July 17, 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**
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.

   n/a

5. Approve July 3, 2024 and July 10, 2024 Commissioners' Court Regular Meeting Minutes. (RHM)

Court agreed to approve the Minutes for July 10, 2024. Minutes for July 3, 2024 are not yet ready for approval.

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

6. Consider and take necessary action to approve the Final Plat of Bayshore Ranchettes. (JMB)

Terry Ruddick explained the final plat.

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

7. 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$75.00. (RHM)

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

8. Consider and take necessary action to authorize Judge Meyer to sign letter of request to Texas Historical Commissioner requesting the use of a small brush hog/hydroax to clear the walking paths for the Green Lake Enhancement Project in Calhoun County, Texas (Texas Antiquities Permit No. 30942; THC Tracking# 202407616). (GDR)

Matt Glaze explained the request.

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

9. To Approve and Accept switching employee elected insurance to UNUM. This would take the place of policies with Principal, Reliance and Trustmark except leaving cashed bases policies in place. If approved this would begin October 1, 2024. (RHM)

Rhonda Kokena explained the reason it would be beneficial to switch.

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

10. Consider and take necessary action to approve the Final Plat of the Amended Plat of In the Oaks at Swan Point Subdivision. (RHM)

Henry Danysh explained final plat.

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

11. Consider and take necessary action to approve Agreement #3068497 with Dewitt Poth & Sons for Copy Machine Lease for the Elections Office and allow the Elections Administrator to sign agreement. (RHM)

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

12. Consider and take necessary action to approve the contract with Keith Staff dba. Staff Concrete Construction for Bid Number 2024.07 – Magnolia Beach – Ocean Drive Bulkhead Cap Replacement for Calhoun County, Texas and authorize the County Judge to sign. (DEH)

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

13. Accept Monthly Reports from the following County Offices:

    i. Sheriff's Office – June 2024
    ii. Justice of the Peace, Pct 4 – June 2024

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

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

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

15. 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

Indigent Healthcare:

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

Adjourned 10:20am

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 1)

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

On this 17th day of July 2024, the packet for the 17th 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 17, 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

AT 9:41 FILED O'CLOCK A M

JUL 12 2024

COUNTY CLERK, CALHOUN COUNTY, TEXAS
ANNA GOODMAN
DEPUTY Kaddeemeb

The subject matter of such meeting is as follows:

1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve July 3, 2024 and July 10, 2024 Commissioners' Court Regular Meeting Minutes. (RHM)
6. Consider and take necessary action to approve the Final Plat of Bayshore Ranchettes. (JMB)
7. 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$75.00. (RHM)
8. Consider and take necessary action to authorize Judge Meyer to sign letter of request to Texas Historical Commissioner requesting the use of a small brush hog/hydroax to clear the walking paths for the Green Lake Enhancement Project in Calhoun County, Texas (Texas Antiquities Permit No. 30942; THC Tracking# 202407616). (GDR)
9. To Approve and Accept switching employee elected insurance to UNUM. This would take the place of policies with Principal, Reliance and Trustmark except leaving cashed bases policies in place. If approved this would begin October 1, 2024. (RHM)

10. Consider and take necessary action to approve the Final Plat of the Amended Plat of In the Oaks at Swan Point Subdivision. (RHM)

11. Consider and take necessary action to approve Agreement #3068497 with Dewitt Poth & Sons for Copy Machine Lease for the Elections Office and allow the Elections Administrator to sign agreement. (RHM)

12. Consider and take necessary action to approve the contract with Keith Staff dba. Staff Concrete Construction for Bid Number 2024.07 – Magnolia Beach – Ocean Drive Bulkhead Cap Replacement for Calhoun County, Texas and authorize the County Judge to sign. (DEH)

13. Accept Monthly Reports from the following County Offices:

    i. Sheriff's Office – June 2024
    ii. Justice of the Peace, Pct 4 – June 2024

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

15. 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 17, 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**
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.

   n/a

05

5. Approve July 3, 2024 and July 10, 2024 Commissioners' Court Regular Meeting Minutes. (RHM)

Court agreed to approve the Minutes for July 10, 2024. Minutes for July 3, 2024 are not yet ready for approval.

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

Richard H. Meyer
County Judge

David Hall, Commissioner, Precinct 1
Vern Lyssy, Commissioner, Precinct 2
Clyde Syma, Commissioner, Precinct 3
Gary Reese, Commissioner, Precinct 4

The Commissioners' Court of Calhoun County, Texas met 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.

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

Richard Meyer, County Judge
Calhoun County, Texas

Anna Goodman, County Clerk

Deputy Clerk

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

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.

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

06

6. Consider and take necessary action to approve the Final Plat of Bayshore Ranchettes. (JMB)

Terry Ruddick explained the final plat.

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

Joel Behrens
Calhoun County Commissioner, Precinct 3

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

Honorable 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 Commissioner's Court Agenda for July 17, 2024.

Consider and take necessary action to approve the final plat of Bayshore Ranchettes.

Sincerely,

Joel M Behrens

Joel Behrens
Commissioner Pct. 3

usi
Land Surveying + Aerial Imaging
Since 1991

July 9, 2024

Joel Behrens
County Commissioner Precinct #3
24627 State Highway 172
Port Lavaca, TX 77979

RE: Bayshore Ranchettes

Dear Commissioner Behrens,

Please consider this letter as my request to have the following item placed on the July 17, 2024 Commissioner's Court agenda:

Consider and take necessary action to approve the Final Plat of Bayshore Ranchettes.

If I can provide additional information, please do not hesitate to contact me.

Sincerely,

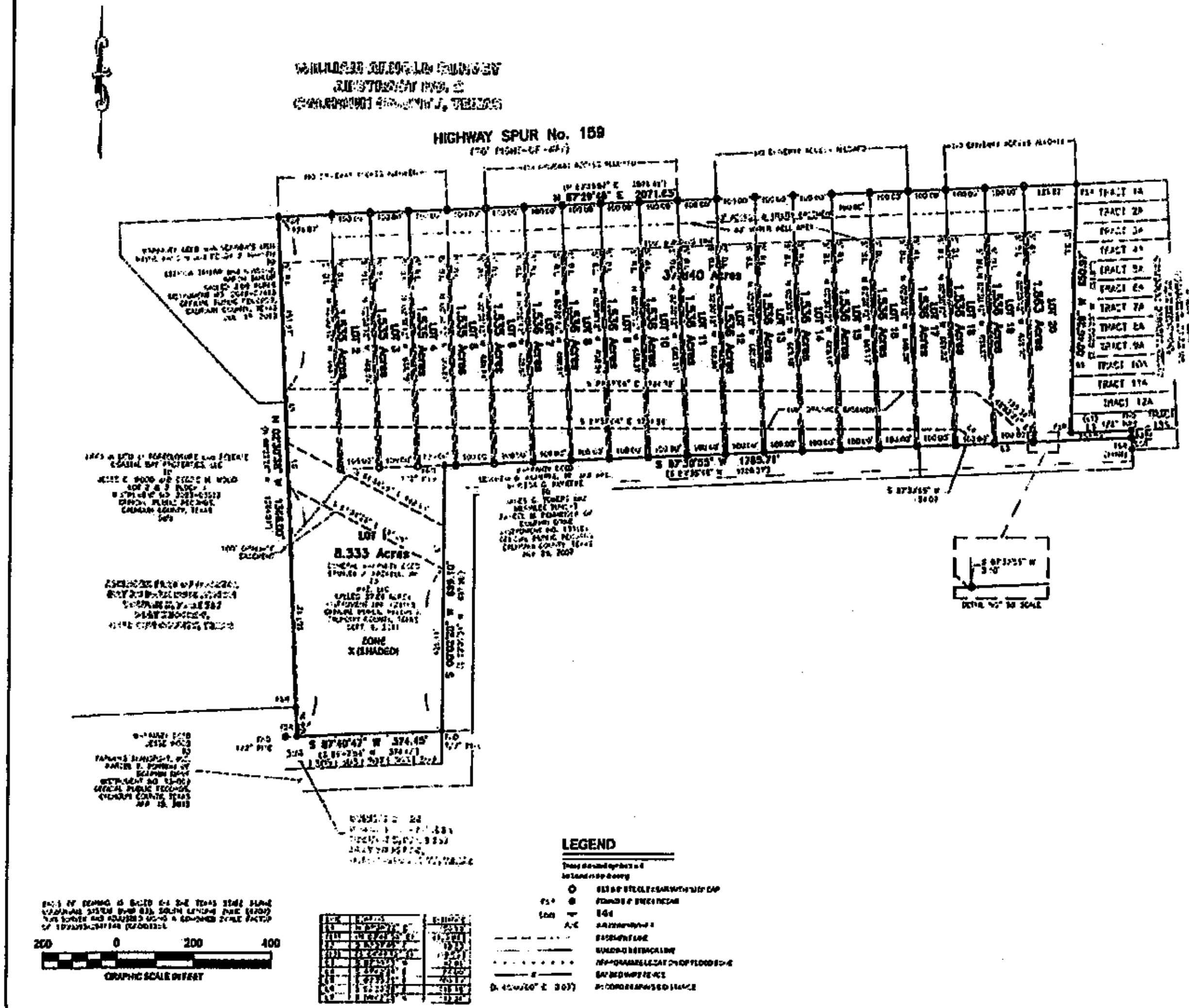
Terry T. Ruddick, R.P.L.S.
C.E.O.
(S14769.02)

Victoria
2004 N. Commerce
Victoria, TX 77901
361-578-9837
Firm #: 10021100

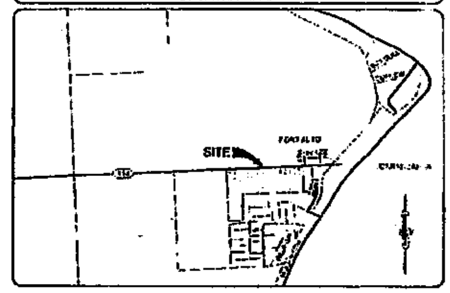
San Antonio
12661 Silicon Drive
San Antonio, TX 78249
210-267-8654
Firm #: 10193843

Cuero
104 E. French Street
Cuero, TX 77954
361-277-9061
Firm #: 10021101

urbansurveying.com



LOCATION MAP



GENERAL NOTES

SURVEYOR'S CERTIFICATE

STATE OF TEXAS
COUNTY OF CALHOUN

6/18/24

USI Land Surveying + Aerial Imaging

2004 N. COMMERCE ST. VICTORIA, TEXAS 77901

101 E. FRENCH ST. CUERO, TEXAS 77954

SAN ANTONIO, TEXAS

FINAL PLAT

BAYSHORE RANCHETTES

PROJECT:

DESCRIPTION:

DGN BY: EBD
DATE: 04/23/24
FILE: S14769.02

JOB: S14769.02

SHEET 1 OF 2

CALHOUN COUNTY APPRAISAL DISTRICT

I HEREBY CERTIFY THAT THE AD VALOREM TAXES ON THE LAND INCLUDED WITHIN THE BOUNDARIES OF THIS PLAT ARE PAID FOR THE TAX YEAR 2023 AND ALL PRIOR YEARS.

IF APPLICABLE, THE ABOVE-DESCRIBED PROPERTY HAS/IS RECEIVING SPECIAL APPRAISAL BASED ON ITS USE, AND ADDITIONAL ROLLBACK TAXES MAY BECOME DUE BASED ON THE PROVISIONS OF THE SPECIAL APPRAISAL (COMPTROLLER RULE # 3040) OR PROPERTY OMITTED FROM THE APPRAISAL ROLL AS DESCRIBED UNDER TAX CODE SECTION 25.21 IS NOT INCLUDED IN THIS CERTIFICATE (TAX CODE SECTION 31.06(A))

SIGNED THIS THE 3rd DAY OF July, 2024

PAUL SPAETH
CHIEF APPRAISER

COUNTY CLERKS' CERTIFICATE

FLOODPLAIN ADMINISTRATOR

8. ACCORDING TO THE FLOOD INSURANCE RATE MAP (FIRM) FOR CALHOUN COUNTY, TEXAS, COMMUNITY PANEL NUMBER 48057C 0100E, MAP REVISED OCT. 18, 2014, THE SUBJECT PROPERTY IS PARTIALLY LOCATED IN ZONE AE (EL. 10) WHICH IS A SPECIAL FLOOD HAZARD AREA, BASE FLOOD ELEVATION DETERMINED. AND PARTIALLY LOCATED IN ZONE X (SHADED) WHICH IS A MODERATE FLOOD HAZARD AREA. AREAS OF 0.2% ANNUAL CHANCE FLOOD, AREAS OF 1% ANNUAL CHANCE FLOOD WITH AVERAGE DEPTHS OF LESS THAN 1 FOOT OR WITH DRAINAGE AREAS OF LESS THAN 1 SQUARE MILE; AND AREAS PROTECTED BY LEVEES FROM 1% ANNUAL CHANCE FLOOD.

A DEVELOPMENT PERMIT IS REQUIRED FROM THE FLOOD PLAIN ADMINISTRATOR'S OFFICE
211 SOUTH ANN STREET, ROOM 301,
PORT LAVACA, TEXAS, 77979
PHONE: 361-553-4455

LADONNA THIGPEN
FLOODPLAIN ADMINISTRATOR

CALHOUN COUNTY E 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT

I HEREBY CERTIFY THAT THE FOREGOING SUBDIVISION PLAT OF BAYSHORE RANCHETTES MEETS THE CURRENT 911 REQUIREMENTS.

RAQUEL MORALES
DISTRICT COORDINATOR
(361)-552-9455

HEALTH DEPARTMENT APPROVAL

NO BUILDING CONSTRUCTED IN THIS SUBDIVISION SHALL BE OCCUPIED UNTIL THAT BUILDING IS CONNECTED TO A PERMITTED FUNCTIONAL ON SITE SEWER FACILITY (OSSF) APPROVED BY THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TECQ) OR IT'S AUTHORIZED AGENT.

OS55914

OWNER'S CERTIFICATE

STATE OF TEXAS)

COUNTY OF CALHOUN)

I (WE), THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN ON THIS PLAT, AND DESIGNATED HEREIN BAYSHORE RANCHETTES AND WHOSE NAME IS SUBSCRIBED HERETO, HEREBY DEDICATE TO THE USE OF THE PUBLIC FOREVER ALL STREETS, ALLEYS, PARKS, WATERCOURSES, DRAINS, EASEMENTS AND PUBLIC PLACES THEREON SHOWN FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

KAZ LLC
1670 W. BAYSHORE DRIVE
PALACIOS, JACKSON COUNTY, TEXAS 77465

STATE OF TEXAS
COUNTY OF Victoria

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Stanley James Kazwell KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 3 DAY OF July, 2024.

NOTARY PUBLIC,
Victoria COUNTY, TEXAS

CHRISTINA MARIE RAMIREZ
Notary Public, State of Texas
Comm. Expires 04-13-2030
Notary ID 133704[illegible]-1

COMMISSIONERS COURT

THE COMMISSIONERS COURT MEETING IN REGULAR SESSION ON ____________, 2024 APPROVED THE PLAT DEDICATION OF ROADS DESCRIBED HEREON.

RICHARD MEYER
COUNTY JUDGE

JOEL BEHRENS
COMMISSIONER PRECINCT 3

USI Land Surveying + Aerial Imaging

3004 N. COMMERCE ST. VICTORIA, TEXAS 77901
PHONE: (361) 578-6837 FIRM # 10021100

104 E. FRENCH ST. CUERO, TEXAS 77954
PHONE: (361) 277-9061 FAX: (361) 277-9063 FIRM # 10021101

13001 SILICON DRIVE SAN ANTONIO, TEXAS 78249
PHONE: (210) 257-8554 FAX: (210) 257-8704 FIRM # 10193483

FINAL PLAT

PROJECT: **BAYSHORE RANCHETTES**

DESCRIPTION: [illegible]

DGN BY: EBD
DATE: 04/23/24
FILE: S14769.02

JOB: S14769.02

SHEET 2 OF 2

07

7. 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$75.00. (RHM)

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Vern Lyssy, Commissioner Pct 2
SECONDER:	David Hall, Commissioner Pct 1
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 17, 2024

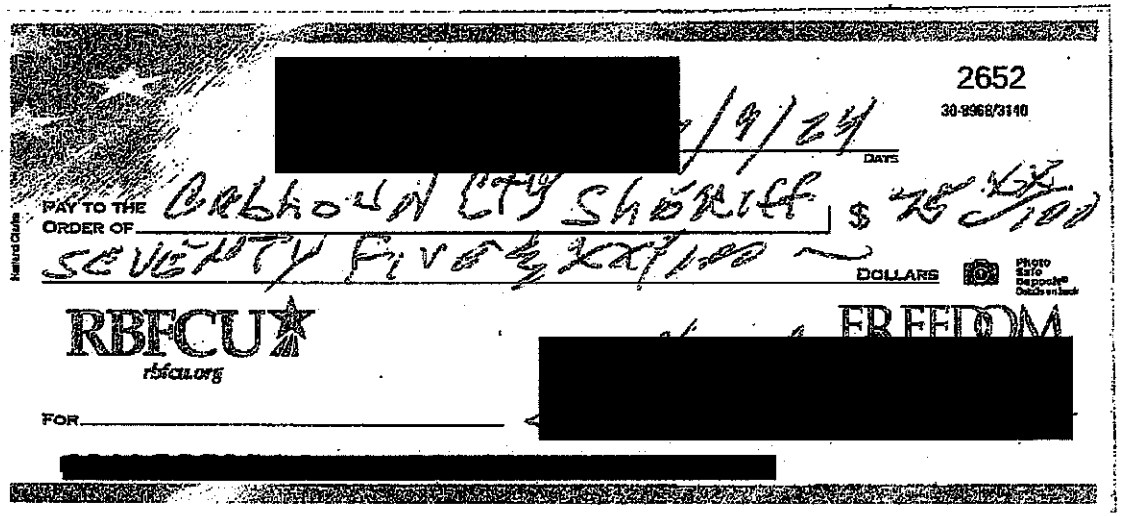
Please place the following item(s) on the Commissioner's Court agenda for the date(s) indicated:

AGENDA FOR July 17, 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 $75.00.

Sincerely,

Bobbie Vickery
Calhoun County Sheriff



[redacted]

2652

30-9968/3140

[redacted] 2/9/24

DATE

PAY TO THE ORDER OF Calhoun City Sheriff $ 75.00

Seventy Five & xx/100

DOLLARS

Photo Safe Deposit® Details on back

RBFCU

rbfcu.org

FREEDOM

FOR [redacted]

08

8. Consider and take necessary action to authorize Judge Meyer to sign letter of request to Texas Historical Commissioner requesting the use of a small brush hog/hydroax to clear the walking paths for the Green Lake Enhancement Project in Calhoun County, Texas (Texas Antiquities Permit No. 30942; THC Tracking# 202407616). (GDR)

Matt Glaze explained the request.

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 10, 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 17, 2024.

- Consider and take necessary action to authorize Judge Meyer to sign letter of request to Texas Historical Commissioner requesting the use of a small brush hog/hydroax to clear the walking paths for the Green Lake Enhancement Project in Calhoun County, Texas (Texas Antiquities Permit No. 30942; THC Tracking # 202407616).

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

RICHARD H. MEYER *County Judge*

211 S. Ann Street, Suite 301 ~ Port Lavaca, Texas 77979
(361) 553-4600 ~ Email: richard.meyer@calhouncotx.org

July 17, 2024

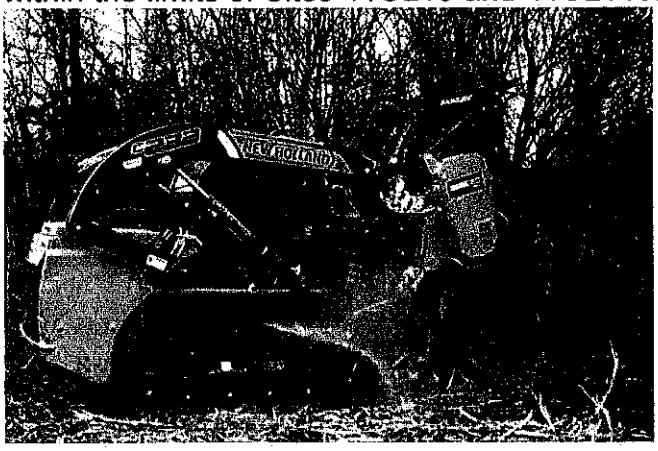
Mr. Jeff Durst
Texas Historical Commission
108 West 16th Street
Austin, TX 78701

Re: Response to comments: Draft: Cultural Resources Survey for the Green Lake Enhancement Project in Calhoun County, Texas (Texas Antiquities Permit No. 30942; THC Tracking # 202407616).

Mr. Durst,

This letter acknowledges receipt of comments on the subject document via eTRAC dated April 16, 2024, and via email correspondence between you and Gray & Pape dated June 7, 2024, and provides the following response. The Calhoun County Parks Board agrees to adhere to the required stipulations. Specifically:

- No heavy vehicular or mechanical equipment impacts to these sites will be incurred during the implementation or subsequent maintenance of the planned trails.
- No equipment larger than a small brush hog /hydroax as depicted below, standard sized riding lawn mower, a small all-terrain vehicle, also known as a light utility vehicle, a quad bike or quad as defined by the American National Standards Institute (being a vehicle that travels on low-pressure tires, has a seat that is straddled by the operator, and has handlebars), will be used within the limits of Sites 41CL13 and 41CL113.



- Any brush or tree removal will be performed by equipment no larger than the brush hog/hydroax as depicted above. Additionally, as stated in the draft

report the following provisions will be put in place during construction activities:

- Temporary protective fencing will be in place at the site boundaries during construction where planned impacts are to be within 60 meters (200 feet).
- Archeological monitoring will take place during road improvement activities within the site boundaries and during any surface or below-ground disturbances to areas that are within 30 meters (100 feet) or less of the site boundaries.
- If cultural materials are encountered during construction or disturbance activities, work should cease in the immediate area; work can continue where no cultural materials are present.
- An Unanticipated Discoveries Plan will be put in place to manage any new discoveries should they occur.

The Calhoun County Parks Board requests that with the submittal of this letter committing to the required stipulations, that the work be allowed to proceed immediately.

Sincerely,

Richard H. Meyer
Calhoun County Judge

Cc: Caitlin Brashear – Texas Historical Commission
Tracy Lovingood – Texas Historical Commission
Jerry Androy – US Army Corps of Engineers, Galveston District

09

9. To Approve and Accept switching employee elected insurance to UNUM. This would take the place of policies with Principal, Reliance and Trustmark except leaving cashed bases policies in place. If approved this would begin October 1, 2024. (RHM)

Rhonda Kokena explained the reason it would be beneficial to switch.

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

Debbie Vickery

From: rhonda.kokena@calhouncotx.org (rhonda kokena) <rhonda.kokena@calhouncotx.org>
Sent: Thursday, July 11, 2024 10:07 AM
To: Debbie.Vickery@calhouncotx.org
Subject: AGENDA ITEM / JULY 17
Attachments: Rate Comparison.pdf; Proposal for Changing Voluntary Benefits Carriers.pdf

Importance: High

Good Morning -

Please add to the next agenda - attachments included.

To Approve and Accept switching employee elected insurance to UNUM. This would take the place of policies with Principal, Reliance and Trustmark except leaving cashed bases policies in place. If approved this would begin October 1.

Rhonda S. Kokena
Calhoun Co Treasurer
202 S. Ann Street, Suite A
Port Lavaca, Texas 77979
361-553-4619

Calhoun County Texas

Attained age refers to a rating method where employees move into new premium brackets every five years based on their age, causing their rates to increase as they age. In contrast, issue age means that the rate remains the same as when the insurance was initially purchased, regardless of the employee's age over time.

STD (Semi-Monthly Rates per $10 of Weekly Benefit)

Age	Existing Rate	UNUM Rate
<25	$0.44	$0.44
25-29	$0.44	$0.44
30-34	$0.44	$0.44
35-39	$0.44	$0.44
40-44	$0.55	$0.55
45-49	$0.55	$0.55
50-54	$0.62	$0.62
55-59	$0.62	$0.62
60-64	$0.73	$0.73
65+	$0.73	$0.73

Notes:

Benefit Percentage: 65% of weekly income
Maximum Weekly Benefit: $1,500
Elimination Period: 14 days
Benefit Duration: 26 weeks (existing) vs. 24 weeks (UNUM)
Age Basis: Issue Age for both existing and UNUM

LTD (Semi-Monthly Rates per $100 of Monthly Covered Payroll)

Age	Existing Rate	UNUM Rate
<25	$0.19	$0.17
25-29	$0.19	$0.17
30-34	$0.19	$0.17
35-39	$0.19	$0.17
40-44	$0.53	$0.48
45-49	$0.53	$0.48
50-54	$1.00	$0.90
55-59	$1.00	$0.90
60-64	$1.91	$1.72
65-69	$1.91	$1.72
70+	$1.91	$1.72

Notes:

Benefit Percentage: 60% of monthly income
Maximum Monthly Benefit: $6,000
Elimination Period: 181 days (existing) vs. 180 days (UNUM)
Benefit Duration: 5 years
Age Basis: Issue Age for both existing and UNUM

Critical Illness with Cancer (Semi-Monthly Rates per $1,000)

Age	Existing Non-Smoker Rate	Existing Smoker Rate	UNUM Employee Rate
<25			$0.20
25-29			$0.24
30-34			$0.29
35-39	$0.62	$0.99	$0.36
40-44	$0.89	$1.55	$0.47
45-49	$1.18	$2.18	$0.62
50-54			$0.84
55-59			$1.13
60-64			$1.88
65-69			$2.52
70-74			$3.43
75-79			$4.74
80-84			$6.47
85+			$9.54

Notes:

Coverage Amounts: $5,000 to $50,000 (existing) vs. Up to $30,000 (UNUM)
Guaranteed Issue: Up to $20,000 (existing) vs. Up to $30,000 (UNUM)
Purchase Increments: $5,000
Age Basis: Issue Age for existing and Attained Age for UNUM

Accident (Semi-Monthly Rates)

Coverage	Existing Rate	UNUM Rate
Employee Only	$5.79	$3.57
Employee & Spouse	$8.23	$6.40
Employee & Child(ren)	$11.92	$10.04
Family	$14.36	$12.87

Notes:

Coverage Type: Off-job only for both existing and UNUM

Universal Life with Long Term Care (Semi-Monthly Rates per $1,000)

Age	Existing Non-Tobacco Rate	Existing Non-Tobacco Amount	Existing Tobacco Rate	Existing Tobacco Amount	UNUM Non-Tobacco Rate	UNUM Tobacco Rate
35	$6.50	$9,194	$13.00	$14,668	$0.3625 (per $1,000)	$0.626 (per $1,000)
45	$13.00	$12,547	$17.33	$14,668	$0.364 (per $1,000)	$0.6315 (per $1,000)
55	$17.33	$14,668	$21.67	$14,668	$0.365 (per $1,000)	$0.6365 (per $1,000)
35	$13.00	$9,194	$13.00	$14,668	$0.3665 (per $1,000)	$0.642 (per $1,000)

Notes:

Coverage Amounts: $5,000 to $150,000 (UNUM Employee), $5,000 to $35,000 (UNUM Spouse)
Guaranteed Issue: $50,000 (Employee), $10,000 (Spouse)
Purchase Increments: $5,000
Age Basis: Issue Age for both

Group Term Life (Semi-Monthly Rates per $1,000)

Age	Existing Rate	UNUM Rate
15-24	$0.06	$0.04
25-29	$0.06	$0.04
30-34	$0.06	$0.05
35-39	$0.09	$0.08
40-44	$0.13	$0.12
45-49	$0.20	$0.18
50-54	$0.31	$0.28
55-59	$0.51	$0.44
60-64	$0.77	$0.60
65-69	$1.40	$0.79
70-74	$2.82	$1.38
75+	$2.82	$2.50

Notes:

Coverage Amounts: Up to $500,000 for both existing and UNUM
Guaranteed Issue: $130,000 (UNUM) vs. $100,000 (existing)
Benefit Increment: $10,000 for both existing and UNUM
Elimination Period: None
Age Basis: Attained Age for both existing and UNUM

Proposal for Changing Voluntary Benefits Carriers

Overview

Glass, Sorenson, & McDavid Inc. (GSM) is proposing changes to Calhoun County's voluntary benefits carriers to consolidate billing, upgrade benefits, and lower rates. The suggested changes are outlined below:

Current and Proposed Carriers

1. **Short and Long Term Disability (STD & LTD)**
    - **Current Carrier:** Reliance
    - **Proposed Carrier:** UNUM
        - **Short Term Disability:**
            - UNUM matched the current benefits and rates.
        - **Long Term Disability:**
            - UNUM offered lower rates while matching current benefits.
2. **Voluntary Term Life**
    - **Current Carriers:** Reliance and Principal
    - **Proposed Carrier:** UNUM
        - UNUM offers lower rates and a higher guarantee issue amount:
            - **Current Guarantee Issue Amount:** $100,000
            - **UNUM Guarantee Issue Amount:** $130,000
        - Recommendation to cancel the existing voluntary term life plans with Reliance and Principal.
3. **Accident Insurance**
    - **Current Carrier:** Trustmark
    - **Proposed Carrier:** UNUM
        - UNUM provides lower rates and upgraded benefits, including an organized sports benefit:
            - **Organized Sports Benefit:** Additional 10% benefit if a covered injury occurs during non-professional organized sports (e.g., high school football, adult recreational league basketball).
4. **Critical Illness Insurance**
    - **Current Carrier:** Trustmark
    - **Proposed Carrier:** UNUM
        - UNUM offers:
            - Lower rates.
            - Simplified billing with uniform rates for:
                - Cancer-included coverage.
                - Tobacco and non-tobacco users.
5. **Whole Life with Long Term Care**
    - **Current Carriers:** Trustmark and Chubb
    - **Proposed Carrier:** Remain with current carriers
        - Whole life policies with cash value are not transferable to another carrier.
        - GSM recommends continuing with the current whole life policies.
        - Option to offer a new whole life policy through UNUM with a $50,000 guaranteed issue plan.

Benefits of Proposed Changes

1. **Consolidated Billing:**
   - Simplifies the billing process by reducing the number of carriers.
2. **Upgraded Benefits:**
   - Enhanced coverage options, such as the organized sports benefit in the accident insurance plan.
3. **Lower Rates:**
   - Cost savings for employees on STD, LTD, voluntary term life, accident, and critical illness plans.
4. **Higher Guarantee Issue Amounts:**
   - Increased coverage without the need for additional medical underwriting.
5. **Simplified Billing for Critical Illness:**
   - Uniform rates regardless of tobacco use or cancer inclusion, making administration easier.

For further information or questions, please contact:

Lauren Ramey
361-727-3075

10

10. Consider and take necessary action to approve the Final Plat of the Amended Plat of In the Oaks at Swan Point Subdivision. (RHM)

Henry Danysh explained final plat.

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 11, 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 17, 2024.

- Consider and take necessary action to approve the Final Plat of the Amended Plat of In the Oaks at Swan Point Subdivision.

Sincerely,

Gary D. Reese

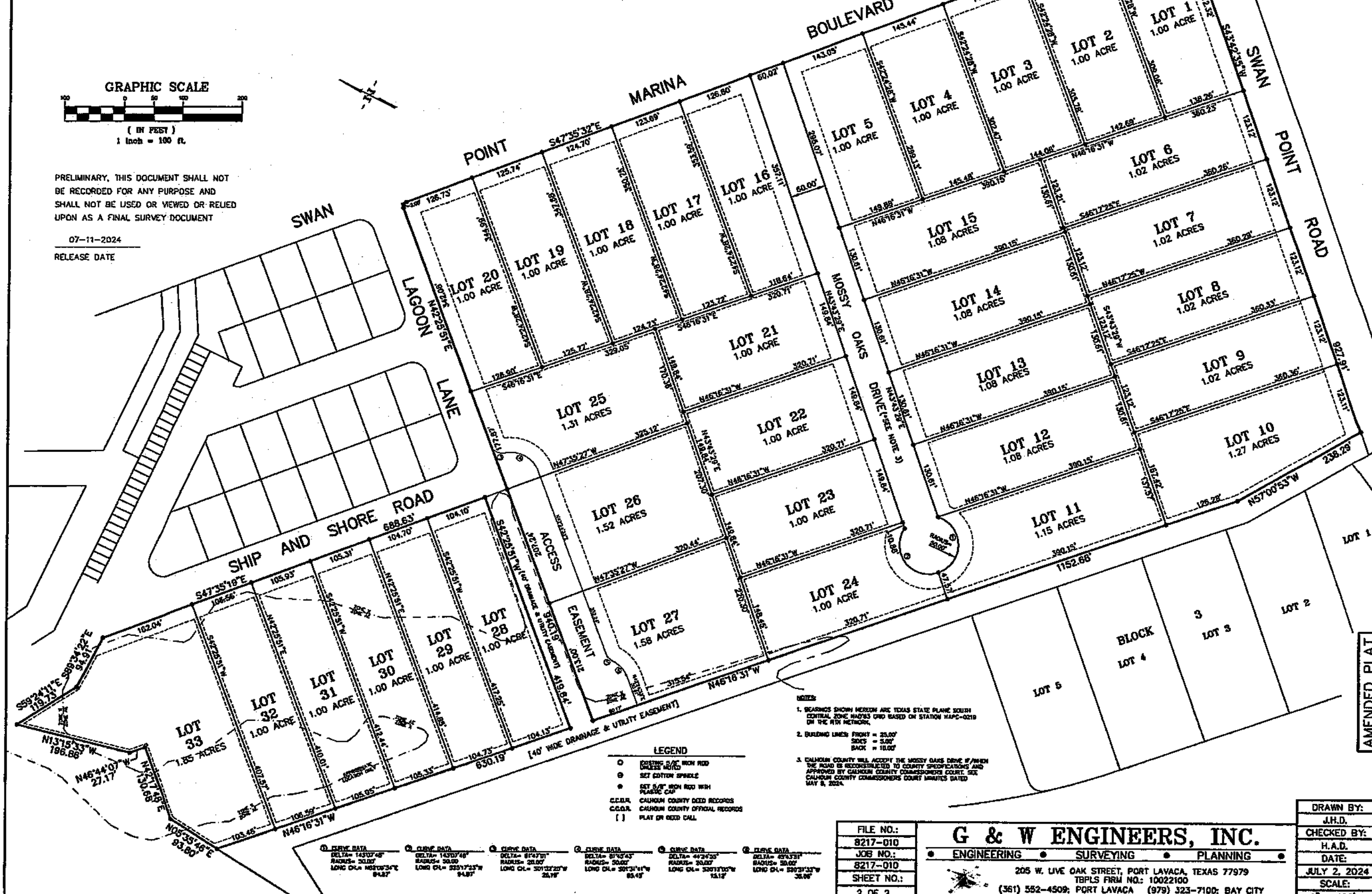
GDR/at

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

AMENDED PLAT OF IN THE OAKS AT SWAN POINT

37.41 ACRE SUBDIVISION

BEING AN AMENDED PLAT OF IN THE OAKS AT SWAN POINT
ACCORDING TO THE PLAT RECORDED IN SLIDE NO. 727 A & B OF THE CALHOUN COUNTY OFFICIAL RECORDS.
MAXIMO CAMPOS SURVEY, ABSTRACT NO. 4 OF CALHOUN COUNTY, TEXAS



PRELIMINARY, THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT

07-11-2024
RELEASE DATE

NOTES:

1. BEARINGS SHOWN HEREON ARE TEXAS STATE PLANE SOUTH CENTRAL ZONE NAD'83 GRID BASED ON STATION HAPC-0219 ON THE RTK NETWORK.
2. BUILDING LINES: FRONT = 25.00' SIDES = 5.00' BACK = 10.00'
3. CALHOUN COUNTY WILL ACCEPT THE MOSSY OAKS DRIVE IF/WHEN THE ROAD IS RECONSTRUCTED TO COUNTY SPECIFICATIONS AND APPROVED BY CALHOUN COUNTY COMMISSIONERS COURT. SEE CALHOUN COUNTY COMMISSIONERS COURT MINUTES DATED MAY 8, 2024.

LEGEND

- ○ EXISTING 5/8" IRON ROD UNLESS NOTED
- ⊙ SET COTTON SPINDLE
- ● SET 5/8" IRON ROD WITH PLASTIC CAP
- C.C.D.R. CALHOUN COUNTY DEED RECORDS
- C.C.O.R. CALHOUN COUNTY OFFICIAL RECORDS
- [ ] PLAT OR DEED CALL

FILE NO.:	8217-010
JOB NO.:	8217-010
SHEET NO.:	2 OF 2

G & W ENGINEERS, INC.
ENGINEERING • SURVEYING • PLANNING
205 W. LIVE OAK STREET, PORT LAVACA, TEXAS 77979
TBPLS FIRM NO.: 10022100
(361) 552-4509; PORT LAVACA (979) 323-7100; BAY CITY

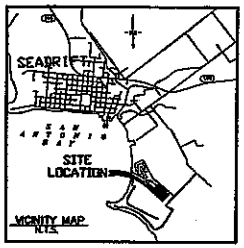
DRAWN BY:	J.H.D.
CHECKED BY:	H.A.D.
DATE:	JULY 2, 2024
SCALE:	1" = 100'

AMENDED PLAT

AMENDED PLAT OF IN THE OAKS AT SWAN POINT

37.41 ACRE SUBDIVISION

BEING AN AMENDED PLAT OF IN THE OAKS AT SWAN POINT
ACCORDING TO THE PLAT RECORDED IN SLIDE NO. 727 A & B OF THE CALHOUN COUNTY OFFICIAL RECORDS.
MAXIMO CAMPOS SURVEY, ABSTRACT NO. 4 OF CALHOUN COUNTY, TEXAS



CERTIFICATE OF OWNERSHIP

STATE OF TEXAS
COUNTY OF CALHOUN

I, THE UNDERSIGNED, OWNER OF THE LAND SHOWN ON THIS PLAT, AND DESIGNATED HEREIN AS IN THE OAKS AT SWAN POINT, AND WHOSE NAME IS SUBSCRIBED HERETO, HEREBY DEDICATE TO THE USE OF PUBLIC FOREVER ALL STREETS, ALLEYS, PARKS, WATERCOURSE, DRAINS, EASEMENTS AND PUBLIC PLACES THEREON SHOWN FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

_____
DAVID G. ELLER, INDIVIDUALLY
RESPENTATIVE OF SWAN POINT LANDING I LP,
RESPENTATIVE OF SWAN POINT LANDING L.L.C.

STATE OF TEXAS
COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED DAVID G. ELLER, KNOWN TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 2024.

_____
NOTARY PUBLIC, STATE OF TEXAS

COUNTY CLERK CERTIFICATE

STATE OF TEXAS
COUNTY OF CALHOUN

CALHOUN CO. E911 EMERGENCY COMMUNICATIONS DISTRICT

I HEREBY CERTIFY THAT THE FOREGOING SUBDIVISION PLAT OF IN THE OAKS AT SWAN POINT FOR COMMERCIAL LOT IN SWAN POINT LANDING MEETS THE CURRENT 911 REQUIREMENTS.

_____
RAQUEL MORALES
DISTRICT COORDINATOR
(361) 552-5455

CALHOUN COUNTY APPRAISAL DISTRICT

I, HEREBY CERTIFY THAT THE AD VALORUM TAXES ON THE LAND INCLUDED WITHIN THE BOUNDARIES OF THIS PLAT ARE PAID FOR THE TAX YEAR _____ AND ALL PRIOR YEARS.

IF APPLICABLE, THE ABOVE-DESCRIBED PROPERTY HAS/IS RECEIVING SPECIAL APPRAISAL BASED ON ITS USE, AND ADDITIONAL ROLLBACK TAXES MAY BECOME DUE BASED ON THE PROVISIONS OF THE SPECIAL APPRAISAL (COMPTROLLER RULE 9.3040) OR PROPERTY OMITTED FROM THE APPRAISAL ROLL AS DESCRIBED UNDER TAX CODE SECTION 25.21 IS NOT INCLUDED IN THIS CERTIFICATE (TAX CODE SECTION 31.08 (D)).

SIGNED THIS THE _____ DAY OF _____, 2024.

BY: _____
PAUL SPAEDY,
CHIEF APPRAISER

FLOODPLAIN ADMINISTRATOR

ACCORDING TO THE FLOOD INSURANCE RATE MAP (FIRM) FOR CALHOUN COUNTY, TEXAS, COMMUNITY PANEL NUMBER 48057C0340E, EFFECTIVE DATE OCTOBER 16, 2014, THE SUBJECT PROPERTY IS LOCATED IN SPECIAL HAZARD AREA ZONE AE & ZONE X.

A DEVELOPMENT PERMIT IS REQUIRED FROM THE FLOOD PLAIN ADMINISTRATORS OFFICE, 311 SOUTH ANN STREET, ROOM 301, PORT LAVACA, TEXAS, 77979.

_____
LADONNA THOPEN
FLOODPLAIN ADMINISTRATOR

COMMISSIONERS COURT

THE COMMISSIONERS COURT MEETING IN REGULAR SESSION ON _____ 2024 APPROVED THE PLAT AND DEDICATION OF ROADS DESCRIBED HEREON.

_____
RICHARD MEYER
COUNTY JUDGE

_____
GARY REESE
COMMISSIONER PRECINCT NO. 4

PRELIMINARY, THIS DOCUMENT SHALL NOT BE RECORDED FOR ANY PURPOSE AND SHALL NOT BE USED OR VIEWED OR RELIED UPON AS A FINAL SURVEY DOCUMENT

07-11-2024
RELEASE DATE

I, HENRY A. DANYSH, A REGISTERED PROFESSIONAL LAND SURVEYOR, DO HEREBY CERTIFY THAT THE PLAT SHOWN HEREON REPRESENTS THE RESULT OF A SURVEY MADE ON THE GROUND UNDER MY DIRECTION ON APRIL 10, 2024.

_____
G & W ENGINEERS, INC.
HENRY A. DANYSH
REGISTERED PROFESSIONAL
LAND SURVEYOR NO. 5088

STATE OF TEXAS
REGISTERED
HENRY A. DANYSH
5088
PROFESSIONAL
LAND SURVEYOR

DRAWN BY:
J.H.D.
CHECKED BY:
H.A.D.
DATE:
JULY 2, 2024
SCALE:
1" = 100'

G & W ENGINEERS, INC.
ENGINEERING • SURVEYING • PLANNING
205 W. LIVE OAK STREET, PORT LAVACA, TEXAS 77979
TBPLS FIRM NO.: 10022100
(361) 552-4508; PORT LAVACA (979) 323-7100; BAY CITY

FILE NO.:
8217-010
JOB NO.:
8217-010
SHEET NO.:
1 OF 2

AMENDED PLAT

11

11. Consider and take necessary action to approve Agreement #3068497 with Dewitt Poth & Sons for Copy Machine Lease for the Elections Office and allow the Elections Administrator to sign agreement. (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 ELECTIONS DEPARTMENT

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

July 11, 2024

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

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioner's Court Agenda for July 17, 2024.

* Consider and take necessary action to approve and allow the Elections Administrator to sign contract agreement #3068497 for a new copy machine lease with Dewitt Poth & Son.

Thank You,

Mary Ann Orta
Calhoun County Elections Administrator

dewitt poth & son
TOMORROW'S BUSINESS SUPPLIED TODAY
~ ESTABLISHED 1936 ~

Office Equipment | IT Services | Office Supplies | Promotional Products
102 West Street Yoakum, Texas | 361.550 7497 | www.dewittpoth.com

Kyocera MA4000cifx – Black/Color Machine

- 42 pages per minute black/color output
- 100-sheet Single Pass Document Feeder/Scanner
- Scan up to 60 pages per minute
- Letter, Legal
- Copy/Print/Scan
- Scan to Folder/email
- 1x250-sheet paper drawer
- 1x500-sheet paper drawer
- Cabinet

63-month FMV Lease

$125.00 per month

Maintenance Contract
Black images at .0125.
Color images at .07.

Parts, labor and all toner included at no additional charge.
Delivery, networking and training provided at no additional charge.
Free delivery of all supplies.

Maryann Pitta

GreatAmerica FINANCIAL SERVICES

Amendment

This Amendment amends that certain agreement by and between GreatAmerica Financial Services Corporation ("Owner") and Calhoun, County of ("Customer") which agreement is identified in the Owner's internal books and records as Agreement No. 3068497 (the "Agreement"). All capitalized terms used in this Amendment, which are not otherwise defined herein, shall have the meanings given to such terms in the Agreement. Owner and Customer have mutually agreed that the following modifications be made to the Agreement.

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

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

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

GreatAmerica Financial Services Corporation Owner	Calhoun, County of Elections Dept. Customer
By: Larry Wilke Signature	By: X MaryAnn Orta Signature
LARRY WILKERSON, DOC. SPECIALIST Print Name & Title	MaryAnn Orta Elections Admin Print Name & Title
Date Accepted: 7/12/24	Date: July 17, 2024

AGREEMENT

GreatAmerica FINANCIAL SERVICES

GREATAMERICA FINANCIAL SERVICES CORPORATION
PAYMENT ADDRESS:
PO Box 660831, Dallas TX 75266-0831

AGREEMENT NO.: 3068497

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: Calhoun, County of

ADDRESS: 211 S Ann St Port Lavaca, TX 77979-4203

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

Dewitt Poth & Son Yoakum, TX

EQUIPMENT AND PAYMENT TERMS

TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES ☐ SEE ATTACHED SCHEDULE

1 Kyocera ECOSYS MA4000cifx Copier

EQUIPMENT LOCATION: As Stated Above

TERM IN MONTHS: 63 MONTHLY PAYMENT AMOUNT*: $125.00 ("PLUS TAX")

PURCHASE OPTION*: Fair Market Value

ADDITIONAL TERMS AND CONDITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPLICABLE TO GOVERNMENTAL ENTITIES ONLY

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

OWNER ("WE", "US", "OUR") **CUSTOMER'S AUTHORIZED SIGNATURE**

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

OWNER: GreatAmerica Financial Services Corporation

SIGNATURE: Lynn Wilke DATE 7/12/24

PRINT NAME & TITLE: LYNN WILKEN DOC. SPECIALIST

CUSTOMER: (As Stated Above)

SIGNATURE: X MaryAnn Orta DATE 07-17-24

PRINT NAME & TITLE: MaryAnn Orta Elections Admin

CERTIFICATE OF DELIVERY AND ACCEPTANCE

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

SIGNATURE: X NAME AND TITLE: DATE:

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

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:
2024-1186070

Date Filed:
07/11/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
DeWitt Poth & Son
YOAKUM, 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.
1936246
COPIERS

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Dewitt Poth & Son, LLC	Yoakum, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is JESSIE LEMKE, and my date of birth is 04/30/195.

My address is 102 WEST ST (street), YOAKUM (city), TX (state), 77995 (zip code), US (country).

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

Executed in DEWITT County, State of TX, on the 11 day of JULY (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

12

12. Consider and take necessary action to approve the contract with Keith Staff dba. Staff Concrete Construction for Bid Number 2024.07 – Magnolia Beach – Ocean Drive Bulkhead Cap Replacement for Calhoun County, Texas and authorize the County Judge to sign. (DEH)

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

ATTORNEY'S REVIEW CERTIFICATION

BID NUMBER 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Cap Replacement Project

I, the undersigned, Sara M. Rodriguez the duly authorized and acting legal representative of **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 representative 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: 7/12/2024

Print Attorney's name: Sara M. Rodriguez

Texas State Bar Number: 24050998

STANDARD FORM OF AGREEMENT FOR MATERIALS CONTRACT

THIS AGREEMENT made this the **5th** day of **June, 2024**, by and between **Keith Staff dba Staff Concrete Construction,** *an individual trading as Sole Proprietorship,* hereinafter called the "*Contractor*", and **CALHOUN COUNTY** 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 Number 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Cap Replacement Project**, for the County, all in strict accordance with the contract documents including all addenda thereto, numbered **No Addenda**, dated **N/A**, all as prepared by G&W Engineers, Inc., acting and in these contract documents preparation.

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 **One Hundred Seventy-Three Thousand Six Hundred Seventeen Dollars and 54 Cents** (**$173,617.54**).

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 General Conditions
h. Special Conditions
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 **90 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 *triplicate* original copies on the day and year first above written.

KEITH SMITH dba STAFF CONCRETE CONSTRUCTION
(The Contractor)

By_____

Name/Title Keith Staff, Owner

CALHOUN COUNTY
(County)

By_____

Name/Title: Richard H. Meyer, County Judge

BID

PROJECT NAME: Bid Number 2024.07 – Magnolia Beach – Ocean Drive Bulkhead Cap Replacement Project
DUE DATE: Thursday , May 23, 2024 before 2:00:00 p.m.
NAME: **Staff Concrete Construction**
BASE WORK SCOPE is Bids are invited for items and quantities of work generally as follows: a new 482 LF Ocean Drive bulkhead cap replacement. The structure of the bulkhead cap replacement will be a 24"x18" concrete cap and an adjacent 3' sidewalk. The other components of the bulkhead cap replacement project will be periodic PVC drains that transverse through the concrete cap, minor grading of the site to accommodate the improvements, installation of new deadman tie-back rods and the replacement of existing timber whalers.

Item	Quantity	Unit	Unit Price	Total Bid Price
1. Furnishing all necessary equipment, materials, and labor for Mobilization, demobilization, barricades, insurance, and bonds as per plans and specifications	1	LS	**11,000**	**11,000**
2. Furnish all necessary materials, equipment and labor for the demolition and removal of approximately 482 LF timber cap, 92 tie-back rods and 482 LF timber wailer in accordance with the drawings and specifications.	1	LS	**11580**	**11580**
3. Furnish all necessary materials, equipment, and labor for the installation of reinforced concrete bulkhead cap with periodic PVC drains approximately every 10 ft in accordance with the drawings and specifications.	482	LF	**161.25**	**77722.50**
4. Furnish all necessary materials, equipment, and labor for the installation of a 3' wide sidewalk alongside the proposed concrete cap with minor grading of the produced cut material in accordance with the drawings and specifications.	482	LF	**39.22**	**18904.04**
5. Furnish all necessary materials, equipment, and labor for the installation of stainless-steel tie-back rods connecting existing Deadman to propose cap in accordance with the drawings and specifications.	92	EA	**494.50**	**45494**
6. Furnish all necessary materials, equipment, and labor for the installation of a timber wailer in accordance with the drawings and specifications.	482	LF	**18.5**	**8917**
		TOTAL BASE BID	$	**173,617.54**

SPECIFICATION NOTES

Calhoun County is receiving Bids for items and quantities of work generally as follows: Bids are invited for items and quantities of work generally as follows: A new 482 LF Ocean Drive bulkhead cap replacement. The structure of the bulkhead cap replacement will be a 24"x18" concrete cap and an adjacent 3' sidewalk. The other components of the bulkhead cap replacement project will be periodic PVC drains that transverse through the concrete cap, minor grading of the site to accommodate the improvements, installation of new deadman tie-back rods and the replacement of existing timber whalers.

County to provide:

1. Unsecured place to store contractor equipment and vehicles
2. Unsecured area to store excess materials required for construction.

The BIDDER, in compliance with the invitation for bids for Bid Number 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Cap Replacement Project, having examined the plans and specifications with related documents and the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of materials and labor, hereby proposes to furnish all labor, materials and supplies in accordance with the contract documents, within the time set forth herein. These price(s) are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is a part. These price(s) are firm and shall not be subject to adjustment provided this Proposal is accepted within thirty (30) days after the time set for receipt of proposals.

BIDDER hereby agrees to commence work under this contract on or before a date to be specified in a written "Notice to Proceed" to be issued by the County and to substantially complete within **90** consecutive calendar days as stipulated in the specifications. BIDDER further agrees to pay as liquidated damages, the sum of $300.00 for each consecutive calendar day.

I hereby acknowledge the receipt of the following addenda:

1. _____
2. _____

SUBCONTRACTORS. The undersigned BIDDER proposes that he will be responsible to perform major portions of the work at the project site with his own forces and that specific portions of the work not performed by the undersigned will be subcontracted and performed by the following subcontractors.

Type of Work Subcontracted	Name of Subcontractor
NA	

The undersigned hereby declares that he has visited the site and has carefully examined the contract documents relative to the work covered by the above bid.

Bidder Name: Keith Staff dba Staff Concrete Construction

Address: 4703 John Stockbauer Dr. Victoria, TX

Phone: 361-212-5246

EIN or Tax ID No.: 81-4655949

Signature: _____

Name and Title: Keith Staff Owner

Email Address: staff.dylan@yahoo.com

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:
2024-1175347

Date Filed:
06/13/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Staff Concrete Construction
Victoria, 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.
2024.07 - Magnolia Beach
Seawall replacement with concrete cap, sidewalk, and new tieback rods

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 **Dylan Staff**, and my date of birth is **10/24/1996**.

My address is **19705 James Manor St** (street), **Manor** (city), **TX** (state), **78653** (zip code), **USA** (country).

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

Executed in **Travis** County, State of **TX**, on the **13** day of **June** (month), 20**24** (year).

Signature of authorized agent of contracting business entity
(Declarant)

PAYMENT BOND

Bond Number: 67098155

KNOW ALL PERSONS BY THESE PRESENTS, That we Keith Staff dba Staff Concrete Construction of 4703 John Stockbauer Road, Victoria, TX 77904, hereinafter referred to as the Principal, and WESTERN SURETY COMPANY, as Surety, are held and firmly bound unto County of Calhoun of _____, hereinafter referred to as the Obligee, in the sum of One Hundred Seventy Three Thousand Six Hundred Seventeen and 54/100 Dollars ($ 173,617.54), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has entered into a contract with Obligee, dated 5th day of June, 2024, for Magnolia Beach - Ocean Drive bulkhead replacement project

copy of which contract is by reference made a part hereof.

NOW, THEREFORE, if Principal shall, in accordance with applicable Statutes, promptly make payment to all persons supplying labor and material in the prosecution of the work provided for in said contract, and any and all duly authorized modifications of said contract that may hereafter be made, notice of which modifications to Surety being waived, then this obligation to be void; otherwise to remain in full force and effect.

No suit or action shall be commenced hereunder

(a) After the expiration of one (1) year following the date on which Principal ceased work on said contract it being understood, however, that if any limitation embodied in this bond is prohibited by any law controlling the construction hereof such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

(b) Other than in a state court of competent jurisdiction in and for the county or other political subdivision of the state in which the project, or any part thereof, is situated, or in the United States District Court for the district in which the project, or any part thereof, is situated, and not elsewhere.

The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder.

SIGNED, SEALED AND DATED this 14th day of June, 2024.

Staff Concrete Construction
(Principal)

By _____ (Seal)

WESTERN SURETY COMPANY
(Surety)

By _____
Gail Lynne Green Atto

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

Form F8578

State of Texas

Claim Notice Endorsement

To be attached to and form a part of Bond No. 67098155.

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

PERFORMANCE BOND

Bond Number: 67098155

KNOW ALL PERSONS BY THESE PRESENTS, That we Keith Staff dba Staff Concrete Construction of 4703 John Stockbauer Road, Victoria, TX 77904, hereinafter referred to as the Principal, and WESTERN SURETY COMPANY, as Surety, are held and firmly bound unto County of Calhoun, hereinafter referred to as the Obligee, in the sum of One Hundred Seventy Three Thousand Six Hundred Seventeen and 54/100 Dollars ($173,617.54), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has entered into a contract with Obligee, dated the 5th day of June, 2024, for Magnolia Beach - Ocean Drive bulkhead replacement project.

NOW, THEREFORE, if the Principal shall faithfully perform such contract or shall indemnify and save harmless the Obligee from all cost and damage by reason of Principal's failure so to do, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

ANY PROCEEDING, legal or equitable, under this Bond may be instituted in any court of competent jurisdiction in the location in which the work or part of the work is located and shall be instituted within two years after Contractor Default or within two years after the Contractor ceased working or within two years after the Surety refuses or fails to perform its obligations under this Bond, whichever occurs first. If the provisions of this Paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the jurisdiction of the suit shall be applicable.

NO RIGHT OF ACTION shall accrue on this Bond to or for the use of any person or corporation other than the Obligee named herein or the heirs, executors, administrators or successors of the Obligee.

SIGNED, SEALED AND DATED this 14th day of June, 2024.

Staff Concrete Construction

(Principal)

By _____ (Seal)

WESTERN SURETY COMPANY

(Surety)

By _____

Gail Lynne Green Attorn

Form F4597

Western Surety Company

POWER OF ATTORNEY - CERTIFIED COPY

Bond No. 67098155

Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint Gail Lynne Green

its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:

Principal: Keith Staff dba Staff Concrete Construction

Obligee: County of Calhoun

Amount: $1,000,000.00

and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.

"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

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."

If Bond No. 67098155 is not issued on or before midnight of November 1st, 2024, all authority conferred in this Power of Attorney shall expire and terminate.

In Witness Whereof, Western Surety Company has caused these presents to be signed by its Vice President, Larry Kasten, and its corporate seal to be affixed this 14th day of June, 2024.

WESTERN SURETY COMPANY

Larry Kasten, Vice President

STATE OF SOUTH DAKOTA } ss
COUNTY OF MINNEHAHA }

On this 14th day of June, in the year 2024, before me, a notary public, personally appeared Larry Kasten, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.

S. GREEN
NOTARY PUBLIC
SOUTH DAKOTA

Notary Public - South Dakota

My Commission Expires February 12, 2027

I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 14th day of June, 2024.

WESTERN SURETY COMPANY

Larry Kasten, Vice President

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

Form F5306-5-2023

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Western Surety Company, Surety Bonding Company of America or Universal Surety of America
To get information or file a complaint with your insurance company or HMO:

Call: Customer Service at **1-605-336-0850**
Toll-free: **1-800-331-6053**

Email: uwservices@cnasurety.com
Mail: P.O. Box 5077, Sioux Falls, SD 57117-5077

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:
Call with a question: 1-800-252-3439
File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Western Surety Company, Surety Bonding Company of America or Universal Surety of America
Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Servicio al Cliente al **1-605-336-0850**
Teléfono gratuito: **1-800-331-6053**

Correo electrónico: uwservices@cnasurety.com
Dirección postal: P.O. Box 5077, Sioux Falls, SD 57117-5077

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:
Llame con sus preguntas al: 1-800-252-3439
Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

State of Texas

Claim Notice Endorsement

To be attached to and form a part of Bond No. 67098155.

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/31/2024

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 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	Harris & Harris Insurance PO Box 1380 Orange Grove TX 78372-
CONTACT NAME:	Jennifer Green
PHONE (A/C, No, Ext):	(361)490-4105 **FAX (A/C, No):** (361)490-4108
E-MAIL ADDRESS:	Jennifer@h-hins.com
INSURER(S) AFFORDING COVERAGE	**NAIC #**
INSURER A : Chubb Insurance Co.	
INSURED	Keith Staff Staff Concrete 4703 John Stockbauer Rd Victoria TX 77904-
INSURER B : National Specialty Insurance	
INSURER C : Texas Mutual Insurance Co.	
INSURER D :	
INSURER E :	
INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC			D9547617A-3	06/10/2024	06/10/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X	X	GMI-0673-00	10/15/2023	10/15/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		0002053623	09/17/2023	09/17/2024	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Project: Magnolia Beach - Ocean Drive Bulkhead Cap Replacement

THE GL & AUTO POLICIES INCLUDE A BLANKET AUTOMATIC ADDITIONAL INSURED ENDORSEMENT THAT PROVIDES ADDITIONAL INSURED STATUS TO THE CERTIFICATE HOLDER ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED & THE CERTIFICATE HOLDER THAT REQUIRES SUCH STATUS. THE GENERAL LIABILITY IS PRIMARY & NON CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. THE GL, WORKERS COMP & AUTO POLICIES INCLUDE A BLANKET AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT THAT PROVIDES THIS FEATURE ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED & THE CERTIFICATE HOLDER THAT REQUIRES IT.

CERTIFICATE HOLDER

Calhoun County
211 South Ann Street
Port Lavaca TX 77979-

AI 005234

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/31/2024

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 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	Harris & Harris Insurance PO Box 1380 Orange Grove TX 78372-
CONTACT NAME:	Jennifer Green
PHONE (A/C, No, Ext):	(361)490-4105 **FAX (A/C, No):** (361)490-4108
E-MAIL ADDRESS:	Jennifer@h-hins.com
INSURER(S) AFFORDING COVERAGE	**NAIC #**
INSURER A : Chubb Insurance Co.	
INSURER B : National Specialty Insurance	
INSURER C : Texas Mutual Insurance Co.	
INSURER D :	
INSURER E :	
INSURER F :	
INSURED	Keith Staff Staff Concrete 4703 John Stockbauer Rd Victoria TX 77904-

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC			D9547617A-3	06/10/2024	06/10/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** ANY AUTO X ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS	X	X	GMI-0673-00	10/15/2023	10/15/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		0002053623	09/17/2023	09/17/2024	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Project: Magnolia Beach - Ocean Drive Bulkhead Cap Replacement

THE GL & AUTO POLICIES INCLUDE A BLANKET AUTOMATIC ADDITIONAL INSURED ENDORSEMENT THAT PROVIDES ADDITIONAL INSURED STATUS TO THE CERTIFICATE HOLDER ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED & THE CERTIFICATE HOLDER THAT REQUIRES SUCH STATUS. THE GENERAL LIABILITY IS PRIMARY & NON CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. THE GL, WORKERS COMP & AUTO POLICIES INCLUDE A BLANKET AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT THAT PROVIDES THIS FEATURE ONLY WHEN THERE IS A WRITTEN CONTRACT BETWEEN THE NAMED INSURED & THE CERTIFICATE HOLDER THAT REQUIRES IT.

AI 005235

CERTIFICATE HOLDER

G & W Engineers, Inc.
205 W. Live Oak
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

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13. Accept Monthly Reports from the following County Offices:

    i. Sheriff's Office – June 2024
    ii. Justice of the Peace, Pct 4 – June 2024

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

SHERIFF'S OFFICE MONTHLY REPORT

Jun-24

BAIL BOND FEE	$	450.00
CIVIL FEE	$	291.50
CASH BOND	$	500.00
JP#1	$	4,152.20
JP#2	$	220.00
JP#3	$	-
JP#4	$	-
JP#5	$	475.00
SEADRIFT MUN.	$	-
PC MUN	$	-
PROPERTY SALE		
PRE-INDITMENT		
TOTAL:	$	6,088.70

7-17-24

ENTER COURT NAME:	JUSTICE OF PEACE NO. 4
ENTER MONTH OF REPORT	JUNE
ENTER YEAR OF REPORT	2024

REVISED: July 10, 2024

CODE	AMOUNT
CASH BONDS	
ADMINISTRATION FEE - ADMF	20.00
BREATH ALCOHOL TESTING - BAT	
CONSOLIDATED COURT COSTS - CCC	80.00
STATE CONSOLIDATED COURT COST- 2020	434.00
LOCAL CONSOLIDATED COURT COST- 2020	98.00
COURTHOUSE SECURITY - CHS	8.00
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	20.00
ELECTRONIC FILING FEE - EEF	
FUGITIVE APPREHENSION - FA	
GENERAL REVENUE - GR	
CRIM - IND LEGAL SVCS SUPPORT - IDF	4.00
JUVENILE CRIME & DELINQUENCY - JCD	
JUVENILE CASE MANAGER FUND - JCMF	
JUSTICE COURT PERSONNEL TRAINING - JCPT	
JUROR SERVICE FEE - JSF	8.00
LOCAL ARREST FEES - LAF	30.00
LEMI	
LEOA	
LEOC	
OOL	
PARKS & WILDLIFE ARREST FEES - PWAF	
STATE ARREST FEES - SAF	15.00
SCHOOL CROSSING/CHILD SAFETY FEE - SCF	
SUBTITLE C - SUBC	
STATE TRAFFIC FINES-EST 9.1.19- STF	200.00
TABC ARREST FEES - TAF	
TECHNOLOGY FUND - TF	8.00
TRAFFIC - TFC	
LOCAL TRAFFIC FINE- 2020	12.00
TIME PAYMENT - TIME	
TIME PAYMENT REIMBURSEMENT FEE- 2020	
TRUANCY PREVENTION/DIVERSION FUND - TPDF	
LOCAL & STATE WARRANT FEES - WRNT	
COLLECTION SERVICE FEE-MVBA - CSRV	329.10
DEFENSIVE DRIVING COURSE - DDC	10.00
DEFERRED FEE - DFF	
DRIVING EXAM FEE- PROV DL	
FILING FEE - FFEE	
STATE CONSOLIDATED CIVIL FEE - 2022	42.00
LOCAL CONSOLIDATED CIVIL FEE - 2022	66.00
FILING FEE SMALL CLAIMS - FFSC	
JURY FEE - JF	
COPIES/CERTIFIED COPIES - CC	
INDIGENT FEE - CIFF or INDF	
JUDGE PAY RAISE FEE - JPAY	12.00
SERVICE FEE - SFEE	75.00
OUT-OF-COUNTY SERVICE FEE	
ELECTRONIC FILING FEE - EEF CV	
EXPUNGEMENT FEE - EXPG	
EXPIRED RENEWAL - EXPR	
ABSTRACT OF JUDGEMENT - AOJ	
ALL WRITS - WOP / WOE	620.00
DPS FTA FINE - DPSF	60.00
LOCAL FINES - FINE	1,057.00
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	$3,208.10

TYPE:	AMOUNT	
TOTAL WARRANT FEES	0.00	
ENTER LOCAL WARRANT FEES		RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT
STATE WARRANT FEES	$0.00	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	$3,208.10	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	$3,208.10	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/11/2024

COURT NAME: JUSTICE OF PEACE NO. 4
MONTH OF REPORT: JUNE
YEAR OF REPORT: 2024

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45014		FINES		1,117.00
CR	1000-001-44190		SHERIFF'S FEES		42.00
		ADMINISTRATIVE FEES:			
		DEFENSIVE DRIVING		10.00	
		CHILD SAFETY		0.00	
		TRAFFIC		12.00	
		ADMINISTRATIVE FEES		40.00	
		EXPUNGEMENT FEES		0.00	
		MISCELLANEOUS		0.00	
CR	1000-001-44364		TOTAL ADMINISTRATIVE FEES		62.00
CR	1000-001-44010		CONSTABLE FEES-SERVICE		695.00
CR	1000-001-44064		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		0.00
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		329.10
			TOTAL FINES, ADMIN. FEES & DUE TO STATE		$2,245.10
CR	2670-001-44064		COURTHOUSE SECURITY FUND		$40.30
CR	2720-001-44064		JUSTICE COURT SECURITY FUND		$2.00
CR	2719-001-44064		JUSTICE COURT TECHNOLOGY FUND		$36.00
CR	2699-001-44064		JUVENILE CASE MANAGER FUND		$0.00
CR	2730-001-44064		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$35.00
CR	2669-001-44064		COUNTY JURY FUND		$0.70
CR	2728-001-44064		JUSTICE COURT SUPPORT FUND		$50.00
CR	2677-001-44064		COUNTY DISPUTE RESOLUTION FUND		$10.00
CR	2725-001-44064		LANGUAGE ACCESS FUND		$6.00
		STATE ARREST FEES			
		DPS FEES		3.00	
		P&W FEES		0.00	
		TABC FEES		0.00	
CR	7020-999-20740		TOTAL STATE ARREST FEES		3.00
CR	7070-999-20610		CCC-GENERAL FUND		8.00
CR	7070-999-20740		CCC-STATE		72.00
		DR 7070-999-10010		*80.00*	
CR	7072-999-20610		STATE CCC- GENERAL FUND		43.40
CR	7072-999-20740		STATE CCC- STATE		390.60
		DR 7072-999-10010		434.00	
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		8.00
CR	7860-999-20740		STF- EST 9/1/2019- STATE		192.00
		DR 7860-999-10010		200.00	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/11/2024

COURT NAME: JUSTICE OF PEACE NO. 4
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*

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/11/2024

COURT NAME: JUSTICE OF PEACE NO. 4
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	0.40
CR	7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE	3.60
		DR 7865-999-10010	*4.00*	
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	1.20
CR	7505-999-20740		JPAY - STATE	10.80
		DR 7505-999-10010	*12.00*	
CR	7857-999-20610		JURY REIMB. FUND- GEN. FUND	0.80
CR	7857-999-20740		JURY REIMB. FUND- STATE	7.20
		DR 7857-999-10010	*8.00*	
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	42.00
			42.00	

TOTAL (Distrib Req to Oper Acct) $3,208.10

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 **$3,208.10**

LESS: TOTAL TREASUER'S RECEIPTS **$3,208.10**

OVER/(SHORT) $0.00

0

7-17-24

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

7/1/2024

COURT NAME: JUSTICE OF PEACE NO. 4
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	0.40
CR	7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE	3.60
		DR 7865-999-10010	4.00	
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	1.20
CR	7505-999-20740		JPAY - STATE	10.80
		DR 7505-999-10010	12.00	
CR	7857-999-20610		JURY REIMB. FUND- GEN. FUND	0.80
CR	7857-999-20740		JURY REIMB. FUND- STATE	7.20
		DR 7857-999-10010	8.00	
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	10.00
		DR 7502-999-10010	10.00	
	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	42.00
			42.00	
			TOTAL (Distrib Req to Oper Acct)	$3,208.10

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	**$3,208.10**
LESS: TOTAL TREASUER'S RECEIPTS	**$3,208.10**
OVER/(SHORT)	$0.00

0

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: DISTRICT ATTORNEY DEPARTMENT NO: 510

AMENDMENT NO: 6746	REQUESTOR: COUNTY AUDITOR/OVERDRAWN
AMENDMENT REASON:	OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	$0	$0	$0	$75	$75
54020	DUES	999	NO GRANT	$0	$0	$75	$0	($75)
			AMENDMENT NO 6746 TOTAL	$0	$0	$75	$75	$0
			DISTRICT ATTORNEY TOTAL	$0	$0	$75	$75	$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6746	REQUESTOR: COUNTY AUDITOR/OVERDRAWN
AMENDMENT REASON:	OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
61710	DEPARTMENTAL REPAIRS	999	NO GRANT	$0	$0	$250	$0	($250)
62430	EMPLOYMENT EXPENSES	999	NO GRANT	$0	$0	$92	$0	($92)
63500	MACHINE MAINTENANCE	999	NO GRANT	$0	$0	$0	$342	$342
			AMENDMENT NO 6746 TOTAL	$0	$0	$342	$342	$0
			EMERGENCY MEDICAL SERVICES TOTAL	$0	$0	$342	$342	$0

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6746	REQUESTOR: COUNTY AUDITOR/OVERDRAWN
AMENDMENT REASON:	OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53992	SUPPLIES-MISCELLANEOUS	999	NO GRANT	$0	$0	$0	$108	$108
65740	SERVICES	999	NO GRANT	$0	$0	$108	$0	($108)
			AMENDMENT NO 6746 TOTAL	**$0**	**$0**	**$108**	**$108**	**$0**
			FIRE PROTECTION-SIX MILE TOTAL	**$0**	**$0**	**$108**	**$108**	**$0**

DEPARTMENT NAME: LIBRARY DEPARTMENT NO: 140

AMENDMENT NO: 6739	REQUESTOR: LIBRARY
AMENDMENT REASON:	TO COVER COST OF 3 NEW DESK

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
66618	UTILITIES-POINT COMFORT LIBRAR	999	NO GRANT	$0	$0	$0	$1,500	$1,500
72350	EQUIPMENT-OFFICE	999	NO GRANT	$0	$0	$1,500	$0	($1,500)
			AMENDMENT NO 6739 TOTAL	**$0**	**$0**	**$1,500**	**$1,500**	**$0**
			LIBRARY TOTAL	**$0**	**$0**	**$1,500**	**$1,500**	**$0**

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1 DEPARTMENT NO: 540

AMENDMENT NO: 6740	REQUESTOR: COMMISSIONER PRECINCT #1
AMENDMENT REASON:	LINE ITEM ADJUSTMENT TO PAY BILLS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1 DEPARTMENT NO: 540

AMENDMENT NO: 6740	*REQUESTOR: COMMISSIONER PRECINCT #1*
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT TO PAY BILLS**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$0	$8,000	$8,000
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$0	$1,000	$1,000
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$8,000	$0	($8,000)
			AMENDMENT NO 6740 TOTAL	**$0**	**$0**	**$9,000**	**$9,000**	**$0**
			ROAD AND BRIDGE-PRECINCT #1 TOTAL	**$0**	**$0**	**$9,000**	**$9,000**	**$0**

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2 DEPARTMENT NO: 550

AMENDMENT NO: 6741	*REQUESTOR: COMMISSIONER PRECINCT #2*
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	$0	$0	$5,000	$0	($5,000)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$0	$18,456	$18,456
53580	PIPE	999	NO GRANT	$0	$0	$3,456	$0	($3,456)
64370	OUTSIDE MAINTENANCE	999	NO GRANT	$0	$0	$10,000	$0	($10,000)
			AMENDMENT NO 6741 TOTAL	**$0**	**$0**	**$18,456**	**$18,456**	**$0**
			ROAD AND BRIDGE-PRECINCT #2 TOTAL	**$0**	**$0**	**$18,456**	**$18,456**	**$0**

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #3 DEPARTMENT NO: 560

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND ***FUND NO: 1000***

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #3 DEPARTMENT NO: 560

AMENDMENT NO: 6742	***REQUESTOR: COMMISSIONER PRECINCT #3***
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53520	TIRES AND TUBES	999	NO GRANT	$0	$0	$4,000	$0	($4,000)
53610	BUILDING SUPPLIES/PARTS	999	NO GRANT	$0	$0	$0	$4,100	$4,100
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$100	$0	($100)
			AMENDMENT NO 6742 TOTAL	**$0**	**$0**	**$4,100**	**$4,100**	**$0**
			ROAD AND BRIDGE-PRECINCT #3 TOTAL	**$0**	**$0**	**$4,100**	**$4,100**	**$0**

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #4 DEPARTMENT NO: 570

AMENDMENT NO: 6743	***REQUESTOR: COMMISSIONER PRECINCT #4***
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$0	$18,200	$18,200
53630	INSECTICIDES/PESTICIDES	999	NO GRANT	$0	$0	$18,200	$0	($18,200)
			AMENDMENT NO 6743 TOTAL	**$0**	**$0**	**$18,200**	**$18,200**	**$0**
			ROAD AND BRIDGE-PRECINCT #4 TOTAL	**$0**	**$0**	**$18,200**	**$18,200**	**$0**

DEPARTMENT NAME: WASTE MANAGEMENT DEPARTMENT NO: 380

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND ***FUND NO: 1000***

DEPARTMENT NAME: WASTE MANAGEMENT **DEPARTMENT NO: 380**

AMENDMENT NO: 6746	***REQUESTOR: COUNTY AUDITOR/OVERDRAWN***
AMENDMENT REASON:	**OVERDRAWN ACCOUNTS**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53640	JANITOR SUPPLIES	999	NO GRANT	$0	$0	$87	$0	($87)
60520	BUILDING REPAIRS	999	NO GRANT	$0	$0	$0	$87	$87
			AMENDMENT NO 6746 TOTAL	**$0**	**$0**	**$87**	**$87**	**$0**
			WASTE MANAGEMENT TOTAL	**$0**	**$0**	**$87**	**$87**	**$0**
			GENERAL FUND TOTAL	***$0***	***$0***	***$51,868***	***$51,868***	***$0***

FUND NAME AIRPORT FUND ***FUND NO: 2610***

DEPARTMENT NAME: NO DEPARTMENT **DEPARTMENT NO: 999**

AMENDMENT NO: 6744	***REQUESTOR: AIRPORT***
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	$0	$0	$731	$0	($731)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	$0	$0	$1,500	$0	($1,500)
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$11,200	$0	($11,200)
73805	ROOF-AIRPORT	999	NO GRANT	$0	$0	$0	$13,431	$13,431
			AMENDMENT NO 6744 TOTAL	**$0**	**$0**	**$13,431**	**$13,431**	**$0**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$13,431**	**$13,431**	**$0**
			AIRPORT FUND TOTAL	***$0***	***$0***	***$13,431***	***$13,431***	***$0***

FUND NAME JUSTICE COURT TECHNOLOGY FUND ***FUND NO: 2719***

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, July 17, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME JUSTICE COURT TECHNOLOGY FUND *FUND NO: 2719*

DEPARTMENT NAME: NO DEPARTMENT **DEPARTMENT NO: 999**

AMENDMENT NO: 6745	***REQUESTOR: JUSTICE COURT TECHNOLOGY FUND***
AMENDMENT REASON:	**ADJUST BUDGET FOR APRIL 2024 REVENUE**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
70751	CAPITAL OUTLAY-JP PCT #1	999	NO GRANT	$0	$0	$308	$0	($308)
70752	CAPITAL OUTLAY-JP PCT #2	999	NO GRANT	$0	$0	$118	$0	($118)
70753	CAPITAL OUTLAY-JP PCT #3	999	NO GRANT	$0	$0	$32	$0	($32)
70754	CAPITAL OUTLAY-JP PCT #4	999	NO GRANT	$0	$0	$88	$0	($88)
70755	CAPITAL OUTLAY-JP PCT #5	999	NO GRANT	$0	$0	$33	$0	($33)
			AMENDMENT NO 6745 TOTAL	**$0**	**$0**	**$579**	**$0**	**($579)**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$579**	**$0**	**($579)**

DEPARTMENT NAME: REVENUE **DEPARTMENT NO: 1**

AMENDMENT NO: 6745	***REQUESTOR: JUSTICE COURT TECHNOLOGY FUND***
AMENDMENT REASON:	**ADJUST BUDGET FOR APRIL 2024 REVENUE**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
44061	FEES-JUSTICE OF PEACE-PRECINC	999	NO GRANT	$297	$0	$0	$0	$297
44062	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	$114	$0	$0	$0	$114
44063	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	$31	$0	$0	$0	$31
44064	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	$85	$0	$0	$0	$85
44065	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	$32	$0	$0	$0	$32
46020	INT INC-JUSTICE SYSTEM	999	NO GRANT	$20	$0	$0	$0	$20
			AMENDMENT NO 6745 TOTAL	**$579**	**$0**	**$0**	**$0**	**$579**
			REVENUE TOTAL	**$579**	**$0**	**$0**	**$0**	**$579**
			JUSTICE COURT TECHNOLOGY FUND TOTAL	***$579***	***$0***	***$579***	***$0***	***$0***
			Grand Total	***$579***	***$0***	***$65,878***	***$65,299***	***$0***

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15. 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

Indigent Healthcare:	
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 17, 2024

APPROVAL LIST - 2024 BUDGET

COMMISSIONERS COURT MEETING OF **07/17/24**

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT **PAGE 24**				$210,604.53
AFLAC	**JULY 2024 PREMIUMS**	P/R	$	2,063.29
PRINCIPAL FINANCIAL GROUP	**JULY 2024 PREMIUMS**	P/R	$	1,699.60
	TOTAL VENDOR DISBURSEMENTS:		**$**	**214,367.42**
PAYROLL ON JULY 19, 2024		**P/R**	**$**	**429,887.50**
	TOTAL PAYROLL AMOUNT:		**$**	**429,887.50**
CALHOUN COUNTY OPERATING ACCOUNT (TRANSFER FROM MONEY MKT TO OP ACCT FOR AP & PAYROLL)			**$**	**2,500,000.00**
CALHOUN COUNTY INDIGENT HEALTH CARE			**$**	**4,834.77**
	TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS:		**$**	**2,504,834.77**
	TOTAL AMOUNT FOR APPROVAL:		**$**	**3,149,089.69**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 17, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,099,367.50
TOTAL TRANSFERS BETWEEN FUNDS	$	62,569.34
TOTAL NURSING HOME UPL EXPENSES	$	1,311,896.12
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED July 17, 2024	$	2,473,832.96

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

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	300071114	GNL AMB 6/5 PUBLIC NOTICE AD	62.80	
			60012	PORT LAVACA WAVE	62340	3000712...	GNL AMB 6/19 PUBLIC NOTICE AD	62.80	
AMBULANCE OPERATIONS-GENERAL	Total 290							125.60	0.00
AMBULANCE OPERATIONS-PORT O'CONNOR	330	SERVICES	65740	TISD INC.	7646	1057292...	POC AMB 7/9 ACT# 105729 AUG 2024 INTERNET	74.99	
AMBULANCE OPERATIONS-PORT O'CONNOR	Total 330							74.99	0.00
AMBULANCE OPERATIONS-SEADRIFT	340	SERVICES	65740	TISD INC.	7646	1016122...	SEA AMB 7/9 ACT# 101612 AUG 2024 INTERNET	49.99	
AMBULANCE OPERATIONS-SEADRIFT	Total 340							49.99	0.00
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	TURTLE & HUGHES INC	3635	6310133...	MAINT 6/28 LIGHT BULBS @ CH	9.29	
			53610	TURTLE & HUGHES INC	3635	6310133...	MAINT 6/28 MISC SUPP @ CH	18.58	
			53610	TURTLE & HUGHES INC	3635	6428474...	MAINT 6/25 LIGHT BULBS @ CH	152.25	
			53610	TURTLE & HUGHES INC	3635	6433560...	MAINT 6/28 LED WALL MNT W/ PHOTO CELL @ JAIL	108.28	
			53610	BOSART LOCK & KEY INC	486	128305	MAINT 6/10 LEVER LOCK	84.95	
			53610	POWER HARDWARE LLC	62260	A108740	MAINT 6/4 PLIERS	25.99	
			53610	POWER HARDWARE LLC	62260	A108759	MAINT 6/5 (2) LAMPHOLDERS, FLAPPER, ELEC TAPE	31.57	
			53610	POWER HARDWARE LLC	62260	B73604	MAINT 6/7 FAUCET FOR SO	54.59	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53610	GULF COAST HARDWARE LLC	63196	189854	MAINT 6/25 BLEACH, HARDWARE, CUT KEY	15.76	
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2547497	MAINT 6/25 TRASH CAN, JANITOR CART, DUST MOPS	229.33	
			53640	GULF COAST PAPER CO INC	2619	2549325	MAINT 7/2 TRASH CAN, MOP HEAD	28.29	
			53640	GULF COAST PAPER CO INC	2619	2549326	MAINT 7/2 CLEATED CHARCOAL MAT	472.93	
			53640	GULF COAST PAPER CO INC	2619	2549476	MAINT 7/2 RAGS	30.03	
BUILDING MAINTENANCE	Total 170							1,261.84	0.00
COMMISSIONERS COURT	230	INTERNET SERVICES	62955	SPARKLIGHT	9988	1009388...	COM CRT 7/8 ACT# 100938828 CABLE 7/8- 8/7	19.47	
			62955	SPARKLIGHT	9988	1128551...	COM CRT 7/1 ACT# 112855176 JULY 2024 INTERNET	1,353.28	
		PATHOLOGIST FEES	64520	TRAVIS COUNTY MEDICAL EXAMINER	7710	3300008...	COM CRT/JP3 6/28 AUTOPSY FEE C. LANGE III	3,891.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240538	COM CRT/JP3 5/26 TRANSPORT A. COMACHO	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240539	COM CRT/JP3 5/26 TRANSPORT B. WINSTON	955.00	
COMMISSIONERS COURT	Total 230							7,173.75	0.00
COUNTY CLERK	250	GENERAL OFFICE SUPPLIES	53020	DRIESSEN WATER INC	6245	4547007	CO CLK 7/3 WATER	65.20	
			53020	COASTAL OFFICE SOLUTIONS, INC	9063	OE465181	CO CLK 5/17 COPY PAPER	137.97	
		COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	36848428	CO CLK 6/24 COPIER/SCANNER LEASES	428.00	
		MISCELLANEOUS	63920	GREAT AMERICA FINANCIAL	2751	36848428	CO CLK 6/24 LATE FEES	55.90	
		TRAINING TRAVEL OUT OF COUNTY	66316	GOODMAN ANNA M	EM...	PO2507...	CO CLK 7/11 TRAVEL REIMB- ROCKWALL, TX 7/9- 7/11	552.06	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			66316	HOLLADAY JANICE	EM...	PO2507...	CO CLK 7/11 TRAVEL REIMB- ROCKWALL, TX 7/8- 7/11	1,221.92	
COUNTY CLERK	Total 250							2,461.05	0.00
COUNTY COURT-AT-LAW	410	ADULT ASSIGNED-ATTORNEY FEES	60050	FAIRES MARVIN L JR	2400	2024098	CRT@LAW1 7/1 C# 2024-CR-0067-CC D. VELASCO	325.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024099	CRT@LAW1 7/1 C# 2024-CR-0060/0073-CC E. JAMES	308.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024101	CRT@LAW1 7/1 C# 2023-CR-0078-CC R. GRIMES	75.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024102	CRT@LAW1 7/1 C# 2024-CR-0099-CC S. JACKSON	250.00	
		LEGAL SERVICES-COURT APPOINTED	63380	R PEREZ LAW PLLC	31800	2024100	CRT@LAW1 7/1 C# 2023-FAM-0032-CC	915.00	
COUNTY COURT-AT-LAW	Total 410							1,873.00	0.00
DISTRICT ATTORNEY	510	LEGAL SERVICES	63350	BROOKS DAVID B	5955	DB20246	DA 6/29 JUNE 2024 SUBS	100.00	
DISTRICT ATTORNEY	Total 510							100.00	0.00
DISTRICT COURT	430	GENERAL OFFICE SUPPLIES	53020	VIVIAN WILLIAM DANIEL	8300	PO4302...	DIST CRT 7/1 JUDGE MARR'S PHOTO	100.00	
		ADULT ASSIGNED-ATTORNEY FEES	60050	DISHER DAVID A	1398	2024153	DIST CRT 7/2 C# 2023-CR-8874/9001-DC Z. JACKSON	1,070.00	
			60050	RIVERA JOE A	3449	2024151	DIST CRT 7/2 C# 2023-CR-8829-DC B. KALISEK	350.00	
			60050	CLARK JERRY	9858	2024152	DIST CRT 7/2 C# 2024-CR-8985-DC P. LOPEZ, JR	450.00	
DISTRICT COURT	Total 430							1,970.00	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
ELECTIONS	270	COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0216085...	ELEC 7/1 COPIER LEASE 5/21- 6/21	144.71	
		TRAINING REGISTRATION FEES/TRAVEL	66310	OFFICE OF SECRETARY OF STATE	7216	133542	ELEC 7/1 CONF REG 8/12-8/14 R. TODD	325.00	
			66310	OFFICE OF SECRETARY OF STATE	7216	133545	ELEC 7/1 CONF REG 8/12-8/14 V. CAMPBELL	325.00	
			66310	OFFICE OF SECRETARY OF STATE	7216	133552	ELEC 7/1 CONF REG 8/12-8/14 A. OCHOA	325.00	
			66310	OFFICE OF SECRETARY OF STATE	7216	133563	ELEC 7/1 CONF REG 8/12-8/14 M. ORTA	325.00	
ELECTIONS	Total 270							1,444.71	0.00
EMERGENCY COMMUNICATION DIVISION	635	CAPITAL OUTLAY	70750	EL CAMPO REFRIGERATION	1894	98865	EMER COMM 6/17 ICE & WATER DISPENSER	6,128.00	
EMERGENCY COMMUNICATION DIVISION	Total 635							6,128.00	0.00
EMERGENCY MANAGEMENT	630	GENERAL OFFICE SUPPLIES	53020	DEWITT POTH & SON LLC	3379	7597900	EMER MGMT 6/24 COPIER COUNT 5/24- 6/24	72.21	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615501...	EMER MGMT 6/19 ACT# 287342194111 PHONE 5/20-6/19	128.46	
		TRAVEL OUT OF COUNTY	66498	WALTON DEREK	EM...	PO6304...	EMER MGMT 7/15 TRAVEL REIMB- VICTORIA, TX 6/27 & 6/28	83.08	
		EQUIPMENT-OFFICE	72350	GREAT AMERICA FINANCIAL	2751	36897355	EMER MGMT 7/1 COPIER LEASE	179.00	
EMERGENCY MANAGEMENT	Total 630							462.75	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	BOUND TREE MEDICAL, LLC	412	85396570	EMS 6/27 NACL, LIDO, MORGAN LENS, NALOXONE	1,464.93	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53980	BOUND TREE MEDICAL, LLC	412	85398078	EMS 6/28 FLUSHES, PNEUMO RELEASE TOURNIQUETS	2,344.00	
			53980	BOUND TREE MEDICAL, LLC	412	85399704	EMS 7/1 I-GEL, NITRO PASTE	360.59	
			53980	BOUND TREE MEDICAL, LLC	412	85399705	EMS 7/1 ADENOSINE, BANDAGES, BP CUFFS, GLOVES	563.15	
			53980	MEMORIAL MEDICAL CENTER	5099	13/2024	EMS 7/2 (2) UNITS WHOLE BLOOD	836.00	
		DEPARTMENTAL REPAIRS	61710	QUEZADA JOSE G	6632	PO3457...	EMS CNTRL 6/29 CLEAN/BUFF FLOORS	250.00	
		EMPLOYMENT EXPENSES	62430	DISA INC	3691	2581095	EMS 6/30 PRE-EMPLOY BACKGROUND CHK	278.35	
			62430	MEMORIAL MEDICAL CLINIC	5971	284240	EMS 6/13 PRE-EMPLOY PHYSICAL	32.50	
			62430	MEMORIAL MEDICAL CLINIC	5971	284909	EMS 6/20 PRE-EMPLOY PHYSICAL	32.50	
			62430	MEMORIAL MEDICAL CLINIC	5971	284910	EMS 6/20 PRE-EMPLOY PHYSICAL	32.50	
			62430	MEMORIAL MEDICAL CLINIC	5971	284911	EMS 6/20 PRE-EMPLOY PHYSICAL	32.50	
		LEASE/RENTAL	63220	OFFICE SYSTEMS CENTER	5806	36827471	EMS 6/20 COPIER LEASE	198.87	
		CAPITAL OUTLAY	70750	FRAZER LTD	2266	95745	EMS 6/27 SPARE AMB STEP	3,845.72	
EMERGENCY MEDICAL SERVICES	Total 345							10,271.61	0.00
FIRE PROTECTION-SIX MILE	695	SERVICES	65740	VICTORIA PRECISION PRODUCTS	8257	SC07022...	6MILE VFD 7/2 SPRINKLER HEAD REPAIR KIT	273.25	
FIRE PROTECTION-SIX MILE	Total 695							273.25	0.00
HEALTH DEPARTMENT	350	ENVIRONMENTAL HEALTH SERVICES	62480	VICTORIA COUNTY PUBLIC	8219	ENV2408	HLTH DEPT 7/1 AUG 2024 ENVIRONMENTAL HLTH SVCS	7,043.75	

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HEALTH DEPARTMENT	Total 350							7,043.75	0.00
HIGHWAY PATROL	720	CONTRIB.TO EXP-INTERLOCAL AGREEMENT	61277	JACKSON COUNTY TREASURER	3312	202450	HIGHWAY PATROL 7/1 INTERLOCAL AGMNT FY 2024 3RD QTR	2,834.21	
HIGHWAY PATROL	Total 720							2,834.21	0.00
HUMAN RESOURCES	265	PHYSICALS/DRUG TESTING	64671	MEMORIAL MEDICAL CLINIC	5971	284239	HR 6/13 PRE-EMPLOY PHYSICAL	32.50	
HUMAN RESOURCES	Total 265							32.50	0.00
JAIL OPERATIONS	180	JAIL MAINTENANCE/SUPPLIES	53420	PERFORMANCE FOOD GROUP INC	63650	3006145	JAIL 6/24 CUPS	73.01	
			53420	PERFORMANCE FOOD GROUP INC	63650	3008152	JAIL 6/27 ZIPLOC BAGS, LABELS	34.19	
			53420	PERFORMANCE FOOD GROUP INC	63650	3012289	JAIL 7/5 CUPS, SILVERWARE KITS	94.91	
		GROCERIES	53955	PERFORMANCE FOOD GROUP INC	63650	3006145	JAIL 6/24 INMATE GROCERIES	1,699.52	
			53955	PERFORMANCE FOOD GROUP INC	63650	3008152	JAIL 6/27 INMATE GROCERIES	1,311.70	
			53955	PERFORMANCE FOOD GROUP INC	63650	3009638	JAIL 7/1 INMATE GROCERIES	2,063.44	
			53955	PERFORMANCE FOOD GROUP INC	63650	3011594	JAIL 7/4 INMATE GROCERIES	3,115.08	
			53955	PERFORMANCE FOOD GROUP INC	63650	3012289	JAIL 7/5 INMATE GROCERIES	1,361.15	
			53955	PERFORMANCE FOOD GROUP INC	63650	3013365	JAIL 7/9 INMATE GROCERIES	1,879.21	
JAIL OPERATIONS	Total 180							11,632.21	0.00
JUSTICE OF PEACE PRECINCT #2	460	TRAVEL ADVANCE SUSPENSE	66448	SANCHEZ ESMERALDA	1182	PO2024...	JP2 7/3 TRAVEL ADV CORPUS CHRISTI, TX 7/21-7/24	296.00	
JUSTICE OF PEACE PRECINCT #2	Total 460							296.00	0.00

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JUSTICE OF PEACE-PRECINCT #3	470	PHOTO COPIES/SUPPLIES	53030	DEWITT POTH & SON LLC	3379	7592540	JP3 6/18 COPIER COUNT 3/19- 6/18	102.19	
		MISCELLANEOUS	63920	DIMAK TANYA	1420	PO0924	JP3 7/12 REIMB PURCHASE NONSLIP TAPE	237.30	
		POSTAGE	64790	DIMAK TANYA	1420	PO30	JP3 7/11 REIMB (2) ROLLS STAMPS	136.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3619872...	JP3 6/25 ACT# 361-987-2919-082715-5 PHONE 6/25- 7/24	312.59	
		UTILITIES	66600	SPARKLIGHT	9988	1036738...	JP3 7/1 ACT# 103673893 JULY 2024 INTERNET	84.69	
JUSTICE OF PEACE-PRECINCT #3	Total 470							872.77	0.00
JUSTICE OF PEACE-PRECINCT #4	480	COPY MACHINE LEASE	61340	DEWITT POTH & SON LLC	3379	7576590	JP4 6/3 COPIER COUNT 5/1-6/3	33.65	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617857...	JP4 6/25 ACT# 361-785-7082-110398-5 PHONE 6/25- 7/24	229.09	
			66192	TISD INC.	7646	8381220...	JP4 7/9 ACT# 083812 AUG 2024 INTERNET	39.99	
JUSTICE OF PEACE-PRECINCT #4	Total 480							302.73	0.00
JUSTICE OF PEACE-PRECINCT #5	490	TELEPHONE SERVICES	66192	TISD INC.	7646	6839820...	JP5 7/9 ACT# 068398 AUG 2024 INTERNET	89.99	
JUSTICE OF PEACE-PRECINCT #5	Total 490							89.99	0.00
LIBRARY	140	FIRE & SECURITY SERVICES	62630	TRIPLE D SECURITY CORPORATION	7649	0420397...	LIBRARY 7/1 ALARM MONITORING	50.00	
		POSTAGE	64790	DINA SANCHEZ, PETTY CASH	13720	PO0703...	LIBRARY 7/3 REIMB PETTY CASH- POSTAGE	7.83	
		REPAIRS-MAIN LIBRARY	65470	SHERWIN WILLIAMS	7215	09548	LIBRARY 6/24 PAINT	76.49	
		BOOKS & PRINT MATL-LIBRARY	70550	BAKER & TAYLOR	403	5018987...	LIBRARY 6/25 (1) BOOK	14.78	
			70550	BAKER & TAYLOR	403	5018987...	LIBRARY 6/25 (18) BOOKS	274.13	
			70550	BAKER & TAYLOR	403	5018987...	LIBRARY 6/25 (1) BOOK	15.31	

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			70550	MICROMARKETING, LLC	5097	957631	LIBRARY 7/2 (10) BOOKS	225.70	
		E-FORMAT/DIGITAL MATL-LIBRARY	71146	MIDWEST TAPE LLC	3377	5057027...	LIBRARY 7/1 JUNE 2024 DIGITAL ACCT	400.83	
LIBRARY	Total 140							1,065.07	0.00
MUSEUM	150	SUPPLIES-MISCELLANEOUS	53992	QUILL LLC	6602	39269353	MUSEUM 6/25 FORKS, PLATES	34.72	
			53992	QUILL LLC	6602	39296100	MUSEUM 6/27 (3) SIGNS	66.39	
		MISCELLANEOUS	63920	QUILL LLC	6602	39257279	MUSEUM 6/25 MICROWAVE	107.99	
			63920	PCREALMS	7791	4115560	MUSEUM 7/1 ANNUAL WEBHOSTING	246.00	
		TELEPHONE	66190	FRONTIER COMMUNICATIONS	2855	3615535...	MUSEUM 7/2 ACT# 361-553-5858- 122716-5 ALARM 7/2- 8/1	107.17	
MUSEUM	Total 150							562.27	0.00
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	1,726.58	
		ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	1,177.42	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	641.30	
		ACCRUED INSURANCE-LIFE/LONG TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO0710...	CALCO 7/10 JULY 2024 PREMIUMS	936.74	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	785.80	
NO DEPARTMENT	Total 999							5,267.84	0.00
REVENUE	001	FEES-TAX COLLECTOR	44040	KERRI BOYD, TAX ASSESSOR	4041	PO0716...	TREAS 7/16 CORRECT OVERPMNT ERROR TAX A/C RCPT# 2024JUL030	3,667.56	
REVENUE	Total 001							3,667.56	0.00

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ROAD AND BRIDGE-PRECINCT #1	540	MACHINERY PARTS/SUPPLIES	53210	AIRGAS USA, LLC	136	9151047...	RB1 6/20 WELDING STICKS	33.00	
			53210	FASTENAL COMPANY	2274	TXPOT2...	RB1 6/26 MISC NUTS, BOLTS	1,690.48	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB1 6/26 AIR BRAKE TUBING, COUPLING, FUEL-#292	62.77	
		TIRES AND TUBES	53520	SOUTHERN TIRE MART LLC	7547	4820086...	RB1 6/29 (3) NEW TIRES-#264	1,150.44	
			53520	CARY'S TIRE & AUTOMOTIVE LLC	89820	30584	RB1 6/24 (2) LOADMAXX TIRES	1,178.00	
		JANITOR SUPPLIES	53640	GULF COAST HARDWARE LLC	63191	189941	RB1 6/27 SEPTIC TANK TX	12.98	
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63191	189903	RB1 6/26 (2) SPRAYERS	27.97	
			53992	GULF COAST HARDWARE LLC	63191	190103	RB1 7/2 ELEC OUTLET, (2) EXT CORDS	18.97	
			53992	GULF COAST HARDWARE LLC	63191	190118	RB1 7/3 EXT CORDS	6.00	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4197892...	RB1 7/5 UNIFORMS	100.55	
		BLDG REPAIRS-PARKS	60370	HURT'S WASTEWATER MANAGEMENT	3122	4296651...	RB1 6/26 FLOAT SWITCH-INDIANOLA RR	185.00	
			60370	HURT'S WASTEWATER MANAGEMENT	3122	4297171...	RB1 7/1 REPL (2) AERATORS @ MAG BEACH RR	1,575.00	
		MACHINERY/EQUIPMENT REPAIRS	63530	CARY'S TIRE & AUTOMOTIVE LLC	89820	30586	RB1 6/25 HOSE, FITTINGS	175.00	
		MISCELLANEOUS	63920	BOSART LOCK & KEY INC	486	128356	RB1 6/19 ATTEMPTED LOCK INSTALLATION @ NEW LAYDOWN YD	140.00	
		OUTSIDE MAINTENANCE	64370	HURT'S WASTEWATER MANAGEMENT	3122	4296612...	RB1 6/26 PUMP & PRESSURE WASH SEPTIC TANK @ INDIANOLA RR	622.50	
		UTILITIES	66600	UNDINE TEXAS LLC - GBRA (31)	80670	5700182...	RB1 7/1 ACT# 79031-5700182800 WATER 5/20- 6/19	68.34	
		UTILITIES-PARKS	66614	UNDINE TEXAS LLC - GBRA (31)	80670	5700152...	RB1 7/1 ACT# 79031-5700152800 WATER 5/20- 6/19	164.77	

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			66614	UNDINE TEXAS LLC - GBRA (31)	80670	5700257...	RB1 7/1 ACT# 79031-5700257100 WATER 5/20- 6/19	68.34	
		BUILDING	70650	H&H DOOR COMPANY INC	3005	15121V...	RB1 7/5 INST DOOR, KEYPAD, PHOTO EYES, REMOTE- MOSQUITO BLDG	1,862.57	
			70650	GUERRERO CONSTRUCTION	85901	000126	RB1 7/1 INSTALL BLDG & DOOR @ NEW LAYDOWN YD	10,600.00	
ROAD AND BRIDGE-PRECINCT #1	Total 540							19,742.68	0.00
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES	53210	CD STARTER SERVICE LLC	105	106660	RB2 7/3 ALTERNATOR-SWEEPER	139.99	
			53210	FASTENAL COMPANY	2274	TXPOT2...	RB2 6/17 DRINK MIX	7.20	
			53210	O REILLY AUTO PARTS	5803	0575377...	RB2 7/7 WIPER BLADES, CARGO STRAPS	34.89	
			53210	SOUTH TEXAS CORRUGATED PIPE	7624	2086	RB2 6/10 (10) MOTOR GRADER BLADES- 8-HOLES/ BLADE	788.50	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 5/28 BELT	41.53	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/5 FUEL FILTERS	42.51	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/6 BATTERY	130.29	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/10 FUEL FILTERS	12.99	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/11 SVC CHAMBERS	69.18	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/11 BUMPER, CABLE, BOLTS	47.58	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/11 CREDIT ON RETURN OF SVC CHAMBER		38.39
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/11 FUEL FILTERS	20.46	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/12 MACK SHIFTER BOOT	51.12	

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...	RB2 6/12 WIPER BLADES, AIR FILTER	52.95	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/25 WIPER BLADES	40.18	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/25 VALVE	3.38	
		PIPE	53580	SOUTH TEXAS CORRUGATED PIPE	7624	2053	RB2 6/5 METAL PIPE	2,788.80	
			53580	SOUTH TEXAS CORRUGATED PIPE	7624	2123	RB2 6/13 METAL PIPE	704.40	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4197530...	RB2 7/2 SCRAPER MAT	3.98	
		SUPPLIES-MISCELLANEOUS	53992	ARNOLD OIL COMPANY - VICTORIA	1472	102KT1...	RB2 6/27 (6) 2.5G DEF	194.40	
			53992	FASTENAL COMPANY	2274	TXPOT2...	RB2 6/26 PALLET OF WATER	648.14	
			53992	FASTENAL COMPANY	2274	TXPOT2...	RB2 6/26 HARDWARE, CUTTING OIL	60.30	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/6 GLOVES	19.35	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/13 EPOXY	10.11	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301115...	RB2 6/19 THREAD LOCK	7.81	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4197530...	RB2 7/2 UNIFORMS	64.86	
		EQUIPMENT RENTAL	62510	UNITED RENTALS (N AMERICA)INC	63370	2326194...	RB2 6/25 WATER TRUCK RENTAL 6/10- 7/8	3,184.00	
		OUTSIDE MAINTENANCE	64370	VICTORIA BUILDER SUPPLY CO.INC	8255	15448766	RB2 6/25 SVC ON DOOR OPENER	340.00	
		UTILITIES	66600	UNDINE TEXAS LLC - GBRA (31)	80670	5700123...	RB2 7/1 ACT# 79031-5700123200 WATER 5/20- 6/19	68.34	
ROAD AND BRIDGE-PRECINCT #2	Total 550							9,577.24	38.39
ROAD AND BRIDGE-PRECINCT #3	560	GENERAL OFFICE SUPPLIES	53020	GULF COAST HARDWARE LLC	63193	189859	RB3 6/25 SOAP, SPONGE-FOREMAN BLDG	24.96	

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		MACHINERY PARTS/SUPPLIES	53210	HOLT CAT	3048	PIMV01...	RB3 6/18 HYD FLUID	192.32	
			53210	O REILLY AUTO PARTS	5803	0575375...	RB3 6/29 FREON	116.00	
			53210	O REILLY AUTO PARTS	5803	0575377...	RB3 7/6 LAWN MOWER BATTERY	45.08	
			53210	GULF COAST HARDWARE LLC	63193	190001	RB3 6/28 CHAIN, GUIDE	89.97	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301116...	RB3 7/1 VALVE	6.39	
		ROAD & BRIDGE SUPPLIES	53510	KC LEASE SERVICE INC	2893	79542	RB3 6/25 48.78T 1-3/4" GRADE 2 LIMESTONE	1,723.89	
		TIRES AND TUBES	53520	CARY'S TIRE & AUTOMOTIVE LLC	89820	30624	RB3 7/2 TRACTOR TIRE REPAIR	49.99	
		GASOLINE/OIL/DIESEL/GRE...	53540	O REILLY AUTO PARTS	5803	0575375...	RB3 6/29 OIL	99.10	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4197711...	RB3 7/3 FRESHENER	6.00	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 6/17 (100) EAR PLUGS	158.00	
			53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 6/18 RAIN BOOTS & COATS	137.62	
			53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 6/19 RAIN BOOTS & COATS	84.53	
			53992	BOSART LOCK & KEY INC	486	128397	RB3 7/1 KEYS	19.25	
			53992	GULF COAST HARDWARE LLC	63193	190053	RB3 7/1 GLOVES, BATTERIES, FLEX FUEL	245.67	
			53992	GULF COAST HARDWARE LLC	63193	190068	RB3 7/1 VALVE, NIPPLES	56.91	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4197711...	RB3 7/3 UNIFORMS	84.41	
		EQUIPMENT RENTAL	62510	ANDERSON MACHINERY CO., INC.	13	R5014A	RB3 7/2 PADFOOT RENTAL 7/2- 7/29	4,907.82	
			62510	LEGACY DISPOSAL & SANITATION	2988	1113	RB3 7/12 PORTABLE TOILET RENTAL 7/12- 8/8	125.00	
			62510	DEWITT POTH & SON LLC	3379	7597960	RB3 6/24 COPIER COUNT 3/25- 6/24	102.16	
			62510	UNITED RENTALS (N AMERICA)INC	63370	2325625...	RB3 6/22 ROLLER RENTAL 6/10- 7/8	3,956.63	
		TRAVEL IN COUNTY	66476	ADAME LYNETTE	EM...	PO5607...	RB3 7/15 IN-CNTY TRAVEL REIMB- 1/1/24- 6/30/24	211.72	

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ROAD AND BRIDGE-PRECINCT #3	Total 560							12,443.42	0.00
ROAD AND BRIDGE-PRECINCT #4	570	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	150858	RB4 5/6 WATER	17.50	
			53020	AQUA BEVERAGE CO	89	157422	RB4 6/18 WATER	27.00	
		ROAD & BRIDGE SUPPLIES	53510	MAREK AND MAREK TRUCK WASH INC	4058	14818	RB4 6/25 595.95T LIMESTONE, 165.68T 3/4" TO DUST LIMESTONE	27,349.19	
		INSECTICIDES/PESTICIDES	53630	SIMPLOT GROWER SOLUTIONS	8197	9540029...	RB4 7/1 25G ENVY	410.00	
			53630	ADAPCO LLC	8458	137509	RB4 6/24 TOTE OF MALATHION	22,094.80	
		SUPPLIES-MISCELLANEOUS	53992	CINTAS CORPORATION LOC. 083	958	4197345...	RB4 7/1 MISC SUPP	9.00	
		EQUIPMENT RENTAL	62510	AIRGAS USA, LLC	136	5509222...	RB4 6/30 JUNE 2024 CYLINDER RENTAL	433.13	
			62510	XEROX CORPORATION	9001	0216085...	RB4 7/1 COPIER LEASE 5/21- 6/21	193.67	
		MACHINERY/EQUIPMENT REPAIRS	63530	KNEUPPER CARROLL	3678	44942	RB4 7/2 OIL CHG	158.90	
			63530	NUECES POWER EQUIPMENT	5449	409301V	RB4 6/27 CASE BACKHOE REPAIRS	501.80	
		MAINTENANCE-PARKS	63635	LEGACY DISPOSAL & SANITATION	2988	I194	RB4 7/12 PORTABLE TOILET RENTAL @ BILL SANDERS PK 7/12- 8/8	850.00	
		MISCELLANEOUS	63920	SIGN WORKS	7272	24431	RB4 7/3 DESIGN ARTWORK	97.50	
			63920	TISD INC.	7646	1091222...	RB4 7/9 ACT# 109122 AUG 2024 INTERNET	74.99	
			63920	TISD INC.	7646	8720240...	RB4 7/9 ACT# 000087 AUG 2024 INTERNET	44.99	
		OUTSIDE SERVICES	64400	RUDON LEASE SERVICE INC	6840	6817	RB4 7/2 EQUIPMENT HAULING	600.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617855...	RB4 7/4 ACT# 361-785-5602-092404-5 FAX 7/4- 8/3	58.34	
			66192	FRONTIER COMMUNICATIONS	2855	3619830...	RB4 7/10 ACT# 361-983-0024- 100102-5 PHONE 7/10- 8/9	57.37	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			66192	AT&T MOBILITY	5209	3616558...	RB4 7/4 ACT# 287241943702 PHONE 7/5- 8/4	326.63	
			66192	AT&T MOBILITY	5209	3619209...	RB4 6/19 ACT# 287336341558 CAMERA WIFI 5/20- 6/19	308.25	
		UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4197345...	RB4 7/1 UNIFORMS	79.74	
ROAD AND BRIDGE-PRECINCT #4	Total 570							53,692.80	0.00
SHERIFF	760	LAW ENFORCEMENT SUPPLIES	53430	TRANSUNION RISK & ALTERNATIVE	8168	2953082...	SO 7/1 JUNE 2024 SEARCHES	225.00	
		AUTOMOTIVE REPAIRS	60360	KNEUPPER CARROLL	3678	44962	SO 7/3 OIL CHG- U35	128.22	
			60360	KEATHLEY BRUCE CLAYTON	4231	I012210	SO 7/3 NEW WINDSHEILD- U47	373.79	
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0086347	SO 7/5 OIL CHNG- U8	104.30	
			60360	CARY'S TIRE & AUTOMOTIVE LLC	89820	30615	SO 7/1 BRAKE PADS, TRANSMISSION SVC, OIL CHG- U41	1,128.16	
SHERIFF	Total 760							1,959.47	0.00
WASTE MANAGEMENT	380	JANITOR SUPPLIES	53640	MELSTAN, INC.	5021	41894	WASTE MGMT 6/13 SPIDER KILLER	58.80	
			53640	MELSTAN, INC.	5021	42127	WASTE MGMT 6/21 WEED KILLER	33.80	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615527...	WASTE MGMT 7/1 ACT# 361-552-7791- 101502-5 JULY 2024 PHONE	172.67	
		WASTE DISPOSAL FEES	66830	REPUBLIC SERVICES #847	8897	0847001...	WASTE MGMT 6/30 ACT# 3-0847-0013749 JUNE 2024 TRASH SVC	7,629.97	
WASTE MANAGEMENT	Total 380							7,895.24	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

2610 - AIRPORT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	MACHINERY PARTS/SUPPLIES	53210	COMDATA INC	628	IT75214	AIRPORT 6/26 ENHANCED COMM BOARD	731.00	
		MACHINERY/EQUIPMENT REPAIRS	63530	CSI	8885	128945	AIRPORT 7/9 CAMERA REPAIRS W/ WARRANTY	250.00	
NO DEPARTMENT	Total 999							981.00	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

2660 - COASTAL PROTECTION FUND (GOMESA)

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ENGINEERING/PERMITS	62457	STANTEC CONSULTING	79650	2248580	GOMESA 6/21 PT ALTO MARSH RESTORATION 3/16- 6/7	3,091.50	
NO DEPARTMENT	Total 999							3,091.50	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	1.34	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	0.98	
NO DEPARTMENT	Total 999							2.32	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24
2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	2.22	
		TELEPHONE SERVICES	66192	VERIZON WIRELESS	7896	9967340...	OSG 6/23 ACT# 342228328-00001 PHONE 6/24- 7/23	37.99	
NO DEPARTMENT	Total 999							40.21	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	1.20	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	0.50	
NO DEPARTMENT	Total 999							1.70	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

2870 - 6MILE PIER/BOAT RAMP INSUR/MAINT (ALCOA)

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	MAINTENANCE	62635	GULF COAST HARDWARE LLC	63192	189951	6MILE PIER PK 6/27 HARDWARE	6.48	
NO DEPARTMENT	Total 999							6.48	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES	53974	MELSTAN, INC.	5021	40615	CMP- OHP IMP 6/25 STAPLES- BRUSH PILE FENCE	57.60	
			53974	COASTAL NAIL & TOOL LLC	9070	2407155...	CMP- OHP IMPR 7/1 LUMBER, SUPP FOR RR ENCLOSURE	2,702.00	
NO DEPARTMENT	Total 999							2,759.60	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

5186 - CP PROJ-MAG BEACH RESTORATION/CRABBIN BR

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ENGINEERING SERVICES	62454	MOTT MACDONALD GROUP INC	3885	5075044...	MAT MIT 6/25 CRABBIN BRIDGE MAY 2024 BILLING	3,475.00	
NO DEPARTMENT	Total 999							3,475.00	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 07.17.24

7750 - MISCELLANEOUS CLEARING FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO OTHER GOVERNMENTS	20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024J...	TAX A/C 7/12 JUNE 2024 TAX COLLECS	43.05	
			20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024J...	TAX A/C 7/12 JULY 2024 TAX COLLECS	21.59	
			20749	CALHOUN CO. WATER CONTROL	895	PO2024J...	TAX A/C 7/12 JUNE 2024 TAX COLLECS	19.39	
			20749	CALHOUN CO. WATER CONTROL	895	PO2024J...	TAX A/C 7/12 JULY 2024 TAX COLLECS	6.17	
		DUE TO UNIDENTIFIED	20759	CALHOUN COUNTY FEES & FINES	F162	PO071624	TREAS 7/16 CORRECT TAX SALE DEPOSIT ERROR RCPT# 2024JUL005	669.97	
NO DEPARTMENT	Total 999							760.17	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	37.00	
		ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	96.44	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	27.64	
		ACCRUED INSURANCE-LIFE/LONG TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO0710...	CALCO 7/10 JULY 2024 PREMIUMS	45.74	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0711...	CALCO 7/11 JULY 2024 PREMIUMS	11.58	
		PHOTO COPIES/SUPPLIES	53030	DEWITT POTH & SON LLC	3379	7580390	JUV PROB 6/5 COPIER COUNT 5/3- 6/4	54.39	
		SUPPLIES/OPERATING EXPENSES	53980	AQUA BEVERAGE CO	89	159041	JUV PROB 7/1 WATER	35.75	
		FAMILY CONFLICT RESOLUTION&SKILLS TRAINI	62567	MOTION BEHAVIORAL HEALTH LLC	50480	PO7401...	JUV PROB 6/30 JUNE 2024 SKILLS TRAINING	3,333.33	
		PREVENTION & INTERVENTION - GRANT S	64839	LIBERTY RESOURCES	1634	60124	JUV PROB 6/30 JUNE 2024 PARTNERS ASSURING SCHOOL SUCCESS	5,000.00	
		TRAINING TRAVEL	66314	MODERN RESORT LODGING LLC	23000	159	JUV PROB 7/9 ROOMS FOR 2024 CONF 7/24- 7/28	15,607.80	
			66314	MODERN RESORT LODGING LLC	23000	1592	JUV PROB 7/9 2024 CONF MEETING ROOM 7/24- 7/25	1,746.16	
			66314	HOBSON MAURICE JR	75150	1/2024	JUV PROB 7/1 2024 CONF PRESENTATION FEE	500.00	
		TRAVEL ADVANCE SUSPENSE	66448	LEIJA LUIS	4701	PO7401...	JUV PROB 7/10 TRAVEL ADV SPI, TX 7/22- 7/26	216.00	
		TRAVEL	66450	CORTINAS MONICA	82910	PO7401...	JUV PROB 7/10 TRAVEL REIMB- SAN ANTONI, TX 6/23- 6/28	164.82	
NO DEPARTMENT	Total 999							26,876.65	0.00
Report Total								210,642.92	38.39

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 17, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		9.97
MMCenter (In-patient $0/ Out-patient $60.50 / ER $0)		440.01
Memorial Medical Clinic		240.00
SUBTOTAL		**689.98**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	4,856.65
Co-pays adjustments for June 2024		**(10.00)**
Reimbursement from Medicaid		**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**4,846.65**

800 00000007/17/2024 01 CALHOUN COUNTY, TEXAS

DATE: 7/3/2024

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care			$4,846.65
	approved by Commissioners Court on 07/17/2024			
1000-001-46010	June 30, 2024 Interest			($11.88)
				$4,834.77

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON

JUL 17 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY: _____ 7/17/2024

DEPARTMENT HEAD DATE

*IHS
Issued 07/09/24

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 07/01/2024 through 07/01/2024
For Vendor: All Vendors

Source	Description		Amount Billed	Amount Paid
02	Prescription Drugs		9.97	9.97
08	Rural Health Clinics		240.00	240.00
14	Mmc - Hospital Outpatient		852.00	440.01
		Expenditures	1,106.39	694.40
		Reimb/Adjustments	-4.42	-4.42
		Grand Total	**1,101.97**	**689.98**

Expenses	4,166.67
CoPays	<10.00>
	4,846.65

Erin Campbell
7/10/2024

APPROVED ON
JUL 11 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

©IHS
Issued 07/09/24

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 07/01/2024
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	32.60	32.60
08	Rural Health Clinics	240.00	240.00
13	Mmc - Inpatient Hospital	788.00	551.60
14	Mmc - Hospital Outpatient	300.00	151.25
	Expenditures	1,385.48	1,000.33
	Reimb/Adjustments	-24.88	-24.88
	Grand Total	**1,360.60**	**975.45**

Expenses	25,000.02
Co Pays	< 20.00 >
	25,799.98

7/10/2024

MEMORIAL MEDICAL CENTER

So Much. So Close!

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 7/11/2024
Invoice # 397
For: Jun-24

Bill To:
Calhoun County

DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	$ 4,166.67

Total $ 4,166.67

Andrew De Los Santos 7/11/24
Andrew De Los Santos
Controller

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Active Client List

Calhoun Indigent Health Care
Active within 06/01/24-06/30/24
Program Indigent

Client #	Name	Prior	DOB	Begin Date	End Date	Prog	Status	Catego
006498	Hernandez, Reymundo		11/04/64	05/07/24	11/30/24	I		
005687	Hernandez, Vincente		05/18/68	04/24/24	11/01/24	I		
006833	Portilla, Rudolpho J	P	05/29/91	12/01/23	06/30/24	I		

3 total records
3 unduplicated records

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Calhoun County Indigent Care Patient Caseload 2024

	Approved	Denied	Removed	Active	Pending
January	0	3	2	1	7
February	0	3	0	1	5
March	0	4	0	1	4
April	1	0	0	2	0
May	1	6	0	3	0
June	0	1	0	3	2
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
YTD	2	17	2	11	18
Monthly Avg	0	1	0	1	2
December 2023 Active		4			

Number of Charity patients	263
Number of Charity patients below **50% FPL**	125
Number of Charity patients who meet State Indigent Guidelines	116

Calhoun County Pharmacy Assistance Patient Caseload 2024

	Approved	Refills	Removed	Active	Value
January	6	18	0	7	$9,662.15
February	0	0	0	10	$0.00
March	3	9	0	17	$8,345.67
April	5	15	0	20	$8,332.53
May	5	15	0	22	$13,588.44
June	1	3	0	26	$3,567.00
July	0	0	0	0	$0.00
August	0	0	0	0	$0.00
September	0	0	0	0	$0.00
October	0	0	0	0	$0.00
November	0	0	0	0	$0.00
December	0	0	0	0	$0.00
YTD PATIENT SAVINGS					$43,495.79
Monthly Avg	2	5	-	9	$3,624.65
December 2023 Active		36			

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	06/10/24	701641	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						10.00						

PROSPERITY BANK®

Statement Date 6/30/2024
Account No ****4551

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13135

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No ****4551

06/01/2024	Beginning Balance				$9,658.74
	1 Deposits/Other Credits			+	$11.88
	0 Checks/Other Debits			-	$0.00
06/30/2024	Ending Balance	30	Days in Statement Period		$9,670.62

DEPOSITS/OTHER CREDITS

Date	Description	Amount
06/30/2024	Accr Earning Pymt Added to Account	$11.88

DAILY ENDING BALANCE

Date	Balance	Date	Balance
06-01	$9,658.74	06-30	$9,670.62

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$11.88	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	$68.32	Days in Earnings Period	30
		Earnings Balance	$9,658.74

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101261 : 01313501

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---July 17, 2024

PAYABLES AND PAYROLL			
7/11/2024	Weekly Payables	547,063.74	
7/15/2024	McKesson-340B Prescription Expense	2,647.84	
7/15/2024	Amerisource Bergen-340B Prescription Expense	2,530.36	
7/15/2024	Payroll Liabilities-Payroll Taxes	133,397.69	
7/15/2024	Payroll	398,023.31	
7/15/2024	Health Equity - Wage Works employee FSA	6,213.61	
	Prosperity Electronic Bank Payments		
7/15/2024	Credit Card Fees	4,627.51	
7/15/2024	Sales Tax - June 2024	1,986.52	
7/15/2024	Pay Plus-Patient Claims Processing Fee	1,037.36	
7/15/2024	Credit Card Lease Fee	516.73	
7/15/2024	Health Equity -HSA Contributions	1,322.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,099,367.50**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
7/11/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	6,324.00	
7/11/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	8,748.14	
7/11/2024	MMC Operating to Bethany-Correction insurance payment deposited into MMC Operating in error	47,497.20	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 62,569.34**
NURSING HOME UPL EXPENSES			
7/15/2024	Nursing Home UPL-Cantex Transfer	882,465.64	
7/15/2024	Nursing Home UPL-Nexion Transfer	121,485.86	
7/15/2024	Nursing Home UPL-HMG Transfer	10,928.00	
7/15/2024	Nursing Home UPL-Tuscany Transfer	181,766.13	
7/15/2024	Nursing Home UPL-HSL Transfer	66,949.37	
QIPP CHECKS TO MMC			
7/15/2024	Ashford - Molina May QIPP hospital portion	12,430.83	
7/15/2024	Broadmoor -Molina May QIPP hospital portion	4,584.35	
7/15/2024	Crescent - Molina May QIPP hospital portion	3,419.45	
7/15/2024	Fort Bend - Molina May QIPP hospital portion	3,870.44	
7/15/2024	Solera - Molina May QIPP hospital portion	3,703.09	
7/15/2024	Tuscany - Molina May QIPP hospital portion	7,695.10	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
7/15/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	8,097.86	
7/15/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	4,500.00	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,311,896.12**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 17, 2024			**$ 2,473,832.96**

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 11 2024

07/12/2024
09:06

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/02/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1886		07/01/202	07/20/202	07/20/202			1,400.00	0.00	0.00	1,400.00
	RFID FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

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
9151356392		06/30/202	06/30/202	07/30/202			2,580.41	0.00	0.00	2,580.41
	OXYGEN									
5509158384		06/30/202	06/30/202	07/30/202			277.65	0.00	0.00	277.65
	OXYGEN									
5509158383		06/30/202	06/30/202	07/30/202			973.96	0.00	0.00	973.96

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,832.02	0.00	0.00	3,832.02

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
1KHH4QJ71JLQ		06/30/202	06/30/202	07/30/202			16.98	0.00	0.00	16.98
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	16.98	0.00	0.00	16.98

Vendor#	Vendor Name	Class	Pay Code
14088	AZALEA HEALTH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
106283		07/01/202	07/01/202	07/01/202			594.00	0.00	0.00	594.00
	JULY FEES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14088	AZALEA HEALTH	594.00	0.00	0.00	594.00

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6011242136		06/30/202	06/26/202	07/26/202			1,104.08	0.00	0.00	1,104.08
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,104.08	0.00	0.00	1,104.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111404559		06/30/202	06/27/202	07/27/202			52.64	0.00	0.00	52.64
111406701		06/30/202	06/28/202	07/28/202			367.50	0.00	0.00	367.50
	SUPPLIES									
~~59216817~~ 111423054	SUPPLIES	07/03/202	07/08/202	08/02/202			148.18	0.00	0.00	148.18
111415367		07/10/202	07/02/202	08/01/202			2,841.08	0.00	0.00	2,841.08
	SUPPLIES									
111413657		07/10/202	07/02/202	08/01/202			1,438.19	0.00	0.00	1,438.19
	SUPPLIES									

111416140		07/10/202	07/02/202	08/01/202	100.50	0.00	0.00	100.50
SUPPLIES								
111413662		07/10/202	07/02/202	08/01/202	175.00	0.00	0.00	175.00
SUPPLIES								
111416689		07/10/202	07/03/202	07/28/202	1,420.89	0.00	0.00	1,420.89
SUPPLIES								
7365288		07/10/202	07/08/202	08/02/202	7,323.90	0.00	0.00	7,323.90
SUPPLIES								
~~5759.11~~ 1114 22793		07/10/202	07/08/202	08/02/202	5,759.11	0.00	0.00	5,759.11
SUPPLIES								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	19,626.99	0.00	0.00	19,626.99

Vendor# B1320 Vendor Name: BEEKLEY CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0115396		06/30/202	06/27/202	07/27/202			199.00	0.00	0.00	199.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1320	BEEKLEY CORPORATION	199.00	0.00	0.00	199.00

Vendor# 11072 Vendor Name: BIO-RAD LABORATORIES, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907380664		06/30/202	06/20/202	07/20/202			2,124.24	0.00	0.00	2,124.24
SUPPLIES										
907380663		06/30/202	06/20/202	07/20/202			358.31	0.00	0.00	358.31
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,482.55	0.00	0.00	2,482.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003551773		06/28/202	06/16/202	07/27/202			321.68	0.00	0.00	321.68
SUPPLIES										
8003548113		06/30/202	06/23/202	07/30/202			209.57	0.00	0.00	209.57
SUPPLIES										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	531.25	0.00	0.00	531.25

Vendor# 14236 Vendor Name: CARRIER CORPORATION Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90376110		06/30/202	06/26/202	07/26/202			12,830.00	0.00	0.00	12,830.00
032524-042124 CHILLER RENTAL										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION	12,830.00	0.00	0.00	12,830.00

Vendor# 13264 Vendor Name: CERVEY, LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
29622		07/10/202	07/05/202	07/30/202			1,650.00	0.00	0.00	1,650.00
MONTHLY FEE										

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC	1,650.00	0.00	0.00	1,650.00

Vendor# C1600 Vendor Name: CITIZENS MEDICAL CENTER Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202422		06/30/202	07/10/202	07/10/202			58,442.23	0.00	0.00	58,442.23
CRNA JUNE 24 COVERAGE										

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					58,442.23	0.00	0.00	58,442.23
Vendor#	Vendor Name				Class	Pay Code				
15188	CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1651		07/01/202	07/01/202	07/31/202		355.50	0.00	0.00	355.50
		CARRIER CONNECTION								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					355.50	0.00	0.00	355.50
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	OEQT474411		07/03/202	07/08/202	07/18/202		168.00	0.00	0.00	168.00
	2	SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS					168.00	0.00	0.00	168.00
Vendor#	Vendor Name				Class	Pay Code				
11029	COASTAL REFRIGERATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070124		07/01/202	07/01/202	07/10/202		934.25	0.00	0.00	934.25
		FINANCE DEPT UNIT REPAIR								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION					934.25	0.00	0.00	934.25
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	070124		06/30/202	06/30/202	07/30/202		501.72	0.00	0.00	501.72
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE					501.72	0.00	0.00	501.72
Vendor#	Vendor Name				Class	Pay Code				
15116	COMPUGROUP MEDICAL - EMDS INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9090067716		07/10/202	07/09/202	07/09/202		11,308.50	0.00	0.00	11,308.50
		EMD HOSTING SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15116	COMPUGROUP MEDICAL - EMDS INC.					11,308.50	0.00	0.00	11,308.50
Vendor#	Vendor Name				Class	Pay Code				
12044	CULLIGAN ULTRAPURE INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1430270306302024		06/30/202	06/30/202	07/22/202		354.80	0.00	0.00	354.80
		WATER								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12044	CULLIGAN ULTRAPURE INC.					354.80	0.00	0.00	354.80
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
	2024042475		06/30/202	06/30/202	07/30/202		516.66	0.00	0.00	516.66
		INTERPRETATION								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					516.66	0.00	0.00	516.66
Vendor#	Vendor Name				Class	Pay Code				
10060	DETAR HOSPITAL				ICP					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	DTR2406018		06/30/202	07/01/202	07/01/202		628.59	0.00	0.00	628.59
		LAB SERVICES								

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10060	DETAR HOSPITAL					628.59	0.00	0.00	628.59
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
	7599351		06/30/202	06/27/202	07/22/202		91.75	0.00	0.00	91.75
		SUPPLIES								
	7602620		06/30/202	06/28/202	07/23/202		602.02	0.00	0.00	602.02
		SUPPLIES								
	7602621		07/01/202	07/01/202	07/26/202		42.25	0.00	0.00	42.25
		SUPPLIES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					736.02	0.00	0.00	736.02
Vendor#	Vendor Name				Class	Pay Code				
11011	DIAMOND HEALTHCARE CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN20056279		07/01/202	07/01/202	07/31/202		31,144.58	0.00	0.00	31,144.58
		BEV HEALTH								
	IN20056280		07/03/202	07/01/202	07/31/202		19,166.67	0.00	0.00	19,166.67
		JUNE 2024 CPR								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP					50,311.25	0.00	0.00	50,311.25
Vendor#	Vendor Name				Class	Pay Code				
10789	DISCOVERY MEDICAL NETWORK INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	MMC063024		06/30/202	06/30/202	07/01/202		142,980.76	0.00	0.00	142,980.76
		PROF FEES CLINIC								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					142,980.76	0.00	0.00	142,980.76
Vendor#	Vendor Name				Class	Pay Code				
11091	ECOLAB									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6346438927		07/10/202	07/01/202	07/31/202		220.00	0.00	0.00	220.00
		JULY CONTRACT								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11091	ECOLAB					220.00	0.00	0.00	220.00
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	43382		07/10/202	07/15/202	07/25/202		40,062.50	0.00	0.00	40,062.50
		PHYS SERVICES								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	07A24MMC		07/10/202	07/01/202	07/16/202		545.00	0.00	0.00	545.00
		WEBSITE MNTHLY INVOICE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					545.00	0.00	0.00	545.00
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
	3357980		06/30/202	06/25/202	07/20/202		34.90	0.00	0.00	34.90
	3395933		06/30/202	06/26/202	07/21/202		421.47	0.00	0.00	421.47

	SUPPLIES								
3395934		06/30/202	06/26/202	07/21/202		6,533.66	0.00	0.00	6,533.66
	SUPPLIES								
3432885		06/30/202	06/27/202	07/22/202		103.28	0.00	0.00	103.28
	SUPPLIES								
9967789		07/11/202	01/26/202	02/20/202		79.72	0.00	0.00	79.72
	SUPPLIES								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				7,173.03	0.00	0.00	7,173.03

Vendor#	Vendor Name	Class	Pay Code
11149	GBS ADMINISTRATORS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
152967207693		06/30/202	05/20/202	06/01/202			5,230.31	0.00	0.00	5,230.31
	LTD						no invoice			
860002436341		07/01/202	06/20/202	07/01/202			5,230.31	0.00	0.00	5,230.31
	LTD						no invoice			
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC					10,460.62	0.00	0.00	10,460.62

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CM8269082063		06/30/202	06/28/202	06/28/202			-2,914.93	0.00	0.00	-2,914.93
	CREDIT						no invoice / credit			
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL					-2,914.93	0.00	0.00	-2,914.93

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9146986790		06/25/202	06/25/202	07/27/202			159.03	0.00	0.00	159.03
	SUPPLIES									
9155357800		06/30/202	06/18/202	07/27/202			281.04	0.00	0.00	281.04
	SUPPLIES									
9155240485		06/30/202	06/18/202	07/27/202			173.12	0.00	0.00	173.12
	SUPPLIES									
9467850750		07/10/202	06/28/202	07/23/202			258.68	0.00	0.00	258.68
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	W1300	GRAINGER					871.87	0.00	0.00	871.87

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
2547410		06/30/202	06/25/202	07/25/202			942.71	0.00	0.00	942.71
	SUPPLIES									
2549342		06/30/202	07/02/202	08/01/202			867.95	0.00	0.00	867.95
	SUPPLIES									
2549479		06/30/202	07/02/202	08/01/202			46.29	0.00	0.00	46.29
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					1,856.95	0.00	0.00	1,856.95

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100907993		06/30/202	06/27/202	08/01/202			4,610.52	0.00	0.00	4,610.52
	LEASE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES					4,610.52	0.00	0.00	4,610.52

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
10988277	SUPPLIES	06/30/202	06/27/202	07/27/202			236.25	0.00	0.00	236.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	236.25	0.00	0.00	236.25

Vendor#	Vendor Name	Class	Pay Code
15208	HOSPITAL CARE CONSULTANTS INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6582	PHY SERVICES	07/10/202	07/15/202	07/25/202			23,663.00	0.00	0.00	23,663.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6069	PHARM SALARY	06/30/202	06/30/202	07/20/202			14,704.03	0.00	0.00	14,704.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,704.03	0.00	0.00	14,704.03

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
JPCB373	SHREDDING	06/30/202	06/30/202	07/30/202			1,377.01	0.00	0.00	1,377.01

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	1,377.01	0.00	0.00	1,377.01

Vendor#	Vendor Name	Class	Pay Code
15524	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070924	PAYROLL ACH RETURNED	06/30/202	07/09/202	07/09/202			52.44	0.00	0.00	52.44

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15524	[redacted]	52.44	0.00	0.00	52.44

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
202425021	REV CYCLE MANAGEMENT SER\	06/30/202	07/08/202	07/22/202			9,000.00	0.00	0.00	9,000.00

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
061424A	OB COVERAGE	06/30/202	07/09/202	07/27/202			1,500.00	0.00	0.00	1,500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1372	JOHN B WRIGHT LLC	1,500.00	0.00	0.00	1,500.00

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
11339414	INTERPRETATION	06/30/202	06/30/202	07/25/202			108.36	0.00	0.00	108.36

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	108.36	0.00	0.00	108.36

Vendor#	Vendor Name				Class	Pay Code				
14244	LONESTAR COMMUNICATIONS, IN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	149497		06/30/202	06/27/202	07/27/202			2,757.80	0.00	0.00	2,757.80
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		14244	LONESTAR COMMUNICATIONS, IN					2,757.80	0.00	0.00	2,757.80
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
	2325130008		06/30/202	07/03/202	07/28/202			2,606.77	0.00	0.00	2,606.77
	2325130003	SUPPLIES	06/30/202	07/03/202	07/28/202			101.42	0.00	0.00	101.42
	2325128098	SUPPLIES	06/30/202	07/03/202	07/28/202			618.83	0.00	0.00	618.83
	232513004	SUPPLIES	07/11/202	07/03/202	07/28/202			3.90	0.00	0.00	3.90
	2325130010	SUPPLIES	07/11/202	07/03/202	07/28/202			158.88	0.00	0.00	158.88
	2325128097	SUPPLIES	07/11/202	07/03/202	07/28/202			1,003.02	0.00	0.00	1,003.02
	2325130002	SUPPLIES	07/11/202	07/03/202	07/28/202			26.25	0.00	0.00	26.25
	2325130000	SUPPLIES	07/11/202	07/03/202	07/28/202			99.02	0.00	0.00	99.02
	2324128099	SUPPLIES	07/11/202	07/03/202	07/28/202			290.14	0.00	0.00	290.14
	2325130001	SUPPLIES	07/11/202	07/03/202	07/28/202			30.92	0.00	0.00	30.92
	2325128096	SUPPLIES	07/11/202	07/03/202	07/28/202			100.35	0.00	0.00	100.35
	2325130006	SUPPLIES	07/11/202	07/03/202	07/28/202			81.12	0.00	0.00	81.12
	2325130009	SUPPLIES	07/11/202	07/03/202	07/28/202			103.28	0.00	0.00	103.28
	2325130005	SUPPLIES	07/11/202	07/03/202	07/28/202			3.90	0.00	0.00	3.90
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC					5,227.80	0.00	0.00	5,227.80
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2161437		06/30/202	06/30/202	07/10/202			159.55	0.00	0.00	159.55
	2160533	SUPPLIES	06/30/202	06/30/202	07/10/202			207.48	0.00	0.00	207.48
	2161438	SUPPLIES	06/30/202	06/30/202	07/10/202			457.29	0.00	0.00	457.29
	2161440	SUPPLIES	06/30/202	06/30/202	07/10/202			36.50	0.00	0.00	36.50
	2161439		06/30/202	06/30/202	07/10/202			2,919.51	0.00	0.00	2,919.51
	2192791	INVENTORY	06/30/202	07/09/202	07/19/202			16.57	0.00	0.00	16.57
	2192598		06/30/202	07/09/202	07/19/202			34.90	0.00	0.00	34.90

	INVENTORY PHARM						
2192790		06/30/202 07/09/202 07/19/202	74.35	0.00	0.00	74.35	✓
	INVENTORY PHARM						
2164081		07/01/202 07/01/202 07/11/202	48.25	0.00	0.00	48.25	✓
	SUPPLIES						
2164080		07/01/202 07/01/202 07/25/202	11,317.59	0.00	0.00	11,317.59	✓
	SUPPLIES						
2170534		07/10/202 07/05/202 07/25/202	400.11	0.00	0.00	400.11	✓
	SUPPLIES						
2178833		07/10/202 07/05/202 07/25/202	2,171.50	0.00	0.00	2,171.50	✓
	SUPPLIES						
2180872		07/10/202 07/05/202 07/25/202	98.62	0.00	0.00	98.62	✓
	SUPPLIES						
2177318		07/10/202 07/05/202 07/25/202	1,616.25	0.00	0.00	1,616.25	✓
	SUPPLIES						
2180871		07/10/202 07/05/202 07/25/202	19.36	0.00	0.00	19.36	✓
	SUPPLIES						
2180873		07/10/202 07/05/202 07/25/202	35.07	0.00	0.00	35.07	✓
	SUPPLIES						
2178830		07/10/202 07/05/202 07/25/202	2,365.02	0.00	0.00	2,365.02	✓
	SUPPLIES						
2169224		07/10/202 07/02/202 07/25/202	185.68	0.00	0.00	185.68	✓
	SUPPLIES						
2169222		07/10/202 07/02/202 07/25/202	22.37	0.00	0.00	22.37	✓
2165685		07/10/202 07/02/202 07/25/202	5,048.40	0.00	0.00	5,048.40	✓
	SUPPLIES						
2172671		07/10/202 07/02/202 07/25/202	469.50	0.00	0.00	469.50	✓
	SUPPLIES						
2172672		07/10/202 07/02/202 07/25/202	978.94	0.00	0.00	978.94	✓
	SUPPLIES						
2177319		07/10/202 07/03/202 07/25/202	7.20	0.00	0.00	7.20	✓
	SUPPLIES						
2174521		07/10/202 07/03/202 07/25/202	195.70	0.00	0.00	195.70	✓
	SUPPLIES						
2177316		07/10/202 07/03/202 07/25/202	1,188.51	0.00	0.00	1,188.51	✓
	SUPPLIES						
2170533		07/10/202 07/03/202 07/25/202	164.17	0.00	0.00	164.17	✓
	SUPPLIES						
2174523		07/10/202 07/03/202 07/25/202	72.90	0.00	0.00	72.90	✓
	SUPPLIES						
2174139		07/10/202 07/03/202 07/25/202	4,050.02	0.00	0.00	4,050.02	✓
	SUPPLIES						
2177317		07/10/202 07/03/202 07/25/202	1,128.03	0.00	0.00	1,128.03	✓
	SUPPLIES						
Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net	
	10536	MORRIS & DICKSON CO, LLC	35,489.34	0.00	0.00	35,489.34	

Vendor#	Vendor Name	Class	Pay Code
M2659 ✓	MXR IMAGING, INC	M	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net	
✓	8801162217		06/30/202	07/01/202	07/31/202			86.43	0.00	0.00	86.43	
	SUPPLIES											✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MXR IMAGING, INC	86.43	0.00	0.00	86.43

Vendor#	Vendor Name	Class	Pay Code
O1500 ✓	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
36465251		06/30/202	06/28/202	07/28/202			386.18	0.00	0.00	386.18
	SUPPLIES									
36502198		07/03/202	07/07/202	08/01/202			1,125.00	0.00	0.00	1,125.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC					1,511.18	0.00	0.00	1,511.18

Vendor#	Vendor Name	Class	Pay Code
11932	PRESS GANEY ASSOCIATES, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN000656659		06/30/202	06/30/202	07/30/202			2,838.92	0.00	0.00	2,838.92
	CONTRACT FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11932	PRESS GANEY ASSOCIATES, INC.					2,838.92	0.00	0.00	2,838.92

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
56382400055724		06/30/202	06/24/202	07/14/202			4,038.24	0.00	0.00	4,038.24
	LEASE NUC MED									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					4,038.24	0.00	0.00	4,038.24

Vendor#	Vendor Name	Class	Pay Code
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
302118		07/01/202	07/01/202	07/11/202			410.00	0.00	0.00	410.00
	ADV LEASE SPACER									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					410.00	0.00	0.00	410.00

Vendor#	Vendor Name	Class	Pay Code
14868	SINGLETON ASSOCIATES, P.A.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
246063024001		06/30/202	07/02/202	07/02/202			9,132.65	0.00	0.00	9,132.65
	JUNE RAD SERVICES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14868	SINGLETON ASSOCIATES, P.A.					9,132.65	0.00	0.00	9,132.65

Vendor#	Vendor Name	Class	Pay Code
10845	STAPLES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6005884343		06/30/202	06/30/202	07/30/202			17.21	0.00	0.00	17.21
	SUPPLIES									
6005884337		06/30/202	06/30/202	07/30/202			83.36	0.00	0.00	83.36
	SUPPLIES									
6005884340		06/30/202	06/30/202	07/30/202			19.99	0.00	0.00	19.99
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10845	STAPLES					120.56	0.00	0.00	120.56

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
12537958		06/30/202	06/27/202	07/22/202			202.80	0.00	0.00	202.80
	SUPPLIES									
12560996		07/03/202	07/03/202	07/28/202			457.10	0.00	0.00	457.10
	SUPPLIES									
504685842		07/10/202	07/02/202	08/01/202			1,039.00	0.00	0.00	1,039.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net

	S3940	STERIS CORPORATION					1,698.90	0.00	0.00	1,698.90
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	916763		07/01/202	06/30/202	07/30/202		6,130.42	0.00	0.00	6,130.42
		PHYS TRACKING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				6,130.42	0.00	0.00	6,130.42
Vendor#	Vendor Name				Class	Pay Code				
15244	TEXAS ELITE THERAPY TEAM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	053124		06/30/202	05/31/202	07/09/202		16,850.00	0.00	0.00	16,850.00
		MAY SERVICES								
	063124		06/30/202	06/30/202	06/30/202		14,475.00	0.00	0.00	14,475.00
		JUNE SERVICES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15244	TEXAS ELITE THERAPY TEAM LLC				31,325.00	0.00	0.00	31,325.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1005885072		06/30/202	07/02/202	07/24/202		4,588.00	0.00	0.00	4,588.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,588.00	0.00	0.00	4,588.00
Vendor#	Vendor Name				Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	00043826		07/10/202	07/08/202	07/08/202		2,137.50	0.00	0.00	2,137.50
		ACCREDITATION CONTRACT 3RI								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10985	THE COMPLIANCE TEAM, INC				2,137.50	0.00	0.00	2,137.50
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
	INV126365		06/30/202	06/28/202	07/28/202		196.88	0.00	0.00	196.88
		SUPPLIES								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11908	TMS SOUTH				196.88	0.00	0.00	196.88
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
	INV1796981529		06/30/202	06/28/202	07/28/202		3,467.50	0.00	0.00	3,467.50
		RAD STAFFING								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				3,467.50	0.00	0.00	3,467.50
Vendor#	Vendor Name				Class	Pay Code				
10841	TRUBRIDGE, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	T2407091378		07/01/202	07/09/202	07/09/202		11,019.43	0.00	0.00	11,019.43
		CONSULTING SERV								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10841	TRUBRIDGE, LLC				11,019.43	0.00	0.00	11,019.43
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
	INV70160		06/27/202	06/27/202	07/27/202		3,060.00	0.00	0.00	3,060.00

AGENCY STAFFING ER

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14208	TRUSTED HEALTH, INC	3,060.00	0.00	0.00	3,060.00

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921035950		06/28/202	06/27/202	07/27/202			282.90	0.00	0.00	282.90
2921035946	LAUNDRY	06/28/202	06/27/202	07/27/202			230.67	0.00	0.00	230.67
2921035948	LAUNDRY	06/28/202	06/27/202	07/27/202			34.04	0.00	0.00	34.04
2921035952	LAUNDRY	06/28/202	06/27/202	07/27/202			121.51	0.00	0.00	121.51
2921035951	LAUNDRY	06/28/202	06/27/202	07/27/202			225.86	0.00	0.00	225.86
2921035947	LAUNDRY	06/28/202	06/27/202	07/27/202			2,874.12	0.00	0.00	2,874.12
2921035945	LAUNDRU	06/28/202	06/27/202	07/27/202			161.77	0.00	0.00	161.77
2921036181	SUPPLIES	06/30/202	07/01/202	07/31/202			102.07	0.00	0.00	102.07
2921036480	LAUNDRY	07/10/202	07/04/202	07/29/202			34.04	0.00	0.00	34.04
2921036478		07/10/202	07/04/202	07/29/202			274.10	0.00	0.00	274.10

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,341.08	0.00	0.00	4,341.08

Vendor# I1110 Vendor Name: WERFEN USA LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9310053284		07/01/202	07/08/202	08/02/202			-1,210.80	0.00	0.00	-1,210.80
	SUPPLIES CREDIT									

Only Credit so Cannot Process

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	-1,210.80	0.00	0.00	-1,210.80

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	553,398.63	0.00	0.00	553,398.63

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

553,398.65 +
[illegible] -
[illegible] -
542,938.01 ◊
2,914.93 + Pg. 5 Credit invoice - removed
545,852.94 ◊
1,210.80 + Pg. 11 Credit invoice - removed
547,063.74 ◊

Pg. 5 No invoices for GBS Admin. - removed

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: 07/12/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 07/13/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 07/13/2024 **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: 2,702.13 USD

Future Due:	0.00			**Due If Paid On Time:** USD	2,647.84
Past Due:	11.82-	**If Paid By 07/16/2024, Pay This Amount:**	2,647.84 USD	**Disc lost if paid late:**	54.29
Last Payment 08/07/2017	2,451.97	**If Paid After 07/16/2024, Pay this Amount:**	2,702.13 USD	**Due If Paid Late:** USD	2,702.13

Andrea DeLos Santos
7/15/2024

25.69 +
2,471.07 +
120.88 +
3.61 +
26.59 +
2,647.84 9

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/12/2024

Page: 001

To ensure proper credit to your account, detach and return this stub with your remittance

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 190813
Date: 07/13/2024

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 07/13/2024

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/11/2024	07/11/2024	7507951269	MFC PR CORR CR	Pricing Cor		11.82-	P	11.82-	P	7507951269	
07/11/2024	07/16/2024	7507951270	MFC PR CORR IN	Pricing Cor	0.24	12.05		11.81		7507951270	
07/12/2024	07/16/2024	7507963946	4053338	115Invoice	0.52	26.22		25.70		7507963946	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL:

Future Due: 0.00

Past Due: 11.82-

Last Payment 2,397.56
07/01/2024

Subtotals: 26.45 USD

If Paid By 07/16/2024,
Pay This Amount: 25.69 USD

If Paid After 07/16/2024,
Pay this Amount: 26.45 USD

Due If Paid On Time:
USD 25.69

Disc lost if paid late: 0.76

Due If Paid Late:
USD 26.45

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

7/15/24

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/13/2024

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

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 07/13/2024 **ITEMS NOT PAID (✓)**

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/06/2024	07/16/2024	7506748640	112470402	115Invoice	0.01	0.32		0.31		7506748640	
07/06/2024	07/16/2024	7506748641	113724710	115Invoice	0.01	0.32		0.31		7506748641	
07/06/2024	07/16/2024	7506748642	201921527	115Invoice	22.67	1,133.37		1,110.70		7506748642	
07/06/2024	07/16/2024	7506748643	203233549	115Invoice	6.70	335.09		328.39		7506748643	
07/06/2024	07/16/2024	7506748644	113894008	115Invoice	0.01	0.32		0.31		7506748644	
07/06/2024	07/16/2024	7506748645	113163410	115Invoice	0.01	0.32		0.31		7506748645	
07/06/2024	07/16/2024	7506748646	203470447	115Invoice	3.14	157.12		153.98		7506748646	
07/06/2024	07/16/2024	7506748647	114677008	115Invoice	0.05	2.27		2.22		7506748647	
07/06/2024	07/16/2024	7506748648	113031048	115Invoice	0.01	0.63		0.62		7506748648	
07/06/2024	07/16/2024	7506748649	114204504	115Invoice	0.01	0.32		0.31		7506748649	
07/08/2024	07/16/2024	7507033300	116384277	115Invoice	0.69	34.32		33.63		7507033300	
07/08/2024	07/16/2024	7507033301	116520742	115Invoice	0.69	34.32		33.63		7507033301	
07/08/2024	07/16/2024	7507033302	116604680	115Invoice	0.69	34.32		33.63		7507033302	
07/08/2024	07/16/2024	7507033303	113163410	115Invoice	0.01	0.63		0.62		7507033303	
07/08/2024	07/16/2024	7507033304	113224698	115Invoice	0.01	0.63		0.62		7507033304	
07/09/2024	07/16/2024	7507354761	114403424	115Invoice	0.01	0.32		0.31		7507354761	
07/09/2024	07/16/2024	7507354762	113278317	115Invoice	0.02	0.95		0.93		7507354762	
07/09/2024	07/16/2024	7507354763	204387396	115Invoice	0.83	41.42		40.59		7507354763	
07/09/2024	07/16/2024	7507354764	113894008	115Invoice	0.02	0.95		0.93		7507354764	
07/09/2024	07/16/2024	7507354765	202717043	115Invoice	1.37	68.63		67.26		7507354765	
07/09/2024	07/16/2024	7507354766	115684224	115Invoice	1.00	50.24		49.24		7507354766	
07/11/2024	07/16/2024	7507889421	113224698	115Invoice	0.01	0.32		0.31		7507889421	
07/11/2024	07/16/2024	7507889422	113238732	115Invoice	0.01	0.63		0.62		7507889422	
07/11/2024	07/16/2024	7507889423	114204504	115Invoice	0.02	0.95		0.93		7507889423	
07/11/2024	07/16/2024	7507897540	113817834	115Invoice	9.68	484.10		474.42		7507897540	
07/11/2024	07/16/2024	7507897541	116384277	115Invoice	0.25	12.67		12.42		7507897541	
07/11/2024	07/16/2024	7507897542	116672418	115Invoice	0.25	12.67		12.42		7507897542	
07/12/2024	07/16/2024	7508147796	204593281	115Invoice	0.01	0.32		0.31		7508147796	
07/12/2024	07/16/2024	7508147797	204648065	115Invoice	0.83	41.42		40.59		7508147797	
07/12/2024	07/16/2024	7508159739	113452493	115Invoice	0.94	47.12		46.18		7508159739	
07/12/2024	07/16/2024	7508159740	113527507	115Invoice	0.47	23.56		23.09		7508159740	

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: 07/12/2024 Page: 002

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 07/13/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 07/13/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
07/12/2024	07/16/2024	7508159741	204593281	115Invoice	0.02	0.95		0.93		7508159741	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL:

Subtotals: 2,521.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/16/2024,
Pay This Amount: 2,471.07 USD

If Paid After 07/16/2024,
Pay this Amount: 2,521.52 USD

Due If Paid On Time:
USD 2,471.07

Disc lost if paid late:
50.45

Due If Paid Late:
USD 2,521.52

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J Lindsay DeLeon Santos
7/15/2024

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 820405
Date: 07/13/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

HEB PHCY WHSE/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 07/13/2024 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 820405 HEB PHCY WHSE/MEM MED PHS											
07/08/2024	07/16/2024	7506790435	B2407-055-165477	115Invoice	2.12	106.05		103.93		7506790435	
07/12/2024	07/16/2024	7507959648	B2407-055-166100	115Invoice	0.35	17.30		16.95		7507959648	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS

Subtotals: 123.35 USD

Future Due:	0.00			**Due If Paid On Time:** USD	120.88
Past Due:	0.00	**If Paid By 07/16/2024, Pay This Amount:**	120.88 USD	**Disc lost if paid late:**	2.47
Last Payment 07/01/2024	2,397.56	**If Paid After 07/16/2024, Pay this Amount:**	123.35 USD	**Due If Paid Late:** USD	123.35

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrea DeLaSantos
7/15/2024

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

CVS PHCY 10356/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: 07/12/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835430
Date: 07/13/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 **PLEASE CHECK ANY**
Date: 07/13/2024 **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 835430 CVS PHCY 10356/MEM MC PHS											
07/10/2024	07/16/2024	7507455782	3372846	115Invoice	0.07	3.68		3.61		7507455782	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 835430 CVS PHCY 10356/MEM MC PHS

Subtotals: 3.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,397.56
07/01/2024

If Paid By 07/16/2024, Pay This Amount: 3.61 USD

If Paid After 07/16/2024, Pay this Amount: 3.68 USD

Due If Paid On Time: USD 3.61

Disc lost if paid late: 0.07

Due If Paid Late: USD 3.68

✓ Vendrea Edwards
7/15/2024

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7416/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 07/12/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 07/13/2024

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 07/12/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 **PLEASE CHECK ANY**
Date: 07/13/2024 **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											
07/10/2024	07/16/2024	7507653277	3371109	115Invoice	0.54	27.13		26.59		7507653277	

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: 27.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 31,426.66
07/08/2024

If Paid By 07/16/2024,
Pay This Amount: 26.59 USD

If Paid After 07/16/2024,
Pay this Amount: 27.13 USD

Due If Paid On Time:
USD 26.59

Disc lost if paid late:
0.54

Due If Paid Late:
USD 27.13

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Andrea DeLosSantos
7/15/2024

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 67809757
Date: 07-12-2024

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:	2,530.36
Past Due:	0.00
Total Due:	2,530.36
Account Balance:	2,530.36

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
07-08-2024	07-19-2024	3180902548	7006985668	Invoice	1,152.37		0.00	1,152.37
07-08-2024	07-19-2024	3180902549	7006994007	Invoice	34.21		0.00	34.21
07-08-2024	07-19-2024	3180904170	7007003145	Invoice	1,104.00		0.00	1,104.00
07-08-2024	07-19-2024	3180904171	7007011042	Invoice	43.64		0.00	43.64
07-08-2024	07-19-2024	3180904172	7006994084	Invoice	29.76		0.00	29.76
07-11-2024	07-19-2024	3181301887	7007018087	Invoice	18.03		0.00	18.03
07-12-2024	07-19-2024	3181523647	7007045127	Invoice	98.75		0.00	98.75
07-12-2024	07-19-2024	3181523648	7007044024	Invoice	49.60		0.00	49.60

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,530.36	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
07-12-2024	(352.86)

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
07-19-2024	2,530.36
Total Due:	2,530.36

Andrea DeLaSantos
7/15/2024

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 133,397.69	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 67,109.12	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,695.04	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 50,593.53	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	6/28/2024		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	7/11/2024						
PAY DATE:	7/15/2024						
GROSS PAY:	$ 579,262.71				$ -		$ 579,262.71
DEDUCTIONS:							
A/R	$ 225.00						$ 225.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$ 857.36						$ 857.36
CAFÉ-D	$ 1,248.74						$ 1,248.74
CAFÉ-H	$ 30,127.25						$ 30,127.25
	$ -						$ -
	$ -						$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$ 570.69						$ 570.69
CLINIC	$ 175.00						$ 175.00
COMBIN	$ 250.86						$ 250.86
CREDUN	$ -						$ -
DENTAL	$ -						$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$ 1,377.51						$ 1,377.51
MUTUAL HOSP INDEM	$ 517.50						$ 517.50
FED TAX	$ 50,593.53						$ 50,593.53
FICA-M	$ 7,847.52						$ 7,847.52
FICA-O	$ 33,554.56						$ 33,554.56
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$ 4,931.15						$ 4,931.15
FLX-FE	$ -						$ -
GIFT S	$ 238.41						$ 238.41
MUTUAL CRITICAL ILLNESS	$ 1,091.07						$ 1,091.07
MUTUAL ACCIDENT	$ 698.24						$ 698.24
MUTUAL SHORT TERM DIS	$ 1,899.37						$ 1,899.37
LEGAL	$ 1,130.91						$ 1,130.91
OTHER	$ 1,935.05						$ 1,935.05
NATIONAL FARM LIFE	$ 1,105.50						$ 1,105.50
MED SURCHARGE	$ 295.00						$ 295.00
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$ 895.00						$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$ 39,674.18						$ 39,674.18
UW/HOS	$ -						$ -
TOTAL DEDUCTIONS:	$ 181,239.40		$ -	$ -	$ -	$ -	$ 181,239.40
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 398,023.31		$ -	$ -	$ -		$ 398,023.31
	SHOULD MATCH REPORT		**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 38,059.50		Less Exempt:				
TAXABLE PAY:	$ 541,203.21		$ 541,203.21				

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,847.45		
FICA - MED (EE)	1.45%	$ 7,847.45	$ 7,847.52	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 33,554.60		
FICA - SOC SEC (EE)	6.20%	$ 33,554.60	$ 33,554.56	$ 0.04
FED WITHHOLDING		$ 50,593.53	$ 50,593.53	

Exempt Amt:

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 133,397.63	$ 133,397.69	
FICA - MEDICARE	2.90%	$ 15,694.90	$15,695.04	
FICA - SOCIAL SECURITY	12.40%	$ 67,109.20	$67,109.12	PREPARED BY:
FED WITHHOLDING		$ 50,593.53	$50,593.53	PREPARED DATE:
TOTAL TAX:		$ 133,397.63	$133,397.69	$ (0.06)

Caitlin Clevenger
7/15/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	7863.25	N		N	N		180854.25
1	REGULAR PAY-S1	1637.25	N		N	N	N	77335.66
1	REGULAR PAY-S1	226.75	N		N	Y		9216.94
1	REGULAR PAY-S1	233.25	Y		N	N		9168.71
2	REGULAR PAY-S2	2046.00	N		N	N		55926.33
2	REGULAR PAY-S2	150.25	N		N	Y		7065.12
2	REGULAR PAY-S2	124.00	Y		N	N		5468.48
3	REGULAR PAY-S3	1163.50	N		N	N		40240.90
3	REGULAR PAY-S3	111.00	N		N	Y		5627.85
3	REGULAR PAY-S3	115.75	Y		N	N		6466.93
4	CALL BACK PAY	24.00	N	1	N	N	Y	1156.20
4	CALL BACK PAY	21.75	N	2	N	N	Y	955.65
4	CALL BACK PAY	.25	Y	2	N	N	Y	12.59
A	SUSPENDED WITH PAY	24.00	N	1	N	N		850.08
C	CALL PAY	2442.00	N	1	N	N		4860.00
D	DOUBLE TIME	4.50	N	2	N	N		422.82
D	DOUBLE TIME	3.75	N	2	N	Y		452.78
D	DOUBLE TIME	8.50	N	3	N	N		815.56
D	DOUBLE TIME	9.75	N	3	N	Y		1200.19
D	DOUBLE TIME	3.00	Y	2	N	N		352.80
D	DOUBLE TIME	8.00	Y	3	N	N		964.80
E	EXTRA WAGES		N		N	N	N	34460.58
E	EXTRA WAGES		N	1	N	N	N	1873.25
I	INSERVICE	10.00	N	1	N	N		189.24
J	JURY LEAVE	4.00	N	1	N	N		113.90
K	EXTENDED-ILLNESS-BANK	156.00	N	1	N	N		3873.46
P	PAID-TIME-OFF	50.64	N		N	N	N	1246.40
P	PAID-TIME-OFF	3030.25	N	1	N	N		81024.31
X	CALL PAY 2	80.00	N	1	N	N		160.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
h	HAZARD PAY	7.25	N		N	N		163.13
h	HAZARD PAY	1.00	N		N	N	N	60.00
h	HAZARD PAY	349.00	N	1	N	N		16372.15
h	HAZARD PAY	221.75	N	2	N	N		11054.03
h	HAZARD PAY	6.50	N	2	N	N	N	396.50
h	HAZARD PAY	205.50	N	3	N	N		11255.54
h	HAZARD PAY	8.25	Y	1	N	N		787.82
h	HAZARD PAY	11.75	Y	2	N	N		746.97
h	HAZARD PAY	38.25	Y	3	N	N		3016.23
p	PAID TIME OFF - PROBATION	188.00	N	1	N	N		2982.16

Deductions Summary

Code	Amount				
A/R	225.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1248.74
CAFE-F		CAFE-H	30127.25	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	175.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSH		FEDTAX	50593.53	FICA-M	7847.52
FICA-O	33554.56	FIRSTC		FLEX S	4167.51
FLX FE		FORT D		FUTA	
GIFT S	238.41	GRANT		GRP-IN	
GTL		HOSP-I		HSA	763.64
ID TFT		IRSTAX		LEAF	
LEGAL	257.41	MASA	873.50	MEALS	1935.05
METVIS		MISC		MISC/	
MMCSHR		MODACC	698.24	MODILL	2091.07
MODIND	517.50	MOLIF	1377.51	MOSTD	1399.37
MOVIS	857.36	NATFML	1105.50	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	295.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	39574.18	TUTION		UNIFOR	
UW/HOS					

Grand Totals: 20612.64 ------- (Gross: 579262.71 Deductions: 181239.40 Net: 398023.31)

Checks Count:- FT 208 PT 11 Other 40 Female 231 Male 27 Credit OverAmt 20 ZeroNet Term Total: 259

Andrea Delos Santos
7/15/2024

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd,
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: outing #:

Please include Invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	08/03/2024
PO #	**DUE DATE**
	09/03/2024
Invoice #	**AMOUNT DUE**
INV6615329	**$1,588.88**

Description	Plan Code	Amount	Options
Visa Card Payments - HCFSA 2024	HCFSA2024	1,588.88	

Total Amount Due **$1,588.88** ✓

A.W.

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: Routing #.

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/17/2024
PO #	**DUE DATE**
	09/16/2024
Invoice #	**AMOUNT DUE**
INV6662430	**$3,043.04**

Description	Plan Code	Amount
PMB Payments - DCFSA 2024	DCFSA2024	570.00
Visa Card Payments - HCFSA 2024	HCFSA2024	2,473.04

Total Amount Due **$3,043.04**

A.D.

HealthEquity WageWorks

INVOICE

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit: Via Wire or ACH Credit to US BANK
FSA/HRA/DC Acct #: Routing #:

Please include invoice # in your payment addenda for ACH Credit or Wire payment.

Log on to our employer website to view detailed invoice reports: employer.wageworks.com

Account #	Invoice Date
2052366	06/24/2024
PO #	**DUE DATE**
	09/23/2024
Invoice #	**AMOUNT DUE**
INV6681301	**$2,524.41**

Description	Plan Code	Amount
PMP Payments - HCFSA 2024	HCFSA2024	424.08
Visa Card Payments - HCFSA 2024	HCFSA2024	2,100.33

Total Amount Due **$2,524.41**

HealthEquity WageWorks

Credit Memo

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit:

Account #	Date
2052366	06/10/2024
PO #	**Credit #**
	CM192868
	AMOUNT
	$298.50

PLEASE NOTE, THIS IS A CREDIT MEMO, DO NOT PAY.

Description	Plan Code	Amount	Options
Visa Card Payments - HCFSA 2024	HCFSA2024	298.50	

Total Amount **– $298.50** ✓

A.D.
Credit Memos

HealthEquity WageWorks

Credit Memo

To: Memorial Medical Center
PO Box 25
Port Lavaca TX 77979

WageWorks, Inc.
4609 Regent Blvd.
Irving, TX 75063
214.596.6900

Remit:

Account #	Date
2052366	06/28/2024
PO #	**Credit #**
	CM194794
	AMOUNT
	$644.22

PLEASE NOTE, THIS IS A CREDIT MEMO, DO NOT PAY.

Description	Plan Code	Amount	Options
Late Repayment Refund		644.22	

Total Amount **-$644.22** ✓

b.a.
Credit Memo

Memorial Medical Center
Transfer Request

Amount: 6,213.61 ✓ ✓ **Date:** 7/15/2024 ✓

From Account: Operating

To Account: US BANCORP FSA/HRA/DC ACCT ACCT

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Acct Number: **Routing Number:**

Explanation:

Invoice numbers 6615329,6662430,6681301,CM192868,CM194794

Requested by: Michelle Cumberland **Date:** 7/15/2024

Authorized by: Andrew DeLaCruz-Santos ✓ **Date:** 7/15/2024

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- July 8, 2024 - July 14, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
7/12/2024	PAY PLUS ACHTrans 000000028920462 1010006936	- 3rd Party Payor Fee	80.36	901253
7/12/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	352.86	500619
7/11/2024	PAY PLUS ACHTrans 000000028806441 1010006924	- 3rd Party Payor Fee	126.10	901254
7/10/2024	PAY PLUS ACHTrans 000000028643826 1010006913	- 3rd Party Payor Fee	35.17	901255
7/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	818.52	901256
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	1,436.16	901257
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	340.89	901258
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	606.62	901259
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	1,257.03	901260
7/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	168.29	901261
7/9/2024	PAY PLUS ACHTrans 000000028480117 1010006902	- 3rd Party Payor Fee	118.45	901262
7/9/2024	MCKESSON DRUG AUTO ACH ACH06069866 910000128	- 340B Drug Program Expense	31,426.66	500620
7/9/2024	HPHG LLC PORT LAVA MemMedCtr PtLav 113122650	- Health Insurance Claim Payments	20,801.00 **	800550
7/9/2024	HPHG LLC PORT LAV MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	45,776.62 **	800551
7/8/2024	PAY PLUS ACHTrans 000000028157589 1010006987	- 3rd Party Payor Fee	677.28	901263
7/8/2024	FDMS FDMS PYMT 052-2000500-000 4100012802645	- Credit Card Machine Lease Fee	75.67	901264
7/8/2024	FDMS FDMS PYMT 052-1601830-000 4100012801822	- Credit Card Machine Lease Fee	32.45	901265
7/8/2024	FDMS FDMS PYMT 052-2182557-000 4100012800975	- Credit Card Machine Lease Fee	181.77	901266
7/8/2024	FDMS FDMS PYMT 052-2182545-000 4100012803201	- Credit Card Machine Lease Fee	45.64	901267
7/8/2024	IRS USATAXPYMT 270459070350185 6103601001022	- Payroll Taxes	113,630.08 **	800552
7/8/2024	FDMS FDMS PYMT 052-1743547-000 4100012809326	- Credit Card Machine Lease Fee	30.20	901268
7/8/2024	FDMS FDMS PYMT 052-1737276-000 4100012809058	- Credit Card Machine Lease Fee	30.20	901269
7/8/2024	FDMS FDMS PYMT 052-1601830-000 4100012809031	- Credit Card Machine Lease Fee	30.20	901270
7/8/2024	FDMS FDMS PYMT 052-2000500-000 4100012810118	- Credit Card Machine Lease Fee	30.20	901271
7/8/2024	FDMS FDMS PYMT 052-2100911-000 4100012810591	- Credit Card Machine Lease Fee	30.20	901272
7/8/2024	FDMS FDMS PYMT 052-1743548-000 4100012810022	- Credit Card Machine Lease Fee	30.20	901273
			218,168.82	

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 15, 2024

* Approved on 7.10.24 CC
** Approved on 7.03.24 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Descriptio		MMC Notes	Amount
7/19/2024	- WEBFILE TAX PYMT DD	218,168.82 +	- Sales Tax	1,986.52
		352.86 -		
		[illegible] -		
		[illegible] -		1,986.52
		[illegible] -		
		[illegible] -		
		6,181.60 ◇		
		[illegible] -		
		0.00 ◇		

Andrew De Los Santos
Andrew De Los Santos
Memorial Medical Center

July 15, 2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

80.36 +
126.10 +
pay plus 35.17 +
118.45 +
677.28 +
1,037.36 ◇
0.C
CC Fees
818.52 +
1,436.16 +
340.89 +
606.62 +
1,257.03 +
168.29 +
4,627.51 ◇
0.C
CC lease Fees
75.67 +
32.45 +
181.77 +
45.64 +
30.20 +
30.20 +
30.20 +
30.20 +
30.20 +
516.73 ◇
0.C

1,037.36 +
4,627.51 +
516.73 +
6,181.60 ◇

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 06/30/2024 (2406)

Taxpayer ID:
User ID:
Reference Number:
Date and Time of Filing:
07/12/2024, 11:24:51 AM

Taxpayer Name:
MEMORIAL MEDICAL CENTER
Taxpayer Address:
815 N VIRGINIA ST PORT LAVACA , TX 77979-3025
IP Address: 24.116.195.218

Entered By: Caitlin Clevenger
Email Address:
Telephone Number: (361) 552-0272

PAYMENT SUMMARY

Electronic Check
State Amount: $1,504.94
Local Amount: $481.58
Amount to Pay: $1,986.52
Electronic Check: $1,986.52

Payment Reference Number:
Trace Number:

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Number:
Bank Account Number:
Payment Effective Date: 07/19/2024

CREDIT SUMMARY

Credits Taken

Are you taking credit to reduce taxes due on this return? No

Licensed Customs Broker Exported Sales

Did you refund sales tax for this filing period on items exported outside the United States based on a Texas Licenced Customs Broker Export Certifications? No

LOCATION SUMMARY

Loc #	Total Texas Sales	Taxable Sales	Taxable Purchases	Subject to State Tax (Rate .0625)	State Tax Due	Subject to Local Tax	Local Tax Rate	Local Tax Due
00004	24,200	24,200	0.00	24,200	1,512.5	24,200	0.02	484
SubTotal	**24,200**	**24,200**	**0**	**24,200**	**1,512.5**	**24,200**		**484**

Total Tax for Locations 1,996.5

Total Tax Due:	$1,996.50
Timely Filing Discount:	- $9.98
Balance Due:	$1,986.52
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$1,986.52**

(State amount due is $1,504.94) (Local amount due is $481.58)

Coverage Start	Benefit	EE Cost	ER Cost
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$100.00	$25.00
1/1/2024	Health Savings Account	$147.91	$25.00
1/1/2024	Health Savings Account	$41.67	$25.00
7/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$60.00	$25.00
1/1/2024	Health Savings Account	$10.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$25.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
2/1/2024	Health Savings Account	$163.25	$25.00
1/1/2024	Health Savings Account	$50.00	$25.00
2/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$100.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
3/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$25.00	$25.00
7/1/2024	Health Savings Account	$0.00	$25.00
1/1/2024	Health Savings Account	$0.00	$25.00
2/1/2024	Health Savings Account	$0.00	$25.00
		$722.83	$600.00
		$1,322.83	

RECEIVED BY THE COUNTY AUDITOR ON

JUL 11 2024

CALHOUN COUNTY, TEXAS

07/11/2024 MEMORIAL MEDICAL CENTER 0

13:28 AP Open Invoice List ap_open_invoice.template

Due Dates Through: 08/03/2024

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
062724		07/09/202	06/27/202	08/03/202			6,324.00	0.00	0.00	6,324.00
	TRANSFER INS. pmt dep. into MMC Opt. in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	6,324.00	0.00	0.00	6,324.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,324.00	0.00	0.00	6,324.00

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 11 2024

CALHOUN COUNTY, TEXAS

07/11/2024
13:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/03/2024

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062824		07/09/202	06/27/202	08/03/202			4,134.56	0.00	0.00	4,134.56
	TRANSFER	\NS. pmt. dep. into mmc ope. in error								
062824A		07/09/202	06/27/202	08/03/202			4,257.52	0.00	0.00	4,257.52
	TRANSFER	"		"						
062824B		07/09/202	06/27/202	08/03/202			6.22	0.00	0.00	6.22
	TRANSFER	"		"						
062824C		07/09/202	06/27/202	08/03/202			21.18	0.00	0.00	21.18
	TRANSFER	"		"						
062724		07/09/202	06/27/202	08/03/202			328.66	0.00	0.00	328.66
	TRANSFER	"		"						

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	8,748.14	0.00	0.00	8,748.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,748.14	0.00	0.00	8,748.14

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUL 11 2024

07/11/2024
13:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/03/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
062824D		07/09/202	06/27/202	08/03/202			12,516.28	0.00	0.00	12,516.28
	ins. pmt. dep. into MMC OPT in error									
062824		07/09/202	06/27/202	08/03/202			250.42	0.00	0.00	250.42
	TRANSFER									
062724		07/09/202	06/27/202	08/03/202			28,610.50	0.00	0.00	28,610.50
	TRANSFER									
062824A		07/09/202	06/27/202	08/03/202			6,120.00	0.00	0.00	6,120.00
	TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	47,497.20	0.00	0.00	47,497.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,497.20	0.00	0.00	47,497.20

APPROVED ON

JUL 11 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
7/15/2024

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]		99,586.29	99,486.29	179,464.76			179,564.76	167,033.93
						Bank Balance	179,564.76	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	12,410.83	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Adjust Balance/Transfer Amt	167,033.93	
[redacted]		80,794.34	80,694.34	254,387.75			254,487.75	249,803.40
						Bank Balance	254,487.75	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	4,584.35	

						Adjust Balance/Transfer Amt	249,803.40	
[redacted]		65,093.18	64,993.18	255,935.51			256,035.51	250,516.06
						Bank Balance	256,035.51	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,419.45	

						Adjust Balance/Transfer Amt	250,516.06	
[redacted]		11,358.83	7,282.05	39,877.21			43,953.99	39,983.55
						Bank Balance	43,953.99	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,870.44	

						Adjust Balance/Transfer Amt	39,983.55	
[redacted]		78,580.48	78,280.48	178,831.79			178,931.79	175,128.70
						Bank Balance	178,931.79	
						Variance	-	
						Leave in Balance	100.00	
						Molina May	3,703.09	

						Adjust Balance/Transfer Amt	175,128.70	
						TOTAL TRANSFERS		882,965.64

167,033.93 +
249,803.40 +
250,516.06 +
39,983.55 + *Fort Bend / Broadmoor*
175,128.70 +
882,465.64 ◊

Approved: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON
JUL 15 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 AHHC deposited to open account

Ashford Checks

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	28,278.53					-	28,278.53
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	576.92					-	576.92
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	66,465.33					-	66,465.33
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,679.28					-	3,679.28
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292914	-	7,482.28					-	7,482.28
7/10/2024	WIRE OUT ASHFORD HEALTH CARE CENTER LTD	72,319.50	-					-	-
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01397784 42000013	-	14,848.78	11,480.28	3,168.50			12,480.83	2,367.95
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254552	-	6,300.87					-	6,300.87
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,873.07					-	7,873.07
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	8,052.11					-	8,052.11
7/9/2024	Check 1244	22,587.00	-					-	-
7/9/2024	Check 1241	579.79	-					-	-
7/9/2024	UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	4,510.00					-	4,510.00
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,663.68					-	7,663.68
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,657.91					-	17,657.91
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	30.07					-	30.07
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,941.94					-	1,941.94
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 675423 420000179	-	2,645.30					-	2,645.30
7/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130052	-	1,658.69					-	1,658.69
		95,486.29	179,464.76	11,480.28	3,168.50	-	-	12,480.83	167,033.93

Brookhaven

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	24,563.74					-	24,563.74
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,236.92					-	1,236.92
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		24,873.67					-	24,873.67
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	6,617.52					-	6,617.52
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 678357 420000114	-	19,387.88					-	19,387.88
7/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	10,267.27					-	10,267.27
7/11/2024	MANAGEANDNET1718 MHS PMNT 0000000000004293 43	-	10,527.50					-	10,527.50
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	316.00					-	316.00
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000292997	-	127.41					-	127.41
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293128	-	2,881.49					-	2,881.49
7/10/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	73,715.03	-					-	-
7/10/2024	Deposit	-	1,428.00					-	1,428.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01295828 42000013	-	5,375.20	4,245.42	1,129.78			4,584.35	790.85
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254552	-	7,919.21					-	7,919.21
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	18,823.28					-	18,823.28
7/10/2024	HUMANA CHA DISB HCCLAIMPMT 52118217 42000014	-	1,780.00					-	1,780.00
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	11,904.74					-	11,904.74
7/9/2024	Check 278	8,395.12	-					-	-
7/9/2024	Check 279	583.99	-					-	-
7/9/2024	Deposit	-	19,478.20					-	19,478.20
7/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214201	-	3,187.88					-	3,187.88
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,346.94					-	3,346.94
7/9/2024	HUMANA INS CO HCCLAIMPMT 51942081 830000317	-	9,908.32					-	9,908.32
7/9/2024	HUMANA CHA DISB HCCLAIMPMT 52038185 42000011	-	7,795.00					-	7,795.00
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130042	-	24,006.44					-	24,006.44
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,030.00					-	3,030.00
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	18,690.00					-	18,690.00
7/8/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	789.61					-	789.61
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676357 420000178	-	15,020.53					-	15,020.53
7/8/2024	HUMANA INS CO HCCLAIMPMT 51891320 830000581	-	1,185.00					-	1,185.00
		80,694.34	254,387.75	4,245.42	1,129.78	-	-	4,584.35	249,803.40

Cheswick

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	1,343.00					-	1,343.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000218979675	-	900.00					-	900.00
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,189.87					-	9,189.87
7/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	373.26					-	373.26
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000220190975	-	35,437.93					-	35,437.93
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000220190973	-	1,800.00					-	1,800.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000220190971	-	1,800.00					-	1,800.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000220190969	-	8,912.00					-	8,912.00
7/12/2024	DEVOTED HEALTH P HCCLAIMPMT 210000220190967	-	19,505.00					-	19,505.00
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	4,924.33					-	4,924.33
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293128	-	2,009.20					-	2,009.20
7/11/2024	HUMANA CHA DISB HCCLAIMPMT 52205340 42000016	-	7,565.00					-	7,565.00
7/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	7,852.25					-	7,852.25
7/10/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	51,959.22	-					-	-
7/10/2024	Deposit	-	9,084.00					-	9,084.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01398288 42000013	-	4,011.08	3,165.90	845.18			3,419.45	591.63
7/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000254552	-	7,233.14					-	7,233.14
7/10/2024	DEVOTED HEALTH P HCCLAIMPMT 210000227220235	-	8,550.00					-	8,550.00
7/10/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,507.99					-	3,507.99
7/10/2024	HUMANA CHA DISB HCCLAIMPMT 52121007 42000014	-	4,005.00					-	4,005.00
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	22,727.56					-	22,727.56
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130082	-	770.41					-	770.41
7/9/2024	Check 348	5,691.60	-					-	-
7/9/2024	Check 347	842.36	-					-	-
7/9/2024	Check 349	6,500.00	-					-	-
7/9/2024	DEVOTED HEALTH P HCCLAIMPMT 210000217870616	-	42,141.00					-	42,141.00
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	15,928.77					-	15,928.77
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,368.62					-	1,368.62
7/9/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	19,405.91					-	19,405.91
7/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676323 420000164	-	2,717.19					-	2,717.19
7/8/2024	DEVOTED HEALTH P HCCLAIMPMT 210000221970943	-	4,500.00					-	4,500.00
7/8/2024	UnitedHealthcare HCCLAIMPMT 746003411 124384	-	6,360.00					-	6,360.00
7/8/2024	HUMANA CHA DISB HCCLAIMPMT 51838843 42000014	-	13.00					-	13.00
		64,993.18	253,935.51	3,165.90	845.18	-	-	3,419.45	250,516.06

[illegible]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	NH PORTION
7/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	1,852.51					-	1,852.51
7/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000233369	-	4,077.63					-	4,077.63
7/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	17,886.57					-	17,886.57
7/12/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000114	-	10,701.63					-	10,701.63
7/11/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	780.00					-	780.00
7/10/2024 MOLINA HEALTHCAR MOLINAACH 01297941 42000013	-	4,545.57	3,581.10	964.47			3,870.44	675.13
7/9/2024 Check 253	7,065.29	-					-	-
7/9/2024 Check 250	218.26	-					-	-
7/9/2024 AARP Supplementa HCCLAIMPMT 746003411 124384	-	33.30					-	33.30
	7,282.05	39,877.21	3,581.10	964.47	-	-	3,870.44	36,006.77

[illegible] at West Houston

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	NH PORTION
7/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000233952	-	5,814.20					-	5,814.10
7/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,058.22					-	3,058.22
7/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	32,480.78					-	32,480.78
7/12/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000114	-	3,589.00					-	3,589.00
7/11/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,647.50					-	1,647.50
7/10/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	70,709.95	-					-	-
7/10/2024 Deposit	-	7,094.39					-	7,094.39
7/10/2024 MOLINA HEALTHCAR MOLINAACH 01288246 42000013	-	4,326.82	3,435.78	891.04			3,703.09	623.73
7/10/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	24,691.24					-	24,691.24
7/10/2024 HUMANA INS CO HCCLAIMPMT 52092323 830000574Z	-	21,830.00					-	21,830.00
7/10/2024 HUMANA CHA DISB HCCLAIMPMT 52123567 42000014	-	7,945.00					-	7,945.00
7/10/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	8,740.50					-	8,740.50
7/9/2024 Check 1305	6,824.60	-					-	-
7/9/2024 Check 1304	745.93	-					-	-
7/9/2024 Deposit	-	17,984.64					-	17,984.64
7/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,820.23					-	2,820.23
7/9/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000164	-	19,815.06					-	19,815.06
7/8/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,332.00					-	6,332.00
7/8/2024 HNB - ECHO HCCLAIMPMT 746003411 440000260711	-	3,087.31					-	3,087.31
7/8/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,575.00					-	7,575.00
	78,280.48	178,831.79	3,435.78	891.04	-	-	3,703.09	175,128.70
TOTALS	326,736.34	906,497.02	25,908.48	6,998.97	-	-	28,008.17	878,488.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
7/15/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		169,742.45	163,642.45	121,485.86		-	121,585.86	121,485.86
						Bank Balance	121,585.86	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.

Adjust Balance/Transfer Amt 121,485.86

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: Andrew De Los Santos 7/15/2024
Andrew De Los Santos

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/12/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769179 1	-	4,510.34					-	4,510.34
7/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001827	-	2,424.10					-	2,424.10
7/11/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001578	-	2,446.00					-	2,446.00
7/11/2024	LUMINOS HOLDCO I Turner R&B 113114890592217	-	3,889.09					-	3,889.09
7/11/2024	Ars Health TX PAYMENT 21531 843078300092216	-	14,000.00					-	14,000.00
7/10/2024	Check 216	3,706.93	-					-	-
7/10/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	138,001.69	-					-	-
7/10/2024	Deposit	-	77,030.11					-	77,030.11
7/10/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769179 1		1,794.63					-	1,794.63
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000166	-	2,546.58					-	2,546.58
7/10/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	1,996.68					-	1,996.68
7/9/2024	Check 235	21,393.28	-					-	-
7/9/2024	Check 234	540.55	-					-	-
7/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001493	-	475.00					-	475.00
7/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001493	-	1,219.00					-	1,219.00
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341130112	-	6,869.33					-	6,869.33
7/8/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769179 1	-	717.00					-	717.00
7/8/2024	TSYS/TRANSFIRST CR CD DEP 5436845558769179 1	-	2,068.00					-	2,068.00
		167,642.45	121,485.86	-	-	-	-	-	121,485.86

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
7/15/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		1,857.58	-	101.35		-		1,958.93	no transfer
							Bank Balance	1,958.93	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	1,858.93	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		41,397.15	41,297.15	10,928.00		-		11,028.00	10,928.00
							Bank Balance	11,028.00	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	10,928.00	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS	12,786.93

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: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[redacted]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214255	-	101.35					-	101.35
	-	101.35	-	-	-	-	-	101.35

[redacted]

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
7/12/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	10,728.00					-	10,728.00
7/11/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	200.00					-	200.00
7/10/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	41,297.15	-					-	-
	41,297.15	10,928.00	-	-	-	-	-	10,928.00
	41,297.15	11,029.35	-	-	-	-	-	11,029.35

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
7/15/2024

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Chx Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]	[redacted]	68,823.93	68,723.93	189,461.23	-	-	189,561.23	181,766.13

Bank Balance	189,561.23
Variance	-
Leave in Balance	100.00
Molina May	7,695.10
Adjust Balance/Transfer Amt	181,766.13

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: Andrew De Los Santos 7/15/2024
Andrew De Los Santos

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
7/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000114	-	70,068.95					-	70,068.95
7/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000293487	-	179.01					-	179.01
7/10/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	54,586.63	-					-	-
7/10/2024	Deposit	-	54,737.28					-	54,737.28
7/10/2024	Deposit	-	14,088.00					-	14,088.00
7/10/2024	MOLINA HEALTHCAR MOLINAACH 01298322 42000013	-	8,601.68	6,788.52	1,813.16			7,695.10	906.58
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000166	-	3,003.48					-	3,003.48
7/9/2024	Check 1158	14,137.30	-					-	-
7/9/2024	Deposit	-	16,842.24					-	16,842.24
7/9/2024	Deposit	-	6,500.00					-	6,500.00
7/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000214201	-	15.16					-	15.16
7/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000260711	-	91.30					-	91.30
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000178	-	15,334.13					-	15,334.13
		68,723.93	189,461.23	6,788.52	1,813.16	-	-	7,695.10	181,766.13

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
7/15/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer Out	Transfer In	Chs Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		83,770.21	83,670.21	66,949.37			67,049.37	66,949.37

Bank Balance	67,049.37
Variance	-
Leave in Balance	100.00

Adjust Balance/Transfer Amt - 66,949.37

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: Andrew De Los Santos
Andrew De Los Santos 7/15/2024

APPROVED ON

JUL 15 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Activity Date	Activity Description	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
7/12/2024	HOSPICE OF SOUTH Payments RF 131226500014178	-	3,496.41					-	3,496.41
7/11/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	647.00					-	647.00
7/10/2024	WIRE OUT PORT LAVACA NH, LLC	25,535.06	-					-	-
7/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000166	-	2,742.03					-	2,742.03
7/9/2024	Check 1045	20,005.81	-					-	-
7/9/2024	Check 1044	666.51	-					-	-
7/9/2024	Check 1047	19,478.20	-					-	-
7/9/2024	Check 1046	17,984.64	-					-	-
7/9/2024	NDC SWEEP FAC K235 813169655788 12 SWEEP FR	-	19,136.85					-	19,136.85
7/9/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	320.04					-	320.04
7/8/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000178	-	38,359.67					-	38,359.67
7/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2	-	2,147.37					-	2,147.37
		83,670.22	66,949.37	-	-	-	-	-	66,949.37

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$3,167,844.24	$3,068,811.84	$3,167,844.24	$2,895,117.58
*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	$179,564.76	$206,370.18	$179,564.76	$80,564.70
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$254,487.75	$254,487.75	$254,487.75	$167,560.75
*4411 MEMORIAL MEDICAL / NH CRESCENT	$254,035.51	$276,046.14	$254,035.51	$174,774.45
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$178,931.79	$184,255.27	$178,931.79	$133,989.69
*4446 MEMORIAL MEDICAL / NH FORT BEND	$43,953.99	$43,953.99	$43,953.99	$9,435.65
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$121,585.86	$123,630.86	$121,585.86	$114,651.42
*4551 CAL CO INDIGENT HEALTHCARE	$9,733.32	$9,733.32	$9,733.32	$9,733.32
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$1,958.93	$1,958.93	$1,958.93	$1,958.93
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$11,028.00	$13,685.67	$11,028.00	$300.00
*5506 MMC -NH BETHANY SENIOR LIVING	$67,049.37	$67,049.37	$67,049.37	$63,552.96
*3407 MMC -NH TUSCANY VILLAGE	$189,561.23	$189,561.23	$189,561.23	$119,492.28
*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	**$4,485,852.89**	**$4,445,662.69**	**$4,485,852.89**	**$3,777,249.87**

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 7/15/2024

APPROVED ON JUL 15 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: $ 12,430.83

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea M. DeLos Santos

7/15/2024

Broadmoor ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating ✓

Date Requested: 7/15/2024 ✓

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
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- ☐ Return Check to Dept

AMOUNT: $ 4,584.35 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

7/15/2024

Crescent ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating ✓

Date Requested: ✓ 7/15/2024

APPROVED ON JUL 15 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
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- ☐ Return Check to Dept

AMOUNT: $ 3,419.45 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Under authority of Section

7/15/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

P A Y E E

MMC Operating

Date Requested: 7/15/2024

APPROVED ON
JUL 15 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
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- ☐ Mail Check to Vendor
- ☐ Return Check to Dept

AMOUNT: $ 3,870.44

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

7/15/2024

Solera ✓ ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating ✓

Date Requested: ✓ 7/15/2024

APPROVED ON
JUL 15 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: $ 3,703.09 ✓ ✓

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓ Andrew Dickson

7/15/2024

Tuscany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 7/15/2024

APPROVED ON JUL 15 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: $ 7,695.10

G/L NUMBER: 10255040

EXPLANATION: Molina May QIPP - Hospital Portion

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: Andrea Del Pozo Loaiza

7/15/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **7/17/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina May					TOTAL	Date
Ashford	- Prosperity		MMC -Prosperity Operating	10255040	12,430.83					12,430.83	7/17/2024
Broadmoor	Prosperity		MMC -Prosperity Operating	10255040	4,584.35					4,584.35	7/17/2024
Crescent	Prosperity		MMC -Prosperity Operating	10255040	3,419.45					3,419.45	7/17/2024
Fort Bend	Prosperity		MMC -Prosperity Operating	10255040	3,870.44					3,870.44	7/17/2024
Solera	Prosperity		MMC -Prosperity Operating	10255040	3,703.09					3,703.09	7/17/2024
Golden Creek	Prosperity		MMC -Prosperity Operating	10255040						-	7/17/2024
Bethany	- Prosperity		MMC -Prosperity Operating	10255040						-	7/17/2024
Tuscany	Prosperity		MMC -Prosperity Operating	10255040	7,695.10					7,695.10	7/17/2024
				Total:	35,703.26	-	-	-	-	35,703.26	

Note:

Approved:

ANDREW DE LOS SANTOS 7/15/2024

Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany

Date Requested: 7/15/2024

APPROVED ON
JUL 15 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: $ 8,097.86

G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

7/15/2024

Crescent ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Tuscany ✓ ✓ Date Requested: ✓ 7/15/2024

APPROVED ON
JUL 15 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: $ 4,500.00 ✓ ✓ G/L NUMBER: 21400007

EXPLANATION: Claim payment - Transfer from Crescent to Tuscany

✓

REQUESTED BY: Michelle Cumberland AUTHORIZED BY: Andrew Dolan / mtc

7/15/2024