD FORM NAMED INSURED

SECTION II - WHO IS AN INSURED , Paragraph **3** is deleted and replaced by the following:

3. Any organization you newly acquire or form, except for a partnership, joint venture or limited liability company, and over which you maintain majority ownership or interest (51% or more) or for which you have assumed the active management, 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 or the 12-month anniversary of the policy inception date, whichever is earlier;

b. **Coverage A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization;

c. **Coverage B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

B. BODILY INJURY EXTENSION

SECTION V - DEFINITIONS , Paragraph **3**, is deleted and replaced by the following:

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including mental anguish or death resulting from any of these, at any time. Mental anguish means any type of mental or emotional illness or disease.

C. EMPLOYEES AS INSUREDS - HEALTH CARE SERVICES

SECTION II - WHO IS AN INSURED , Item **2.a.(1)(d)** is deleted.

D. NON-OWNED WATERCRAFT LIABILITY

SECTION I - COVERAGES, COVERAGE A, 2. EXCLUSIONS , Item **g.(2)** is replaced with:

(2) A watercraft you do not own that is:

(a) Less than 51 feet long; and

(b) Not being used to carry persons or property for a charge.

E. LIBERALIZATION

SECTION IV - CONDITIONS , is amended to include:

10. Liberalization

If we adopt a change in our forms or rules which would broaden the coverage of this policy without an additional premium charge, the broader coverage will apply. This extension is effective upon the approval of such broader coverage in your state of domicile.

F. CHARTERED AIRCRAFT

SECTION I - COVERAGES , **Coverage A**, **Exclusions**, Item **2.g.(6)** is added:

(6) An aircraft in which you have no ownership interest and that you have chartered with crew.

G. COVERAGE TERRITORY BROADENED

SECTION V - DEFINITIONS , Item **4.a.** is replaced with:

a. The United States of America (including its territories and possessions), Canada, Bermuda, the Bahamas, the Cayman Islands, British Virgin Islands and Puerto Rico.

H. MEDICAL PAYMENTS - INCREASED LIMITS

Unless **COVERAGE C. - MEDICAL PAYMENTS** is excluded from this policy:

SECTION I - COVERAGES , **Coverage C**, **Insuring Agreement** , Item **c.** is added:

c. The medical expense limit provided by this policy shall be the greater of:

(1) $10,000; or

(2) The amount shown in the declarations.

I. EXPANDED EXPECTED or INTENDED EXCEPTION

SECTION I - COVERAGES , **2. Exclusions** Item **a.** is amended as follows:

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.

J. PROPERTY PERILS LEGAL LIABILITY

A. **SECTION I - COVERAGES, COVERAGE A, 2. Exclusions**, the last paragraph following exclusion **q.** is replaced with:

Exclusion **c.** through **n.**, do not apply to damage by fire, explosion, smoke, water damage, sprinkler leakage, or lightning to premises while rented to you or temporarily occupied by you with the permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III - LIMITS OF INSURANCE** .

B. **SECTION III - LIMITS OF INSURANCE** , Item **6.** is replaced with:

6. Subject to **5.** above, the Damage to Premises Rented to You Limit is the most we will pay under **Coverage A** for damages because of "property damage" to any one premises while rented to you, or in the case of damages by fire, explosion, smoke, water damage, sprinkler leakage or lightning, while rented to you or temporarily occupied by you with the permission of the owner, arising out of any one fire, explosion, smoke, water damage, sprinkler leakage or lightning incident.

The Damage to Premises Rented to You Limit provided by this policy shall be the greater of:

1. $300,000 or

2. The amount shown in the declarations.

C. **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Item **4.b.(1)(a)(ii)** is replaced with:

(ii) That is fire, explosion, smoke, water damage, sprinkler leakage or lightning insurance for premises while rented to you or temporarily occupied by you with the permission of the owner.

D. **SECTION V - DEFINITIONS** , Item **9.a.** is replaced with:

a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, explosion, smoke, water damage, sprinkler leakage or lightning to premises while rented to you or temporarily occupied by you with the permission of the owner is not an "insured contract."

K. BROADENED SUPPLEMENTARY PAYMENTS

SECTION I - COVERAGES, SUPPLEMENTARY PAYMENTS - Coverages A and **B**, Item **1.b.** and **1.d.** are replaced with:

1.b. The 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.

1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to $500 a day because of time off from work.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LAND IMPROVEMENT CONTRACTORS EXTENDED LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is agreed that the provisions listed below apply only upon the entry of an [X] in the box next to the caption of such provision.

A. [X] Partnership and Joint Venture Extension

B. [X] Contractors Automatic Additional Insured Coverage – Ongoing Operations

C. [X] Automatic Waiver of Subrogation

D. [X] Extended Notice of Cancellation, Nonrenewal

E. [X] Unintentional Failure to Disclose Hazards

F. [X] Broadened Mobile Equipment

G. [X] Personal and Advertising Injury - Contractual Coverage

H. [X] Nonemployment Discrimination

I. [X] Liquor Liability

J. [X] Broadened Conditions

K. [X] Automatic Additional Insureds – Equipment Leases

L. [X] Insured Contract Extension - Railroad Property and Construction Contracts

M. [X] Construction Project General Aggregate Limits

N. [X] Fellow Employee Coverage

O. [X] Care, Custody or Control

P. [X] Electronic Data Liability Coverage

Q. [X] Consolidated Insurance Program Residual Liability Coverage

R. [X] Automatic Additional Insureds – Managers or Lessors of Premises

S. [X] Automatic Additional Insureds – State or Governmental Agency or Political Subdivisions – Permits or Authorizations

T. [X] Contractors Automatic Additional Insured Coverage – Completed Operations

U. [X] Additional Insured – Engineers, Architects or Surveyors

A. PARTNERSHIP AND JOINT VENTURE EXTENSION

The following provision is added to **SECTION II - WHO IS AN INSURED** :

The last full paragraph which reads as follows:

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 is deleted and replaced with the following:

With respect to the conduct of any past or present joint venture or partnership not shown as a Named Insured in the Declarations and of which you are or were a partner or member, you are an insured, but only with respect to liability arising out of "your work" on behalf of any partnership or joint venture not shown as a Named Insured in the Declarations, provided no other similar liability insurance is available to you for "your work" in connection with your interest in such partnership or joint venture.

B. CONTRACTORS AUTOMATIC ADDITIONAL INSURED COVERAGE – ONGOING OPERATIONS

SECTION II – WHO IS AN INSURED is amended to include as an additional insured any person or organization who is required by written contract to be an additional insured on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the project(s) designated in the written contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

C. AUTOMATIC WAIVER OF SUBROGATION

Item **8.** of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, is deleted and replaced with the following:

8. Transfer of Rights of Recovery Against Others to Us and Automatic Waiver of Subrogation.

a. 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 those rights. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

b. If required by a written contract executed prior to loss, we waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of "your work" for that person or organization.

D. EXTENDED NOTICE OF CANCELLATION, NONRENEWAL

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

A.2.b. 60 days before the effective date of the cancellation if we cancel for any other reason.

Item **9.** of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, is deleted and replaced with the following:

9. WHEN WE DO NOT RENEW

a. If we choose to nonrenew this policy, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 60 days before the expiration date.

b. If we do not give notice of our intent to nonrenew as prescribed in **a.** above, it is agreed that you may extend the period of this policy for a maximum additional sixty (60) days from its scheduled expiration date. Where not otherwise prohibited by law, the existing terms, conditions and rates will remain in effect during that extension period. It is further agreed that so long as it is not otherwise prohibited by law, this one time sixty day extension is the sole remedy and liquidated damages available to the insured as a result of our failure to give the notice as prescribed in **9. a.** above.

E. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Although we relied on your representations as to existing and past hazards, if unintentionally you should fail to disclose all such hazards at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

F. BROADENED MOBILE EQUIPMENT

Item **12.b.** of **SECTION V - DEFINITIONS** , is deleted and replaced with the following:

12.b. Vehicles maintained for use solely on or next to premises, sites or locations you own, rent or occupy.

G. PERSONAL AND ADVERTISING INJURY - CONTRACTUAL COVERAGE

Exclusion 2.e. of **SECTION I, COVERAGE B** is deleted.

H. NONEMPLOYMENT DISCRIMINATION

Unless "personal and advertising injury" is excluded from this policy:

Item **14.** of **SECTION V - DEFINITIONS** , is amended to include:

"Personal and advertising injury" also means embarrassment or humiliation, mental or emotional distress, physical illness, physical impairment, loss of earning capacity or monetary loss, which is caused by "discrimination."

SECTION V - DEFINITIONS , is amended to include:

"Discrimination" means the unlawful treatment of individuals based on race, color, ethnic origin, age, gender or religion.

Item **2. Exclusions** of **SECTION I, COVERAGE B** , is amended to include:

"Personal and advertising injury" arising out of "discrimination" directly or indirectly related to the past employment, employment or prospective employment of any person or class of persons by any insured;

"Personal and advertising injury" arising out of "discrimination" by or at your, your agents or your "employees" direction or with your, your agents or your "employees" knowledge or consent;

"Personal and advertising injury" arising out of "discrimination" directly or indirectly related to the sale, rental, lease or sub-lease or prospective sale, rental, lease or sub-lease of any dwelling, permanent lodging or premises by or at the direction of any insured; or

Fines, penalties, specific performance or injunctions levied or imposed by a governmental entity, or governmental code, law, or statute because of "discrimination."

I. LIQUOR LIABILITY

Exclusion 2.c. of **SECTION I, COVERAGE A** , is deleted.

J. BROADENED CONDITIONS

Items **2.a.** and **2.b.** of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, are deleted and replaced with the following:

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit:

a. You must see to it that we are notified of an "occurrence" or an offense which may result in a claim as soon as practicable after the "occurrence" has been reported to you, one of your officers or an "employee" designated to give notice to us. 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.

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Record the specifics of the claim or "suit" and the date received as soon as you, one of your officers, or an "employee" designated to record such information is notified of it; and

(2) Notify us in writing as soon as practicable after you, one of your officers, your legal department or an "employee" you designate to give us such notice learns of the claims or "suit."

Item **2.e.** is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** :

2.e. If you report an "occurrence" to your workers compensation insurer which develops into a liability claim for which coverage is provided by the Coverage Form, failure to report such "occurrence" to us at the time of "occurrence" shall not be deemed in violation of paragraphs **2.a., 2.b.,** and **2.c.** However, you shall give written notice of this "occurrence" to us as soon as you are made aware of the fact that this "occurrence" may be a liability claim rather than a workers compensation claim.

K. AUTOMATIC ADDITIONAL INSUREDS - EQUIPMENT LEASES

SECTION II - WHO IS AN INSURED is amended to include any person or organization with whom you agree in a written equipment lease or rental agreement to name as an additional insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, at least in part, by your maintenance, operation, or use by you of the equipment leased to you by such person or organization, subject to the following additional exclusions.

The insurance provided to the additional insured does not apply to:

1. "Bodily injury" or "property damage" occurring after you cease leasing the equipment.

2. "Bodily injury" or "property damage" arising out of the sole negligence of the additional insured.

3. "Property damage" to:

   a. Property owned, used or occupied by or rented to the additional insured; or

   b. Property in the care, custody or control of the additional insured or over which the additional insured is for any purpose exercising physical control.

This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

L. INSURED CONTRACT EXTENSION - RAILROAD PROPERTY AND CONSTRUCTION CONTRACTS

Item **9.** of **SECTION V - DEFINITIONS** , is deleted and replaced with the following.

9. "Insured Contract" means:

   a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

   b. A sidetrack agreement;

   c. Any easement or license agreement;

   d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

   e. An elevator maintenance agreement;

   f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

      Paragraph **f.** does not include that part of any contract or agreement:

      (1) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:

         (a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

         (b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or

      (2) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in **(1)** above and supervisory, inspection, architectural or engineering activities.

M. CONSTRUCTION PROJECT GENERAL AGGREGATE LIMITS

This modifies **SECTION III - LIMITS OF INSURANCE.**

A. For all sums which can be attributed only to ongoing operations at a single construction project for which the insured becomes legally obligated to pay as damages caused by an "occurrence" under **SECTION I - COVERAGE A**, and for all medical expenses caused by accidents under **SECTION I - COVERAGE C**:

1. A separate Construction Project General Aggregate Limit applies to each construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

2. The Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard," and for medical expenses under **COVERAGE C** regardless of the number of:

   a. Insureds;

   b. Claims made or "suits" brought; or

   c. Persons or organizations making claims or bringing "suits."

3. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the Construction Project General Aggregate Limit for that construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Construction Project General Aggregate Limit for any other construction project.

4. The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Construction Project General Aggregate Limit.

B. For all sums which cannot be attributed only to ongoing operations at a single construction project for which the insured becomes legally obligated to pay as damages caused by an "occurrence" under **SECTION I - COVERAGE A**, and for all medical expenses caused by accidents under **SECTION I - COVERAGE C**:

1. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and

2. Such payments shall not reduce any Construction Project General Aggregate Limit.

C. Payments for damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard" will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Construction Project General Aggregate Limit.

D. If a construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.

E. The provisions of **SECTION III - LIMITS OF INSURANCE** not otherwise modified by this endorsement shall continue to be applicable.

N. FELLOW EMPLOYEE COVERAGE

Exclusion 2.e. Employers Liability of **SECTION I, COVERAGE A,** is deleted and replaced with the following:

2.e. "Bodily injury" to

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of paragraph **(1)** above.

This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and

(2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to:

(1) Liability assumed by the insured under an "insured contract"; or

(2) Liability arising from any action or omission of a co-"employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business.

Item **2.a. (1)(a)** of **SECTION II - WHO IS AN INSURED** , is deleted and replaced with the following:

2.a. (1)(a) To you, to your partners or members (if you are a partnership or joint venture) or to your members (if you are a limited liability company), or to your "volunteer workers" while performing duties related to the conduct of your business.

O. CARE, CUSTODY OR CONTROL

Exclusion 2.j.4 of **SECTION I, COVERAGE A.** is deleted and replaced with the following:

2.j.4 Personal property in the care, custody or control of the insured. However, for personal property in the care, custody or control of you or your "employees," this exclusion applies only to that portion of any loss in excess of $25,000 per occurrence, subject to the following terms and conditions:

(a) The most that we will pay under this provision as an annual aggregate is $100,000, regardless of the number of occurrences.

(b) This provision does not apply to "employee" owned property or any property that is missing where there is not physical evidence to show what happened to the property.

(c) The aggregate limit for this coverage provision is part of the General Aggregate Limit and **SECTION III - LIMITS OF INSURANCE** is changed accordingly.

(d) In the event of damage to or destruction of property covered by this exception, you shall, if requested by us, replace the property or furnish the labor and materials necessary for repairs thereto, at actual cost to you, exclusive of prospective profit or overhead charges of any nature.

(e) $2,500 shall be deducted from the total amount of all sums you became obligated to pay as damages on account of damage to or destruction of all property of each person or organization, including the loss of use of that property, as a result of each "occurrence." Our limit of liability under the endorsement as being applicable to each "occurrence" shall be reduced by the amount of the deductible indicated above; however, our aggregate limit of liability under this provision shall not be reduced by the amount of such deductible. The conditions of the policy, including those with respect to duties in the event of "occurrence," claims or "suit" apply irrespective of the application of the deductible amount. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

P. ELECTRONIC DATA LIABILITY COVERAGE

A. Exclusion **2.p.** of **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** in **SECTION I – COVERAGES** is replaced by the following:

2. Exclusions

This insurance does not apply to:

p. Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability

Damages arising out of:

(1) Any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information; or

(2) The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate "electronic data" that does not result from physical injury to tangible property

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph (1) or (2) above.

However, unless Paragraph (1) above applies, this exclusion does not apply to damages because of "bodily injury".

B. The following is added to Paragraph **2. EXCLUSIONS** of **SECTION I – COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY:**

2. Exclusions

This insurance does not apply to:

Access Or Disclosure Of Confidential Or Personal Information

"Personal and advertising injury" arising out of any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of any access to or disclosure of any person's or organization's confidential or personal information.

C. The following definition is added to **Section V – DEFINITIONS** :

"Electronic data" means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

D. For the purposes of this coverage, the definition of "property damage" in **SECTION V – DEFINITIONS** is replaced by the following:

"Property damage" means:

a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it;

b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it; or

c. Loss of, loss of use of, damage to, corruption of, inability to access, or inability to properly manipulate "electronic data", resulting from physical injury to tangible property. All such loss of "electronic data" shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, "electronic data" is not tangible property.

Q. CONSOLIDATED INSURANCE PROGRAM RESIDUAL LIABILITY COVERAGE

With respect to "bodily injury", "property damage", or 'personal and advertising injury" arising out of your ongoing operations; or operations included within the "products-completed operations hazard", the policy to which this coverage is attached shall apply as excess insurance over coverage available to "you" under a Consolidated Insurance Program (such as an Owner Controlled Insurance Program or Contractors Controlled Insurance Program).

Coverage afforded by this endorsement does not apply to any Consolidated Insurance Program involving a "residential project" or any deductible or insured retention, specified in the Consolidated Insurance Program.

The following is added to **Section V – Definitions**

"Residential project" means any project where 30% or more of the total square foot area of the structures on the project is used or is intended to be used for human residency. This includes but is not limited to single or multifamily housing, apartments, condominiums, townhouses, co-operatives or planned unit developments and appurtenant structures (including pools, hot tubs, detached garages, guest houses or any similar structures). A "residential project" does not include military owned housing, college/university owned housing or dormitories, long term care facilities, hotels, motels, hospitals or prisons.

All other terms, provisions, exclusions and limitations of this policy apply.

R. AUTOMATIC ADDITIONAL INSUREDS - MANAGERS OR LESSORS OR PREMISES

SECTION II – WHO IS AN INSURED is amended to include:

Any person or organization with whom you agree in a written contract or written agreement to name as an additional insured but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises, designated in the written contract or written agreement, that is leased to you and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.

2. Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured listed in the written contract or written agreement.

This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

S. AUTOMATIC ADDITIONAL INSUREDS – STATE OR GOVERNMENTAL AGENCY OR POLITICAL SUBDIVISIONS – PERMITS OR AUTHORIZATIONS

SECTION II – WHO IS AN INSURED is amended to include any state or governmental agency or subdivision or political subdivision with whom you are required by written contract, ordinance, law or building code to name as an additional insured subject to the following provisions:

This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

2. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

T. CONTRACTORS AUTOMATIC ADDITIONAL INSURED COVERAGE – COMPLETED OPERATIONS

SECTION II – WHO IS AN INSURED is amended to include as an additional insured any person or organization who is required by written contract to be an additional insured on your policy for completed operations, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the project designated in the contract, performed for that additional insured and included in the "products-completed operations hazard".

This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

U. ADDITIONAL INSURED – ENGINEERS, ARCHITECTS OR SURVEYORS

SECTION II – WHO IS AN INSURED is amended to include as an additional insured any architect, engineer or surveyor who is required by written contract to be an additional insured on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations performed by you or on your behalf.

This includes such architect, engineer or surveyor, who may not be engaged by you, but is contractually required to be added as an additional insured to your policy.

With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services, 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 insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designate the additional insured as a Named Insured in the Declarations and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section II – Who is An Insured is amended to include as an additional insured any person or organization who is required by written contract to be an additional insured on your policy for completed operations, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the project designated in the contract, performed for an additional insured and included in the "products-completed operations hazard".

If the written contract or an additional insured endorsement required by the written contract requires that the additional insured be provided with coverage for "bodily injury" or "property damage" caused solely by their own negligence, then **Section II – Who is An Insured** cited immediately above does not apply and is replaced by:

Section II – Who is An Insured is amended to include as an additional insured any person or organization required by the written contract to be an additional insured on your policy for completed operations, but only with respect to liability for "bodily injury" or "property damage" arising out of "your work" at the project designated in the contract, performed for an additional insured and included in the "products-completed operations hazard".

Regardless of which of the aforementioned **Section II – Who is An Insured** amendments is applicable to the additional insured, the insurance afforded to the additional insured:

1. will only apply if the written contract requiring additional insured coverage was signed into effect by you and an additional insured prior to any "bodily injury" or "property damage" occurring for which this coverage is sought; and

2. will only apply to the extent not prohibited by the law governing the project; and

3. will not apply to "property damage" in connection with a project where "your work" on the project was completed and where the duration of the additional insured coverage requirement in the written contract governing "your work" on that project had expired by the time that "property damage" first occurred; and

4. will not apply to "property damage" in connection with a project where "your work" on the project was completed and where the "property damage" occurred after the minimum time required for completed operations coverage in the written contract, if any, has expired.

The Limits of Insurance applicable to the additional insured under this endorsement are the minimum limits specified in the written contract requiring this coverage, or as stated in **Section III – Limits of Insurance** of the **Commercial General Liability Coverage Form**, whichever is less. These Limits of Insurance are inclusive of and not in addition to the Limits of Insurance described in **Section III** of that form.

This insurance is excess of all other insurance available to the additional insured, whether excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designates the additional insured as a Named Insured and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section II – Who is An Insured is amended to include as an additional insured any person or organization who is required by written contract to be an additional insured on your policy, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the project designated in the contract, performed for an additional insured and which occurred during your ongoing operations for that additional insured.

If the written contract or an additional insured endorsement required by the written contract requires that the additional insured be provided with coverage for "bodily injury" or "property damage" caused solely by their own negligence, then **Section II – Who is An Insured** cited immediately above does not apply and is replaced by:

Section II – Who is An Insured is amended to include as an additional insured any person or organization required by the written contract to be an additional insured on your policy, but only with respect to liability for "bodily injury" or "property damage" arising out of "your work" at the project designated in the contract, performed for an additional insured and which occurred during your ongoing operations for that additional insured.

Regardless of which of the aforementioned **Section II – Who is An Insured** amendments is applicable to the additional insured, the insurance afforded to the additional insured:

1. will only apply if the written contract requiring additional insured coverage was signed into effect by you and an additional insured prior to any "bodily injury" or "property damage" occurring for which this coverage is sought; and

2. will only apply to the extent not prohibited by the law governing the project; and

3. will not apply to "bodily injury" or "property damage" occurring after:

   a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

   b. That portion of "your work" out of which the "bodily injury" or "property damage" arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

The Limits of Insurance applicable to the additional insured under this endorsement are the minimum limits specified in the written contract requiring this coverage, or as stated in **Section III – Limits of Insurance** of the **Commercial General Liability Coverage Form**, whichever is less. These Limits of Insurance are inclusive of and not in addition to the Limits of Insurance described in **Section III** of that form.

This insurance is excess of all other insurance available to the additional insured, whether excess, contingent or on any other basis, unless the written contract requires this insurance to be primary. In that event, this insurance will be primary relative to insurance policy(s) which designates the additional insured as a Named Insured and we will not require contribution from such insurance if the written contract also requires that this insurance be non-contributory. But with respect to all other insurance which the additional insured qualifies as an insured or additional insured, this insurance will be excess.

BITCO GENERAL INSURANCE CORPORATION
BITCO NATIONAL INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROADENED COVERAGE - AUTOMOBILES

The following modifies insurance provided under:

BUSINESS AUTO COVERAGE FORM

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

1 - Broad Form Named Insured
2 - Automatic Waiver of Subrogation
3 - Automatic Additional Insured
4 - Primary and Noncontributory - Other Insurance Condition
5 - Unintentional Failure to Disclose Hazards
6 - Extended Notice of Cancellation, Non-Renewal
7 - When We Do Not Renew
8 - Notice of Knowledge of Accident or Loss
9 - Employees as Insured
10 - Employee Hired Autos
11 - Bodily Injury Extension
12 - Hired Auto Physical Damage
13 - Enhanced Supplementary Payments
14 - Fellow Employee Coverage for Designated Positions
15 - Physical Damage – Transportation Expenses
16 - Rental Reimbursement Coverage
17 - Loan/Lease Gap Coverage
18 - Accidental Air Bag Discharge Coverage

1. BROAD FORM NAMED INSURED

SECTION II. A. 1. - WHO IS AN INSURED - Paragraph **d.** is added:

d. Any organization you newly acquire or form, except for a partnership, joint venture or limited liability company, and over which you maintain majority ownership or interest (51% or more) or for which you have assumed the active management, will qualify as a Named Insured if there is no other similar insurance available to that organization. However, coverage under this provision is only afforded until the end of the policy period or the 12-month anniversary of the policy inception date, whichever is earlier.

2. AUTOMATIC WAIVER OF SUBROGATION

Section IV – Business Auto Conditions, Paragraph A.5., Transfer of Rights of Recovery Against Others to Us, is deleted and replaced with the following:

a. 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 those rights. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

b. If required by a written contract executed prior to loss, we waive any right of recovery we may have against any person or organization because of payments we make for damages under this coverage form.

3. AUTOMATIC ADDITIONAL INSURED

SECTION II – WHO IS AN INSURED, Paragraph A.1, is amended to include as an "insured" any person or organization who is required by written contract or agreement to be an additional insured on your policy, but only with respect to liability arising out of operations performed by you or on your behalf for the additional insured.

4. PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

The following is added to the Other Insurance Condition in the Business Auto Coverage Form and the Other Insurance - Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and

2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

5. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

Although we relied on your representations as to existing and past hazards, if unintentionally you should fail to disclose all such hazards at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

6. EXTENDED NOTICE OF CANCELLATION, NON-RENEWAL

The **COMMON POLICY CONDITIONS** , Item **A.2.b.** is deleted and replaced with the following:

A.2.b. 60 days before the effective date of the cancellation if we cancel for any other reason.

7. WHEN WE DO NOT RENEW

SECTION IV – BUSINESS AUTO CONDITIONS , is amended to add Item **B.9.**:

a. If we choose to nonrenew this policy, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 60 days before the expiration date.

b. If we do not give notice of our intent to nonrenew as prescribed in **a.** above, it is agreed that you may extend the period of this policy for a maximum additional sixty (60) days from its scheduled expiration date. Where not otherwise prohibited by law, the existing terms, conditions and rates will remain in effect during that extension period. It is further agreed that so long as it is not otherwise prohibited by law, this one-time sixty-day extension is the sole remedy and liquidated damages available to the insured as a result of our failure to give the notice as prescribed in **9. a.** above.

8. NOTICE OF KNOWLEDGE OF ACCIDENT OR LOSS

SECTION IV - BUSINESS AUTO CONDITIONS , Item **A.2.a.** is deleted and replaced with the following:

2. Duties in the Event of Accident, Claim Suit or Loss:

a. You must see to it that we are notified of an "accident", "claim", "suit" or "loss" which may result in a claim as soon as practicable after the "occurrence" has been reported to you, a partner, a member, an officer, or an employee designated to give notice to us. 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.

9. EMPLOYEES AS INSURED

The following is added to the **Section II - Covered Autos Liability Coverage,** Paragraph **A.1. Who Is An Insured** provision:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

10. EMPLOYEE HIRED AUTOS

A. Changes In Covered Autos Liability Coverage

The following is added to the **Who Is An Insured** Provision:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

B. Changes In General Conditions

Paragraph **5.b.** of the **Other Insurance** Condition in the Business Auto Coverage Form and Paragraph **5.f.** of the **Other Insurance - Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are replaced by the following:

For Hired Auto Physical Damage Coverage, 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 "employee" under a contract in an "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".

11. BODILY INJURY EXTENSION

SECTION V - DEFINITIONS , Paragraph **C.** is deleted and replaced by the following:

C. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including mental anguish or death resulting from any of these, at any time. Mental anguish means any type of mental or emotional illness or disease.

12. HIRED AUTO PHYSICAL DAMAGE

SECTION III.A.4. - Coverage Extensions - Paragraph **c.** is added:

c. Hired Auto Physical Damage

If Comprehensive, Specified Causes of Loss or Collision coverage is provided under this policy, then Hired Auto Physical Damage is provided for that coverage part subject to the following:

(1) The most we will pay for any one "accident" or "loss" under this Hired Auto Physical Damage Coverage is the lesser of:

(a) The any one "Accident" or "Loss" amount of $100,000;

(b) The actual cash value; or

(c) Cost of repair.

Our obligation to pay for a loss in c.(1) above will be reduced by a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. The deductible will be waived for "loss" caused by fire or lightning.

(2) Subject to paragraph c.(1). above, we will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the declarations.

(3) When you are required by written contract to indemnify a lessor for actual financial loss because of loss of use of a hired "auto" resulting from a covered "accident" or "loss", we will cover that financial loss subject to the limit specified in paragraph c.(1).

13. ENHANCED SUPPLEMENTARY PAYMENTS

SECTION II.A.2.a. COVERAGE EXTENSIONS, Supplementary Payments **(2)** and **(4)** are replaced by the following:

(2) Up to $2,500 for the cost of bail bonds (including bonds for related traffic laws 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 $350 a day because of time off from work.

14. FELLOW EMPLOYEE COVERAGE FOR DESIGNATED POSITIONS

The **Fellow Employee Exclusion contained in Section II.B.5**. does not apply to the following positions or job titles: foreman, supervisor, manager, officer, partner or other senior level "employee". Coverage is excess over all other collectible insurance.

15. PHYSICAL DAMAGE - TRANSPORTATION EXPENSES

SECTION III.A.4.a. Transportation Expenses , is replaced by the following:

a. Transportation Expenses

We will pay up to $50 per day to a maximum of $1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Cause of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expirations, when the covered "auto" is returned to use or we pay for its "loss".

For autos provided with temporary transportation expense, the following physical damage coverage will apply:

(1) The most we will pay for any one "accident" or "loss" under the temporary transportation expense physical damage coverage is the lessor of:

(a) The any one "Accident" or "Loss" amount of $100,000;

(b) The actual cash value; or

(c) Cost of repair.

Our obligation to pay for a loss in a.(1) above will be reduced by a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. The deductible will be waived for "loss" caused by fire or lightning.

(2) Subject to paragraph a.(1). above, we will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the declarations.

(3) When you are required by written contract to indemnify a lessor for actual financial loss because of loss of use of a hired "auto" resulting from a covered "accident" or "loss", we will cover that financial loss subject to the limit specified in paragraph a.(1).

16. RENTAL REIMBURSEMENT COVERAGE

SECTION III.A.4. - Coverage Extensions - Paragraph **d.** is added.

d. If you carry Comprehensive, Specified Causes of Loss or Collision coverage for the damaged covered "auto" as provided under this policy, then Rental Reimbursement Coverage is provided for that coverage part subject to the following:

1. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" other than theft, to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.

2. We will only pay for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

(a) The number of days reasonably required to repair or replace the covered "auto"; or,

(b) 30 days.

(c) Our payment is limited to the lesser of the following amounts:

(1) Necessary and actual expenses incurred; or

(2) $50 per day.

17. LOAN/LEASE GAP COVERAGE

Physical Damage Coverage is amended by the addition of the following:

In the event of a total "loss" to a covered "auto", we will pay your additional legal obligation for any difference between the actual cash value of the "auto" at the time of the loss and the "outstanding balance" of the loan/lease, not to exceed $2,500 for any one vehicle or $25,000 annually in aggregate.

For the purposes of this endorsement, "outstanding balance" means the amount you owe on the loan/lease at the time of loss less any amounts representing taxes, overdue payments, penalties, interest or charges resulting from overdue payments, additional mileage charges, excess wear and tear charges or lease termination fees, costs for extended warranties, credit Life Insurance; Health, Accident or Disability Insurance purchased with the loan or lease; and carry-over balances from previous loans or leases.

18. ACCIDENTAL AIR BAG DISCHARGE COVERAGE

SECTION III.B.3.a - Exclusions . This exclusion does not apply to the accidental discharge of an air bag.

08

8) Consider and take necessary action to approve the Asbestos Abatement Proposal with KMAC Construction Services, Inc. for $10,660.00 and any demolition and/or any Structural Removal for the Courthouse Parking lot Project. (RHM)

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

KMAC

CONSTRUCTION SERVICES, INC.
9819 Ball Street
SAN ANTONIO TEXAS 78217
Office – 210-599-6528 – Fax – 210-599-2824

June 26, 2024

TO: Calhoun County
211 S. Ana St.
Port Lavaca, Texas 77979

RE: Asbestos Abatement
308 S. Ann St.

ASBESTOS ABATEMENT PROPOSAL

KMAC Construction Services, Inc, submits the following proposal for your review and consideration.

SCOPE OF WORK:

KMAC will provide labor, supplies, materials, equipment and standard insurance to accomplish the removal and disposal of asbestos containing 750 Sq. Ft. ceiling texture. Abatement will all be done using full containment under negative pressure, wet methods. A copy of the manifest will be provided to the owner at the completion of the project. All work will be performed following OSHA, EPA, TDH, Federal, State and local rules and regulations.

PRICING:
Our price for asbestos abatement is : **$ 10,660.00**

EXCLUSIONS: Air Monitoring and Consulting Fees
TDH Fees(Not Required)

DURATION : **5 Days**

TERMS: Due Upon Completion (C.O.D.)

If you have any questions regarding the above scope of work, please do not hesitate to contact me.

Sincerely,

Mark Mata
Project Manager / Estimator

Purchase Order #: _____
Please sign and return proposal if accepted: _____ 7-10-2024
Date

KMAC

CONSTRUCTION SERVICES, INC.
9819 Ball Street
SAN ANTONIO TEXAS 78217
Office – 210-599-6528 – Fax – 210-599-2824

June 26, 2024

TO: Calhoun County
211 S. Ana St.
Port Lavaca, Texas 77979

RE: Asbestos Abatement
308 S. Ann St.

ASBESTOS ABATEMENT PROPOSAL

KMAC Construction Services, Inc, submits the following proposal for your review and consideration.

SCOPE OF WORK:

KMAC will provide labor, supplies, materials, equipment and standard insurance to accomplish the removal and disposal of asbestos containing 750 Sq. Ft. ceiling texture. Abatement will all be done using full containment under negative pressure, wet methods. A copy of the manifest will be provided to the owner at the completion of the project. All work will be performed following OSHA, EPA, TDH, Federal, State and local rules and regulations.

PRICING:
Our price for asbestos abatement is : **$ 10,660.00**

EXCLUSIONS: Air Monitoring and Consulting Fees
TDH Fees(Not Required)

DURATION : **5 Days**

TERMS: Due Upon Completion (C.O.D.)

If you have any questions regarding the above scope of work, please do not hesitate to contact me.

Sincerely,

Mark Mata
Project Manager / Estimator

Purchase Order #: _____
Please sign and return proposal if accepted: _____ 7-10-2024
Date

KMAC Construction Services, Inc.
9819 Ball Street, San Antonio, Texas 78217

July 2, 2024

Calhoun Co.

Demolition
211 S. Ann Street
Port Lavaca, Tx 77979

PROPOSAL

KMAC will provide the labor, supplies, materials, equipment, and our standard insurance to accomplish the Scope as noted below and as outlined in our site visit and plans, at the above referenced project. All work will be performed following OSHA, EPA, TDH, Federal, State, and Local regulations.

SPECIFIC REQUIREMENTS

This proposal is based on one **(1) mobilization**, working daytime hours and unrestricted access. Our standard **General Liability Insurance of $2,000,000.00**. No Excess Liability, No Umbrellas. EXCESS LIABILITY IS $1,350.00 PER $1,000,000.00 OF EXCESS COVERAGE PER COVERAGE YEAR. All materials removed become the property of KMAC unless otherwise specified in plans and specs. All retainage released no more than 60 days after completion of our services. See general exclusions on page 2 that may apply to this project unless otherwise notated within this proposal. Please note that, if accepted, this Proposal is to be executed by both parties and shall become an exhibit of the contract.

SCOPE OF WORK AND PRICING (*prices are guaranteed for **30 days** from the date of this letter)*

Demolition of existing structures (308 & 312 Ann St.) as indicated by Calhoun Co.
Haul off and disposal

***Cost for the above selective scope of work.....$18,500.00**

Alternates

KMAC Construction Services, Inc.
Estimating Department
9819 Ball Street
San Antonio, TX 78217
T-210.599.6528 **F**-210.599.2824

Bids@KMACsa.com

KMAC Construction Services, Inc.
9819 Ball Street, San Antonio, Texas 78217

EXCLUSIONS (unless otherwise specified)

1. Asbestos abatement
2. Backfill
3. Condition of items removed for salvage or stock after removal
4. Construction fence
5. Dust protection and/ or barricade walls
6. Equipment to dig up or remove pipe
7. Excess Liability
8. Float/ level floor for new work
9. Grout/ adhesives from floors and walls (prep for new work)
10. MEP disconnects, capping, and/ or reroutes
11. Overtime, weekends, and/ or holidays
12. Patch/ repair surface for new work
13. Payment and Performance Bonds
14. Permits and/ or any associated fees
15. Preparation of existing epoxy floor
16. Relocation of owner's salvage items (unless specified in proposal)
17. Removal/ relocation/ repair (if damaged) of sprinkler heads
18. Repair landscape
19. Road closures/ barricades
20. Saw cuts/Trenching
21. Security of workspace
22. Shoring/ bracing
23. Site demolition
24. SWIPP Controls
25. Tax
26. TX Dept. of State Health Services
27. Trash chute/ Hoist elevator
28. Utility work/ disconnects and reroutes
29. Water/ Electrical services (Must be provided by others)
30. All other work not specified within this proposal

Other:

ACKNOWLEDGEMENT

Please sign to confirm your acceptance of the above said terms we propose for the demolition project located at

7-11-24

Client Signature *Date* *Ruben Vidales, KMAC Construction Services, Inc.*

Should you have any questions regarding this proposal please do not hesitate to contact me directly. Thank you and we look forward to our future business together.

Sincerely,

Ruben Vidales, Project Coordinator
KMAC Construction Services, Inc.
E: Ruben@KMACsa.com
M: (210) 380-7618

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
KMAC Construction Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
9819 Ball Street

Requester's name and address (optional)

6 City, state, and ZIP code
San Antonio, Texas 78217-3706

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-				

or

Employer identification number

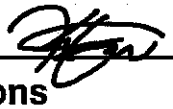
7	4	-	2	6	2	4	4	1	2

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here | **Signature of U.S. person ▶**  **Date ▶** 7/01/2024

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2024-1185843

Date Filed:
07/10/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
KMAC Construction Services, Inc.
San Antonio, TX United States

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

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2024-0070
308 S. Anne Street: Asbestos Abatement: 750 sq. ft of ceiling texture

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. [X]

6 UNSWORN DECLARATION

My name is Kevin McIntyre, and my date of birth is [redacted].

My address is [redacted] (street), [redacted] (city), [redacted] (state), [redacted] (zip code), [redacted] (country).

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

Executed in Bexar County, State of Texas, on the 10th day of July (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

09

9) Consider and take necessary action remove the following items from Sheriff's Office Inventory. They were stolen out of unit while at training. (RHM)

   A. APX8000 PORT ABLE RADIO SERIAL #579CXT6259 ASSET #565-0977
   B. ASER GUN X26P SERIAL #XI200A8X4 ASSET #565-0850

*** For reference attached is a list of items stolen but not on inventory.

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

CALHOUN COUNTY, TEXAS
COUNTY SHERIFF'S OFFICE

211 SOUTH ANN STREET
PORT LAVACA, TEXAS 77979

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

MEMO TO: RICHARD MEYER, COUNTY JUDGE

SUBJECT: REMOVE ITEMS FROM INVENTORY

DATE: ~~**JULY 10, 2024**~~ July 2, 2023

Please place the following item(s) on the Commissioner's Court agenda for the date(s) indicated: July 10, 2024

AGENDA FOR ~~**JUNE 19, 2024**~~ the following

* Consider and take necessary action remove ~~several~~ items from Sheriff's Office Inventory. They were stolen out of unit while at training. See list below:
*APX8000 PORTABLE RADIO SERIAL #579CXT6259 ASSET #565-0977
*TASER GUN X26P SERIAL #X1200A8X4 ASSET #565-0850
for reference * ATTACHED IS A LIST OF ITEMS TAKEN BUT NOT ON INVENTORY

Sincerely,

B J Vickery

Bobbie Vickery
Calhoun County Sheriff

2022 Ford Explorer
VIN# 1FM5K8ABXNGA00290
NP# 1437644
5-3-2024

Items stolen from Calhoun County Unit#22

Badge $180

Green Tactical Vest $800

APX8000 Portable radio serial#579CXT6259 $6000 579CXT6259 Asset # 565-0977

Taser Gun X26P serial#X1200A8X4 $480 + battery Asset # 565-0850

Monocular $100

Digital Camera $160

Surfire mini flashlight $200

- (2) sets handcuffs $60
- (1)handcuff holder $40
- (1) molle tactical vest Safe Life Defense $300
- (1) Taser attachment for molle vest $16
- (1) Black patrol bag $60
- (1) Tan tactical backpack $40
- Ear protection for range $34
- Eye protection for range $15

SX Level 11 AF female structured panel soft trauma plate 5x7 Safariland vest. (SBA-1220902-57 $82.50 plates
$843.10 vest

Duty Round x 3 $150

10

10) Consider and take necessary action to approve the May and June donation, surplus/salvage and waste lists for the Calhoun County Library. (RHM)

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

From: dsanchez@cclibrary.org (Dina Sanchez)
To: debbie.vickery@calhouncotx.org
Subject: Commissioner"s Court Agenda
Date: Wednesday, July 3, 2024 7:51:23 AM
Attachments: CCLBScan.pdf

Good morning, can you please add this to the agenda for the next meeting: Consider and take necessary action to approve the May and June donation, surplus/salvage and waste lists.

Thank you,

Dina Sanchez

Calhoun County Library Director

(361) 552-7323

Calhoun County Texas

Calhoun County Public Library System
(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report May 2024

The following materials have been donated to the Calhoun County Public Library System during the month of May 2024

Books	Donor
2	Barry Hunter
6	Sidney Siezer
7	Theresa Carbajal
1	Barbara Willoughby
74	Sheryl Marwitz
95	Unknown

Paperbacks	Donor
39	Cynthia Nichols
1	Margaret Claiborne
1	Charles Willoughby
29	Unknown

DVD	Donor
3	Barry Hunter
10	Unknown

Others	Donor
1 Box of Goldfish crackers	Cynthia Medina
1 Bag of crochet supplies	Sidney Siezer
24 VHS	Beatrice

Calhoun County Public Library System
(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report May 2024

I would like the following to be declared **Surplus/Salvage**

85 Books
13 DVD
24 VHS
43 Pbk

Calhoun County Public Library System

(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report May 2024

I would like the following items to be declared **waste**

13 Books

8 VHS

Calhoun County Public Library System

(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report June 2024

The following materials have been donated to the Calhoun County Public Library System during the month of **June 2024**

Books	**Donor**
3	Nita Pool
28	Leena Harral
89	Dorothy Caldwell
126	Unknown

Paperbacks	**Donor**
34	Unknown

DVD	**Donor**
3	Barry Hunter

Others	**Donor**
7 car trash bags	Advance America
11 tote bags	
7 cups	
7 pens	
7 cc holders for phone	
7 hand soaps	
7 screen wipes	
7 koozies	
10 tote bags	Texas Credit Corporation

Calhoun County Public Library System
(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report June 2024

I would like the following to be declared **Surplus/Salvage**

109 Books
17 Pbk
3 DVD

Calhoun County Public Library System

(361) 552-7323
200 W. Mahan
Port Lavaca, Texas 77979

Report June 2024

I would like the following items to be declared **waste**

54 Book

9 Paperbacks

Calhoun County Library Waste Declaration form

inventory #	Description	Serial #	Reason for waste declaration
Main Monitor #25	Asus monitor	A5LMIZ072225	Obsolete
Main Monitor #39	Acer Model V223w monitor	ETLC308137027074834248	Obsolete
Main Monitor #55	viewSonic VS15453	TST153921322	Obsolete
Main Monitor #43	Dell P2210t	n/a	Obsolete
Main Monitor #56	Acer # VA2431WM	ETLGT0C043049146CF4080	Obsolete
Main Monitor #57	ViewSonic VA2431WM	RPX114122314	obsolete
n/a	Asus Monitor #VH198T	A1LMIZ025108	Obsolete
LIB-0022	Sanyo 40" LED TV	ME2A1612102386	Obsolete
M Mouse # 75	Dell MS116t1	CN-0PRDV9-LO300-96L-15SI	Obsolete
M Mouse # 76	Dell MO56UOA	G0Q02FNE	Obsolete
M Mouse # 77	Dell MS116t1	CN-OPRDV9-LO300-95G-0HD3	Obsolete
M Mouse # 86	HP SM-2022	CT FCMHH0CJPAR2FK	Obsolete
M Mouse # 87	HP MOFYUO	CT. FCMHH0AHD28J39	Obsolete
M Mouse # 88	HP MOFYUO	CT: FCMHH0AHD28J2Y	Obsolete
M Mouse # 89	HP MOFYUO	CT: FCMHH0AHD28J2C	Obsolete
M Mouse # 90	HP MOFYUO	CT: FCMHH0AKZ29BPA	Obsolete
M Mouse # 92	HP MOFYUO	CT: FCMHH0AHD28J4U	Obsolete
M Mouse # 93	HP MOFYUO	CT: FCMHH0AHD28J2I	Obsolete
M Mouse # 95	HP MOFYUO	CT. FCMHH0AHD28J47	Obsolete
PC Mouse # 12	HP	FCMHH0AHD8KWNS	Obsolete
M Mouse # 19	HP	CT. FATSK0J9WYL240	Obsolete
M Mouse # 27	Logitech M-U0026	1514HS011U68	Obsolete
M Mouse # 33	Dell M-UVDEL1	OC8639	Obsolete
M Mouse # 59	Dell M-UVDEL1	LNA42250425	Obsolete
M Mouse # 60	Logitech M-U0026	1514HS0105T8	Obsolete
M Mouse # 62	HP MOFYUO	CT: FCMHH0A6786GGK	Obsolete
M Mouse # 70	HP MOFYUO	CT: FCMHH0CVABA0MY	Obsolete
M Mouse # 78	Dell MS116t1	CN-OPRDV9-LO300-96L-15SG	Obsolete
M Mouse # 50	Logitech B100	1514HS0102M8	Obsolete
18 Mice	Logitech, Dell, HP		obsolete
650-0029	Wooden Bookcase on rollers	acquired 1/1/1980	Broken
650-0069	Light green metal table 36x60x29	acquired 1/1/1980	Rusty & broken wheel
LIB-0034	Printer HP Laserjet 1200 series	acquired in 2001	broke

11

11) Accept Monthly Reports from the following County Offices:

i. Justice of the Peace, Pct 1 – June 2024
ii. Justice of the Peace, Pct 2 – June 2024
iii. Justice of the Peace, Pct 3 – June 2024
iv. Floodplain Administration – June 2024
v. District Clerk – June 2024
vi. Texas Agrilife Extension Service – May 2024
    a. 4-H and Youth Development
    b. Agriculture and Nature Resources
    c. Family and Community Health
    d. Coastal and Marine

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

Debbie

ENTER COURT NAME:	JUSTICE OF PEACE NO. 1
ENTER MONTH OF REPORT	JUNE
ENTER YEAR OF REPORT	2024

REVISED 02/02/2022

CODE	AMOUNT
CASH BONDS	0.00
ADMINISTRATION FEE - ADMF	70.00
BREATH ALCOHOL TESTING - BAT	0.00
CONSOLIDATED COURT COSTS - CCC	34.05
STATE CONSOLIDATED COURT COST- 2020	2,273.02
LOCAL CONSOLIDATED COURT COST- 2020	513.29
COURTHOUSE SECURITY - CHS	3.40
CJP	0.00
CIVIL JUSTICE DATA REPOSITORY FEE - CJDR	0.00
CORRECTIONAL MANAGEMENT INSTITUTE - CMI	0.00
CR	0.00
CHILD SAFETY - CS	0.00
CHILD SEATBELT FEE - CSBF	0.00
CRIME VICTIMS COMPENSATION - CVC	0.00
DPSC/FAILURE TO APPEAR - OMNI - DPSC	0.00
ADMINISTRATION FEE FTA/FTP (aka OMNI)- 2020	116.07
ELECTRONIC FILING FEE - EEF	0.00
FUGITIVE APPREHENSION - FA	0.00
GENERAL REVENUE - GR	0.00
CRIM - IND LEGAL SVCS SUPPORT - IDF	1.70
JUVENILE CRIME & DELINQUENCY - JCD	0.00
JUVENILE CASE MANAGER FUND - JCMF	4.14
JUSTICE COURT PERSONNEL TRAINING - JCPT	0.00
JUROR SERVICE FEE - JSF	3.40
LOCAL ARREST FEES - LAF	125.95
LEMI	0.00
LEOA	0.00
LEOC	0.00
OCL	0.00
PARKS & WILDLIFE ARREST FEES - PWAF	53.57
STATE ARREST FEES - SAF	8.02
SCHOOL CROSSING/CHILD SAFETY FEE - SCF	0.00
SUBTITLE C - SUBC	0.00
STATE TRAFFIC FINES-EST 9.1.19- STF	522.45
TABC ARREST FEES - TAF	0.00
TECHNOLOGY FUND - TF	3.40
TRAFFIC - TFC	0.00
LOCAL TRAFFIC FINE- 2020	31.35
TIME PAYMENT - TIME	25.00
TIME PAYMENT REIMBURSEMENT FEE- 2020	198.91
TRUANCY PREVENTION/DIVERSION FUND - TPDF	1.70
LOCAL & STATE WARRANT FEES - WRNT	726.81
COLLECTION SERVICE FEE-MVBA - CSRV	1,927.51
DEFENSIVE DRIVING COURSE - DDC	10.00
DEFERRED FEE - DFF	774.11
DRIVING EXAM FEE- PROV DL	0.00
FILING FEE - FFEE	0.00
STATE CONSOLIDATED CIVIL FEE - 2022	105.00
LOCAL CONSOLIDATED CIVIL FEE - 2022	165.00
FILING FEE SMALL CLAIMS - FFSC	0.00
JURY FEE - JF	0.00
COPIES/CERTIFED COPIES - CC	0.00
INDIGENT FEE - CIFF or INDF	0.00
JUDGE PAY RAISE FEE - JPAY	5.10
SERVICE FEE - SFEE	0.00
OUT-OF-COUNTY SERVICE FEE	0.00
ELECTRONIC FILING FEE - EEF CV	0.00
EXPUNGEMENT FEE - EXPG	0.00
EXPIRED RENEWAL - EXPR	0.00
ABSTRACT OF JUDGEMENT - AOJ	0.00
ALL WRITS - WOP / WOE	0.00
DPS FTA FINE - DPSF	792.48
LOCAL FINES - FINE	3,708.67
LICENSE & WEIGHT FEES - LWF	0.00
PARKS & WILDLIFE FINES - PWF	2,102.14
SEATBELT/UNRESTRAINED CHILD FINE - SEAT	0.00
- JUDICIAL & COURT PERSONNEL TRAINING-JCPT	0.00
* OVERPAYMENT (OVER $10) - OVER	0.00
* OVERPAYMENT ($10 AND LESS) - OVER	0.00
RESTITUTION - REST	0.00
PARKS & WILDLIFE-WATER SAFETY FINES-WSF	0.00
MARINE SAFETY PARKS & WILDLIFE - MSO	0.00
TOTAL ACTUAL MONEY RECEIVED	

TYPE:	AMOUNT	
TOTAL WARRANT FEES	726.81	
ENTER LOCAL WARRANT FEES	519.88	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT
STATE WARRANT FEES	$206.93	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT

DUE TO OTHERS:	AMOUNT	
DUE TO CCISD - 50% of Fine on JV cases	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
DUE TO DA RESTITUTION FUND	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
REFUND OF OVERPAYMENTS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
OUT-OF-COUNTY SERVICE FEE	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
CASH BONDS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT (IF REQUIRED)
TOTAL DUE TO OTHERS	$0.00	

TREASURERS RECEIPTS FOR MONTH:	AMOUNT	
CASH, CHECKS, M.O.s & CREDIT CARDS	$14,306.24	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	$14,306.24	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 1
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45011		FINES		4,816.47
CR	1000-001-44190		SHERIFF'S FEES		860.65
		ADMINISTRATIVE FEES:			
		DEFENSIVE DRIVING		10.00	
		CHILD SAFETY		0.00	
		TRAFFIC		31.35	
		ADMINISTRATIVE FEES		960.18	
		EXPUNGEMENT FEES		0.00	
		MISCELLANEOUS		0.00	
CR	1000-001-44361		TOTAL ADMINISTRATIVE FEES		1,001.53
CR	1000-001-44010		CONSTABLE FEES-SERVICE		0.00
CR	1000-001-44061		JP FILING FEES		0.00
CR	1000-001-44090		COPIES / CERTIFIED COPIES		0.00
CR	1000-001-49110		OVERPAYMENTS (LESS THAN $10)		0.00
CR	1000-001-44322		TIME PAYMENT REIMBURSEMENT FEE		198.91
CR	1000-001-44145		SCHOOL CROSSING/CHILD SAFETY FEE		0.00
CR	1000-999-20741		DUE TO STATE-DRIVING EXAM FEE		0.00
CR	1000-999-20744		DUE TO STATE-SEATBELT FINES		0.00
CR	1000-999-20745		DUE TO STATE-CHILD SEATBELT FEE		0.00
CR	1000-999-20746		DUE TO STATE-OVERWEIGHT FINES		0.00
CR	1000-999-20770		DUE TO JP COLLECTIONS ATTORNEY		1,927.51
			TOTAL FINES, ADMIN. FEES & DUE TO STATE		$8,805.07
CR	2670-001-44061		COURTHOUSE SECURITY FUND		$182.20
CR	2720-001-44061		JUSTICE COURT SECURITY FUND		$0.85
CR	2719-001-44061		JUSTICE COURT TECHNOLOGY FUND		$150.05
CR	2699-001-44061		JUVENILE CASE MANAGER FUND		$4.14
CR	2730-001-44061		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$183.32
CR	2669-001-44061		COUNTY JURY FUND		$3.67
CR	2728-001-44061		JUSTICE COURT SUPPORT FUND		$125.00
CR	2677-001-44061		COUNTY DISPUTE RESOLUTION FUND		$25.00
CR	2725-001-44061		LANGUAGE ACCESS FUND		$15.00
		STATE ARREST FEES			
		DPS FEES		42.99	
		P&W FEES		10.71	
		TABC FEES		0.00	
CR	7020-999-20740		TOTAL STATE ARREST FEES		53.70
CR	7070-999-20610		CCC-GENERAL FUND		3.40
CR	7070-999-20740		CCC-STATE		30.65
		DR 7070-999-10010		*34.05*	
CR	7072-999-20610		STATE CCC- GENERAL FUND		227.30
CR	7072-999-20740		STATE CCC- STATE		2,045.72
		DR 7072-999-10010		2,273.02	
CR	7860-999-20610		STF/SUBC-GENERAL FUND		0.00
CR	7860-999-20740		STF/SUBC-STATE		0.00
		DR 7860-999-10010		*0.00*	
CR	7860-999-20610		STF- EST 9/1/2019- GENERAL FUND		20.90
CR	7860-999-20740		STF- EST 9/1/2019- STATE		501.55
		DR 7860-999-10010		522.45	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 1
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

CR	7950-999-20610		TP-GENERAL FUND	12.50
CR	7950-999-20740		TP-STATE	12.50
		DR 7950-999-10010		*25.00*

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 1
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

CR	7480-999-20610		CIVIL INDIGENT LEGAL-GEN. FUND	0.00
CR	7480-999-20740		CIVIL INDIGENT LEGAL-STATE	0.00
		DR 7480-999-10010	*0.00*	
CR	7865-999-20610		CRIM-SUPP OF IND LEG SVCS-GEN FUND	0.17
CR	7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE	1.53
		DR 7865-999-10010	*1.70*	
CR	7970-999-20610		TL/FTA-GENERAL FUND	0.00
CR	7970-999-20740		TL/FTA-STATE	0.00
		DR 7970-999-10010	*0.00*	
CR	7505-999-20610		JPAY - GENERAL FUND	0.51
CR	7505-999-20740		JPAY - STATE	4.59
		DR 7505-999-10010	*5.10*	
CR	7857-999-20610		JURY REIMB. FUND- GEN. FUND	0.34
CR	7857-999-20740		JURY REIMB. FUND- STATE	3.06
		DR 7857-999-10010	*3.40*	
CR	7856-999-20610		CIVIL JUSTICE DATA REPOS.- GEN FUND	0.00
CR	7856-999-20740		CIVIL JUSTICE DATA REPOS.- STATE	0.00
		DR 7856-999-10010	*0.00*	
CR	7502-999-20740		JUD/CRT PERSONNEL TRAINING FUND- STATE	0.00
		DR 7502-999-10010	*0.00*	
	7998-999-20740		TRUANCY PREVENT/DIV FUND - STATE	0.85
	7998-999-20701		JUVENILE CASE MANAGER FUND	0.85
		DR 7998-999-10010	*1.70*	
	7403-999-22889		ELECTRONIC FILING FEE - CV STATE	0.00
		DR 7403-999-22889	0.00	
	7858-999-20740		STATE CONSOLIDATED CIVIL FEE	105.00
			105.00	

TOTAL (Distrib Req to Oper Acct) $12,519.42

DUE TO OTHERS (Distrib Req Attchd)

CALHOUN COUNTY ISD	0.00	
DA - RESTITUTION	0.00	
REFUND OF OVERPAYMENTS	0.00	
OUT-OF-COUNTY SERVICE FI	0.00	
CASH BONDS	0.00	
PARKS & WILDLIFE FINES	1,786.82	
WATER SAFETY FINES	0.00	
TOTAL DUE TO OTHERS		$1,786.82

TOTAL COLLECTED-ALL FUNDS **$14,306.24**

LESS: TOTAL TREASUER'S RECEIPTS **$14,306.24**

REVISED 02/02/2022

OVER/(SHORT) $0.00

CALHOUN COUNTY
201 West Austin

DISTRIBUTION REQUEST

DR# 450 A 45474

PAYEE
Name: Calhoun County Oper. Acct.
Address:
City:
State:
Zip:
Phone:

PAYOR
Official: Hope Kurtz
Title: Justice of the Peace, Pct. 1

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
7541-999-20759-999	JP1 Monthly Collections - Distribution	$12,519.42
	JUNE	
	2024	
V# 967		
	TOTAL	12,519.42

Signature of Official

7-10-2024
Date

ENTER COURT NAME:	JUSTICE OF PEACE NO. 2
ENTER MONTH OF REPORT	June
ENTER YEAR OF REPORT	2024

CODE	AMOUNT
CASH BONDS	0.00
ADMINISTRATION FEE - ADMF	10.00
BREATH ALCOHOL TESTING - BAT	0.00
CONSOLIDATED COURT COSTS - CCC	177.37
STATE CONSOLIDATED COURT COST- 2020	776.69
LOCAL CONSOLIDATED COURT COST- 2020	166.36
COURTHOUSE SECURITY - CHS	21.74
CJP	0.00
CIVIL JUSTICE DATA REPOSITORY FEE - CJDR	0.20
CORRECTIONAL MANAGEMENT INSTITUTE - CMI	0.00
CR	0.00
CHILD SAFETY - CS	0.00
CHILD SEATBELT FEE - CSBF	0.00
CRIME VICTIMS COMPENSATION - CVC	0.00
DPSC/FAILURE TO APPEAR - OMNI - DPSC	135.69
ADMINISTRATION FEE FTA/FTP (aka OMNI)- 2020	20.00
ELECTRONIC FILING FEE - EEF	0.00
FUGITIVE APPREHENSION - FA	0.00
GENERAL REVENUE - GR	0.00
CRIM - IND LEGAL SVCS SUPPORT - IDF	10.87
JUVENILE CRIME & DELINQUENCY - JCD	0.00
JUVENILE CASE MANAGER FUND - JCMF	10.00
JUSTICE COURT PERSONNEL TRAINING - JCPT	0.00
JUROR SERVICE FEE - JSF	21.74
LOCAL ARREST FEES - LAF	42.45
LEMI	0.00
LEOA	0.00
LEOC	0.00
OCL	0.00
PARKS & WILDLIFE ARREST FEES - PWAF	0.00
STATE ARREST FEES - SAF	27.08
SCHOOL CROSSING/CHILD SAFETY FEE - SCF	0.00
SUBTITLE C - SUBC	0.00
STATE TRAFFIC FINES-EST 9.1.19- STF	446.36
TABC ARREST FEES - TAF	0.00
TECHNOLOGY FUND - TF	21.74
TRAFFIC - TFC	0.00
LOCAL TRAFFIC FINE- 2020	26.78
TIME PAYMENT - TIME	0.56
TIME PAYMENT REIMBURSEMENT FEE- 2020	99.53
TRUANCY PREVENTION/DIVERSION FUND - TPDF	6.87
LOCAL & STATE WARRANT FEES - WRNT	455.20
COLLECTION SERVICE FEE-MVBA - CSRV	965.81
DEFENSIVE DRIVING COURSE - DDC	10.00
DEFERRED FEE - DFF	0.00
DRIVING EXAM FEE- PROV DL	0.00
FILING FEE - FFEE	0.00
STATE CONSOLIDATED CIVIL FEE - 2022	105.00
LOCAL CONSOLIDATED CIVIL FEE - 2022	165.00
FILING FEE SMALL CLAIMS - FFSC	0.00
JURY FEE - JF	0.00
COPIES/CERTIFED COPIES - CC	0.00
INDIGENT FEE - CIFF or INDF	0.00
JUDGE PAY RAISE FEE - JPAY	32.61
SERVICE FEE - SFEE	0.00
OUT-OF-COUNTY SERVICE FEE	0.00
ELECTRONIC FILING FEE - EEF CV	0.00
EXPUNGEMENT FEE - EXPG	0.00
EXPIRED RENEWAL - EXPR	0.00
ABSTRACT OF JUDGEMENT - AOJ	0.00
ALL WRITS - WOP / WOE	0.00
DPS FTA FINE - DPSF	219.33
LOCAL FINES - FINE	2,814.02
LICENSE & WEIGHT FEES - LWF	0.00
PARKS & WILDLIFE FINES - PWF	0.00
SEATBELT/UNRESTRAINED CHILD FINE - SEAT	0.00
- JUDICIAL & COURT PERSONNEL TRAINING-JCPT	0.00
* OVERPAYMENT (OVER $10) - OVER	0.00
* OVERPAYMENT ($10 AND LESS) - OVER	0.00
RESTITUTION - REST	0.00
PARKS & WILDLIFE-WATER SAFETY FINES-WSF	0.00
MARINE SAFETY PARKS & WILDLIFE - MSO	0.00
TOTAL ACTUAL MONEY RECEIVED	$6,789.00

TYPE:	AMOUNT	
TOTAL WARRANT FEES	455.20	
ENTER LOCAL WARRANT FEES	366.67	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT
STATE WARRANT FEES	$88.53	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT

DUE TO OTHERS:	AMOUNT	
DUE TO CCISD - 50% of Fine on JV cases	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
DUE TO DA RESTITUTION FUND	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
REFUND OF OVERPAYMENTS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
OUT-OF-COUNTY SERVICE FEE	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
CASH BONDS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT (IF REQUIRED)
TOTAL DUE TO OTHERS	$0.00	

TREASURERS RECEIPTS FOR MONTH:	AMOUNT	
CASH, CHECKS, M.O.s & CREDIT CARDS	$6,789.00	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	$6,789.00	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 2
MONTH OF REPORT: June
YEAR OF REPORT: 2024

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45012		FINES		3,033.35
CR	1000-001-44190		SHERIFF'S FEES		501.61
		ADMINISTRATIVE FEES:			
		DEFENSIVE DRIVING		10.00	
		CHILD SAFETY		0.00	
		TRAFFIC		26.78	
		ADMINISTRATIVE FEES		30.00	
		EXPUNGEMENT FEES		0.00	
		MISCELLANEOUS		0.00	
CR	1000-001-44362		TOTAL ADMINISTRATIVE FEES		66.78
CR	1000-001-44010		CONSTABLE FEES-SERVICE		0.00
CR	1000-001-44062		JP FILING FEES		0.00
CR	1000-001-44090		COPIES / CERTIFIED COPIES		0.00
CR	1000-001-49110		OVERPAYMENTS (LESS THAN $10)		0.00
CR	1000-001-44322		TIME PAYMENT REIMBURSEMENT FEE		99.53
CR	1000-001-44145		SCHOOL CROSSING/CHILD SAFETY FEE		0.00
CR	1000-999-20741		DUE TO STATE-DRIVING EXAM FEE		0.00
CR	1000-999-20744		DUE TO STATE-SEATBELT FINES		0.00
CR	1000-999-20745		DUE TO STATE-CHILD SEATBELT FEE		0.00
CR	1000-999-20746		DUE TO STATE-OVERWEIGHT FINES		0.00
CR	1000-999-20770		DUE TO JP COLLECTIONS ATTORNEY		0.00
			TOTAL FINES, ADMIN. FEES & DUE TO STATE		965.81
					$4,667.08
CR	2670-001-44062		COURTHOUSE SECURITY FUND		$74.53
CR	2720-001-44062		JUSTICE COURT SECURITY FUND		$5.44
CR	2719-001-44062		JUSTICE COURT TECHNOLOGY FUND		$69.27
CR	2699-001-44062		JUVENILE CASE MANAGER FUND		$10.00
CR	2730-001-44062		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$59.41
CR	2669-001-44062		COUNTY JURY FUND		$1.19
CR	2728-001-44062		JUSTICE COURT SUPPORT FUND		$125.00
CR	2677-001-44062		COUNTY DISPUTE RESOLUTION FUND		$25.00
CR	2725-001-44062		LANGUAGE ACCESS FUND		$15.00
		STATE ARREST FEES			
		DPS FEES		23.12	
		P&W FEES		0.00	
		TABC FEES		0.00	
CR	7020-999-20740		TOTAL STATE ARREST FEES		23.12
CR	7070-999-20610		CCC-GENERAL FUND		17.74
CR	7070-999-20740		CCC-STATE		159.63
		DR 7070-999-10010		*177.37*	
CR	7072-999-20610		STATE CCC- GENERAL FUND		77.67
CR	7072-999-20740		STATE CCC- STATE		699.02
		DR 7072-999-10010		776.69	
CR	7860-999-20610		STF/SUBC-GENERAL FUND		0.00
CR	7860-999-20740		STF/SUBC-STATE		0.00
		DR 7860-999-10010		*0.00*	
CR	7860-999-20610		STF- EST 9/1/2019- GENERAL FUND		17.85
CR	7860-999-20740		STF- EST 9/1/2019- STATE		428.51
		DR 7860-999-10010		446.36	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 2
MONTH OF REPORT: June
YEAR OF REPORT: 2024

CR 7950-999-20610		TP-GENERAL FUND		0.28
CR 7950-999-20740		TP-STATE		0.28
	DR 7950-999-10010		*0.56*	
CR 7480-999-20610		CIVIL INDIGENT LEGAL-GEN. FUND		0.00
CR 7480-999-20740		CIVIL INDIGENT LEGAL-STATE		0.00
	DR 7480-999-10010		*0.00*	
CR 7865-999-20610		CRIM-SUPP OF IND LEG SVCS-GEN FUND		1.09
CR 7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE		9.78
	DR 7865-999-10010		*10.87*	
CR 7970-999-20610		TL/FTA-GENERAL FUND		45.23
CR 7970-999-20740		TL/FTA-STATE		90.46
	DR 7970-999-10010		*135.69*	
CR 7505-999-20610		JPAY - GENERAL FUND		3.26
CR 7505-999-20740		JPAY - STATE		29.35
	DR 7505-999-10010		*32.61*	
CR 7857-999-20610		JURY REIMB. FUND- GEN. FUND		2.17
CR 7857-999-20740		JURY REIMB. FUND- STATE		19.57
	DR 7857-999-10010		*21.74*	
CR 7856-999-20610		CIVIL JUSTICE DATA REPOS.- GEN FUND		0.02
CR 7856-999-20740		CIVIL JUSTICE DATA REPOS.- STATE		0.18
	DR 7856-999-10010		*0.20*	
CR 7502-999-20740		JUD/CRT PERSONNEL TRAINING FUND- STATE		0.00
	DR 7502-999-10010		*0.00*	
7998-999-20740		TRUANCY PREVENT/DIV FUND - STATE		3.44
7998-999-20701		JUVENILE CASE MANAGER FUND		3.44
	DR 7998-999-10010		*6.87*	
7403-999-22889		ELECTRONIC FILING FEE - CV STATE		0.00
	DR 7403-999-22889		0.00	
7858-999-20740		STATE CONSOLIDATED CIVIL FEE		105.00
			105.00	
		TOTAL (Distrib Req to Oper Acct)		$6,789.00

DUE TO OTHERS (Distrib Req Attchd)		
CALHOUN COUNTY ISD	0.00	
DA - RESTITUTION	0.00	
REFUND OF OVERPAYMENTS	0.00	
OUT-OF-COUNTY SERVICE FE	0.00	
CASH BONDS	0.00	
PARKS & WILDLIFE FINES	0.00	
WATER SAFETY FINES	0.00	
TOTAL DUE TO OTHERS		$0.00
TOTAL COLLECTED-ALL FUNDS		**$6,789.00**
LESS: TOTAL TREASUER'S RECEIPTS		**$6,789.00**
OVER/(SHORT)		$0.00

0

CALHOUN COUNTY
201 West Austin

DISTRIBUTION REQUEST

DR# 450 A 45474

PAYEE
Name: Calhoun County Oper. Acct.
Address:
City:
State:
Zip:
Phone:

PAYOR
Official: Thomas Dio
Title: Justice of the Peace, Pct. 2

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
7542-999-20759-999	JP2 Monthly Collections - Distribution	$6,789.00
	June	
	2024	
V# 967		
	TOTAL	6,789.00

Signature of Official

7-10-2024
Date

ENTER COURT NAME:		JUSTICE OF PEACE NO. 3
ENTER MONTH OF REPORT		JUNE
ENTER YEAR OF REPORT 2022		2024
CODE	AMOUNT	
CASH BONDS		REVISED 02/02/2021
ADMINISTRATION FEE - ADMF	10.00	
BREATH ALCOHOL TESTING - BAT		
CONSOLIDATED COURT COSTS - CCC		
STATE CONSOLIDATED COURT COST- 2020	972.23	
LOCAL CONSOLIDATED COURT COST- 2020	219.54	
COURTHOUSE SECURITY - CHS		
CJP		
CIVIL JUSTICE DATA REPOSITORY FEE - CJDR		
CORRECTIONAL MANAGEMENT INSTITUTE - CMI		
CR		
CHILD SAFETY - CS		
CHILD SEATBELT FEE - CSBF		
CRIME VICTIMS COMPENSATION - CVC		
DPSC/FAILURE TO APPEAR - OMNI - DPSC		
ADMINISTRATION FEE FTA/FTP (aka OMNI)- 2020	10.00	
ELECTRONIC FILING FEE - EEF		
FUGITIVE APPREHENSION - FA		
GENERAL REVENUE - GR		
CRIM - IND LEGAL SVCS SUPPORT - IDF		
JUVENILE CRIME & DELINQUENCY - JCD		
JUVENILE CASE MANAGER FUND - JCMF	1.29	
JUSTICE COURT PERSONNEL TRAINING - JCPT		
JUROR SERVICE FEE - JSF		
LOCAL ARREST FEES - LAF	5.27	
LEMI		
LEOA		
LEOC		
OCL		
PARKS & WILDLIFE ARREST FEES - PWAF		
STATE ARREST FEES - SAF	73.12	
SCHOOL CROSSING/CHILD SAFETY FEE - SCF		
SUBTITLE C - SUBC		
STATE TRAFFIC FINES-EST 9.1.19- STF	486.09	
TABC ARREST FEES - TAF		
TECHNOLOGY FUND - TF		
TRAFFIC - TFC		
LOCAL TRAFFIC FINE- 2020	29.17	
TIME PAYMENT - TIME		
TIME PAYMENT REIMBURSEMENT FEE- 2020	36.84	
TRUANCY PREVENTION/DIVERSION FUND - TPDF		
LOCAL & STATE WARRANT FEES - WRNT	50.00	
COLLECTION SERVICE FEE-MVBA - CSRV	163.50	
DEFENSIVE DRIVING COURSE - DDC	30.00	
DEFERRED FEE - DFF		
DRIVING EXAM FEE- PROV DL		
FILING FEE - FFEE		
STATE CONSOLIDATED CIVIL FEE - 2022	84.00	
LOCAL CONSOLIDATED CIVIL FEE - 2022	132.00	
FILING FEE SMALL CLAIMS - FFSC		
JURY FEE - JF		
COPIES/CERTIFED COPIES - CC		
INDIGENT FEE - CIFF or INDF		
JUDGE PAY RAISE FEE - JPAY		
SERVICE FEE - SFEE	150.00	
OUT-OF-COUNTY SERVICE FEE		
ELECTRONIC FILING FEE - EEF CV		
EXPUNGEMENT FEE - EXPG		
EXPIRED RENEWAL - EXPR		
ABSTRACT OF JUDGEMENT - AOJ		
ALL WRITS - WOP / WOE		
DPS FTA FINE - DPSF		
LOCAL FINES - FINE	1,447.37	
LICENSE & WEIGHT FEES - LWF		
PARKS & WILDLIFE FINES - PWF		
SEATBELT/UNRESTRAINED CHILD FINE - SEAT		
- JUDICIAL & COURT PERSONNEL TRAINING-JCPT		
* OVERPAYMENT (OVER $10) - OVER		
* OVERPAYMENT ($10 AND LESS) - OVER		
RESTITUTION - REST		
PARKS & WILDLIFE-WATER SAFETY FINES-WSF		
MARINE SAFETY PARKS & WILDLIFE - MSO		
TOTAL ACTUAL MONEY RECEIVED	**$3,900.42**	

TYPE:	AMOUNT	
TOTAL WARRANT FEES	50.00	
ENTER LOCAL WARRANT FEES	0.00	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT
STATE WARRANT FEES	$50.00	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT

DUE TO OTHERS:	AMOUNT	
DUE TO CCISD - 50% of Fine on JV cases	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
DUE TO DA RESTITUTION FUND	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
REFUND OF OVERPAYMENTS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
OUT-OF-COUNTY SERVICE FEE	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT
CASH BONDS	0.00	PLEASE INCLUDE D.R. REQUESTING DISBURSEMENT (IF REQUIRED)
TOTAL DUE TO OTHERS	**$0.00**	

TREASURERS RECEIPTS FOR MONTH:	AMOUNT	
CASH, CHECKS, M.O.s & CREDIT CARDS	$3,900.42	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	$3,900.42	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/2/2024

COURT NAME: JUSTICE OF PEACE NO. 3
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45013		FINES		1,447.37
CR	1000-001-44190		SHERIFF'S FEES		103.77
		ADMINISTRATIVE FEES:			
		DEFENSIVE DRIVING		30.00	
		CHILD SAFETY		0.00	
		TRAFFIC		29.17	
		ADMINISTRATIVE FEES		20.00	
		EXPUNGEMENT FEES		0.00	
		MISCELLANEOUS		0.00	
CR	1000-001-44363		TOTAL ADMINISTRATIVE FEES		79.17
CR	1000-001-44010		CONSTABLE FEES-SERVICE		150.00
CR	1000-001-44063		JP FILING FEES		0.00
CR	1000-001-44090		COPIES / CERTIFIED COPIES		0.00
CR	1000-001-49110		OVERPAYMENTS (LESS THAN $10)		0.00
CR	1000-001-44322		TIME PAYMENT REIMBURSEMENT FEE		36.84
CR	1000-001-44145		SCHOOL CROSSING/CHILD SAFETY FEE		0.00
CR	1000-999-20741		DUE TO STATE-DRIVING EXAM FEE		0.00
CR	1000-999-20744		DUE TO STATE-SEATBELT FINES		0.00
CR	1000-999-20745		DUE TO STATE-CHILD SEATBELT FEE		0.00
CR	1000-999-20746		DUE TO STATE-OVERWEIGHT FINES		0.00
CR	1000-999-20770		DUE TO JP COLLECTIONS ATTORNEY		163.50
			TOTAL FINES, ADMIN. FEES & DUE TO STATE		$1,980.65
CR	2670-001-44063		COURTHOUSE SECURITY FUND		$76.84
CR	2720-001-44063		JUSTICE COURT SECURITY FUND		$0.00
CR	2719-001-44063		JUSTICE COURT TECHNOLOGY FUND		$62.73
CR	2699-001-44063		JUVENILE CASE MANAGER FUND		$1.29
CR	2730-001-44063		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$78.41
CR	2669-001-44063		COUNTY JURY FUND		$1.57
CR	2728-001-44063		JUSTICE COURT SUPPORT FUND		$100.00
CR	2677-001-44063		COUNTY DISPUTE RESOLUTION FUND		$20.00
CR	2725-001-44063		LANGUAGE ACCESS FUND		$12.00
		STATE ARREST FEES			
		DPS FEES		24.62	
		P&W FEES		0.00	
		TABC FEES		0.00	
CR	7020-999-20740		TOTAL STATE ARREST FEES		24.62
CR	7070-999-20610		CCC-GENERAL FUND		0.00
CR	7070-999-20740		CCC-STATE		0.00
		DR 7070-999-10010		*0.00*	
CR	7072-999-20610		STATE CCC- GENERAL FUND		97.22
CR	7072-999-20740		STATE CCC- STATE		875.01
		DR 7072-999-10010		972.23	
CR	7860-999-20610		STF/SUBC-GENERAL FUND		0.00
CR	7860-999-20740		STF/SUBC-STATE		0.00
		DR 7860-999-10010		*0.00*	
CR	7860-999-20610		STF- EST 9/1/2019- GENERAL FUND		19.44
CR	7860-999-20740		STF- EST 9/1/2019- STATE		466.65
		DR 7860-999-10010		486.09	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/2/2024

COURT NAME: JUSTICE OF PEACE NO. 3
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

CR	7950-999-20610	TP-GENERAL FUND		0.00
CR	7950-999-20740	TP-STATE		0.00
	DR 7950-999-10010		*0.00*	
CR	7480-999-20610	CIVIL INDIGENT LEGAL-GEN. FUND		0.00
CR	7480-999-20740	CIVIL INDIGENT LEGAL-STATE		0.00
	DR 7480-999-10010		*0.00*	
CR	7865-999-20610	CRIM-SUPP OF IND LEG SVCS-GEN FUND		0.00
CR	7865-999-20740	CRIM-SUPP OF IND LEG SVCS-STATE		0.00
	DR 7865-999-10010		*0.00*	
CR	7970-999-20610	TL/FTA-GENERAL FUND		0.00
CR	7970-999-20740	TL/FTA-STATE		0.00
	DR 7970-999-10010		*0.00*	
CR	7505-999-20610	JPAY - GENERAL FUND		0.00
CR	7505-999-20740	JPAY - STATE		0.00
	DR 7505-999-10010		*0.00*	
CR	7857-999-20610	JURY REIMB. FUND- GEN. FUND		0.00
CR	7857-999-20740	JURY REIMB. FUND- STATE		0.00
	DR 7857-999-10010		*0.00*	
CR	7856-999-20610	CIVIL JUSTICE DATA REPOS.- GEN FUND		0.00
CR	7856-999-20740	CIVIL JUSTICE DATA REPOS.- STATE		0.00
	DR 7856-999-10010		*0.00*	
CR	7502-999-20740	JUD/CRT PERSONNEL TRAINING FUND- STATE		0.00
	DR 7502-999-10010		*0.00*	
	7998-999-20740	TRUANCY PREVENT/DIV FUND - STATE		0.00
	7998-999-20701	JUVENILE CASE MANAGER FUND		0.00
	DR 7998-999-10010		*0.00*	
	7403-999-22889	ELECTRONIC FILING FEE - CV STATE		0.00
	DR 7403-999-22889		0.00	
	7858-999-20740	STATE CONSOLIDATED CIVIL FEE		84.00
			84.00	

TOTAL (Distrib Req to Oper Acct) $3,900.42

DUE TO OTHERS (Distrib Req Attchd)

CALHOUN COUNTY ISD	0.00	
DA - RESTITUTION	0.00	
REFUND OF OVERPAYMENTS	0.00	
OUT-OF-COUNTY SERVICE FI	0.00	
CASH BONDS	0.00	
PARKS & WILDLIFE FINES	0.00	
WATER SAFETY FINES	0.00	
TOTAL DUE TO OTHERS		$0.00

TOTAL COLLECTED-ALL FUNDS **$3,900.42**

7-10-2024

LESS: TOTAL TREASUER'S RECEIPTS **$3,900.42**

OVER/(SHORT) $0.00

REVISED 02/02/2021

Calhoun County Floodplain Administration

211 South Ann Street, Suite 301
Port Lavaca, TX 77979-4249
Phone: 361-553-4455/Fax: 361-553-4444

e-mail: derek.walton@calhouncotx.org

June 2024 Development Permits Report For Commissioners Court: July 10th, 2024

New Homes - 3
Renovations/Additions - 0
Mobile Homes - 0
Boat Barns/Storage Buildings/Garages - 3
Commercial Buildings/RV Site - 2 (plane hangar, tower improvement)
Addition - 0
Fence - 0
Pool - 0
Drainage - 0
Pipeline - 0

Total Fees Collected: $480.00

Receipt numbers: 925889, 925886, 925887, 925888, 925890, 925891, 925892, 925893

7-10-2024

ENTER COURT NAME:		DISTRICT CLERK
ENTER MONTH OF REPORT		JUNE
ENTER YEAR OF REPORT		2024

CODE	AMOUNT		
CR - CCC	122.44	Revised 04/03/23	
CR- STATE CCC- 2020	1,937.71		
CR- LOCAL CCC- 2020	1,099.82		
CR - CRIMINAL JUSTICE PLANNING FUND			
CR - CLERK'S FEE	8.61		
CR - CMI			
CR - CRIME STOPPERS	442.23		
CR - COURTHOUSE SECURITY	1.07		
CR - CVCF			
CR - CJPT			
CR - DRUG CRT PROG FEE	30.62		
CR - FA			
CR - JCD			
CR - JOFT			
CR - JURY REIMBURSEMENT FEE- JRF	4.04		
CR - JUDICIAL SUPPORT FUND- JSF	5.51		
CR - LAW ENFORC. EDUC FUND			
CR - IND LEGALS SVCS (IDF)	1.64		
CR - DUE TO STATE - NONDISCLOSURE FEE			
CR - TIME PAYMENT-TP	14.51		
CR- TIME PAYMENT REIMBURSEMENT- 2020	127.93		
CR - BREATH ALCOHOL TESTING			
CR - CO CHILD ABUSE PREVENTION FUND	0.35		
CR - CLERK'S FEE			
CR - RECORDS MANAGEMENT	5.38		
CR - BOND FORFEITURES			
CR - PRETRIAL DIVERSION FUND			
CR - REBATES ON PREVIOUS EXPENSES			
CR - REIMB CRT APPOINTED ATTY FEES	1,422.44		
CR - TECHNOLOGY FUND (DIST & CO CLK)	0.85		
CR - STATE ELECTRONIC FILING FEE	1.06		
CR - COUNTY ELECTRONIC FILING FEE			
CR - EMS TRAUMA FUND	272.00		
CR - DNA TESTING FEE	32.00		
CR - FAMILY VIOLENCE FINE	100.00		
CR - RESTITUTION FEE			
CR - TCLEOSE - MVF			
CR - STATE TRAFFIC FINE			
CR - OVERPAYMENTS			
CR - SHERIFF	368.90		
CR - D.A.			
CR - FINES	2,322.24	CR-SUBTOTAL	$8,341.55
CV - STATE REIMB- TITLE IV-D COURT COSTS			
CV - COPIES	193.70		
CV - CLERK'S FEES	1,831.20		
CV - COURT RECORDS PRESERVATION FUND	10.00		
CV - RECORDS MGMT FEE - DISTRICT CLERK			
CV - STENOGRAPHER	371.33		
CV - SHERIFF'S JURY FEE			
CV - LAW LIBRARY	519.88		
CV - (STATE) DIV. & FAMILY LAW			
CV-(STATE) OTHER THAN DIV/FAM LAW			
CV-(STATE) OTHER CIVIL PROCEEDINGS	10.00		
CV - JURY FEE	148.54		
CV - COUNTY DISPUTE RESOLUTION FUND	222.81		
CV - RECORDS MGMT PRSRV FUND - CLERK	528.41		
CV - COURTHOUSE SECURITY	302.08		
CV - LANGUAGE ACCESS FUND	44.56		
CV - SHERIFF'S SERVICE FEE	1,560.04		
**CV - DUE TO OTHERS			
CV -CRT APPOINTED ATTY FEES - CHILD SUPPORT			
CV-JUDICIAL & COURT PERSONNEL TRAINING FEE	5.00		
CV - JUDICIAL SALARIES	42.00		
CV - AJSF	74.27		
CV - COURT FACILITY FEE FUND	297.08		
CV - BOND FORFEITURES			
CV - STATE ELECTRONIC FILING FEE	30.00		
CV - COUNTY ELECTRONIC FILING FEE			
CV - FAMILY PROTECTION FEE			
CV - ADOPTION-BUREAU OF VITAL STATS FEE			
CV- DUE TO STATE- NONDISCLOSURE FEE			
CV - DUE TO STATE - CONSOLIDATED FEE 2022	1,407.72		
CV - OVERPAYMENTS			
CV - OUT-OF-COUNTY SVC OF CITATION	75.00	CV-SUBTOTAL	$7,893.62
TOTAL CASH RECEIPTS	$16,035.17		
NSF CHECKS			

DUE TO OTHERS:	AMOUNT	
ATTORNEY GENERAL - RESTITUTION		PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
OUT-OF-COUNTY SERVICE FEE	75.00	PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
REFUNDS OF OVERPAYMENTS	0.00	PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
DUE TO OTHERS (crime stoppers)	442.23	
TOTAL DUE TO OTHERS	$517.23	

TREASURERS RECEIPTS FOR MONTH:	*	
CASH, CHECKS, M.O.s & CREDIT CARDS	16,035.17	Calculate from ACTUAL Treasurer's Receipts

* Treasurer Receipt Numbers: F2024JUN004, 015,024,029

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

COURT NAME: DISTRICT CLERK
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

ACCOUNT NUMBER		ACCOUNT NAME		DEBIT	CREDIT
1000-001-44180		SHERIFF'S SERVICE FEES			$1,968.94
1000-001-44140		JURY FEES			$148.54
1000-001-44045		RESTITUTION FEE			$0.00
1000-001-44020		DISTRICT ATTORNEY FEES			$0.00
1000-001-49010		REBATES-PREVIOUS EXPENSE			$0.00
1000-001-49030		REBATES-ATTORNEY'S FEES			$1,422.44
1000-001-44058		DISTRICT CLERK ELECTRONIC FILING FEES			$0.00
1000-001-44322		TIME PAYMENT REIMBURSEMENT FEES			$127.93
1000-001-43049		STATE REIMB- TITLE IV-D COURT COSTS			$0.00
	DISTRICT CLERK FEES				
	CERTIFIED COPIES		$193.70		
	CRIMINAL COURT		$8.61		
	CIVIL COURT		$1,831.20		
	STENOGRAPHER		$371.33		
	CIV FEES DIFF		$0.00		
1000-001-44050		DISTRICT CLERK FEES			$2,404.84
1000-999-20771		FAMILY VIOLENCE FINE			$100.00
1000-999-10010		CASH - AVAILABLE		$6,172.69	
2706-001-44055		FAMILY PROTECTION FEE			$0.00
2706-999-10010		CASH - AVAILABLE		$0.00	
2740-001-45055		FINES - DISTRICT COURT			$2,322.24
2740-999-10010		CASH - AVAILABLE		$2,322.24	
2620-001-44055		APPELLATE JUDICIAL SYSTEM			$74.27
2620-999-10010		CASH - AVAILABLE		$74.27	
2648-001-44055		COURT FACILITY FEE FUND			$297.08
2648-999-10010		CASH - AVAILABLE		$297.08	
2670-001-44055		COURTHOUSE SECURITY			$303.15
2670-999-10010		CASH - AVAILABLE		$303.15	
2673-001-44055		CRT RECS PRESERVATION FUND- CO			$10.00
2673-999-10010		CASH - AVAILABLE		$10.00	
2725-001-44055		LANGUAGE ACCESS FUND			$44.56
2725-999-10010		CASH - AVAILABLE		$44.56	
2739-001-44055		RECORD MGMT/PRSV FUND - CLERK			$533.25
2739-999-10010		CASH - AVAILABLE		$533.25	
2737-001-44055		RECORD MGMT/PRSV FUND -DIST CLRK			$0.54
2737-999-10010		CASH - AVAILABLE		$0.54	
2731-001-44055		LAW LIBRARY			$519.88
2731-999-10010		CASH - AVAILABLE		$519.88	
2663-001-44050		CO & DIST CRT TECHNOLOGY FUND			$0.85
2663-999-10010		CASH - AVAILABL		$0.85	
7040-999-20740		BREATH ALCOHOL TESTING - STATE			$0.00
7040-999-10010		CASH - AVAILABLE		$0.00	
2667-001-44055		CO CHILD ABUSE PREVENTION FUND			$0.35
2667-999-10010		CASH - AVAILABLE		$0.35	
7502-999-20740		JUDICIAL & COURT PERSONNEL TRAINING FUND-STATE			$5.00
7502-999-10010		CASH-AVAILABE		$5.00	
7383-999-20610		DNA TESTING FEE - County			$3.20
7383-999-20740		DNA TESTING FEE - STATE			$28.80
7383-999-10010		CASH - AVAILABLE		$32.00	

7405-999-20610	EMS TRAUMA FUND - COUNTY		$27.20
7405-999-20740	EMS TRAUMA FUND - STATE		$244.80
7405-999-10010	CASH - AVAILABLE	$272.00	
7070-999-20610	CONSOL. COURT COSTS - COUNTY		$12.24
7070-999-20740	CONSOL. COURT COSTS - STATE		$110.20
7070-999-10010	CASH - AVAILABLE	$122.44	
7072-999-20610	STATE CONSOL. COURT COSTS- COUNTY		$193.77
7072-999-20740	STATE CONSOL. COURT COSTS- STATE		$1,743.94
7072-999-10010	CASH- AVAILABLE	$1,937.71	
2698-001-44030-010	DRUG CRT PROG FEE - COUNTY (PROGRAM)		$15.31
2698-999-10010-010	CASH - AVAILABLE	$15.31	
7390-999-20610-999	DRUG COURT PROG FEE - COUNTY (SVC FEE)		$3.06
7390-999-20740-999	DRUG COURT PROG FEE - STATE		$12.25
7390-999-10010-999	CASH - AVAILABLE	$15.31	
7865-999-20610-999	CRIM - SUPP OF IND LEGAL SVCS - COUNTY		$0.18
7865-999-20740-999	CRIM - SUPP OF IND LEGAL SVCS - STATE		$1.66
7865-999-10010-999	CASH - AVAILABLE	$1.84	
7760-999-20790-010	CRIM - DUE TO STATE - NONDISCLOSURE FEE		$0.00
7760-999-10010-010	CRIM - DUE TO STATE - NONDISCLOSURE FEE	$0.00	
7950-999-20610	TIME PAYMENT - COUNTY		$7.26
7950-999-20740	TIME PAYMENT - STATE		$7.25
7950-999-10010	CASH - AVAILABLE	$14.51	
7505-999-20610	JUDICIAL SUPPORT-CRIM - COUNTY		$0.55
7505-999-20740	JUDICIAL SUPPORT-CRIM - STATE		$4.96
7505-999-10010	CASH - AVAILABLE	$5.51	
7505-999-20740-010	JUDICIAL SALARIES-CIVIL - STATE(42)		$42.00
7505-999-10010-010	CASH AVAILABLE	$42.00	
2740-001-45050	BOND FORFEITURES		$0.00
2740-999-10010	CASH - AVAILABLE	$0.00	
2729-001-44034	PRE-TRIAL DIVERSION FUND		$0.00
2729-999-10010	CASH - AVAILABLE	$0.00	
7857-999-20610	JURY REIMBURSEMENT FUND- COUNTY		$0.40
7857-999-20740	JURY REIMBURSEMENT FUND- STATE		$3.64
7857-999-10010	CASH - AVAILABLE	$4.04	
7860-999-20610	STATE TRAFFIC FINE- COUNTY		$0.00
7860-999-20740	STATE TRAFFIC FINE- STATE		$0.00
7860-999-10010	CASH - AVAILABLE	$0.00	
7403-999-22888	DIST CRT - ELECTRONIC FILING FEE - CIVIL		$30.00
7403-999-22991	DIST CRT - ELECTRONIC FILING FEE - CRIMINAL		$1.06
	CASH - AVAILABLE	$31.06	

	LOCAL CONSOL. COURT COST		
1000-001-44050	DISTRICT CLERK FEES		$418.98
1000-999-10010	CASH - AVAILABLE	$418.98	
2739-001-44055	RECORD MGMT/PRSV FUND - COUNTY		$261.86
2739-999-10010	CASH - AVAILABLE	$261.86	
2669-001-44050	COUNTY JURY FUND		$10.47
2669-999-10010	CASH - AVAILABLE	$10.47	
2670-001-44055	COURTHOUSE SECURITY		$104.74
2670-999-10010	CASH - AVAILABLE	$104.74	
2663-001-44050	CO & DIST CRT TECHNOLOGY FUND		$41.90
2663-999-10010	CASH - AVAILABLE	$41.90	
2676-001-44050	COUNTY SPECIALTY COURT FUND		$261.86
2676-999-10010	CASH - AVAILABLE	$261.86	
	TOTAL:	$1,099.82	

7855-999-20784-010	DIST CRT - DIVORCE & FAMILY LAW - STATE		$0.00
7855-999-20657-010	DIST CRT - DIVORCE & FAMILY LAW - COUNTY		$0.00
7855-999-20792-010	DIST CRT-OTHER THAN DIVORCE/FAMILY LAW - STATE		$0.00
7855-999-20658-010	DIST CRT-OTHER THAN DIVORCE/FAMILY LAW - COUNTY		$0.00
7855-999-20740-010	DIST CRT - OTHER CIVIL PROCEEDINGS - STATE		9.50
7855-999-20610-010	DIST CRT - OTHER CIVIL PROCEEDINGS - COUNTY		0.50
7855-999-20790-010	DUE TO STATE - NONDISCLOSURE FEE		$0.00
7855-999-10010-010	CASH - AVAILABLE	10.00	
2677-001-44050-999	COUNTY DISPUTE RESOLUTION FUND		$222.81
2677-999-10010-999	CASH - AVAILABLE	$222.81	
7858-999-20740-999	DIST CLK - DUE TO STATE CONSOLIDATED FEE 2022		$1,407.72
7858-999-10010-999	CASH AVAILABLE	$1,407.72	
	TOTAL (Distrib Req to Oper Acct)	**$16,617.76**	**$15,517.94**
	DUE TO OTHERS (Distrib Req(s) attached)		
	ATTORNEY GENERAL (RESTITUTION)	0.00	
	OUT-OF-COUNTY SERVICE FEES	75.00	
	REFUND OF OVERPAYMENTS	0.00	
	DUE TO OTHERS	442.23	
	TOTAL DUE TO OTHERS		$517.23
	REPORT TOTAL - ALL FUNDS		**16,035.17**
	PLUS AMT OF RETURNED CKS		**0.00**
	LESS: TOTAL TREASURER'S RECEIPTS		(16,035.17)
Revised 04/03/23	OVER / (SHORT)		$0.00

DISTRICT COURT

JUNE 2024

STATE COURT COSTS REPORT

SECTION I: REPORT FOR OFFENSES COMMITTED	COLLECTED	JUNE COUNTY	STATE
01/1/20 - Present	[illegible]	193.77	1,743.94
01/01/04 - 12/31/19	$122.44	12.24	110.20
09/01/01 - 12/31/03	[illegible]	-	-
09/01/99 - 08/31/01	[illegible]	-	-
09/01/97 - 08/31/99	[illegible]	-	-
09/01/95 - 08/31/97	[illegible]	-	-
09/01/91 - 08/31/95	[illegible]	-	-
TOTALS	$2,060.15	206.01	1,854.14
BAIL BONDS FEES			
DNA TESTING FEES	32.00	3.20	28.80
EMS TRAUMA FUND	272.00	27.20	244.80
JUV. PROB. DIVERSION FEES			
JURY REIMBURSEMENT FEE	$4.04	0.40	3.64
INDIGENT DEFENSE FUND	$1.84	0.18	$1.66
STATE TRAFFIC FEES	$0.00	-	$0.00
DRUG CRT PROG FEE	$30.62	$18.37	12.25
SECTION II: AS APPLICABLE			
STATE POLICE OFFICER FEES			
FAILURE TO APPEAR/PAY FEES		-	-
JUD. FUND-CONST. CO. CRT.			
JUD. FUND-STATUTORY CO. CRT.			
MOTOR CARRIER WEIGHT VIOLATIONS			
TIME PAYMENT FEE	$14.51	7.26	7.25
DRIVING RECORD FEE			
JUDICIAL SUPPORT FEES	$5.51	0.55	4.96
ELECTRONIC FILING FEE - CR	$1.06		$1.06
NONDISCLOSURE FEES - CR	$0.00		$0.00
TOTAL STATE COURT COSTS	$2,421.73	$ 263.17	$ 2,158.56

CIVIL FEES REPORT

		COLLECTED	JUNE COUNTY	STATE
BIRTH CERTIFICATE FEES				
MARRIAGE LICENSE FEES				
DECL. OF INFORMAL MARRIAGE				
ELECTRONIC FILING FEE - CV		$30.00		$30.00
NONDISCLOSURE FEES - CV	0	$0.00		$0.00
JUROR DONATIONS				
JUSTICE CRT. INDIG FILLING FEES				
STAT PROB CRT INDIG FILING FEES				
STAT PROB CRT JUDIC FILING FEES				
STAT CNTY CRT INDIG FILING FEES				
STAT CNTY CRT JUDIC FILING FEES				
STAT CNTY CRT-JUDICIAL SUPPORT				
CONST CNTY CRT INDIG FILING FEES				
CNST CNTY CRT JUDIC FILING FEES				
DIST CRT DIV & FAMILY LAW	0	$0.00	-	-
DIST CRT OTHER THAN DIV/FAM LAW	0	$0.00	-	-
DIST CRT OTHER CIVIL FILINGS	2	$10.00	0.50	9.50
FAMILY PROTECTION FEE				
JUDICIAL SUPPORT FEE	1	$42.00		$42.00
JUDICIAL & COURT PERSONNEL TRANING FEE	2	$5.00	-	$5.00
2022 STATE CONSOLIDATED FEE	5	$1,407.72		$1,407.72
COUNTY DISPUTE RESOLUTION FUND		222.81		222.81
TOTAL CIVIL FEES REPORT		$ 1,717.53	$ 0.50	$ 1,717.03
TOTAL BOTH REPORTS		$ 4,139.26	$ 263.67	$ 3,875.59

CALHOUN COUNTY
201 West Austin

DISTRIBUTION REQUEST

DR# 420 A 45476

PAYEE
Name: Calhoun County Oper. Acct.
Address:
City:
State:
Zip:
Phone:

PAYOR
Official: Anna Kabela
Title: District Clerk

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
7340-999-20759-999	District Clerk Monthly Collections - Distribution	$15,517.94
	JUNE	
	2024	
V# 967		
	TOTAL	15,517.94

7-10-2024

Signature of Official Date

CALHOUN COUNTY EXTENSION OFFICE

TRAVEL REPORT TO COMMISSIONER'S COURT

June 2024

Date	Travel Description*	Miles	Meals	Lodging	Other (*Listed*)	Other (*Cost*)
06/03/2024	YMCA Water Safety - Port Lavaca - CMR - CT	6				
06/02 - 06/03/2024	HSTYA Summit - College Station - FCH - PV	374.0				
06/04/2024	YMCA Fishing at LNRA - Lake Texana - CMR - CT	156.0				
06/05/2024	Aquatic Education - Lake Texana - CMR - CT	44.0				
06/06 - 06-07/2024	4-H Gala - College Station - AGNR - CT	360.0				
06/06/2024	Texas 4-H Round UP - College Station - 4-H - CT	354.0				
06/07/2024	Healthy South Texas Filming - Corpus Christi - FCH - CT	206.0				
06/10/2024	4-H Star Award Interviews - Bay City - 4-H - CT	107.0				
06/11/2024	YMCA Water Safety - Port Lavaca - CMR - CT	6.0				
06/12/2024	Aquatic Education - Lake Texana - CMR - CT	44.0				
06/12 - 06/14/2024	D11 4-H Leadership Lab - Alleyton - 4-H - CT	251.4				
06/13/2024	YMCA Kayak - Lake Texana - CMR - CT	44.0				
06/18/2024	Crop Tour Visits - Calhoun County - AGNR - CT	15.0				
06/19/2024	Calhoun Road Flooding with DAR & TDEM - Calhoun County - CMR - CT	125.0				
06/19/2024	DeWitt Co. 4-H Star Award Interviews - Cuero - 4-H - CT	112.8				
06/20/2024	Site Visits: Rice, Soybean, Milo - Calhoun County - AGNR - CT	31.0				
06/24/2024	Seadrift Bait Stand Visit - Seadrift - CMR - CT	52.0				
06/24/2024	Refugio Co. 4-H Star Award Interviews - Refugio - 4-H - CT	111.6				
06/25/2024	YMCA Kayak - Lake Texana - CMR - CT	44.0				
		2443.8		**$ -**		

* CT - denotes use of county truck; PV - denotes use of personal vehicle; CP - denotes agent carpooled to event; CV - denotes use of county van

CEA-AGNR denotes Hailey Hayes; CEA-4-H denotes Emilee DeForest ; CEA-FCH denotes Karen Lyssy; CEA-CMR denotes RJ Shelly

I hereby certify that this is a true and correct report of travel (mileage) and other expenses incurred by me in performance of my official duties for the month shown.

Emilee DeForest	Hailey Hayes	Karen Lyssy	R. J. Shelly
County Extension Agent	County Extension Agent	County Extension Agent	County Extension Agent
4-H & Youth Development	Ag & Natrual Resources	Family & Community Health	Coastal Marine Resource

4-H and Youth Development

EXTENSION ACTIVITY REPORT TO COUNTY COMMISSIONERS COURT

June 2024

Miles traveled: County Vehicle 936.8; Personal Vehicle 0

Selected major activities since last report

June 6 – Texas 4-H Roundup (College Station)
June 7 – 4-H Video interviews
June 10 – Matagorda County Star Award Interviews (Bay City)
June 11 – Major Show Steer/Heifer Tag In-1
June 12-14 – D11 4-H Leadership Lab (Alleyton)
June 17 – Tri-County Record Book Judging
June 18 – 4-H Sportfishing Trip in POC
June 19 – DeWitt County Star Award Interviews (Cuero)
Major Show Steer Tag In-2
June 21 – 4-H Star Award/Scholarship Interviews
June 24 – Refugio County Star Awar Interviews (Refugio)
June 25 – Calhoun Library Program (Seadrift & POC)
CCF Sheep/Goat/Swine Tag In
June 26 – Calhoun Library Program (Port Lavaca)
June 27 – 4-H Clover Kids Camp in POC

Direct Contacts by:

Office: 8	**E-mail**: 129	**Facebook Posts/Followers**: 13 posts/675 followers
Site: 22	**Newsletters**: 1	**Instagram Posts/Followers**: 9 posts/255 followers
Phone/Texts: 27	**4-H Enrollment**: 176 youth; 29 adult volunteers	

Major events for next month – July 2024

July 9 – D11 4-H Jr. Leadership Lab (Rockport)
CCF Steer/Heifer Clinic I
July 11 – D11 4-H Record Book Judging (Victoria)
July 19 – 4-H Photography Camp
July 24-26 – 4-H Prestige Leadership Conference (Canyon)
July 30 – 4-H Welcome to the REAL-World Camp
July 31 – 4-H Robotics Camp

Emilee S. DeForest — Calhoun

CEA – 4-H and Youth Development — June 2024

7-10-2024

Agriculture and Natural Resources
EXTENSION ACTIVITY REPORT TO COUNTY COMMISSIONERS COURT
June 2024

Miles traveled: County Vehicle; 405 Personal Vehicle: 0

Selected major activities since last report

3- South Texas Farm and Ranch Planning meeting
6th- 4-H round up Gala
7th – Garden Program
8th – Calhoun County Commercial Heifer Tag in
10th – TCAAA Teams Meeting
12th – RPL 1:1 Teams
17th – Tri District Record Book Judging
17th – Calhoun County Project Visit
18th – Crop Tour
20th – Moreman Gin Site Visit
19th – Major Show Cattle Validation
23-25- Women Cotton Incorporated Tour North Carolina
27th – Hay Samples
Each Wednesday Livestock Judging Practice

Direct Contacts by:

Office: 7 **E-mail**: 75 **Facebook Posts/Followers**: 15 posts/629 followers
Site: 10 **Newsletters**: 0 **Instagram Posts/Followers:** 0 Post/ 0 followers
Phone/Texts: 25

Major events for next month – July 2024

Each Wednesday Livestock Judging Practice
Calhoun County Livestock Project Site Visits every Monday
9th – 3 Virtual Meetings
11th – District Record Book Judging
14- 18 – National County Agents Association Conference
18-21- Texas Farm Bureau Young Farmer and Rancher Summer Social
30-31- State Agrilife Conference

Hailey Hayes — Calhoun

CEA – Agriculture and Natural Resources — July 1, 2024

7-10-2024

Family and Community Health
EXTENSION ACTIVITY REPORT TO COUNTY COMMISSIONERS COURT
June 2024

Miles traveled: 206 County Vehicle 374 Personal Vehicle

Selected major activities since last report: .

- June Meetings- 4, 7, 18, 20, & 24 District 11, Memorial Medical Foundation Board, Southeast Regional Advisory Committee, United Way Board, Senior Citizen's Board, and Volunteer Steering Committee,
- June – 3, 5, 7, 10, 12, 14, 17, 19, 21, 24, 26, & 28 Strong People Strong Bodies Mornings (extension office auditorium and First United Methodist Church) – 3 classes a week.
- June 2-3 Healthy (South) Texas Youth Ambassador Summit – With Clay Brumfield – Our Ambassador
- June 5, 10, 12, 17, 19, 24, & 26 Walk Across Texas in the Pool
- June 7 Filming Diabetes Programs in Corpus Christi with Healthy South Texas
- June 10-13 Cooking Camp with YMCA
- June 13 Dinner Tonight Emergency Preparedness with Luke Drosche our Disaster Assessment and Recovery Agent with AgriLife -at the Fairgrounds – All are Welcome.
- June 14 Meeting with Golden Cresent MOMs Group Texas A&M School of Nursing
- June 17 County Record Book Judging in Calhoun County (with Aransas and Refugio Counties)
- June 20 HST Program Planning for the District here at the Bauer Exhibit Building
- June 23- 27 South Texas Judges and Commissioner's Conference in South Padre – working some of it
- June 25 Early Childhood Educators Training

Direct Contacts by:

Office: 3	Volunteers: 5	Facebook Page Post 49	Followers 710	Instagram Posts 28
Site: 6	Newsletters: 80	Facebook profile 1025+ Friends		3 posts
Phone/Texts: 73	In Person Educational Participant Contacts – 415			

Major events for next month – July 2024

- July Meetings- 1, 2, 9, 11, 12, 16, & 18, Bay to Plate Planning, District 11, DSHS Steering Committee, Library Board, Memorial Medical Foundation Board, United Way Board, and Senior Citizen's Board
- July – 1, 3, 5, 8, 10, 12, 15, 17, 19, 22, 24, 26, 29 & 31 Strong People Strong Bodies Mornings (extension office auditorium and First United Methodist Church) – 3 classes a week.
- July 1, 3, 8, 10, 15, 17, 22, 24, 29 & 31 Walk Across Texas in the Pool
- July 2 Jam(m)ing Class in Aransas County
- July 2, 4, 9, 11, 16, 18, 23, 25 & 30 Water Aerobics Class
- July 8-11 Advanced Cooking Camp with YMCA
- July 17-19 Cooking Camp with The Harbor
- July 22-26 Texas Extension Agents for Family and Consumer Sciences Conference in Abilene
- July 23 Early Childhood Educators Training
- July 29 Jam(m)ing Class in Port Lavaca for Families
- July 30-Aug 1 Texas AgriLife Extension Conference in College Station

Karen P. Lyssy
Name

Calhoun
County

CEA – Family and Community Health
Title

June 2024
Date (Month-Year)

7-10-2024

Coastal and Marine
EXTENSION ACTIVITY REPORT TO COUNTY COMMISSIONERS COURT
June 2024

Miles traveled: County Vehicle 521 Personal Vehicle 0

Selected major activities since last report.

June 1 – Matagorda Bay Fishing Co-Op Oyster Farm Training Program

June 3 – Calhoun County YMCA Summer Camp Program – Water Safety Kinder Camp
June 4 – YMCA Camp Fishing and Crabbing at LCRA Park
June 5 – LNRA Aquatic Education Program
June 6 – PL Rotary Presentation
June 11 – YMCA Water Safety
June 12 – Aquatic Education at Lake Texana / Matagorda Bay Fishing Cooperative Presentation at Calhoun Co. Commissioners Court
June 13 – YMCA Kayak at Lake Texana
June 19 – Road Flooding tour with DAR and TDEM
June 20 – Lavaca Bay Foundation meeting with TXGLO Speaker
June 21 – Freshwater fishing with YMCA
June 24 – Seadrift Bait Stand site visit

June 25 – YMCA Kayak Lake Texana

June 27/28 – TAMU Spark 3D Printing Program for YMCA

Direct Contacts by:

Office: 4	E-mail/Letters: 232	Instagram Posts/Followers: 11/1014
Site: 3	Newsletters: 0	
Phone/Texts: 211	Volunteers: 0	

Major events for next month – July 2024

July – YMCA Summer Camp
July 24/25 – UTMSI Shoreline Restoration Conference

RJ Shelly
Name

Calhoun
County

Coastal and Marine Agent
Title

June 2024
Date (Month-Year)

7-10-2024

12

12. Consider and take necessary action on any necessary budget adjustments. (RHM)

None

13

13. Approval of bills and payroll. (RHM)

MMC Bills	
RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Vern Lyssy, Commissioner Pct 2
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

County Bills	
RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Vern Lyssy, Commissioner Pct 2
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

July 10, 2024

APPROVAL LIST - 2024 BUDGET

COMMISSIONERS COURT MEETING OF **07/10/24**

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT **PAGE 17**				$194,006.14
FICA	**PAYROLL 7/5/2024**	P/R	$	63,757.46
MEDICARE	**PAYROLL 7/5/2024**	P/R	$	14,911.08
FWH	**PAYROLL 7/5/2024**	P/R	$	39,433.25
NATIONWIDE RETIREMENT SOLUTIONS	**PAYROLL 7/5/2024**	P/R	$	1,862.50
OFFICE OF THE ATTORNEY GENERAL - CHILD SUPPORT	**PAYROLL 7/5/2024**	P/R	$	2,897.68
VOYA	**PAYROLL 7/5/2024**	P/R	$	1,875.00
URESTE, JOSHUA	**PAVILION DEPOSIT REFUND**	A/P	$	100.00
SALTWATER LEGEND SERIES	**POC COMM CTR DEPOSIT REFUND**	A/P	$	350.00
PEREZ, GLORIA	**BAUER BLDG- DEPOSIT REFUND**	A/P	$	250.00
CON-METAL CONCRETE, LLC	**AIRPORT- CONCRETE FOR PARKING LOT**	A/P	$	9,555.00
TEXAS ASSOCIATION OF COUNTIES	**UNEMPLOYMENT 2ND QTR 2024**	A/P	$	2,331.92
TEXAS COUNTY & DISTRICT RETIREMENT SYSTEM	**JUNE 2024**	P/R	$	191,030.31
VOYAGER	**FUEL USAGE**	A/P	$	19,926.07
	TOTAL VENDOR DISBURSEMENTS:		**$**	**542,286.41**
	TOTAL AMOUNT FOR APPROVAL:		**$**	**542,286.41**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 10, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	519,252.74
TOTAL TRANSFERS BETWEEN FUNDS	$	126,625.59
TOTAL NURSING HOME UPL EXPENSES	$	535,518.23
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 10, 2024	$	1,181,396.56

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.10.24

1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
AMBULANCE OPERATIONS-GENERAL	290	ADVERTISING	60012	PORT LAVACA WAVE	62340	3000708...	GNL AMB 5/1 PUB NOTICE AD	62.80	
			60012	PORT LAVACA WAVE	62340	3000709...	GNL AMB 5/15 PUB NOTICE AD	62.80	
AMBULANCE OPERATIONS-GENERAL	Total 290							125.60	0.00
BUILDING MAINTENANCE	170	UTILITIES-AG BLDG/FAIRGROUNDS	66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 125531623 METAL BLDG KWH 905	161.00	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 135279709 OLD SHOW BARN KWH 0	8.30	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 145862049 NEW SHOW BARN KWH 23	11.06	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 150691105 BAUER KWH 139	25.06	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 157104606 RODEO RR KWH 112	480.02	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 165353885 PAVILION KWH 27	44.07	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 166003693 AG BLDG KWH 0	8.30	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200043106 BAUER KWH 6161	834.10	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200305079 FG WOODSHOP KWH 0	8.30	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 574091035 AG BLDG KWH 8020	1,029.69	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 575045104 FG POLE KWH 0	8.30	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	M# 581206114 BALL PK KWH 5120	1,403.00	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED BAUER KWH 104	19.72	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED FG SEC LT KWH 104	39.44	
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED FG SEC LT KWH 114	24.95	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			66602	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED HWY 35 UNIT 400 KWH 104	23.32	
		UTILITIES-COURTHOUSE AND JAIL	66604	SHELL ENERGY SOLUTIONS	71180	2033775	M# 590613050 CH KWH 82176	6,933.23	
		UTILITIES-JAIL	66605	SHELL ENERGY SOLUTIONS	71180	2033775	M# 592811568 JAIL KWH 100080	8,319.70	
		UTILITIES-COURTHOUSE ANNEX	66606	SHELL ENERGY SOLUTIONS	71180	2033775	M# 575045069 ANNEX I KWH 13056	1,540.42	
		UTILITIES-COURTHOUSE ANNEX II	66621	SHELL ENERGY SOLUTIONS	71180	2033775	M# 136523550 ANNEX II KWH 3673	498.02	
		UTILITIES-DISPATCH BUILDING	66623	SHELL ENERGY SOLUTIONS	71180	2033775	M# 592403030 312 W LIVE OAK KWH 3663	747.06	
BUILDING MAINTENANCE	Total 170							22,167.06	0.00
COMMISSIONERS COURT	230	PATHOLOGIST FEES	64520	VICTORIA MORTUARY SERVICE INC	8238	240607	COM CRT/JP5 6/4 TRANSPORT D. LOPEZ	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240609	COM CRT/JP5 6/6 TRANSPORT B. JARAMILLO	330.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240609A	COM CRT/JP5 6/6 TRANSPORT A. JARAMILLO	330.00	
		UTILITIES-EMERG. COMMUNICATION NETWORK	66607	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200516843 RADIO TWR KWH 2078	253.21	
COMMISSIONERS COURT	Total 230							1,868.21	0.00
COUNTY AUDITOR	190	MACHINE MAINTENANCE	63500	DEWITT POTH & SON LLC	3379	7589770	AUDITOR 6/14 COPIER COUNT 5/13- 6/14	37.48	
		POSTAGE	64790	FRANCOTYP-POSTALI... INC.	2265	RI06277...	AUDITOR 6/27 POSTAGE METER RENTAL 6/26/24-6/25/25	580.80	
COUNTY AUDITOR	Total 190							618.28	0.00
COUNTY CLERK	250	GENERAL OFFICE SUPPLIES	53020	COASTAL OFFICE SOLUTIONS, INC	9063	OEQT27...	CO CLK 6/17 BORDER PAPER	226.87	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COUNTY CLERK	Total 250							226.87	0.00
COUNTY COURT-AT-LAW	410	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	38850026	CRT@LAW1 5/28 WATER, COFFEE, HOT CHOC	80.55	
			53020	QUILL LLC	6602	39026567	CRT@LAW1 6/7 WASTE TONER	32.39	
		ADULT ASSIGNED-ATTORNEY FEES	60050	RIVERA JOE A	3449	2024094	CRT@LAW1 6/5 C# 2024-CR-0084-CC M. GARCIA	325.00	
			60050	RIVERA JOE A	3449	2024095	CRT@LAW1 6/5 C# 2023-CR-0150-CC C. HORNE	325.00	
			60050	RIVERA JOE A	3449	2024096	CRT@LAW1 6/5 C# 2024-CR-0069-CC T. SMITH	325.00	
		LEGAL SERVICES-COURT APPOINTED	63380	ROBERTS ODEFEY WITTE WALL LLP	2606	2024092	CRT@LAW1 6/14 C# 2023-FAM-0090-CC	458.00	
			63380	HARVEY JACOB B	6544	2024090	CRT@LAW1 5/8 C# 2024-FG-0001-CC	2,226.42	
			63380	DUNN CHRISTY B	FF296	2024091	CRT@LAW1 5/8 C# 2024-GR-0001-CC AD LITEM- CERDA	500.00	
		MACHINE MAINTENANCE	63500	RELX INC	4625	3095130...	CRT@LAW1 5/31 MAY 2024 SUBS	56.00	
			63500	XEROX CORPORATION	9001	0215201...	CRT@LAW1 6/6 COPIER LEASE 4/30- 5/30	67.72	
COUNTY COURT-AT-LAW	Total 410							4,396.08	0.00
COUNTY TREASURER	210	MACHINE MAINTENANCE	63500	DEWITT POTH & SON LLC	3379	7588930	TREAS 6/14 COPIER COUNT 5/7- 6/12	71.30	
COUNTY TREASURER	Total 210							71.30	0.00
DISTRICT ATTORNEY	510	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	39112620	DA 6/13 HANGING FOLDERS	50.99	
			53020	AQUA BEVERAGE CO	89	159261	DA 6/30 JUNE 2024 WATER COOLER RENTAL	12.50	
		PHOTO COPIES/SUPPLIES	53030	QUILL LLC	6602	39112620	DA 6/13 COPY PAPER	79.98	
		DUES	54020	TEXAS DIST & CO ATTORNEY ASSOC	7606	248029	DA 7/1 2024 DUES- D. YBARBO	75.00	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		EQUIPMENT	71650	DELL MARKETING LP	1466	1075567...	DA 6/20 DELL PC	1,628.22	
DISTRICT ATTORNEY	Total 510							1,846.69	0.00
DISTRICT CLERK	420	PHOTO COPIES/SUPPLIES	53030	DEWITT POTH & SON LLC	3379	7591420	DIST CLK 6/17 COPIER COUNT 5/14- 6/17	53.97	
		INSURANCE-SURETY BONDS	62878	CNA SURETY	2760	6476790...	DIST CLK 6/27 T. GARCIA SURETY BOND 8/21/24 - 8/21/25	136.50	
			62878	CNA SURETY	2760	6476813...	DIST CLK 6/27 B. REINHARD SURETY BOND 8/21/24- 8/21/25	136.50	
			62878	CNA SURETY	2760	6476819...	DIST CLK 6/27 G. KOBLE SURETY BOND 8/21/24- 8/21/25	136.50	
			62878	CNA SURETY	2760	6476824...	DIST CLK 6/27 L. GARCIA SURETY BOND 8/21/24- 8/21/25	136.50	
			62878	CNA SURETY	2760	6476833...	DIST CLK 6/27 A. GARZA SURETY BOND 8/21/24- 8/21/25	136.50	
DISTRICT CLERK	Total 420							736.47	0.00
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	WEISER KEITH S	8664	2024145	DIST CRT 6/26 C# 2024-CR-8972-DC F. GAUNA	1,050.00	
		ADULT ASSIGNED-INVESTIGATION EXPENSE	60051	WEISER KEITH S	8664	2024145	DIST CRT 6/26 C# 2024-CR-8972-DC F. GAUNA	854.67	
		ADULT ASSIGNED-EXPERT WITNESS EXPENSE	60052	HAMILTON PAUL MARTIN	55210	2024146	DIST CRT 6/26 C# 2022-CR-8716-DC E. HSER	1,125.00	
			60052	HAMILTON PAUL MARTIN	55210	2024147	DIST CRT 6/26 C# 2024-CR-8949-DC J. SOIGNIER	1,125.00	
DISTRICT COURT	Total 430							4,154.67	0.00
EMERGENCY COMMUNICATION DIVISION	635	CAPITAL OUTLAY	70750	DELL MARKETING LP	1466	1075633...	EMER COMM 6/24 LAPTOP	1,649.91	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY COMMUNICATION DIVISION	Total 635							1,649.91	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	AIRGAS USA, LLC	136	9150917...	EMS 6/17 OXYGEN	839.43	
			53980	BOUND TREE MEDICAL, LLC	412	85391551	EMS 6/24 ECG PAPER, SPLINTS	286.75	
			53980	BOUND TREE MEDICAL, LLC	412	85395025	EMS 6/26 CPAP MASKS, CANNUALS, SHARSP CONT, STETHOSCOPES	1,012.19	
			53980	BOUND TREE MEDICAL, LLC	412	85396571	EMS 6/27 ROCURONIUM	1,043.25	
			53980	MED-TECH RESOURCE, INC.	5198	148840	EMS 6/19 (5) SPINE BOARDS, GLOVES	571.00	
			53980	MED-TECH RESOURCE, INC.	5198	148841	EMS 6/19 (4) SPINE BOARDS	491.68	
			53980	GULF COAST HARDWARE LLC	63198	189791	EMS 6/22 BOXES	43.57	
		MACHINE MAINTENANCE	63500	GULF COAST HARDWARE LLC	63198	189739	EMS 6/20 STRUT CHNL, OUTLET, CVR SQ BOX, MIS SUP- AMB REP	181.82	
			63500	GULF COAST HARDWARE LLC	63198	189784	EMS 6/21 HARDWARE, PLUG, CONNECTOR- AMB REPAIRS	38.32	
			63500	GULF COAST HARDWARE LLC	63198	189909	EMS 6/26 ZIPTIES	7.49	
			63500	THIRD COAST DISTRIBUTING, LLC	75930	029283	EMS 6/27 AMB FITTINGS	13.68	
		MACHINERY/EQUIPMENT REPAIRS	63530	FRAZER LTD	2266	95690	EMS 6/25 THERMOSTAT DISPLAY- M2 & BEZEL, CABLE	608.94	
		UTILITIES	66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200574863 EMS KWH 291	38.87	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 57512260 EMS KWH 17840	1,567.56	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED EMS SEC LT KWH 775	133.34	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MEDICAL SERVICES	Total 345							6,877.89	0.00
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	39198501	EXT SVC 6/20 FOLDERS	58.11	
			53020	QUILL LLC	6602	39203946	EXT SVC 6/20 INDEX CARD BOX	39.94	
			53020	QUILL LLC	6602	39212684	EXT SVC 6/20 CLIPBOARDS, FOLDERS, TEA, CLIPS	86.91	
EXTENSION SERVICE	Total 110							184.96	0.00
FIRE PROTECTION-OLIVIA/P.. ALTO	650	UTILITIES	66600	LA WARD TELEPHONE EXC., INC.	4601	93392	OPA VFD 7/1 ACT# 101014 JULY 2024 PHONE	34.44	
			66600	LA WARD TELEPHONE EXC., INC.	4601	93396	OPA VFD 7/1 ACT# 101019 JULY 2024 INTERNET	50.45	
FIRE PROTECTION-OLIVIA/P.. ALTO	Total 650							84.89	0.00
HUMAN RESOURCES	265	EMPLOYMENT EXPENSES	62430	AGENCY 405/CRIME RECORDS SERV	85	CRS202...	HR 5/31 CCH NAME SEARCH	1.00	
HUMAN RESOURCES	Total 265							1.00	0.00
INDIGENT HEALTH CARE	360	BURIAL EXPENSE	60550	VICTORIA MORTUARY SERVICE INC	8238	240628	INDIGENT HLTH CARE 6/20 CREMATION R. MANCILLAS	600.00	
INDIGENT HEALTH CARE	Total 360							600.00	0.00
INFORMATION TECHNOLOGY	275	UTILITIES-117 W. ASH ST. BUILDING	66609	CENTERPOINT ENERGY	1805	2799453...	IT 7/1 ACT# 2799453-2 CCF 0 5/24- 6/25	50.96	
INFORMATION TECHNOLOGY	Total 275							50.96	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JUSTICE OF PEACE-PRECINCT #1	450	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	39045688	JP1 6/10 LABELS, FASTENER, POST ITS, MISC SUPP	120.19	
			53020	QUILL LLC	6602	39074658	JP1 6/12 EXHIBIT TABS	29.38	
JUSTICE OF PEACE-PRECINCT #1	Total 450							149.57	0.00
JUSTICE OF PEACE-PRECINCT #3	470	TELEPHONE SERVICES	66192	MCI COMM SERVICE	3181	5P82989...	JP3 6/19 ACT# 5P829898 LONG DISTANCE SVC	35.39	
		UTILITIES	66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 131978207 JP3 KWH 558	75.89	
			66600	CITY OF POINT COMFORT	860	8000/0724	JP3 7/1 ACT# 8000 WATER 5/16- 6/20	37.50	
JUSTICE OF PEACE-PRECINCT #3	Total 470							148.78	0.00
JUSTICE OF PEACE-PRECINCT #4	480	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	36779015	JP4 6/12 COPIER LEASE, LATE FEES	91.03	
		TRAVEL IN COUNTY	66476	SPENCE PATSY	EM...	PO2024...	JP4 7/1 IN-CNTY TRAVEL REIMB- 04/2024 - 06/2024	313.56	
JUSTICE OF PEACE-PRECINCT #4	Total 480							404.59	0.00
JUSTICE OF PEACE-PRECINCT #5	490	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	36796852	JP5 6/17 COPIER LEASE	69.00	
		MISCELLANEOUS	63920	TEXAS PEST RX LLC	77100	PO909	JP5 6/29 QTLY PEST CNTRL	45.00	
JUSTICE OF PEACE-PRECINCT #5	Total 490							114.00	0.00
JUVENILE COURT	500	JUVENILE ASSIGNED-ATTORNEY FEES	63070	SMITH JAMES	72500	2024093	CRT@LAW1 6/6 C# 2023-JC-0058-CC	275.00	
			63070	SMITH JAMES	72500	2024097	CRT@LAW1 6/6 C# 2024-JV-0005-CC	275.00	
JUVENILE COURT	Total 500							550.00	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
LIBRARY	140	GENERAL OFFICE SUPPLIES	53020	THE LIBRARY STORE INC	4616	692976	LIBRARY 6/24 BOOK COVERS	213.14	
		PHOTO COPIES/SUPPLIES	53030	XEROX CORPORATION	9001	0216085...	LIBRARY 7/1 COPIER LEASE 5/21- 6/21	240.76	
			53030	XEROX CORPORATION	9001	0216085...	SEA LIBRARY 7/1 COPIER LEASE 5/30- 6/21	81.14	
			53030	XEROX CORPORATION	9001	0216575...	POC LIBRARY 7/3 COPIER LEASE 5/21- 6/30	58.56	
		FIRE & SECURITY SERVICES	62630	VCS SECURITY SYSTEMS, INC.	8244	271224	LIBRARY 6/25 FIRE MONITORING	25.00	
		INTERNET SERVICES	62955	T MOBILE USA INC	79681	9966804...	LIBRARY 6/21 ACT# 996680425 HOT SPOTS 5/21- 6/20	313.70	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3619834...	POC LIB 6/25 A# 361-983-4365- 010589-5 PHONE 6/25- 7/24	104.94	
		UTILITIES-MAIN LIBRARY	66610	SHELL ENERGY SOLUTIONS	71180	2033775	M# 575212773 LIBRARY KWH 17580	1,920.10	
			66610	REPUBLIC SERVICES #847	8897	0847001...	LIBRARY 6/26 ACT# 3-0847-0004635 JULY 2024 TRASH SVC	39.08	
		UTILITIES-SEADRIFT LIBRARY	66622	SHELL ENERGY SOLUTIONS	71180	2033775	M# 558784200 LIBRARY KWH 7520	766.97	
			66622	CITY OF SEADRIFT	862	1253/0624	SEA LIBRARY 6/28 ACT# 1253 WATER	111.41	
		BOOKS & PRINT MATL-LIBRARY	70550	CENGAGE LEARNING, INC.	26020	84544965	LIBRARY 6/17 (3) BOOKS	83.22	
			70550	CENGAGE LEARNING, INC.	26020	84545235	LIBRARY 6/17 (3) BOOKS	74.22	
			70550	CENGAGE LEARNING, INC.	26020	84545336	LIBRARY 6/17 (3) BOOKS	62.97	
			70550	CENGAGE LEARNING, INC.	26020	84545448	LIBRARY 6/17 (2) BOOKS	53.98	
			70550	CENGAGE LEARNING, INC.	26020	84545666	LIBRARY 6/17 (4) BOOKS	83.96	
			70550	CENGAGE LEARNING, INC.	26020	84552804	LIBRARY 6/18 (2) BOOKS	49.48	
			70550	CENGAGE LEARNING, INC.	26020	84553052	LIBRARY 6/18 (3) BOOKS	62.97	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			70550	BAKER & TAYLOR	403	5018970...	LIBRARY 6/12 (2) BOOKS	30.62	
			70550	BAKER & TAYLOR	403	5018970...	LIBRARY 6/12 (21) BOOKS	298.21	
			70550	BAKER & TAYLOR	403	5018970...	LIBRARY 6/12 (6) BOOKS	66.02	
			70550	BAKER & TAYLOR	403	5018981...	LIBRARY 6/20 (6) BOOKS	97.16	
			70550	BAKER & TAYLOR	403	5018981...	LIBRARY 6/20 (18) BOOKS	270.20	
			70550	BAKER & TAYLOR	403	5018981...	LIBRARY 6/20 (1) BOOK	11.07	
		E-FORMAT/DIGITAL MATL-LIBRARY	71146	CYBRARIAN CORPORATION	7070	0897479	LIBRARY 7/31 ANNUAL SOFTWARE SUBS 8/1/24-7/31/25	1,849.95	
LIBRARY	Total 140							6,968.83	0.00
MUSEUM	150	UTILITIES-MUSEUM	66612	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200152117 MUSEUM KWH 4325	496.60	
MUSEUM	Total 150							496.60	0.00
NO DEPARTMENT	999	DUE FROM HOSPITAL ENTERPRISE FUND	10630	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200154806 815 N VIRGINIA KWH 0	8.47	
			10630	SHELL ENERGY SOLUTIONS	71180	2033775	M# 590613338 HOSPITAL ST KWH 437760	40,895.25	
		DUE TO JP COLLECTIONS ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	288857	JP4 6/26 COLLECTION FEES	130.74	
NO DEPARTMENT	Total 999							41,034.46	0.00
ROAD AND BRIDGE-PRECINCT #1	540	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB1 6/18 OIL PLUG	6.08	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB1 6/19 OIL, OIL FILTER	59.12	
		TOOLS	53595	THIRD COAST DISTRIBUTING, LLC	75930	028754	RB1 6/18 LEAK DETECTOR	43.99	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4197079...	RB1 6/27 UNIFORMS	100.55	
		MISCELLANEOUS	63920	DEWITT POTH & SON LLC	3379	7589040	RB1 6/14 COPIER COUNT 5/13- 6/14	35.76	
		UTILITIES	66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 160386626 PCT1 KWH 3024	337.87	
		UTILITIES-PARKS	66614	SHELL ENERGY SOLUTIONS	71180	2033775	M# 139353201 2400 W AUSTIN KWH 1330	166.34	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			66614	SHELL ENERGY SOLUTIONS	71180	2033775	M# 157945365 CHOC BAY RR KWH 874	115.76	
ROAD AND BRIDGE-PRECINCT #1	Total 540							865.47	0.00
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES	53210	GULF COAST HARDWARE LLC	63192	189864	RB2 6/25 HARDWARE	16.32	
		ROAD & BRIDGE SUPPLIES	53510	BLADES GROUP LLC	4795	18045256	RB2 6/25 (62) 50# BAGS ASPHALT PATCH	1,240.00	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4196771...	RB2 6/25 SCRAPER MAT	3.98	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB2 6/20 GLOVES	21.96	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4196771...	RB2 6/25 UNIFORMS	64.86	
		MACHINERY/EQUIPMENT REPAIRS	63530	SOUTHERN TIRE MART LLC	7547	4820086...	RB2 6/29 SVC CALL- FLAT REPAIR, ORING- LOADER	299.95	
			63530	SOUTHERN TIRE MART LLC	7547	4820086...	RB2 6/29 SVC CALL- WATER TRUCK (RENTAL)	659.32	
		MISCELLANEOUS	63920	REXCO INC	6830	253208	RB2 6/21 20HRS- ROAD MIXER	7,200.00	
		TRAVEL IN COUNTY	66476	JUREK LESA	1088	PO5507...	RB2 7/2 JUNE 2024 IN-CNTY TRAVEL REIMB	46.90	
ROAD AND BRIDGE-PRECINCT #2	Total 550							9,553.29	0.00
ROAD AND BRIDGE-PRECINCT #3	560	GENERAL OFFICE SUPPLIES	53020	GULF COAST HARDWARE LLC	63193	189946	RB3 6/27 PINESOL	9.18	
			53020	QUILL LLC	6602	39067335	RB3 6/11 PAPER TOWELS, MRKRS, SOAP, LYSOL	140.71	
		MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB3 6/24 LAWN MOWER BATTERY, MANIFOLD SET	218.29	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB3 6/26 FILTERS, MISC SUPP- U305, OIL TRUCK	147.39	
		ROAD & BRIDGE SUPPLIES	53510	KC LEASE SERVICE INC	2893	79522	RB3 6/18 40.16T PEA GRAVEL	2,748.56	
			53510	BLADES GROUP LLC	4795	18045147	RB3 6/12 (124) 50LB BAGS POT HOLE REPAIR	2,480.00	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		TIRES AND TUBES	53520	SOUTHERN TIRE MART LLC	7547	4820086...	RB3 6/24 TIRE-MOTORGRADER	2,241.95	
			53520	CARY'S TIRE & AUTOMOTIVE LLC	89820	30604	RB3 6/27 (2) FRNT TIRES-U32	464.99	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	7075124...	RB3 7/3 500G DIESEL, 700G UNLEADED	3,595.75	
		TOOLS	53595	GULF COAST HARDWARE LLC	63193	189849	RB3 6/25 FENCE PLIERS	25.99	
			53595	GULF COAST HARDWARE LLC	63193	189929	RB3 6/26 CHAINSAW, WRENCH SET, CUTTER	237.97	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4196931...	RB3 6/26 FRESHENER	6.00	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 6/11 SAFETY GLASSES, COOLING TOWELS	52.09	
			53992	GULF COAST HARDWARE LLC	63193	189805	RB3 6/24 TIE DOWNS, NUT, BOLT	91.74	
			53992	GULF COAST HARDWARE LLC	63193	189818	RB3 6/24 SHOVELS, PLUG, ADAPTER	87.95	
			53992	GULF COAST HARDWARE LLC	63193	189846	RB3 6/25 ROPE, BALL MNT	59.98	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB3 6/25 HOSE, WIPES, MISC SHOP SUPP	149.40	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4196931...	RB3 6/26 UNIFORMS	74.72	
		EQUIPMENT RENTAL	62510	GREAT AMERICA FINANCIAL	2751	36863393	RB3 6/25 COPIER LEASE	69.00	
		TELEPHONE SERVICES	66192	LA WARD TELEPHONE EXC., INC.	4601	93380	RB3 7/1 ACT# 100994 JULY 2024 PHONE/ INTERNET	152.88	
			66192	LA WARD TELEPHONE EXC., INC.	4601	93393	RB3 7/1 ACT# 101016 JULY 2024 PHONE/ INTERNET	180.07	
			66192	LA WARD TELEPHONE EXC., INC.	4601	93394	RB3 7/1 ACT# 101017 JULY 2024 PHONE	57.62	
ROAD AND BRIDGE-PRECINCT #3	Total 560							13,292.23	0.00
ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	NUECES POWER EQUIPMENT	5449	48308V	RB4 6/24 SWITCH, HOSE-BACKHOE	1,233.47	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB4 6/24 STARTER	177.77	
			53210	ASPHALT ZIPPER INC.	8572	INV2024...	RB4 6/18 BELTS, ORING	322.90	
		UTILITIES	66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 130873968 PCT4 WHSE KWH 942	121.06	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 134555776 PCT4 GREENLAKE KWH 0	7.30	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 150167413 PCT4 KWH 3063	371.50	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 154674489 HARBOR RD KWH 3136	370.45	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED 105 W DALLAS AVE KWH 155	25.95	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED PCT4 #1 KWH 104	19.68	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED PCT4 KWH 104	23.35	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	UNMETERED PCT4 SEC LT KWH 39	11.59	
			66600	CITY OF SEADRIFT	862	1166/0624	RB4 6/28 ACT# 1166 WATER	35.60	
			66600	CITY OF SEADRIFT	862	125/0624	RB4 6/28 ACT# 125 WATER	89.35	
		UTILITIES-PARKS	66614	SHELL ENERGY SOLUTIONS	71180	2033775	M# 143749742 PCT4 GREENLAKE KWH 0	8.47	
ROAD AND BRIDGE-PRECINCT #4	Total 570							2,818.44	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	DRIESSEN WATER INC	6245	4343198	SO 4/19 WATER	264.95	
			53020	DRIESSEN WATER INC	6245	4527050	SO 6/26 WATER	65.95	
		PHOTO COPIES/SUPPLIES	53030	DEWITT POTH & SON LLC	3379	7576920	SO 6/3 COPIER COUNT 5/1-6/3	120.78	
		UNIFORMS	53995	FIKES BROOK	2180	PO7606...	SO 6/20 UNIFORM PATCHES	56.00	
			53995	FIKES BROOK	2180	PO7607...	SO 6/28 UNIFORM BADGES, PATCHES	247.00	
		AUTOMOTIVE REPAIRS	60360	KNEUPPER CARROLL	3678	44823	SO 6/27 OIL CHNG- U10	128.22	
			60360	AUTO ZONE	6	3512714...	SO 6/24 WIPER BLADES- U47	45.87	
			60360	COWAN COBY D	772	3860	SO 6/25 REPAIRS- U45	120.00	
			60360	CARY'S TIRE & AUTOMOTIVE LLC	89820	30528	SO 6/13 MOTOR MNT BATTERY- U40	895.75	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			60360	CARY'S TIRE & AUTOMOTIVE LLC	89820	30606	SO 6/27 SWAY BAR LOW, UP CNTRL TRANS KIT- U45	3,795.66	
		MACHINE MAINTENANCE	63500	DIAMOND INSPECTIONS #2	1422	15387	SO 6/26 STATE INSPECTION	7.00	
			63500	KERRI BOYD, TAX ASSESSOR	4041	1317842...	SO 6/26 REGISTRATION	7.50	
		MISCELLANEOUS	63920	TOP HAND SERVICES LLC	77070	60420241	SO 6/4 DEMO, REMOVAL-BLDG	4,082.50	
SHERIFF	Total 760							9,837.18	0.00
VETERANS SERVICES	790	TRAVEL ADVANCE SUSPENSE	66448	LANGFORD BILLY R.	EM...	POVSO...	VSO 6/25 TRAVEL ADV-DENTON, TX 7/15- 7/18	1,020.79	
VETERANS SERVICES	Total 790							1,020.79	0.00

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	COMDATA INC	628	IT75113	AIRPORT 6/18 MECH PUMP CONTROLLER	661.00	
		UTILITIES	66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 119414778 AIRPORT RUNWAY LTS KWH 2406	289.71	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 162885605 AIRPORT KWH 102	20.39	
			66600	SHELL ENERGY SOLUTIONS	71180	2033775	M# 200574860 AIRPORT KWH 8	9.19	
			66600	REPUBLIC SERVICES #847	8897	0847001...	AIRPORT 6/26 ACT# 3-0847-0006197 JULY 2024 TRASH SVC	68.20	
		CAPITAL OUTLAY	70750	GONZALEZ MARTIN	189	703741	AIRPORT 6/13 11YDS SAND-APRON	1,760.00	
NO DEPARTMENT	Total 999							2,808.49	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	AUTOMOTIVE REPAIRS	60360	O REILLY AUTO PARTS	5803	0575375...	OSG 6/25 4WHEELER MAINT	19.98	
		PROGRAMS: SUMMER/AUTHOR VISITS	64970	CREATIVE PRODUCT SOURCE INC	223	CPI1036...	LIBRARY 6/21 HALLOWEEN BAGS	427.56	
NO DEPARTMENT	Total 999							447.54	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.10.24

5111 - CAP.PROJ.-CDBG-DR INFRASTRUCTURE

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	IMPROVEMENTS-DRAINAGE	73153	JRB SERVICES, LLC	38230	C7524	CAP PROJ 6/25 CDBG-DR INFRA LANE RD PROJ	57,630.69	
NO DEPARTMENT	Total 999							57,630.69	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	TRAVEL	66450	LEIJA LUIS	4701	PO7401...	JUV PROB 7/1 TRAVEL REIMB- SAN ANTONIO, TX 6/23- 6/28	204.35	
NO DEPARTMENT	Total 999							204.35	0.00
Report Total								194,006.14	0.00

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 10, 2024

PAYABLES AND PAYROLL			
7/3/2024	Weekly Payables	223,543.11	
7/9/2024	McKesson-340B Prescription Expense	31,426.66	
7/9/2024	Amerisource Bergen-340B Prescription Expense	352.86	
	Prosperity Electronic Bank Payments		
7/9/2024	90 Degree Benefits - employee insurance claims	31,132.33	
7/9/2024	90 Degree Benefits - employee insurance claims	8,453.25	
7/9/2024	90 Degree Benefits - employee insurance claims	45,519.69	
7/9/2024	Credit Card Fees	186.01	
7/9/2024	TCDRS June Retirement	177,750.82	
7/9/2024	Authnet Gateway	33.40	
7/9/2024	Pay Plus-Patient Claims Processing Fee	264.14	
7/9/2024	Credit Card Interchange	175.42	
7/9/2024	Credit Card Discount	360.05	
7/9/2024	Amerisource Bergen - Overage	55.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 519,252.74**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/3/2024	MMC Operating to Solera-Correction of insurance payment payment deposited into MMC Operating in error	7,094.39	
7/3/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	1,428.00	
7/3/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	9,084.00	
7/3/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	77,030.11	
7/3/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	14,088.00	
7/3/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	17,901.09	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 126,625.59**
NURSING HOME UPL EXPENSES			
7/9/2024	Nursing Home UPL-Cantex Transfer	266,703.70	
7/9/2024	Nursing Home UPL-Nexion Transfer	138,001.69	
7/9/2024	Nursing Home UPL-HMG Transfer	41,297.15	
7/9/2024	Nursing Home UPL-Tuscany Transfer	54,586.63	
7/9/2024	Nursing Home UPL-HSL Transfer	25,535.06	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	2,594.00	
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	4,000.00	
7/9/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	2,800.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 535,518.23**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 10, 2024			**$ 1,181,396.56**

RECEIVED BY THE COUNTY AUDITOR ON

JUL 03 2024

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
15344	3M HEALTH INFORMATION SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PDL7478		06/21/202	06/20/202	07/20/202			17,663.89	0.00	0.00	17,663.89
	SOFTWARE Contract 7/15/24 - 7/14/25									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15344	3M HEALTH INFORMATION SYSTEMS	17,663.89	0.00	0.00	17,663.89

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063024		06/30/202	06/30/202	07/25/202			458.01	0.00	0.00	458.01
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	458.01	0.00	0.00	458.01

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9150962455		06/24/202	06/18/202	07/18/202			314.42	0.00	0.00	314.42
	OXYGEN									Sales Tax Ind'd 290.46
9151182086		06/26/202	06/25/202	07/25/202			368.02	0.00	0.00	368.02
	OXYGEN									
9800994090		06/30/202	06/27/202	07/22/202			88.68	0.00	0.00	88.68
	PROPERTY TAX									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	771.12	0.00	0.00	771.12

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
19R4RYTT1YVM		06/20/202	06/19/202	07/19/202			34.70	0.00	0.00	34.70
	SUPPLIES									
1T6RKCMR4M9T		06/25/202	06/25/202	07/25/202			354.32	0.00	0.00	354.32
	CEILING TILES									
11RDDQJ36L6W		06/26/202	06/18/202	07/18/202			136.98	0.00	0.00	136.98
	SUPPLIES									
1MLNJK6RQ4LM		06/26/202	06/19/202	07/19/202			226.00	0.00	0.00	226.00
	SUPPLIES									
1HTMJ1JHL1VD		06/27/202	06/16/202	07/16/202			166.17	0.00	0.00	166.17
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	918.17	0.00	0.00	918.17

Vendor#	Vendor Name	Class	Pay Code
15456	AMERITEX ELEVATOR SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20241536		06/28/202	07/01/202	07/14/202			750.00	0.00	0.00	750.00
	MNTHLY ELEVATOR MAINT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15456	AMERITEX ELEVATOR SERVICES INC	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
157517		06/30/202	06/19/202	07/14/202			50.00	0.00	0.00	50.00
	WATER									

157518		06/30/202	06/19/202	07/14/202		29.00	0.00	0.00	29.00
WATER									
160097		06/30/202	06/19/202	07/14/202		12.00	0.00	0.00	12.00
WATER									

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY	91.00	0.00	0.00	91.00

Vendor# B1150 — Vendor Name: BAXTER HEALTHCARE — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82520856		06/11/202	06/19/202	07/14/202			42.75	0.00	0.00	42.75
SUPPLIES										
82510660		06/24/202	06/17/202	07/12/202			369.34	0.00	0.00	369.34
82498892		06/26/202	06/13/202	07/08/202			172.54	0.00	0.00	172.54
SUPPLIES										

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	584.63	0.00	0.00	584.63

Vendor# B1220 — Vendor Name: BECKMAN COULTER INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11354250		05/31/202	06/24/202	07/19/202			794.83	0.00	0.00	794.83
SUPPLIES										
111388415		06/11/202	06/03/202	07/21/202			79.00	0.00	0.00	79.00
SUPPLIES										
5490034		06/26/202	06/21/202	07/16/202			1,935.15	0.00	0.00	1,935.15
SUPPLIES										
4537477		06/26/202	06/21/202	07/16/202			1,484.00	0.00	0.00	1,484.00
SERVICE CONTR 6/21/24 - 7/20/24										
59182685		06/26/202	06/24/202	07/19/202			1,177.57	0.00	0.00	1,177.57
SUPPLIES										
111396303		06/26/202	06/25/202	07/20/202			2,365.80	0.00	0.00	2,365.80
SUPPLIES										
5490259		06/26/202	06/25/202	07/25/202			1,337.05	0.00	0.00	1,337.05
SUPPLIES										
111399918		06/30/202	06/26/202	07/26/202			7,442.87	0.00	0.00	7,442.87
SUPPLIES										

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	16,616.27	0.00	0.00	16,616.27

Vendor# B1601 — Vendor Name: BOHLS BEARING & POWER TRANS — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
283366		06/30/202	04/25/202	05/10/202			219.15	0.00	0.00	219.15
SUPPLIES										

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
B1601	BOHLS BEARING & POWER TRANS	219.15	0.00	0.00	219.15

Vendor# 14120 — Vendor Name: CALHOUN COUNTY EMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202405		05/31/202	06/03/202	07/20/202			5,280.00	0.00	0.00	5,280.00
MAY TRANSFERS										

Vendor Totals:

Number	Name	Gross	Discount	No-Pay	Net
14120	CALHOUN COUNTY EMS	5,280.00	0.00	0.00	5,280.00

Vendor# 14064 — Vendor Name: CAPITAL ONE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1656315004		06/30/202	06/19/202	07/19/202			520.50	0.00	0.00	520.50

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE	520.50	0.00	0.00	520.50

Vendor#	Vendor Name	Class	Pay Code
C1325	CARDINAL HEALTH 414, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003545880		06/21/202	06/09/202	07/20/202			449.81	0.00	0.00	449.81

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	449.81	0.00	0.00	449.81

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
~~2808552~~ 8003524715	SUPPLIES	06/26/202	05/19/202	07/14/202			497.30	0.00	0.00	497.30

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	497.30	0.00	0.00	497.30

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060424		06/26/202	06/25/202	07/25/202			38.80	0.00	0.00	38.80

INVENTORY

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUG	38.80	0.00	0.00	38.80

Vendor#	Vendor Name	Class	Pay Code
10792	CHS ATHLETIC BOOSTER CLUB INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080124		06/30/202	07/03/202	07/03/202			450.00	0.00	0.00	450.00

ADVERTISING

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10792	CHS ATHLETIC BOOSTER CLUB INC	450.00	0.00	0.00	450.00

Vendor#	Vendor Name	Class	Pay Code
13000	CLEARFLY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV620688		07/01/202	07/01/202	07/15/202			1,179.34	0.00	0.00	1,179.34

PHONE

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13000	CLEARFLY	1,179.34	0.00	0.00	1,179.34

Vendor#	Vendor Name	Class	Pay Code
11616	CONTROL SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CS280059		06/30/202	06/26/202	07/26/202			310.00	0.00	0.00	310.00

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	310.00	0.00	0.00	310.00

Vendor#	Vendor Name	Class	Pay Code
15520	CUSTOM ASSEMBLIES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV7359		07/03/202	06/26/202	07/26/202			384.84	0.00	0.00	384.84

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15520	CUSTOM ASSEMBLIES INC	384.84	0.00	0.00	384.84

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2024036048		05/26/202	05/31/202	07/15/202			270.18	0.00	0.00	270.18

INTERPRETATION

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	270.18	0.00	0.00	270.18

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7592960		06/26/202	06/19/202	07/14/202			61.10	0.00	0.00	61.10
	SUPPLIES									
7594580		06/26/202	06/19/202	07/14/202			884.16	0.00	0.00	884.16
	SUPPLIES									
7598350		06/26/202	06/26/202	07/21/202			65.02	0.00	0.00	65.02
	SUPPLIES									
7599350		06/26/202	06/27/202	07/22/202			67.58	0.00	0.00	67.58
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,077.86	0.00	0.00	1,077.86

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
30899		06/26/202	06/24/202	07/19/202			105.00	0.00	0.00	105.00
	PEST CONTROL									
30844		06/26/202	06/24/202	07/24/202			505.00	0.00	0.00	505.00
	PEST CONTROL									
30898		06/26/202	06/24/202	07/24/202			160.00	0.00	0.00	160.00
	PEST CONTROL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	770.00	0.00	0.00	770.00

Vendor#	Vendor Name	Class	Pay Code
14508	EITAN GROUP NORTH AMERICA, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN1054496		06/25/202	06/24/202	07/24/202			468.00	0.00	0.00	468.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14508	EITAN GROUP NORTH AMERICA, INC	468.00	0.00	0.00	468.00

Vendor#	Vendor Name	Class	Pay Code
14336	FIRETRON, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260902A		06/26/202	06/21/202	07/21/202			625.00	0.00	0.00	625.00
	INSPECTION									
295282		06/26/202	06/24/202	07/24/202			490.00	0.00	0.00	490.00
	PULL STATION REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC	1,115.00	0.00	0.00	1,115.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2894293		06/30/202	06/06/202	07/01/202			578.12	0.00	0.00	578.12
	SUPPLIES									
3113486		07/03/202	06/14/202	07/09/202			140.84	0.00	0.00	140.84
	SUPPLIES									
3183898		07/03/202	06/18/202	07/13/202			62.46	0.00	0.00	62.46
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	781.42	0.00	0.00	781.42

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063024		06/30/202	06/30/202	07/15/202			70.40	0.00	0.00	70.40
	PHONE									
062324		07/01/202	06/23/202	07/17/202			65.16	0.00	0.00	65.16
	TELEPHONE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					135.56	0.00	0.00	135.56

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
91500576		06/26/202	06/25/202	07/25/202			7,908.33	0.00	0.00	7,908.33
	VERTEX CONTRACT 7/25/24 - 8/24/24									
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
12636	FUSION CONNECT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1029203647		06/30/202	06/16/202	07/16/202			907.33	0.00	0.00	907.33
	PHONE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12636	FUSION CONNECT					907.33	0.00	0.00	907.33

Vendor#	Vendor Name	Class	Pay Code
12404	GE PRECISION HEALTHCARE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202918563		06/26/202	06/18/202	07/18/202			46.35	0.00	0.00	46.35
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC					46.35	0.00	0.00	46.35

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6992610235		06/30/202	06/11/202	07/02/202			64.00	0.00	0.00	64.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC					64.00	0.00	0.00	64.00

Vendor#	Vendor Name	Class	Pay Code
11984	GUERBET, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
18765213		07/03/202	06/26/202	07/26/202			350.00	0.00	0.00	350.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11984	GUERBET, LLC					350.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
G0401	GULF COAST DELIVERY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062824		06/30/202	06/28/202	06/28/202			75.00	0.00	0.00	75.00
	DELIVERY Work done 6/11/24 - 6/25/24 Lab									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00

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
2545608		06/25/202	06/18/202	07/18/202			932.14	0.00	0.00	932.14
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					932.14	0.00	0.00	932.14

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
044034		06/26/202	06/18/202	07/18/202			45.58	0.00	0.00	45.58
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.	45.58	0.00	0.00	45.58

Vendor#	Vendor Name	Class	Pay Code
12380	HEALTH SOLUTIONS DIETETICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
060724		06/30/202	06/19/202	07/01/202			3,400.00	0.00	0.00	3,400.00
	DIETICIAN SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	3,400.00	0.00	0.00	3,400.00

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0356503		06/30/202	06/11/202	07/11/202			2,975.40	0.00	0.00	2,975.40
	HSTREAM ANNUAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	2,975.40	0.00	0.00	2,975.40

Vendor#	Vendor Name	Class	Pay Code
H0031	HEB CREDIT RECEIVABLES DEPT308		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
157517		06/30/202	06/26/202	07/25/202			36.05	0.00	0.00	36.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	36.05	0.00	0.00	36.05

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10963090		06/26/202	06/04/202	07/19/202			472.50	0.00	0.00	472.50
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	472.50	0.00	0.00	472.50

Vendor#	Vendor Name	Class	Pay Code
11108	ITERSOURCE CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
711781		06/30/202	07/01/202	07/01/202			250.00	0.00	0.00	250.00
	PHONE SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	250.00	0.00	0.00	250.00

Vendor#	Vendor Name	Class	Pay Code
14540	JINDAL X LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20242013		06/30/202	06/19/202	07/03/202			9,000.00	0.00	0.00	9,000.00
	REV CYCLE MGMT SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14540	JINDAL X LLC	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name	Class	Pay Code
W1372	JOHN B WRIGHT LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070124		06/30/202	07/01/202	07/10/202			4,150.00	0.00	0.00	4,150.00
	PEDIATRIC CALL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	4,150.00	0.00	0.00	4,150.00

Vendor#	Vendor Name				Class	Pay Code				
K0530	KCI USA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	32681956		06/26/202	06/16/202	07/16/202			1,324.02	0.00	0.00	1,324.02
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K0530	KCI USA					1,324.02	0.00	0.00	1,324.02
Vendor#	Vendor Name				Class	Pay Code				
K1049	KENTEC MEDICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1179301		06/30/202	06/25/202	07/25/202			281.50	0.00	0.00	281.50
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		K1049	KENTEC MEDICAL INC					281.50	0.00	0.00	281.50
Vendor#	Vendor Name				Class	Pay Code				
15500	KXTS-TV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	707162		06/28/202	04/28/202	07/14/202			48.00	0.00	0.00	48.00
		ADVERTISING									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15500	KXTS-TV					48.00	0.00	0.00	48.00
Vendor#	Vendor Name				Class	Pay Code				
L1288	LANGUAGE LINE SERVICES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	11313266		05/31/202	05/31/202	07/15/202			79.98	0.00	0.00	79.98
		INTERPRETATION									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES					79.98	0.00	0.00	79.98
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062724		06/27/202	06/27/202	06/27/202			895.00	0.00	0.00	895.00
		INSURANCE									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10972	M G TRUST					895.00	0.00	0.00	895.00
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	22272516		06/26/202	06/25/202	07/10/202			69.97	0.00	0.00	69.97
		SUPPLIES									
	22272515		06/30/202	06/25/202	07/10/202			2,247.90	0.00	0.00	2,247.90
		SUPPLIES									
	22278012		06/30/202	06/26/202	07/15/202			683.33	0.00	0.00	683.33
		SUPPLIES									
	22281525		06/30/202	06/27/202	07/12/202			354.10	0.00	0.00	354.10
		SUPPLIES									
	22267560		06/30/202	06/27/202	07/15/202			590.45	0.00	0.00	590.45
		SUPPLIES									
	22285196		06/30/202	06/27/202	07/15/202			535.00	0.00	0.00	535.00
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC					4,480.75	0.00	0.00	4,480.75
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062524		06/30/202	06/25/202	06/25/202			8.98	0.00	0.00	8.98

INDIGENT PHARM

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	8.98	0.00	0.00	8.98

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2323567719	SUPPLIES	06/11/202	06/20/202	07/15/202			-64.20	0.00	0.00	-64.20
2323750626		06/11/202	06/21/202	07/16/202			437.12	0.00	0.00	437.12
2303282984		06/19/202	01/15/202	02/09/202			846.41	0.00	0.00	846.41
2323328537	SUPPLIES	06/20/202	06/19/202	07/14/202			7,244.82	0.00	0.00	7,244.82
2323328536	SUPPLIES	06/20/202	06/19/202	07/14/202			1,651.41	0.00	0.00	1,651.41
2317274479	SUPPLIES	06/24/202	05/01/202	05/26/202			1,692.61	0.00	0.00	1,692.61
2317274481	SUPPLIES	06/24/202	05/01/202	05/26/202			99.90	0.00	0.00	99.90
2317274476	SUPPLIES	06/24/202	05/01/202	05/26/202			2,893.38	0.00	0.00	2,893.38
2317274484	SUPPLIES	06/24/202	05/01/202	05/26/202			290.14	0.00	0.00	290.14
2323328539	SUPPLIES	06/26/202	06/19/202	07/14/202			64.20	0.00	0.00	64.20
2323328538	SUPPLIES	06/26/202	06/19/202	07/14/202			51.63	0.00	0.00	51.63
232453719	SUPPLIES	06/26/202	06/26/202	07/21/202			24.55	0.00	0.00	24.55
2324253746	SUPPLIES	06/26/202	06/26/202	07/21/202			106.45	0.00	0.00	106.45
2324253713	SUPPLIES	06/26/202	06/26/202	07/21/202			131.22	0.00	0.00	131.22
2324253725	SUPPLIES	06/26/202	06/26/202	07/21/202			10,532.78	0.00	0.00	10,532.78
2324253717	SUPPLIES	06/26/202	06/26/202	07/21/202			966.17	0.00	0.00	966.17
2324253712	SUPPLIES	06/26/202	06/26/202	07/21/202			97.63	0.00	0.00	97.63
2324253727	SUPPLIES	06/26/202	06/26/202	07/21/202			818.32	0.00	0.00	818.32
2324253744	SUPPLIES	06/26/202	06/26/202	07/21/202			99.02	0.00	0.00	99.02
2324253722	SUPPLIES	06/26/202	06/26/202	07/21/202			92.25	0.00	0.00	92.25
2323062254	SUPPLIES	06/27/202	06/17/202	07/12/202			703.36	0.00	0.00	703.36
2303784623	SUPPLIES	06/30/202	01/18/202	02/12/202			90.76	0.00	0.00	90.76
2324450528	CREDIT	06/30/202	06/27/202	07/22/202			-310.02	0.00	0.00	-310.02

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	28,559.91	0.00	0.00	28,559.91

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062724		06/27/202	06/27/202	06/27/202			210.00	0.00	0.00	210.00
	PAYROLL DED									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					210.00	0.00	0.00	210.00

Vendor# M2621 — Vendor Name: MMC AUXILIARY GIFT SHOP — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062724		06/28/202	06/27/202	07/26/202			205.88	0.00	0.00	205.88
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					205.88	0.00	0.00	205.88

Vendor# 10536 — Vendor Name: MORRIS & DICKSON CO, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AC0878592		06/21/202	07/13/202	07/23/202			0.00	0.00	0.00	0.00
	CREDIT									
~~2147139~~		06/26/202	06/25/202	07/14/202			400.11	0.00	0.00	~~400.11~~
	SUPPLIES						no invoice			
CM33678		06/28/202	06/21/202	07/14/202			-33.30	0.00	0.00	-33.30
	CREDIT									
SC5465		06/28/202	06/25/202	07/14/202			142.08	0.00	0.00	142.08
	SUPPLIES									
2150651		06/28/202	06/26/202	07/14/202			1,543.47	0.00	0.00	1,543.47
	SUPPLIES									
2147844		06/28/202	06/26/202	07/14/202			4,658.77	0.00	0.00	4,658.77
	SUPPLIES									
2150650		06/28/202	06/26/202	07/14/202			50.74	0.00	0.00	50.74
	SUPPLIES									
2150812		06/28/202	06/26/202	07/14/202			7,922.07	0.00	0.00	7,922.07
	SUPPLIES									
2147731		06/28/202	06/26/202	07/14/202			11,744.52	0.00	0.00	11,744.52
	SUPPLIES									
2147842		06/28/202	06/26/202	07/14/202			2,329.38	0.00	0.00	2,329.38
	SUPPLIES									
CM34586		06/28/202	06/27/202	07/14/202			-57.32	0.00	0.00	-57.32
	CREDIT									
2152745		06/28/202	06/27/202	07/14/202			2,351.60	0.00	0.00	2,351.60
	SUPPLIES									
SC5464		06/28/202	06/27/202	07/14/202			85.27	0.00	0.00	85.27
	SUPPLIES									
2156040		06/28/202	06/27/202	07/14/202			32.60	0.00	0.00	32.60
	SUPPLIES									
2152751		06/28/202	06/27/202	07/14/202			4,696.48	0.00	0.00	4,696.48
	SUPPLIES									
2156041		06/28/202	06/27/202	07/14/202			147.89	0.00	0.00	147.89
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC					36,014.36	0.00	0.00	36,014.36

Vendor# O1500 — Vendor Name: OLYMPUS AMERICA INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36450745		06/30/202	06/26/202	07/24/202			145.00	0.00	0.00	145.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					145.00	0.00	0.00	145.00

Vendor#	Vendor Name				Class	Pay Code				
O1416	ORTHO CLINICAL DIAGNOSTICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	1853597731		06/25/202	06/25/202	07/25/202			455.15	0.00	0.00	455.15
		SUPPLIES									
	1853594366		06/25/202	06/25/202	07/25/202			180.19	0.00	0.00	180.19
	1853583847		06/26/202	06/15/202	07/15/202			752.16	0.00	0.00	752.16
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS					1,387.50	0.00	0.00	1,387.50
Vendor#	Vendor Name				Class	Pay Code				
S0905	PERFORMANCE HEALTH				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	IN97730745		06/26/202	06/19/202	07/14/202			167.28	0.00	0.00	167.28
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH					167.28	0.00	0.00	167.28
Vendor#	Vendor Name				Class	Pay Code				
P2100	PORT LAVACA WAVE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	062724		06/30/202	06/27/202	07/22/202			476.25	0.00	0.00	476.25
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE					476.25	0.00	0.00	476.25
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER HARDWARE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	063024		06/30/202	06/30/202	07/10/202			239.98	0.00	0.00	239.98
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE					239.98	0.00	0.00	239.98
Vendor#	Vendor Name				Class	Pay Code				
14544	PRINT RITE INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24263		06/26/202	06/30/202	07/20/202			257.97	0.00	0.00	257.97
		SUPPLIES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14544	PRINT RITE INC.					257.97	0.00	0.00	257.97
Vendor#	Vendor Name				Class	Pay Code				
14536	QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	76953032862		06/26/202	06/19/202	07/19/202			211.68	0.00	0.00	211.68
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC					211.68	0.00	0.00	211.68
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	PSI002109		06/26/202	06/16/202	07/16/202			1,708.33	0.00	0.00	1,708.33
		SAMSUNG GU60A									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					1,708.33	0.00	0.00	1,708.33
Vendor#	Vendor Name				Class	Pay Code				
10554	REPUBLIC SERVICES #847									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

0847001342528		06/30/202	06/24/202	07/16/202			1,738.62	0.00	0.00	1,738.62
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10554	REPUBLIC SERVICES #847					1,738.62	0.00	0.00	1,738.62
Vendor#	Vendor Name				Class	Pay Code				
11476	SAMS CLUB									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062024		06/30/202	06/20/202	07/08/202			392.84	0.00	0.00	392.84
	FOOD SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11476	SAMS CLUB					392.84	0.00	0.00	392.84
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
56382400056916		06/30/202	06/29/202	07/19/202			1,333.33	0.00	0.00	1,333.33
	LEASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
116566450		06/30/202	06/24/202	07/24/202			3,507.72	0.00	0.00	3,507.72
	LUMINOS AGILE MAX									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM12411		05/31/202	05/31/202	07/14/202			-3,633.00	0.00	0.00	-3,633.00
	CREDIT									
I07041245		06/21/202	06/15/202	07/15/202			9,465.00	0.00	0.00	9,465.00
	BLOOD									
I07041745		06/30/202	06/30/202	07/25/202			6,334.00	0.00	0.00	6,334.00
CM12619		06/30/202	06/30/202	07/25/202			-1,870.00	0.00	0.00	-1,870.00
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					10,296.00	0.00	0.00	10,296.00
Vendor#	Vendor Name				Class	Pay Code				
12288	SPBS CLINICAL EQUIPMENT SRVC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV050000724		06/30/202	07/01/202	07/02/202			9,836.92	0.00	0.00	9,836.92
	PM CONTRACT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC					9,836.92	0.00	0.00	9,836.92
Vendor#	Vendor Name				Class	Pay Code				
10094	ST DAVIDS HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202405		06/30/202	06/28/202	06/28/202			375.00	0.00	0.00	375.00
	CONNECTIVITY FEE MAY									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE					375.00	0.00	0.00	375.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6005884346		06/30/202	06/30/202	07/26/202			42.91	0.00	0.00	42.91

SUPPLIES

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10845	STAPLES	42.91	0.00	0.00	42.91

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
12500961		06/25/202	06/17/202	07/17/202			447.41	0.00	0.00	447.41
	SUPPLIES									
12530890		06/30/202	06/25/202	07/20/202			25.61	0.00	0.00	25.61
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	473.02	0.00	0.00	473.02

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9208464865		06/26/202	06/18/202	07/18/202			907.10	0.00	0.00	907.10
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	907.10	0.00	0.00	907.10

Vendor#	Vendor Name	Class	Pay Code
14212	SURGICAL DIRECT SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9340		06/26/202	06/25/202	07/25/202			4,360.00	0.00	0.00	4,360.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH	4,360.00	0.00	0.00	4,360.00

Vendor#	Vendor Name	Class	Pay Code
T1880	TEXAS DEPARTMENT OF LICENSING	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
06182024		06/26/202	06/18/202	07/18/202			60.00	0.00	0.00	60.00
	ELEVATOR LICENSE RENEWAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	60.00	0.00	0.00	60.00

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV125822		06/25/202	06/25/202	07/25/202			376.72	0.00	0.00	376.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	376.72	0.00	0.00	376.72

Vendor#	Vendor Name	Class	Pay Code
14372	TRIAGE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1796975518		06/21/202	06/14/202	07/14/202			2,422.50	0.00	0.00	2,422.50
	STEVEN SHAW									
INV1796977619		06/21/202	06/21/202	07/21/202			2,992.50	0.00	0.00	2,992.50
	CONTRACT STAFF RAD									
INV1796975518		06/24/202	06/14/202	07/14/202			2,422.50	0.00	0.00	2,422.50
	STEVEN SHAW									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14372	TRIAGE, LLC	7,837.50	0.00	0.00	7,837.50

Vendor#	Vendor Name	Class	Pay Code
C2510	TRUBRIDGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
FD10SYNAPSYS1738		06/26/202	06/21/202	07/16/202			556.90	0.00	0.00	556.90
	SUPPLIES									

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE					556.90	0.00	0.00	556.90

Vendor#	Vendor Name	Class	Pay Code
14208	TRUSTED HEALTH, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV69690		06/27/202	06/21/202	07/21/202			2,890.00	0.00	0.00	2,890.00
	ER STAFFING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14208	TRUSTED HEALTH, INC	2,890.00	0.00	0.00	2,890.00

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921034972		06/21/202	06/17/202	07/17/202			102.07	0.00	0.00	102.07
	LAUNDRY									
2921035319		06/21/202	06/20/202	07/20/202			2,728.41	0.00	0.00	2,728.41
	LAUNDRY									
2921035320		06/21/202	06/20/202	07/20/202			34.04	0.00	0.00	34.04
	LAUNDRY									
2921035324		06/21/202	06/20/202	07/20/202			111.61	0.00	0.00	111.61
	LAUNDRY									
2921035321		06/21/202	06/20/202	07/20/202			315.80	0.00	0.00	315.80
	LAUNDRY									
2921035322		06/21/202	06/20/202	07/20/202			282.90	0.00	0.00	282.90
	LAUNDRY									
2921035317		06/21/202	06/20/202	07/20/202			128.80	0.00	0.00	128.80
	LAUNDRY									
2921035318		06/21/202	06/20/202	07/20/202			244.80	0.00	0.00	244.80
	LAUNDRY									
2921035579		06/26/202	06/24/202	07/19/202			3,763.28	0.00	0.00	3,763.28
	LAUNDRY									
2921035580		06/26/202	06/24/202	07/24/202			102.07	0.00	0.00	102.07
	LAUNDRY									
2921035949		06/28/202	06/27/202	07/22/202			315.80	0.00	0.00	315.80
2921036180		06/30/202	07/01/202	07/26/202			3,257.57	0.00	0.00	3,257.57
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	11,387.15	0.00	0.00	11,387.15

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070124A		06/30/202	07/01/202	07/10/202			2,200.00	0.00	0.00	2,200.00
	POSTAGE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code
11280	VICTORIA ADVOCATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0334895		06/30/202	06/30/202	06/30/202			29.00	0.00	0.00	29.00
	NEWSPAPER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	29.00	0.00	0.00	29.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111532246		06/11/202	06/21/202	07/16/202			875.55	0.00	0.00	875.55

9111539287	06/30/202 06/26/202 07/21/202		475.00	0.00	0.00	475.00
SUPPLIES						
Vendor Totals: Number	Name		Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC		1,350.55	0.00	0.00	1,350.55

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00006764		06/28/202	06/01/202	07/14/202			13,900.00	0.00	0.00	13,900.00
MAY WOUNDCARE SERVICES										
Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
10556	WOUND CARE SPECIALISTS						13,900.00	0.00	0.00	13,900.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	232,967.18	0.00	0.00	232,967.18

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

232,967.18 +
314.82 -
290.46 +
232,943.22 ◊
400.11 -
232,543.11 ◊

Pg.1 Airgas Inv. Sales Tax Ind'd incorrect
Correct amount
no invoice to approve on pg. 9

232,543.11 +
0.00 -
232,543.11 ◊

pg. 9 Jindal Inv. has been paid already

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/06/2024 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	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: 32,068.10 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 07/09/2024, Pay This Amount: 31,426.66 USD

If Paid After 07/09/2024, Pay this Amount: 32,068.10 USD

Due If Paid On Time: USD 31,426.66

Disc lost if paid late: 641.44

Due If Paid Late: USD 32,068.10

31,197.92 +
131.57 +
81.25 +
15.94 +
31,426.66 ◊

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
07/02/2024	07/09/2024	7506131167	200556264	115Invoice	1.03	51.46		50.43	✓	7506131167	
07/02/2024	07/09/2024	7506131168	201014317	115Invoice	2.46	122.85		120.39	✓	7506131168	
07/02/2024	07/09/2024	7506131169	114735193	115Invoice	18.67	933.28		914.61	✓	7506131169	
07/02/2024	07/09/2024	7506131170	111631257	115Invoice	0.01	0.32		0.31	✓	7506131170	
07/02/2024	07/09/2024	7506131171	200025451	115Invoice	4.22	210.82		206.60	✓	7506131171	
07/02/2024	07/09/2024	7506131172	112038124	115Invoice	0.87	43.54		42.67	✓	7506131172	
07/02/2024	07/09/2024	7506131173	112507936	115Invoice	0.87	43.54		42.67	✓	7506131173	
07/02/2024	07/09/2024	7506131174	113163410	115Invoice	0.87	43.54		42.67	✓	7506131174	
07/02/2024	07/09/2024	7506131175	114735193	115Invoice	0.01	0.49		0.48	✓	7506131175	
07/02/2024	07/09/2024	7506131176	111498599	115Invoice		0.10		0.10	✓	7506131176	
07/02/2024	07/09/2024	7506131177	111806499	115Invoice	0.01	0.51		0.50	✓	7506131177	
07/02/2024	07/09/2024	7506131178	111815981	115Invoice		0.10		0.10	✓	7506131178	
07/02/2024	07/09/2024	7506131179	114067645	115Invoice		0.03		0.03	✓	7506131179	
07/02/2024	07/09/2024	7506131180	201694880	115Invoice	16.87	843.27		826.40	✓	7506131180	
07/02/2024	07/09/2024	7506131181	202275265	115Invoice	4.22	210.82		206.60	✓	7506131181	
07/02/2024	07/09/2024	7506131182	114067645	115Invoice	0.01	0.32		0.31	✓	7506131182	
07/02/2024	07/09/2024	7506131183	111744583	115Invoice	0.01	0.63		0.62	✓	7506131183	
07/02/2024	07/09/2024	7506131184	112109110	115Invoice	0.01	0.63		0.62	✓	7506131184	
07/02/2024	07/09/2024	7506131185	112109110	115Invoice	0.01	0.63		0.62	✓	7506131185	
07/02/2024	07/09/2024	7506131186	112639368	115Invoice	0.01	0.32		0.31	✓	7506131186	
07/02/2024	07/09/2024	7506131187	112716669	115Invoice	0.03	1.27		1.24	✓	7506131187	
07/02/2024	07/09/2024	7506131188	112750757	115Invoice	0.01	0.63		0.62	✓	7506131188	
07/02/2024	07/09/2024	7506131189	114849568	115Invoice	5.41	270.26		264.85	✓	7506131189	
07/02/2024	07/09/2024	7506131190	111643875	115Invoice	16.87	843.27		826.40	✓	7506131190	
07/02/2024	07/09/2024	7506131191	111875336	115Invoice	2.06	102.95		100.89	✓	7506131191	
07/02/2024	07/09/2024	7506131192	113091601	115Invoice	0.69	34.32		33.63	✓	7506131192	
07/02/2024	07/09/2024	7506131193	111953481	115Invoice	0.47	23.56		23.09	✓	7506131193	
07/02/2024	07/09/2024	7506131194	112024496	115Invoice	0.47	23.56		23.09	✓	7506131194	
07/02/2024	07/09/2024	7506131195	201814840	115Invoice	0.04	1.90		1.86	✓	7506131195	
07/02/2024	07/09/2024	7506131196	114735193	115Invoice	0.01	0.32		0.31	✓	7506131196	
07/02/2024	07/09/2024	7506131197	114735193	115Invoice	0.01	0.32		0.31	✓	7506131197	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 07/05/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131198	112392234	115Invoice	0.02	0.95		0.93	✓	7506131198	
07/02/2024	07/09/2024	7506131199	113278317	115Invoice	0.01	0.63		0.62	✓	7506131199	
07/02/2024	07/09/2024	7506131300	200419021	115Invoice		0.05		0.05	✓	7506131300	
07/02/2024	07/09/2024	7506131301	114525817	115Invoice	1.34	66.99		65.65	✓	7506131301	
07/02/2024	07/09/2024	7506131302	114980753	115Invoice	6.70	334.95		328.25	✓	7506131302	
07/02/2024	07/09/2024	7506131303	114849568	115Invoice		0.08		0.08	✓	7506131303	
07/02/2024	07/09/2024	7506131304	116446656	115Invoice		0.08		0.08	✓	7506131304	
07/02/2024	07/09/2024	7506131305	201191509	115Invoice	22.67	1,133.37		1,110.70	✓	7506131305	
07/02/2024	07/09/2024	7506131306	201814840	115Invoice	22.67	1,133.37		1,110.70	✓	7506131306	
07/02/2024	07/09/2024	7506131307	112260445	115Invoice	1.01	50.69		49.68	✓	7506131307	
07/02/2024	07/09/2024	7506131308	112507938	115Invoice	1.01	50.69		49.68	✓	7506131308	
07/02/2024	07/09/2024	7506131309	113278317	115Invoice	1.01	50.69		49.68	✓	7506131309	
07/02/2024	07/09/2024	7506131310	113491644	115Invoice	1.01	50.69		49.68	✓	7506131310	
07/02/2024	07/09/2024	7506131311	113659886	115Invoice	1.01	50.69		49.68	✓	7506131311	
07/02/2024	07/09/2024	7506131312	113894008	115Invoice	1.27	63.37		62.10	✓	7506131312	
07/02/2024	07/09/2024	7506131313	115684224	115Invoice	1.01	50.69		49.68	✓	7506131313	
07/02/2024	07/09/2024	7506131314	115985061	115Invoice	1.01	50.69		49.68	✓	7506131314	
07/02/2024	07/09/2024	7506131315	116384277	115Invoice	0.76	38.02		37.26	✓	7506131315	
07/02/2024	07/09/2024	7506131316	114603161	115Invoice		0.12		0.12	✓	7506131316	
07/02/2024	07/09/2024	7506131317	201329697	115Invoice		0.12		0.12	✓	7506131317	
07/02/2024	07/09/2024	7506131318	114204504	115Invoice	0.55	27.56		27.01	✓	7506131318	
07/02/2024	07/09/2024	7506131319	113031048	115Invoice	1.11	55.64		54.53	✓	7506131319	
07/02/2024	07/09/2024	7506131320	115628316	115Invoice	1.11	55.64		54.53	✓	7506131320	
07/02/2024	07/09/2024	7506131321	116604680	115Invoice	1.11	55.64		54.53	✓	7506131321	
07/02/2024	07/09/2024	7506131322	113031048	115Invoice	0.55	27.60		27.05	✓	7506131322	
07/02/2024	07/09/2024	7506131323	113413390	115Invoice	0.55	27.60		27.05	✓	7506131323	
07/02/2024	07/09/2024	7506131324	113452493	115Invoice	0.55	27.60		27.05	✓	7506131324	
07/02/2024	07/09/2024	7506131325	111498599	115Invoice	1.27	63.42		62.15	✓	7506131325	
07/02/2024	07/09/2024	7506131326	113817834	115Invoice	1.27	63.42		62.15	✓	7506131326	
07/02/2024	07/09/2024	7506131327	114067645	115Invoice	1.27	63.42		62.15	✓	7506131327	
07/02/2024	07/09/2024	7506131328	114318096	115Invoice	1.27	63.42		62.15	✓	7506131328	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 003

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 003
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131329	115751266	115Invoice	3.81	190.26		186.45	✓	7506131329	
07/02/2024	07/09/2024	7506131330	116604680	115Invoice	2.54	126.84		124.30	✓	7506131330	
07/02/2024	07/09/2024	7506131331	200177764	115Invoice	1.27	63.42		62.15	✓	7506131331	
07/02/2024	07/09/2024	7506131332	112677882	115Invoice	4.30	214.85		210.55	✓	7506131332	
07/02/2024	07/09/2024	7506131333	112716669	115Invoice	4.30	214.85		210.55	✓	7506131333	
07/02/2024	07/09/2024	7506131334	113561671	115Invoice	4.30	214.85		210.55	✓	7506131334	
07/02/2024	07/09/2024	7506131335	115058401	115Invoice	4.30	214.85		210.55	✓	7506131335	
07/02/2024	07/09/2024	7506131336	115684224	115Invoice	4.30	214.85		210.55	✓	7506131336	
07/02/2024	07/09/2024	7506131337	201077442	115Invoice	4.30	214.85		210.55	✓	7506131337	
07/02/2024	07/09/2024	7506131338	201127703	115Invoice	4.30	214.85		210.55	✓	7506131338	
07/02/2024	07/09/2024	7506131339	201628656	115Invoice	21.48	1,074.23		1,052.75	✓	7506131339	
07/02/2024	07/09/2024	7506131340	111989603	115Invoice	4.30	214.85		210.55	✓	7506131340	
07/02/2024	07/09/2024	7506131341	112024496	115Invoice	4.30	214.85		210.55	✓	7506131341	
07/02/2024	07/09/2024	7506131342	112507938	115Invoice	4.30	214.85		210.55	✓	7506131342	
07/02/2024	07/09/2024	7506131343	112716669	115Invoice	17.19	859.39		842.20	✓	7506131343	
07/02/2024	07/09/2024	7506131344	112952239	115Invoice	25.78	1,289.08		1,263.30	✓	7506131344	
07/02/2024	07/09/2024	7506131345	114980753	115Invoice	8.59	429.69		421.10	✓	7506131345	
07/02/2024	07/09/2024	7506131346	115222714	115Invoice	4.30	214.85		210.55	✓	7506131346	
07/02/2024	07/09/2024	7506131347	115622000	115Invoice	4.30	214.85		210.55	✓	7506131347	
07/02/2024	07/09/2024	7506131348	201014317	115Invoice	12.89	644.54		631.65	✓	7506131348	
07/02/2024	07/09/2024	7506131349	201257403	115Invoice	4.30	214.85		210.55	✓	7506131349	
07/02/2024	07/09/2024	7506131350	201329697	115Invoice	4.30	214.85		210.55	✓	7506131350	
07/02/2024	07/09/2024	7506131351	201396026	115Invoice	8.59	429.69		421.10	✓	7506131351	
07/02/2024	07/09/2024	7506131352	112392234	115Invoice	2.50	125.21		122.71	✓	7506131352	
07/02/2024	07/09/2024	7506131353	116567149	115Invoice	10.46	523.00		512.54	✓	7506131353	
07/02/2024	07/09/2024	7506131354	113879846	115Invoice	0.01	0.63		0.62	✓	7506131354	
07/02/2024	07/09/2024	7506131355	113894008	115Invoice	0.03	1.27		1.24	✓	7506131355	
07/02/2024	07/09/2024	7506131356	112069474	115Invoice	0.01	0.32		0.31	✓	7506131356	
07/02/2024	07/09/2024	7506131357	112109110	115Invoice	0.03	1.27		1.24	✓	7506131357	
07/02/2024	07/09/2024	7506131358	112941228	115Invoice	0.02	0.95		0.93	✓	7506131358	
07/02/2024	07/09/2024	7506131359	113031048	115Invoice	0.02	0.95		0.93	✓	7506131359	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 004

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 004
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/02/2024	07/09/2024	7506131360	113091601	115Invoice	0.01	0.63		0.62	✓	7506131360	
07/02/2024	07/09/2024	7506131361	115622000	115Invoice	0.01	0.32		0.31	✓	7506131361	
07/02/2024	07/09/2024	7506131362	115693402	115Invoice	0.01	0.32		0.31	✓	7506131362	
07/02/2024	07/09/2024	7506131363	200368941	115Invoice	6.28	314.01		307.73	✓	7506131363	
07/02/2024	07/09/2024	7506131364	111511449	165Invoice	0.05	2.53		2.48	✓	7506131364	
07/02/2024	07/09/2024	7506131365	111637243	195Invoice	0.01	0.61		0.60	✓	7506131365	
07/02/2024	07/09/2024	7506131366	111505665	195Invoice	44.54	2,227.14		2,182.60	✓	7506131366	
07/02/2024	07/09/2024	7506131367	111505665	195Invoice	4.96	248.05		243.09	✓	7506131367	
07/02/2024	07/09/2024	7506131368	111510254	163Invoice	7.79	389.50		381.71	✓	7506131368	
07/02/2024	07/09/2024	7506131369	111505665	195Invoice	53.27	2,663.57		2,610.30	✓	7506131369	
07/02/2024	07/09/2024	7506131370	111505665	195Invoice	137.50	6,875.10		6,737.60	✓	7506131370	
07/02/2024	07/09/2024	7506131371	111510254	163Invoice	34.38	1,718.78		1,684.40	✓	7506131371	
07/02/2024	07/09/2024	7506131372	111510254	163Invoice	0.04	1.90		1.86	✓	7506131372	
07/03/2024	07/09/2024	7506400109	111744583	115Invoice		0.10		0.10	✓	7506400109	
07/03/2024	07/09/2024	7506400110	112260445	115Invoice	0.01	0.32		0.31	✓	7506400110	
07/03/2024	07/09/2024	7506400111	115058401	115Invoice	1.00	50.24		49.24	✓	7506400111	
07/03/2024	07/09/2024	7506400112	113031048	115Invoice	0.01	0.32		0.31	✓	7506400112	
07/04/2024	07/09/2024	7506632812	112689559	115Invoice	18.67	933.27		914.60	✓	7506632812	
07/04/2024	07/09/2024	7506632813	115893496	115Invoice	0.01	0.32		0.31	✓	7506632813	
07/04/2024	07/09/2024	7506632814	114808543	115Invoice		0.03		0.03	✓	7506632814	
07/04/2024	07/09/2024	7506638226	113091601	115Invoice	2.06	102.95		100.89	✓	7506638226	
07/04/2024	07/09/2024	7506638228	115127426	115Invoice	1.34	66.99		65.65	✓	7506638228	
07/04/2024	07/09/2024	7506638229	113894008	115Invoice	0.01	0.32		0.31	✓	7506638229	
07/04/2024	07/09/2024	7506638230	113091601	115Invoice	0.01	0.32		0.31	✓	7506638230	
07/04/2024	07/09/2024	7506638231	113163410	115Invoice	0.02	0.95		0.93	✓	7506638231	

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 005

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 005
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	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: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 31,834.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 31,197.92 USD

If Paid After 07/09/2024,
Pay this Amount: 31,834.68 USD

Due If Paid On Time:
USD 31,197.92

Disc lost if paid late:
636.76

Due If Paid Late:
USD 31,834.68

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
07/03/2024	07/09/2024	7506291026	3358338	115Invoice	0.06	2.80		2.74		7506291026	
07/03/2024	07/09/2024	7506291027	3358338	115Invoice	2.63	131.46		128.83		7506291027	

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: 134.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 131.57 USD

If Paid After 07/09/2024,
Pay this Amount: 134.26 USD

Due If Paid On Time:
USD 131.57

Disc lost if paid late:
2.69

Due If Paid Late:
USD 134.26

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
07/03/2024	07/09/2024	7506423114	3357449	115Invoice	1.66	82.89		81.23	✓	7506423114	

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: 82.89 USD

Future Due:	0.00			Due if Paid On Time: USD	81.23
Past Due:	0.00	If Paid By 07/09/2024, Pay This Amount:	81.23 USD	Disc lost if paid late:	1.66
Last Payment 07/01/2024	2,397.56	If Paid After 07/09/2024, Pay this Amount:	82.89 USD	Due if Paid Late: USD	82.89

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/05/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 07/06/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/05/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 07/06/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
07/03/2024	07/09/2024	7506401248	3358696	115Invoice	0.33	16.27		15.94	✓	7506401248	

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: 16.27 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/09/2024,
Pay This Amount: 15.94 USD

If Paid After 07/09/2024,
Pay this Amount: 16.27 USD

Due If Paid On Time:
USD 15.94

Disc lost if paid late:
0.33

Due If Paid Late:
USD 16.27

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67779010
Date: 07-05-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	352.86
Past Due:	0.00
Total Due:	352.86
Account Balance:	352.86

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-01-2024	07-12-2024	3180255113	7006931024	Invoice	9.89		0.00	9.89
07-01-2024	07-12-2024	3180255114	7006940939	Invoice	231.85		0.00	231.85
07-01-2024	07-12-2024	3180255115	7006949892	Invoice	3.93		0.00	3.93
07-01-2024	07-12-2024	3180255116	7006950018	Invoice	3.47		0.00	3.47
07-02-2024	07-12-2024	3180413667	7006958957	Invoice	24.24		0.00	24.24
07-03-2024	07-12-2024	3180565816	7006967858	Invoice	9.81		0.00	9.81
07-05-2024	07-12-2024	3180704000	7006975118	Invoice	69.67		0.00	69.67

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
352.86	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-05-2024	(283.35)

Reminders

Due Date	Amount
07-12-2024	352.86
Total Due:	352.86

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2106	76351	1	1	0	2024	172001534	0	6/24/2024	$27,829.12	1 TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	EXPENSE	EMPLOYEE	PCS	F	6/3/2024	6/19/2024	464334244
2107	76351	2	33	0	2024	165000727	0	6/24/2024	$18.48	1 BCM PHYSICIANS	P	450	0	[redacted]		XRDS	F	6/7/2024	6/7/2024	300791563
2108	76351	2	33	0	2024	166000237	0	6/24/2024	$72.53	1 SINGLETON ASSOCIATES PA	P	324	0			CAT	F	5/29/2024	5/29/2024	741680498
2109	76351	2	33	0	2024	165000728	0	6/24/2024	$127.45	1 BCM PHYSICIANS	P	457	0			OVS	F	6/7/2024	6/7/2024	300791563
2111	76351	3	37	0	2024	169000422	0	6/24/2024	$6.37	1 CITIZENS MEDICAL PROFESSIONALS	P	457	0			OVS	F	2/8/2024	2/8/2024	471158090
2112	76351	3	42	2	2024	169000418	0	6/24/2024	$10.75	1 SINGLETON ASSOCIATES PA	P	189	0			ERD	F	6/2/2024	6/2/2024	741680498
2113	76351	3	37	0	2024	166000221	0	6/24/2024	$11.61	1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	5/14/2024	5/14/2024	741680498
2115	76351	3	23	0	2024	169000424	0	6/24/2024	$36.12	1 SINGLETON ASSOCIATES PA	P	603	0			US	F	6/5/2024	6/5/2024	741680498
2116	76351	3	9	0	2024	165001296	0	6/24/2024	$47.35	1 CLINICAL PATHOLOGY LABS,INC	P	172	0			AB	F	6/3/2024	6/3/2024	742554159
2119	76351	3	37	0	2024	165001289	0	6/24/2024	$80.54	1 KURTIS R KRUEGER MD	P	457	0			OVS	F	4/29/2024	4/29/2024	471158090
2120	76351	3	37	0	2024	165001221	0	6/24/2024	$80.14	1 KURTIS R KRUEGER MD	P	457	0			OVS	F	1/31/2024	1/31/2024	471158090
2121	76351	3	15	0	2024	169000426	0	6/24/2024	$83.52	1 SINGLETON ASSOCIATES PA	P	172	0			AB	F	6/4/2024	6/4/2024	741680498
2122	76351	3	43	0	2024	169000496	0	6/24/2024	$90.47	1 SINGLETON ASSOCIATES PA	P	321	0			MRIO	F	6/4/2024	6/4/2024	741680498
2125	76351	3	56	0	2024	172000027	0	6/24/2024	$542.50	1 VIP CARE SERVICES LLC	P	604	0			CASE	F	5/2/2024	5/20/2024	271837628
2126	76351	3	11	0	2024	172000025	0	6/24/2024	$581.25	1 VIP CARE SERVICES LLC	P	604	0			CASE	F	5/1/2024	5/31/2024	271837628
2129	76360	2	62	0	2024	165001301	0	6/24/2024	$243.33	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0			AB	F	6/7/2024	6/7/2024	741831291
2131	76360	3	82	0	2024	169000430	0	6/24/2024	$13.37	1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	6/3/2024	6/3/2024	741680498
2132	76360	3	26	0	2024	166000700	0	6/24/2024	$19.10	1 VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0			OVS	F	6/6/2024	6/6/2024	260151734
2135	76360	3	92	0	2024	166000709	0	6/24/2024	$20.62	1 SINGLETON ASSOCIATES PA	P	181	0			XRAY	F	4/30/2024	4/30/2024	741680498
2136	76360	3	43	1	2024	170000375	0	6/24/2024	$42.59	1 KHIEM VU DO PA	P	177	0			OV	F	4/1/2024	4/1/2024	451261253
2146	76360	3	26	1	2024	165001293	0	6/24/2024	$82.89	1 WILSON A ALMONTE MD PLLC	P	457	0			OVS	F	5/22/2024	5/22/2024	674898361
2147	76350	3	87	0	2024	166000214	0	6/24/2024	$84.40	1 SINGLETON ASSOCIATES PA	P	603	0			US	F	4/16/2024	4/16/2024	741680498
2149	76360	3	85	1	2024	165000385	0	6/24/2024	$160.00	1 NEXTCARE URGENT CARE	P	487	0			URG	F	1/1/2024	1/1/2024	260645489
2151	76360	3	21	1	2024	172000026	0	6/24/2024	$337.50	1 VIP CARE SERVICES LLC	P	604	0			CASE	F	5/3/2024	5/8/2024	271837628
2153	76360	3	13	0	2024	170000976	0	6/24/2024	$460.53	1 COMMUNITY PATHOLOGY ASSOCIATES	P	184	0			LAB	F	6/5/2024	6/5/2024	760421006
									$31,132.89												

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2156	76351	3	48	D	2024	177000033	D	7/3/2024	$0.87	1 VIP CARE SERVICES LLC	A	503	D	[redacted]	F	3/26/2024	3/26/2024	271837628
2157	76351	3	24	D	2024	177000022	D	7/3/2024	$5.59	1 VIP CARE SERVICES LLC	P	503	D		F	4/4/2024	4/4/2024	271837628
2158	76351	3	31	D	2024	176004125	D	7/3/2024	$11.81	1 HOUSTON RADIOLOGY ASSOCIATED	P	183	D		F	2/14/2024	2/14/2024	741688740
2159	76351	1	43	D	2024	172000439	D	7/1/2024	$18.49	1 SINGLETON ASSOCIATES PA	P	181	D		F	5/30/2024	5/30/2024	741680498
2160	76351	1	32	D	2024	177000756	D	7/2/2024	$70.37	1 CLINICAL PATHOLOGY LABS, INC	P	172	D		F	5/3/2024	5/3/2024	742554159
2164	76351	1	36	D	2024	172001406	D	7/1/2024	$65.88	1 PORT LAVACA CLINIC ASSOCIATES	P	177	D		F	6/14/2024	6/14/2024	742605670
2165	76351	3	50	D	2024	172001406	D	7/1/2024	$65.89	1 PORT LAVACA CLINIC ASSOCIATES	P	177	D		F	6/14/2024	6/14/2024	742605670
2166	76351	1	38	D	2024	176004086	D	7/1/2024	$87.75	1 UT PHYSICIANS	P	181	D		F	2/21/2024	2/21/2024	760459500
2167	76351	1	45	1	2024	174000311	D	7/2/2024	$74.22	1 REGIONAL EMPLOYEE ASSISTANCE PROGRAM	P	453	D		F	3/6/2024	3/6/2024	760413566
2170	76351	3	22	1	2024	177000693	D	7/3/2024	$82.74	1 SINGLETON ASSOCIATES PA	P	321	D		F	6/12/2024	6/12/2024	741580498
2171	76351	1	29	D	2024	172000448	D	7/3/2024	$90.47	1 SINGLETON ASSOCIATES PA	P	321	D		F	5/30/2024	5/30/2024	741680458
2174	76351	3	41	D	2024	176002632	D	7/1/2024	$102.28	1 AARON M MCGUIRE DO	P	457	D		F	5/29/2024	5/29/2024	747206317
2175	76351	3	21	1	2024	176001590	D	7/3/2024	$106.50	1 PORT LAVACA CLINIC	P	172	D		F	6/19/2024	6/19/2024	741609670
2176	76351	3	31	D	2024	176004762	D	7/1/2024	$111.14	1 SINGLETON ASSOCIATES PA	P	324	D		F	6/11/2024	6/11/2024	741680498
2177	76351	5	49	D	2024	176005787	D	7/1/2024	$115.28	1 GREATER HOUSTON INTERVENTIONAL	P	448	D		F	4/30/2024	4/30/2024	202341026
2178	76351	3	22	1	2024	177000741	D	7/2/2024	$121.67	1 VICTORIA ORTHOPEDIC CENTER, PLLC	P	177	D		F	6/18/2024	6/18/2024	260151734
2179	76351	3	4	D	2024	178000944	D	7/3/2024	$168.13	1 TYMMUN E TILLMAN MD	P	457	D		F	2/12/2024	2/12/2024	471158090
2180	76351	3	29	D	2024	172000459	D	7/1/2024	$180.91	1 SINGLETON ASSOCIATES PA	P	181	D		F	5/29/2024	5/29/2024	741680498
2182	76351	3	4	D	2024	178000947	D	7/3/2024	$400.86	1 TYMMUN E TILLMAN MD	P	457	D		F	5/29/2024	5/29/2024	471158090
2186	76351	3	15	D	2024	178000931	D	7/2/2024	$472.04	1 VICTORIA HEART VASCULAR CENTER	P	457	D		F	6/20/2024	6/20/2024	562261544
2188	76351	3	37	D	2024	172000116	D	7/2/2024	$1,730.26	1 TMH PHYSICIAN ASSOCIATES, PLLC	P	481	D		F	6/5/2024	6/5/2024	806526570
2190	76360	7	101	D	2024	178000909	D	7/1/2024	$139.00	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	172	D		F	5/17/2024	5/17/2024	741833291
2192	76360	2	39	1	2024	172001306	D	7/1/2024	$374.00	1 CITIZENS MEDICAL CENTER COUNTY OF	P	406	D		F	2/27/2024	2/27/2024	741636143
2195	76360	3	57	D	2024	176006809	D	7/1/2024	$8.57	1 SINGLETON ASSOCIATES PA	P	181	D		F	6/12/2024	6/12/2024	741680498
2196	76360	1	61	D	2024	176004098	D	7/1/2024	$9.24	1 TEXAS ONCOLOGY PA	P	431	D		F	6/6/2024	6/6/2024	752131429
2197	76360	1	106	2	2024	176008902	D	7/1/2024	$11.19	1 SINGLETON ASSOCIATES PA	P	189	D		F	6/13/2024	6/13/2024	741680498
2198	76360	3	3	D	2024	176004952	D	7/1/2024	$11.61	1 SINGLETON ASSOCIATES PA	P	189	D		F	6/10/2024	6/10/2024	741680498
2200	76360	1	15	1	2024	172000021	D	7/1/2024	$16.03	1 VIP CARE SERVICES LLC	P	503	D		F	4/18/2024	4/18/2024	271837628
2201	76360	3	26	1	2024	172000792	D	7/1/2024	$19.30	1 VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	D		F	6/20/2024	6/20/2024	260151734
2202	76360	3	61	D	2024	176001637	D	7/1/2024	$19.99	1 TEXAS ONCOLOGY PA	P	449	D		F	6/3/2024	6/3/2024	752131429
2203	76360	3	75	D	2024	173000768	D	7/1/2024	$20.37	1 CLINICAL PATHOLOGY LABS, INC	P	172	D		F	6/13/2024	6/13/2024	742554159
2204	76360	3	83	D	2024	178000918	D	7/1/2024	$20.37	1 CLINICAL PATHOLOGY LABS, INC	P	172	D		F	6/19/2024	6/19/2024	742554159
2205	76360	3	61	D	2024	176003138	D	7/1/2024	$24.99	1 TEXAS ONCOLOGY PA	P	449	D		F	6/3/2024	6/3/2024	752131429
2206	76360	3	81	1	2024	177000026	D	7/1/2024	$25.22	1 VIP CARE SERVICES LLC	P	503	D		F	3/30/2024	3/30/2024	271837628
2207	76360	3	24	D	2024	177000020	D	7/1/2024	$25.23	1 VIP CARE SERVICES LLC	P	503	D		F	3/15/2024	3/15/2024	271837628
2209	76360	3	61	2	2024	172000443	D	7/1/2024	$30.83	1 ESS OF PORT LAVACA LLC	P	189	D		F	3/6/2024	3/6/2024	833148556
2215	76360	3	98	D	2024	177000749	D	7/2/2024	$48.51	1 FORT BEND NEUROLOGY	P	752	D		F	6/24/2024	6/24/2024	760507803
2216	76360	3	63	D	2024	177000735	D	7/1/2024	$55.58	1 ASPIRE FERTILITY SAN ANTONIO	P	184	D		F	3/1/2024	3/1/2024	472852655
2217	76360	3	50	D	2024	172001479	D	7/1/2024	$58.89	1 NOE R. OLVERA, MD, PA	P	457	D		F	6/17/2024	6/17/2024	242112038
2218	76360	3	49	2	2024	172001848	D	7/1/2024	$57.56	1 MELISSA A. RAINER ERWIN, MD PA	P	457	D		F	6/18/2024	6/18/2024	200802489
2219	76360	3	61	D	2024	176004092	D	7/1/2024	$60.00	1 TEXAS ONCOLOGY PA	P	449	D		F	6/3/2024	6/3/2024	752131429
2222	76360	5	88	D	2024	177000316	D	7/1/2024	$82.32	1 SINGLETON ASSOCIATES PA	P	321	D		F	6/13/2024	6/13/2024	741680498
2224	76360	3	106	2	2024	172001835	D	7/1/2024	$84.72	1 PORT LAVACA CLINIC ASSOCIATES	P	177	D		F	6/17/2024	6/17/2024	741605670
2225	76360	3	42	D	2024	176004780	D	7/1/2024	$90.47	1 SINGLETON ASSOCIATES PA	P	321	D		F	6/13/2024	6/13/2024	741680498
2227	76360	3	61	D	2024	176005761	D	7/1/2024	$91.42	1 ANDREW CHARLES CLEMMONS D.O	P	177	D		F	6/11/2024	6/11/2024	471158090
2229	76360	3	82	D	2024	172000466	D	7/1/2024	$113.14	1 SINGLETON ASSOCIATES PA	P	324	D		F	5/31/2024	5/31/2024	741680498
2231	76360	3	32	1	2024	176000780	D	7/1/2024	$132.00	1 MSMA	P	172	D		F	6/18/2024	6/18/2024	202536458
2232	76360	3	32	1	2024	176006785	D	7/1/2024	$132.47	1 GULF COAST PATHOLOGY PROGRAM	P	172	D		F	5/24/2024	5/24/2024	863024305
2233	76360	3	83	D	2024	176001378	D	7/1/2024	$135.00	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	172	D		F	6/19/2024	6/19/2024	741833291
2234	76360	3	32	G	2024	172001833	D	7/1/2024	$149.73	1 CRESCENT VIEW MEDICAL CLINICS PA	P	172	D		F	6/13/2024	6/13/2024	452547068
2235	76360	3	79	1	2024	172001133	D	7/1/2024	$150.60	1 TEXAS CHILDRENS HOSPITAL	P	166	D		F	6/11/2024	6/11/2024	741670615
2236	76360	3	34	1	2024	178000907	D	7/1/2024	$153.99	1 SOUTH COAST HEALTH CARE OF TEXAS PA	P	591	D		F	6/18/2024	6/18/2024	742600212
2237	76360	3	75	D	2024	176001578	D	7/1/2024	$173.99	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	172	D		F	6/13/2024	6/13/2024	741833291
2239	76360	3	61	D	2024	176003118	D	7/1/2024	$232.02	1 TEXAS ONCOLOGY PA	P	457	D		F	6/3/2024	6/3/2024	752131429
2244	76360	2	21	1	2024	176003634	D	7/1/2024	$303.85	1 HARESH KUMAR M.D	P	456	D		F	5/31/2024	5/31/2024	453050693
2245	76360	3	79	1	2024	178000980	D	7/1/2024	$319.55	1 TEXAS CHILDRENS PHYSICIAN SERVICES	P	177	D		F	6/11/2024	6/11/2024	260436681
2247	76360	3	103	D	2024	176001592	D	7/1/2024	$412.53	1 VICTORIA WOMENS CLINIC ASSOCIATES	P	177	D		F	6/11/2024	6/11/2024	741833291
2250	76360	3	61	D	2024	176004757	D	7/1/2024	$600.66	1 TEXAS ONCOLOGY PA	P	449	D		F	6/6/2024	6/6/2024	752131429
2253	76370	3	9	D	2024	176004720	D	7/1/2024	$93.52	1 SINGLETON ASSOCIATES PA	P	172	D		F	6/10/2024	6/10/2024	741680498
									$8,483.25											

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2157	76351	1	37	0	2024	184000017	0	7/8/2024	$42,000.00	1	HOUSTON METHODIST SUGAR LAND HOSPITAL	P	434	0	[redacted]	OHS	F	6/5/2024	6/5/2024	760545192
2158	76351	1	42	4	2024	179000978	0	7/8/2024	$23.32	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]	RAD	F	6/17/2024	6/17/2024	741680498
2160	76351	1	38	7	2024	179000984	0	7/8/2024	$29.10	1	ADELAIDA RESENDEZ, MD	P	177	0	[redacted]	OV	F	6/12/2024	6/12/2024	330033151
2161	76351	1	24	0	2024	184000670	0	7/8/2024	$39.77	1	CITIZENS MEDICAL PROFESSIONAL	P	457	0	[redacted]	OVS	F	6/24/2024	6/24/2024	471158090
2162	76351	1	27	0	2024	180000710	0	7/8/2024	$43.65	1	VICTORIA EYE CENTER	P	457	0	[redacted]	OVS	F	6/21/2024	6/21/2024	742204337
2163	76351	1	58	1	2024	181000084	0	7/8/2024	$53.10	1	FAMILY HEALTH CARE CLINIC	P	177	0	[redacted]	OV	F	4/16/2024	4/26/2024	640677375
2164	76351	1	43	0	2024	184000697	0	7/8/2024	$60.95	1	IRFAN LALANI MD PA	P	457	0	[redacted]	OVS	F	6/12/2024	6/17/2024	261524416
2165	76351	1	36	1	2024	184000029	0	7/8/2024	$65.89	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]	OV	F	6/20/2024	6/20/2024	742056570
2268	76351	1	12	0	2024	179000979	0	7/8/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]	AB	F	6/17/2024	6/17/2024	741680498
2269	76351	1	35	0	2024	184000638	0	7/8/2024	$89.17	1	SINGLETON ASSOCIATES PA	P	321	0	[redacted]	MRIO	F	6/20/2024	6/20/2024	741680498
2271	76351	1	42	2	2024	181000537	0	7/8/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	6/1/2024	6/2/2024	835248556
2273	76351	1	50	0	2024	179001005	0	7/8/2024	$186.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]	URG	F	6/22/2024	6/22/2024	260845489
2277	76351	2	11	0	2024	181001116	0	7/8/2024	$1,377.45	1	TEXAN PHYSICIAN ASSOCIATES PLLC	P	179	0	[redacted]	SI	F	2/15/2024	2/15/2024	300520570
2286	76360	1	17	2	2024	184000648	0	7/8/2024	$42.20	1	SINGLETON ASSOCIATES PA	P	603	0	[redacted]	US	F	6/19/2024	6/19/2024	741680498
2290	76360	2	35	0	2024	179000586	0	7/8/2024	$160.00	1	NEXTCARE URGENT CARE	P	487	0	[redacted]	URG	F	6/23/2024	6/23/2024	260845489
2294	76360	3	53	1	2024	184000831	0	7/8/2024	$8.15	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]	XRAY	F	6/18/2024	6/18/2024	741680498
2295	76360	3	26	0	2024	181001181	0	7/8/2024	$31.61	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]	RAD	F	6/19/2024	6/19/2024	741680498
2297	76360	3	98	0	2024	184000682	0	7/8/2024	$34.21	1	SINGLETON ASSOCIATES PA	P	183	0	[redacted]	RAD	F	6/18/2024	6/18/2024	741680498
2303	76360	3	74	0	2024	180000735	0	7/8/2024	$49.94	1	AYO ADU, MD PLLC	P	457	0	[redacted]	OVS	F	6/25/2024	6/25/2024	271135355
2302	76360	3	43	1	2024	181001412	0	7/8/2024	$55.86	1	KHIEM VU DO PA	P	177	0	[redacted]	OV	F	6/24/2024	6/24/2024	451261253
2307	76360	3	83	0	2024	181001366	0	7/8/2024	$90.08	1	HEALTH AND WELLNESS SOLUTIONS PA	P	457	0	[redacted]	OVS	F	4/5/2024	4/8/2024	260406833
2308	76360	3	61	0	2024	180000748	0	7/8/2024	$107.46	1	AMERIPATH CONSOLIDATED LABS, INC.	P	185	0	[redacted]	LAB	F	6/6/2024	6/6/2024	260002506
2310	76360	3	106	2	2024	184000270	0	7/4/2024	$153.60	1	ESS OF PORT LAVACA LLC	P	189	0	[redacted]	ERD	F	6/11/2024	6/11/2024	815248556
2314	76360	3	41	0	2024	184000641	0	7/8/2024	$309.40	1	CITIZENS MEDICAL PROFESSIONAL	P	172	0	[redacted]	AB	F	6/12/2024	6/12/2024	471158090
2315	76360	3	31	0	2024	179000985	0	7/4/2024	$312.76	1	KHIEM VU DO PA	P	177	0	[redacted]	OV	F	6/14/2024	6/18/2024	451261253
									$45,519.69												

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 1, 2024 - July 7, 2024

Date	Bank Description	MMC Notes	Amount	CPSI
7/5/2024	PAY PLUS ACHTrans 000000028037951 1010006974	- 3rd Party Payor Fee	28.47	
7/5/2024	EXPERTPAY EXPERTPAY 746003411 91000014183744	-Child Support Payment	570.69 *	
7/5/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	4 SC over 283.35 *	
7/5/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	360,453.83 *	
7/3/2024	PAY PLUS ACHTrans 000000027878979 1010006955	- 3rd Party Payor Fee	34.05	
7/3/2024	MERCHANT BANKCD FEE 971160913887 91000018687	- Credit Card Processing Fee	176.06	
7/3/2024	MERCHANT BANKCD FEE 971160910883 91000018687	- Credit Card Processing Fee	9.95	
7/3/2024	MERCHANT BANKCD INTERCHNG 971160913887 91000	- Credit Card Processing Fee	175.42	
7/3/2024	MERCHANT BANKCD DISCOUNT 971160910883 910000	- Credit Card Processing Fee	19.95	
7/3/2024	MERCHANT BANKCD DISCOUNT 971160913887 910000	- Credit Card Processing Fee	340.10	
7/2/2024	PAY PLUS ACHTrans 000000027726640 1010006935	- 3rd Party Payor Fee	154.22	
7/2/2024	MCKESSON DRUG AUTO ACH ACH06064366 910000116	- 340B Drug Program Expense	2,397.56 *	
7/2/2024	AUTHNET GATEWAY BILLING 136872940 1040000109	- 3rd Party Payor Fee	33.40	
7/1/2024	PAY PLUS ACHTrans 000000027671342 1010006920	- 3rd Party Payor Fee	50.40	
			364,727.45	

Erin Clevenger
Memorial Medical Center

July 9, 2024

* Approved on 7.03.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHs

Date	Description	MMC Notes	Amount
7/15/2024	- TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	Retirement Funding	177,750.82
			177,750.82

Erin Clevenger
Memorial Medical Center

July 9, 2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

364,727.45 +
1,077.02 ◊
1,022.02 ◊
0.00 ◊

pay plus
28.47 +
34.05 +
154.22 +
50.40 +
267.14 ◊
0.C

CC Fees
176.06 +
9.95 +
186.01 ◊
0.C

CC Interchg.
175.42 +
175.42 ◊
0.C

CC Discount
19.95 +
340.10 +
360.05 ◊
0.C

Authnet
33.40 +
33.40 ◊
0.C

267.14 +
186.01 +
175.42 +
360.05 +
33.40 +
1,022.02 ◊

Date/Time	07-08-2024 / 03:48 PM
Submitted By	mcumberland450
Pay Date	06-30-2024
Employee Deposits	$72,891.38
Employer Contributions	$104,859.44
Group Term Life Premiums	$0.00
Total	$177,750.82
Comments	
Payroll File	June 2024 Retirement Upload.xlsx

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2024

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:55 AP Open Invoice List ap_open_invoice.template
CALHOUN COUNTY, TEXAS Dates Through: 07/27/2024

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062424		06/30/202	06/24/202	07/27/202			7,094.39	0.00	0.00	7,094.39

TRANSFER ins. pmt dep. into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	7,094.39	0.00	0.00	7,094.39

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	7,094.39	0.00	0.00	7,094.39

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2024

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:43 AP Open Invoice List ap_open_invoice.template
CALHOUN COUNTY, TEXAS Due Dates Through: 07/27/2024

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124A		06/30/202	06/21/202	07/27/202			1,428.00	0.00	0.00	1,428.00
	TRANSFER INS. pmt dep. into MMC Opb. in error									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK					1,428.00	0.00	0.00	1,428.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,428.00	0.00	0.00	1,428.00

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2024

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:44 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/27/2024

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124A		06/30/202	06/21/202	07/27/202			6,840.00	0.00	0.00	6,840.00
	TRANSFER ins. pmt due. in tommc ope. in error									
062624		06/30/202	06/26/202	07/27/202			2,244.00	0.00	0.00	2,244.00
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,084.00	0.00	0.00	9,084.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,084.00	0.00	0.00	9,084.00

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON

JUL 03 2024

07/03/2024
14:56

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 07/27/2024

0
ap_open_invoice.template

Vendor# Vendor CALHOUN COUNTY, TEXAS Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061824A		06/30/202	06/18/202	07/27/202			217.00	0.00	0.00	217.00
	TRANSFER ins. pmt dup. into MMC Oct. in error									
062424		06/30/202	06/24/202	07/27/202			17,965.97	0.00	0.00	17,965.97
	TRANSFER									
062424A		06/30/202	06/24/202	07/27/202			4,508.84	0.00	0.00	4,508.84
	TRANSFER									
062424B		06/30/202	06/24/202	07/27/202			1,185.00	0.00	0.00	1,185.00
	TRANSFER									
062524		06/30/202	06/25/202	07/27/202			48,515.70	0.00	0.00	48,515.70
	TRANSFER									
062624		06/30/202	06/26/202	07/27/202			575.04	0.00	0.00	575.04
	TRANSFER									
062624A		06/30/202	06/26/202	07/27/202			4,062.56	0.00	0.00	4,062.56
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	77,030.11	0.00	0.00	77,030.11

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,030.11	0.00	0.00	77,030.11

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 03 2024

07/03/2024 MEMORIAL MEDICAL CENTER 0
14:46 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 07/27/2024

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062124A		06/30/202	06/21/202	07/27/202			408.00	0.00	0.00	408.00
	TRANSFER INS. PMT. due into MMC opt in error									
062624		06/30/202	06/26/202	07/27/202			13,680.00	0.00	0.00	13,680.00
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	14,088.00	0.00	0.00	14,088.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,088.00	0.00	0.00	14,088.00

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE COUNTY AUDITOR ON

JUL 03 2024

CALHOUN COUNTY, TEXAS

07/03/2024 MEMORIAL MEDICAL CENTER 0

14:45 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 07/27/2024

Vendor#	Vendor Name	Class	Pay Code
12792	BETHANY SENIOR LIVING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062424A		06/30/202	06/21/202	07/27/202			164.70	0.00	0.00	164.70
	TRANSFER ins.pmt.dup.into MMC opt.in error									
062524		06/30/202	06/25/202	07/27/202			2,792.10	0.00	0.00	2,792.10
	TRANSFER									
062624		06/30/202	06/26/202	07/27/202			14,944.29	0.00	0.00	14,944.29
	TRANSFER									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	17,901.09	0.00	0.00	17,901.09

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,901.09	0.00	0.00	17,901.09

APPROVED ON

JUL 03 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		264,558.41	241,291.62	72,319.50			95,586.29	72,319.50
						Bank Balance	95,586.29	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						Anthem April QIPP	12,587.00	
Ashford Health Care Center Ltd Co								
JP Morgan Chase Bank						April Interest	178.53	
						May Interest	192.03	
						June Interest	209.43	
						Adjust Balance/Transfer Amt	72,319.50	
[redacted]		373,406.04	364,326.73	71,715.03			80,794.34	71,715.03
						Bank Balance	80,794.34	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	8,893.32	
						April Interest	191.20	
						May Interest	156.35	
						June Interest	216.44	
						Adjust Balance/Transfer Amt	71,715.03	
[redacted]		431,154.63	418,020.67	51,959.22			65,093.18	51,959.22
						Bank Balance	65,093.18	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	5,691.60	
						Claim Payment owed to Tuscany	6,500.00	
						April Interest	269.03	
						May Interest	260.47	
						June Interest	312.86	
						Adjust Balance/Transfer Amt	51,959.22	
[redacted]		98,232.23	90,850.18	3,976.78			11,358.83	
						Bank Balance	11,358.83	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	7,065.29	
						April Interest	61.77	
						May Interest	86.92	
						June Interest	68.07	
						Adjust Balance/Transfer Amt	3,976.78	
[redacted]		388,898.22	381,227.69	70,709.95			78,380.48	70,709.95
						Bank Balance	78,380.48	
						Variance	-	
						Leave in Balance	100.00	
						Anthem April QIPP	6,824.60	
						April Interest	228.33	
						May Interest	271.99	
						June Interest	350.67	
						Adjust Balance/Transfer Amt	70,709.95	

72,319.50 +
71,715.03 +
51,959.22 +
70,709.95 + *Houston / Fort Bend / Brookhaven*
266,703.70 ◊

TOTAL TRANSFERS	266,703.70

Approved:
ERIN CLEVENGER — 7/9/2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Note: Only balances o/ 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

[redacted]

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	8,807.86					-	8,807.86
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205053		199.94					-	199.94
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		20,075.76					-	20,075.76
7/3/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	241,291.62	-					-	-
7/3/2024	MANAGEANONET1718 MHS PMNT 000000000000093 41	-	2,279.34					-	2,279.34
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	220.73					-	220.73
7/3/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	13,764.35					-	13,764.35
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292075	-	15,495.70					-	15,495.70
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231909	-	5,772.14					-	5,772.14
7/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,703.68					-	5,703.68
		241,291.62	72,319.50	-	-	-	-	-	72,319.50

[redacted]

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	3,421.66					-	3,421.66
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000205111	-	76.45					-	76.45
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000204459	-	54.27					-	54.27
7/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	69.33					-	69.33
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	364,326.73	-					-	-
7/3/2024	MANAGEANONET1718 MHS PMNT 000000000004293 41	-	1,218.00					-	1,218.00
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	366.56					-	366.56
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	4,840.91					-	4,840.91
7/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,575.00					-	7,575.00
7/3/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	165.92					-	165.92
7/3/2024	HUMANA CHA DISB HCCLAIMPMT 51615901 42000013	-	288.12					-	288.12
7/2/2024	MANAGEANONET1718 MHS PMNT 000000000004293 41	-	1,840.50					-	1,840.50
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292243	-	978.14					-	978.14
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	142.28					-	142.28
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	163.68					-	163.68
7/2/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000164	-	14,881.63					-	14,881.63
7/2/2024	HUMANA INS CO HCCLAIMPMT 51271488 8300005062	-	4,185.00					-	4,185.00
7/2/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	6,324.00					-	6,324.00
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231909	-	3,948.63					-	3,948.63
7/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,615.00					-	11,615.00
7/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000109	-	8,970.54					-	8,970.54
7/1/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	589.41					-	589.41
		364,326.73	71,715.03	-	-	-	-	-	71,715.03

[redacted]

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	12,047.25					-	12,047.25
7/5/2024	MANAGEANONET1718 MHS PMNT 000000000003268 41	-	329.50					-	329.50
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000108	-	3,749.02					-	3,749.02
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	3,342.02					-	3,342.02
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	418,020.67	-					-	-
7/3/2024	MANAGEANONET1718 MHS PMNT 000000000003268 41	-	1,647.50					-	1,647.50
7/3/2024	HNB - ECHO HCCLAIMPMT 746003411 440000250636	-	6,051.14					-	6,051.14
7/3/2024	DEVOTED HEALTH P HCCLAIMPMT 21000023277564	-	3,965.61					-	3,965.61
7/3/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	11,810.00					-	11,810.00
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292746	-	3,214.73					-	3,214.73
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	545.88					-	545.88
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	3,616.57					-	3,616.57
7/1/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	1,640.00					-	1,640.00
		418,020.67	51,959.22	-	-	-	-	-	51,959.22

[redacted]

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	2,802.67					-	2,802.67
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 675843 420000103	-	308.70					-	308.70
7/5/2024	AARP Supplementa HCCLAIMPMT 746003411 124384	-	865.41					-	865.41
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	90,850.18	-					-	-
		90,850.18	3,976.78	-	-	-	-	-	3,976.78

[redacted]

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	3,701.20					-	3,701.20
7/5/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000108	-	23,836.03					-	23,836.03
7/3/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	381,227.69	-					-	-
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292693	-	5,249.21					-	5,249.21
7/2/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	13,300.00					-	13,300.00
7/2/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	284.64					-	284.64
7/2/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000164	-	14,380.15					-	14,380.15
7/2/2024	HUMANA INS CO HCCLAIMPMT 51249281 8300005061	-	5,580.00					-	5,580.00
7/2/2024	HUMANA CHA DISB HCCLAIMPMT 51432006 42000017	-	3,750.00					-	3,750.00
7/1/2024	HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	441.04					-	441.04
7/1/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	187.68					-	187.68
		381,227.69	70,709.95	-	-	-	-	-	70,709.95

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
TOTALS	1,495,716.89	270,680.48	-	-	-	-	-	270,680.48

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29 ✓	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34 ✓	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18 ✓	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48 ✓	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83 ✓	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		240,045.28	214,304.52	138,001.69		-	163,742.45	138,001.69
						Bank Balance	163,742.45	
						Variance	-	
						Leave in Balance	100.00	
						Superior April QIPP	21,393.28	
						Claim payments owed to MMC	3,706.93	
						April Interest	152.47	
						May Interest	215.56	
						June Interest	172.52	
						Adjust Balance/Transfer Amt	138,001.69	

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.

Approved: Erin Clevenger
ERIN CLEVENGER 7/9/2024

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	113,517.22					-	113,517.22
7/5/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	1,000.00					-	1,000.00
7/5/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	1,652.00					-	1,652.00
7/5/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001157	-	4,247.64					-	4,247.64
7/5/2024	HEALTH HUMAN SVC HCCLAIMPMT 1746003411301112	-	12,816.80					-	12,816.80
7/3/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	214,304.52	-					-	-
7/3/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	17.64					-	17.64
7/2/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	155.40					-	155.40
7/1/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	1,430.88					-	1,430.88
7/1/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	164.11					-	164.11
7/1/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001664	-	3,000.00					-	3,000.00
		214,304.52	138,001.69	-	-	-	-	-	138,001.69

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		1,220.98	-	636.60		-		1,857.58	no transfer
							Bank Balance	1,857.58	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,757.58	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		17,925.11	17,425.11	41,297.15		-	-	41,397.15	41,297.15
							Bank Balance	41,397.15	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	41,297.15	

TOTAL TRANSFERS	43,054.73

Routing information for Gulf Pointe Plaza:

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Note: Only balances of over $5,000 will be transferred to the nursing home
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Erin Clevenger
ERIN CLEVENGER 7/9/2024

[redacted]

			MMC PORTION					
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024 HNB - ECHO HCCLAIMPMT 746003411 440000205207	-	305.62					-	305.62
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292025	-	214.65					-	214.65
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292025	-	23.52					-	23.52
7/2/2024 HNB - ECHO HCCLAIMPMT 746003411 440000292303	-	64.00					-	64.00
7/1/2024 HNB - ECHO HCCLAIMPMT 746003411 440000231733	-	28.81					-	28.81
							-	-
			-	-	-	-	-	636.60

[redacted]

			MMC PORTION					
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/5/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	40,491.15					-	40,491.15
7/3/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	17,425.11	-					-	-
7/1/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	806.00					-	806.00
							-	-
	17,425.11	41,297.15	-	-	-	-	-	41,297.15
	17,425.11	41,297.15	-	-	-	-	-	41,933.75

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58 ✓	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15 ✓	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/9/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chx Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		418,207.52	403,970.22	54,586.63	-	-	-	68,823.93	54,586.63
							Bank Balance	68,823.93	
							Variance	-	
							Leave in Balance	100.00	
							Anthem April	14,137.30	

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 54,586.63

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved:
ERIN CLEVENGER 7/9/2024

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
7/5/2024	Deposit	-	17,394.34					-	17,394.34
7/5/2024	HNB - ECHO HCCLAIMPMT 746003411 440000204489	-	2,433.92					-	2,433.92
7/3/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	403,970.22	-					-	-
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292693	-	1,119.78					-	1,119.78
7/2/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292303	-	4,454.55					-	4,454.55
7/1/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000109	-	29,184.04					-	29,184.04
		403,970.22	54,586.63	-	-	-	-	-	54,586.63

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/9/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		301,188.06	242,952.90	25,535.06		-	83,770.22	25,535.06
						Bank Balance	83,770.22	
						Variance	-	
						Leave in Balance	100.00	
						Superior April	20,005.81	
						Change Payment withheld from Broadmoor	19,478.20	
						Change Payment withheld from Solera	17,984.64	
						April Interest	194.41	
						May Interest	313.80	
						June Interest	158.30	
						Adjust Balance/Transfer Amt	25,535.06	

APPROVED ON

JUL 09 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Note: Only balances of over $5,000 will be transfetred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved:
ERIN CLEVENGER 7/9/1024

I:\NH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 7.8.24

				MMC PORTION					
	Transfer-Out	Transfer-In		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/5/2024 HOSPICE OF SOUTH Payments NF 113122650038830	-	1,391.88						-	1,391.88
7/5/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	1,513.60						-	1,513.60
7/3/2024 WIRE OUT PORT LAVACA NH, LLC	242,952.90	-						-	-
7/3/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000174	-	3,026.17						-	3,026.17
7/2/2024 HNB - ECHO HCCLAIMPMT 7460034113 440000292243	-	14,481.68						-	14,481.68
7/2/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000164	-	1,599.63						-	1,599.63
7/1/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000109	-	961.78						-	961.78
7/1/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,560.32						-	2,560.32
	242,952.90	25,535.06		-	-	-	-	-	25,535.06

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,550,096.87	$2,522,932.44	$2,550,096.87	$3,081,727.60
*4365 MMC - CLINIC SERIES 2014	$545.22	$545.22	$545.22	$545.22
*4373 MMC - PRIVATE WAIVER CLEARING	$438.92	$438.92	$438.92	$438.92
*4381 MEMORIAL MEDICAL / NH ASHFORD	$95,586.29	$101,862.29	$95,586.29	$66,502.73
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$80,794.34	$119,509.48	$80,794.34	$77,172.63
*4411 MEMORIAL MEDICAL / NH CRESCENT	$65,093.18	$75,966.18	$65,093.18	$45,625.39
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$78,380.48	$95,374.79	$78,380.48	$50,843.25
*4446 MEMORIAL MEDICAL / NH FORT BEND	$11,358.83	$11,358.83	$11,358.83	$7,382.05
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$163,742.45	$166,027.45	$163,742.45	$30,508.79
*4551 CAL CO INDIGENT HEALTHCARE	$9,670.62	$9,670.62	$9,670.62	$9,670.62
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,857.58	$1,857.58	$1,857.58	$1,551.96
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$41,397.15	$41,397.15	$41,397.15	$906.00
*5506 MMC -NH BETHANY SENIOR LIVING	$83,770.22 ✓	$124,377.26	$83,770.22	$80,864.74
*3407 MMC -NH TUSCANY VILLAGE	$68,823.93	$84,249.36	$68,823.93	$48,995.67
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,034.00	$5,034.00	$5,034.00	$5,034.00
Total Balance	**$3,256,690.08**	**$3,360,701.57**	**$3,256,690.08**	**$3,507,869.57**

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany ✓

Date Requested: 7/9/2024 ✓

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 2,800.00 ✓

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Erin C

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany

Date Requested: 7/9/2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 4,000.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY:

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Tuscany ✓

Date Requested: ✓ 7/9/2024

APPROVED ON
JUL 09 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

✓

AMOUNT: $ 2,594.00

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Eric C