October 16, 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.

   Kim Moore with Senator Louis Kolkhorst thanked Calhoun County for the hospitality during the Warriors Weekend activities.

5. Approve September 18, 2024 and October 9, 2024 Commissioners' Court Meeting Minutes. (RHM)

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

6. Consider and take necessary action to approve the contract with Fun Abounds, Inc. for Bid No. 2024.08 - Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 for Calhoun County, Texas - Texas General Land Office Contract No. 20-065-064-C182 and Calhoun County 2020 CDBG-DR Contract Work Order No. E-1 and authorize the County Judge to sign. (DEH)

Scott Mason with G&W explained the bid.

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

7. Consider and take necessary action to approve the Resolution Endorsing the Passage of Legislation to Amend Section 382.018 of the Texas Local Government Code. (RHM)

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

8. Consider and take necessary action to approve the Professional Services Agreements for the County and District Clerk's for "IDocket.com Ruby Red Services" and allow the County and District Clerk to sign. (RHM)

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

9. Consider and take necessary action to enter into negotiations with the lowest and best responsive bidder (Weaver and Jacobs Constructors) for the 2024.06 Memorial Medical Center HVAC & Roof Improvements for Calhoun County, Texas. (RHM)

Scott Mason with G&W Engineers explained the negotiation process.

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

10. Consider and take necessary action to accept G&W's recommendations for the second payment of $143,476.921 to Con-Metal Contractors, Inc. for the Recycle Waste Transfer Station Project. (VLL)

Scott Mason with G&W Engineers explained the project should be completed by the first of the New Year.

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 update/revise the Calhoun County Job Description for "Assistant Director of EMS/Training Coordinator". (RHM)

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

12. Consider and take necessary action to approve the preliminary plat of the Desilos Subdivision situated in the William Arnold Survey, Abstract No. 2, Calhoun County, TX (re-plat of farm tracts 9-16 in Lot 6 of Section 10 of the J.D. Mitchell Wolf Point Ranch Subdivision as recorded in Volume 5. Page 417 of the Calhoun County Deed Records). (JMB)

Henry Danysh explained preliminary plat.

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

13. Consider and take necessary action to authorize Commissioner Reese to utilize $31,158.20 in COMESA funds to repair pavilion at King Fisher Beach Park in Port O'Connor, Texas. (GDR)

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

14. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 3 – September, 2024
b) County Clerk – September, 2024
c) District Clerk – September, 2024

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

15. 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

16. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:25am

CALHOUN COUNTY COMMISSIONERS' COURT
PACKET COMPLETION SHEET

✓ **All Agenda Items Properly Numbered**

✓ **Contracts Completed and Signed**

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

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

On this 16th **day of** October **2024, the packet for the** 16th **day of** October **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, October 16, 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

The subject matter of such meeting is as follows:

FILED
AT 9:59 O'CLOCK A M
OCT 11 2024
ANNA M. GOODMAN
COUNTY CLERK CALHOUN COUNTY, TEXAS
BY: Linda Flores DEPUTY

1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve September 18, 2024 and October 9, 2024 Commissioners' Court Meeting Minutes. (RHM)
6. Consider and take necessary action to approve the contract with Fun Abounds, Inc. for Bid No. 2024.08 - Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 for Calhoun County, Texas - Texas General Land Office Contract No. 20-065-064-C182 and Calhoun County 2020 CDBG-DR Contract Work Order No. E-1 and authorize the County Judge to sign. (DEH)
7. Consider and take necessary action to approve the Resolution Endorsing the Passage of Legislation to Amend Section 382.018 of the Texas Local Government Code. (RHM)
8. Consider and take necessary action to approve the Professional Services Agreements for the County and District Clerk's for "IDocket.com Ruby Red Services" and allow the County and District Clerk to sign. (RHM)
9. Consider and take necessary action to enter into negotiations with the lowest and best responsive bidder (Weaver and Jacobs Constructors) for the 2024.06 Memorial Medical Center HVAC & Roof Improvements for Calhoun County, Texas. (RHM)

10. Consider and take necessary action to accept G&W's recommendations for the second payment of $143,476.921 to Con-Metal Contractors, Inc. for the Recycle Waste Transfer Station Project. (VLL)

11. Consider and take necessary action to update/revise the Calhoun County Job Description for "Assistant Director of EMS/Training Coordinator". (RHM)

12. Consider and take necessary action to approve the preliminary plat of the Desilos Subdivision situated in the William Arnold Survey, Abstract No. 2, Calhoun County, TX (re-plat of farm tracts 9-16 in Lot 6 of Section 10 of the J.D. Mitchell Wolf Point Ranch Subdivision as recorded in Volume 5. Page 417 of the Calhoun County Deed Records). (JMB)

13. Consider and take necessary action to authorize Commissioner Reese to utilize $31,158.20 in COMESA funds to repair pavilion at King Fisher Beach Park in Port O'Connor, Texas. (GDR)

14. Accept Monthly Reports from the following County Offices:

    a) Justice of the Peace Pct 3 – September, 2024
    b) County Clerk – September, 2024
    c) District Clerk – September, 2024

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

16. 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

October 16, 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.

   Kim Moore with Senator Louis Kolkhorst thanked Calhoun County for the hospitality during the Warriors Weekend activities.

#4

Calhoun County Commissioners Court

Public Participation Form

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

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

NAME: Kim Moore

ADDRESS: 112 Andover Street Victoria TX

TELEPHONE: 361.894.3066

PLACE OF EMPLOYMENT: director Senator Lois Kolkhorst

EMPLOYMENT TELEPHONE: 361-573-7300

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

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

Warriors Weekend - Victoria TX

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

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

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

Signature: Kim Moore

05

5. Approve September 18, 2024 and October 9, 2024 Commissioners' Court Meeting Minutes. (RHM)

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Vern Lyssy, Commissioner Pct 2
SECONDER:	Gary Reese, Commissioner Pct 4
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, September 18, 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

September 18, 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.

   Jonas Titas with VEDC Regional Partnership spoke briefly on tax abatement opportunity.

5. Discuss and take necessary action on an order authorizing the issuance, sale, and delivery of up to $30,000,000 in aggregate principal amount of "COMBINATION TAX AND SURPLUS HOSPITAL REVENUE CERTIFICATES OF OBLIGATION, SERIES 2024"; securing the payment thereof by authorizing the levy of an annual ad valorem tax and a pledge of certain surplus revenues of the County's Hospital System; execution of instruments and Procedures related thereto; the form of an official statement; and declaring an effective date. (RHM)

Anne Berger with Hilltop Securities read the report and gave her recommendation to approve the bid from Frost Bank.

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

6. Consider and take necessary action to approve Motorola proposal on purchase of two additional radio consoles, service contract, and the relocation of the two old radio consoles for Combined Dispatch and authorize all appropriate signatures with the understanding the project will be complete prior to December 31st, 2024. (DEH)

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

7. Consider and take necessary action regarding Texas Department of Transportation Grant for Routine Airport Maintenance Program (TxDOT Project No. M2513PTLA) and authorize all appropriate signatures. (VLL)

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 on Grant Agreement for the Texas Department of Transportation Aviation Grant 24AWPTLAV of $150,000 for the AWOS System and authorize appropriate signatures. (VLL)

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

9. 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 $75.00. (RHM)

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

10. Consider and take necessary action on declaring a Dell Laptop, Serial Number 2XHM2ND, Inventory #406-0145 purchased in February 2008 as waste and removed from Management Inventory. (RHM)

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

11. Consider and take necessary action to authorize Kathy Smartt with Smartt Grants to prepare three Matagorda Bay Mitigation Trust grant applications for infrastructure improvements at King Fisher Beach Park and Bill Sanders Memorial Park at a cost of $500 per application for a total cost of $1,500. (GDR)

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

12. Consider and take necessary action to approve the Certificate of Substantial Completion for the Calhoun County Combined Dispatch Facility Project for Calhoun County, Texas and authorize Commissioner Hall to sign. (DEH)

    Table for next week pending County Attorney Approval.

13. Consider and take necessary action to use Secure Tech Systems Inc. bid proposal for replacement of the Calhoun County Panic Button System and allow County Judge Richard Meyer to sign all pertinent documentation. Secure Tech is on the Buy Board. (RHM)

Sheriff Vickery explained bid and answered questions.

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

14. Consider and take necessary action to approve a proclamation declaring October 6-12, 2024 as National 4-H Week in Calhoun County. (RHM)

    Pass

15. Consider and take Necessary action to approve the contract with United Specialty Advertising, LLC to produce t-shirts free of charge for the Calhoun County Emergency Communication Division Employees. The shirts will include the Calhoun County Emergency Communication Division logo on the front and acquired Sponsor's Advertisements on back. Authorize the Calhoun County Emergency Communication Director to sign all required documents. (RHM)

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

16. Consider and take necessary action to approve a proposal from the Calhoun County Extension Office to the Matagorda Bay Mitigation Trust for funding to purchase a new 4WD pickup truck to be used by the Extension Office to deliver public education regarding the waterbodies and surrounding ecosystems and authorize the County Judge to sign the proposal. (RHM)

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

17. Accept Monthly Reports from the following County Offices:

    i. Tax Assessor- Collector – August 2024

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

18. 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

19. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:47am

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, October 9, 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

October 9, 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.

   Commissioner Lyssy reminds public to keep Florida in their prayers as they are in direct hit for the Category 5 Hurricane Milton.

5. Approve October 2, 2024 Commissioners' Court Meeting Minutes. (RHM)

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 Memorandum of Understanding (MOU) between The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the Calhoun County Sheriff's Office and allow the Sheriff to sign all necessary documents.

Sheriff Vickery explained the MOU and expressed the added resources will be beneficial for the County.

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

7. Consider and take necessary action to declare the items listed on the attached waste declaration form (12 Box Springs; 12 bed Frames; 3 mattresses) from EMS as waste and approve their disposal. (RHM)

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

8. Hear progress report from Calhoun County EMS Director regarding CCEMS & Girard & Associates QA/QI program. (RHM)

Dustin Jenkins explained and read a letter from the program director.

9. Consider and take necessary action to authorize Commissioner Reese to accept and sign proposal with Pest Solutions for Fire Ant Control at Bill Sanders Memorial Park for the playground equipment, sign, and all picnic tables in the amount of $1,000. (RHM)

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

10. Consider and take necessary action to apply for the Matagorda Bay Mitigation Trust Grant for Feral Hog Control for the prevention of water pollution. (RHM)

Hailey Hayes explained the grant would provide 6 traps for the County to help with the overpopulation of Feral Hogs.

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 any action deemed necessary to authorize Judge Meyer to sign Texas Enterprise Zone Reports for the reporting years of 2018, 2019 and 2020. (RHM)

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

12. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 1 – September, 2024
b) Justice of the Peace Pct 2 – September, 2024
c) Justice of the Peace Pct 4 – September, 2024
d) Justice of the Peace Pct 5 – September, 2024
e) Floodplain Administration – September, 2024

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

13. 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

14. 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

Adjourned 10:23am

06

6. Consider and take necessary action to approve the contract with Fun Abounds, Inc. for Bid No. 2024.08 - Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 for Calhoun County, Texas - Texas General Land Office Contract No. 20-065-064-C182 and Calhoun County 2020 CDBG-DR Contract Work Order No. E-1 and authorize the County Judge to sign. (DEH)

Scott Mason with G&W explained the bid.

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

ATTORNEY'S REVIEW CERTIFICATION

Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park
Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182
for Calhoun County, Texas

I, the undersigned, Arnold Hayden, the duly authorized and acting legal representative of the **Calhoun County**, do hereby certify as follows:

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

Attorney's signature: _____ Date: 10/16/24

Print Attorney's Name: Arnold Hayden

Texas State Bar Number: 24065390

Standard Form of Agreement for Construction Contracts

THIS AGREEMENT made this the **28th** day of **August, 2024**, by and between **fun abounds, Inc.** *a corporation organized and existing under the laws of the State of Texas* hereinafter called the "*Contractor*", and **CALHOUN COUNTY, TEXAS** hereinafter called the "*County*."

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

ARTICLE 1. Statement of Work. The Contractor shall furnish all supervision, technical personnel, labor, materials, machinery, tools, equipment and services, including utility and transportation services, and perform and complete all work required for the construction of the Improvements embraced in the Project; namely **Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas** for the Community Development Block Grant – Mitigation (CDBG- DR) project, all in strict accordance with the contract documents including all addenda thereto, Addendum No. 1, dated June 13, 2024 and Addendum No. 2, dated June 25, 2024, all as prepared by **G&W Engineers, Inc.** acting and in these contract documents preparation, referred to as the "*Engineer*".

ARTICLE 2. The Contract Price. The County will pay the Contractor for the performance of the Contract in current funds, for the total quantities of work performed at the *unit prices* stipulated in the Bid for the several respective items of work completed subject to additions and deductions in amount of **Seven Hundred Thousand Dollars and No Cents ($700,000.00)**.

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

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

ARTICLE 4. Performance. Work, in accordance with the Contract dated **August 28, 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 **150 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.

fun abounds, Inc.
(The Contractor)

By _____

Name/Title: Leigh Walden, President

CALHOUN COUNTY
(County)

By _____

Name/Title: Richard H. Meyer, County Judge

Corporate Certifications

I, Ellie Mason, certify that I am the Operations Mgr of the corporation named as Contractor herein; that Leigh Walden who signed this Agreement on behalf of the Contractor, was then President of said corporation; that said Agreement was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

Corporate Seal

Ellie Mason

(Corporate Secretary)

Please indicate above with N/A to all blanks above if LLC and authorized person signature at Corporate Secretary.

BID SCHEDULE Playground Option #1 *ORIGINAL SUBMITTED BID SCHEDULE*

PROJECT NAME: BID NO. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project - GLO Contract No. 20-065-064-C182

DUE DATE: JULY 2, 2024 BEFORE 2:00:00 P.M.

BIDDER NAME: fun abounds, Inc. - Payton Palmer-Newton

BASE WORK SCOPE: The project shall consist of demolition of existing EWF surface, reconstructing a new playground base material to receive geo-fabric and rubber surfacing, installation of three new shade structures, and a new playground equipment as more described in the contract documents and bid package.

BASE BID

Item #	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
1	MOBILIZATION, INSURANCE AND BONDS PER PLANS AND SPECIFICATIONS	LS	1	$7,306.00	$7,306.00
2	TEMPORARY PROJECT SIGNAGE PER PLANS AND SPECIFICATIONS	LS	1	$550.00	$550.00
3	DEMOLITION OF ENGINEERED WOOD FIBER (EWF) (APPOX. 12" THICK) AND TRANSFER TO AREAS WITHIN PARK PER PLANS AND SPECIFICATIONS.	SF	7,575	$1.35	$10,226.25
4	TYPE D, CRUSHED LIMESTONE, 8.5" THICK AFTER COMPACTED IN PLACE TO 95% COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$5.75	$43,556.25
5	GEO-GRID OR GEO-FABRIC INSTALLED ON TOP OF BASE MATERIAL COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$0.55	$4,166.25
6	RUBBER SURFACING 3.5" THICK COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$20.00	$151,500.00
7	NEW PLAYGROUND STRUCTURE(S) MEETING THE MINIMUM REQUIREMENTS AS SET FORTH IN THE PLANS AND SPECIFICATIONS AND WITHIN THE AREAS LISTED. THIS INCLUDES A SUPER STRUCTURE, SWING SET, MERRY-GO-ROUND, STEM PLAY, ELECTRONIC GAME AND MUSIC PLAY. CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED.	LS	1	$479,421.00	$479,421.00
8	TWO-POST HIP SHADE STRUCTURE (15' X 22' X 10') CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED. INCLUDES CUTTING EXISTING CONCRETE AS REQUIRED FOR FOUNDATION INSTALLATION.	EA	2	$13,150.00	$26,300.00
9	SINGLE-POST SQ SHADE STRUCTURE (16') CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED. INCLUDES CUTTING EXISTING CONCRETE AS REQUIRED FOR FOUNDATION INSTALLATION.	EA	1	$10,950.00	$10,950.00
				TOTAL BASE BID	**$733,975.75**

*Submission of a bid tab with "Clarifications" or "Exclusions" and/or any other stipulations will not be accepted. It shall be the bidder's responsibility to provide a complete bid and ask any questions necessary to clarify any bid items or relevant concerns within the questions period.

**The award will be based on the BASE BID and the Owner reserves the right to determine the most advantageous and best bid for the project.

***The Calhoun County Commissioners Court shall be the sole judge in determining which bid will be the most advantageous to Calhoun County.

NEGOTIATED FINAL BID SCHEDULE

BID SCHEDULE Playground Option #1

PROJECT NAME: BID NO. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project - GLO Contract No. 20-065-064-C182

DUE DATE: JULY 2, 2024 BEFORE 2:00:00 P.M.

BIDDER NAME: fun abounds, Inc. - Payton Palmer-Newton

BASE WORK SCOPE: The project shall consist of demolition of existing EWF surface, reconstructing a new playground base material to receive geo-fabric and rubber surfacing, installation of three new shade structures, and a new playground equipment as more described in the contract documents and bid package.

BASE BID

Item #	ITEM DESCRIPTION	ITEM UNIT	BID QUANTITY	UNIT PRICE	TOTAL BID PRICE
1	MOBILIZATION, INSURANCE AND BONDS PER PLANS AND SPECIFICATIONS	LS	1	$7,306.00	$7,306.00
2	TEMPORARY PROJECT SIGNAGE PER PLANS AND SPECIFICATIONS	LS	1	$550.00	$550.00
3	DEMOLITION OF ENGINEERED WOOD FIBER (EWF) (APPOX. 12" THICK) AND TRANSFER TO AREAS WITHIN PARK PER PLANS AND SPECIFICATIONS.	SF	7,575	$1.35	$10,226.25
4	TYPE D, CRUSHED LIMESTONE, 8.5" THICK AFTER COMPACTED IN PLACE TO 95% COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$5.75	$43,556.25
5	GEO-GRID OR GEO-FABRIC INSTALLED ON TOP OF BASE MATERIAL COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$0.55	$4,166.25
6	RUBBER SURFACING 3.5" THICK COMPLETE IN PLACE PER PLANS AND SPECIFICATIONS	SF	7,575	$20.00	$151,500.00
7	NEW PLAYGROUND STRUCTURE(S) MEETING THE MINIMUM REQUIREMENTS AS SET FORTH IN THE PLANS AND SPECIFICATIONS AND WITHIN THE AREAS LISTED. THIS INCLUDES A SUPER STRUCTURE, SWING SET, MERRY-GO-ROUND, STEM PLAY, ELECTRONIC GAME AND MUSIC PLAY. CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED.	LS	1	$445,445.25	$445,445.25
8	TWO-POST HIP SHADE STRUCTURE (15' X 22' X 10') CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED. INCLUDES CUTTING EXISTING CONCRETE AS REQUIRED FOR FOUNDATION INSTALLATION.	EA	2	$13,150.00	$26,300.00
9	SINGLE-POST SQ SHADE STRUCTURE (16') CORRISION RESISTANT PACKAGE REQUIRED AND WIND RESISTANT PACKAGE REQUIRED. INCLUDES CUTTING EXISTING CONCRETE AS REQUIRED FOR FOUNDATION INSTALLATION.	EA	1	$10,950.00	$10,950.00
				TOTAL BASE BID	$700,000.00

*Submission of a bid tab with "Clarifications" or "Exclusions" and/or any other stipulations will not be accepted. It shall be the bidder's responsibility to provide a complete bid and ask any questions necessary to clarify any bid items or relevant concerns within the questions period.

**The award will be based on the BASE BID and the Owner reserves the right to determine the most advantageous and best bid for the project.

***The Calhoun County Commissioners Court shall be the sole judge in determining which bid will be the most advantageous to Calhoun County.

SPECIFICATION NOTES

The project shall consist of demolition of existing EWF surface, reconstructing a new playground base material to receive geo-fabric and rubber surfacing, installation of three new shade structures, and a new playground equipment as more described in the contract documents and bid package.

The BIDDER, in compliance with the invitation for bids for **Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas**, 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 bid is a part. These price(s) are firm and shall not be subject to adjustment provided this bid is accepted within sixty (60) days after the time set for receipt of bids.

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** 150 **consecutive calendar days** as stipulated in the specifications. BIDDER further agrees to pay as liquidated damages, the sum of $500.00 for each consecutive calendar day.

I hereby acknowledge the receipt of the following addenda:

1. 2024.08 LCB Playground Phase 2 - Addendum No. 1 - Recieved 6/13/2024
2. 2024.08 LCB Playground Phase 2 - Addendum No. 2 - Recieved 6/25/2024

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
Installation	Premier Outdoor Installations
Rubber Surfacing	Spectraturf

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: fun abounds, Inc. - Payton Palmer-Newton

Address: 114 Venice Street, Sugar Land, TX 77478

Phone: 361-230-3006

EIN or Tax ID No.: 36-4766562

Signature: Ellie Mason

Name and Title: Office Manager

Email: ellie@fabplaygrounds.com

PAYMENT BOND

Bond No. 101267570

KNOW ALL MEN BY THESE PRESENTS that:

fun abounds, Inc.

(Name of Contractor or Company)

114 Venice Street, Sugar Land, TX 77478

(Address)

a Corporation, hereinafter called Principal,

(Corporation / Partnership)

and Merchants National Bonding Inc.

(Name of Surety Company)

PO Box 14498, Des Moines, IA 50306

(Address)

hereinafter called Surety, are held and firmly bound unto

Calhoun County, Texas

(Name of Recipient)

211 South Ann Street, Third Floor, Ste. 301, Port Lavaca, Texas

(Recipient's Address)

hereinafter called OWNER, in the penal sum of $ Seven Hundred Thousand and zero cents

Dollars, $ 700,000.00 in lawful money of the United States, for this payment of which sum well and truly to be made, we bind ourselves, successors, and assigns, jointly and severally, firmly by these presents.

THE CONFIDENTIALITY OF THIS OBLIGATION is such that whereas, the Principal entered into a certain contract with the OWNER, dated the 28th day of August, 2024, a copy of which is hereto attached and made a part hereof for the construction of:

Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas

(Project Name)

NOW, THEREFORE, if the Principal shall promptly make payment to all persons, firms, SUB-CONTRACTORS, and corporations furnishing materials for or performing labor in the prosecution of the WORK provided for in such contract, and any authorized extension or modification thereof, including all amounts due for materials, lubricants, oil, gasoline, coal and coke, repairs on machinery, equipment and tools, consumed or used in connection with the construction of such WORK, and all insurance premiums on said WORK, and for all labor, performed in such WORK whether by SUB-CONTRACTOR or otherwise, then this obligation shall be void; otherwise to remain in full force and effect.

PROVIDED, FURTHER, that the said Surety, for value received hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the contract or to WORK to be performed thereunder or the SPECIFICATIONS accompanying the same shall in any way affect its obligation on this BOND, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the contract or to the WORK or to the SPECIFICATIONS.

PROVIDED, FURTHER, that no final settlement between the OWNER and the CONTRACTOR shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

IN WITNESS WHEREOF, this instrument is executed in _____ counter-parts, each on of (Number) which shall be deemed an original, this the 12th day of September, 2024.

ATTEST: fun abounds, Inc.

(Principal)

Ellie Mason By _____ (s)

(Principal Secretary)

(SEAL)

Joanna Barnett 114 Venice Street, Sugar Land, TX 77478

(Witness as to Principal) (Address)

_____ _____

(Address)

ATTEST: Merchants National Bonding Inc.

(Surety)

_____ By _____

(Witness as to Surety Michael Hotchkiss) (Attorney in Fact) Maryana Zhuk

13430 NW Freeway, Ste 600, Houston, TX 77040 PO Box 14498, Des Moines, IA 50306

(Address) (Address)

NOTE: Date of BOND must not be prior to date of Contract. If CONTRACTOR is Partnership, all partners should execute BOND.

PERFORMANCE BOND

Bond No. 101267570

KNOW ALL MEN BY THESE PRESENTS that:

fun abounds, Inc.

(Name of Contractor or Company)

114 Venice Street, Sugar Land, TX 77478

(Address)

a Corporation hereinafter called Principal, and

Merchants National Bonding Inc.

(Name of Surety Company)

PO Box 14498, Des Moines, IA 50306

(Address)

hereinafter called Surety, are held and firmly bound unto

Calhoun County, Texas

(Name of County)

211 South Ann Street, Third Floor, Ste. 301, Port Lavaca, Texas

(County's Address)

hereinafter called OWNER, in the penal sum of $ Seven Hundred Thousand and zero cents

Dollars ($700,000.00) in lawful money of the United States, for the payment of which sum well and truly to be made we bind ourselves, successors, and assigns, jointly and severally, firmly in these presents.

THE CONDITION OF THIS OBLIGATION is such that whereas, the Principal entered into a certain contract with the OWNER dated the 28th day of August, 2024, a copy of which is hereto attached and made a part hereof for the construction of:

Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas

NOW THEREFORE, if the Principal shall well, truly and faithfully perform its duties in all the undertakings, covenants, terms, conditions, and agreements of said contract during the original term thereof, and any extensions thereof which may be granted by the OWNER, with or without notice to the Surety and during the one year guaranty period, and if he shall satisfy all claims and demands incurred under such contract, and shall fully indemnify and save harmless the OWNER from all costs and damages which it may suffer by reason of failure to do so, and shall reimburse and repay the OWNER all outlay and expense which the OWNER may incur in making good any default, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED FURTHER, that the said Surety, for value received hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the contract or to WORK to be performed thereunder or the SPECIFICATIONS accompanying the same shall in any way affect its obligation on this BOND, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the contract or to the WORK or to the SPECIFICATIONS.

PROVIDED, FURTHER, that no final settlement between the OWNER and the Principal shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

IN WITNESS WHEREOF, this instrument is executed in _____ counterparts,

each one of which shall be deemed an original, this the 12th day of September,

2024.

ATTEST: fun abounds, Inc.

(Principal)

Ellie Mason By _____(s)

(Principal Secretary)

(SEAL)

Joanna Ramirez 114 Venice Street, Sugar Land, TX 77478

(Witness as to Principal) (Address)

_____ _____

(Address)

_____

ATTEST: Merchants National Bonding Inc.

(Surety)

_____ By _____

(Witness as to Surety) Michael Hotchkiss (Attorney in Fact) Maryana Zhuk

13430 NW Freeway, Ste 600, Houston, TX 77040 PO Box 14498, Des Moines, IA 50306

(Address) (Address)

NOTE: Date of BOND must not be prior to date of Contract. If PRINCIPAL/CONTRACTOR is Partnership, all partners should execute BOND.

MERCHANTS BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, d/b/a Merchants National Indemnity Company (in California only) (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Maryana Zhuk

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and April 27, 2024 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015 and amended on April 27, 2024.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 12th day of September , 2024 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
***d/b/a* MERCHANTS NATIONAL INDEMNITY COMPANY**

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 12th day of September , 2024 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

Penni Miller
Commission Number 787952
My Commission Expires
January 20, 2027

Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 12th day of September , 2024 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

Secretary

POA 0018 (6/24)

MERCHANTS BONDING COMPANY (MUTUAL) • MERCHANTS NATIONAL BONDING, INC.
P.O. BOX 14498 • DES MOINES, IOWA 50306-3498 • (800) 678-8171 • (515) 243-3854 FAX

Please send all notices of claim on this bond to:

Merchants Bonding Company (Mutual) / Merchants National Bonding, Inc.
P.O. Box 14498
Des Moines, Iowa 50306-3498

(515) 243-8171
(800) 678-8171

Physical Address: 6700 Westown Parkway, West Des Moines, Iowa 50266

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER
Hotchkiss Insurance Agency, LLC
13430 Northwest Freeway
Suite 600
Houston TX 77040

CONTACT NAME:
PHONE (A/C, No, Ext): 800-899-9810 **FAX (A/C, No):** 713-956-0331
E-MAIL ADDRESS: certs@hiallc.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Central Mutual Insurance Company	20230
INSURER B : Texas Mutual Insurance Company	22945
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED FUNABOU-01
fun abounds, inc
114 Venice Street
Sugar Land TX 77478

COVERAGES **CERTIFICATE NUMBER:** 1889719976 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			CLP8997805	4/19/2024	4/19/2025	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 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			BAP8998130	4/19/2024	4/19/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 0			CXS8998131	4/19/2024	4/19/2025	EACH OCCURRENCE AGGREGATE 	$ 2,000,000 $ 2,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [Y] Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		0001321422	3/9/2024	3/9/2025	X PER STATUTE [ ] 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The general liability policy includes additional insured endorsements, (8-1932 07/14) that provides additional insured status for ongoing and completed operations to the certificate holder only when required by written contract.
The auto policy includes a blanket additional insured endorsement when required by written contract per (3-2546 11/20).
The auto policy includes a special endorsement with Primary and Noncontributory wording, per (CA0449 11/16).
The general liability, auto and workers compensation policies includes a blanket waiver of subrogation endorsement when required by written contract.
The general liability policy includes a special endorsement with Primary and Noncontributory wording as required by written contract (8-1834 12/04).
The workers compensation policy excludes coverage for Leigh Walden per endorsement WC420308.

CERTIFICATE HOLDER
Calhoun County
West Austin Street
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
Kurt G. Hotchkiss

TexasMutual®
WORKERS' COMPENSATION INSURANCE

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY

WC 42 03 04 B
Agent copy

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

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

The premium for this endorsement is shown in the Schedule.

Schedule

1. ( ) Specific Waiver
   Name of person or organization
   (X) Blanket Waiver
   Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Texas operations
3. Premium:
   The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)
This endorsement, effective on 3/9/24 **at 12:01 a.m.** standard time, forms a part of:

Policy no. 0001321422 of Texas Mutual Insurance Company effective on 3/9/24

Issued to: FUN ABOUNDS INC

Jeanette Ward

This is not a bill

Authorized representative

NCCI Carrier Code: 29939

2/26/24

PO Box 12058, Austin, TX 78711-2058
texasmutual.com | (800) 859-5995 | Fax (800) 359-0650

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

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

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

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

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

B. The following is added to the **Other Insurance** Condition in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BAP PLUS COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the:

BUSINESS AUTO COVERAGE FORM

These coverages are subject to the terms and conditions applicable to coverage in this policy except as provided below.

A. Hired Auto Physical Damage Coverage

1. If hired "autos" are covered "autos" for Liability Coverage in this policy or another policy provided by us and if Comprehensive, Specified Causes of Loss or Collision coverages are provided under this coverage form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit.

   The most we will pay for "loss" to any hired "auto" is **$75,000** or Actual Cash Value or Cost of Repair, whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Subject to the above limit, and deductible, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

2. Changes In Liability Coverage:

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

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

3. Changes In General Conditions:

   Paragraph **5.b.** of the Other Insurance Condition in the Business Auto and Business Auto Physical Damage Coverage Forms are replaced by the following:

   For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:

   1. Any covered "auto" you lease, hire, rent or borrow; and
   2. Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

   However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto."

B. Hired Auto Physical Damage - Additional Loss of Use Expenses

Paragraph **A.4.b.** of **SECTION III -PHYSICAL DAMAGE COVERAGE** is amended to provide a limit of **$85 per day** and a **maximum limit of $1,350.**

C. Physical Damage - Additional Transportation Expense Coverage

Paragraph **A.4.a.** of **SECTION III - PHYSICAL DAMAGE COVERAGE** is amended to provide a limit of **$50 per day** and a **maximum limit of $1,000.**

D. Towing and Labor Costs Coverage

We will pay up to $200 for towing and labor costs incurred each time an owned "auto" is disabled. However, the labor must be performed at the place of disablement.

E. Parked Auto Collision Coverage (Waiver of Deductible) The deductible does not apply to "loss" caused by collision to such covered "auto" while it is:

1. In the charge of an "insured";
2. Legally parked; and
3. Unoccupied.

The total amount of the damage to the covered "auto" must exceed the deductible shown in the Declarations or Change Endorsement.

This provision does not apply to any "loss" if the covered "auto" is in the charge of any person or organization engaged in the automobile business.

F. Rental Reimbursement Coverage

When there is a "loss" to a covered "auto," we will pay for rental reimbursement expenses incurred by you for the rental of an "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductibles apply to this coverage.

This coverage applies only:

1. For those expenses incurred during the policy period beginning 24 hours after the loss;
2. To necessary and actual expenses incurred;
3. To a "loss" for which we also pay a "loss" under Physical Damage Coverage - Comprehensive Coverage, Specified Causes of Loss Coverage or Collision Coverage; and
4. If there are no spare or reserve "autos" available to you for your operations.

Our payment will be limited to that period of time reasonably required to repair or replace the covered "auto." We will pay up to **$75 per day** to a **maximum of $1,500.** If "loss" results from total theft of a covered "auto" we will pay under this coverage only that amount of rental reimbursement expenses which are not already provided under the Physical Damage Coverage Extension.

G. Difference in Value Coverage - Loan/Lease Gap

1. **PHYSICAL DAMAGE COVERAGE,** is amended by the addition of the following:
   a. In the event of a total "loss" to a covered "auto", we will pay any unpaid amount due on the lease or loan for a covered "auto", less:
   1) The amount paid under the Policy's Physical Damage Coverage; and
   2) Any:
      i) Overdue or any deferred loan/lease payments at the time of "loss";
      ii) Financial penalties imposed under the lease for excessive use, abnormal wear and tear or high mileage;
      iii) Security deposits not returned by the lessor;
      iv) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
      v) Carry-over balances from previous loans or leases.

For the purposes of this endorsement, the following is added to the Other Insurance Condition in the Business Auto Coverage Form:

The insurance provided by this Auto Loan/Lease GAP Coverage is excess over any other collectible insurance including but not limited to any coverage provided by or purchased from the lessor or any financial institution.

H. Glass Repair - Waiver of Deductible

Under Paragraph **D. - Deductible of SECTION III - PHYSICAL DAMAGE COVERAGE**, the following is added:

No deductible applies to the cost of repairing or replacing damaged glass.

I. Employees as Insureds Paragraph **A.1 - Who is an Insured of SECTION II - COVERED AUTOS LIABILITY COVERAGE** is amended to add:

d. Any employee of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs. Coverage is excess over any other collectible insurance.

J. Fellow Employee Coverage

The Fellow Employee Exclusion contained in **SECTION II - COVERED AUTOS LIABILITY COVERAGE** does not apply.

K. Doubled Automobile Medical Payments Coverage

If you have purchased Automobile Medical Payments Coverage, the limit of insurance for that coverage as shown in the Declarations or Change Endorsement will be doubled in the event an "insured" is injured in an "accident" while within an "auto" and is:

1. Wearing a seat belt; or
2. The "auto" is equipped with passive restraints.

L. Waiver Of Transfer Of Rights Of Recovery Against Others To Us

The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US, SECTION IV CONDITION 5.**, is amended by the addition of the following:

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to any person(s) or organization(s) for whom you are required to waive subrogation with respect to the coverage provided under this Coverage Form, but only to the extent that subrogation is waived:

1. Under a written contract or agreement with such person(s) or organization(s); and
2. Prior to the "accident" or the "loss".

M. Additional Insured - Automatic Status

1. Any "leased auto" will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. Paragraph **A.1 - Who is an Insured of SECTION II - COVERED AUTOS LIABILITY COVERAGE** is amended to include as an insured any person or organization (called additional insured) whom you are required to add as an additional insured on this policy under:
   A written contract, permit or agreement, and
   a. Currently in effect or becoming effective during the term of this policy; and
   b. Executed prior to the "bodily injury," "property damage," "personal injury and advertising injury."
3. The insurance provided to the additional insured is limited as follows:
   a. The Limits of Insurance applicable to the additional insured are those specified in the written contract or agreement or in the Declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.
4. **Additional Definition**

   As used in this endorsement:

   "Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

N. Loss Payee - Lessor

1. We will pay, as interest may appear, you and the lessor for "loss" to a "leased auto."
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omission on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.
4. **Additional Definition**

   As used in this endorsement:

   "Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

O. **Tapes, Records and Discs Coverage SECTION III - PHYSICAL DAMAGE COVERAGE** is amended as follows:

1. The exclusion referring to tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment does not apply.
2. The following is added to Paragraph A. Coverage:

   Under Comprehensive Coverage we will pay for "loss" to tapes, records, discs or other similar devices used with audio, visual or data electronic equipment. We will pay only if the tapes, records, discs or other similar audio, visual or data electronic devices:

   a. Are your property or that of a family member, and

   b. Are in a covered "auto" at the time of "loss."
3. The most we will pay for "loss" is $250.
4. No Physical Damage Coverage deductible applies to this coverage.

P. **Audio, Visual and Data Electronic Equipment Coverage**

SECTION III - PHYSICAL DAMAGE COVERAGE is amended as follows:

1. The sublimit in Paragraph **C.1.b.** of the Limit Of Insurance provision is increased to $2,500.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF PRIMARY AND EXCESS PROVISIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be either primary or primary and noncontributing. Where required by contract, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS GENERAL LIABILITY PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This endorsement amends the policy by adding the following; please read each section carefully.

EMPLOYEE BENEFITS LIABILITY COVERAGE
ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - AUTOMATIC STATUS
ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES - AUTOMATIC STATUS
ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT - AUTOMATIC STATUS
ADDITIONAL INSURED - VENDORS - AUTOMATIC STATUS
INCLUDE DIRECTORS OR TRUSTEES ON COMMITTEES AS EMPLOYEES
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHER TO US
NEWLY FORMED OR ACQUIRED ORGANIZATIONS
NOTICE OF OCCURRENCE, KNOWLEDGE OF OCCURRENCE, UNINTENTIONAL OMISSION
VOLUNTARY PROPERTY DAMAGE
NON-OWNED WATERCRAFT AND NON-OWNED AIRCRAFT LIABILITY
FIRE, SPRINKLER LEAKAGE OR EXPLOSION
POLLUTION COVERAGE FOR UPSET OF MOBILE EQUIPMENT
AGGREGATE LIMITS OF INSURANCE AMENDMENT
SUPPLEMENTARY PAYMENTS - HIGHER LIMITS
REASONABLE FORCE EXPANSION - PROPERTY DAMAGE
LOST KEY COVERAGE
PERSONAL AND ADVERTISING INJURY DEFINITION AMENDED

These modifications are subject to the terms and conditions applicable to coverage in the policy except as provided below.

A. Employee Benefits Liability Coverage

The following is added to Section I - Coverages: EMPLOYEE BENEFITS LIABILITY COVERAGE.

1. Insuring Agreement.

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of any act, error or omission of the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any report of an act, error or omission and settle any "claim" or "suit" that may result. But:

1) The amount we will pay for damages is limited as described in SECTION **III** LIMITS OF INSURANCE for Employee Benefits Liability Coverage and

2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies to damages only if:

1) The act, error or omission is negligently committed in the "administration" of your "employee benefit program";

2) The act, error or omission is caused by an "occurrence" that takes place in the "coverage territory"; and

3) The act, error or omission occurs during the policy period.

2. Exclusions

This insurance does not apply to:

a. Dishonesty or Fraud

Damages arising out of any dishonest, fraudulent or malicious act or omission, committed by any insured, including the willful or reckless violation of any statute.

b. Bodily Injury, Property Damage, or Personal and Advertising Injury

"Bodily injury," "property damage" or "personal and advertising injury."

c. Failure to Perform a Contract

Damages arising out of failure of performance of contract by any insurer.

d. Insufficiency of Funds

Damages arising out of an insufficiency of funds to meet any obligations under any plan included in the "employee benefit program."

e. Inadequacy of Performance of Investment/Advice Given to Participate

Any "claim" or "suit" based upon:

1) Failure of any investment to perform;
2) Errors in providing information on past performance of investment vehicles; or
3) Advice given to any person to participate or not to participate in any plan included in the "employee benefit program."

f. Workers Compensation and Similar Laws

Damages arising out of any "claim" related to any workers compensation, unemployment compensation insurance, social security or disability benefits law or any similar law.

g. ERISA

Damages for which the insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or any similar federal, state or local laws.

h. Available Benefits

Any "claim" for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the insured, from the applicable funds accrued or other collectible insurance.

i. Taxes, Fines or Penalties

1) Taxes, fines or penalties, including those imposed under the Internal Revenue Code or any similar state or local law; or
2) Loss or damages arising out of the imposition of such taxes, fines or penalties.

j. Employment-Related Practices

Damages arising out of wrongful termination of employment, discrimination, or other employment-related practices.

3. Supplementary Payments - Coverages A and B

For the purposes of the coverage provided by Employee Benefits Liability Coverage, the Supplementary Payments - Coverages **A** and **B** apply except for Paragraphs **1.b.** and **2.**

SECTION II - WHO IS AN INSURED, Paragraphs **2.** and **3.** are replaced by the following for Employee Benefits Liability Coverage:

2. Each of the following is also an insured:

a. Each of your "employees" who is or was authorized to administer your "employee benefit program."

b. Any persons, organizations or "employees" having proper temporary authorization to administer your "employee benefit program" if you die, but only until your legal representative is appointed.

c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Endorsement.

3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

b. Coverage under this provision does not apply to any act, error or omission that occurred before you acquired or formed the organization.

SECTION III - LIMITS OF INSURANCE is replaced by the following for the Employee Benefits Liability Coverage:

1) The Limits of Insurance shown below and the rules below fix the most we will pay regardless of the number of:
   a) Insureds;
   b) "Claims" made or "suits" brought;
   c) Persons or organizations making "claims" or bringing "suits";
   d) Acts, error or omissions which result in loss; or
   e) Benefits included in your "employee benefit program."
2) $2,000,000 is the most we will pay for all damages because of acts, errors or omissions committed in the "administration" of your "employee benefit program."
3) Subject to the above Limit, $1,000,000 is the most we will pay for all damages sustained by any one "employee," including damages sustained by such "employee's" dependents and beneficiaries, as a result of:
   a) An act, error or omission; or
   b) A series of acts, errors or omissions

   negligently committed in the "administration" of your "employee benefit program."

   However, the amount paid under this endorsement shall not exceed, and will be subject to, the limits and restrictions that apply to the payment of benefits in any plan included in the "employee benefit program."

The Limits of Insurance of this endorsement apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations of the policy to which this endorsement is attached, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

4. Deductible

a. Our obligation to pay damages on behalf of the insured applies only to the amount of damages in excess of $1,000. The limits of insurance shall not be reduced by the amount of this deductible.

b. The deductible amount applies to all damages sustained by any one "employee," including such "employee's" dependents and beneficiaries, because of all acts, errors or omissions to which this insurance applies.

c. The terms of this insurance, including those with respect to:
   1) Our right and duty to defend any "suits" seeking those damages; and
   2) Your duties, and the duties of any other involved insured, in the event of an act, error or omission, "claim" or "suit"

   apply irrespective of the application of the deductible amount.

d. We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as we have paid.

SECTION IV - CONDITIONS, Paragraphs **2.** and **4.** are replaced by the following for the Employee Benefits Liability Coverage:

2. Duties In The Event Of An Act, Error or Omission, "Claim" Or "Suit"

a. You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a "claim." To the extent possible, notice should include:
   1) What the act, error or omission was and when it occurred; and
   2) The names and addresses of anyone who may suffer damages as a result of the act, error or omission.

b. If a "claim" is made or "suit" is brought against any insured, you must:
   1) Immediately record the specifics of the "claims" or "suit" and the date received; and
   2) Notify us as soon as practicable.

   You must see to it that we receive written notice of the "claim" or "suit" as soon as practicable.

c. You and any other involved insured must:

1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim" or "suit";
2) Authorize us to obtain records and other information;
3) Cooperate with us in the investigation or settlement of the "claim" or defense against the "suit"; and
4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of an act, error or omission to which this insurance may also apply.

d. No insured will, except at the insured's own cost, voluntarily make a payment, assume any obligation or incur any expense without our consent.

4. **Other Insurance**

If other valid and collectible insurance is available to the insured for a loss we cover under this endorsement, our obligations are limited as follows:

a. **Primary Insurance**

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below.

b. **Excess Insurance**

Any other primary insurance available to you covering acts, errors or omissions for which you have been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit." If no other insurer defends, we may undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

1) The total amount that all such other insurance would pay for the loss in absence of this insurance; and
2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown.

c. **Method of Sharing**

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

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

SECTION V - DEFINITIONS is amended by adding the following definitions for Employee Benefits Liability Coverage:

1. "Administration" means:

a. Providing information to "employees," including their dependents and beneficiaries, with respect to eligibility for or scope of "employee benefit programs";
b. Handling records in connection with the "employee benefit program"; or
c. Effecting, continuing or terminating any "employee's" participation in any benefit included in the "employee benefit program."

However, "administration" does not include handling payroll deductions.

2. "Cafeteria plans" means plans authorized by the applicable law to allow employees to elect to pay for certain benefits with pre-tax dollars.

3. "Claim" means any demand, or "suit," made by an "employee" or an "employee's" dependents and beneficiaries, for damages as the result of an act, error or omission.
4. "Employee benefit program" means a program providing some or all of the following benefits to "employees," whether provided through a "cafeteria plan" or otherwise.
   a. Group life insurance; group accident or health insurance; dental, vision and hearing plans; and flexible spending accounts; provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to those "employees" who satisfy the plan's eligibility requirements;
   b. Profit sharing plans, employee savings plans, employee stock ownership plans, pension plans and stock subscription plans, provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to all "employees" who are eligible for such benefits;
   c. Unemployment insurance, social security benefits, workers compensation and disability benefits;
   d. Vacation plans, including buy and sell programs; leave of absence programs, including military, maternity, family and civil leave; tuition assistance plans; transportation and health club subsidies.

SECTION V - DEFINITIONS - the definition of "employee" and "suit" is replaced for Employee Benefits Liability Coverage by the following:

"Employee" means a person actively employed, formerly employed, on leave of absence or disabled, or retired. "Employee" includes a "leased worker." "Employee" does not include a "temporary worker."

"Suit" means a civil proceeding in which damages because of an act, error or omission to which this insurance applies are alleged. "Suit" includes:

a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

B. Additional Insured - Owners, Lessees, or Contractors - Automatic Status (not applicable to Employee Benefits Liability Coverage)

1. Section **II** - Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy and any other person or organization you are required to add as an additional insured under the contract or agreement. Such person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
   a. Your acts or omissions; or
   b. The acts or omissions of those acting on your behalf;

   in the performance of your ongoing operations for the additional insured.

   Except as provided for in the exception to **2.b.** below, a person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

   However, the insurance afforded to such additional insured described above:

   a. only applies to the extent permitted by law; and
   b. will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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

   This insurance does not apply to:

   a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
      1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions,

reports, surveys, field orders, change orders or drawings and specifications; or

2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or failure to render, any professional architectural, engineering or surveying services.

b. "Bodily injury" or "property damage" occurring after:

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

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

However, exclusion **b.** does not apply when in conflict with the requirements of a written contract or agreement.

3. The most we will pay on behalf of the additional insured is the amount of insurance required by the contract or agreement you have entered into with the additional insured or the amount of insurance available under the applicable Limits of Insurance shown in the Declarations or Change Endorsement, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations or Change Endorsement.

C. Additional Insured - Managers or Lessors of Premises - Automatic Status (not applicable to Employee Benefits Liability Coverage)

1. Section **II** - Who Is An Insured is amended to include as an insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

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

b. Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured.

However, the insurance afforded to such additional insured described above:

a. only applies to the extent permitted by law; and

b. will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. The most we will pay on behalf of the additional insured is the amount of insurance required by the contract or agreement you have entered into with the additional insured or the amount of insurance available under the applicable Limits of Insurance shown in the Declarations or Change Endorsement, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations or Change Endorsement.

D. Additional Insured - Lessor of Leased Equipment - Automatic Status (not applicable to Employee Benefits Liability Coverage)

1. Section **II** - Who Is An Insured is amended to include as an additional insured any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

However, the insurance afforded to such additional insured described above:

a. only applies to the extent permitted by law; and

b. will not be broader than that which you are required by the contract or agreement to provide for

such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

2. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
3. The most we will pay on behalf of the additional insured is the amount of insurance required by the contract or agreement you have entered into with the additional insured or the amount of insurance available under the applicable Limits of Insurance shown in the Declarations or Change Endorsement, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations or Change Endorsement.

E. Additional Insured Vendors - Automatic Status (not applicable to Employee Benefits Liability Coverage)

1. Section **II** - Who Is An Insured is amended to include as an insured any person or organization (referred to below as vendor) when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule, Declarations or Change Endorsement which are distributed or sold in the regular course of the vendor's business.

   However, the insurance afforded to such additional insured described above:

   a. only applies to the extent permitted by law; and

   b. will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. With respect to the insurance afforded to these vendors, the following additional exclusions apply:

   a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

   b. An express warranty unauthorized by you;

   c. Any physical or chemical change in the product made intentionally by the vendor;

   d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

   e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

   f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

   g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

   h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

      1) The exceptions contained in Sub-paragraphs **d.** or **f.**; or

      2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

3. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
4. The most we will pay on behalf of the vendor is the amount of insurance required by the contract or agreement you have entered into with the additional insured or the amount of insurance available under the applicable Limits of Insurance shown in the Declarations or Change Endorsement, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations or Change Endorsement.

F. Include Directors Or Trustees On Committees As Employees (not applicable to Employee Benefits Liability Coverage)

SECTION V - DEFINITIONS is amended by the addition of the following to definition **5.**:

"Employee" also includes any of your directors or trustees acting as a member of any of your elected or appointed committees to perform on your behalf specific, as distinguished from general, directorial acts.

G. Waiver Of Transfer Of Rights Of Recovery Against Others To Us

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US, SECTION **IV** CONDITION **8.**, is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard." This waiver applies only to the person or organization which, before the loss, you have agreed in writing to waive your right of recovery.

H. Newly Formed or Acquired Organizations (not applicable to Employee Benefits Liability Coverage)

SECTION II - WHO IS AN INSURED is amended to include any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

1. Coverage under this provision is afforded only until 180 days after you acquire or form theorganization or the end of the policy period, whichever is earlier.
2. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
3. Coverage B does not apply to "personal injury and advertising injury" arising out of an offense committed before you acquired or formed the organization.

I. Notice Of Occurrence, Knowledge of Occurrence, Unintentional Omission

The following is added to SECTION IV.2. - DUTIES IN THE EVENT OF OCCURRENCE, OFFENSE, CLAIM OR SUIT:

e. Notice of Accident/Occurrence

When you report to your Workers Compensation carrier the occurrence of any accident which later develops into a liability claim covered under this policy, failure to report the accident to us at the time of occurrence is not in violation of the Conditions of this policy. However, as soon as you are definitely made aware of the fact that the particular accident is a liability claim rather than a Workers Compensation claim prompt notification must be given to us.

f. Unintentional Errors and Omissions

The insurance afforded by this policy is not invalidated by any unintentional errors, omissions or improper description of premises or your unintentional failure to disclose all hazards existing at inception date of the policy.

g. Knowledge of Accident/Occurrence

Knowledge of an accident/occurrence by your agent, servant or employee is not knowledge by you unless an executive officer of your Corporation received such notice from its agent, servant or employee.

J. Voluntary Property Damage

1. We will pay, at your request, for loss due to "Property Damage" to property of others caused by you, or while in your possession, arising out of your business operations.
2. "Loss" means unintentional damage or destruction but does not include disappearance, theft, or loss of use.
3. Limits of Insurance - The most we will pay for "loss" under the Voluntary Property Damage is **$2,500** for each "occurrence." The most we will pay for the sum of all damages because of "Property Damage" is an annual policy aggregate limit of **$25,000.**
4. Deductible - We will not pay for "loss" in any one "occurrence" until the amount of "loss" exceeds **$250.**

We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as we have paid.

5. The insurance under the Voluntary Property Damage shall not apply:

a. To "loss" of property at premises owned, rented, leased, operated, or used by you;

b. To "loss" of property while in transit;

c. To "loss" of property owned by, rented to, leased to, borrowed by or used by you;

d. To the cost of repairing or replacing (1) any work defectively or incorrectly done, (2) any product manufactured, sold or supplied by you, unless the "Property Damage" is caused directly by you after delivery of the product or completion of the work and resulting from a subsequent undertaking;

e. To "loss" of property included within the "Products/Completed Operations Hazard";

f. To "loss" of property which is an "auto" or "mobile equipment."

g. To "loss" of property caused by "pollutants."

6. In the event of "loss" covered by this endorsement, you shall, if requested by us, replace the property or furnish the labor and materials necessary for repairs thereto at your actual cost, excluding profit or overhead charges.

K. Non-Owned Watercraft Liability and Non-Owned Aircraft Liability

SECTION I - COVERAGE A, exclusion **2.g.** is replaced by the following:

g. "Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operations and "loading or unloading." This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

1) A watercraft while ashore on premises you own or rent;

2) A watercraft you do not own that is:

a) Less than 60 feet long; and

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

3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided that "auto" is not owned by or rented or loaned to you or the insured;

4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

5) "Bodily injury" or "property damage" arising out of:

a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or

b) The operation of any of the machinery or equipment listed in paragraph f.2) or f.3) of the definition of "mobile equipment."

L. Fire, Sprinkler Leakage Or Explosion

1. SECTION I - GENERAL LIABILITY COVERAGES is amended as follows:

a. The last paragraph of **2. Exclusions** under **A. Bodily Injury and Property Damage Liability** is replaced by the following:

Exclusions c. through q. do not apply to damage by fire, sprinkler leakage or explosion to premises while rented to you or temporarily occupied by you with permission of the owner.

A separate limit of insurance applies to this coverage as described in Section III - Limits of Insurance.

But the Limit for Damage to Premises Rented To You shown in the Declaration will apply to all damage proximately caused by the same event, whether such damage results from fire, sprinkler leakage or explosion or any combination of the three.

b. **Section III - Limits of Insurance** is amended to replace paragraph 6. with the following:

6. Subject to Paragraph 5. above, the Damage To Premises Rented to You Limit is the most we will pay under Paragraph A. Bodily Injury And Property Damage Liability for damages

because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, sprinkler leakage, or explosion, while rented to you or temporarily occupied by you with permission of the owner.

But the Limit of Insurance shown in the Declaration will apply to all damage proximately caused by the same event whether such damage results from fire, sprinker leakage or explosion or any combination of the three.

2. The Damage to Premises Rented To You Limit is $300,000 unless a higher limit is shown on the declaration or change endorsement.
3. Paragraph 4.b. of the Other Insurance is amended as follows:
   The term "Fire" in Paragraph B. (1)(a)(i) is replaced by "Fire, Sprinkler Leakage, or Explosion"
4. Section 9.a. under SECTION V - DEFINITIONS is amended as follows:
   The term "fire" is replaced by "fire, sprinkler leakage, or explosion"

M. Pollution Coverage For Upset of Mobile Equipment

The Insuring Agreement for "property damage" liability with respect to your operations is extended as follows:

1. We will pay those sums which you become legally obligated to pay for "property damage" caused directly by immediate, abrupt and accidental upset, overturn or collision of your "mobile equipment" while transporting "pollutants" which are intended for and normally used in your operations. The operations must be in compliance with local, state, and federal ordinances and laws.
2. **EXCLUSIONS**

   a. With regard only to the coverage provided by this extension K., SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, f. is deleted and replaced by the following for this extension only:

      f. Pollution

      Any loss, cost or expense arising out of any:

      1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

      2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants."

      3) Premises, site or location which is or was at any time owned, rented or loaned to any insured.

N. Aggregate Limits Of Insurance (not applicable to Employee Benefits Liability Coverage)

The General Aggregate Limit under SECTION III - LIMITS OF INSURANCE, Paragraph 2. applies separately to each of your "location(s)" owned by or rented to you or "project(s)" away from "location(s)" owned by or rented to you.

"Location" and/or "project" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

O. Supplementary Payments - Higher Limits

Under SECTION I - SUPPLEMENTARY PAYMENTS - COVERAGES A AND B:

Paragraph **1.b.** is replaced by the following:

Up to $2000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

Paragraph **1.d.** is replaced by the following:

All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit," including actual loss of earnings up to $400 a day because of time off from work.

P. Reasonable Force Expansion - Property Damage

Exclusion 2.a. of Coverage A is replaced with the following:

a. Expected Or Intended Injury

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

Q. Lost Key Coverage

1. SECTION I - COVERAGES
COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY

Exclusion **2.j.4)** Personal property in the care, custody or control of the insured is amended to add:

However, coverage for property of others in the care, custody or control of the insured is provided for the loss of keys which are in the possession of the insured or his "employees" subject to the following additional provisions:

a. The insurance afforded with respect to Lost Key Coverage shall not apply to "property damage" caused by misappropriation, secretion, conversion, infidelity or any dishonest act on the part of any insured or his employees or agents;

b. Our liability for all damages because of "property damage" to which this coverage applies shalbe limited to the actual cost of keys, adjustment of locks to accept new keys or, if required, new locks including cost of their installation. Subject to such limitation, our total liability for all damages as the result of any one occurrence shall not exceed $25,000. Each claim is subject to a $250 deductible.

2. SECTION II - WHO IS AN INSURED
The following is added to item **2.a.2)b):**

However, coverage is provided for the loss of keys which are in the possession of the insured or his"employees," subject to the following additional provisions:

a. The insurance afforded with respect to Lost Key Coverage shall not apply to "property damage" caused by misappropriation, secretion, conversion, infidelity or any dishonest act on the part of any insured or his "employees" or agents;

b. Our liability for all damages because of "property damage" to which this coverage applies shall be limited to the actual cost of keys, adjustment of locks to accept new keys or, if required, new locks including cost of their installation. Subject to such limitation, our total liability for all damages as the result of any one occurrence shall not exceed $25,000. Each claim is subject to a $250 deductible.

R. Personal and Advertising Injury Definition

Under SECTION V – DEFINITIONS, 14.c. is replaced with the following:

The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person or organization occupies, committed by or on behalf of its owner, landlord or lessor.

S. The following is added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. OTHER INSURANCE:

When this General Liability Plus endorsement provides coverage and such coverage is also provided by any other provision of this policy:

a. There shall be no duplication of the Limits of Insurance.

b. Any loss payment made under such other provisions shall reduce by such loss payments the Limits of Insurance available under the General Liability Plus endorsement.

T. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS is amended by adding:

LIBERALIZATION

If we adopt a change in our Comprehensive General Liability Coverage forms or rules that would broaden the coverage without extra charge, the broader coverage will apply to this Coverage Form. It will apply when the change becomes effective in your state.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

CONTRACTOR'S CERTIFICATION

CONCERNING LABOR STANDARDS AND PREVAILING WAGE REQUIREMENTS

TO (appropriate recipient)	DATE 09/12/24
	PROJECT NUMBER (if any) GLO C182
C/O	PROJECT NAME LCB Playground Phase 2

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

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

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

2. Certifies that:

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

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

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

4. Certifies that:

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

   fun abounds, Inc.
   114 Venice Street
   Sugar Land, TX 77478

   (b) The undersigned is (choose one):

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

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

NAME	TITLE	ADDRESS
Leigh Walden	President	114 Venice Street Sugar Land, TX 77478

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

NAME	ADDRESS	NATURE OF INTEREST

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

NAME	ADDRESS	TRADE CLASSIFICATION

fun abounds, Inc.

(Contractor)

Date 09/12/24

By

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2024-1213477

Date Filed:
09/12/2024

Date Acknowledged:
10/16/24 DRV

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
fun abounds, Inc.
Sugar Land, 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.
20-085-064-C182
Bid No. 2024.08 - Infrastructure at Little Chocolate Bayou County Park Playground Improvement Phase 2 Project

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Walden, Leigh	Sugar Land, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Ellie Mason, and my date of birth is [redacted].

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

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

Executed in Fort Bend County, State of Texas, on the 12 day of September (month), 20 24 (year).

Ellie Mason
Signature of authorized agent of contracting business entity
(Declarant)

SECTION 504 CERTIFICATION

POLICY OF NONDISCRIMINATION ON THE BASIS OF DISABILITY

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

(Name) fun abounds, Inc.

(Address) 114 Venice Street

Sugar Land, TX 77478

City State Zip

Telephone Number (855) 226 - 8637 Voice

( ) _____ - _____ TDD

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

CHILD SUPPORT STATEMENT FOR NEGOTIATED CONTRACTS AND GRANTS

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

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

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

NAME	OWNERSHIP BY %
Leigh Walden	100%

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

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

Signature – Company Official

fun abounds, Inc.

Printed/Type Firm Name

Leigh Walden, President

Printed/Typed Name and Title

09/12/24

Date

DOCUMENT NO. 00417

TRENCH SAFETY SYSTEMS INDEMNITY AGREEMENT

OWNER: **Calhoun County**

CONTRACTOR: **fun abounds, Inc. – Payton Palmer-Newton**
(company name)

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

PROJECT: **Bid No. 2024.08 – Infrastructure at Little Chocolate Bayou County Park Playground Improvements Phase 2 Project – GLO Contract No. 20-065-064-C182 for Calhoun County, Texas**

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

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

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

EXECUTED, this _____ day of _____, 20 _____.

fun abounds, Inc. – Payton Palmer-Newton

By: _____

Officer's Name: Leigh Walden

Title of Officer: President

(Contractor's Seal)

Calhoun County, Texas

By: _____

Officer's Name: Richard H. Meyer

Title of Officer: Calhoun County Judge

G&W Engineers, Inc.

By: _____, P.E.

Engineer's Name: Scott P. Mason, P.E.

Title of Engineer: Project Engineer

07

7. Consider and take necessary action to approve the Resolution Endorsing the Passage of Legislation to Amend Section 382.018 of the Texas Local Government Code. (RHM)

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

Resolution Supporting a Bill to be Entitled
AN ACT

COMMISSIONER'S COURT OF CALHOUN COUNTY, TEXAS

THE STATE OF TEXAS §
§
COUNTY OF CALHOUN §

Resolution Endorsing the Passage of Legislation to Amend Section 382.018 of the Texas Local Government Code

WHEREAS, Section 382.018 of the Texas Local Government Code currently regulates outdoor burning in certain areas; and

WHEREAS, during times of disaster, the ability to conduct controlled burns can be crucial for managing debris and preventing further hazards; and

WHEREAS, the current requirement to obtain permission for a designated site during a disaster can delay necessary actions and exacerbate the situation; and

WHEREAS, adding subsection "H" to Section 382.018 would allow for immediate and necessary burning activities during a disaster without the need for prior permission, thereby enhancing the safety and efficiency of disaster response efforts;

NOW, THEREFORE, BE IT RESOLVED, that Calhoun County Commissioners' Court hereby endorses the passage of legislation to amend Section 382.018 of the Texas Local Government Code to include subsection "H", which would permit burning without requiring permission during a local state of disaster or a state of emergency that has been declared by the Governor or the President of the United States;

BE IT FURTHER RESOLVED, that Calhoun County Commissioners' Court respectfully requests and appreciates that Representative J.M. Lozano introduce and support this legislation in the Texas Legislature.

PASSED, ADOPTED AND APPROVED this 16th day of October, 2024.

Richard H. Meyer, County Judge

Attest: Anna Goodman, County Clerk

By: Deputy Clerk

COMMISSIONERS COURT
CALHOUN COUNTY, TEXAS

A BILL TO BE ENTITLED

AN ACT

relating to the regulation by the Texas Commission on Environmental Quality of certain outdoor burns conducted during a state of disaster or state of emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 382.018, Health and Safety Code, is amended by adding Subsection (h) to read as follows:

(h) The commission may not require notification to or authorization from a commission regional office as a prerequisite for conducting a controlled outdoor burn of combustible plant growth at designated site within each precinct in a county in which a state of disaster or state of emergency has been declared by the governor or the president of the United States, unless the declaration expressly prohibits all outdoor burning.

SECTION 2. This Act takes effect September 1, 2025.

08

8. Consider and take necessary action to approve the Professional Services Agreements for the County and District Clerk's for "IDocket.com Ruby Red Services" and allow the County and District Clerk to sign. (RHM)

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

County Clerk

Anna M Goodman
County of Calhoun

October 9, 2024

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

RE: AGENDA ITEM – "Professional Services Agreements" for County and District Clerks for "IDocket.com Ruby Red Services"

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for October 16, 2024.

- Allow the County Clerk and District Clerk to sign the "Professional Services Agreements for the IDocket.com Ruby Red Service"
- Form 1295 is attached.

Sincerely,

Anna M Goodman

Anna M Goodman
County Clerk

211 South Ann Street, Suite 102, Port Lavaca, TX 77979 * Phone: 361-553-4416 * Email: anna.goodman@calhouncotx.org

Professional Services Agreement
Calhoun District Clerk– iDocket.com Ruby Red Service

Parties - This agreement is between iDocket.com, hereinafter referred to as iDocket, a Texas S-Corp., whose offices are located at 447 Hickory, Hereford, Texas, 79045, and the County of Calhoun, Texas under the supervision of the Calhoun District Clerk, whose address is, 211 S. Ann St. Suite 203, Port Lavaca, Texas 77979

Services provided by iDocket

A. Provide the software necessary to extract, filter, compress, and transfer, as designated by the County, information from the county's file and fee docket that is currently available for public inspection in the county's office, for placement on the Internet.
B. Will provide and host the web site for the county's court information on the Internet.
C. IDocket agrees that all information provided by the county for placement on the Internet is not subject to resell or distribution to any other party not used for any other purpose not stated within this agreement.
D. Revenue Sharing - County shall receive 20% of subscription revenues from Users indicating Clerk's County as their primary county of interest. Payment shall be made monthly via ACH Deposit with notifications sent within sixty days of the month close date. A report listing quarterly subscription revenues for the County will be made available to the Clerk online.
E. IDocket agrees to implement, support, and maintain the court information web site as stipulated in the agreement at no charge to the county.
F. iDocket shall hold in trust for the county and shall not disclose to any nonparty to the agreement, any confidential information of the county. Confidential information is information that relates to the county's research, development, trade secrets or business affairs, but does not include information which is generally known or easily ascertainable by non-parties of ordinary skill in computer design and programming.
G. Clerk has the discretion of using iDocket document image viewing capabilities whereby iDocket redacts documents selected for viewing after charging copy fees for the Clerk. Copy fees collected are paid to the Clerk on a regular basis.

Quality of Services - IDocket will provide adequate Internet access to the information given by the county. Adequate Internet access is defined as providing public access to case information on the Internet for a minimum of five (5) days in any given week. Normal and acceptable access will allow for maintenance updates requiring periodic downtime.

Termination of the Agreement - Either party may terminate this agreement without cause with ninety (90) days written notice to the address stated herein.

Execution – IN WITNESS, thereof the CONTRACTOR (iDocket.com) and COUNTY (Calhoun) have hereunto affixed their hand and seal, by duly authorized representatives, and having caused these present to execute this contract agreement.

Anna Kabela

Honorable Anna Kabela
Calhoun District Clerk

10/16/2024
Date

Amelia Balderrama
CEO, iDocket.com

10/08/2024
Date

Professional Services Agreement
Calhoun County Clerk– iDocket.com Ruby Red Service

Parties - This agreement is between iDocket.com, hereinafter referred to as iDocket, a Texas S-Corp., whose offices are located at 447 Hickory, Hereford, Texas, 79045, and the County of Calhoun, Texas under the supervision of the Calhoun County Clerk, whose address is, 211 S. Ann St., Port Lavaca, Texas 77979.

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D. Revenue Sharing - County shall receive 20% of subscription revenues from Users indicating Clerk's County as their primary county of interest. Payment shall be made monthly via ACH Deposit with notifications sent within sixty days of the month close date. A report listing quarterly subscription revenues for the County will be made available to the Clerk online.
E. IDocket agrees to implement, support, and maintain the court information web site as stipulated in the agreement at no charge to the county.
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Termination of the Agreement - Either party may terminate this agreement without cause with ninety (90) days written notice to the address stated herein.

Execution – IN WITNESS, thereof the CONTRACTOR (iDocket.com) and COUNTY (Calhoun) have hereunto affixed their hand and seal, by duly authorized representatives, and having caused these present to execute this contract agreement.

Anna M. Goodman

Honorable Anne Goodman
Calhoun County Clerk

10/16/24
Date

Amelia Balderrama
CEO, iDocket.com

10/08/2024
Date

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:
2024-1207352

Date Filed:
08/28/2024

Date Acknowledged:
10/16/24 DRV

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

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

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
Ruby and Ruby Red Software

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Calhoun County Clerk	Port Lavaca, TX United States		X
Calhoun District Clerk	Port Lavaca, TX United States		X

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Amelia Balderrama, and my date of birth is [redacted].

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

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

Executed in United States County, State of Texas, on the 6 day of Sept (month), 20 24 (year)

Amelia Balderrama
Signature of authorized agent of contracting business entity
(Declarant)

09

9. Consider and take necessary action to enter into negotiations with the lowest and best responsive bidder (Weaver and Jacobs Constructors) for the 2024.06 Memorial Medical Center HVAC & Roof Improvements for Calhoun County, Texas. (RHM)

Scott Mason with G&W Engineers explained the negotiation process.

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

10

10. Consider and take necessary action to accept G&W's recommendations for the second payment of $143,476.921 to Con-Metal Contractors, Inc. for the Recycle Waste Transfer Station Project. (VLL)

Scott Mason with G&W Engineers explained the project should be completed by the first of the New Year.

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

Vern Lyssy

Calhoun County Commissioner, Precinct #2

5812 FM 1090
Port Lavaca, TX 77979

(361) 552-9656
Fax (361) 553-6664

October 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 next Commissioners' Court Agenda

- Consider and take necessary action on to accept G&W's recommendations for the second payment of $143,476.921 to Con-Metal Contractors, Inc. for the Recycle Waste Transfer Station Project.

Sincerely,

Vern Lyssy

VL/lj

Should be $143,476.92 DeV

G&W ENGINEERS, INC.

205 W. Live Oak • Port Lavaca, TX 77979 • p: (361)552-4509 • f: (361)552-4987
TBPE Firm Registration No. F04188

October 9, 2024

Commissioner Vern Lyssy
Calhoun County Precinct No. 2
5812 FM 1090
Port Lavaca, Texas 77979

RE: RECOMMENDATION FOR PAYMENT NO. 2
Recycle Waste Transfer Station Project

Dear Honorable Judge & County Commissioners,

We have reviewed Con-Metal Contractors, Inc.'s Invoice No. 26624-02 for the above referenced project and have enclosed Recommendation for Payment No. 2 for $143,476.92 for services between September 6, 2024 and October 3, 2024. The Contractor's Conditional Waiver and Release on Progress Payment is also enclosed.

Please call if you have any questions.

Sincerely,
G & W Engineers, Inc.

Scott P. Mason, P.E.

Scott P. Mason, P.E.

cc: Con-Metal Contractors, Inc
Demi Cabrera, Calhoun County Assistant Auditor
file 5310.023

No. 2

RECOMMENDATION OF PAYMENT

OWNER's Project No. _____ ENGINEER's Project No. 5310.023

Project BID NUMBER 2024.04 – RECYCLE WASTE TRANSFER STATION PROJECT

CONTRACTOR CON-METAL CONTRACTORS, INC.

Contract for	Recycle Waste Transfer Station Project	Contract Date	March 27, 2024
Application Date	October 3, 2024	Application Amount	$143,476.92
Period Start Date	September 6, 2024	Period Ending Date	October 3, 2024

To COUNTY OF CALHOUN
Owner

Attached hereto is the CONTRACTOR's Application for Payment for Work accomplished under the Contract through the date indicated above. To the extent that we have been present on the project site as outlined in our Engineering Agreement, we believe that the Application meets the requirements of the Contract Documents and includes the CONTRACTOR's Certificate stating that all previous payments to him under the Contract have been applied by him to discharge in full all of his obligations in connection with the Work covered by all prior Applications for Payments.

In accordance with the Contract, the undersigned, subject to the limitation in the preceding paragraph, recommends payment to the CONTRACTOR of the amount due as shown below.

G & W Engineers, Inc.

Dated October 9, 2024

By: Scott P. Mason, P.E.
Scott P. Mason, P.E.

STATEMENT OF WORK

Original Contract Price	$ 650,452.75	Work to Date	$ 445,391.70
Net Change Orders ( )	$ -	Amount Retained	$ (44,539.17)
Current Contract Price	$ 650,452.75	Subtotal	$ 400,852.53
Work to be Done	$ 205,061.05	Previous Payments Recommended	$ (257,375.61)
		Amount Due This Payment	$ 143,476.92

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

Con-Metal Contractors, Inc

INVOICE

BILL TO: **Calhoun County**
211 South Ann Street, Third Floor, Ste 301
Port Lavaca, TX 77979

INVOICE #26624-02
DATE: 10/03/2024

ATTN: Accounting Dept.

SHIPPED VIA	PROJECT NO.	CONTRACT NO.	TERMS
Con-Metal Contractors	2024.04 – Recycle Waste Transfer Station Project		NET 10

Item	Description of Work	Quote Qty	Unit	Unit Price	Value Total	QTY	Total Qty to Date	From Previous	Requesting This Period	Total Completed To Date	Percent Complete	Balance to Finish	Retention This Period
1	Furnish all necessary equipment materials, and labor for mobilization, demobilizations, barricades, and insurance.	1	LS	$26,000.00	$26,000.00	95%	95%	$ 20,800.00	$3,900.00	$ 24,700.00	95%	$1,300.00	$ 390.00
2	Furnish all necessary equipment materials, and labor for the installation of the building foundation complete in place, including select fill as designed and includes incorporated concrete push walls and in accordance with the drawings and specifications.	1	LS	$263,000.00	$263,000.00	70%	95%	$ 184,100.00	$65,750.00	$ 249,850.00	95%	$13,150.00	$ 6,575.00
3	Furnish all necessary equipment, materials, and labor for the installation of the pre-engineered metal building, siding, gutter system, and roof in accordance with the drawing and specifications. The item includes any engineering cost/fees to receive stamped PEMB drawings from manufacturer	1	LS	$188,000.00	$188,000.00	40%	95%	$ 75,200.00	$84,600.00	$ 159,800.00	85%	$28,200.00	$ 8,460.00

Option 1)	Furnish all necessary equipment, materials, and labor for the installation of the 8" thick reinforced concrete pavement in accordance with the drawings and specifications	3,470	SF	$9.94	$34,491.80	1388	520	$ -	**$5,168.80**	$ 5,168.80	15%	$29,323.00	$ 516.88
Option 2	Furnish all necessary equipment, materials, and labor for the installation of the 8" thick limestone pavement (complete in place and in final position) in accordance with the drawings and specifications	17,160	SF	$6.57	$112,741.20	0	0	$ -	**$0.00**	$ -	0%	$112,741.20	$ -
Option 3	Furnish all necessary equipment, material, and labor for the installation of he 24" HDPE storm pipe in accordance with the drawings and specifications	77	LF	$102.60	$7,900.20	38	38	$ 3,898.50	**$0.00**	$ 3,898.50	49%	$4,001.70	$ -
Option 4	Furnish all necessary equipment, materials, and labor for the installation of the 15" HDPE storm pipe in accordance with the drawings and specifications	77	LF	$51.95	$4,000.15	38	38	$ 1,974.10	**$0.00**	$ 1,974.10	49%	$2,026.05	$ -
Option 5	Furnish all necessary equipment, materials, and labor for the installation of the pre-cast concrete safety end treatment for 15" storm pipes in accordance with the drawings and specifications	2	EA	$2,687.50	$5,375.00	0	0	$ -	**$0.00**	$ -	0%	$5,375.00	$ -
Option 6	Furnish all necessary equipment, materials, and labor for the installation of the pre-cast safety end treatments for 24" storm pipes in accordance with the drawings and specifications	2	EA	$2,322.50	$4,645.00	0	0	$ -	**$0.00**	$ -	0%	$4,645.00	$ -
Option 7	Furnish all necessary equipment, materials, and labor for the installation of the drainage swales in accordance with the drawings and specifications	370	LF	$11.62	$4,299.40	0	0	$ -	**$0.00**	$ -	0%	$4,299.40	$ -

Option 8	Furnish all necessary equipment, materials, and labor for the installation of the general fill material and site grading in accordance with the drawings and specifications. Use/reuse of excavated onsite materials from foundation excavation acceptable.	1	LS	$ -	$ -	-	-	$ -	$ -	$ -	-	$ -	$ -

Subtotal	$159,418.80
Less Retainage	$ 15,941.88
Total	**$143,476.92**

CONTRACTOR's CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

THE STATE OF TEXAS §
COUNTY OF CALHOUN §

Project: **BID NUMBER 2024.04 - RECYCLE WASTE TRANSFER STATION FOR CALHOUN COUNTY, TEXAS**

Job No. **5310.023**

On receipt by the signer of this document of a check from **CALHOUN COUNTY** *(maker of check)* in the sum of $ 143,476.92 payable to **CON-METAL CONTRACTORS, INC.** *(payee or payees of check)* and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property or easements of **CALHOUN COUNTY** *(owner)* located at 900 Landfill Road, Port Lavaca, Texas to the following extent: **BID NUMBER 2024.04 - RECYCLE WASTE TRANSFER STATION FOR CALHOUN COUNTY, TEXAS** *(job description)*.

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to **CALHOUN COUNTY** *(person with whom signer contracted)* as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

CON-METAL CONTRACTORS, INC.
(CONTRACTOR'S NAME)

Signed By: Jessica Perez

Print Name: Jessica Perez

Title: HR Manager

SUBSCRIBED AND SWORN TO BEFORE ME by Jessica Perez,
on October 3, 2024, to certify which witness my hand and seal of office.

DALINDA HERNANDEZ
Notary ID #131646361
My Commission Expires
July 17, 2026

Notary Public, State of Texas

11

11. Consider and take necessary action to update/revise the Calhoun County Job Description for "Assistant Director of EMS/Training Coordinator". (RHM)

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

Calhoun County Job Description
ASSISTANT DIRECTOR OF EMS/TRAINING COORDINATOR

CLASS NO. 13502 | **EEOC CATEGORY:** Officials and Managers

PAY GROUP: 27 | **FLSA STATUS:** Exempt

SUMMARY OF POSITION

Supervises, evaluates and/or assigns duties to EMS Field Supervisors and other EMS personnel; oversees quality of EMS service and monitors all provider licensure functions; educates all EMS personnel in policies and procedures; assumes Director's duties in his or her absence.

ORGANIZATIONAL RELATIONSHIPS

1. *Reports to:* Director of EMS.
2. Directs: Paramedic Field Supervisors and Crew Chiefs, Licensed Paramedics, Paramedics, EMT – Intermediates, EMTs, and Administrative Assistant.
3. *Other:* Has frequent contact with other emergency agencies, other department employees, county officials, and the general public.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

Supervises, evaluates, and/or assigns duties to Paramedic Training Coordinator, Paramedic Supervisors and Crew Chiefs, Licensed Paramedics, Paramedics, EMT – Intermediates, EMTs, and Administrative Assistant;

Directs daily activities of EMS employees and assists with various duties, including responding to calls when necessary;

Performs various Human Resources functions;

Oversees all provider licensure functions such as creating staffing plans, implementing quality improvement initiatives, and revising protocols and policy manuals;

Drafts and educates EMS personnel in policies and procedures;

Ensures that all personnel pass Texas Department of Health (TDH) inspections and comply with standards and regulations;

Serves as EMS system representative to TDH, local healthcare providers, EMS departments, and other organizations;

Reviews billing reports and audits;

Coordinates monthly and annual emergency preparedness drills;

Conducts reviews of EMS system databases for completeness and accuracy, validates and approves records;

Responds to written and oral inquires, including EMS Medical Record requests from various agencies and individuals;

Acts as Public Information Officer for the department;

Orders uniforms and other supplies; and

Performs duties of Director of EMS in his or her absence.

Coordinates and conducts continuing education classes for all EMS personnel;

Maintains records of education classes and training;

Ensures that all personnel are current with training and licenses;

Maintains knowledge of new EMS technology and training;

Provides community forum on EMS operations and education;

Participates in community and school programs and functions;

Provides medical coverage for special athletic and community events;

Researches, purchases, and repairs EMS equipment as needed;

Drafts correspondence and continuing education materials;

Monitors inventory levels of narcotics, medicines, and supplies, and orders items as needed; and

Oversees and/or Performs other administrative and clerical tasks.

Protects the privacy of all patient information in accordance with the County's privacy policies, procedures, and practices and as required by HIPAA;

Accesses protected health information and other patient information only to the extent necessary to complete the duties of this job, sharing information only with those persons who have a need to know to complete their job responsibilities relating to treatment, payment, or other related county operations;

Reports any concerns regarding the county's policies and procedures on patient privacy, as well as any observed practices in violation of that policy, to the designated Privacy Officer;

Actively participates in the county's privacy training and communicates privacy policy information to coworkers, students, patients, and others in accordance with the county's policies.

Acts as Privacy Officer for the department, including:

Prepares for, and conducts, employee training on Public Health Information (PHI) and confidentiality;

Maintains password security and patient data integrity;

Defines crew access to PHI and minimum necessary requirement for employees;

Serves as contact person for the dissemination of PHI to other health care providers;

Addresses patient complaints and requests;

Processes patient requests for access to, and amendment of, health information and consent forms;

Processes all patient accounting requests;

Ensures the capture and storage of patient PHI for six years; and

Ensures ambulance service compliance with all applicable Privacy Rule requirements.

OTHER DUTIES AND RESPONSIBILITIES.

Performs such other related duties as may be assigned.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: paramedic and first-responder protocols, policies, and procedures; incident command system and County Emergency Management Plan; Advanced Cardiac Life Support and Basic Trauma Life Support; standard office practices; and personnel policies and procedures.

Skill/Ability to: supervise effectively; operate a computer, including word processing, spreadsheet, and database software; operate ambulance and other rescue vehicles; correctly use and read emergency medical instruments; communicate effectively, both orally and in writing; establish and maintain effective working relationships with co-workers and the general public; and remain calm and act decisively in highly stressful situations.

ACCEPTABLE EXPERIENCE AND TRAINING

At least four years of experience as an EMS Director or Assistant EMS Director; or a Licensed Paramedic with at least 4 years of experience as an EMS Field Supervisor.

CERTIFICATES AND LICENSES REQUIRED

Paramedic license from the Texas Department of Health and appropriate Texas driver's license.

SIGNATURES

Employee's Signature	Supervisor's Signature
Date	Date

Calhoun County, Texas is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, Calhoun County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with employer.

ADA Information

This attachment provides information on the job relating to the Americans with Disabilities Act.

FREQUENCY DEFINITIONS

The following frequency definitions are to be used in completing the Physical Environment and the Non-Physical Environment sections of this form:

C	=	Constantly (2/3 or more of the time)
F	=	Frequently (from 1/3 to 2/3 of the time)
O	=	Occasionally (up to 1/3 of the time)
R	=	Rarely (less than one hour per week)
N	=	Not Applicable (does not apply in this job)

PHYSICAL ENVIRONMENT

Descriptive examples of physical job actions (please use the letter corresponding to the appropriate frequency):

Requirement	Frequency	Example
Lifting : **250-300 lbs. (with a partner)**	F	Patients from ground, bed, cars
Sitting:	F	Office work, driving
Standing:	F	On scene, sometimes extended standby times
Walking, on normal, flat surfaces:	F	Moving patients
Walking, on uneven surfaces:	O	Moving patients from ditches, plowed fields, piers, etc.
Walking, on slippery surfaces:	F	Muddy fields and wet roadways
Driving:	C	Emergency and Non-emergency
Bending (from waist):	O	Treating and rescuing patients
Crouching/Squatting:	F	Treating and rescuing patients
Kneeling:	F	Treating and rescuing patients
Crawling:	O	Treating and rescuing patients
Twisting:	O	Treating and rescuing patients
Reaching:	O	Treating and rescuing patients
Balancing:	O	Treating and rescuing patients
Carrying:	F	Treating and rescuing patients
Pushing:	O	Treating and rescuing patients
Pulling:	O	Treating and rescuing patients
Throwing:	O	Treating and rescuing patients
Repetitive Motion:	F	Treating and rescuing patients, office work
Fingering (fine dexterity, picking, pinching):	C	Treating and rescuing patients, office work
Handling (seizing, holding, grasping):	C	Treating and rescuing patients
Wrist Motions (repetitive flexion/rotation):	C	Treating and rescuing patients, office work
Feet (foot pedals):	F	Driving

SENSORY REQUIREMENTS

Descriptive examples of sensory demands (please use the letter corresponding to the appropriate frequency):

Sensory Demand	Frequency
Color (perceive/discriminate)	C
Sound (perceive/discriminate)	C
Taste (perceive/discriminate)	R
Odor (perceive/discriminate)	F
Depth (perceive/discriminate)	C
Texture (perceive/discriminate)	C
Visual (perceive/discriminate)	C
Oral Communications ability	C

NON-PHYSICAL ENVIRONMENT

Descriptive examples of non-physical demands (please use the letter corresponding to the appropriate frequency):

Non-Physical Demand	Frequency
Time Pressures (e.g., meeting deadlines)	C
Noisy/Distracting Environment	F
Performing Multiple Tasks Simultaneously	C
Danger/Physical Abuse	F
Deals With Difficult People	C
Periods of Idle time, Interspersed with Emergencies Requiring Intense Concentration	C
Emergency Situations	C
Tedious, Exacting Work	C
Works Closely with Others as Part of a Team	C
Works Alone	F
Irregular Schedule/Overtime	C
Frequent Change of Tasks	C
Other (describe)	O

WORK ENVIRONMENT

1. Please describe the degree of physical activity and effort required to perform your job, as well as any associated safety hazards and the level of risk of personal injury or illness (if any):

   Must be able to lift and carry patients of all sizes. Must be able to reach patients in various situations by any physical means necessary (walking, running, climbing, crawling, etc.).

2. Please list your job exposure to environmental factors (if any), including extreme temperatures, respiratory hazards, airborne diseases, vibrations, loud noises, or other sources of discomfort:

   May exposed to infectious diseases, hazardous chemicals, and other dangerous substances. May encounter environmental extremes, violent individuals, and numerous other hazards.

12

12. Consider and take necessary action to approve the preliminary plat of the Desilos Subdivision situated in the William Arnold Survey, Abstract No. 2, Calhoun County, TX (re-plat of farm tracts 9-16 in Lot 6 of Section 10 of the J.D. Mitchell Wolf Point Ranch Subdivision as recorded in Volume 5. Page 417 of the Calhoun County Deed Records). (JMB)

Henry Danysh explained preliminary 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

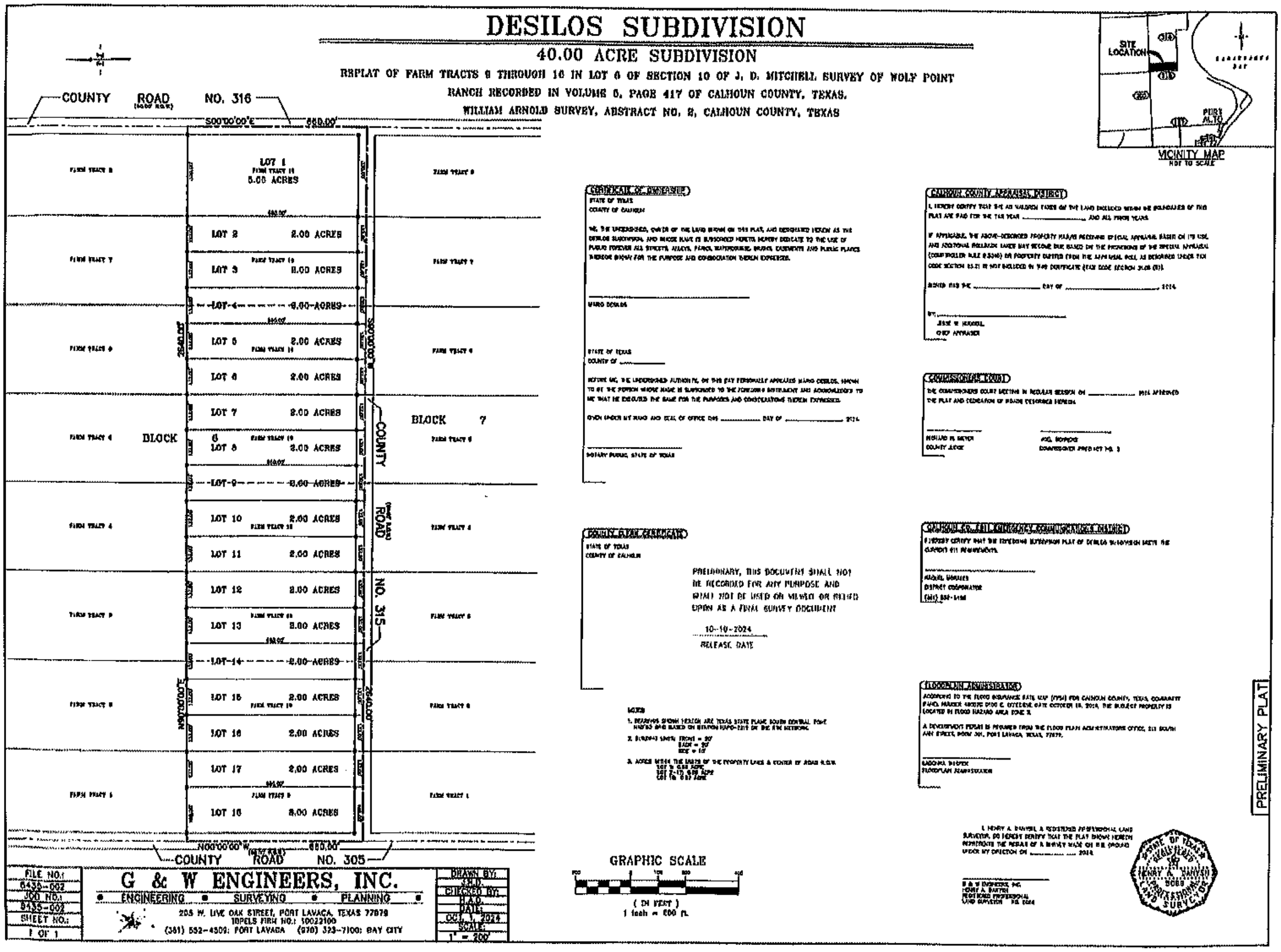
Dear Judge Meyer:

Please place the following item on the Commissioner's Court Agenda for October 16, 2024.

Consider and take necessary action to approve the preliminary plat of the Desilos Subdivision situated in the William Arnold Survey, Abstract No. 2, Calhoun County, TX (re-plat of farm tracts 9-16 in Lot 6 of Section 10 of the J.D. Mitchell Wolf Point Ranch Subdivision as recorded in Volume 5. Page 417 of the Calhoun County Deed Records).

Sincerely,

Joel Behrens
Commissioner Pct. 3


DESILOS SUBDIVISION
40.00 ACRE SUBDIVISION
REPLAT OF FARM TRACTS 9 THROUGH 16 IN LOT 6 OF SECTION 10 OF J. D. MITCHELL SURVEY OF WOLF POINT RANCH RECORDED IN VOLUME 6, PAGE 417 OF CALHOUN COUNTY, TEXAS.
WILLIAM ARNOLD SURVEY, ABSTRACT NO. 2, CALHOUN COUNTY, TEXAS
COUNTY ROAD NO. 316
S00°00'00"E 660.00'
LOT 1 5.00 ACRES
LOT 2 2.00 ACRES
LOT 3 2.00 ACRES
LOT 4 2.00 ACRES
LOT 5 2.00 ACRES
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LOT 16 2.00 ACRES
LOT 17 2.00 ACRES
LOT 18 2.00 ACRES
BLOCK 6
BLOCK 7
2640.00'
N00°00'00"E
COUNTY ROAD NO. 315
COUNTY ROAD NO. 305
N00°00'00"W 660.00'
SITE LOCATION
PORT ALTO
VICINITY MAP
NOT TO SCALE
CERTIFICATE OF OWNERSHIP
STATE OF TEXAS
COUNTY OF CALHOUN
CALHOUN COUNTY APPRAISAL DISTRICT
COMMISSIONERS COURT
COUNTY CLERK CERTIFICATE
STATE OF TEXAS
COUNTY OF CALHOUN
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
10-10-2024
RELEASE DATE
PRELIMINARY PLAT
GRAPHIC SCALE
(IN FEET)
1 inch = 200 ft.
G & W ENGINEERS, INC.
ENGINEERING • SURVEYING • PLANNING
205 W. LIVE OAK STREET, PORT LAVACA, TEXAS 77979
TBPELS FIRM NO.: 10022100
(361) 552-4509: PORT LAVACA (979) 323-7100: BAY CITY
FILE NO.: 6435-002
JOB NO.: 6435-002
SHEET NO.: 1 OF 1
DRAWN BY:
CHECKED BY:
DATE: OCT. 1, 2024
SCALE: 1" = 200'

DESIGNATION OF AGENT

G & W Engineers, Inc.
205 W. Live Oak
Port Lavaca, Texas 77979
(361) 552-4509

PROJECT: REPLAT FARM TRACTS 9 THROUGH 16 IN LOT 6 OF SECTION 10 OF THE J. D. MITCHELL WOLF POINT RANCH SUBDIVISION RECORDED IN VOLUME 5, PAGE 417 OF THE CALHOUN COUNTY DEED RECORDS.

PROPERTY ADDRESS: County Road No. 315, Port Lavaca, Texas

LEGAL DESCRIPTION: Farm Tracts 9 through 16 in Lot 6 of Section 10 of the J. D. Mitchell Wolf Point Ranch Subdivision recorded in Volume 5, Page 417 of the Calhoun County Deed Records.

This form designates G & W Engineers, Inc. as my/our duly designated agent, to act on my/our behalf in matters concerning Calhoun County's review process for platting and variance(s) for the property described above.

OWNER: Mario Desilos

Mario Desilos

10/7/24
Date

Before me, the undersigned authority, on this day personally appeared Cesar Ivan Luna known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that that such person executed the same for the purpose and considerations therein stated.

Sworn to and Subscribed before me this 7th day of October, 2024

Notary Signature

Peggy Hall
Printed or typed name

Calhoun County, Texas

PEGGY HALL
Notary Public, State of Texas
Comm. Expires 01-25-2027
Notary ID 1129420-8

I, the undersigned Agent, understand and accept by authority and responsibility to act as the legally authorized Agent on behalf of the Owner(s) of the property described above, in matters concerning this property.

Agent's Signature

10/07/24
Date

13

13. Consider and take necessary action to authorize Commissioner Reese to utilize $31,158.20 in COMESA funds to repair pavilion at King Fisher Beach Park in Port O'Connor, Texas. (GDR)

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

Gary D. Reese

County Commissioner
County of Calhoun
Precinct 4

October 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 October 16, 2024.

- Consider and take necessary action to authorize Commissioner Reese to utilize $31,158.20 in GOMESA funds to repair pavilion at King Fisher Beach Park in Port O'Connor, Texas.

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

JAG METALS LLC

Quote

JAG Metals LLC
P.O. Box 969
Weatherford, TX 76086
United States

QUO23250

9/11/2024

Victoria

Bill To

Ship To

Terms	PO #	Sales Rep
Due on receipt	POC	Grant R Smalley

Line #	Pieces	Description	Length (ft)	Length (Inch)	Weight	Price Each	Amount
1	72	Misc. Red Iron 8"x2-1/2" 14ga. DOMESTIC ZEE GALVANIZED (WITH HOLES)	27	0	0.00	$2.92	$5,676.48
2	8	Misc. Red Iron 8"x5" x 3-3/8" 14ga. DOMESTIC EAVE GALVANIZED 2/12 LOWSIDE/DOUBLE SLOPE	25	0	0.00	$3.76	$752.00
3	8	Misc. Red Iron 8"x2-1/2" 14ga. DOMESTIC CEE GALVANIZED	17	0	0.00	$2.92	$397.12
4	1	Misc. Retail 5/16" GALVANIZED CABLE 200'	0	0	0.00	$570.00	$570.00
5	8	Misc. Retail 1/2" EYEBOLTS W/ WASHER AND NUT	0	0	0.00	$31.28	$250.24
6	8	Misc. Retail HILLSIDE WASHER	0	0	0.00	$2.80	$22.40
7	8	Misc. Retail 5/16" CABLE GRIPS	0	0	0.00	$34.00	$272.00
8	67	PBR Panel Hawaiian Blue	2	0	357.78	$2.50	$335.00
9	15	Head Trim Hawaiian Blue	20	0	113.99	$1.08	$324.00
10	4	Outside Corner Hawaiian Blue	2	0	7.09	$2.52	$20.16
11	67	PBR Panel Galvalume	25	0	4472.25	$1.80	$3,015.00
12	67	PBR Peak Sheet Hawaiian Blue 2:12 Pitch	0	0	0.00	$15.00	$1,005.00
13	40	Tacky Tape, 1" x 3/32" x 45'	0	0	0.00	$7.47	$298.80
14	500	7/8" Lap ZXL Hawaiian Blue	0	0	3.00	$0.20	$100.00

QUO23250

Quote

QUO23250

9/11/2024

Victoria

JAG Metals LLC
P.O. Box 969
Weatherford, TX 76086
United States

Line #	Pieces	Description	Length (ft)	Length (Inch)	Weight	Price Each	Amount
15	2,000	1-1/4" ZXL Steel Galvalume	0	0	12.00	$0.21	$420.00
16	1,000	7/8" Lap ZXL Galvalume	0	0	6.00	$0.20	$200.00

Total Weight: 4972.11696 lbs

Subtotal	$13,658.20
Tax Total (0%)	$0.00
Total	$13,658.20

PICKUP OF PANELS & TRIM IS TO OCCUR WITHIN 7 DAYS UPON COMPLETION. AFTER 7 DAYS, THERE WILL BE A $15 PER DAY STORAGE FEE AND WE WILL NO LONGER BE RESPONSIBLE FOR ANY DAMAGES TO YOUR PRODUCTS.
RED IRON NEEDS TO BE PICKED UP WITHIN 5 DAYS. ANY MATERIALS AFTER THIS PERIOD WILL BE RETURNED TO INVENTORY.
ANY DAMAGE, SHORTAGE OR OTHER DISCREPANCIES MUST BE REPORTED WITHIN 7 DAYS OF PICKUP OR DELIVERY.
THERE WILL BE A 25% RESTOCKING FEE ON RETURNED RED IRON/INVENTORY STOCK ITEMS. NO RETURNS AFTER 30 DAYS.
WE ACCEPT CARD PAYMENTS WITH A 4% FEE, CHECKS, AND CASH.

Phone#
817-599-5241

E-mail
grant@jagmetalsllc.com

Website
www.jagmetalsllc.com

QUO23250

ESTIMATE

Maverick Metal Buildings
3005 E Mockingbird Ln
Victoria, TX 77904

reynold@maverickmetalbuildings.com
+1 (361) 935-0210
http://www.maverickmetalbuildings.com

Bill to
Mike
Chamber Of Commerce

Ship to
Mike
Chamber Of Commerce

Estimate details
Estimate no.: 1057
Estimate date: 09/03/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.			Pavilion Refurbishing			
2.		**DEMO**	Remove all materials from existing structure and dispose of. Framing will be only thing remaining.	1	$0.00	$0.00
3.		**Labor**	Install new 8" galvanized purlins for roof panels and outside skirtings. Existing gutter will be used unless needs replacing or leaving off. Long life screws will be used. CUSTOMER to supply materials needed.	1	$0.00	$0.00
4.		**Builders Fee**		1	$17,500.00	$17,500.00
5.		**Thank You**	Feel free to contact Reynold Canchola at Maverick Metal Buildings - 361-935-0210 with any questions or concerns. We look forward to working with you on your amazing project and thank you again for considering us to build a relationship with.	1	$0.00	$0.00

Total **$17,500.00**

Accepted date

Accepted by

14

14. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 3 – September, 2024
b) County Clerk – September, 2024
c) District Clerk – September, 2024

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

CALHOUN COUNTY CLERK
MONTHLY REPORT RECAPITUATION

SEPTEMBER 2024

DESC	GL CODE	CIVIL/FAMILY	CRIMINAL	OFFICIAL PUBLIC RECORDS	PROBATE	TOTAL
DISTRICT ATTORNEY FEES	1000-44020		$ 116.02			$ 116.02
BEER LICENSE	1000-42010			$ 15.00		$ 15.00
COUNTY CLERK FEES	1000-44030	$ 126.00	$ 232.05	$ 10,410.10	$ 191.00	$ 10,959.15
APPEAL FROM JP COURTS	1000-44030		$ -			$ -
COUNTY COURT AT LAW #1 JURY FEE	1000-44140					$ -
JURY FEE	1000-44140	$ -			$ -	$ -
ELECTRONIC FILING FEES FOR E-FILINGS	1000-44058	$ -	$ -	$ -	$ -	$ -
JUDGE'S EDUCATION FEE	1000-44160	$ -	$ -	$ -	$ 5.00	$ 5.00
JUDGE'S ORDER/SIGNATURE	1000-44180	$ 16.00	$ -	$ -	$ 32.00	$ 48.00
SHERIFF'S FEES	1000-44190	$ 75.00	$ 99.56	$ -	$ 25.00	$ 199.56
VISUAL RECORDER FEE	1000-44250		$ 30.00			$ 30.00
TIME PAYMENT FEE - COUNTY **NEW 2020	***1000-44332***		***$ 60.00***			***$ 60.00***
COURT REPORTER FEE	1000-44270	$ 50.00	$ -	$ -	$ 25.00	$ 75.00
RESTITUTION DUE TO OTHERS	1000-49020					$ -
ATTORNEY FEES - COURT APPOINTED	1000-49030		$ -			$ -
APPELLATE FUND (TGC) FEE	2620-44030	$ 10.00			$ 5.00	$ 15.00
COURT FACILITY FEE FUND	***2648-44030***	***$ 40.00***	***$ -***	***$ -***	***$ 20.00***	***$ 60.00***
TECHNOLOGY FUND	2663-44030		$ 23.20			$ 23.20
COUNTY JURY FUND **NEW 2020	***2669-44030***	***$ 20.00***	***$ 5.80***	***$ -***	***$ 10.00***	***$ 35.80***
COURTHOUSE SECURITY FEE	2670-44030	$ 40.00	$ 58.01	$ -	$ 20.00	$ 118.01
COURT INITIATED GUARDIANSHIP FEE	2672-44030				$ 30.00	$ 30.00
COURT RECORD PRESERVATION FUND	2673-44030	$ -		$ -	$ -	$ -
COURT REPORTER SERVICE FUND **NEW 2020	***2674-44030***		***$ 17.40***			***$ 17.40***
RECORDS ARCHIVE FEE	2675-44030			$ 3,340.00		$ 3,340.00
COUNTY SPECIALTY COURT **NEW 2020	***2676-44030***		***$ 116.02***			***$ 116.02***
COUNTY DISPUTE RESOLUTION FUND	***2677-44030***	***$ 30.00***	***$ -***	***$ -***	***$ 15.00***	***$ 45.00***
DRUG & ALCOHOL COURT PROGRAM	2698-44030-005		$ -			$ -
JUVENILE CASE MANAGER FUND	2699-44033		$ -			$ -
FAMILY PROTECTION FUND	2706-44030	$ -				$ -
JUVENILE CRIME & DELINQUENCY FUND	2715-44030		$0.00			$ -
LANGUAGE ACCESS FUND	***2725-44030***	***$ 6.00***	***$ -***	***$ -***	***$ 3.00***	***$ 9.00***
PRE-TRIAL DIVERSON AGREEMENT	2729-44034		$ -			$ -
LAW LIBARY FEE	2731-44030	$ 70.00			$ 35.00	$ 105.00
RECORDS MANAGEMENT FEE - *COUNTY CLERKK*	2738-44380		$ -	$ 3,410.00		$ 3,410.00
RECORDS MANGEMENT FEE - *COUNTY*	2739-44030	$ 60.00	$ 145.03		$ 15.00	$ 220.03
FINES - COUNTY COURT	2740-45040		$ 2,261.76			$ 2,261.76
BOND FORFEITURE	2740-45050	$ -				$ -
STATE POLICE OFFICER FEES - STATE (DPS) (20%)	7020-20740		$ 0.12			$ 0.12
CONSOLIDATED COURT COSTS - COUNTY	7070-20610		$ -			$ -
CONSOLIDATED COURT COSTS - STATE	7070-20740		$ -			$ -
CONSOLIDATED COURT COSTS - COUNTY **NEW 2020	***7072-20610***		***$ 79.44***			***$ 79.44***
CONSOLIDATED COURT COSTS - STATE **NEW 2020*	***7072-20740***		***$ 714.98***			***$ 714.98***
JUDICIAL AND COURT PERSONNEL TRAINING - ST (100%	7502-20740	$ -		$ -	$ -	$ -
DRUG & ALCOHOL COURT PROGRAM - COUNTY	7390-20610		$ -			$ -
DRUG & ALCOHOL COURT PROGRAM - STATE	7390-20740		$ -			$ -
STATE ELECTRONIC FILING FEE - CIVIL	7403-22887	$ -		$ -	$ -	$ -
STATE ELECTRONIC FILING FEE CRIMINAL	7403-22990		$ -			$ -
EMS TRAUMA - COUNTY (10%)	7405-20610		$ 342.67			$ 342.67
EMS TRAUMA - STATE (90%)	7405-20740		$ 38.07			$ 38.07
CIVIL INDIGENT FEE - COUNTY	7480-20610	$ -			$ -	$ -
CIVIL INDIGENT FEE - STATE	7480-20740	$ -			$ -	$ -
JUDICIAL FUND COURT COSTS	7495-20740		$ -			$ -
JUDICIAL SALARY FUND - COUNTY (10%)	7505-20610		$ -			$ -
JUDICIAL SALARY FUND - STATE (90%)	7505-20740		$ -			$ -
JUDICIAL SALARY FUND (CIVIL & PROBATE) - STATE	7505-20740-005	$ -			$ -	$ -
TRAFFIC LOCAL (ADMINISTRATIVE FEES)	7538-22884,1000-44359		$ 0.44			$ 0.44
COURT COST APPEAL OF TRAFFIC REG (JP APPEAL)	7538-22885					$ -
BIRTH - STATE	7855-20780			$ 185.40		$ 185.40
INFORMAL MARRIAGES - STATE	7855-20782			$ -		$ -
JUDICIAL FEE	7855-20786	$ -		$ -	$ -	$ -
FORMAL MARRIAGES - STATE	7855-20788			$ 300.00		$ 300.00
NONDISCLOSURE FEE - STATE	7855-20790	$ -	$ -	$ -	$ -	$ -
TCLEOSE COURT COST - COUNTY (10%)	7856-20610		$ -			$ -
TCLEOSE COURT COST - STATE (90%)	7856-20740		$ -			$ -
JURY REIMBURSEMENT FEE -COUNTY (10%	7857-20610		$ -			$ -
JURY REIMBURSEMENT FEE -STATE (90%)	7857-20740		$ -			$ -
CONSOLIDATED CRT COSTS - STATE (PR, FAM, CV) SB41	***7858-20740***	***$ 137.00***			***$ -***	***$ 137.00***
STATE TRAFFIC FINE - COUNTY (5%)	7860-20610		$ -			$ -
STATE TRAFFIC FINE - STATE (95%)	7860-20740		$ -			$ -
STATE TRAFFIC FINE - COUNTY (4%) 9/1/2019	***7860-20610***		***$ 0.30***			***$ 0.30***
STATE TRAFFIC FINE - STATE (96%) 9/1/2019	***7860-20740***		***$ 7.12***			***$ 7.12***

CALHOUN COUNTY CLERK
MONTHLY REPORT RECAPITUATION

SEPTEMBER 2024

DESC	GL CODE	CIVIL/FAMILY	CRIMINAL	OFFICIAL PUBLIC RECORDS	PROBATE	TOTAL
INDIGENT DEFENSE FEE - CRIMINAL - COUNTY (10%)	7865-20610		$ -			$ -
INDIGENT DEFENSE FEE - CRIMINAL - STATE (90%)	7865-20740		$ -			$ -
TIME PAYMENT - COUNTY (50%)	7950-20610		$ -			$ -
TIME PAYMENT - STATE (50%)	7950-20740		$ -			$ -
BAIL JUMPING AND FAILURE TO APPEAR - COUNTY	7970-20610					$ -
BAIL JUMPING AND FAILURE TO APPEAR - STATE	7970-20740					$ -
DUE PORT LAVACA PD	9990-99991		$ -			$ -
DUE SEADRIFT PD	9990-99992		$ -			$ -
DUE TO POINT COMFORT PD	9990-99993		$ -			$ -
DUE TO TEXAS PARKS & WILDLIFE	9990-99994		$ -			$ -
DUE TO TEXAS PARKS & WILDLIFE WATER SAFETY	9990-99995					$ -
DUE TO TABC	9990-99996					$ -
DUE TO ATTORNEY AD LITEMS	9990-99997					$ -
DUE TO OPERATING/NSF CHARGES/DUE TO OTHERS	7120-20759	$ 500.00	$ -	$ 892.00	$ 500.00	$ 1,892.00
		$ 1,180.00	$ 4,348.00	$ 18,552.50	$ 931.00	$ 25,011.50
TOTAL FUNDS COLLECTED		$ 25,011.50				-
FUNDS HELD IN ESCROW:		$ -		AMOUNT DUE TO TREASURER (2DR'S):		$ 23,119.50
TOTAL RECEIPTS:		$ 25,011.50		AMOUNT DUE TO OTHERS (LESS SF'S):		$ 1,892.00

REGISTRY DEPOSITS, CASH BONDS, AND CERTIFICATES OF DEPOSIT

CASH ON HAND, REGISTRY OF COURT FUNDS (PROSPERITY)				
BEGINNING BOOK BALANCE	8/31/2024	$ 58,808.62		
FUND RECEIVED		$ 3,000.00	**BALANCE OF CASH BONDS**	$ 50,337.50
DISBURSEMENTS		$ (4,000.00)		
ENDING BOOK BALANCE	9/30/2024	$ 57,808.62	**OTHER REGISTRY ITEMS**	$ 7,496.12
			IBC CASH BOND CHECKS	$ (25.00)
BANK RECONCILIATION REGISTRY OF COURT FUNDS				
ENDING BANK BALANCE	9/30/2024	$ 67,973.62	**TOTAL REGISTRY FUNDS**	$ 57,808.62
OUTSTANDING DEPOSITS**		$ 1,500.00		
OUTSTANDING CHECKS**		$ (11,665.00)	*Reconciled:*	$ -
RECONCILED BANK BALANCE	9/30/2024	$ 57,808.62		
***BB OFF $5K - CK#5724 ENTERED WRONG**		$ -		

CERTIFICATES OF DEPOSITS HELD IN TRUST - PROSPERITY BANK

CD'S	Date Issued	Balance 8/31/2024	Purchases/ Interest	Withdrawals	Balance 09/30/24
10440	1/24/2018	$ -		$ -	$ -
10441	1/24/2018	$ -			$ -
10442	1/24/2018	$ 1,324.06			$ 1,324.06
10443	1/25/2018	$ 1,324.06			$ 1,324.06
10444	1/25/2018	$ 9,998.88			$ 9,998.88
10445	1/25/2018	$ 9,998.88			$ 9,998.88
10446	1/25/2018	$ 9,998.88			$ 9,998.88
10449	6/9/1955	$ 21,224.73			$ 21,224.73
10454	3/2/2018	$ -			$ -
10455	3/2/2018	$ -			$ -
10486	8/26/2020	$ 6,136.65			$ 6,136.65
10495	12/22/2021	$ 35,495.78	$ 254.29		$ 35,750.07
10496	12/22/2021	$ 35,495.76	$ 254.29		$ 35,750.05
10504	2/14/2023	$ 11,395.03			$ 11,395.03
10505	2/14/2023	$ 9,664.95			$ 9,664.95
	TOTALS:	$ 152,057.66	$ 508.58	$ -	$ 152,566.24
					$ -

Anna M. Goodman 10/8/2024

Submitted by: Anna M Goodman, County Clerk — Date

10-16-24

Richard Meyer, Calhoun County Judge — Date

ENTER COURT NAME:		DISTRICT CLERK	
ENTER MONTH OF REPORT		SEPTEMBER	
ENTER YEAR OF REPORT		2024	
CODE	AMOUNT		
CR - CCC	1.61	Revised 04/03/23	
CR- STATE CCC- 2020	572.29		
CR- LOCAL CCC- 2020	324.76		
CR - CRIMINAL JUSTICE PLANNING FUND			
CR - CLERK'S FEE	5.48		
CR - CMI			
CR - CRIME STOPPERS	12.99		
CR - COURTHOUSE SECURITY	0.68		
CR - CVCF	0.12		
CR - CJPT			
CR - DRUG CRT PROG FEE	3.72		
CR - FA	0.01		
CR - JCD			
CR - JCPT			
CR - JURY REIMBURSEMENT FEE- JRF	0.35		
CR - JUDICIAL SUPPORT FUND- JSF	0.07		
CR - LAW ENFORC. EDUC FUND			
CR - IND LEGALS SVCS (IDF)	0.01		
CR - DUE TO STATE - NONDISCLOSURE FEE			
CR - TIME PAYMENT-TP	0.34		
CR- TIME PAYMENT REIMBURSEMENT- 2020	45.94		
CR - BREATH ALCOHOL TESTING			
CR - CO CHILD ABUSE PREVENTION FUND	68.65		
CR - CLERK'S FEE			
CR - RECORDS MANAGEMENT	3.40		
CR - BOND FORFEITURES			
CR - PRETRIAL DIVERSION FUND			
CR - REBATES ON PREVIOUS EXPENSES	3.15		
CR - REIMB CRT APPOINTED ATTY FEES	548.77		
CR - TECHNOLOGY FUND (DIST & CO CLK)	0.54		
CR - STATE ELECTRONIC FILING FEE	0.64		
CR - COUNTY ELECTRONIC FILING FEE			
CR - EMS TRAUMA FUND	19.74		
CR - DNA TESTING FEE	1.98		
CR - FAMILY VIOLENCE FINE			
CR - RESTITUTION FEE	161.18		
CR - TCLEOSE - MVF			
CR - STATE TRAFFIC FINE			
CR - OVERPAYMENTS			
CR - SHERIFF	291.50		
CR - D.A.			
CR - FINES	428.20	CR-SUBTOTAL	$2,496.32
CV - STATE REIMB- TITLE IV-D COURT COSTS			
CV - COPIES	455.80		
CV - CLERK'S FEES	2,383.88		
CV - COURT RECORDS PRESERVATION FUND			
CV - RECORDS MGMT FEE - DISTRICT CLERK			
CV - STENOGRAPHER	719.72		
CV - SHERIFF'S JURY FEE			
CV - LAW LIBRARY	1,007.59		
CV - (STATE) DIV. & FAMILY LAW			
CV-(STATE) OTHER THAN DIV/FAM.LAW			
CV-(STATE) OTHER CIVIL PROCEEDINGS			
CV - JURY FEE	287.88		
CV - COUNTY DISPUTE RESOLUTION FUND	431.82		
CV - RECORDS MGMT PRSRV FUND - CLERK	1,114.85		
CV - COURTHOUSE SECURITY	575.76		
CV - LANGUAGE ACCESS FUND	86.37		
CV - SHERIFF'S SERVICE FEE	2,117.78		
***CV - DUE TO OTHERS			
CV -CRT APPOINTED ATY FEES - CHILD SUPPORT			
CV-JUDICIAL & COURT PERSONNEL TRAINING FEE			
CV - JUDICIAL SALARIES			
CV - AJSF	143.94		
CV - COURT FACILITY FEE FUND	575.77		
CV - BOND FORFEITURES			
CV - STATE ELECTRONIC FILING FEE			
CV - COUNTY ELECTRONIC FILING FEE			
CV - FAMILY PROTECTION FEE			
CV - ADOPTION-BUREAU OF VITAL STATS FEE			
CV- DUE TO STATE- NONDISCLOSURE FEE			
CV - DUE TO STATE - CONSOLIDATED FEE 2022	2,492.08		
CV - OVERPAYMENTS			
CV - OUT-OF-COUNTY SVC OF CITATION		CV-SUBTOTAL	$12,403.24
TOTAL CASH RECEIPTS	$14,899.56		
NSF CHECKS			

DUE TO OTHERS:	AMOUNT	
ATTORNEY GENERAL - RESTITUTION		PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
OUT-OF-COUNTY SERVICE FEE	0.00	PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
REFUNDS OF OVERPAYMENTS	0.00	PLEASE INCLUDE P. O. REQUESTING DISBURSEMENT
DUE TO OTHERS (crime stoppers & restitution)	174.17	
TOTAL DUE TO OTHERS	$174.17	

TREASURERS RECEIPTS FOR MONTH:	*	
CASH, CHECKS, M.O.s & CREDIT CARDS	14,899.56	Calculate from ACTUAL Treasurer's Receipts

* Treasurer Receipt Numbers F2024SEP005, 007,017,026,031

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

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

ACCOUNT NUMBER		ACCOUNT NAME		DEBIT	CREDIT
1000-001-44190		SHERIFF'S SERVICE FEES			$2,409.28
1000-001-44140		JURY FEES			$297.88
1000-001-44045		RESTITUTION FEE			$0.00
1000-001-44020		DISTRICT ATTORNEY FEES			$0.00
1000-001-49010		REBATES-PREVIOUS EXPENSE			$3.15
1000-001-49030		REBATES-ATTORNEY'S FEES			$548.77
1000-001-44058		DISTRICT CLERK ELECTRONIC FILING FEES			$0.00
1000-001-44322		TIME PAYMENT REIMBURSEMENT FEES			$45.94
1000-001-43049		STATE REIMB- TITLE IV-D COURT COSTS			$0.00
	DISTRICT CLERK FEES				
	CERTIFIED COPIES		$455.80		
	CRIMINAL COURT		$5.48		
	CIVIL COURT		$2,383.88		
	STENOGRAPHER		$719.72		
	CIV FEES DIFF		$0.00		
1000-001-44050		DISTRICT CLERK FEES			$3,564.88
1000-999-20771		FAMILY VIOLENCE FINE			$0.00
1000-999-10010		CASH - AVAILABLE		$6,869.90	
2706-001-44055		FAMILY PROTECTION FEE			$0.00
2706-999-10010		CASH - AVAILABLE		$0.00	
2740-001-45055		FINES - DISTRICT COURT			$428.20
2740-999-10010		CASH - AVAILABLE		$428.20	
2620-001-44055		APPELLATE JUDICIAL SYSTEM			$143.94
2620-999-10010		CASH - AVAILABLE		$143.94	
2648-001-44055		COURT FACILITY FEE FUND			$575.77
2648-999-10010		CASH - AVAILABLE		$575.77	
2670-001-44055		COURTHOUSE SECURITY			$576.44
2670-999-10010		CASH - AVAILABLE		$576.44	
2673-001-44055		CRT RECS PRESERVATION FUND- CO			$0.00
2673-999-10010		CASH - AVAILABLE		$0.00	
2725-001-44055		LANGUAGE ACCESS FUND			$86.37
2725-999-10010		CASH - AVAILABLE		$86.37	
2739-001-44055		RECORD MGMT/PRSV FUND - CLERK			$1,117.91
2739-999-10010		CASH - AVAILABLE		$1,117.91	
2737-001-44055		RECORD MGMT/PRSV FUND -DIST CLRK			$0.34
2737-999-10010		CASH - AVAILABLE		$0.34	
2731-001-44055		LAW LIBRARY			$1,007.59
2731-999-10010		CASH - AVAILABLE		$1,007.59	
2663-001-44050		CO & DIST CRT TECHNOLOGY FUND			$0.54
2663-999-10010		CASH - AVAILABL		$0.54	
7040-999-20740		BREATH ALCOHOL TESTING - STATE			$0.00
7040-999-10010		CASH - AVAILABLE		$0.00	
2667-001-44055		CO CHILD ABUSE PREVENTION FUND			$68.65
2667-999-10010		CASH - AVAILABLE		$68.65	
7502-999-20740		JUDICIAL & COURT PERSONNEL TRAINING FUND-STATE			$0.00
7502-999-10010		CASH-AVAILABE		$0.00	
7383-999-20610		DNA TESTING FEE - County			$0.20
7383-999-20740		DNA TESTING FEE - STATE			$1.78
7383-999-10010		CASH - AVAILABLE		$1.98	

7405-999-20610	EMS TRAUMA FUND - COUNTY		$1.97
7405-999-20740	EMS TRAUMA FUND - STATE		$17.77
7405-999-10010	CASH - AVAILABLE	$19.74	
7070-999-20610	CONSOL. COURT COSTS - COUNTY		$0.19
7070-999-20740	CONSOL. COURT COSTS - STATE		$1.75
7070-999-10010	CASH - AVAILABLE	$1.94	
7072-999-20610	STATE CONSOL. COURT COSTS- COUNTY		$57.23
7072-999-20740	STATE CONSOL. COURT COSTS- STATE		$515.06
7072-999-10010	CASH- AVAILABLE	$572.29	
2698-001-44030-010	DRUG CRT PROG FEE - COUNTY (PROGRAM)		$1.86
2698-999-10010-010	CASH - AVAILABLE	$1.86	
7390-999-20610-999	DRUG COURT PROG FEE - COUNTY (SVC FEE)		$0.37
7390-999-20740-999	DRUG COURT PROG FEE - STATE		$1.49
7390-999-10010-999	CASH - AVAILABLE	$1.86	
7865-999-20610-999	CRIM - SUPP OF IND LEGAL SVCS - COUNTY		$0.00
7865-999-20740-999	CRIM - SUPP OF IND LEGAL SVCS - STATE		$0.01
7865-999-10010-999	CASH - AVAILABLE	$0.01	
7760-999-20790-010	CRIM - DUE TO STATE - NONDISCLOSURE FEE		$0.00
7760-999-10010-010	CRIM - DUE TO STATE - NONDISCLOSURE FEE	$0.00	
7950-999-20610	TIME PAYMENT - COUNTY		$0.17
7950-999-20740	TIME PAYMENT - STATE		$0.17
7950-999-10010	CASH - AVAILABLE	$0.34	
7505-999-20610	JUDICIAL SUPPORT-CRIM - COUNTY		$0.01
7505-999-20740	JUDICIAL SUPPORT-CRIM - STATE		$0.06
7505-999-10010	CASH - AVAILABLE	$0.07	
7505-999-20740-010	JUDICIAL SALARIES-CIVIL - STATE(42)		$0.00
7505-999-10010-010	CASH AVAILABLE	$0.00	
2740-001-45050	BOND FORFEITURES		$0.00
2740-999-10010	CASH - AVAILABLE	$0.00	
2729-001-44034	PRE-TRIAL DIVERSION FUND		$0.00
2729-999-10010	CASH - AVAILABLE	$0.00	
7857-999-20610	JURY REIMBURSEMENT FUND- COUNTY		$0.04
7857-999-20740	JURY REIMBURSEMENT FUND- STATE		$0.31
7857-999-10010	CASH - AVAILABLE	$0.35	
7860-999-20610	STATE TRAFFIC FINE- COUNTY		$0.00
7860-999-20740	STATE TRAFFIC FINE- STATE		$0.00
7860-999-10010	CASH - AVAILABLE	$0.00	
7403-999-22888	DIST CRT - ELECTRONIC FILING FEE - CIVIL		$0.00
7403-999-22991	DIST CRT - ELECTRONIC FILING FEE - CRIMINAL		$0.64
	CASH - AVAILABLE	$0.64	

	LOCAL CONSOL. COURT COST		
1000-001-44050	DISTRICT CLERK FEES		$123.72
1000-999-10010	CASH - AVAILABLE	$123.72	
2739-001-44055	RECORD MGMT/PRSV FUND - COUNTY		$77.32
2739-999-10010	CASH - AVAILABLE	$77.32	
2669-001-44050	COUNTY JURY FUND		$3.09
2669-999-10010	CASH - AVAILABLE	$3.09	
2670-001-44055	COURTHOUSE SECURITY		$30.93
2670-999-10010	CASH - AVAILABLE	$30.93	
2663-001-44050	CO & DIST CRT TECHNOLOGY FUND		$12.37
2663-999-10010	CASH - AVAILABLE	$12.37	
2676-001-44050	COUNTY SPECIALTY COURT FUND		$77.32
2676-999-10010	CASH - AVAILABLE	$77.32	
	TOTAL:	$324.76	

7855-999-20784-010	DIST CRT - DIVORCE & FAMILY LAW - STATE		$0.00
7855-999-20657-010	DIST CRT - DIVORCE & FAMILY LAW - COUNTY		$0.00
7855-999-20792-010	DIST CRT-OTHER THAN DIVORCE/FAMILY LAW - STATE		$0.00
7855-999-20658-010	DIST CRT-OTHER THAN DIVORCE/FAMILY LAW - COUNTY		$0.00
7855-999-20740-010	DIST CRT - OTHER CIVIL PROCEEDINGS - STATE		-
7855-999-20610-010	DIST CRT - OTHER CIVIL PROCEEDINGS - COUNTY		-
7855-999-20790-010	DUE TO STATE - NONDISCLOSURE FEE		$0.00
7855-999-10010-010	CASH - AVAILABLE	0.00	
2677-001-44050-999	COUNTY DISPUTE RESOLUTION FUND		$431.82
2677-999-10010-999	CASH - AVAILABLE	$431.82	
7858-999-20740-999	DIST CLK - DUE TO STATE CONSOLIDATED FEE 2022		$2,492.08
7858-999-10010-999	CASH AVAILABLE	$2,492.08	
	TOTAL (Distrib Req to Oper Acct)	**$15,050.15**	**$14,725.39**
	DUE TO OTHERS (Distrib Req(s) attached)		
	ATTORNEY GENERAL (RESTITUTION)	0.00	
	OUT-OF-COUNTY SERVICE FEES	0.00	
	REFUND OF OVERPAYMENTS	0.00	
	DUE TO OTHERS	174.17	
	TOTAL DUE TO OTHERS		$174.17
	REPORT TOTAL - ALL FUNDS		**14,899.56**
	PLUS AMT OF RETURNED CKS		**0.00**
	LESS: TOTAL TREASURER'S RECEIPTS		(14,899.56)
	OVER / (SHORT)		$0.00

Revised 04/03/23

DISTRICT COURT

STATE COURT COSTS REPORT

SEPTEMBER
2024

SECTION I: REPORT FOR OFFENSES COMMITTED	COLLECTED	SEPTEMBER COUNTY	STATE
01/1/20 - Present	$572.29	57.23	515.06
01/01/04 - 12/31/19	$1.61	0.16	1.45
09/01/01 - 12/31/03	0.33	0.03	0.30
09/01/99 - 08/31/01		-	-
09/01/97 - 08/31/99		-	-
09/01/95 - 08/31/97		-	-
09/01/91 - 08/31/95		-	-
TOTALS	$574.23	57.42	516.81
BAIL BONDS FEES			
DNA TESTING FEES	1.98	0.20	1.78
EMS TRAUMA FUND	19.74	1.97	17.77
JUV. PROB. DIVERSION FEES			
JURY REIMBURSEMENT FEE	$0.35	0.04	0.31
INDIGENT DEFENSE FUND	$0.01	0.00	$0.01
STATE TRAFFIC FEES	$0.00	-	$0.00
DRUG CRT PROG FEE	$3.72	$2.23	1.49
SECTION II: AS APPLICABLE			
STATE POLICE OFFICER FEES			
FAILURE TO APPEAR/PAY FEES		-	-
JUD. FUND-CONST. CO. CRT.			
JUD. FUND-STATUTORY CO. CRT.			
MOTOR CARRIER WEIGHT VIOLATIONS			
TIME PAYMENT FEE	$0.34	0.17	0.17
DRIVING RECORD FEE			
JUDICIAL SUPPORT FEES	$0.07	0.01	0.06
ELECTRONIC FILING FEE - CR	$0.64		$0.64
NONDISCLOSURE FEES - CR	$0.00		$0.00
TOTAL STATE COURT COSTS	$601.08	$ 62.04	$ 539.04

CIVIL FEES REPORT

		SEPTEMBER		
		COLLECTED	COUNTY	STATE
BIRTH CERTIFICATE FEES				
MARRIAGE LICENSE FEES				
DECL. OF INFORMAL MARRIAGE				
ELECTRONIC FILING FEE - CV		$0.00		$0.00
NONDISCLOSURE FEES - CV	0	$0.00		$0.00
JUROR DONATIONS				
JUSTICE CRT. INDIG FILLING FEES				
STAT PROB CRT INDIG FILING FEES				
STAT PROB CRT JUDIC FILING FEES				
STAT CNTY CRT INDIG FILING FEES				
STAT CNTY CRT JUDIC FILING FEES				
STAT CNTY CRT-JUDICIAL SUPPORT				
CONST CNTY CRT INDIG FILING FEES				
CNST CNTY CRT JUDIC FILING FEES				
DIST CRT DIV & FAMILY LAW	0	$0.00	-	-
DIST CRT OTHER THAN DIV/FAM LAW	0	$0.00	-	-
DIST CRT OTHER CIVIL FILINGS	0	$0.00	-	-
FAMILY PROTECTION FEE				
JUDICIAL SUPPORT FEE	0	$0.00		$0.00
JUDICIAL & COURT PERSONNEL TRANING FEE	0	$0.00	-	$0.00
2022 STATE CONSOLIDATED FEE	14	$2,492.08		$2,492.08
COUNTY DISPUTE RESOLUTION FUND		431.82		431.82
TOTAL CIVIL FEES REPORT		$ 2,923.90	$ -	$ 2,923.90
TOTAL BOTH REPORTS		$ 3,524.98	$ 62.04	$ 3,462.94

CALHOUN COUNTY
201 West Austin

DISTRIBUTION REQUEST

DR# 420 A 45573

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

PAYOR
Official: Anna Kabela
Title: District Clerk

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
7340-999-20759-999	District Clerk Monthly Collections - Distribution	$14,725.39
	SEPTEMBER	
	2024	
V# 967		
	TOTAL	14,725.39

Signature of Official

10-16-24
Date

ENTER COURT NAME:		JUSTICE OF PEACE NO. 3
ENTER MONTH OF REPORT		SEPTEMBER
ENTER YEAR OF REPORT 2022		2024
CODE	AMOUNT	
CASH BONDS		REVISED 02/02/2021
ADMINISTRATION FEE - ADMF	10.00	
BREATH ALCOHOL TESTING - BAT		
CONSOLIDATED COURT COSTS - CCC	80.00	
STATE CONSOLIDATED COURT COST- 2020	938.19	
LOCAL CONSOLIDATED COURT COST- 2020	214.81	
COURTHOUSE SECURITY - CHS	8.00	
CJP		
CIVIL JUSTICE DATA REPOSITORY FEE - CJDR	0.10	
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	30.00	
ELECTRONIC FILING FEE - EEF		
FUGITIVE APPREHENSION - FA		
GENERAL REVENUE - GR		
CRIM - IND LEGAL SVCS SUPPORT - IDF		
JUVENILE CRIME & DELINQUENCY - JCD		
JUVENILE CASE MANAGER FUND - JCMF	10.00	
JUSTICE COURT PERSONNEL TRAINING - JCPT		
JUROR SERVICE FEE - JSF	8.00	
LOCAL ARREST FEES - LAF	27.96	
LEMI		
LEOA		
LEOC		
OCL		
PARKS & WILDLIFE ARREST FEES - PWAF		
STATE ARREST FEES - SAF	57.71	
SCHOOL CROSSING/CHILD SAFETY FEE - SCF		
SUBTITLE C - SUBC		
STATE TRAFFIC FINES-EST 9.1.19- STF	315.96	
TABC ARREST FEES - TAF		
TECHNOLOGY FUND - TF	8.00	
TRAFFIC - TFC		
LOCAL TRAFFIC FINE- 2020	18.95	
TIME PAYMENT - TIME		
TIME PAYMENT REIMBURSEMENT FEE- 2020	6.25	
TRUANCY PREVENTION/DIVERSION FUND - TPDF	4.00	
LOCAL & STATE WARRANT FEES - WRNT	219.08	
COLLECTION SERVICE FEE-MVBA - CSRV	315.11	
DEFENSIVE DRIVING COURSE - DDC	20.00	
DEFERRED FEE - DFF	212.00	
DRIVING EXAM FEE- PROV DL		
FILING FEE - FFEE		
STATE CONSOLIDATED CIVIL FEE - 2022		
LOCAL CONSOLIDATED CIVIL FEE - 2022		
FILING FEE SMALL CLAIMS - FFSC		
JURY FEE - JF		
COPIES/CERTIFED COPIES - CC		
INDIGENT FEE - CIFF or INDF	4.00	
JUDGE PAY RAISE FEE - JPAY	12.00	
SERVICE FEE - SFEE		
OUT-OF-COUNTY SERVICE FEE		
ELECTRONIC FILING FEE - EEF CV		
EXPUNGEMENT FEE - EXPG		
EXPIRED RENEWAL - EXPR		
ABSTRACT OF JUDGEMENT - AOJ		
ALL WRITS - WOP / WOE		
DPS FTA FINE - DPSF		
LOCAL FINES - FINE	1,160.58	
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	**$3,680.70**	

TYPE:	AMOUNT	
TOTAL WARRANT FEES	219.08	
ENTER LOCAL WARRANT FEES	219.08	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	$3,680.70	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	**$3,680.70**	

10/16/24

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

10/1/2024

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

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45013		FINES		1,160.58
CR	1000-001-44190		SHERIFF'S FEES		293.21
		ADMINISTRATIVE FEES:			
		DEFENSIVE DRIVING		20.00	
		CHILD SAFETY		0.00	
		TRAFFIC		18.95	
		ADMINISTRATIVE FEES		252.00	
		EXPUNGEMENT FEES		0.00	
		MISCELLANEOUS		0.00	
CR	1000-001-44363		TOTAL ADMINISTRATIVE FEES		290.95
CR	1000-001-44010		CONSTABLE FEES-SERVICE		0.00
CR	1000-001-44063		JP FILING FEES		0.00
CR	1000-001-44090		COPIES / CERTIFIED COPIES		0.00
CR	1000-001-49110		OVERPAYMENTS (LESS THAN $10)		0.00
CR	1000-001-44322		TIME PAYMENT REIMBURSEMENT FEE		6.25
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		315.11
			TOTAL FINES, ADMIN. FEES & DUE TO STATE		$2,066.10
CR	2670-001-44063		COURTHOUSE SECURITY FUND		$81.18
CR	2720-001-44063		JUSTICE COURT SECURITY FUND		$2.00
CR	2719-001-44063		JUSTICE COURT TECHNOLOGY FUND		$69.37
CR	2699-001-44063		JUVENILE CASE MANAGER FUND		$10.00
CR	2730-001-44063		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$76.72
CR	2669-001-44063		COUNTY JURY FUND		$1.53
CR	2728-001-44063		JUSTICE COURT SUPPORT FUND		$0.00
CR	2677-001-44063		COUNTY DISPUTE RESOLUTION FUND		$0.00
CR	2725-001-44063		LANGUAGE ACCESS FUND		$0.00
		STATE ARREST FEES			
		DPS FEES		11.54	
		P&W FEES		0.00	
		TABC FEES		0.00	
CR	7020-999-20740		TOTAL STATE ARREST FEES		11.54
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		93.82
CR	7072-999-20740		STATE CCC- STATE		844.37
		DR 7072-999-10010		938.19	
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		12.64
CR	7860-999-20740		STF- EST 9/1/2019- STATE		303.32
		DR 7860-999-10010		315.96	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

10/1/2024

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

CR	7950-999-20610		TP-GENERAL FUND	0.00
CR	7950-999-20740		TP-STATE	0.00
		DR 7950-999-10010	*0.00*	
CR	7480-999-20610		CIVIL INDIGENT LEGAL-GEN. FUND	0.20
CR	7480-999-20740		CIVIL INDIGENT LEGAL-STATE	3.80
		DR 7480-999-10010	*4.00*	
CR	7865-999-20610		CRIM-SUPP OF IND LEG SVCS-GEN FUND	0.00
CR	7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE	0.00
		DR 7865-999-10010	*0.00*	
CR	7970-999-20610		TL/FTA-GENERAL FUND	0.00
CR	7970-999-20740		TL/FTA-STATE	0.00
		DR 7970-999-10010	*0.00*	
CR	7505-999-20610		JPAY - GENERAL FUND	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	0.01
CR	7856-999-20740		CIVIL JUSTICE DATA REPOS.- STATE	0.09
		DR 7856-999-10010	*0.10*	
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	2.00
	7998-999-20701		JUVENILE CASE MANAGER FUND	2.00
		DR 7998-999-10010	*4.00*	
	7403-999-22889		ELECTRONIC FILING FEE - CV STATE	0.00
		DR 7403-999-22889	0.00	
	7858-999-20740		STATE CONSOLIDATED CIVIL FEE	0.00
			0.00	
			TOTAL (Distrib Req to Oper Acct)	$3,680.70

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	**$3,680.70**
LESS: TOTAL TREASUER'S RECEIPTS	**$3,680.70**
OVER/(SHORT)	$0.00

REVISED 02/02/2021

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15. 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, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

22

DEPARTMENT NAME: AMBULANCE OPERATIONS-SEADRIFT DEPARTMENT NO: 340

AMENDMENT NO: 6825	*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)
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	$0	$0	$0	$100	$100
65740	SERVICES	999	NO GRANT	$0	$0	$100	$0	($100)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**
			AMBULANCE OPERATIONS-SEADRIFT TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**

DEPARTMENT NAME: BUILDING MAINTENANCE DEPARTMENT NO: 170

AMENDMENT NO: 6825	*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)
65452	REPAIRS-BAUER BLDG	999	NO GRANT	$0	$0	$0	$1,331	$1,331
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$4,120	$0	($4,120)
73193	IMPROVEMENTS-FAIRGROUNDS	999	NO GRANT	$0	$0	$0	$2,789	$2,789
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$4,120**	**$4,120**	**$0**
			BUILDING MAINTENANCE TOTAL	**$0**	**$0**	**$4,120**	**$4,120**	**$0**

DEPARTMENT NAME: COMMISSIONERS COURT DEPARTMENT NO: 230

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: COMMISSIONERS COURT DEPARTMENT NO: 230

AMENDMENT NO: 6825	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)
54020	DUES	999	NO GRANT	$0	$0	$690	$0	($690)
63350	LEGAL SERVICES	999	NO GRANT	$0	$0	$0	$690	$690
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$690**	**$690**	**$0**
			COMMISSIONERS COURT TOTAL	**$0**	**$0**	**$690**	**$690**	**$0**

DEPARTMENT NAME: COUNTY CLERK DEPARTMENT NO: 250

AMENDMENT NO: 6825	REQUESTOR: COUNTY AUDITOR/OVERDRAWN
AMENDMENT REASON:	OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51700	MEAL ALLOWANCE	999	NO GRANT	$0	$0	$12	$0	($12)
53020	OFFICE SUPPLIES	999	NO GRANT	$0	$0	$338	$0	($338)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	$0	$0	$0	$350	$350
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$350**	**$350**	**$0**
			COUNTY CLERK TOTAL	**$0**	**$0**	**$350**	**$350**	**$0**

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6825	*REQUESTOR: COUNTY AUDITOR/OVERDRAWN*

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51910	SOCIAL SECURITY	999	NO GRANT	$0	$0	$100	$0	($100)
51920	GROUP INSURANCE	999	NO GRANT	$0	$0	$0	$100	$100
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**
			COUNTY COURT-AT-LAW TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**

DEPARTMENT NAME: COUNTY TREASURER DEPARTMENT NO: 210

AMENDMENT NO: 6825	*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)
50325	DEPUTY COUNTY TREASURER	999	NO GRANT	$0	$0	$0	$171	$171
51630	COMP TIME PAY	999	NO GRANT	$0	$0	$171	$0	($171)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$171**	**$171**	**$0**
			COUNTY TREASURER TOTAL	**$0**	**$0**	**$171**	**$171**	**$0**

DEPARTMENT NAME: ELECTIONS DEPARTMENT NO: 270

AMENDMENT NO: 6825	*REQUESTOR: COUNTY AUDITOR/OVERDRAWN*

AMENDMENT REASON: OVERDRAWN ACCOUNTS

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: ELECTIONS DEPARTMENT NO: 270

AMENDMENT NO: 6825	*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)
51613	OVERTIME BASE PAY	999	NO GRANT	$0	$0	$70	$0	($70)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	$0	$0	$35	$0	($35)
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	$0	$0	$0	$105	$105
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$105**	**$105**	**$0**
			ELECTIONS TOTAL	**$0**	**$0**	**$105**	**$105**	**$0**

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6825	*REQUESTOR: COUNTY AUDITOR/OVERDRAWN*

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
50815	PARAMEDIC	999	NO GRANT	$0	$0	$0	$38,500	$38,500
51540	TEMPORARY	999	NO GRANT	$0	$0	$15,000	$0	($15,000)
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	$0	$0	$20,000	$0	($20,000)
74050	VEHICLE	999	NO GRANT	$0	$0	$3,500	$0	($3,500)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$38,500**	**$38,500**	**$0**
			EMERGENCY MEDICAL SERVICES TOTAL	**$0**	**$0**	**$38,500**	**$38,500**	**$0**

DEPARTMENT NAME: JAIL DEPARTMENT NO: 180

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: JAIL — DEPARTMENT NO: 180

AMENDMENT NO: 6825	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)
50363	DEPUTY JAILER	999	NO GRANT	$0	$0	$0	$9,211	$9,211
51613	OVERTIME BASE PAY	999	NO GRANT	$0	$0	$1,137	$0	($1,137)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	$0	$0	$569	$0	($569)
51620	ADDITIONAL PAY-REGULAR RATE	999	NO GRANT	$0	$0	$2,515	$0	($2,515)
51740	VACATION PAY ON TERMINATION	999	NO GRANT	$0	$0	$4,990	$0	($4,990)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$9,211**	**$9,211**	**$0**
			JAIL TOTAL	**$0**	**$0**	**$9,211**	**$9,211**	**$0**

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #1 — DEPARTMENT NO: 450

AMENDMENT NO: 6825	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	$310	$310
64230	OMNIBASE PROGRAM SERVICES	999	NO GRANT	$0	$0	$310	$0	($310)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$310**	**$310**	**$0**
			JUSTICE OF PEACE-PRECINCT #1 TOTAL	**$0**	**$0**	**$310**	**$310**	**$0**

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6825	*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
64230	OMNIBASE PROGRAM SERVICES	999	NO GRANT	$0	$0	$75	$0	($75)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$75**	**$75**	**$0**
			JUSTICE OF PEACE-PRECINCT #2 TOTAL	**$0**	**$0**	**$75**	**$75**	**$0**

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #4 DEPARTMENT NO: 480

AMENDMENT NO: 6825	*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)
60970	COMPUTER MAINTENANCE	999	NO GRANT	$0	$0	$0	$120	$120
66476	TRAVEL IN COUNTY	999	NO GRANT	$0	$0	$120	$0	($120)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$120**	**$120**	**$0**
			JUSTICE OF PEACE-PRECINCT #4 TOTAL	**$0**	**$0**	**$120**	**$120**	**$0**

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #5 DEPARTMENT NO: 490

AMENDMENT NO: 6825	*REQUESTOR: COUNTY AUDITOR/OVERDRAWN*

AMENDMENT REASON:	OVERDRAWN ACCOUNTS

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #5 DEPARTMENT NO: 490

AMENDMENT NO: 6825	*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)
50275	COURT CLERK (JP) PART-TIME	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
51950	FEDERAL/STATE UNEMPLOYMENT	999	NO GRANT	$0	$0	$1	$0	($1)
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$0	$1,001	$1,001
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$1,001**	**$1,001**	**$0**
			JUSTICE OF PEACE-PRECINCT #5 TOTAL	**$0**	**$0**	**$1,001**	**$1,001**	**$0**

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

AMENDMENT NO: 6822	*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	$72,000	$72,000
53595	TOOLS	999	NO GRANT	$0	$0	$500	$0	($500)
53640	JANITOR SUPPLIES	999	NO GRANT	$0	$0	$2,000	$0	($2,000)
60520	BUILDING REPAIRS	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
60795	CLEANING-PARKS	999	NO GRANT	$0	$0	$0	$500	$500
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$69,000	$0	($69,000)
			AMENDMENT NO 6822 TOTAL	**$0**	**$0**	**$72,500**	**$72,500**	**$0**
			ROAD AND BRIDGE-PRECINCT #1 TOTAL	**$0**	**$0**	**$72,500**	**$72,500**	**$0**

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6825	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)
51540	TEMPORARY	999	NO GRANT	$0	$0	$0	$100	$100
53595	TOOLS	999	NO GRANT	$0	$0	$100	$0	($100)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**
			ROAD AND BRIDGE-PRECINCT #2 TOTAL	**$0**	**$0**	**$100**	**$100**	**$0**

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

AMENDMENT NO: 6825	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)
51540	TEMPORARY	999	NO GRANT	$0	$0	$10,000	$0	($10,000)
51545	PART-TIME EMPLOYEES	999	NO GRANT	$0	$0	$0	$10,000	$10,000
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$10,000**	**$10,000**	**$0**
			ROAD AND BRIDGE-PRECINCT #3 TOTAL	**$0**	**$0**	**$10,000**	**$10,000**	**$0**

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

AMENDMENT NO: 6824	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)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6824 ***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)
51630	COMP TIME PAY	999	NO GRANT	$0	$0	$94	$0	($94)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	$0	$0	$2,000	$0	($2,000)
53540	GASOLINE/OIL/DIESEL/GREASE	999	NO GRANT	$0	$0	$5,000	$0	($5,000)
64400	OUTSIDE SERVICES	999	NO GRANT	$0	$0	$0	$8,894	$8,894
70750	CAPITAL OUTLAY	999	NO GRANT	$0	$0	$1,800	$0	($1,800)
			AMENDMENT NO 6824 TOTAL	**$0**	**$0**	**$8,894**	**$8,894**	**$0**
			ROAD AND BRIDGE-PRECINCT #4 TOTAL	**$0**	**$0**	**$8,894**	**$8,894**	**$0**

DEPARTMENT NAME: SHERIFF **DEPARTMENT NO: 760**

AMENDMENT NO: 6823 ***REQUESTOR: SHERIFF***

AMENDMENT REASON: **TO COVER UNIFORMS AND MISC.**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53995	UNIFORMS	999	NO GRANT	$0	$0	$2,000	$0	($2,000)
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$5,000	$0	($5,000)
72660	EQUIPMENT-SOFTWARE	999	NO GRANT	$0	$0	$0	$7,000	$7,000
			AMENDMENT NO 6823 TOTAL	**$0**	**$0**	**$7,000**	**$7,000**	**$0**

AMENDMENT NO: 6825 ***REQUESTOR: COUNTY AUDITOR/OVERDRAWN***

AMENDMENT REASON: **OVERDRAWN ACCOUNTS**

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: SHERIFF **DEPARTMENT NO: 760**

AMENDMENT NO: 6825	***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)
50365	DEPUTY SHERIFF	999	NO GRANT	$0	$0	$0	$4,448	$4,448
51630	COMP TIME PAY	999	NO GRANT	$0	$0	$375	$0	($375)
51740	VACATION PAY ON TERMINATION	999	NO GRANT	$0	$0	$4,073	$0	($4,073)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$4,448**	**$4,448**	**$0**
			SHERIFF TOTAL	**$0**	**$0**	**$11,448**	**$11,448**	**$0**
			GENERAL FUND TOTAL	***$0***	***$0***	***$157,795***	***$157,795***	***$0***

FUND NAME AIRPORT FUND *FUND NO: 2610*

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

AMENDMENT NO: 6825	***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)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	$0	$0	$1,020	$0	($1,020)
73805	ROOF-AIRPORT	999	NO GRANT	$0	$0	$0	$1,020	$1,020
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$1,020**	**$1,020**	**$0**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$1,020**	**$1,020**	**$0**
			AIRPORT FUND TOTAL	***$0***	***$0***	***$1,020***	***$1,020***	***$0***

FUND NAME POC COMMUNITY CENTER *FUND NO: 2736*

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, October 16, 2024 **HEARING TYPE: REGULAR** **BUDGET YEAR: 2024**

FUND NAME POC COMMUNITY CENTER ***FUND NO: 2736***

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

AMENDMENT NO: 6825	***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)
51920	GROUP INSURANCE	999	NO GRANT	$0	$0	$0	$1	$1
51950	FEDERAL/STATE UNEMPLOYMENT	999	NO GRANT	$0	$0	$1	$0	($1)
			AMENDMENT NO 6825 TOTAL	**$0**	**$0**	**$1**	**$1**	**$0**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$1**	**$1**	**$0**
			POC COMMUNITY CENTER TOTAL	***$0***	***$0***	***$1***	***$1***	***$0***
			Grand Total	***$0***	***$0***	***$158,816***	***$158,816***	***$0***

16

16. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:25am

October 16, 2024

APPROVAL LIST - 2024 BUDGET

COMMISSIONERS COURT MEETING OF 10/16/24

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 32					$588,697.62
FICA	PAYROLL 10/11/2024		P/R	$	64,690.54
MEDICARE	PAYROLL 10/11/2024		P/R	$	15,129.32
FWH	PAYROLL 10/11/2024		P/R	$	42,333.98
NATIONWIDE RETIREMENT SOLUTIONS	PAYROLL 10/11/2024		P/R	$	1,832.50
OFFICE OF THE ATTORNEY GENERAL - CHILD SUPPORT	PAYROLL 10/11/2024		P/R	$	2,601.71
VOYA	PAYROLL 10/11/2024		P/R	$	1,900.00
MEDICAL AIR SERVICES ASSOC	OCTOBER 2024 PREMIUMS		P/R	$	2,186.00
CITIBANK	DEPT CREDIT CARD CHARGES		A/P	$	35,337.85
CON-METAL CONTRACTORS, INC	FORMOSA ENVIRONMENTAL TRUST- RECYCLE CENTER	AGENDA #10	A/P	$	143,476.92
TEXAS ASSOCIATION OF COUNTIES HEBP	OCTOBER 2024 PREMIUMS		A/P	$	262,854.88
TRUSTMARK	OCTOBER 2024 PREMIUMS		P/R	$	1,174.18
	TOTAL VENDOR DISBURSEMENTS:			**$**	**1,162,215.50**
CALHOUN COUNTY INDIGENT HEALTH CARE				**$**	**4,199.99**
	TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS:			**$**	**4,199.99**
	TOTAL AMOUNT FOR APPROVAL:			**$**	**1,166,415.49**

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

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	3000718...	GNL AMB 9/4 PUBLIC NOTICE AD	62.80	
			60012	PORT LAVACA WAVE	62340	3000720...	GNL AMB 9/18 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 10/9 ACT# 105729 NOV 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 10/9 ACT# 101612 NOV 2024 INTERNET	49.99	
AMBULANCE OPERATIONS-SEADRIFT	Total 340							49.99	0.00
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	KULLY SUPPLY, INC.	342	656671	MAINT 9/25 (4) NUTS	55.74	
			53610	TURTLE & HUGHES INC	3635	6545624...	MAINT 9/27 SWITCH	3.54	
			53610	GULF COAST HARDWARE LLC	63196	192710	MAINT 10/1 BALL VALVE	45.98	
			53610	GULF COAST HARDWARE LLC	63196	192738	MAINT 10/2 PIC HANGER, OIL, EDGER BLADE, CUT KEYS	47.73	
			53610	GULF COAST HARDWARE LLC	63196	192804	MAINT 10/4 (12) WTR SOFTENER PELLTS	115.08	
			53610	GULF COAST HARDWARE LLC	63196	192813	MAINT 10/4 HVAC SEALANT	27.98	
			53610	GULF COAST HARDWARE LLC	63196	192910	MAINT 10/8 1G PAINT, ROLLER	34.98	
			53610	GULF COAST HARDWARE LLC	63196	192953	MAINT 10/9 CUT KEYS	38.87	
			53610	GULF COAST HARDWARE LLC	63196	192975	MAINT 10/10 5G PAINT	194.99	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53610	GULF COAST HARDWARE LLC	63196	192993	MAINT 10/11 ENGINE OIL, TRIGGER SNAP W/ RING, CUT KEYS	21.26	
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2578310	MAINT 10/1 MICRO-FIBER TUBE MOP	48.28	
			53640	GULF COAST PAPER CO INC	2619	2580352	MAINT 10/7 REPAIR CIRCUIT BREAKER	223.72	
			53640	GULF COAST PAPER CO INC	2619	2581107	MAINT 10/8 MICRO-FIBER CLOTHS	19.92	
			53640	GULF COAST PAPER CO INC	2619	2581111	MAINT 10/8 TRASH BAGS, URINAL FRESHENER, TISSUE, PAPER TOWEL	1,283.61	
			53640	GULF COAST PAPER CO INC	2619	2581139	MAINT 10/8 TISSUE	145.48	
			53640	GULF COAST PAPER CO INC	2619	2581285	MAINT 10/8 (5) DOLLY	169.10	
		CAPITAL OUTLAY	70750	COASTAL REFRIGERATION	812	8623490	MAINT 10/1 REPL CONDENSING UNIT @ BAUER	4,121.60	
		CAPITAL OUTLAY-ROOF(S)	70825	G&W ENGINEERS, INC.	2601	5310026...	MAINT 10/7 ENG SVCS-ANNEX ROOF IMPR 9/2- 9/29	2,000.00	
BUILDING MAINTENANCE	Total 170							8,597.86	0.00
COMMISSIONERS COURT	230	DUES	54020	GOLDEN CRESCENT REGIONAL	2609	8039	COM CRT 9/27 FY 2025 DUES	4,689.00	
		INTERNET SERVICES	62955	SPARKLIGHT	9988	1128551...	COM CRT 10/1 ACT# 112855176 OCT 2024 INTERNET	1,353.28	
		PATHOLOGIST FEES	64520	TRAVIS COUNTY MEDICAL EXAMINER	7710	3300008...	COM CRT/JP3 9/30 AUTOPSY FEE- B. HOWLETT	3,891.00	
		CAPITAL OUTLAY	70750	G&W ENGINEERS, INC.	2601	5310027...	COM CRT 7/30 PLOT PLAN-312 S ANN	950.00	
COMMISSIONERS COURT	Total 230							10,883.28	0.00
COUNTY CLERK	250	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40776427	CO CLK 9/26 (2) MONITORS	327.98	

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			53020	AQUA BEVERAGE CO	89	172706	CO CLK 9/25 WATER	29.00	
		MISCELLANEOUS	63920	TEXAS DEPT OF STATE HEALTH	1512	2023224	CO CLK 10/1 SEPT 2024 REMOTE BIRTH ACCESS	86.01	
COUNTY CLERK	Total 250							442.99	0.00
COUNTY COURT-AT-LAW	410	LEGAL SERVICES-COURT APPOINTED	63380	ROBERTS ODEFEY WITTE WALL LLP	2606	2024137	CRT@LAW1 9/25 C# 2023-FAM-0031-CC	600.00	
			63380	BRADICICH & USZYNSKI LLP	42601	2024136	CRT@LAW1 9/25 C# 2024-FAM-0043-CC	680.00	
COUNTY COURT-AT-LAW	Total 410							1,280.00	0.00
COUNTY TAX COLLECTOR	200	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	172731	TAX A/C 9/25 WATER	35.75	
		DELINQUENT TAX ATTORNEY FEES	61700	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 10/2 SEPT 2024 DTA FEES	10,037.93	
COUNTY TAX COLLECTOR	Total 200							10,073.68	0.00
DISTRICT ATTORNEY	510	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40790982	DA 9/26 WIRELESS KEYBOARD & MOUSE	94.98	
			53020	AQUA BEVERAGE CO	89	172730	DA 9/25 WATER	54.25	
			53020	AQUA BEVERAGE CO	89	173618	DA 9/30 WATER COOLER RENTAL	12.50	
		COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0221887...	DA 10/1 COPIER LEASE 8/21- 9/30	216.34	
			61340	XEROX CORPORATION	9001	0221887...	DA 10/1 FAX LEASE 8/21-9/30	62.76	
		LEGAL SERVICES	63350	BROOKS DAVID B	5955	DB20249	DA 9/30 SEPT 2024 SUBSCRIPTION	100.00	
		WITNESS FEES	66980	FABIAN JOHN MATTHEW	62410	PO5109...	DA 9/13 PSYCH EVAL & REVIEW OF RECORDS	2,450.00	
		BOOKS-LAW	70500	MATTHEW BENDER & CO INC	4222	42763762	DA 9/24 TX CTRM EVIDENCE REL 28	763.46	
			70500	THOMSON REUTERS - WEST	8612	8508957...	DA 10/1 SEPT 2024 WESTLAW	1,402.38	

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			70500	THOMSON REUTERS - WEST	8612	8509025...	DA 10/1 OCT 2024 LIBRARY PLAN CHGS	300.40	
DISTRICT ATTORNEY	Total 510							5,457.07	0.00
DISTRICT CLERK	420	GENERAL OFFICE SUPPLIES	53020	SCOTT-MERRIMAN INC	7295	074441	DIST CLK 10/7 PETIT JURY SUMMONS	1,554.80	
		TRAINING TRAVEL OUT OF COUNTY	66316	GARCIA TERESA	EM...	PO4202...	DIST CLK 10/8 TRAVEL REIMB- KINGSVILLE, TX 10/2- 10/4	63.11	
DISTRICT CLERK	Total 420							1,617.91	0.00
DISTRICT COURT	430	COURT REPORTER-SPECIAL	61460	ROTHER, ALLISON N	4078	24026	DIST CRT 9/25 CRT RPTR SPECIAL C# 2021-CR-8485-DC	497.50	
		TRAVEL-COURT REPORTER-135TH	66468	NORRELL DORINDA K	5470	PO2024...	DIST CRT 9/20 TRAVEL REIMB- 10/2023- 09/2024	33.50	
		TRAVEL-COURT REPORTER-ROVING	66474	KOETTER KIMBERLY HALEY	3024	2024035	DIST CRT 9/19 TRAVEL REIMB- 3/24/24, 6/26/24	73.70	
DISTRICT COURT	Total 430							604.70	0.00
ELECTIONS	270	ELECTION SUPPLIES	53361	ELECTION SYSTEMS & SOFTWARE	1810	CD2103...	ELEC 9/27 BALLOTS, TEST BALLOTS, SAMPLE BALLOTS	3,690.44	
ELECTIONS	Total 270							3,690.44	0.00
EMERGENCY COMMUNICATION DIVISION	635	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40680812	EMER COMM 9/20 CORK BOARD	26.30	
EMERGENCY COMMUNICATION DIVISION	Total 635							26.30	0.00
EMERGENCY MANAGEMENT	630	EQUIPMENT-OFFICE	72350	GREAT AMERICA FINANCIAL	2751	37550760	EMER MGMT 9/30 COPIER LEASE	179.00	

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EMERGENCY MANAGEMENT	Total 630							179.00	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	TELEFLEX LLC	166	9508994...	EMS 9/24 EZ IO POWER DRIVER	609.54	
			53980	TELEFLEX LLC	166	9508994...	EMS 9/24 EZ STABILIZER	50.96	
			53980	BOUND TREE MEDICAL, LLC	412	66017283	EMS 9/29 1YR LICENSES-OPERATIVE IQ	6,756.00	
			53980	BOUND TREE MEDICAL, LLC	412	85502509	EMS 9/27 CANNULAS, GLOVES, LANCET, IV DRESSINGS	1,660.87	
			53980	BOUND TREE MEDICAL, LLC	412	85504123	EMS 9/30 BUTTERFLY NEEDLES, CANNULAS	194.82	
			53980	BOUND TREE MEDICAL, LLC	412	85508000	EMS 10/2 TRANSPORT CHAIR, GLOVES	363.46	
			53980	BOUND TREE MEDICAL, LLC	412	85509937	EMS 10/3 LORAZEPAM	315.16	
			53980	BOUND TREE MEDICAL, LLC	412	85513802	EMS 10/7 LORAZEPAM	215.09	
			53980	BOUND TREE MEDICAL, LLC	412	85513803	EMS 10/7 FENTANYL	339.09	
			53980	BOUND TREE MEDICAL, LLC	412	85513804	EMS 10/7 LR, NACL, NS, FLUSHES, LANCETS	1,446.43	
			53980	BOUND TREE MEDICAL, LLC	412	85513805	EMS 10/7 FENTANYL	113.03	
			53980	BOUND TREE MEDICAL, LLC	412	85515998	EMS 10/8 IV CATHS	488.16	
			53980	MEMORIAL MEDICAL CENTER	5099	16/2024	EMS 10/2 WHOLE BLOOD	418.00	
			53980	MED-TECH RESOURCE, INC.	5198	150409	EMS 10/7 NACL IV FLUSHES	909.17	
		COLLECTIONS-ACCOUNTS RECEIVABLE	60890	EMERGICON LLC	2870	15157	EMS 9/30 SEPT 2024 COLLECTIONS	19,415.76	
		LEASE/RENTAL	63220	OFFICE SYSTEMS CENTER	5806	37485791	EMS 9/20 COPIER LEASE	166.86	
		MACHINE MAINTENANCE	63500	O REILLY AUTO PARTS	5803	0575387...	EMS 8/31 ANTI FREEZE	373.24	
			63500	O REILLY AUTO PARTS	5803	0575387...	EMS 9/3 MAINT ON BRAKES- U11	204.02	
			63500	O REILLY AUTO PARTS	5803	0575387...	EMS 9/5 WIPER FLUID	12.78	

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			63500	O REILLY AUTO PARTS	5803	0575389...	EMS 9/16 OIL FILTER	9.46	
			63500	O REILLY AUTO PARTS	5803	0575389...	EMS 9/17 SEMI-MET PAD-M9	92.22	
			63500	O REILLY AUTO PARTS	5803	0575390...	EMS 9/20 AUTO FUSES	5.29	
		MACHINERY/EQUIPMENT REPAIRS	63530	O REILLY AUTO PARTS	5803	0575387...	EMS 9/1 FAN BLADE & CLUTCH- M6	127.74	
			63530	O REILLY AUTO PARTS	5803	0575387...	EMS 9/1 FAN ASSEMBLY- M	156.61	
			63530	O REILLY AUTO PARTS	5803	0575387...	EMS 9/2 WINDOW REGULATOR REPAIR- U3	91.67	
			63530	O REILLY AUTO PARTS	5803	0575387...	EMS 9/4 REPAIR ON BRAKE ROTOR- U11	116.50	
			63530	O REILLY AUTO PARTS	5803	0575388...	EMS 9/6 HEATER HOSE REPAIR- M9	18.72	
			63530	O REILLY AUTO PARTS	5803	0575388...	EMS 9/11 HUB ASSEMBLY REPAIR- M8	242.43	
			63530	O REILLY AUTO PARTS	5803	0575391...	EMS 9/24 BATTERY, STARTER REPAIR- M6	142.79	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615521...	EMS CNTL 9/28 ACT# 361-552-1140- 032410-5 PHONE 9/28- 10/27	830.63	
			66192	FRONTIER COMMUNICATIONS	2855	3617852...	EMS STH 9/28 ACT# 361-785-2000- 022718-5 PHONE 9/28- 10/27	335.24	
		TRAVEL/DUES/SUBSCRIPTI...	66505	HALL DONNA	EM...	PO3451...	EMS 10/8 REIMB- VICTORIA, TX 10/8/24	44.22	
			66505	HALL DONNA	EM...	PO3451...	EMS 9/27 TRAVEL REIMB- VICTORIA, TX 9/27/24	46.90	
		UNIFORMS	66590	GALLS PARENT HOLDINGS LLC	26140	0293105...	EMS 10/10 UNIFORMS	133.19	
			66590	SOULE LAWRENCE	72560	1022	EMS 9/27 UNIFORMS	198.55	
		UTILITIES	66600	SEAPORT LAKES WATER SYSTEM LLC	1560	1825	EMS STH 10/6 WATER	33.00	
			66600	INFINIUM BROADBAND INTERNET	3378	88160	EMS CNTL 10/5 ACT# ACC0002126 INTERNET 10/5- 11/5	160.00	
			66600	INFINIUM BROADBAND INTERNET	3378	88800	EMS STH 10/12 ACT# ACC0002127 INTERNET 10/12- 11/12	160.00	

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		CAPITAL OUTLAY	70750	MED-TECH RESOURCE, INC.	5198	150328	EMS 10/2 (2) VIDEO LARYNGOSCOPES	3,218.99	
		VEHICLE	74050	WARD MIKE JR	1823	34944	EMS 9/25 GRAPHIC WRAP-U12	3,275.00	
EMERGENCY MEDICAL SERVICES	Total 345							43,491.59	0.00
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40906139	EXT SVC 10/3 BINDER CLIPS	3.00	
			53020	QUILL LLC	6602	40910396	EXT SVC 10/3 LIQUID BANDAID	16.91	
			53020	QUILL LLC	6602	40913862	EXT SVC 10/3 RCPT BOOK, CLNR, CALENDAR, PENS, MISC OFF SUP	364.37	
		COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0221887...	EXT SVC 10/1 COPIER LEASE 8/21- 9/21	194.44	
EXTENSION SERVICE	Total 110							578.72	0.00
FIRE PROTECTION-OLIVIA/P.. ALTO	650	SUPPLIES/OPERATING EXPENSES	53980	GULF COAST HARDWARE LLC	63193	192756	OPA VFD 10/2 KNIFE, ZIP TIES	87.85	
FIRE PROTECTION-OLIVIA/P.. ALTO	Total 650							87.85	0.00
FIRE PROTECTION-POINT COMFORT	660	SUPPLIES-MISCELLANEOUS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	PC VFD 10/1 FUEL PUMP, OIL, MISC SUPP- U634	134.50	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	PC VFD 10/1 CAP- U634	14.23	
			53992	GRISSOM JOSHUA	EM...	PO6601...	PC VFD 9/30 REIMB PURCH-(2) 100' HOSES & FIRE HOSE COVER	1,090.20	
FIRE PROTECTION-POINT COMFORT	Total 660							1,238.93	0.00

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FLOOD PLAIN ADMINISTRATION	710	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	172732	FLOODPLAIN 9/25 WATER	36.50	
FLOOD PLAIN ADMINISTRATION	Total 710							36.50	0.00
HEALTH DEPARTMENT	350	ENVIRONMENTAL HEALTH SERVICES	62480	VICTORIA COUNTY PUBLIC	8219	ENV2411	HEALTH DEPT 10/1 NOV 2024 ENVIRONMENTAL HLTH SVCS	7,043.75	
HEALTH DEPARTMENT	Total 350							7,043.75	0.00
HIGHWAY PATROL	720	CONTRIB.TO EXP-INTERLOCAL AGREEMENT	61277	JACKSON COUNTY TREASURER	3312	202506	HIGHWAY PATROL 10/1 FY 24 4TH QTR INTERLOCAL AGRMNT	2,275.23	
HIGHWAY PATROL	Total 720							2,275.23	0.00
HUMAN RESOURCES	265	MISCELLANEOUS	63920	GREAT AMERICA FINANCIAL	2751	37550759	HR 9/30 COPIER LEASE 8/24- 9/23	86.60	
HUMAN RESOURCES	Total 265							86.60	0.00
INDIGENT HEALTH CARE	360	BURIAL EXPENSE	60550	VICTORIA MORTUARY SERVICE INC	8238	240927	INDIGENT 9/18 CREATION-C. SHELTON	600.00	
		SOFTWARE SERVICES	65838	INDIGENT HEALTHCARE SOLUTIONS	5710	78516	INDIGENT HEALTH CARE 10/1 NOV 2024 SOFTWARE SVCS	1,961.00	
INDIGENT HEALTH CARE	Total 360							2,561.00	0.00
JAIL OPERATIONS	180	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40600795	JAIL 9/17 DEPOSIT TICKET BOOKS	31.19	
			53020	QUILL LLC	6602	40620955	JAIL 9/17 POSTIT DISPENSER, DOC HOLDER	45.86	
		JAIL MAINTENANCE/SUPPLIES	53420	GULF COAST HARDWARE LLC	63195	192709	JAIL 10/1 HOT WATER NOZZLE	41.97	
			53420	QUILL LLC	6602	40654423	JAIL 9/19 STAPLE FREE STAPLER	28.04	

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		UNIFORMS	53995	GALLS PARENT HOLDINGS LLC	26140	0292035...	JAIL 9/28 UNIFORMS	541.83	
		PRISONER MEDICAL SERVICES	64910	SOUTHERN HEALTH PARTNERS	3460	BASE51...	JAIL 10/2 NOV 2024 PRISONER MEDICAL	12,668.99	
		TRAVEL OUT OF COUNTY	66498	REAGAN POWELL	6903	PO1801...	JAIL 10/1 FUEL REIMB 10/1/24	30.00	
JAIL OPERATIONS	Total 180							13,387.88	0.00
JUSTICE OF PEACE PRECINCT #2	460	OMNIBASE PROGRAM SERVICES	64230	OMNIBASE SERVICES OF TEXAS	5829	3240020...	JP2 10/1 3RD QTR ACTIVITY	72.00	
		TRAVEL OUT OF COUNTY	66498	TEXAS STATE UNIVERSITY	7745	9334	JP2 10/8 CONF REG- T. DIO	330.00	
JUSTICE OF PEACE PRECINCT #2	Total 460							402.00	0.00
JUSTICE OF PEACE-PRECINCT #1	450	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	40744069	JP1 9/24 CALENDARS	31.60	
			53020	QUILL LLC	6602	40811487	JP1 9/27 CALENDAR	28.04	
		OMNIBASE PROGRAM SERVICES	64230	OMNIBASE SERVICES OF TEXAS	5829	3240010...	JP1 10/1 3RD QTR ACTIVITY	306.00	
JUSTICE OF PEACE-PRECINCT #1	Total 450							365.64	0.00
JUSTICE OF PEACE-PRECINCT #3	470	OMNIBASE PROGRAM SERVICES	64230	OMNIBASE SERVICES OF TEXAS	5829	3240030...	JP3 10/1 3RD QTR ACTIVITY	48.00	
		TRAINING TRAVEL OUT OF COUNTY	66316	TEXAS STATE UNIVERSITY	7745	9191	JP3 10/8 CONF REG- T. DIMAK	330.00	
			66316	TEXAS STATE UNIVERSITY	7745	9308	JP3 10/8 CONF REG- T. DIMAK	195.00	
JUSTICE OF PEACE-PRECINCT #3	Total 470							573.00	0.00
JUSTICE OF PEACE-PRECINCT #4	480	MISCELLANEOUS	63920	PORT LAVACA WAVE	62340	PO2024...	JP4 10/11 1YR SUBSCRIPTION	45.00	
		OMNIBASE PROGRAM SERVICES	64230	OMNIBASE SERVICES OF TEXAS	5829	3240040...	JP4 10/1 3RD QTR ACTIVITY	108.00	

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		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617857...	JP4 9/25 ACT# 361-785-7082-110398-5 PHONE 9/25- 10/24	274.72	
			66192	TISD INC.	7646	8381220...	JP4 10/9 ACT# 083812 NOV 2024 INTERNET	39.99	
		TRAINING TRAVEL OUT OF COUNTY	66316	TEXAS STATE UNIVERSITY	7745	9294	JP4 10/8 CONF REG- W. HUNT	330.00	
		TRAVEL IN COUNTY	66476	SPENCE PATSY	EM...	PO2024...	JP4 10/8 IN-CNTY TRAVEL REIMB 07/2024 - 09/2024	313.56	
JUSTICE OF PEACE-PRECINCT #4	Total 480							1,111.27	0.00
JUSTICE OF PEACE-PRECINCT #5	490	OMNIBASE PROGRAM SERVICES	64230	OMNIBASE SERVICES OF TEXAS	5829	3240050...	JP5 10/1 3RD QTR ACTIVITY	78.00	
		TELEPHONE SERVICES	66192	TISD INC.	7646	6839820...	JP5 10/9 ACT# 068398 NOV 2024 INTERNET	89.99	
JUSTICE OF PEACE-PRECINCT #5	Total 490							167.99	0.00
JUVENILE COURT	500	JUVENILE ASSIGNED-ATTORNEY FEES	63070	SMITH JAMES	72500	2024138	CRT@LAW1 9/26 C# 2024-JV-0017-CC	275.00	
			63070	SMITH JAMES	72500	2024139	CRT@LAW1 9/26 C# 2024-JV-0017-CC	275.00	
		MEDICAL/DENTAL FEES	63776	IKONOMOPOULOS JAMES PETER	35000	2900020...	JUV CRT 10/1 CLINICAL/PSYCH EVAL	500.00	
			63776	TOVAR MARIO ALBERTO	88671	01001	JUV CRT 10/8 PSYCH EVAL	500.00	
JUVENILE COURT	Total 500							1,550.00	0.00
LIBRARY	140	FIRE & SECURITY SERVICES	62630	TRIPLE D SECURITY CORPORATION	7649	0421795...	LIBRARY 10/1 ALARM SVC	50.00	
			62630	VCS SECURITY SYSTEMS, INC.	8244	274101	LIBRARY 9/25 FIRE MONITORING	25.00	
			62630	VCS SECURITY SYSTEMS, INC.	8244	VCS127...	LIBRARY 10/1 FIRE INSPECTION	500.00	
		INTERNET SERVICES	62955	TISD INC.	7646	6122024...	SEA LIBRARY 10/9 ACT# 000612 NOV 2024 INTERNET	99.99	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		REPAIRS-INSURANCE RECOVERY	65464	SCOTT - HART VICTORIA LLC	3653	2345	POC LIBRARY 9/25 WATER LEAK REPAIRS	420.20	
		BOOKS & PRINT MATL-LIBRARY	70550	CENGAGE LEARNING, INC.	26020	85693246	LIBRARY 9/25 (5) BOOKS	161.55	
			70550	BAKER & TAYLOR	403	5019121...	LIBRARY 9/17 (2) BOOKS	36.47	
			70550	BAKER & TAYLOR	403	5019121...	LIBRARY 9/17 (3) BOOKS	49.79	
			70550	BAKER & TAYLOR	403	5019121...	LIBRARY 9/17 (17) BOOKS	242.33	
			70550	BAKER & TAYLOR	403	5019131...	LIBRARY 9/24 (20) BOOKS	297.79	
			70550	BAKER & TAYLOR	403	5019148...	LIBRARY 10/7 (3) BOOKS	41.48	
			70550	BAKER & TAYLOR	403	5019148...	LIBRARY 10/7 (14) BOOKS	202.25	
			70550	BAKER & TAYLOR	403	5019150...	LIBRARY 10/7 (40) BOOKS	551.53	
			70550	CENTER POINT LARGE PRINT	776	2122295	LIBRARY 10/1 (2) BOOKS	50.34	
		E-FORMAT/DIGITAL MATL-LIBRARY	71146	MIDWEST TAPE LLC	3377	5061265...	LIBRARY 10/1 SEPT 2024 DIGITAL ACT	455.22	
LIBRARY	Total 140							3,183.94	0.00
MUSEUM	150	TELEPHONE	66190	FRONTIER COMMUNICATIONS	2855	3615535...	MUSEUM 10/2 ACT# 361-553-5858- 122716-5 ALARM 10/2- 11/1	120.15	
MUSEUM	Total 150							120.15	0.00
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS	20533	U. S. DEPT OF THE TREASURY	8928	PO1011...	CALCO 10/9 RANDALL ROJAS/4200, CRED AG# WG2601672	99.31	
		DUE TO JP COLLECTIONS ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	293020	JP4 9/26 COLLECTION FEES	201.26	
		RENTAL DEPOSITS	20820	GARCIA NADIA	RF3...	1935	BAUER 7/31 DEPOSIT REFUND	250.00	
			20820	LYNCH MARY JANE	RF3...	1930	BAUER 6/11 DEPOSIT REFUND	250.00	
NO DEPARTMENT	Total 999							800.57	0.00
ROAD AND BRIDGE-PRECINCT #1	540	MACHINERY PARTS/SUPPLIES	53210	O REILLY AUTO PARTS	5803	0575391...	RB1 9/26 (4) WHEEL STUD, (4) LUG NUT	19.44	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53210	O REILLY AUTO PARTS	5803	0575391...	RB1 9/26 CREDIT ON RETURN (3) WHEEL STUDS & LUG NUTS		14.58
			53210	THIRD COAST DISTRIBUTING, LLC	75930	035039	RB1 10/10 HYDR FILTER-TAR TRUCK	48.44	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 9/27 HEATER HOSE, A/C ACCUM, REFRIGERANT, OIL	104.96	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/1 CREDIT- FUEL FILTER, A/C ACCU, PURCH A/C RCVR DRYER		44.43
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/2 BMR KIT	42.63	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/8 STR FLUID	6.79	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/10 HYDRAULIC, BRAKE LIGHT SWITCH	36.96	
		ROAD & BRIDGE SUPPLIES	53510	MARTIN ASPHALT	5238	1508483	RB1 10/7 6105G RC250	24,603.15	
			53510	MARTIN ASPHALT	5238	1508512	RB1 10/7 5762G RC250	23,220.86	
		INSECTICIDES/PESTICIDES	53630	TARGET SPECIALTY PRODUCTS	99900	INVP50...	RB1 9/24 TOTE- DILUENT	3,080.00	
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2581382	RB1 10/8 (11) 55G LINERS	422.40	
			53640	GULF COAST PAPER CO INC	2619	2582005	RB1 10/10 (8) PAPER TOWELS	284.48	
		SUPPLIES-MISCELLANEOUS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/8 GLASS CLNR	5.49	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/11 EXHAUST FLUID, WIRE TIE, GREASE GUN	77.57	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4207112...	RB1 10/3 UNIFORMS	150.64	
			53995	CINTAS CORPORATION LOC. 083	958	4207843...	RB1 10/10 UNIFORMS	150.64	
		BLDG REPAIRS-PARKS	60370	GULF COAST HARDWARE LLC	63191	192564	RB1 9/26 WASHER, MISC SUPP	13.57	
			60370	GULF COAST HARDWARE LLC	63191	192580	RB1 9/26 JNT COMPOUND	4.59	
			60370	GULF COAST HARDWARE LLC	63191	192746	RB1 10/2 WAX RING EXTENDER KIT	9.99	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		BUILDING REPAIRS	60520	VICTORIA AIR CONDITIONING LTD	8296	213807	RB1 9/17 A/C WORK	378.68	
		GARBAGE COLLECTION	62659	LEGACY DISPOSAL & SANITATION	2988	I391	RB1 8/9 PORTABLE TOILET RENTAL 8/9- 9/5	370.00	
			62659	LEGACY DISPOSAL & SANITATION	2988	I392	RB1 8/9 PORTABLE TOILET RENTAL 8/9- 9/5	370.00	
			62659	LEGACY DISPOSAL & SANITATION	2988	I561	RB1 9/6 PORTABLE TOILET RENTAL 9/6- 10/3	370.00	
			62659	LEGACY DISPOSAL & SANITATION	2988	I562	RB1 9/6 PORTABLE TOILET RENTAL 9/6- 10/3	370.00	
			62659	LEGACY DISPOSAL & SANITATION	2988	I752	RB1 10/4 PORTABLE TOILET RENTAL 10/4- 10/31	370.00	
			62659	LEGACY DISPOSAL & SANITATION	2988	I753	RB1 10/4 PORTABLE TOILET RENTAL 10/4- 10/31	370.00	
			62659	CYCLONE RESOURCES LLC	7052	1762	RB1 10/8 MAG BEACH FALL CLEAN-UP	350.00	
			62659	VICTORIA LANDFILL - 3430	8228	3430000...	RB1 9/30 FALL BEACH CLEANUP	151.23	
		MACHINERY/EQUIPMENT REPAIRS	63530	ZARATE RUBEN	2977	OCTOB...	RB1 10/7 REPAIRS- 2011 DODGE- #541-0220	580.00	
			63530	DANIEL INDUSTRIES	3695	16763	RB1 9/27 WHEEL HUB, DISC- #0349	137.60	
		UTILITIES	66600	UNDINE TEXAS LLC - GBRA (31)	80670	5700182...	RB1 9/30 ACT# 79031-5700182800 WATER 8/20- 9/19	68.34	
		UTILITIES-PARKS	66614	UNDINE TEXAS LLC - GBRA (31)	80670	5700152...	RB1 9/30 ACT# 79031-5700152800 WATER 8/20- 9/19	178.94	
			66614	UNDINE TEXAS LLC - GBRA (31)	80670	5700257...	RB1 9/30 ACT# 79031-5700257100 WATER 8/20- 9/19	68.34	
		CAPITAL OUTLAY	70750	GRAPEVINE DODGE	3176	306733R1	RB1 10/7 PURCHASE 2024 DODGE VIN# 370963	69,169.00	
ROAD AND BRIDGE-PRECINCT #1	Total 540							125,584.73	59.01
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES	53210	ARNOLD OIL COMPANY - VICTORIA	1472	102LB2...	RB2 9/30 RADIATOR- 2015 CHEVY	180.76	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	RB2 9/4 BATTERY	147.39	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	RB2 9/5 BATTERY-MOSQUITO RIG	45.20	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	RB2 9/9 (9) FUEL FILTERS	42.48	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB2 9/18 WIPER BLADES	40.18	
		SIGNS	53590	CUSTOM PRODUCTS CORPORATION	98590	INV16049	RB2 10/8 (2) SIGNS	113.19	
		TOOLS	53595	ULINE	8067	1837003...	RB2 9/30 HEAVY-DUTY SORBENT SOCK	195.69	
		SUPPLIES-MISCELLANEOUS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	RB2 9/4 BATTERY BRUSH, TERM PROTECT, BELT DRESNG	18.53	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	RB2 9/5 SHOP TOWELS, GLASS CLNR	21.46	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4206801...	RB2 10/1 UNIFORMS	85.55	
			53995	CINTAS CORPORATION LOC. 083	958	4207520...	RB2 10/8 UNIFORMS	85.55	
		UTILITIES	66600	UNDINE TEXAS LLC - GBRA (31)	80670	5700123...	RB2 9/30 ACT# 79031-5700123200 WATER 8/20- 9/19	68.34	
ROAD AND BRIDGE-PRECINCT #2	Total 550							1,044.32	0.00
ROAD AND BRIDGE-PRECINCT #3	560	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB3 10/1 FILTER	4.90	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB3 10/7 HUBS- U32	399.98	
			53210	VICTORIA OLIVER COMPANY INC	8232	P19571	RB3 10/9 MOWER COVER	86.06	
		LUMBER	53550	GULF COAST HARDWARE LLC	63193	192899	RB3 10/8 LUMBER-CONCRETE FORMS	267.76	
		INSECTICIDES/PESTICIDES	53630	MELSTAN, INC.	5021	27087	RB3 10/7 ROUND UP	110.80	
			53630	GULF COAST HARDWARE LLC	63193	192682	RB3 10/1 WASP SPRAY	11.59	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4206961...	RB3 10/2 FRESHENER	9.48	
			53640	CINTAS CORPORATION LOC. 083	958	4207680...	RB3 10/9 FRESHENER	9.48	
		SUPPLIES-MISCELLANEOUS	53992	O REILLY AUTO PARTS	5803	0575393...	RB3 10/7 TESTER, MISC SUPP	31.82	
			53992	GULF COAST HARDWARE LLC	63193	192682	RB3 10/1 ARMORALL WIPES, ROPE	35.56	
			53992	GULF COAST HARDWARE LLC	63193	192866	RB3 10/7 GRABBER, SLEEVE, MISC SUPP	56.15	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB3 10/2 CLEANERS, MISC SUPP	64.24	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB3 10/7 TORX SET, MIRROR, MISC SUPP	125.46	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4206961...	RB3 10/2 UNIFORMS	144.30	
			53995	CINTAS CORPORATION LOC. 083	958	4207680...	RB3 10/9 UNIFORMS	144.30	
		EQUIPMENT RENTAL	62510	GREAT AMERICA FINANCIAL	2751	37522294	RB3 9/25 COPIER LEASE	69.00	
ROAD AND BRIDGE-PRECINCT #3	Total 560							1,570.88	0.00
ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	FLEETPRIDE	2219	1204962...	RB4 10/8 PIGTAIL	17.72	
			53210	DANIEL INDUSTRIES	3695	17046	RB4 10/3 FILTER, OIL, BLADE, IDLER ARM ASY-MOWER	239.88	
			53210	THIRD COAST DISTRIBUTING, LLC	75930	034834	RB4 10/7 CABIN AIR FILTER	19.99	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB4 10/2 ANTIFREEZE, FUNNEL	32.57	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	71699	RB4 10/8 SHREDDER BLADES, PARTS	1,180.20	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	71743	RB4 10/9 PTO RACK	145.14	
			53210	VICTORIA OLIVER COMPANY INC	8232	P19522	RB4 10/8 FILTERS, ASSY COUPLER	245.05	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		ROAD & BRIDGE SUPPLIES	53510	KC LEASE SERVICE INC	2893	80213	RB4 9/25 318.51T 3/4" TO DUST LIMESTONE	10,622.31	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	7606624...	RB4 10/8 2190G DIESEL, 1253G UNLEADED	9,335.43	
		PIPE	53580	REGIONAL STEEL PRODUCTS INC	6803	I131004	RB4 10/4 PIPE	138.22	
		TOOLS	53595	FASTENAL COMPANY	2274	TXPOT2...	RB4 9/30 THREAD FORMING TAP	269.03	
		INSECTICIDES/PESTICIDES	53630	TARGET SPECIALTY PRODUCTS	99900	INVP50...	RB4 9/24 10G PERMANONE	850.00	
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST PAPER CO INC	2619	2575972	RB4 9/24 TOILET PAPER, URINAL BLOCKS	127.54	
			53992	CINTAS CORPORATION LOC. 083	958	4207679...	RB4 10/9 MISC SUPP	11.40	
		EQUIPMENT RENTAL	62510	ANDERSON MACHINERY CO., INC.	13	R50180	RB4 10/2 ROLLER RENTAL 10/2- 10/29	3,605.75	
		MACHINERY/EQUIPMENT REPAIRS	63530	ROBBINS ALLEN LEE	52201	1223	RB4 10/1 RESET CHIP SPREADER CODES	172.50	
			63530	ROBBINS ALLEN LEE	52201	1227	RB4 10/9 RESET CHIP SPREADER CODES	172.50	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	18996	RB4 10/7 (2) STATE INSPECTIONS	14.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1179647...	RB4 10/7 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1346032...	RB4 10/7 REGISTRATION	7.50	
			63920	TISD INC.	7646	1091222...	RB4 10/9 ACT# 109122 NOV 2024 INTERNET	74.99	
			63920	TISD INC.	7646	8720241...	RB4 10/9 ACT# 000087 NOV 2024 INTERNET	44.99	
		OUTSIDE SERVICES	64400	DOUGLAS EVA LEE	3778	OCT24	RB4 10/7 OCT 2024 SEA OFFICE CLEANING	300.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617855...	RB4 10/4 ACT# 361-785-5602- 092404-5 PHONE 10/4- 11/3	73.51	
			66192	FRONTIER COMMUNICATIONS	2855	3619830...	RB4 10/10 ACT# 361-983-0024- 100102-5 PHONE 10/10- 11/9	72.50	

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 10/4 ACT# 287241943702 PHONES/IPAD 10/5- 11/4	326.71	
		UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4207679...	RB4 10/9 UNIFORMS	102.11	
		CAPITAL OUTLAY	70750	GUERRERO CONSTRUCTION	85901	0000001	RB4 10/14 CONCRETE SLAB FOR PARK SIGN	1,800.00	
ROAD AND BRIDGE-PRECINCT #4	Total 570							30,009.04	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	DRIESSEN WATER INC	6245	4743168	SO 9/26 WATER	65.95	
			53020	CINTAS CORPORATION LOC. 083	958	4207112...	SO 10/3 SCRAPER MATS	83.37	
		LAW ENFORCEMENT SUPPLIES	53430	BORDOVSKY STEVEN	3339	987969	SO 10/4 AMMO	5,175.00	
			53430	TRANSUNION RISK & ALTERNATIVE	8168	2953082...	SO 10/1 SEPT 2024 SEARCHES	270.00	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0087270	SO 10/1 BLANCE TIRES- U21	75.24	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0087343	SO 10/7 TIRE REPAIR	25.00	
			53520	CROSSROADS TIRE SERVICE LLC	7059	4000455	SO 10/10 ROTORS, BRAKES, ALIGNMENT- U9	835.43	
		AUTOMOTIVE REPAIRS	60360	FIRESTONE OF PORT LAVACA LLC	5584	0087282	SO 10/1 REPL BRAKES- OSG13	469.21	
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0087345	SO 10/9 OIL CHG, WATER PUMP, ANTI-FREEZE- OSG1	873.34	
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0087410	SO 10/11 REPL STARTER- U34	441.40	
			60360	CROSSROADS TIRE SERVICE LLC	7059	4000456	SO 10/10 REPL PAD ON REAR, ADJ FRONT/REAR BRAKE HRDWR- U2	909.75	
			60360	CROSSROADS TIRE SERVICE LLC	7059	4000465	SO 10/11 BRAKE JOB- U14	1,182.01	
		VEHICLES	74055	PORT LAVACA AUTO DEALERS	5964	632882	SO 8/15 GRILL GUARD- U20	1,050.00	
			74055	PORT LAVACA AUTO DEALERS	5964	632883	SO 8/15 GRILL GUARD- U23	1,050.00	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			74055	PORT LAVACA FORD	6103	85200	SO 10/8 PURCHASE 2024 FORD VIN# E97507	45,847.00	
SHERIFF	Total 760							58,352.70	0.00
WASTE MANAGEMENT	380	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	WASTE MGMT 9/3 FUEL FILTER	19.25	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301117...	WASTE MGMT 9/5 AIR FILTERS	46.55	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615527...	WASTE MGMT 10/1 ACT# 361-552-7791- 101502-5 OCT 2024 PHONE	203.01	
		WASTE DISPOSAL FEES	66830	LIBERTY TIRE RECYCLING LLC	4720	2823145	WASTE MGMT 9/21 RECYCLE (180) TIRES	544.50	
			66830	REPUBLIC SERVICES #847	8897	0847001...	WASTE MGMT 9/30 ACT# 3-0847-0013749 SEPT 2024 TRASH	7,742.91	
WASTE MANAGEMENT	Total 380							8,556.22	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

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/EQUIPMENT REPAIRS	63530	CSI	8885	130373	AIRPORT 9/6 MOVE ANTENNA, REPLACE CAMERA	1,019.00	
NO DEPARTMENT	Total 999							1,019.00	0.00

CALHOUN COUNTY, TEXAS

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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 SERVICES	62454	G&W ENGINEERS, INC.	2601	9115029...	GOMESA 10/7 OCEAN DR BULKHEAD CAP REPL 4/1-9/29	500.00	
NO DEPARTMENT	Total 999							500.00	0.00

CALHOUN COUNTY, TEXAS

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2675 - COUNTY CLERK RECORDS ARCHIVE FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ARCHIVE SERVICES-HISTORICAL RECORDS	60256	KOFILE TECHNOLOGIES INC	4330	INVKT0...	CO CLK RECS MGMT 9/30 ARCHIVAL IMAGING	24,440.40	
NO DEPARTMENT	Total 999							24,440.40	0.00

CALHOUN COUNTY, TEXAS

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2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ENGINEERING SERVICES	62454	G&W ENGINEERS, INC.	2601	5310023...	FORMOSA EVIRON TRUST 10/7 RECYCLE CNTR SVCS 8/5- 9/29	2,125.00	
NO DEPARTMENT	Total 999							2,125.00	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

2731 - LAW LIBRARY FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BOOKS-LAW	70500	THOMSON REUTERS - WEST	8612	8508360...	LAW LIBRARY 10/1 SEPT 2024 WEST SUBS CHGS	1,330.29	
NO DEPARTMENT	Total 999							1,330.29	0.00

CALHOUN COUNTY, TEXAS

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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	RENTAL DEPOSITS	20820	PORT O'CONNOR	6411	1024	POC CC 8/1 DEPOSIT REFUND	450.00	
		CLEANING-P.O.C. COMMUNITY CENTER	60870	RHYNE SERVICES LLC	14930	OCT24	POC CC 10/7 OCT 2024 CLEANING	600.00	
NO DEPARTMENT	Total 999							1,050.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24
5102 - C.PRJ-AMERICAN RESCUE PLAN ACT OF 2021

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BUILDING-EMERGENCY COMMUNICATIONS	70654	G&W ENGINEERS, INC.	2601	5310020...	ARPA 10/7 COMB DISP BLDG SVCS 9/2- 9/29	1,350.00	
NO DEPARTMENT	Total 999							1,350.00	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24
5112 - CAP.PROJ.-CDBG-MIT INFRASTRUCTURE

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	IMPROVEMENTS-DRAINAGE	73153	LESTER CONTRACTING, INC.	4623	2408601	CAP PROJ 9/30 CDBG-MIT HERON SLOUGH SEA DRAINAGE IMPR	162,017.84	
NO DEPARTMENT	Total 999							162,017.84	0.00

CALHOUN COUNTY, TEXAS

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5149 - CPRJ-OLIVIA HATERIUS PARK IMPROVEMENTS

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	CONTRACT SERVICES	61240	CARRILES KAYNE	13251	009	CMP-OHP PK IMPR 10/3 2ND DRAW ON PAVILION	10,000.00	
NO DEPARTMENT	Total 999							10,000.00	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

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	5075080...	MAT MIT 9/30 CRABBIN BRIDGE 8/1- 8/31	811.50	
NO DEPARTMENT	Total 999							811.50	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	CONSTRUCTION-EMS BUILDING	71040	TURTLE & HUGHES INC	3635	6545959...	1ST RESP TRAIN BLDG 9/27 PVC CONDUIT	59.83	
			71040	MENDEZ ROBERTO CARLOS DELAROSA	51070	236404	1ST RESP TRAIN BLDG 10/4 CONCRETE- PKNG LOT, DRIVEWAY, SDWLK	8,000.00	
			71040	GULF COAST HARDWARE LLC	63198	192618	1ST RESP TRAIN BLDG 9/27 CONDUIT ELBOW	44.99	
			71040	COASTAL NAIL & TOOL LLC	9070	2410158...	1ST RESP TRAIN BLDG 10/1 LUMBER	2,194.83	
			71040	COASTAL NAIL & TOOL LLC	9070	2410158...	1ST RESP TRAIN BLDG 10/3 UNTREATED LUMBER	117.00	
			71040	AGUIRRE SHAWN	92020	QB5637	1ST RESP TRAIN BLDG 9/27 RUN WATER LINES	2,512.40	
NO DEPARTMENT	Total 999							12,929.05	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

5280 - CAPITAL PROJECT-HOSPITAL IMPROVEMENTS

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ENGINEER/SURVEYOR/AR...	62450	G&W ENGINEERS, INC.	2601	5310014...	CAP PROJ 10/7 MMC HVAC/ROOF ENG SVCS 9/2-9/29- FINAL	12,500.00	
NO DEPARTMENT	Total 999							12,500.00	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 10.16.24

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 OTHERS	20751	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 10/2 SEPT 2024 DTA FEES	69.27	
NO DEPARTMENT	Total 999							69.27	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES/OPERATING EXPENSES	53980	QUILL LLC	6602	40546627	JUV PROB 9/12 PAPER, KEY BOARD, SPEAKERS	207.11	
			53980	QUILL LLC	6602	40546727	JUV PROB 9/12 PAPER	305.96	
			53980	QUILL LLC	6602	40580323	JUV PROB 9/16 KEYBOARD COVER	16.90	
		ELECTRONIC MONITORING	62380	SATELLITE TRACKING OF	6374	STPINV...	JUV PROB 9/30 SEPT 2024 ELEC MONITORING SVC	300.00	
		RESIDENTIAL SERVICE	65530	JUDGE MARIO E RAMIREZ JR	7049	PO7401...	JUV PROB 10/9 SEPT 2024 PLACEMENT (1) JUV	4,500.00	
		SUBSTANCE ABUSE	66025	MID-COAST FAMILY SERVICES	5042	PO7401...	JUV PROB 9/27 (6) TRAINING SESSIONS	6,000.00	
NO DEPARTMENT	Total 999							11,329.97	0.00
Report Total								588,756.63	59.01

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR —October 16, 2024

by:CT

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact) Pharmacy Reimbursement		42.84
SUBTOTAL		**42.84**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	4,209.51
Co-pays adjustments for September 2024		**0.00**
Reimbursement from Medicaid		**0.00**

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES 4,209.51 ✓

MEMORIAL MEDICAL CENTER

So Much. So Close!

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

Date: 10/7/2024
Invoice # 400
For: Sep-24

Bill To:
Calhoun County

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

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Total $ 4,166.67

Andrew De Los Santos
Controller

*IHS
Issued 10/10/24

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 10/01/2024 through 10/01/2024
For Vendor: All Vendors

Source	Description		Amount Billed	Amount Paid
02	Prescription Drugs		42.84	42.84
		Expenditures	42.84	42.84
		Reimb/Adjustments		
		Grand Total	**42.84**	**42.84**

Expenses	4,166.67
Co Pays	< 0.00>
	4,209.51

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*IHS
Issued 10/10/24

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 02/01/2024 through 10/01/2024
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
02	Prescription Drugs	103.86	90.21
08	Rural Health Clinics	240.00	240.00
14	Mmc - Hospital Outpatient	6,969.00	3,613.07
	Expenditures	7,337.74	3,968.16
	Reimb/Adjustments	-24.88	-24.88
	Grand Total	**7,312.86**	**3,943.28**

Expenses	37,500.03
Co Pays	<20.00>
	41,423.31

Calhoun County Indigent Care Patient Caseload 2024

	Approved	Denied	Removed	Active	Pending
January	0	3	2	1	7
February	0	3	0	1	5
March	0	4	0	1	4
April	1	0	0	2	0
May	1	6	0	3	0
June	0	1	0	3	2
July	0	1	1	2	2
August	0	0	0	3	2
September	0	2	0	3	2
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
YTD	2	20	3	19	24
Monthly Avg	0	2	0	2	2
December 2023 Active		4			

Number of Charity patients	237
Number of Charity patients below 50% FPL	118
Number of Charity patients who meet State Indigent Guidelines	107

Calhoun County Pharmacy Assistance Patient Caseload 2024

	Approved	Refills	Removed	Active	Value
January	6	18	0	7	$9,662.15
February	0	0	0	10	$0.00
March	3	9	0	17	$8,345.67
April	5	15	0	20	$8,332.53
May	5	15	0	22	$13,588.44
June	1	3	0	26	$3,567.00
July	2	6	0	28	$2,872.47
August	1	3	0	29	$1,706.64
September	0	3	0	30	$5,169.00
October	0	0	0	0	$0.00
November	0	0	0	0	$0.00
December	0	0	0	0	$0.00
YTD PATIENT SAVINGS					$53,243.90
Monthly Avg	2	6	-	16	$4,436.99
December 2023 Active		36			

PROSPERITY BANK®

Statement Date 9/30/2024
Account No ****4551

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

13132

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

09/01/2024	Beginning Balance				$5,505.48
	2 Deposits/Other Credits			+	$4,205.62
	3 Checks/Other Debits			-	$4,206.89
09/30/2024	Ending Balance	30	Days in Statement Period		$5,504.21
	Total Enclosures				4

DEPOSITS/OTHER CREDITS

Date	Description	Amount
09/04/2024	Deposit	$4,196.10
09/30/2024	Accr Earning Pymt Added to Account	$9.52

Aug PO

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12644	09-20	$4,166.67	12645	09-20	$30.25	12646	09-20	$9.97

DAILY ENDING BALANCE

Date	Balance	Date	Balance
09-01	$5,505.48	09-20	$5,494.69
09-04	$9,701.58	09-30	$5,504.21

EARNINGS SUMMARY

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

Interest Paid This Period	$9.52	Annual Percentage Yield Earned	1.51 %
Interest Paid YTD	$98.03	Days in Earnings Period	30
		Earnings Balance	$7,739.44

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101041 : 013132O1

800 00000010/16/2024 01 CALHOUN COUNTY, TEXAS

DATE: 10/16/2024

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			$4,209.51
	approved by Commissioners Court on 10/16/2024			
1000-001-46010	September 30, 2024 Interest			($9.52)
				$4,199.99

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON

OCT 10 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: [signature] 10/16/2024

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 16, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,084,905.74
TOTAL TRANSFERS BETWEEN FUNDS	$	170,618.53
TOTAL NURSING HOME UPL EXPENSES	$	1,249,624.95
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2024	$	2,505,149.22

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 16, 2024

PAYABLES AND PAYROLL			
10/10/2024	Weekly Payables	427,574.97	
10/10/2024	Patient Refund	65,643.85	
10/10/2024	Citibank Credit Card-see attached (Erin)	851.93	
10/10/2024	CitiBank Credit Card-See attached (Steve)	646.92	
10/14/2024	McKesson-340B Prescription Expense	6,026.69	
10/14/2024	Amerisource Bergen-340B Prescription Expense	3,025.37	
10/10/2024	Payroll Liabilities-Payroll Taxes	130,000.00	
10/10/2024	Payroll	395,000.00	
10/14/2024	Health Equity - Wage Works employee FSA	6,531.87	
	Prosperity Electronic Bank Payments		
10/14/2024	90 Degree Benefits - employee insurance claims	2,910.42	
10/14/2024	90 Degree Benefits - employee insurance claims	17,300.64	
10/14/2024	90 Degree Benefits - employee insurance claims	20,801.00	
10/14/2024	Sales Tax - September 2024	2,177.37	
10/14/2024	Pay Plus-Patient Claims Processing Fee	284.05	
10/14/2024	Credit Card Fee	4,347.30	
10/14/2024	Credit Card Lease Fee	335.53	
10/14/2024	Health Equity -HSA Contributions	1,447.83	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,084,905.74**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
10/10/2024	MMC Operating to Ashford-Correction of Insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	46,619.08	
10/10/2024	MMC Operating to Solera- UHC QIPP July 2024	1,438.01	
10/10/2024	MMC Operating to Fort bend-UHC QIPP July 2024	1,776.32	
10/10/2024	MMC Operating to Broadmoor-UHC QIPP July 2024	1,750.55	
10/10/2024	MMC Operating to The Crescent-Correction of Insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	9,108.48	
10/10/2024	MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	31,148.00	
10/10/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error & UHC QIPP July 2024	30,871.59	
10/10/2024	MMC Operating to Bethany-Correction of Insurance payment deposited into MMC Operating in error & UHC QIPP July 2024	47,906.50	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 170,618.53**
NURSING HOME UPL EXPENSES			
10/14/2024	Nursing Home UPL-Cantex Transfer	684,722.50	
10/14/2024	Nursing Home UPL-Nexion Transfer	246,915.03	
10/14/2024	Nursing Home UPL-HMG Transfer	42,522.28	
10/14/2024	Nursing Home UPL-Tuscany Transfer	241,044.37	
10/14/2024	Nursing Home UPL-HSL Transfer	23,669.38	
QIPP CHECKS TO MMC			
10/14/2024	Ashford - Wellpoint YR6 ADJ2	4,350.18	
10/14/2024	Broadmoor -Wellpoint YR6 ADJ2	1,115.66	
10/14/2024	Crescent - Wellpoint YR6 ADJ2	654.45	
10/14/2024	Fort Bend - Wellpoint YR6 ADJ2	942.22	
10/14/2024	Solera - Wellpoint YR6 ADJ2	1,353.58	
10/14/2024	Tuscany - Wellpoint YR6 ADJ2	1,950.43	
TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC			
10/14/2024	Solera-Q3 Interest Earned remaining balance due to MMC	384.87	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,249,624.95**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 16, 2024			**$ 2,505,149.22**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/01/2024

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
INV2010		10/08/202	10/20/202	10/20/202			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
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPSV004344234		09/25/202	10/02/202	10/17/202			109.46	0.00	0.00	109.46

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	109.46	0.00	0.00	109.46

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
1D9NVGDMFH3C		10/02/202	09/27/202	10/27/202			74.96	0.00	0.00	74.96
1TTX79NT63PG		10/02/202	09/30/202	10/30/202			149.36	0.00	0.00	149.36
1M7D3GRL19QM		10/02/202	09/30/202	10/30/202			102.56	0.00	0.00	102.56
1P9G7TQ3C6XH		10/02/202	10/02/202	11/01/202			116.19	0.00	0.00	116.19

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES	443.07	0.00	0.00	443.07

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3190813191		10/07/202	10/03/202	10/25/202			25.57	0.00	0.00	25.57

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	25.57	0.00	0.00	25.57

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
5492627		08/27/202	08/25/202	10/31/202			1,337.05	0.00	0.00	1,337.05
111590172		09/30/202	09/26/202	10/26/202			538.42	0.00	0.00	538.42
111606436		10/02/202	10/03/202	10/28/202			185.58	0.00	0.00	185.58
111605201		10/02/202	10/03/202	10/28/202			1,049.64	0.00	0.00	1,049.64
111602021		10/07/202	10/02/202	10/27/202			2,292.74	0.00	0.00	2,292.74
111602061		10/07/202	10/02/202	10/27/202			249.15	0.00	0.00	249.15
111601798		10/07/202	10/02/202	10/27/202			87.50	0.00	0.00	87.50
111601675		10/07/202	10/02/202	10/27/202			589.32	0.00	0.00	589.32

111601385	10/07/202 10/02/202 10/27/202	584.30	0.00	0.00	584.30
7370217	10/07/202 10/02/202 11/01/202	8,080.23	0.00	0.00	8,080.23
111609811	10/08/202 10/06/202 10/31/202	309.54	0.00	0.00	309.54

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	15,303.47	0.00	0.00	15,303.47

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
MIN0144764		10/09/202	10/04/202	10/09/202			696.50	0.00	0.00	696.50

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
B1320	BEEKLEY CORPORATION	696.50	0.00	0.00	696.50

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
907623727		10/08/202	09/19/202	10/08/202			1,338.00	0.00	0.00	1,338.00
907639935		10/08/202	09/25/202	09/30/202			271.00	0.00	0.00	271.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11072	BIO-RAD LABORATORIES, INC	1,609.00	0.00	0.00	1,609.00

Vendor# B1650 Vendor Name: BOSART LOCK & KEY INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
128814		10/08/202	10/08/202	10/31/202			42.00	0.00	0.00	42.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
B1650	BOSART LOCK & KEY INC	42.00	0.00	0.00	42.00

Vendor# C1048 Vendor Name: CALHOUN COUNTY Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
53143140	701 N. Virginia St.	09/01/202	09/26/202				797.79	0.00	0.00	797.79
53112545	815 N. Virginia St.	09/01/202	09/26/202	10/26/202			8.47	0.00	0.00	8.47
53147642	815 N. Virginia St.	09/01/202	09/26/202	10/26/202			8.47	0.00	0.00	8.47
53142882	Hospital St. ODL	09/01/202	09/26/202	10/26/202			19.84	0.00	0.00	19.84
53142876	Hospital St.	09/01/202	09/26/202	10/26/202			41,154.65	0.00	0.00	41,154.65
53142911	1016 N. Virginia St.	09/01/202	09/26/202	10/26/202			1,767.18	0.00	0.00	1,767.18

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
C1048	CALHOUN COUNTY	43,756.40	0.00	0.00	43,756.40

Vendor# 11088 Vendor Name: CANTEX HEALTH CARE CENTERS LLC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/24/202	09/13/202	10/09/202			816.00	0.00	0.00	816.00
093024	Ins. amt dep. into MMC opt. in error	09/24/202	09/30/202	10/09/202			7,703.90	0.00	0.00	7,703.90

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC					8,519.90	0.00	0.00	8,519.90
Vendor#	Vendor Name				Class	Pay Code				
14064	CAPITAL ONE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091924		09/30/202	09/19/202	10/19/202			1,173.44	0.00	0.00	1,173.44
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14064	CAPITAL ONE					1,173.44	0.00	0.00	1,173.44
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC.				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003636608		10/07/202	09/22/202	10/30/202			279.32	0.00	0.00	279.32
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.					279.32	0.00	0.00	279.32
Vendor#	Vendor Name				Class	Pay Code				
10541	CARESFIELD									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
200027978		09/25/202	09/24/202	10/24/202			77.07	0.00	0.00	77.07
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					77.07	0.00	0.00	77.07
Vendor#	Vendor Name				Class	Pay Code				
14236	CARRIER CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1400025500002		09/18/202	09/25/202	10/31/202			-12,830.00	0.00	0.00	-12,830.00
90399155		10/04/202	09/27/202	10/27/202			12,830.00	0.00	0.00	12,830.00
	CHILLER RENTAL 6/17-7/14/24									
90399166		10/04/202	09/27/202	10/27/202			12,830.00	0.00	0.00	12,830.00
	CHILLER RENTAL 5/20-6/16/24									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14236	CARRIER CORPORATION					12,830.00	0.00	0.00	12,830.00
Vendor#	Vendor Name				Class	Pay Code				
13264	CERVEY, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
31123		10/03/202	10/05/202	10/30/202			1,650.00	0.00	0.00	1,650.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13264	CERVEY, LLC					1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name				Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425		09/01/202	10/08/202	10/08/202			55,112.20	0.00	0.00	55,112.20
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					55,112.20	0.00	0.00	55,112.20
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
1780		09/01/202	10/01/202	10/31/202			346.50	0.00	0.00	346.50
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					346.50	0.00	0.00	346.50
Vendor#	Vendor Name				Class	Pay Code				

no invoice - removed

September 2024

10723 CLIA LABORATORY PROGRAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
082024		09/01/202	10/03/202	10/04/202			248.00	0.00	0.00	248.00

Certificate Fee 2/15/25 - 2/14/27

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10723	CLIA LABORATORY PROGRAM	248.00	0.00	0.00	248.00

Vendor# 11030 Vendor Name: COMBINED INSURANCE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100124		10/04/202	10/01/202	10/01/202			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# 15116 Vendor Name: COMPUGROUP MEDICAL - EMDS INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9090081841	SERV PERIOD 10/1/24-12/31/24	10/04/202	10/04/202	10/04/202			11,308.50	0.00	0.00	11,308.50

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# C1970 Vendor Name: CONMED CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10716992		10/08/202	10/01/202	10/01/202			215.10	0.00	0.00	215.10
10717197		10/08/202	10/01/202	10/08/202			243.90	0.00	0.00	243.90

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C1970	CONMED CORPORATION	459.00	0.00	0.00	459.00

Vendor# C2150 Vendor Name: COOK MEDICAL INCORPORATED — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
V26556786		10/02/202	09/26/202	10/26/202			720.90	0.00	0.00	720.90

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
C2150	COOK MEDICAL INCORPORATED	720.90	0.00	0.00	720.90

Vendor# 15656 Vendor Name: [redacted] — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BIGCRY0001A		10/01/202	08/12/202	10/09/202			20.00	0.00	0.00	20.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15656	[redacted]	20.00	0.00	0.00	20.00

Vendor# 12044 Vendor Name: CULLIGAN ULTRAPURE INC. — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
093024		10/07/202	09/30/202	10/22/202			684.65	0.00	0.00	684.65

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12044	CULLIGAN ULTRAPURE INC.	684.65	0.00	0.00	684.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7696660		10/08/202	10/01/202	10/26/202			365.05	0.00	0.00	365.05
7697790		10/08/202	10/02/202	10/27/202			671.21	0.00	0.00	671.21

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	1,036.26	0.00	0.00	1,036.26

Vendor# 11011 — Vendor Name: DIAMOND HEALTHCARE CORP — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056377		09/01/202	10/01/202	10/26/202			35,498.91	0.00	0.00	35,498.91
	SEPTEMBER Ben. Health									
IN20056378		09/01/202	10/01/202	10/26/202			19,166.67	0.00	0.00	19,166.67
	SEPTEMBER CPR									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11011	DIAMOND HEALTHCARE CORP	54,665.58	0.00	0.00	54,665.58

Vendor# 15240 — Vendor Name: ECLINICAL WORKS LLC — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0003054861		10/07/202	10/01/202	10/31/202			474.80	0.00	0.00	474.80
	AUG 2024 MESSENGER SERVICE									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
15240	ECLINICAL WORKS LLC	474.80	0.00	0.00	474.80

Vendor# 11091 — Vendor Name: ECOLAB — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6348274646		10/04/202	10/01/202	10/31/202			231.38	0.00	0.00	231.38
	OCTOBER SERVICE PERIOD									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11091	ECOLAB	231.38	0.00	0.00	231.38

Vendor# E1090 — Vendor Name: EDWARDS LIFESCIENCES — Class: M — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13434350		10/08/202	10/08/202	10/08/202			133.20	0.00	0.00	133.20

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
E1090	EDWARDS LIFESCIENCES	133.20	0.00	0.00	133.20

Vendor# 14708 — Vendor Name: EQUALIZE RCM SERVICES — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
538009		10/07/202	10/01/202	10/31/202			5,649.03	0.00	0.00	5,649.03
	OCTOBER FEES									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14708	EQUALIZE RCM SERVICES	5,649.03	0.00	0.00	5,649.03

Vendor# 11944 — Vendor Name: EQUIFAX WORKFORCE SOLUTIONS — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2062406369		10/04/202	09/30/202	10/30/202			10.99	0.00	0.00	10.99

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11944	EQUIFAX WORKFORCE SOLUTIONS	10.99	0.00	0.00	10.99

Vendor# R1185 — Vendor Name: FARAH JANAK — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092724		10/01/202	09/27/202	10/30/202			90.60	0.00	0.00	~~90.60~~
	Wrong amount - removed									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
R1185	FARAH JANAK	90.60	0.00	0.00	~~90.60~~

Vendor# 10689 — Vendor Name: FASTHEALTH CORPORATION — Class — Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
08A24MMC		08/13/202	08/01/202	10/31/202			-545.00	0.00	0.00	-545.00
09A24MMC		09/10/202	09/01/202	10/31/202			545.00	0.00	0.00	545.00
10A24MMC		10/04/202	10/01/202	10/31/202			1,090.00	0.00	0.00	1,090.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
10689	FASTHEALTH CORPORATION	1,090.00	0.00	0.00	1,090.00

Vendor# F1400 Vendor Name: FISHER HEALTHCARE Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2831129	SUPPLIES	09/01/202	05/09/202	06/03/202			697.23	0.00	0.00	697.23
5690949		10/08/202	09/26/202	10/21/202			479.32	0.00	0.00	479.32
5690948		10/08/202	09/26/202	10/21/202			1,288.62	0.00	0.00	1,288.62
5728185		10/08/202	09/27/202	10/22/202			142.30	0.00	0.00	142.30
5762166		10/08/202	09/30/202	10/25/202			1,248.36	0.00	0.00	1,248.36
5762165		10/08/202	09/30/202	10/25/202			743.51	0.00	0.00	743.51
5798625		10/08/202	10/01/202	10/26/202			852.56	0.00	0.00	852.56
5798628		10/08/202	10/01/202	10/26/202			1,280.76	0.00	0.00	1,280.76
5798626		10/08/202	10/01/202	10/26/202			50.58	0.00	0.00	50.58
5798627		10/08/202	10/01/202	10/26/202			144.65	0.00	0.00	144.65
5430767		10/09/202	08/16/202	09/10/202			737.54	0.00	0.00	737.54

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	7,665.43	0.00	0.00	7,665.43

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6002778050	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			86.67	0.00	0.00	86.67
6002778419	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			998.34	0.00	0.00	998.34
6002778056	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			5,665.83	0.00	0.00	5,665.83
6002778051	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			2,422.50	0.00	0.00	2,422.50
6002778049	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			3,588.58	0.00	0.00	3,588.58
6002778052	OCTOBER BILLING PERIOD	10/08/202	10/01/202	10/31/202			61.67	0.00	0.00	61.67

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
12404	GE PRECISION HEALTHCARE, LLC	12,823.59	0.00	0.00	12,823.59

Vendor# 12948 Vendor Name: GREAT AMERICA FINANCIAL SVCS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

37576008		10/01/202	10/02/202	10/09/202	10,433.95	0.00	0.00	10,433.95

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	10,433.95	0.00	0.00	10,433.95

Vendor# G1210 — Vendor Name: GULF COAST PAPER COMPANY — Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2578313		10/08/202	10/01/202	10/31/202			995.82	0.00	0.00	995.82

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	995.82	0.00	0.00	995.82

Vendor# 10334 — Vendor Name: HEALTH CARE LOGISTICS INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
309639745		10/02/202	10/02/202	11/01/202			64.86	0.00	0.00	64.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	64.86	0.00	0.00	64.86

Vendor# 11552 — Vendor Name: HEALTHCARE FINANCIAL SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100939451		09/01/202	09/27/202	11/01/202			4,610.52	0.00	0.00	4,610.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	4,610.52	0.00	0.00	4,610.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4556		09/30/202	09/25/202	10/09/202			1,809.92	0.00	0.00	1,809.92

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308	1,809.92	0.00	0.00	1,809.92

Vendor# H0416 — Vendor Name: HOLOGIC INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11068778		09/25/202	09/12/202	10/27/202			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# 10922 — Vendor Name: HUNTER PHARMACY SERVICES — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6198		10/01/202	09/30/202	10/20/202			14,902.91	0.00	0.00	14,902.91

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,902.91	0.00	0.00	14,902.91

Vendor# 12228 — Vendor Name: INNOVATIVE STERILIZATION — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32075		10/09/202	10/02/202	10/09/202			1,108.70	0.00	0.00	1,108.70

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12228	INNOVATIVE STERILIZATION	1,108.70	0.00	0.00	1,108.70

Vendor# 14364 — Vendor Name: JACQUELINE HERRERA — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

100924	10/01/202 09/25/202			69.68	0.00	0.00	69.68

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14364	JACQUELINE HERRERA	69.68	0.00	0.00	69.68

Vendor# 14540 — Vendor Name: JINDAL X LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425050	SEP SERVICE PERIOD	09/01/202	10/01/202	10/09/202			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# 14244 — Vendor Name: LONESTAR COMMUNICATIONS, IN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
153458		10/02/202	09/30/202	10/30/202			721.60	0.00	0.00	721.60

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14244	LONESTAR COMMUNICATIONS, IN	721.60	0.00	0.00	721.60

Vendor# L1640 — Vendor Name: LOWE'S BUSINESS ACCT/SYNCB — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092824	SUPPLIES	09/30/202	09/28/202	10/18/202			632.54	0.00	0.00	632.54

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
L1640	LOWE'S BUSINESS ACCT/SYNCB	632.54	0.00	0.00	632.54

Vendor# 10972 — Vendor Name: M G TRUST — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092024		10/10/202	09/20/202	10/31/202			895.00	0.00	0.00	895.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10972	M G TRUST	895.00	0.00	0.00	895.00

Vendor# M2178 — Vendor Name: MCKESSON MEDICAL SURGICAL INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22711758		10/09/202	10/09/202	10/24/202			128.08	0.00	0.00	128.08

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2178	MCKESSON MEDICAL SURGICAL INC	128.08	0.00	0.00	128.08

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2336820927		09/25/202	09/25/202	10/30/202			42.00	0.00	0.00	42.00
2336820926		09/25/202	09/25/202	10/31/202			593.46	0.00	0.00	593.46
2337922885		10/02/202	10/02/202	10/27/202			106.78	0.00	0.00	106.78

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
M2470	MEDLINE INDUSTRIES INC	742.24	0.00	0.00	742.24

Vendor# 10963 — Vendor Name: MEMORIAL MEDICAL CLINIC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100324		10/07/202	10/01/202	10/01/202			76.73	0.00	0.00	76.73

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	10963	MEMORIAL MEDICAL CLINIC					76.73	0.00	0.00	76.73
Vendor#	Vendor Name				Class	Pay Code				
G0333	MICHAEL GAINES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	100324		09/01/202	10/03/202	10/08/202		129.00	0.00	0.00	129.00

Reimbursement for License Renewal

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0333	MICHAEL GAINES	129.00	0.00	0.00	129.00

Vendor#	Vendor Name				Class	Pay Code				
10546	MITCHELL AUTO GLASS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	18016		10/09/202	09/13/202	10/09/202		6,250.00	0.00	0.00	6,250.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10546	MITCHELL AUTO GLASS, INC	6,250.00	0.00	0.00	6,250.00

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
	8116		10/07/202	09/30/202	10/10/202		-102.69	0.00	0.00	-102.69
	2495731		10/07/202	09/30/202	10/10/202		7,813.15	0.00	0.00	7,813.15
	SC6093		10/07/202	09/25/202	10/05/202		284.03	0.00	0.00	284.03
	SC6092		10/07/202	09/25/202	10/05/202		53.14	0.00	0.00	53.14
	SC6094		10/07/202	09/25/202	10/05/202		241.29	0.00	0.00	241.29
	2494222		10/07/202	09/29/202	10/09/202		23.82	0.00	0.00	23.82
	2494220		10/07/202	09/29/202	10/09/202		33.94	0.00	0.00	33.94
	2494219		10/07/202	09/29/202	10/09/202		258.22	0.00	0.00	258.22
	2494221		10/07/202	09/29/202	10/09/202		1,666.80	0.00	0.00	1,666.80
	2498538		10/07/202	09/30/202	10/10/202		17,579.80	0.00	0.00	17,579.80
	2504004		10/07/202	10/01/202	10/11/202		408.04	0.00	0.00	408.04
	2500981		10/07/202	10/01/202	10/11/202		217.06	0.00	0.00	217.06
	2504005		10/07/202	10/01/202	10/11/202		601.11	0.00	0.00	601.11
	2500982		10/07/202	10/01/202	10/11/202		71.67	0.00	0.00	71.67
	2502637		10/07/202	10/01/202	10/11/202		1,490.14	0.00	0.00	1,490.14
	2502638		10/07/202	10/01/202	10/11/202		2,457.08	0.00	0.00	2,457.08
	2500983		10/07/202	10/01/202	10/11/202		39.87	0.00	0.00	39.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	33,136.47	0.00	0.00	33,136.47

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
36089838		10/08/202	04/17/202	05/12/202			145.00	0.00	0.00	145.00
36963669		10/08/202	10/07/202	11/01/202			1,125.00	0.00	0.00	~~1,125.00~~

no invoice - removed

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,270.00	0.00	0.00	1,270.00

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853736395		10/02/202	09/30/202	10/30/202			2,286.17	0.00	0.00	2,286.17

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	2,286.17	0.00	0.00	2,286.17

Vendor#	Vendor Name	Class	Pay Code
11155	PARAREV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
920860		10/07/202	10/01/202	10/31/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
092624		10/08/202	09/26/202	10/21/202			736.00	0.00	0.00	736.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	736.00	0.00	0.00	736.00

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9357240666		09/25/202	09/24/202	10/24/202			306.54	0.00	0.00	306.54

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	306.54	0.00	0.00	306.54

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
IN000670801		10/07/202	09/30/202	10/30/202			2,838.92	0.00	0.00	2,838.92

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
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
PSI003186		10/01/202	09/30/202	10/30/202			4,000.00	0.00	0.00	4,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	4,000.00	0.00	0.00	4,000.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
25654		10/04/202	10/07/202	10/17/202			24.00	0.00	0.00	24.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	24.00	0.00	0.00	24.00

Vendor#	Vendor Name				Class	Pay Code				
S0900	SAMS CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092024		10/01/202	09/20/202	10/09/202			398.73	0.00	0.00	398.73
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S0900	SAMS CLUB DIRECT					398.73	0.00	0.00	398.73
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
	56382500000089		10/08/202	10/01/202	10/21/202			1,333.33	0.00	0.00	1,333.33
		OCTOBER RENTAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	116611464		10/04/202	09/24/202	10/19/202			3,507.72	0.00	0.00	3,507.72
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC					3,507.72	0.00	0.00	3,507.72
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	092324		09/23/202	09/17/202	10/31/202			-34.00	0.00	0.00	-34.00
	I07044130		10/02/202	09/30/202	10/30/202			6,558.00	0.00	0.00	6,558.00
	CM13287		10/02/202	09/30/202	10/31/202			-3,089.00	0.00	0.00	-3,089.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,435.00	0.00	0.00	3,435.00
Vendor#	Vendor Name				Class	Pay Code				
10845	STAPLES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	6013248817		10/02/202	09/30/202	10/30/202			152.36	0.00	0.00	152.36
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10845	STAPLES					152.36	0.00	0.00	152.36
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
	920059		10/04/202	10/01/202	10/30/202			6,130.42	0.00	0.00	6,130.42
	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
	093124		09/01/202	10/01/202	10/09/202			16,375.00	0.00	0.00	16,375.00
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		15244	TEXAS ELITE THERAPY TEAM LLC					16,375.00	0.00	0.00	16,375.00
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

091024		09/01/202	09/10/202	10/08/202		428.76	0.00	0.00	428.76
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	S1801	TRACI SHEFCIK				428.76	0.00	0.00	428.76
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
A2410071378		10/01/202	10/07/202	10/09/202		19,040.00	0.00	0.00	19,040.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10841	TRUBRIDGE, LLC				19,040.00	0.00	0.00	19,040.00
Vendor#	Vendor Name			Class	Pay Code				
11002	TRUSTAFF								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2267082		10/07/202	10/03/202	10/31/202		3,124.00	0.00	0.00	3,124.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	11002	TRUSTAFF				3,124.00	0.00	0.00	3,124.00
Vendor#	Vendor Name			Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2921043660		10/07/202	10/03/202	10/28/202		34.04	0.00	0.00	34.04
2921043658		10/07/202	10/03/202	10/28/202		212.63	0.00	0.00	212.63
2921043657		10/07/202	10/03/202	10/28/202		128.47	0.00	0.00	128.47
2921043659		10/07/202	10/03/202	10/28/202		1,955.20	0.00	0.00	1,955.20
2921043662		10/07/202	10/03/202	10/28/202		162.14	0.00	0.00	162.14
2921043664		10/07/202	10/03/202	10/28/202		142.22	0.00	0.00	142.22
2921043661		10/07/202	10/03/202	10/28/202		372.12	0.00	0.00	372.12
2921043663		10/07/202	10/03/202	10/28/202		181.78	0.00	0.00	181.78
2921043897		10/08/202	10/07/202	11/01/202		122.69	0.00	0.00	122.69
2921043896		10/08/202	10/07/202	11/01/202		2,516.03	0.00	0.00	2,516.03
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				5,827.32	0.00	0.00	5,827.32
Vendor#	Vendor Name			Class	Pay Code				
U2001	US POSTAL SERVICE			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
10072024		10/09/202	10/07/202	10/09/202		2,200.00	0.00	0.00	2,200.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	U2001	US POSTAL SERVICE				2,200.00	0.00	0.00	2,200.00
Vendor#	Vendor Name			Class	Pay Code				
15616	UTHEALTH CQHII								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
3118		10/07/202	10/02/202	11/01/202		900.00	0.00	0.00	900.00
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net

	15616	UTHEALTH CQHII				900.00	0.00	0.00	900.00
Vendor#	Vendor Name			Class	Pay Code				
V1056	VICTORIA AIR CONDITIONING LTD			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	214228		10/04/202	10/04/202	10/04/202		355.00	0.00	0.00	355.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		V1056	VICTORIA AIR CONDITIONING LTD				355.00	0.00	0.00	355.00
Vendor#	Vendor Name			Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LLC			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	24090141		10/04/202	09/30/202	10/01/202		160.00	0.00	0.00	160.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LLC				160.00	0.00	0.00	160.00
Vendor#	Vendor Name				Class	Pay Code				
12208	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV7016322		10/01/202	09/25/202	10/09/202		559.25	0.00	0.00	559.25
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGEWORKS				559.25	0.00	0.00	559.25
Vendor#	Vendor Name				Class	Pay Code				
12548	WAGEWORKS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	0924TR116685		09/01/202	09/25/202	10/09/202		131.25	0.00	0.00	131.25
		SEPTEMBER SERVICE PERIOD								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		12548	WAGEWORKS, INC				131.25	0.00	0.00	131.25
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9111629643		09/04/202	10/02/202	10/27/202		475.00	0.00	0.00	475.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				475.00	0.00	0.00	475.00
Vendor#	Vendor Name				Class	Pay Code				
10556	WOUND CARE SPECIALISTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	WCS00006951		10/01/202	10/01/202	10/30/202		9,750.00	0.00	0.00	9,750.00
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS				9,750.00	0.00	0.00	9,750.00

Sept. 2024

Grand Totals:	Gross	Discount	No-Pay	Net
	415,960.57	0.00	0.00	415,960.57

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

pg. 3 no invoice - removed credit

pg. 5 incorrect amount - removed

pg 10 no invoice - removed

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

RUN DATE: 10/10/24
TIME: 13:02

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APCDEDIT

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1504356	[redacted]		092524	56.18	2		REFUND FO	[redacted]
1549178		TX 77979	092524	284.69	2		REFUND FO	
1549642		WI 537077937	092524	3042.49	2		REFUND FO	
1550051		WI 537077937	092524	1512.46	2		REFUND FO	
1550995		WI 537077937	092524	240.18	2		REFUND FO	
1553320		WI 537077937	092524	2704.60	2		REFUND FO	
1554532		WI 537077937	101024	63.00	2		REFUND FO	
1555618		TX 77979	092524	1495.17	2		REFUND FO	
1560655		WI 537077937	092524	4743.98	2		REFUND FO	
1560718		WI 537077937	101024	368.90	2		REFUND FO	
1562349		TX 77979	092524	25230.84	2		REFUND FO	
1565271		WI 537077937	101024	100.00	3		REFUND FO	
1565436		TX 77979	101024	113.45	2		REFUND FO	
1565450		TX 77979	092524	10956.91	2		REFUND FO	
1569033		WI 537077937	092524	3744.50	2		REFUND FO	
1575834		WI 537077937	092524	4042.26	2		REFUND FO	
1576461		WI 537077937	101024	176.76	5		REFUND FO	
		MO 631952366						

RUN DATE: 10/10/24
TIME: 13:02

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1579219	01 [redacted]		092524	2575.17	2		REFUND FOR [redacted]	
1582898	01	WI 53707	101024	217.35	2		REFUND FOR	
1588377	01	WI 537088967	092524	136.42	2		REFUND FOR	
1594901	01	TX 77995	092524	1500.00	1		REFUND FOR	
1596093	01	TX 77979	101024	~~1044.85~~	3		REFUND FOR	
1596439	01	TX 77979	092524	424.13	2		REFUND FOR [redacted]	
1599796	01	TX 77979	101024	869.41	2		REFUND FOR	
1600511	01	TX 77465	101024	100.00	5		REFUND FOR	
1613430	01	TX 77465	092524	945.00	3		REFUND FOR	
MISS400	01	TX 77979	101024	~~176.05~~	2		REFUND FOR	
		NM 871251489						

Refund made to wrong Person

Refund made to wrong Person

ARID=0001 TOTAL 66864.73

TOTAL ~~66864.73~~ 65,643.85

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

COPY

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity	
Total Activity	$851.93

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.	
Credit Limit	$20,000
Cash Advance Limit	$5,000
Statement Closing Date	10/03/2024
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
09/05	09/05	8999	55432864249205802321999	1	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
09/06	09/05	9399	05134374250600060572147	2	NPDB NPDB.HRSA.GOV N113959871	FAIRFAX VA	22033	USA	2.50
09/10	09/09	9399	05134374254600060608384	3	NPDB NPDB.HRSA.GOV N114059755	FAIRFAX VA	22033	USA	2.50
09/18	09/17	9399	55488724262016212776172	4	TXDPS CRIME RECS 720278118	AUSTIN TX	78752	USA	153.63
09/25	09/23	7011	75120714268900014790712	5	KALAHARI RESORT - TX RBFLG9YZN CHECK IN: 09/23/2024	ROUND ROCK TX	78665	USA	522.80
10/02	10/01	9399	05134374276600069493030	6	NPDB NPDB.HRSA.GOV N115503324	FAIRFAX VA	22033	USA	75.00
10/02	10/01	9399	05134374276600069493113	7	NPDB NPDB.HRSA.GOV N115503758	FAIRFAX VA	22033	USA	2.50
10/02	10/02	8999	55432864276204607935505	8	AMA*CREDENTIALING	800-621-8335 IL	60611	USA	44.00
10/03	10/02	9399	05134374277600067841718	9	NPDB NPDB.HRSA.GOV N115546144	FAIRFAX VA	22033	USA	2.50
10/03	10/02	9399	05134374277600067841890	10	NPDB NPDB.HRSA.GOV N115546803	FAIRFAX VA	22033	USA	2.50
			********** TOTAL AMOUNT OF MEMO ITEM(S): $851.93						

Erin Clevenger

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date October 03, 2024

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Not an invoice.
For your records only.

ERIN CLEVENGER
202 S ANN ST., STE A
PORT LAVACA TX 77979-4204

0001007964 3

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA credentialing - 1 Physician			✓ 44.00
2			Initial + Cont Monitoring			
3	—		NPDB - 1 Provider Enroll			✓ 2.50
4	—		NPDB - 1 Provider Enroll			✓ 2.50
5	—		TXDPS - 50 credits for			✓ 153.63
6			criminal Hx Checks - HR + Cred			
7	—		Kalahari Resort - Erin Clevenger's			✓ 522.80
8			Hotel Stay - TORCH Conference 9/23 - 9/26/24			
9	—		NPDB - 30 providers Renewal			✓ 75.00
10	—		NPDB - 1 provider Renewal			✓ 2.50

Est. Freight _____ Est. Total Cost _____ TOTAL COST 802.93

NOTES:

Charges made to Erin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator Erin Clevenger

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Credentialing - 1 Physician			✓ 44.00
2			Initial + Cont Monitoring			
3	—		NPDB - 1 Provider Enroll			✓ 2.50
4	—		NPDB - 1 Provider Enroll			✓ 2.50
5						
6			802.93			
7			49.00			
8			$851.93 total			
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 49.00

NOTES:

Charges made to Erin's MC

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator Erin Clevenger

CITIBANK CORPORATE CARD

COPY

Account Statement

Commercial Card Account
STEVE BROCK

citi

Account Inquiries:
Toll Free: 1-(800)-248-4553
International: 1-(904)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-1615

Summary of Account Activity

Total Activity	$646.92

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	$5,000
Cash Advance Limit	$0
Statement Closing Date	10/03/2024
Days in Billing Period	30

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
			********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
09/25	09/23	7011	75120714268900014795745	1	KALAHARI RESORT - TX R6T2TWMWY CHECK IN: 09/23/2024	ROUND ROCK	TX	78665 USA	522.80
09/30	09/26	7011	75120714271900016195833	2	KALAHARI RESORT - TX R6T2TWMWY CHECK IN: 09/23/2024	ROUND ROCK	TX	78665 USA	124.12
					********** TOTAL AMOUNT OF MEMO ITEM(S): $646.92				

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XXXX-1615
Statement Closing Date October 03, 2024

Not an invoice.
For your records only.

STEVE BROCK
202 S ANN ST, STE A
PORT LAVACA TX 77979-4204

00010079654

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 10/8/2024

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Date Required | Expense # | Department | Deliver To | Form # 9401

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Kalahari Resort - Steve's			✓ 522.80
2			Hotel stay - TORCH Conference			
3	—		Kalahari Resort - Steve's			✓ 124.12
4			hotel stay - TORCH Conference			
5			9/23 - 9/26/24			
6						
7						
8						
9						
10						

APPROVED ON
OCT 10 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Est. Freight _____ Est. Total Cost _____ TOTAL COST ✓ 646.92

NOTES:

Charges made to Steve's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

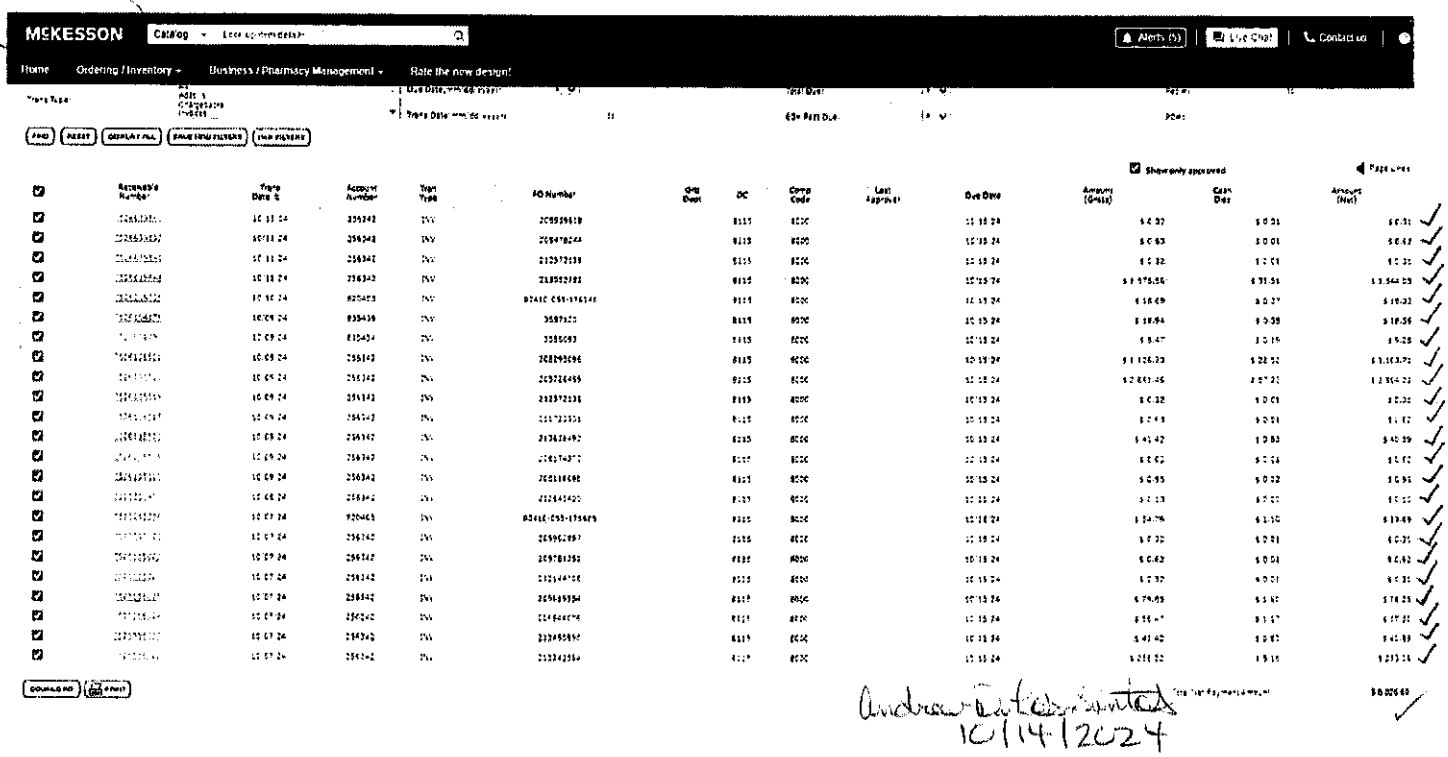
Dept. Director

Dir. Nursing

Dir. Clinical Services

CFO

Administrator



Andrew Peters Smith
10/14/2024

We did not get statements from McKesson. Please see attached email regarding downtime for their system. The list of invoices attached are what will ACH this week. Thanks-Michelle

APPROVED ON

OCT 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Statement Number: 68384512
Date: 10-11-2024

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 / 037026186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	3,025.37
Past Due:	(5,851.39)
Total Due:	(2,826.02)
Account Balance:	(2,826.02)

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-15-2024	09-27-2024	3188668882	7007604734	Invoice	261.36		0.00	261.36
09-15-2024	09-27-2024	3188668883	7007604734	Invoice	1.18		0.00	1.18
09-15-2024	09-27-2024	3188668884	7007615443	Invoice	162.58		0.00	162.58
09-15-2024	09-27-2024	3188668885	7007615471	Invoice	53.55		0.00	53.55
09-15-2024	09-27-2024	3188668886	7007615471	Invoice	3.00		0.00	3.00
09-15-2024	09-27-2024	3188668887	7007625239	Invoice	42.47		0.00	42.47
09-16-2024	09-27-2024	3188769005	7007632041	Invoice	22.90		0.00	22.90
09-17-2024	09-27-2024	3188864241	7007642080	Invoice	1,073.40		0.00	1,073.40
09-18-2024	09-27-2024	3189027180	7007649387	Invoice	96.87		0.00	96.87
09-18-2024	09-27-2024	3189027161	7007649650	Invoice	63.77		0.00	63.77
09-19-2024	09-27-2024	3189269361	7007657077	Invoice	10.12		0.00	10.12
09-20-2024	09-27-2024	3189423747	7007666238	Invoice	196.76		0.00	196.76
09-23-2024	10-04-2024	3189594801	7007670485	Invoice	39.33		0.00	39.33
09-23-2024	10-04-2024	3189594802	7007681977	Invoice	152.83		0.00	152.83
09-23-2024	10-04-2024	3189594803	7007693546	Invoice	21.60		0.00	21.60
09-23-2024	10-04-2024	3189594804	7007671903	Invoice	1.35		0.00	1.35
09-23-2024	10-04-2024	3189594805	7007681830	Invoice	12.06		0.00	12.06
09-24-2024	09-24-2024	205568	3184784668	Customer Payment	72.71	08-12-2024	145.42	(72.71)
09-24-2024	09-24-2024	205568	3185257235	Customer Payment	93.11	08-15-2024	186.22	(93.11)
09-24-2024	09-24-2024	205568	3185601951	Customer Payment	1,113.39	08-19-2024	2,226.78	(1,113.39)
09-24-2024	09-24-2024	205568	3185600879	Customer Payment	3,759.63	08-19-2024	7,519.26	(3,759.63)
09-24-2024	09-24-2024	205568	3184945100	Customer Payment	233.46	08-13-2024	466.92	(233.46)
09-24-2024	09-24-2024	205568	3184944579	Customer Payment	137.30	08-13-2024	274.60	(137.30)
09-24-2024	09-24-2024	205568	3185601952	Customer Payment	3,573.38	08-19-2024	7,146.76	(3,573.38)
09-24-2024	09-24-2024	205568	3184784667	Customer Payment	75.10	08-12-2024	150.20	(75.10)
09-24-2024	09-24-2024	205568	3185098913	Customer Payment	17.61	08-14-2024	35.22	(17.61)
09-24-2024	09-24-2024	205568	3184784665	Customer Payment	2,288.36	08-12-2024	4,576.72	(2,288.36)

$1987.90 Approved on 9.25.24 CC

$1493.15 Approved on 10/2/24 CC

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
09-24-2024	09-24-2024	205568	3184784666	Customer Payment	238.09	08-12-2024	476.18	(238.09)
09-24-2024	09-24-2024	205568	3185601953	Customer Payment	61.66	08-19-2024	123.32	(61.66)
09-24-2024	09-24-2024	205568	3185601950	Customer Payment	162.58	08-19-2024	325.16	(162.58)
09-24-2024	10-04-2024	3189762327	7007698509	Invoice	19.34		0.00	19.34
09-24-2024	10-04-2024	3189762328	7007698509	Invoice	1.18		0.00	1.18
09-25-2024	10-04-2024	3189915026	7007706639	Invoice	31.25		0.00	31.25
09-25-2024	10-04-2024	3189915029	7007706639	Invoice	1.00		0.00	1.00
09-25-2024	10-04-2024	3189915470	7007707386	Invoice	96.87		0.00	96.87
09-26-2024	10-04-2024	3190003221	7007716200	Invoice	4.35		0.00	4.35
09-27-2024	10-04-2024	3190232253	7007727328	Invoice	1,110.64		0.00	1,110.64
09-27-2024	10-04-2024	3190232254	7007725674	Invoice	1.35		0.00	1.35
09-29-2024	10-11-2024	3190405450	7007738674	Invoice	14.58		0.00	14.58
09-29-2024	10-11-2024	3190405451	7007746624	Invoice	36.17		0.00	36.17
09-29-2024	10-11-2024	3190405452	7007753430	Invoice	16.88		0.00	16.88
09-29-2024	10-11-2024	3190405453	7007746628	Invoice	2.62		0.00	2.62
10-01-2024	10-11-2024	3190582373	7007759822	Invoice	9.28		0.00	9.28
10-02-2024	10-11-2024	3190747625	7007768917	Invoice	64.59		0.00	64.59
10-02-2024	10-11-2024	3190747626	7007768170	Invoice	2.09		0.00	2.09
10-03-2024	10-11-2024	3190934087	7007777237	Invoice	96.90		0.00	96.90
10-03-2024	10-11-2024	3190934088	7007780503	Invoice	2,147.16		0.00	2,147.16
10-04-2024	10-11-2024	3191071129	7007787813	Invoice	103.61		0.00	103.61
10-06-2024	10-18-2024	3191224054	7007799282	Invoice	122.90		0.00	122.90 ✓
10-06-2024	10-18-2024	3191224055	7007809180	Invoice	9.54		0.00	9.54 ✓
10-06-2024	10-18-2024	3191224056	7007809180	Invoice	15.87		0.00	15.87 ✓
10-06-2024	10-18-2024	3191224057	7007809819	Invoice	48.45		0.00	48.45 ✓
10-06-2024	10-18-2024	3191224058	7007817826	Invoice	1,070.15		0.00	1,070.15 ✓
10-08-2024	10-18-2024	3191406697	7007824281	Invoice	90.58		0.00	90.58 ✓
10-09-2024	10-18-2024	3191559704	7007832789	Invoice	433.72		0.00	433.72 ✓
10-10-2024	10-18-2024	3191715805	7007842634	Invoice	472.66		0.00	472.66 ✓
10-10-2024	10-18-2024	3191715806	7007842634	Invoice	737.00		0.00	737.00 ✓
10-11-2024	10-18-2024	3191861327	7007852204	Invoice	14.95		0.00	14.95 ✓
10-11-2024	10-18-2024	3191861328	7007852204	Invoice	5.94		0.00	5.94 ✓
10-11-2024	10-18-2024	3191861329	7007851959	Invoice	3.61		0.00	3.61 ✓

10.2.24 CC

Approved on 10.9.24 CC

AmerisourceBergen STATEMENT Number: 68384512 Date: 10-11-2024

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
3,025.37	5,974.99	(11,826.38)	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
09-24-2024	(11,826.38)
09-27-2024	1,987.96
10-04-2024	1,493.15
10-11-2024	2,493.88
10-18-2024	3,025.37 ✓
Total Due:	(2,826.02)

APPROVED ON

OCT 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓ Andrew Nelson Limited
10/14/2024

Gracie Orta

From: aflores@mmcportlavaca.com (Andrie Flores) <aflores@mmcportlavaca.com>
Sent: Thursday, October 10, 2024 3:26 PM
To: Gracie Orta
Cc: Caitlin Clevenger
Subject: RE: No Commissioners' Court 10/23/24

Hello,

MMC Payroll net pay estimate for payroll ending 10/17/2024: $395,000.00
MMC Payroll tax deposit estimate for payroll ending 10/17/2024: $130,000.00

Please let me know if this is sufficient information in regards to our payroll for court on 10/16/2024.

Thank you,

Andrie Flores
Human Resources Manager
Memorial Medical Center
815 N Virginia St, Port Lavaca, TX 77979
P: 361-552-0399 | F: 361.551.4505
aflores@mmcportlavaca.com

From: Gracie Orta <Gracie.Orta@calhouncotx.org>
Sent: Wednesday, October 9, 2024 8:31 AM
To: Caitlin Clevenger <cclevenger@mmcportlavaca.com>; Gregory Morales <gmorales@mmcportlavaca.com>; Pam Fikac <pfikac@mmcportlavaca.com>; Michelle Cumberland <mcumberland@mmcportlavaca.com>; Andrie Flores <aflores@mmcportlavaca.com>; Andrew DeLosSantos <adelossantos@mmcportlavaca.com>
Subject: RE: No Commissioners' Court 10/23/24

Okay, sounds good.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone:361-553-4463

Memorial Medical Center
Transfer Request

Amount: 6,531.87 ✓ **Date:** 8/19/2024

From Account: Operating [redacted]

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Acct Number: [redacted] **Routing Number:** [redacted]

Explanation:

Invoice numbers 6936806, 6960427, 6982261, 6999302, 7031958

Requested by: Caitlin Clevenger **Date:** 10/8/2024

Authorized by: Andrew DeLos Santos **Date:** 10/14/2024

2903	76351	3	11	0	2024	256000735	0	9/13/2024	$2,910.42	1	TMH PHYSICIAN ASSOCIATES PLLC	P	179	0	[redacted]	SI	F	2/12/2024	2/12/2024 300520570
									$2,910.42										

Andrew Dutcher Bainton
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	[illegible]	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	[illegible]	PAYTO	CVGCD	CVGTP	FIRSTNAME	LASTNAME	CODE	SYCID	FROMDT
3095	76360	3	28	0	2024	269002198	0	9/30/2024	$8,650.32	1	AMIRALI S POPATIA MD		P	457	0	[redacted]		OVS	F	9/9/2024
3096	76360	3	28	0	2024	263000750	0	9/30/2024	$8,650.32	1	AMIRALI S POPATIA MD		P	457	0	[redacted]		OVS	F	8/19/2024
									$17,300.64											

[illegible]
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHKNO	GRPNO	LOCNO	EMPNO	DEPNO	CLMPRE	CLMNO	CLMSUF	CHKDT	AMT	CLMTP	PAYEE	[illegible]	CATYO	CVGCAT	CVGTP	FIRSTNAME	LASTNAME	CODE	VOID	FROMDT	THRUDT	PRVNO
2944	76360	3	21	1	2024	256001911	0	9/20/2024	$20,801.00	1	LIBERTY DIALYSIS VICTORIA	P		465	0	[redacted]		HDI	F	8/1/2024	8/31/2024	262438451
									$20,801.00 ✓													

Andrew DeLos Santos
10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Oct 7 2024 - Oct 13, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
10/11/2024	PAY PLUS ACHTrans 39477923 101000695412393 P	- 3rd Party Payor Fee	-138.08	901389
10/11/2024	HEALTHEQUITY INC HealthEqui 1356888 91000017	- EmpDeduct/Employer Contribut	1,447.83	800600
10/11/2024	EXPERTPAY EXPERTPAY 746003411 91000013090234	-Child Support Payment	570.69	800601
10/11/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	367,036.11	
10/10/2024	STATE COMPTRLR TEXNET 08396162/41009 2100002	- DSH IGT	567,507.19	110089
10/10/2024	PAY PLUS ACHTrans 39290241 101000694130993 P	- 3rd Party Payor Fee	-48.94	901390
10/10/2024	TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	-1,024.32	901391
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332419 61	- Credit Card Processing Fee	-480.00	901392
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332401 61	- Credit Card Processing Fee	-1,097.02	901393
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332393 61	- Credit Card Processing Fee	-1,450.80	901394
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	-158.40	901395
10/10/2024	TSYS/TRANSFIRST MERCH FEES 41399801368397 61	- Credit Card Processing Fee	-441.76	901396
10/9/2024	PAY PLUS ACHTrans 39133580 101000692756545 P	- 3rd Party Payor Fee	-53.91	901397
10/8/2024	PAY PLUS ACHTrans 38966885 101000691560880 P	- 3rd Party Payor Fee	-15.84	901398
10/8/2024	MCKESSON DRUG AUTO ACH ACH06199720 910000126	- 340B Drug Program Expense	8,141.80	500643
10/7/2024	PAY PLUS ACHTrans 38813462 101000690120829 P	- 3rd Party Payor Fee	-30.28	901399
10/7/2024	FEDERAL EXPRESS DEBIT EPA72141528 2100002318	- Fed Ex Pymt	707.71	700139
10/7/2024	FDMS FDMS PYMT 052-2000500-000 4100012413211	- Credit Card Machine Lease Fee	-75.67	901400
10/7/2024	FDMS FDMS PYMT 052-2182557-000 4100012414867	- Credit Card Machine Lease Fee	-181.77	901401
10/7/2024	FDMS FDMS PYMT 052-2182545-000 4100012414867	- Credit Card Machine Lease Fee	-93.04	901402
10/7/2024	FDMS FDMS PYMT 052-1601830-000 4100012411126	- Credit Card Machine Lease Fee	-82.45	901403
			950,378.21	

Andrew De Los Santos
Memorial Medical Center — October 14, 2024

* Approved on 10.9.24 cc
* * Approved on 10.2.24 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/18/2024	- WEBFILE TAX PYMT DD	- Sales Tax	2,177.37
			2,177.37

Andrew De Los Santos
Memorial Medical Center — October 14, 2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay HUS

CC Fee

CC Lease Fee

COMPTROLLER.TEXAS.GOV

Menu

Confirmation: You Have Filed Successfully

Sales and Use Tax Period Ending 09/30/2024 (2409)

Taxpayer ID: [redacted]
User ID: [redacted]
Reference Number: [redacted]
Date and Time of Filing:
10/08/2024, 10:46:20 AM

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

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

PAYMENT SUMMARY

Electronic Check
State Amount: $1,649.52
Local Amount: $527.85
Amount to Pay: $2,177.37
Electronic Check: $2,177.37

Payment Reference Number: [redacted]
Trace Number: [redacted]

Type of Bank Account: Checking
Accountholder Name:
Memorial Medical Center
Bank Routing Numbe [redacted]
Bank Account Number: [redacted]
Payment Effective Date: 10/18/2024

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	26,525	26,525	0.00	26,525	1,657.81	26,525	0.02	530.5
SubTotal	**26,525**	**26,525**	**0**	**26,525**	**1,657.81**	**26,525**		**530.5**

Total Tax for Locations **2,188.31**

Total Tax Due:	$2,188.31
Timely Filing Discount:	- $10.94
Balance Due:	$2,177.37
Pending Payments:	- $0.00
Total Amount Due and Payable:	**$2,177.37**

(State amount due is $1,649.52) (Local amount due is $527.85)

Gracie Orta

From: aflores@mmcportlavaca.com (Andrie Flores) <aflores@mmcportlavaca.com>
Sent: Tuesday, October 15, 2024 8:19 AM
To: Gracie Orta
Cc: Caitlin Clevenger
Subject: RE: No Commissioners' Court 10/23/24

Hello,

Yes, I can give you an estimate for HSA as well.

MMC HSA estimate for payroll ending 10/17/2024: $1,447.83

Thank you,

Andrie Flores
Human Resources Manager
Memorial Medical Center
815 N Virginia St, Port Lavaca, TX 77979
P: 361-552-0399 | F: 361.551.4505
aflores@mmcportlavaca.com

From: Gracie Orta <Gracie.Orta@calhouncotx.org>
Sent: Monday, October 14, 2024 4:22 PM
To: Andrie Flores <aflores@mmcportlavaca.com>
Cc: Caitlin Clevenger <cclevenger@mmcportlavaca.com>
Subject: RE: No Commissioners' Court 10/23/24

Andrie,

I almost forgot. Are you able to send an email or some sort of estimate as well for the HAS contributions? That way I can include that as well and it can be approved this Wednesday in court.

Thank You,
Gracie Orta
Calhoun County
Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone:361-553-4463

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024
12:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024
Class Pay Code

0
ap_open_invoice.template

Vendor#	Vendor Name	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS											
		091324		09/13/202	09/13/202	11/02/202			41,848.55	0.00	0.00	41,848.55
		100724	ins. pmt. dep. into MMC opt. in error UHC QIPP July 2024	10/07/202	10/07/202	11/02/202			4,770.53	0.00	0.00	4,770.53
	Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
		11816	ASHFORD GARDENS						46,619.08	0.00	0.00	46,619.08

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	46,619.08	0.00	0.00	46,619.08

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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10/10/2024
12:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100724		10/07/202	10/07/202	11/02/202			1,438.01	0.00	0.00	1,438.01

UHC QIPP July 2024

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	1,438.01	0.00	0.00	1,438.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,438.01	0.00	0.00	1,438.01

APPROVED ON

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CALHOUN COUNTY, TEXAS

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MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100724		10/07/202	10/07/202	11/02/202			1,776.32	0.00	0.00	1,776.32

VHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	1,776.32	0.00	0.00	1,776.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,776.32	0.00	0.00	1,776.32

APPROVED ON

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CALHOUN COUNTY, TEXAS

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CALHOUN COUNTY, TEXAS

10/10/2024
12:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100724		10/07/202	10/07/202	11/02/202			1,750.55	0.00	0.00	1,750.55

UHC QIPP July 2024

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	1,750.55	0.00	0.00	1,750.55

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,750.55	0.00	0.00	1,750.55

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024 MEMORIAL MEDICAL CENTER 0
12:49 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/02/2024

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
100324		10/02/202	10/03/202	11/02/202			7,560.00	0.00	0.00	7,560.00
100724	ins. pmt. dep. into mmc ope. in error UHC QIPP July 2024	10/02/202	10/07/202	11/02/202			1,548.48	0.00	0.00	1,548.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	9,108.48	0.00	0.00	9,108.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,108.48	0.00	0.00	9,108.48

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE COUNTY AUDITOR ON

OCT 10 2024

10/10/2024
12:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024

0
ap_open_invoice.template

Vendor# / Vendor Name — CALHOUN COUNTY, TEXAS — Class — Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324	ins. pmt. dep. into mmc opt. in error	09/01/202	09/13/202	11/02/202			5,820.00	0.00	0.00	5,820.00
091724B		09/01/202	09/13/202	11/02/202			841.70	0.00	0.00	841.70
093024		09/01/202	09/13/202	11/02/202			6,324.00	0.00	0.00	6,324.00
093024A		09/01/202	09/30/202	11/02/202			1,654.27	0.00	0.00	1,654.27
100324		10/01/202	10/03/202	11/02/202			467.18	0.00	0.00	467.18
092724D	no signature approval	10/02/202	09/20/202	11/02/202			259.26	0.00	0.00	259.26
100324A		10/09/202	10/03/202	11/02/202			6,324.00	0.00	0.00	6,324.00
100324B		10/09/202	10/03/202	11/02/202			2,856.00	0.00	0.00	2,856.00
100324C		10/09/202	10/03/202	11/02/202			4,267.72	0.00	0.00	4,267.72
100724	UHC QIPP July 2024	10/09/202	10/07/202	11/02/202			2,593.13	0.00	0.00	2,593.13

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	31,407.26	0.00	0.00	31,407.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,407.26	0.00	0.00	31,407.26

31,148.00

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

CALHOUN COUNTY, TEXAS

10/10/2024
12:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/02/2024
Class Pay Code

0
ap_open_invoice.template

Vendor# Vendor Name
13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/01/202	09/13/202	11/02/202			5,555.00	0.00	0.00	5,555.00
093024	ins.pmt. dep. into mmc opt. in error	09/01/202	09/30/202	11/02/202			1,224.00	0.00	0.00	1,224.00
100324		10/01/202	10/03/202	11/02/202			21,515.00	0.00	0.00	21,515.00
100724	UHC QIPP July 2024	10/01/202	10/07/202	11/02/202			2,577.59	0.00	0.00	2,577.59

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	30,871.59	0.00	0.00	30,871.59

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,871.59	0.00	0.00	30,871.59

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

OCT 10 2024

10/10/2024 MEMORIAL MEDICAL CENTER 0
12:50 CALHOUN COUNTY, TEXAS AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/02/2024

Vendor# Vendor Name Class Pay Code
12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
091324		09/01/202	09/13/202	11/02/202			7,090.34	0.00	0.00	7,090.34
091324A	ins. pmts. dep. into MMC ops in error	09/01/202	09/13/202	11/02/202			8,849.80	0.00	0.00	8,849.80
093024		09/01/202	09/30/202	11/02/202			305.42	0.00	0.00	305.42
100224		10/02/202	10/02/202	11/02/202			28,158.98	0.00	0.00	28,158.98
100224A		10/02/202	10/02/202	11/02/202			569.07	0.00	0.00	569.07
100424		10/02/202	10/04/202	11/02/202			0.27	0.00	0.00	0.27
100724	UHC QIPP July 2024	10/02/202	10/07/202	11/02/202			2,932.62	0.00	0.00	2,932.62

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
12792	BETHANY SENIOR LIVING	47,906.50	0.00	0.00	47,906.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	47,906.50	0.00	0.00	47,906.50

APPROVED ON

OCT 10 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/14/2024

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]		71,904.23	71,804.23	194,591.98			194,691.98	190,241.80
						Bank Balance	194,691.98	
						Variance		
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	4,350.18	

Routing Information for Ashford Gardens

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	190,241.80	
[redacted]		131,769.48	131,669.48	190,064.70			190,164.70	188,949.04
						Bank Balance	190,164.70	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	1,215.66	

						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	188,949.04	
[redacted]		70,093.51	69,992.51	143,783.62			143,883.62	143,129.17
						Bank Balance	143,883.62	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	654.45	

						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	143,129.17	
[redacted]		35,547.11	35,447.11	57,595.38			57,695.38	56,653.16
						Bank Balance	57,695.38	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	942.22	

						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	56,653.16	
[redacted]		141,369.49	140,884.62	107,102.91			107,587.78	105,749.33
						Bank Balance	107,587.78	
						Variance	-	
						Leave in Balance	100.00	
						Wellpoint Yr 6 Adj 2	1,353.58	
						Amt Due to MMC for Q3 Interest	384.87	
						Oct Interest		
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	105,749.33	

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

Yr West Houston / Fort Bend / Brookmoor

TOTAL TRANSFERS	644,722.50

Approved: Andrew De Los Santos
Andrew De Los Santos 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY

I:\MH Weekly Transfers\NH UPL Transfer Summary\2024\NH UPL Transfer Summary 10 14 24

Ashford Center

				MMC PORTION				
				QIPP/Comp 2, 3 4				
	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255104		8,271.81					-	8,271.81
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255461		35,350.09					-	35,350.09
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		817.18					-	817.18
10/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130052		38,464.22					-	38,464.22
10/10/2024 Check 1252	580.58	-					-	-
10/10/2024 Check 1251	35,471.51	-					-	-
10/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214152		5,907.09					-	5,907.09
10/10/2024 WELLPOINT CO AP E-PAYMENT EE52875552 1110000		5,620.18	3,805.89	1,814.29			4,350.18	1,270.00
10/9/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	34,757.18	-					-	-
10/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		68,478.02					-	68,478.02
10/9/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130057		2,648.99					-	2,648.99
10/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		25,745.47					-	25,745.47
10/8/2024 NOVITAS SOLUTION HCCLAIMPMT 675423 420000165		3,288.96					-	3,288.96
	71,809.23	194,591.98	3,805.89	1,814.29	-	-	4,350.18	190,241.80

Ashford Gardens

				MMC PORTION				
				QIPP/Comp 2, 3 4				
	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255104		5,444.46					-	5,444.46
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255461		39,592.51					-	39,592.51
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,493.25					-	2,493.25
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,773.18					-	6,773.18
10/11/2024 NOVITAS SOLUTION HCCLAIMPMT 676357 420000152		23,838.09					-	23,838.09
10/10/2024 Check 287	491.51	-					-	-
10/10/2024 Check 286	13,820.72	-					-	-
10/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000213574		612.00					-	612.00
10/10/2024 WELLPOINT CO AP E-PAYMENT EE52875552 1110000		1,866.64	879.50	787.19			1,115.66	651.03
10/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		7,070.00					-	7,070.00
10/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	117,757.25	-					-	-
10/9/2024 Deposit		142.61					-	142.61
10/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000275293		1,613.64					-	1,613.64
10/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000275293		6,851.14					-	6,851.14
10/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		36,994.88					-	36,994.88
10/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,750.00					-	9,750.00
10/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		23,192.25					-	23,192.25
10/8/2024 HUMANA CHA DISB HCCLAIMPMT 58928042 420000015		4,500.00					-	4,500.00
10/8/2024 HUMANA CHA DISB HCCLAIMPMT 58928041 420000015		19,530.00					-	19,530.00
	131,669.48	190,064.70	879.50	787.19	-	-	1,115.66	188,949.04

Cantex

				MMC PORTION				
				QIPP/Comp 2, 3 4				
	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255461		2,204.39					-	2,204.39
10/11/2024 DEVOTED HEALTH P HCCLAIMPMT 2100028928809		1,800.00					-	1,800.00
10/11/2024 DEVOTED HEALTH P HCCLAIMPMT 2100028928807		64.19					-	64.19
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.02					-	0.02
10/11/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000152		13,888.66					-	13,888.66
10/10/2024 Check 385	836.46	-					-	-
10/10/2024 Check 384	10,051.06	-					-	-
10/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000214152		2,420.45					-	2,420.45
10/10/2024 WELLPOINT CO AP E-PAYMENT EE52875552 1110000		982.63	513.80	468.83			654.45	328.18
10/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	59,104.69	-					-	-
10/9/2024 Deposit		14,126.88					-	14,126.88
10/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000275293		158.78					-	158.78
10/9/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		11,860.00					-	11,860.00
10/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		37,564.94					-	37,564.94
10/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,151.02					-	13,151.02
10/8/2024 NOVITAS SOLUTION HCCLAIMPMT 676323 420000165		39,985.35					-	39,985.35
10/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130082		5,576.31					-	5,576.31
	69,992.51	143,783.62	513.80	468.83	-	-	654.45	143,129.17

Fort Hood

				MMC PORTION				
				QIPP/Comp 2, 3 4				
	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255461		8,502.93					-	8,502.93
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3,599.24					-	3,599.24
10/11/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000152		4,499.79					-	4,499.79
10/10/2024 Check 258	146.39	-					-	-
10/10/2024 Check 257	11,453.29	-					-	-
10/10/2024 WELLPOINT CO AP E-PAYMENT EE52875549 1110000		1,491.79	710.97	770.82			942.22	539.57
10/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		130.00					-	130.00
10/10/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000122		1,397.07					-	1,397.07
10/10/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130062		1,773.92					-	1,773.92
10/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	23,807.45	-					-	-
10/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		23,979.11					-	23,979.11
10/8/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		11,180.00					-	11,180.00
10/7/2024 NOVITAS SOLUTION HCCLAIMPMT 675663 420000114		636.19					-	636.19
10/7/2024 AARP Supplemenra HCCLAIMPMT 746003411 124384		415.34					-	415.34
	35,447.11	57,595.38	710.97	770.82	-	-	942.22	56,653.16

Fort Hood Retiree

				MMC PORTION				
				QIPP/Comp 2, 3 4				
	Transfer-Out	Transfer-In	QIPP/Comp1	& Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024 HNB - ECHO HCCLAIMPMT 746003411 440000255439		4,410.45					-	4,410.45
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,166.79					-	9,166.79
10/11/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,774.54					-	2,774.54
10/11/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130072		2,151.42					-	2,151.42
10/10/2024 Check 1312	192.43	-					-	-
10/10/2024 Check 1311	10,936.49	-					-	-
10/10/2024 HNB - ECHO HCCLAIMPMT 746003411 440000233168		8,532.75					-	8,532.75
10/10/2024 WELLPOINT CO AP E-PAYMENT EE52875551 1110000		1,732.48	1,190.78	542.66			1,353.58	378.90
10/10/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384		3,600.00					-	3,600.00
10/9/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	129,755.70	-					-	-
10/9/2024 HNB - ECHO HCCLAIMPMT 746003411 440000275293		1,112.41					-	1,112.41
10/9/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		32,077.75					-	32,077.75
10/8/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		24,805.82					-	24,805.82
10/8/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000165		10,305.56					-	10,305.56
10/8/2024 HUMANA INS CO HCCLAIMPMT 58767761 8300005926		1,395.00					-	1,395.00
10/8/2024 HUMANA INS CO HCCLAIMPMT 58767760 8300005926		3,555.00					-	3,555.00
10/8/2024 HEALTH HUMAN SVC HCCLAIMPMT 174600341130072		1,491.98					-	1,491.98
	140,884.62	107,102.91	1,190.78	542.66	-	-	1,353.58	105,749.33

TOTALS	449,797.95	691,138.59	7,100.94	4,383.79	-	-	8,416.68	684,722.51

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/14/2024

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		24,367.84	24,267.84	246,915.03	-	247,015.03	246,915.03
					Bank Balance	247,015.03	
					Variance	-	
					Leave in Balance	100.00	

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

Oct Interest
Nov Interest
Dec Interest

Adjust Balance/Transfer Amt 246,915.03

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 10/14/2024
Andrew De Los Santos

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	NH PORTION
10/11/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001976	-	1,794.63					-	1,794.63
10/10/2024	Check 224	447.13	-					-	-
10/10/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	6,452.00					-	6,452.00
10/10/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001480	-	3,161.00					-	3,161.00
10/10/2024	Am Health TX PAYMENT 21531 843070100037252	-	13,000.00					-	13,000.00
10/9/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	23,820.71	-					-	-
10/9/2024	Deposit	-	191,650.15					-	191,650.15
10/9/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	1,148.70					-	1,148.70
10/9/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001216	-	475.00					-	475.00
10/9/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000112	-	1,895.97					-	1,895.97
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 480000235887	-	7,854.18					-	7,854.18
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	875.13					-	875.13
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	1,219.00					-	1,219.00
10/8/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001374	-	4,643.70					-	4,643.70
10/8/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341330E1 2	-	2,733.20					-	2,733.20
10/7/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	8,215.00					-	8,215.00
10/7/2024	TSYS/TRANSFIRST CR CD DEP 5436845558876917 91	-	2,730.42					-	2,730.42
10/7/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001340	-	1,066.95					-	1,066.95
		24,267.84	246,915.03	-	-	-	-	-	246,915.03

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
10/14/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chx Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza Private Pay		4,961.43		855.25				5,816.68	5,716.68
							Bank Balance	5,816.68	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	5,716.68	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chx Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza Medicare/Medicaid		6,284.13	6,284.13	36,805.60		-		36,905.60	36,805.60
							Bank Balance	36,905.60	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	36,805.60	

Routing Information for Gulf Pointe Plaza:

TOTAL TRANSFERS 42,522.28

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 10/14/2024
Andrew De Los Santos

APPROVED ON

OCT 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Pllm-Private Pay

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	40.00					-	40.00
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	240.12					-	240.12
10/7/2024	HNB - ECHO HCCLAIMPMT 746003411 440000278543	-	575.13					-	575.13
								-	-
								-	-
		-	855.25	-	-	-	-	-	855.25

Gulf Pointe Pllm-Medicaid/Medicaid

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
10/11/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	6,047.91					-	6,047.91
10/9/2024	WIRE OUT HMG Rockport SNF, LP - Commerical	6,284.13	-					-	-
10/7/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,339.13					-	1,339.13
10/7/2024	MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	29,418.56					-	29,418.56
								-	-
		6,284.13	36,805.60	-	-	-	-	-	36,805.60
		6,284.13	37,660.85	-	-	-	-	-	37,660.85

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
10/14/2024

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
Tuscany Village	[redacted]	58,727.39	58,627.39	242,994.80	-	-	243,094.80	241,044.37

Bank Balance	243,094.80
Variance	-
Leave in Balance	100.00
Wellpoint Yr 6 Adj 2	1,950.43
Adjust Balance/Transfer Amt	241,044.37

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 10/14/2024

APPROVED ON

OCT 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village LLC

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
10/11/2024	HNB - ECHO HCCLAIMPMT 746003411 440000255839	-	33,723.28					-	33,723.28
10/10/2024	Check 1173	22,761.68	-					-	-
10/10/2024	HNB - ECHO HCCLAIMPMT 746003411 440000213368	-	7,424.26					-	7,424.26
10/10/2024	WELLPOINT CO AP E-PAYMENT EE52875554 1110000	-	2,586.37	1,314.49	1,271.88			1,950.43	635.94
10/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000122	-	104,253.64					-	104,253.64
10/9/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	35,865.71	-					-	-
10/9/2024	Deposit	-	34,113.00					-	34,113.00
10/9/2024	Deposit	-	49,123.20					-	49,123.20
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	989.90					-	989.90
10/8/2024	Deposit	-	8,801.35					-	8,801.35
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000235687	-	1,979.80					-	1,979.80
		58,627.39	242,994.80	1,314.49	1,271.88	-	-	1,950.43	241,044.37

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
10/14/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		43,356.01	22,589.74	21,669.38			44,435.65	23,669.38

Bank Balance	44,435.65
Variance	-
Leave in Balance	100.00
Superior July and YE Adj 2	20,666.27
Oct Interest	
Nov Interest	
Dec Interest	
Adjust Balance/Transfer Amt	23,669.38

Approved: Andrew De Los Santos 10/14/2024
Andrew De Los Santos

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 ON

OCT 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Bethany Senior Living										
					MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
10/11/2024	HOSPICE OF SOUTH Payments NF 113122650027017	-	1,861.21					-	1,861.21
10/10/2024	Check 1053	220.99	-					-	-
10/10/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000122	-	1,147.54					-	1,147.54
10/9/2024	WIRE OUT PORT LAVACA NH, LLC	22,368.75	-					-	-
10/9/2024	HNB - ECHO HCCLAIMPMT 746003411 440000275293	-	1,711.06					-	1,711.06
10/8/2024	HNB - ECHO HCCLAIMPMT 746003411 440000235687	-	5,814.47					-	5,814.47
10/7/2024	NDC SWEEP FAC #236 313169691035505WEEP FR	-	13,135.10					-	13,135.10
		22,589.74	23,669.38	-	-	-	-	-	23,669.38

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$1,548,479.34	$1,527,978.21	$1,548,479.34	$1,745,261.57
*4365 MMC - CLINIC SERIES 2014	$547.27	$547.27	$547.27	$547.27
*4373 MMC - PRIVATE WAIVER CLEARING	$440.58	$440.58	$440.58	$440.58
*4381 MEMORIAL MEDICAL / NH ASHFORD	$194,691.98	$204,271.98	$194,691.98	$111,788.68
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$190,164.70	$190,164.70	$190,164.70	$112,023.21
*4411 MEMORIAL MEDICAL / NH CRESCENT	$143,883.62	$158,222.49	$143,883.62	$125,926.36
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$107,587.78	$129,376.21	$107,587.78	$89,094.58
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,695.38	$60,584.82	$57,695.38	$41,093.42
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$247,015.03	$252,865.03	$247,015.03	$245,220.40
*4551 CAL CO INDIGENT HEALTHCARE	$12,701.74	$12,701.74	$12,701.74	$12,701.74
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$5,816.68	$5,816.68	$5,816.68	$5,816.68
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$36,905.60	$36,905.60	$36,905.60	$30,857.69
*5506 MMC -NH BETHANY SENIOR LIVING	$44,435.65	$45,922.33	$44,435.65	$42,574.44
*3407 MMC -NH TUSCANY VILLAGE	$243,094.80	$243,094.80	$243,094.80	$209,371.52
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,048.56	$5,048.56	$5,048.56	$5,048.56
Total Balance	**$2,838,608.71**	**$2,874,041.00**	**$2,838,608.71**	**$2,777,866.70**

Ashford

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 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: $ 4,350.18

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 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: $ 1,115.66

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea DeLos Santos

10/14/2024

Crescent

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 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: $ 654.45

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Fort Bend

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 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: $ 942.22

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
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AMOUNT: $ 1,353.58

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea De Los Santos

10/14/2024

Tuscany ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 10/14/2024

APPROVED ON
OCT 14 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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- ☐ Imprest Cash
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AMOUNT: $ 1,950.43 ✓

G/L NUMBER: 10255040

EXPLANATION: Wellpoint Yr6 Adj 2 ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrea De Los Santos

10/14/2024

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **10/16/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Wellpoint Yr6 Adj 2					-TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	4,350.18					4,350.18	10/16/2024
Broadmoor	- Prosperity		MMC -Prosperity Operating		1,115.66					1,115.66	10/16/2024
Crescent	- Prosperity		MMC -Prosperity Operating		654.45					654.45	10/16/2024
Fort Bend	- Prosperity		MMC -Prosperity Operating		942.22					942.22	10/16/2024
Solera	- Prosperity		MMC -Prosperity Operating		1,353.58					1,353.58	10/16/2024
Golden Creek	- Prosperity		MMC -Prosperity Operating							-	10/16/2024
Bethany	- Prosperity		MMC -Prosperity Operating							-	10/16/2024
Tuscany	- Prosperity		MMC -Prosperity Operating		1,950.43					1,950.43	10/16/2024
				Total:	10,366.52	-	-	-	-	10,366.52	

Note:

Approved:

ANDREW DE LOS SANTOS 10/14/2024

Solera ✓

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: MMC

Date Requested: 10/14/2024

APPROVED ON OCT 14 2024 BY COUNTY AUDITOR CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
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AMOUNT: $ 384.87 ✓

G/L NUMBER: 10255040

EXPLANATION: Q3 Interest - remaining balance due to MMC ✓

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: [signature]

10/14/2024

Updated.QTD Interest - Q3 2024 TO MMC

Interest To MMC From NH

NH Name	From CPSI Bank Acct #	CK#	Payee	GL #		Amt	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Sofera ✓	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September, remaining bal due for Q3 interest ✓	384.87 ✓	10/14/2024 ✓
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	[redacted]	July-September		
						384.87	

Note:

Approved: Andrew De Los Santos
Andrew De Los Santos
10/14/2024