November 20, 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**
(Judge Pro Tem)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 Commissioner Vern Lyssy.

2. Invocation.

   Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

   Commissioner Vern Lyssy read Judge Richard Meyer's funeral arrangements.
   Steve Marwitz, Russell Cain, Jack Wu, Erin Clevenger, Candice Villarreal, Jonas Titus and Christian with Congressman Cloud's office gave their condolences to Judge Meyer's family and said a few words remembering Judge Meyer.

5. Approve November 13, 2024 Commissioners' Court Meeting Minutes. (RHM)

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

6. Consider and take necessary action to approve a Proclamation declaring November, 2024 as National Hospice and Palliative Care Month in Calhoun County. (RHM)

pass

7. Consider and take necessary action on the Release of Retainage, Payment application No 15 - Final in the amount of $52,221.83 to BLS Construction, for the Calhoun County Combined Dispatch Facility. (DEH)

Scott Mason explained the Release of Retainage

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

8. Consider and take necessary action to approve MOU between Calhoun County ISD and Calhoun County in reference to Truancy stipend for JP 1 Clerk in the amount of $7,000.00 for the period of January 1, 2025 through December 31, 2025 with the option to extended the agreement for three (3) annual renewals and authorize all appropriate signatures. (DEH)

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

10. Consider and take necessary action to reschedule the Wednesday, December 26, 2024 Regular Commissioners Court Meeting to Monday, December 30, 2024 and cancel the January 1, 2025 Regular Commissioners Court meeting, due to the Christmas and New Year Holiday schedule. (RHM)

Correction to be made to the date Wednesday, December 25, 2024 and to strike through the word cancel, as the court will be sworn in on January 1, 2025

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

11. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 2 – October, 2024

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

12. 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:	Commissioner Hall, Lyssy, Reese

13. Approval of bills and payroll. (RHM)

MMC Bills:

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

Indigent Healthcare:

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

County Bills:

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

CALHOUN COUNTY COMMISSIONERS' COURT
PACKET COMPLETION SHEET

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

On this 20 **day of** November **2024, the packet for the** 20 **day of** November **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, November 20, 2024 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

AT 4:29 FILED O'CLOCK P M

NOV 14 2024

COUNTY CLERK, CALHOUN COUNTY, TEXAS ANNA GOODMAN

DEPUTY: Kadee Smith

The subject matter of such meeting is as follows:

1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve November 13, 2024 Commissioners' Court Meeting Minutes. (RHM)

PASS → 6. Consider and take necessary action to approve a Proclamation declaring November, 2024 as National Hospice and Palliative Care Month in Calhoun County. (RHM)

7. Consider and take necessary action on the Release of Retainage, Payment application No 15 - Final in the amount of $52,221.83 to BLS Construction, for the Calhoun County Combined Dispatch Facility. (DEH)

8. Consider and take necessary action to approve MOU between Calhoun County ISD and Calhoun County in reference to Truancy stipend for JP 1 Clerk in the amount of $7,000.00 for the period of January 1, 2025 through December 31, 2025 with the option to extended the agreement for three (3) annual renewals and authorize all appropriate signatures. (DEH)

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)

10. Consider and take necessary action to reschedule the Wednesday, December ~~26~~ 25, 2024 Regular Commissioners Court Meeting to Monday, December 30, 2024 and cancel the January 1, 2025 Regular Commissioners Court meeting, due to the Christmas and New Year Holiday schedule. (RHM)

11. Accept Monthly Reports from the following County Offices:

    a) Justice of the Peace Pct 2 – October, 2024

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

13. Approval of bills and payroll. (RHM)

Richard H. Meyer, County Judge
Calhoun County, Texas

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

04

November 20, 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**
(Judge Pro Tem)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 Commissioner Vern Lyssy.

2. Invocation.

   Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

   Commissioner Vern Lyssy read Judge Richard Meyer's funeral arrangements.
   Steve Marwitz, Russell Cain, Jack Wu, Erin Clevenger, Candice Villarreal, Jonas Titus and Christian with Congressman Cloud's office gave their condolences to Judge Meyer's family and said a few words remembering Judge Meyer.

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: Steve Marwitz

ADDRESS: _____

TELEPHONE: _____

PLACE OF EMPLOYMENT: Self

EMPLOYMENT TELEPHONE: 361-920-2932

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

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

_____

_____

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

_____

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: _____

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: Russell Carr

ADDRESS: _____

TELEPHONE: 920-1031

PLACE OF EMPLOYMENT: RCRA

EMPLOYMENT TELEPHONE: _____

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

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

Republican Conservation Club

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

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

no

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: Russell Carr

GOVERNOR GREG ABBOTT

November 19, 2024

The Honorable David Hall
County Commissioner, Precinct No. 1
Calhoun County
211 S. Ann Street, Suite 301
Port Lavaca, Texas 77979

Dear Commissioner Hall:

In response to your request and pursuant to Chapter 3100 of the Texas Government Code and Title 4 of the U.S. Code §7, flags of the State of Texas and the United States of America in Calhoun County may be lowered to half-staff immediately in honor of the life and public service of Calhoun County Judge Richard Meyer, who passed away while in office. Flags should return to full-staff at sunset on the day of his memorial service or interment once it is set by his family.

Individuals, businesses, municipalities, counties, and other political subdivisions and entities in the surrounding area may fly flags at half-staff during the same period as a sign of honor and respect.

The First Lady and I extend our prayers of comfort for the family during their time of grief and urge all Texans to honor the service of Judge Meyer to his community and the State of Texas.

Respectfully,

Greg Abbott
Governor

AC:gsd

05

5. Approve November 13, 2024 Commissioners' Court Meeting Minutes. (RHM)

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	David Hall, Commissioner Pct 1
AYES:	Commissioner Hall, Lyssy, 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, November 13, 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

November 13, 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.

   Bill Putnam expressed his concerns with electronic voting machines.
   Shannon Parker with TDEM explained future grant opportunities and FEMA grant increase for future disasters.

5. Approve November 6, 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 award qualified bidder on Bid No. 2024.09 - Calhoun County Bill Sanders Park - Swan Point Bulkhead & Pier Construction. (GDR)

Matt Glaze explained his recommendation. Court agreed to award the bid to Shirley and Sons Construction.

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 authorize utilization of $139,700 of GOMESA funds for the Matagorda Bay Mitigation Trust - Swan Point Bulkhead/Pier Project, Contract No. 034, due to increase of material costs. (GDR)

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 authorize the use of Jail Telephone Commissioned Funds for the purchase to update the jail body camera system software with server. (RHM)

table

9. Consider and take necessary action to authorize all four Road & Bridge precincts to apply for credit with Holt Truck Centers. (GDR)

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

10. Consider and take necessary action to award the bids for Insecticides for Mosquito Control, Bid Number 2025.01, for the period January 1, 2025 through December 31, 2025. (RHM)

Court approved the award all low bids including the ones drawn for #9 and #10.

Bid item #9:
1.) Clarke Mosquito Control Products Inc
2.) Rentokil North America, Inc. dba Target Specialty Products

Bid item #10:
1.) Es Opco USA LLC dba Veseris
2.) Rentokil North America, Inc. dba Target Specialty Products

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

11. Consider and take necessary action to award the bids for Road Materials, Bid Number 2025.02, for the period January 1, 2025 through December 31, 2025. (RHM)

Court approved to accept the bids.

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

12. Consider and take necessary action to award the bids for Asphalts, Oils & Emulsions, Bid Number 2025.03, for the period January 1, 2025 through December 31, 2025. (RHM)

Court approved to accept the bids.

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

13. Consider and take necessary action to award the qualified bidder for Bid Number 2024.10 – Annex Building Roof Improvements Project for Calhoun County, Texas. (RHM)

Scott Mason explained G&W's recommendation. The court awarded the base bid with owner's option to Rain Seal Master Roofing and Sheet Metal, Inc.

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

14. Consider and take necessary action to award the Request for Qualifications for Engineering, Architectural and Surveying Services for the CMP Cycle 29 Grant, GLO Contract No. 25-003-009-E702 – New Amenities at Bill Sanders County Park, RFQ 2024.11. (RHM)

Commissioner Reese recommended awarding the RFQ to Urban Engineering.

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

15. Consider and take necessary action to issue a County credit card to EMS Assistant Director Clint Macek with a credit limit of $5,000. (RHM)

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

16. Consider and take necessary action to lift or retain the county burn ban. (RHM)

pass

17. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 1 – October, 2024
b) Justice of the Peace Pct 3 – October, 2024
c) Justice of the Peace Pct 4 – October, 2024
d) Justice of the Peace Pct 5 – October, 2024
e) County Clerk – October, 2024
f) District Clerk – October, 2024
g) County Treasurer – May and July, 2024
h) Sheriff's Department – October, 2024
i) Floodplain Administration – October, 2024

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

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 10:30am

06

6. Consider and take necessary action to approve a Proclamation declaring November, 2024 as National Hospice and Palliative Care Month in Calhoun County. (RHM)

   pass

HOSPICE OF SOUTH TEXAS

National Hospice and Palliative Care Month – November 2024

PROCLAMATION

WHEREAS, for more than 40 years, hospice has helped provide comfort and dignity to millions of people, allowing them to spend their final months at home, surrounded by the people important to them;

WHEREAS, the hospice model is built on an interdisciplinary, team-oriented approach to treatment and support, including expert medical care, quality symptom control, and comprehensive pain management as a foundation of care;

WHEREAS, beyond providing clinical treatment, hospice attends to the patient's emotional, spiritual and social needs, and provides family services like caregiver training, respite care, and bereavement support;

WHEREAS, community-based palliative care, which delivers expertise to improve quality of life through pain and symptom control and other support, can be provided at any time during a serious illness, and given that hospice organizations are some of the best providers of community-based palliative care;

WHEREAS, in an increasingly fragmented and broken health care system, hospice is one of the few sectors that demonstrates how health care can – and should – work at its best for the people it serves;

WHEREAS, over the course of the last two decades, we have seen increasing access of hospice care by Black and Hispanic Medicare beneficiaries, yet NHPCO recognizes that continued efforts to improve care to diverse communities is essential;

WHEREAS, data shows significant changes in patient diagnoses, calling for innovation in how hospices provide care to those in need;

WHEREAS, hospice and palliative care organizations are advocates and educators about advance care planning that help individuals make decisions about the care they want;

NOW, THEREFORE, be it resolved that I, Richard H. Meyer, Calhoun County Judge, by virtue of the authority vested in me by Calhoun County, Texas, do hereby proclaim November, 2024 as ***National Hospice and Palliative Care Month*** and encourage all Americans to increase their knowledge about person-centered, holistic care for all individuals facing serious and life-limiting illness, discuss their health care wishes with those they care about, and mark this month with appropriate learning and sharing.

Adopted the *20th* day of November, 2024

_____

Richard H. Meyer, County Judge

_____

David E. Hall
Commissioner, Precinct 1

_____

Vern L. Lyssy
Commissioner, Precinct 2

_____

Joel M. Behrens
Commissioner, Precinct 3

_____

Gary D. Reese
Commissioner, Precinct 4

Attest: Anna Goodman, County Clerk

_____

By: Deputy Clerk

07

7. Consider and take necessary action on the Release of Retainage, Payment application No 15 - Final in the amount of $52,221.83 to BLS Construction, for the Calhoun County Combined Dispatch Facility. (DEH)

Scott Mason explained the Release of Retainage

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

Debbie Vickery

From: David.Hall@calhouncotx.org (David Hall) <David.Hall@calhouncotx.org>
Sent: Wednesday, November 13, 2024 12:18 PM
To: debbie.vickery@calhouncotx.org
Subject: Fwd: RecPay No. 15-Final - Calhoun County Combined Dispatch Facility

Sent from David's iPhone

David Hall
Commissioner Precinct 1
Calhoun County
Office 361-552-9242
Cell 361-220-1751

Begin forwarded message:

> **From:** demi.cabrera@calhouncotx.org
> **Date:** November 13, 2024 at 12:17:29 PM CST
> **To:** david.hall@calhouncotx.org, smason@gwengineers.com
> **Cc:** gking@gwengineers.com, angela.torres@calhouncotx.org, Accounting BLS <accounting@blsconstruction.com>, William Key <william.key@blsconstruction.com>, candice.villarreal@calhouncotx.org, anthonyg@gwengineers.com, Accounting BLS <accounting@blsconstruction.com>
> **Subject: RE: RecPay No. 15-Final - Calhoun County Combined Dispatch Facility**
>
> David, this is what I came up with, you can change it as needed.
>
> 1. Consider and take necessary action on the Release of Retainage, Payment application No 15 - Final in the amount of $52,221.83 to BLS Construction, for the Calhoun County Combined Dispatch Facility.
>
> Thank you,
>
> **From:** David.Hall@calhouncotx.org (David Hall) [mailto:David.Hall@calhouncotx.org]
> **Sent:** Wednesday, November 13, 2024 12:09 PM
> **To:** smason@gwengineers.com
> **Cc:** gking@gwengineers.com; angela.torres@calhouncotx.org; Accounting BLS <accounting@blsconstruction.com>; William Key <william.key@blsconstruction.com>; demi.cabrera@calhouncotx.org; candice.villarreal@calhouncotx.org; anthonyg@gwengineers.com; Accounting BLS <accounting@blsconstruction.com>
> **Subject:** Re: RecPay No. 15-Final - Calhoun County Combined Dispatch Facility
>
> Hmm I thought I sent in an agenda item. Did you by chance send me the wording?
> I'm looking now
> Sent from David's iPhone

David Hall
Commissioner Precinct 1
Calhoun County
Office 361-552-9242
Cell 361-220-1751

On Nov 13, 2024, at 11:47 AM, smason@gwengineers.com wrote:

David,

I noticed were this wasn't on the agenda today. Could we ensure it is on the agenda for November 20th please sir?

Thank you,

Scott P. Mason, P.E.
Lead Project Engineer
G&W Engineers, Inc.

From: gking@gwengineers.com <gking@gwengineers.com>
Sent: Thursday, November 7, 2024 9:09 AM
To: David.Hall@calhouncotx.org; angela.torres@calhouncotx.org
Cc: 'BLS Accounting' <accounting@blsconstruction.com>; William Key <william.key@blsconstruction.com>; demi.cabrera@calhouncotx.org; candice.villarreal@calhouncotx.org; 'Scott Mason' <smason@gwengineers.com>; anthonyg@gwengineers.com
Subject: RE: RecPay No. 15-Final - Calhoun County Combined Dispatch Facility

Commissioner Hall,

Please see attached Subcontractors Final Waivers for this project. They were over-looked and not included with the pay request. So sorry for the inconvenience. I will run them over to you in a little while.

Thank you,
Glynis King
G&W Engineers, Inc.
205 W. Live Oak
Port Lavaca, Texas 77979
361.552.4509

From: gking@gwengineers.com <gking@gwengineers.com>
Sent: Wednesday, November 6, 2024 1:51 PM
To: 'David.Hall@calhouncotx.org' <David.Hall@calhouncotx.org>; 'angela.torres@calhouncotx.org' <angela.torres@calhouncotx.org>
Cc: 'BLS Accounting' <accounting@blsconstruction.com>; William Key (william.key@blsconstruction.com) <william.key@blsconstruction.com>; 'demi.cabrera@calhouncotx.org' <demi.cabrera@calhouncotx.org>; 'candice.villarreal@calhouncotx.org' <candice.villarreal@calhouncotx.org>; 'Scott Mason' <smason@gwengineers.com>; 'anthonyg@gwengineers.com' <anthonyg@gwengineers.com>
Subject: RecPay No. 15-Final - Calhoun County Combined Dispatch Facility

Commissioner Hall,

Attached is Recommendation for Payment No. 15-Final for the **Calhoun County Combined Dispatch Facility.**
I will drop off the originals to you this afternoon. Also, please put on agenda for Commissioner's Court for November 13, 2024.

Thank you,
Glynis King
G&W Engineers, Inc.
205 W. Live Oak
Port Lavaca, Texas 77979
361.552.4509

Calhoun County Texas

Calhoun County Texas

Calhoun County Texas

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

November 6, 2024

Commissioner David Hall
Calhoun County Precinct No. 1
202 S. Ann St.
Port Lavaca, Texas 77979

RE: RECOMMENDATION FOR PAYMENT NO. 15-FINAL
Calhoun County Combined Dispatch Facility

Dear Honorable Judge & County Commissioners,

We have reviewed BLS Construction, Inc.'s Application for Payment No. 15 for the above referenced project. All work is complete and enclosed is Recommendation for Payment No. 15-Final for $52,221.83. This amount is for the balance of the retainage and for services between July 25, 2024 and August 14, 2024.

The Contractor's Guarantee and the Contractor's Conditional Waiver and Release on Final Payment are enclosed

Please call if you have any questions.

Sincerely,
G & W Engineers, Inc.

Scott P. Mason, P.E.

Scott P. Mason, P.E.

cc: BLS Construction, Inc.
Demi Cabrera, Calhoun County Assistant Auditor
file 5310.020

No. 15-Final

RECOMMENDATION OF PAYMENT

OWNER's Project No. _____ ENGINEER's Project No. 5310.020

Project CALHOUN COUNTY COMBINED DISPATCH FACILITY

CONTRACTOR BLS CONSTRUCTION, INC.

Contract for COMBINED DISPATCH FACILITY Contract Date June 7, 2023

Application Date August 14, 2024 Application Amount $52,221.83

Period Start Date July 25, 2024 Period Ending Date August 14, 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 November 6, 2024

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

STATEMENT OF WORK

Original Contract Price	$ 1,877,350.00	Work to Date	$ 1,885,183.00
Net Change Orders (11)	$ 11,837.30	Amount Retained	$ -
Current Contract Price	$ 1,889,187.30	Subtotal	$ 1,885,183.00
Credit to Allowance not used	$ 4,004.30	Previous Payments Recommended	$ (1,832,961.17)
		Amount Due This Payment	$ 52,221.83

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

AIA® Document G702® – 1992

Application and Certificate for Payment

TO OWNER:	Calhoun County 211 South Ann Street, Suite 301 Port Lavaca, TX. 77979	**PROJECT:**	Calhoun County Combined Dispatch Facility 312 W Live Oak St Port Lavaca, TX. 77979	**APPLICATION NO:** 015 **PERIOD TO:** August 14, 2024	**Distribution to:** OWNER: ☒
FROM CONTRACTOR:	BLS Construction, Inc. 207 Fahrenthold Street El Campo, TX. 77437	**VIA ARCHITECT:**	G&W Engineers	**CONTRACT FOR:** General Construction **CONTRACT DATE:** June 07, 2023 **PROJECT NOS:** 5310.020 / 887 /	ARCHITECT: ☒ CONTRACTOR: ☒ FIELD: ☐ OTHER: ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
AIA Document G703®, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM		$1,877,350.00
2. NET CHANGE BY CHANGE ORDERS		$7,833.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$1,885,183.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$1,885,183.00
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on G703)	$0.00	
b. 0 % of Stored Material (Column F on G703)	$0.00	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$1,885,183.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$1,832,961.17
8. CURRENT PAYMENT DUE		$52,221.83
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$0.00	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$12,187.30	$4,354.30
Total approved this Month	$0.00	$0.00
TOTALS	$12,187.30	$4,354.30
NET CHANGES by Change Order		$7,833.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: _____ Date: August 14, 2024

State of: Texas

County of: Wharton

Subscribed and sworn to before me this 14 day of August 24

Notary Public: Heather Reese Heather Reese

My Commission expires: 06-05-2028

HEATHER REESE NOTARY PUBLIC STATE OF TEXAS ID # 132509294 EXP. 06-05-2028

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $52,221.83

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

AIA® Document G703® – 1992

Continuation Sheet

AIA Document G702®, Application and Certification for Payment, or G732™, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 015
APPLICATION DATE: August 14, 2024
PERIOD TO: August 14, 2024
ARCHITECT'S PROJECT NO: 5310.020

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G÷C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
1	Insurance/Bonds	67,300.00	67,300.00	0.00	0.00	67,300.00	100.00%	0.00	6,730.00
2	Dumpster, Port-a-can	10,500.00	10,500.00	0.00	0.00	10,500.00	100.00%	0.00	1,050.00
3	General Conditions	57,020.78	57,020.78	0.00	0.00	57,020.78	100.00%	0.00	5,702.08
4	Allowances Construction	35,000.00	35,000.00	0.00	0.00	35,000.00	100.00%	0.00	3,500.00
5	Allowances Interior Room	5,000.00	5,000.00	0.00	0.00	5,000.00	100.00%	0.00	500.00
6	Excavation/Dirtwork	158,341.69	158,341.69	0.00	0.00	158,341.69	100.00%	0.00	15,834.17
7	Utilities Civil	9,200.00	9,200.00	0.00	0.00	9,200.00	100.00%	0.00	920.00
8	Concrete Foundation	195,702.00	195,702.00	0.00	0.00	195,702.00	100.00%	0.00	19,570.20
9	Concrete Paving	20,200.00	20,200.00	0.00	0.00	20,200.00	100.00%	0.00	2,020.00
10	Framing Materials/Labor, Metal Studs, Plywood	130,390.44	130,390.44	0.00	0.00	130,390.44	100.00%	0.00	13,039.04
11	FRP, Sheetrock	27,004.04	27,004.04	0.00	0.00	27,004.04	100.00%	0.00	2,700.40
12	Painting	17,603.47	17,603.47	0.00	0.00	17,603.47	100.00%	0.00	1,760.35
13	Acoustical Ceilings	28,596.97	28,596.97	0.00	0.00	28,596.97	100.00%	0.00	2,859.70
14	Structural Steel & Erection	161,536.00	161,536.00	0.00	0.00	161,536.00	100.00%	0.00	16,153.60
15	TPO Roof & Blocking	90,371.00	90,371.00	0.00	0.00	90,371.00	100.00%	0.00	9,037.10
16	Doors/Door Frames/Hardware	47,435.00	47,435.00	0.00	0.00	47,435.00	100.00%	0.00	4,743.50
17	Overhead Doors	12,295.00	12,295.00	0.00	0.00	12,295.00	100.00%	0.00	1,229.50
18	Cabinetry/Millwork	21,000.00	21,000.00	0.00	0.00	21,000.00	100.00%	0.00	2,100.00
19	Masonry	62,880.00	62,880.00	0.00	0.00	62,880.00	100.00%	0.00	6,288.00
20	Dampproofing	8,000.00	8,000.00	0.00	0.00	8,000.00	100.00%	0.00	800.00
21	Stucco	13,948.00	13,948.00	0.00	0.00	13,948.00	100.00%	0.00	1,394.80

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	WORK COMPLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G÷C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
22	Electrical	169,392.00	169,392.00	0.00	0.00	169,392.00	100.00%	0.00	16,939.20
23	Plumbing Sewer	67,783.90	67,783.90	0.00	0.00	67,783.90	100.00%	0.00	6,778.39
24	Plumbing Water	33,386.10	33,386.10	0.00	0.00	33,386.10	100.00%	0.00	3,338.61
25	Mechanical/HVAC	209,357.00	209,357.00	0.00	0.00	209,357.00	100.00%	0.00	20,935.70
26	Flooring	59,144.82	59,144.82	0.00	0.00	59,144.82	100.00%	0.00	5,914.48
27	Blinds	1,281.79	1,281.79	0.00	0.00	1,281.79	100.00%	0.00	128.18
28	Plaque with install	1,000.00	1,000.00	0.00	0.00	1,000.00	100.00%	0.00	100.00
29	Fire Extinguishers	3,770.00	3,770.00	0.00	0.00	3,770.00	100.00%	0.00	377.00
30	Toilet Partitions & Accessories	10,390.00	10,390.00	0.00	0.00	10,390.00	100.00%	0.00	1,039.00
31	Glass Storefront	38,500.00	38,500.00	0.00	0.00	38,500.00	100.00%	0.00	3,850.00
32	Striping	4,550.00	4,550.00	0.00	0.00	4,550.00	100.00%	0.00	455.00
33	Sodding	3,100.00	3,100.00	0.00	0.00	3,100.00	100.00%	0.00	310.00
34	Clean up	2,500.00	2,500.00	0.00	0.00	2,500.00	100.00%	0.00	250.00
35	Overhead	93,870.00	93,870.00	0.00	0.00	93,870.00	100.00%	0.00	9,387.00
36	CO#1 Sidewalks	11,150.00	11,150.00	0.00	0.00	11,150.00	100.00%	0.00	1,115.00
37	CO#2 Change Toilet Partitions to SS	1,037.30	1,037.30	0.00	0.00	1,037.30	100.00%	0.00	103.73
38	CO#3 Credit for (2)Trees on Contract	-350.00	-350.00	0.00	0.00	-350.00	100.00%	0.00	-35.00
39	Credit for Allowance not used	-4,004.30	-4,004.30	0.00	0.00	-4,004.30	100.00%	0.00	-400.43
	GRAND TOTAL	**$1,885,183.00**	**$1,885,183.00**	**$0.00**	**$0.00**	**$1,885,183.00**	**100.00%**	**$0.00**	**$188,518.30**

CONTRACTOR's CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

THE STATE OF TEXAS §
COUNTY OF Wharton §

Project: **CALHOUN COUNTY COMBINED DISPATCH FACILITY.**

Job No. **5310.020**

On receipt by the signer of this document of a check from **CALHOUN COUNTY** *(maker of check)* in the sum of $52,221.83 payable to BLS Construction, 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 312 W. Live Oak Street, Port Lavaca, Texas *(location)* to the following extent: **CALHOUN COUNTY COMBINED DISPATCH FACILITY.** *(job description).*

This release covers the final payment to the signer for all labor, services, equipment, or materials furnished to the property or to **CALHOUN COUNTY** *(person with whom signer contracted).*

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 final 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 up to the date of this waiver and release.

BLS Construction, Inc.
(CONTRACTOR)

Signed By: _____

Print Name: William Key

Title: President

SUBSCRIBED AND SWORN TO BEFORE ME by William Key, on August 14, 2024 to certify which witness my hand and seal of office.

HEATHER REESE NOTARY PUBLIC STATE OF TEXAS ID 132509294 EXP. 06-05-2028

Heather Reese

Notary Public, State of Texas

My Commission Expires: 06-05-2028

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 870.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 7/12/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 09/18/2024

Signature: Michael R. Neely

Printed Name: MICHAEL R NEELY

Company: 3E CONTRACTING

Title: VP

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of TEXAS

County of HARRIS

I, a Notary Public for the above County and State, certify that MICHAEL R NEELY personally came before me this day and acknowledged that they are the VP [title] of 3E CONTRACTING [company name]. Witness my hand and official seal this 18 day of SEPTEMBER, 2024.

Angie Pattyn McKendree
Notary Public

My Commission Expires: 01/31/26

NOTARY PUBLIC STATE OF TEXAS
ANGIE PATTYN-MCKENDREE
Notary ID #10752982
My Commission Expires
January 31, 2026

CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

Project Calhoun Co. Dispatch

PA#3

Job No. ~~PA#2:~~ (3EC #23-226)

On receipt by the signer of this document of a check from BLS Construction (maker of check) in the sum of $ 870.00 payable to 3E Contracting (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 of Calhoun Co. (owner) located at 312 W. Live Oak St. Angelton TX (location) to the following extent: Waterproofing (job description).

This release covers the final payment to the signer for all labor, services, equipment, or materials furnished to the property or to BLS Construction (person with whom signer contracted).

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 final 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 up to the date of this waiver and release.

Date 05/17/24

3E Contracting (Company name)

By Michael K. Neely (Signature)

Partner (Title)

STATE OF TEXAS §
§
COUNTY OF Harris §

This instrument was acknowledged before me on this 17th day of May, 2024, by Michael R Neely (name), Partner (job title) of 3E Contracting (company name).

ANGIE PATTYN-MCKENDREE
Notary ID #10752982
My Commission Expires
January 31, 2026

Angie Pattyn McKendree
NOTARY PUBLIC, STATE OF TEXAS

SUBCONTRACTOR FINAL
UNCONDITIONAL WAIVER
OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 9,190.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/12/23 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 8/29/24

Signature: _____

Printed Name: Jerry Shelton

Company: Backup Utility Contractors

Title: President

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Wharton

I, a Notary Public for the above County and State, certify that Jerry Shelton personally came before me this day and acknowledged that they are the President [title] of Backup Utility [company name]. Witness my hand and official seal this 29 day of August, 2024

Heather Reese
Notary Public

My Commission Expires: 06-05-2028

HEATHER REESE NOTARY PUBLIC STATE OF TEXAS ID 132509294 EXP 06-05-2028

Please Sign + return to accounting@blsconstruction.com

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 3,072.85 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 8/1/2024 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 09/04/24

Signature: Robert Bosart

Printed Name: Robert Bosart

Company: Bosart Lock & Key

Title: Owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of _____

County of _____

I, a Notary Public for the above County and State, certify that _____ personally came before me this day and acknowledged that they are the _____[title] of _____[company name]. Witness my hand and official seal this __ day of _____, 202_.

_____
Notary Public

My Commission Expires: _____

Inv# 70945

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 160.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 8/29/2024 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 09/18/24

Signature: Robert Bisaet

Printed Name: Robert Bisaet

Company: Bisaet Lock & Key

Title: Owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of _____

County of _____

I, a Notary Public for the above County and State, certify that _____ personally came before me this day and acknowledged that they are the _____[title] of _____[company name]. Witness my hand and official seal this __ day of _____, 202_.

_____
Notary Public

My Commission Expires: _____

SUBCONTRACTOR FINAL
UNCONDITIONAL WAIVER
OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 22,935.71 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 8/30/2024

Signature: _____

Printed Name: James Cannell

Company: Cannell AC + Heating

Title: Owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Wharton

I, a Notary Public for the above County and State, certify that James Cannell personally came before me this day and acknowledged that they are the Owner [title] of Cannell AC + Heating [company name]. Witness my hand and official seal this 30 day of August, 2024

_____
Notary Public

My Commission Expires: _____

HEATHER REESE
NOTARY PUBLIC
STATE OF TEXAS
ID 132509294
EXP. 06-05-2028

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 6,274.01 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 10/1/24

Signature: _____

Printed Name: Brian Svetlik

Company: El Campo Carpet One

Title: COO

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Wharton

I, a Notary Public for the above County and State, certify that Brian Svetlik personally came before me this day and acknowledged that they are the COO [title] of El Campo Carpet One [company name]. Witness my hand and official seal this 1 day of October, 2024

Heather Reese
Notary Public

My Commission Expires: _____

HEATHER REESE
NOTARY PUBLIC
STATE OF TEXAS
ID 132509294
EXP. 06-05-2028

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $675.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 5/15/2024 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

Calhoun Co

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 5/17/24

Signature: _____

Printed Name: Rafail Hernandez

Company: HBI

Title: Owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Wharton

I, a Notary Public for the above County and State, certify that Rafail Hernandez personally came before me this day and acknowledged that they are the Owner [title] of HBI [company name]. Witness my hand and official seal this 17 day of May, 2024

Heather Reese
Notary Public

My Commission Expires: _____

HEATHER REESE
Notary Public, State of Texas
Comm. Expires 06-05-2024
Notary ID 132509294

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 17,829.20 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 9/9/2024

Signature: D-R

Printed Name: Denver Penner

Company: Hobo Electric, LLC

Title: President

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Wharton

I, a Notary Public for the above County and State, certify that Denver Penner personally came before me this day and acknowledged that they are the President [title] of Hobo Electric, LLC [company name]. Witness my hand and official seal this 9 day of September, 2024

Heather Reese
Notary Public

My Commission Expires: _____

HEATHER REESE
NOTARY PUBLIC
STATE OF TEXAS
ID 132509294
EXP. 06-05-2028

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 1,350.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2024 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 7/1/24

Signature: James Thiele

Printed Name: JAMES THIELE

Company: JJ's ENTERPRISES

Title: owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Fort Bend

I, a Notary Public for the above County and State, certify that James Timothy Thiele personally came before me this day and acknowledged that they are the owner [title] of JJ's Enterprises [company name]. Witness my hand and official seal this 1 day of July, 2024

Barbara Arwine
Notary Public

My Commission Expires: 01-20-2025

BARBARA ARWINE
NOTARY PUBLIC
STATE OF TEXAS
ID # 12676032-5
My Comm. Expires 01-20-2025

Unconditional Waiver and Release on Final Payment
Property Code § 53.284

NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

Identifying Information

Project Address: 312 West Live Oak St., Port Lavaca, TX 77979

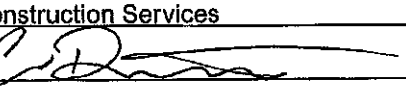
Job or Contract No: 887

Job Name: Calhoun County Combined Dispatch Building

The signer of this document has been paid in full for all labor, services, equipment, or materials furnished to the property or to BLS Construction, Inc. on the property of Calhoun County located at 312 West Live Oak St., Port Lavaca, TX 77979 The signer therefore waives and releases 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.

The signer warrants that the signer has already paid or will use the funds received from the final 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 up to the date of this waiver and release.

Company Name: K&P Construction Services

Claimant's Signature: 

Claimant's Representative Name: Chad Dempster

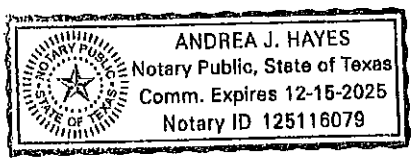
Claimaint's Representative Title: Director of Finance

Date of Signature: August 30th, 2024

State of Texas County of Fort Bend

Subscribed and sworn to before me this 30th day of August, 2024 (year). Notary Public Andrea Hayes

My commission expires 12-15-2025.



Conditional Waiver and Release on Final Payment
Property Code § 53.284

Identifying Information

Project Address: 312 West Live Oak St., Port Lavaca, TX 77979

Job or Contract No: 887

Job Name: Calhoun County Combined Dispatch Building

On receipt by the signer of this document of a check from BLS Construction, Inc. in the sum of $ 21,124.56 payable to K&P Construction Services 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 of Calhoun County located at 312 West Live Oak St., Port Lavaca, TX 77979 to the following extent: Commercial Remodel.

This release covers a final payment for all labor, services, equipment, or materials furnished to the property or to (person with whom signer contracted).

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 the final 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).

Company Name: K&P Construction Services

Claimant's Signature: C Dempster

Claimant's Representative Name: Chad Dempster

Claimaint's Representative Title: Director of Finance

Date of Signature: July 15th, 2024

State of TX County of Fort Bend

Subscribed and sworn to before me this 15th day of July, 2024 (year). Notary Public Andrea Hayes

My commission expires 12-15-2025.

ANDREA J. HAYES
Notary Public, State of Texas
Comm. Expires 12-15-2025
Notary ID 125116079

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 9,836.10 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 9-10-2024

Signature: Brenda Hasdorff

Printed Name: Brenda Hasdorff

Company: Kotlar Plumbing Co Inc.

Title: Secretary Treasurer

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of TEXAS

County of JACKSON

I, a Notary Public for the above County and State, certify that Brenda Hasdorff personally came before me this day and acknowledged that they are the Secretary Treasurer [title] of KOTLAR PLUMBING CO INC [company name]. Witness my hand and official seal this 10 day of SEPTEMBER, 2024

Joanna Garcia
Notary Public

My Commission Expires: 08/12/2026

JOANNA GARCIA
Notary ID #131513147
My Commission Expires
August 12, 2026

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 2,200.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/24/2024 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 6/25/24

Signature: Marinda Weber

Printed Name: Marinda Weber

Company: —

Title: self owned

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Calhoun

I, a Notary Public for the above County and State, certify that Miranda Weber personally came before me this day and acknowledged that they are the owner [title] of _____ [company name]. Witness my hand and official seal this 25 day of June, 2024

Notary Public

My Commission Expires: 9/15/24

JO ANN Q. MAREK
Notary Public, State of Texas
Comm. Expires 09-15-2024
Notary ID 132676567

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 3,850.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 10-1-24

Signature: _____

Printed Name: Robert Mueller

Company: Mitchell Glass

Title: President

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Victoria

I, a Notary Public for the above County and State, certify that Robert Mueller personally came before me this day and acknowledged that they are the President [title] of Mitchell Glass [company name]. Witness my hand and official seal this 1 day of Oct, 2024

_____
Notary Public

My Commission Expires: _____

TIFFANY SEALE
Notary Public, State of Texas
Comm. Expires 09-08-2026
Notary ID 129948173

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $ 6,288.00 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 1/10/24

Signature: Robert P Adkins

Printed Name: Robert P. Adkins

Company: Robert Adkins Masonry

Title: President

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Victoria

I, a Notary Public for the above County and State, certify that Robert P. Adkins personally came before me this day and acknowledged that they are the President [title] of Robert Adkins Masonry [company name]. Witness my hand and official seal this 10th day of Sept, 2025

Kaitlyn Ingram
Notary Public

My Commission Expires: _____

KAITLYN ELIZABETH INGRAM NOTARY PUBLIC STATE OF TEXAS ID 132397574 EXP. 04-23-2028

SUBCONTRACTOR FINAL UNCONDITIONAL WAIVER OF LIEN AND RELEASE

The undersigned subcontractor (the "Subcontractor") represents and warrants that it has been fully paid and has received final payment from the Application for Payment accompanying this Subcontractor Unconditional Final Release and Lien Waiver (this "Lien Wavier"), in the amount of $8,437.10 as full and final settlement under the Master Subcontractor Agreement and applicable Statement of Work dated 6/21/2023 (together, the "Contract") between the undersigned Subcontractor and BLS CONSTRUCTION, INC. relating to the construction project known as and located at Calhoun County Combined Dispatch Facility Job#887 (the "Project") owned by Calhoun County, Port Lavaca, TX. (the "Owner").

In consideration for this final payment, and other good and valuable consideration, receipt of which is acknowledged, the undersigned Subcontractor makes the following representations, warranties, and guarantees:

1. e undersigned Subcontractor and Contractor have fully settled all terms and conditions of the Contract, including any amendments or modifications thereto, as well as any other written or oral commitments, agreements, and/or understandings in connection with the Project.

2. e undersigned Subcontractor has been paid in full from the Application for Payment accompanying this Lien Waiver, for the labor, services, and materials provided in connection with the Contract, including all work performed or any materials provided by its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities.

3. e undersigned Subcontractor has paid in full all its subcontractors, vendors, suppliers, materialmen, laborers, or other persons or entities providing services, labor, or materials to the Project; there are no outstanding claims, demands, or rights to liens against the undersigned Subcontractor, the Project, or the Owner in connection with the Contract on the part of any person or entity; and no claims, demands, or liens have been filed against the undersigned Subcontractor, the Project, or the Owner relating to the Contract.

4. e undersigned Subcontractor releases and discharges Contractor and Owner from all claims, demands, or causes of action, including but not limited to all lien claims and rights, that the undersigned Subcontractor has, or might have, under any present or future law, against either of the Contractor or Owner in connection with the Contract. The undersigned Subcontractor hereby specifically waives and releases any lien or claim or right to lien in connection with the Contract against Contractor, Owner, Owner's property, and the Project, and also specifically

waives, to the full extent allowed by law, all liens, claims, or rights of lien in connection with the Contract by the undersigned Subcontractor's subcontractors, suppliers, vendors, materialmen, laborers, and all other persons or entities furnishing services, labor, or materials in connection with the Contract.

5. e undersigned Subcontractor shall indemnify, defend, and hold harmless Contractor and Owner from any action, proceeding, arbitration, claim, demand, lien, or right to lien relating to the Contract, and to the full extent permitted by law, shall pay any costs, expenses, and/or attorney's fees incurred by the Contractor and Owner in connection therewith.

The undersigned Subcontractor makes the foregoing representations and warranties with full knowledge that the Contractor and Owner shall be entitled to rely upon the truth and accuracy thereof.

Dated: 9/20/24

Signature: [signature]

Printed Name: Colby Brandt

Company: Target Roofing

Title: Owner

NOTICE: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.

ACKNOWLEDGMENT

State of Texas

County of Austin

I, a Notary Public for the above County and State, certify that Colby Brandt personally came before me this day and acknowledged that they are the Owner [title] of Target Roofing [company name]. Witness my hand and official seal this 20th day of September, 2024.

[signature]
Notary Public

My Commission Expires: 04/04/2008

ZALMA RODRIGUEZ
Notary Public, State of Texas
Commission Expires 04-04-2026
Notary ID 134638668

08

8. Consider and take necessary action to approve MOU between Calhoun County ISD and Calhoun County in reference to Truancy stipend for JP 1 Clerk in the amount of $7,000.00 for the period of January 1, 2025 through December 31, 2025 with the option to extended the agreement for three (3) annual renewals and authorize all appropriate signatures. (DEH)

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

Debbie Vickery

From: David.Hall@calhouncotx.org (David Hall) <David.Hall@calhouncotx.org>
Sent: Wednesday, November 13, 2024 12:25 PM
To: debbie.vickery@calhouncotx.org
Subject: Agenda item

Can you please place the following on next week's agenda? I'll have the MOU for court after Monday's school board meeting

Consider and take necessary action to approve MOU between Calhoun County ISD and Calhoun County in reference to Truancy stipend for JP1 Clerk and authorize all appropriate signatures.

Thanks!!

Sent from David's iPhone

David Hall
Commissioner Precinct 1
Calhoun County
Office 361-552-9242
Cell 361-220-1751

Calhoun County Texas

GENERAL INTERLOCAL AGREEMENT
FOR THE JUVENILE CASE MANAGER

THE STATE OF TEXAS
COUNTY OF CALHOUN

This INTERLOCAL AGREEMENT (the "Agreement") is made pursuant to chapter 791 of the Texas Government Code (The Interlocal Cooperation Act) and is entered into by and between **CALHOUN COUNTY** ("County"), acting by and through its governing body, the Calhoun County Commissioners Court, and the **CALHOUN COUNTY INDEPENDENT SCHOOL DISTRICT, PORT LAVACA, TEXAS** ("CCISD"), acting by and thought its governing body, the Calhoun County Independent School District School Board.

WITNESSETH

In consideration of the mutual covenants and agreements set forth in this Contract, and other good and valuable consideration stated herein below, County and City hereby mutually agree as follows:

ARTICLE I.
PURPOSE

It is the purpose of this contract to improve and encourage the efficiency and effectiveness of the County and CCISD by authorizing the fullest range of intergovernmental cooperation.

Specifically, the County is hereby contracting and agreeing with CCISD to perform certain governmental functions and services. These governmental functions and services include the juvenile case manager and processing of truancy cases in the justice of the peace court. This agreement is only for the juvenile case manager. CCISD agrees to reimburse the County for expenses incurred by the County in performance of this Agreement. This

reimbursement shall be monetary or in-kind services between CCISD and the County. The County must have prior written approval for in-kind reimbursement from CCISD.

ARTICLE II.
AUTHORITY

This Contract is entered into by the parties hereto, pursuant to the Texas Interlocal Cooperation Act, Section 791.002 of the Texas Government Code. The authority for the legislation is set out in said Interlocal Cooperation Act.

This Contract shall be governed by and subject to the laws of the State of Texas and, specifically, any of the terms and conditions of this Contact are subject to and shall be construed in accordance with the construction of the Texas Interlocal Cooperation Act recited hereinabove.

ARTICLE III.
CONSIDERATION

In consideration for the County providing the governmental functions and services as set out hereinabove, CCISD hereby agrees to pay the County the sum of one-$7,000.00 per year. This yearly sum is due on the anniversary date of the execution of this Contract.

ARTICLE IV.
TERMS AND CONDITIONS

Unless mutually initiated, cancelled, or terminated earlier, with thirty (30) days written notice, this Agreement shall commence on January 1, 2025. This Agreement shall expire at midnight on December 31, 2025. This contract may be extended for three (3) annual renewals with the renewal fees and payments for each successive year.

Each party paying for the performance of governmental functions or services must make those payments from current revenues.

ARTICLE V.
SEVERABILITY

If any provision of the Contract is held invalid, such invalidity shall not affect other provisions or applications of the Contract which can be given effect without the invalid provision or application, and to that end, the provisions of this Contract are declared to be severable.

ARTICLE VI.
TERMINATION

If CCISD defaults in the payment or any obligation in the Agreement, Calhoun County is authorized to terminate this Agreement immediately without notice.

It is understood and agreed that either party may terminate this Agreement prior to the expiration of the terms set forth above, without cause, upon thirty (30) days prior written notice to the other party.

ARTICLE VII.
NOTICE

Any notice required to be given under the provisions of this Agreement shall be in writing and shall be served when it shall have been deposited, enclosed in a wrapper with the proper postage thereon, and duly registered or certified, return-receipt requested, in a Unites States Post Office, addressed to the parties at the following addresses:

To Calhoun County:

Calhoun County
211 S. Ann Street, Suite 300
Port Lavaca, TX 77979
Attn: County Judge

To CCISD: CCISD

_____

_____

_____

Either party may designate a different address by giving the other party ten (10) days written notice.

ARTICLE VIII.
PRIOR NEGOTIATIONS

The parties agree that this Agreement contains all of the terms and conditions of the understanding of the parties relating to the subject hereof. All prior negotiations, discussions, correspondence and preliminary understandings between the parties and others relating hereto are superseded by this Agreement.

ARTICLE IX.
VENUE

Exclusive venue for any action arising out of or related to this Agreement shall be in Calhoun County, Texas.

ARTICLE X.
MISCELLANEOUS PROVISIONS

This instrument constitutes the entire Agreement between the County and CCISD relating to the rights and obligations assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent modification in writing signed by both parties. This Agreement may be executed in duplicate counterparts, each having equal force and effect of an original. This Agreement

shall become binding and effective only after it has been authorized and approved by both parties, as evidenced by the signature of the appropriate authority, pursuant to an order of the Commissioners Court of the County and the council of CCISD authorizing such execution.

This Agreement supersedes any prior understandings or written or oral agreements between the parties respecting the subject matter of this Contract.

No amendment, modifications, or alteration of the terms of this Contract shall be binding unless it is in writing, dated subsequent to the date of this Contract, and duly executed by the parties to this Contract.

If, as a result of a breach of this Contract by either party, the other party employs an attorney or attorneys to enforce his rights under this Contract, then the defaulting party agrees to pay the other parties' reasonable attorney's fees and costs incurred to enforce this Contract.

This Contract shall be binding upon and inure to the benefits of the parties hereto, their respective heirs, executors, administrators, legal representatives, successors and assigns.

SIGNATURE PAGE TO FOLLOW

EXECUTED IN DUPLICATE ORIGINALS, retained by each party hereto.

Effective the 18 day of November, 2024.

CALHOUN COUNTY, TEXAS

By: Richard H. Meyer, County Judge

By: David Hall, Commissioner, Precinct 1

By: Vern Lyssy, Commissioner, Precinct 2

By: Joel Behrens, Commissioner, Precinct 3

By: Gary Reese, Commissioner, Precinct 4

ATTEST:

By: Anna Goodman, County Clerk,
Calhoun County, Texas

CALHOUN COUNTY ISD

By: Bill Shrader, President of the Board

ATTEST:

By:

COMMISSIONERS COURT CALHOUN COUNTY, TEXAS

09

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:	Gary Reese, Commissioner Pct 4
SECONDER:	David Hall, Commissioner Pct 1
AYES:	Commissioner Hall, Lyssy, Reese

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10. Consider and take necessary action to reschedule the Wednesday, December 26, 2024 Regular Commissioners Court Meeting to Monday, December 30, 2024 and cancel the January 1, 2025 Regular Commissioners Court meeting, due to the Christmas and New Year Holiday schedule. (RHM)

Correction to be made to the date Wednesday, December 25, 2024 and to strike through the word cancel, as the court will be sworn in on January 1, 2025

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

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11. Accept Monthly Reports from the following County Offices:

a) Justice of the Peace Pct 2 – October, 2024

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

ENTER COURT NAME:		JUSTICE OF PEACE NO: 2
ENTER MONTH OF REPORT		October
ENTER YEAR OF REPORT		2024
	CODE	AMOUNT
CASH BONDS		0.00
ADMINISTRATION FEE - ADMF		10.00
BREATH ALCOHOL TESTING - BAT		0.00
CONSOLIDATED COURT COSTS - CCC		122.69
STATE CONSOLIDATED COURT COST- 2020		465.88
LOCAL CONSOLIDATED COURT COST- 2020		105.20
COURTHOUSE SECURITY - CHS		12.27
CJP		0.00
CIVIL JUSTICE DATA REPOSITORY FEE - CJDR		0.21
CORRECTIONAL MANAGEMENT INSTITUTE - CMI		0.00
CR		0.00
CHILD SAFETY - CS		0.00
CHILD SEATBELT FEE - CSBF		0.00
CRIME VICTIMS COMPENSATION - CVC		0.00
DPSC/FAILURE TO APPEAR - OMNI - DPSC		80.00
ADMINISTRATION FEE FTA/FTP (aka OMNI)- 2020		8.85
ELECTRONIC FILING FEE - EEF		0.00
FUGITIVE APPREHENSION - FA		0.00
GENERAL REVENUE - GR		0.00
CRIM - IND LEGAL SVCS SUPPORT - IDF		6.13
JUVENILE CRIME & DELINQUENCY - JCD		0.00
JUVENILE CASE MANAGER FUND - JCMF		6.36
JUSTICE COURT PERSONNEL TRAINING - JCPT		0.00
JUROR SERVICE FEE - JSF		12.27
LOCAL ARREST FEES - LAF		19.42
LEMI		0.00
LEOA		0.00
LEOC		0.00
OCL		0.00
PARKS & WILDLIFE ARREST FEES - PWAF		0.00
STATE ARREST FEES - SAF		28.48
SCHOOL CROSSING/CHILD SAFETY FEE - SCF		0.00
SUBTITLE C - SUBC		32.02
STATE TRAFFIC FINES-EST 9.1.19- STF		389.83
TABC ARREST FEES - TAF		0.00
TECHNOLOGY FUND - TF		12.27
TRAFFIC - TFC		3.20
LOCAL TRAFFIC FINE- 2020		23.38
TIME PAYMENT - TIME		0.00
TIME PAYMENT REIMBURSEMENT FEE- 2020		75.00
TRUANCY PREVENTION/DIVERSION FUND - TPDF		2.13
LOCAL & STATE WARRANT FEES - WRNT		153.37
COLLECTION SERVICE FEE-MVBA - CSRV		700.27
DEFENSIVE DRIVING COURSE - DDC		0.00
DEFERRED FEE - DFF		86.90
DRIVING EXAM FEE- PROV DL		0.00
FILING FEE - FFEE		0.00
STATE CONSOLIDATED CIVIL FEE - 2022		126.00
LOCAL CONSOLIDATED CIVIL FEE - 2022		168.00
FILING FEE SMALL CLAIMS - FFSC		0.00
JURY FEE - JF		0.00
COPIES/CERTIFED COPIES - CC		0.00
INDIGENT FEE - CIFF or INDF		0.00
JUDGE PAY RAISE FEE - JPAY		19.40
SERVICE FEE - SFEE		150.00
OUT-OF-COUNTY SERVICE FEE		0.00
ELECTRONIC FILING FEE - EEF CV		0.00
EXPUNGEMENT FEE - EXPG		0.00
EXPIRED RENEWAL - EXPR		0.00
ABSTRACT OF JUDGEMENT - AOJ		0.00
ALL WRITS - WOP / WOE		300.00
DPS FTA FINE - DPSF		295.33
LOCAL FINES - FINE		2,020.28
LICENSE & WEIGHT FEES - LWF		0.00
PARKS & WILDLIFE FINES - PWF		0.00
SEATBELT/UNRESTRAINED CHILD FINE - SEAT		0.00
- JUDICIAL & COURT PERSONNEL TRAINING-JCPT		0.00
* OVERPAYMENT (OVER $10) - OVER		0.00
* OVERPAYMENT ($10 AND LESS) - OVER		0.00
RESTITUTION - REST		0.00
PARKS & WILDLIFE-WATER SAFETY FINES-WSF		0.00
MARINE SAFETY PARKS & WILDLIFE - MSO		0.00
TOTAL ACTUAL MONEY RECEIVED		**$5,463.95**

TYPE:	AMOUNT	
TOTAL WARRANT FEES	153.37	
ENTER LOCAL WARRANT FEES	100.00	RECORD ON TOTAL PAGE OF HILL COUNTRY SOFTWARE MO. REPORT
STATE WARRANT FEES	$53.37	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	$5,463.95	Calculate from ACTUAL Treasurer's Receipts
TOTAL TREAS. RECEIPTS	$5,463.95	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

11/1/2024

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

	ACCOUNT NUMBER		ACCOUNT NAME		AMOUNT
CR	1000-001-45012		FINES		2,315.61
CR	1000-001-44190		SHERIFF'S FEES		184.91
		ADMINISTRATIVE FEES:			
			DEFENSIVE DRIVING	0.00	
			CHILD SAFETY	0.00	
			TRAFFIC	26.58	
			ADMINISTRATIVE FEES	105.75	
			EXPUNGEMENT FEES	0.00	
			MISCELLANEOUS	0.00	
				TOTAL ADMINISTRATIVE FEES	132.33
CR	1000-001-44362		CONSTABLE FEES-SERVICE		450.00
CR	1000-001-44010		JP FILING FEES		0.00
CR	1000-001-44062		COPIES / CERTIFIED COPIES		0.00
CR	1000-001-44090		OVERPAYMENTS (LESS THAN $10)		0.00
CR	1000-001-49110		TIME PAYMENT REIMBURSEMENT FEE		75.00
CR	1000-001-44322		SCHOOL CROSSING/CHILD SAFETY FEE		0.00
CR	1000-001-44145		DUE TO STATE-DRIVING EXAM FEE		0.00
CR	1000-999-20741		DUE TO STATE-SEATBELT FINES		0.00
CR	1000-999-20744		DUE TO STATE-CHILD SEATBELT FEE		0.00
CR	1000-999-20745		DUE TO STATE-OVERWEIGHT FINES		0.00
CR	1000-999-20746		DUE TO JP COLLECTIONS ATTORNEY		700.27
CR	1000-999-20770		TOTAL FINES, ADMIN. FEES & DUE TO STATE		$3,858.12
CR	2670-001-44062		COURTHOUSE SECURITY FUND		$46.02
CR	2720-001-44062		JUSTICE COURT SECURITY FUND		$3.07
CR	2719-001-44062		JUSTICE COURT TECHNOLOGY FUND		$42.33
CR	2699-001-44062		JUVENILE CASE MANAGER FUND		$6.36
CR	2730-001-44062		LOCAL TRUANCY PREVENTION & DIVERSION FUND		$37.57
CR	2669-001-44062		COUNTY JURY FUND		$0.75
CR	2726-001-44062		JUSTICE COURT SUPPORT FUND		$150.00
CR	2677-001-44062		COUNTY DISPUTE RESOLUTION FUND		$30.00
CR	2726-001-44062		LANGUAGE ACCESS FUND		$18.00
		STATE ARREST FEES			
			DPS FEES	16.37	
			P&W FEES	0.00	
			TABC FEES	0.00	
CR	7020-999-20740			TOTAL STATE ARREST FEES	16.37
CR	7070-999-20610		CCC-GENERAL FUND		12.27
CR	7070-999-20740		CCC-STATE		110.42
		DR 7070-999-10010		*122.69*	
CR	7072-999-20610		STATE CCC- GENERAL FUND		46.59
CR	7072-999-20740		STATE CCC- STATE		419.29
		DR 7072-999-10010		465.88	
CR	7860-999-20610		STF/SUBC-GENERAL FUND		1.60
CR	7860-999-20740		STF/SUBC-STATE		30.42
		DR 7860-999-10010		*32.02*	
CR	7860-999-20610		STF- EST 9/1/2019- GENERAL FUND		15.59
CR	7860-999-20740		STF- EST 9/1/2019- STATE		374.04
		DR 7860-999-10010		389.63	

MONTHLY REPORT OF COLLECTIONS AND DISTRIBUTIONS

11/1/2024

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

CR 7950-999-20610		TP-GENERAL FUND	0.00
CR 7950-999-20740		TP-STATE	0.00
	DR 7950-999-10010	*0.00*	
CR 7480-999-20610		CIVIL INDIGENT LEGAL-GEN. FUND	0.00
CR 7480-999-20740		CIVIL INDIGENT LEGAL-STATE	0.00
	DR 7480-999-10010	*0.00*	
CR 7865-999-20610		CRIM-SUPP OF IND LEG SVCS-GEN FUND	0.61
CR 7865-999-20740		CRIM-SUPP OF IND LEG SVCS-STATE	5.52
	DR 7865-999-10010	*6.13*	
CR 7970-999-20610		TL/FTA-GENERAL FUND	26.67
CR 7970-999-20740		TL/FTA-STATE	53.33
	DR 7970-999-10010	*80.00*	
CR 7505-999-20610		JPAY - GENERAL FUND	1.84
CR 7505-999-20740		JPAY - STATE	16.56
	DR 7505-999-10010	*18.40*	
CR 7857-999-20610		JURY REIMB. FUND- GEN. FUND	1.23
CR 7857-999-20740		JURY REIMB. FUND- STATE	11.04
	DR 7857-999-10010	*12.27*	
CR 7856-999-20610		CIVIL JUSTICE DATA REPOS.- GEN FUND	0.02
CR 7856-999-20740		CIVIL JUSTICE DATA REPOS.- STATE	0.19
	DR 7856-999-10010	*0.21*	
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	1.07
7998-999-20701		JUVENILE CASE MANAGER FUND	1.07
	DR 7998-999-10010	*2.13*	
7403-999-22889		ELECTRONIC FILING FEE - CV STATE	0.00
	DR 7403-999-22889	0.00	
7858-999-20740		STATE CONSOLIDATED CIVIL FEE	126.00
		126.00	
		TOTAL (Distrib Req to Oper Acct)	$5,463.95

DUE TO OTHERS (Distrib Req Attchd)

CALHOUN COUNTY ISD	0.00	
DA - RESTITUTION	0.00	
REFUND OF OVERPAYMENTS	0.00	
OUT-OF-COUNTY SERVICE FE	0.00	
CASH BONDS	0.00	
PARKS & WILDLIFE FINES	0.00	
WATER SAFETY FINES	0.00	
	0.00	
TOTAL DUE TO OTHERS		$0.00
TOTAL COLLECTED-ALL FUNDS		**$5,463.95**
LESS: TOTAL TREASUER'S RECEIPTS		**$5,463.95**
OVER/(SHORT)		$0.00

0

CALHOUN COUNTY

201 West Austin

DISTRIBUTION REQUEST

DR# 450 A 45597

PAYEE

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

PAYOR

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

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
7542-999-20759-999	JP2 Monthly Collections - Distribution	$5,463.95
	October	
	2024	
V# 967		
	TOTAL	5,463.95

Signature of Official

11-20-2024
Date

12

12. 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:	Commissioner Hall, Lyssy, Reese

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

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

DEPARTMENT NAME: BUILDING MAINTENANCE DEPARTMENT NO: 170

AMENDMENT NO: 6869	***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)
53520	TIRES AND TUBES	999	NO GRANT	$0	$0	$0	$1,499	$1,499
53595	TOOLS	999	NO GRANT	$0	$0	$0	$499	$499
53995	UNIFORMS	999	NO GRANT	$0	$0	$0	$3,670	$3,670
62690	GENERATOR MAINTENANCE	999	NO GRANT	$0	$0	$0	$737	$737
62693	GENERATOR FUEL/MAINT.-JAIL	999	NO GRANT	$0	$0	$0	$2,000	$2,000
73050	EQUIPMENT-YARD	999	NO GRANT	$0	$0	$0	$4,999	$4,999
73193	IMPROVEMENTS-FAIRGROUNDS	999	NO GRANT	$0	$0	$0	$2,000	$2,000
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	$0	$0	$15,404	$0	($15,404)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$15,404**	**$15,404**	**$0**
			BUILDING MAINTENANCE TOTAL	**$0**	**$0**	**$15,404**	**$15,404**	**$0**

DEPARTMENT NAME: COMMISSIONERS COURT DEPARTMENT NO: 230

AMENDMENT NO: 6869	***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)
63350	LEGAL SERVICES	999	NO GRANT	$0	$0	$0	$2,319	$2,319
63503	MAINTENANCE-COMMUNICATION N	999	NO GRANT	$0	$0	$2,319	$0	($2,319)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$2,319**	**$2,319**	**$0**
			COMMISSIONERS COURT TOTAL	**$0**	**$0**	**$2,319**	**$2,319**	**$0**

DEPARTMENT NAME: CONSTABLE-PRECINCT #4 DEPARTMENT NO: 610

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: CONSTABLE-PRECINCT #4 DEPARTMENT NO: 610

AMENDMENT NO: 6864	REQUESTOR: CONSTABLE PRECINCT #4
AMENDMENT REASON:	LINE ITEM TRANSFER TO COVER EXPENSES

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53430	LAW ENFORCEMENT SUPPLIES	999	NO GRANT	$0	$0	$0	$1,111	$1,111
62955	INTERNET SERVICES	999	NO GRANT	$0	$0	$0	$369	$369
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$1,286	$0	($1,286)
64850	PRINTING SERVICES	999	NO GRANT	$0	$0	$0	$249	$249
65180	RADIO MAINTENANCE	999	NO GRANT	$0	$0	$0	$399	$399
65835	SOFTWARE MAINTENANCE (ANNUA	999	NO GRANT	$0	$0	$0	$269	$269
71650	EQUIPMENT	999	NO GRANT	$0	$0	$1,111	$0	($1,111)
			AMENDMENT NO 6864 TOTAL	**$0**	**$0**	**$2,397**	**$2,397**	**$0**
			CONSTABLE-PRECINCT #4 TOTAL	**$0**	**$0**	**$2,397**	**$2,397**	**$0**

DEPARTMENT NAME: COUNTY JUDGE DEPARTMENT NO: 260

AMENDMENT NO: 6860	REQUESTOR: COUNTY JUDGE
AMENDMENT REASON:	LINE ITEM TRANSFER

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	$2,200	$2,200
72350	EQUIPMENT-OFFICE	999	NO GRANT	$0	$0	$2,200	$0	($2,200)
			AMENDMENT NO 6860 TOTAL	**$0**	**$0**	**$2,200**	**$2,200**	**$0**
			COUNTY JUDGE TOTAL	**$0**	**$0**	**$2,200**	**$2,200**	**$0**

DEPARTMENT NAME: DEBT SERVICE DEPARTMENT NO: 160

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: DEBT SERVICE DEPARTMENT NO: 160

AMENDMENT NO: 6865	REQUESTOR: COMMISSIONER PRECINCT #1
AMENDMENT REASON:	RB1- 2020 JOHN DEERE MOTORGRADER EARLY PAYOFF

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
62900	INTEREST	999	NO GRANT	$0	$0	$84	$0	($84)
64873	PRINCIPAL-CAPITAL LEASES	999	NO GRANT	$0	$0	$45,304	$0	($45,304)
			AMENDMENT NO 6865 TOTAL	**$0**	**$0**	**$45,388**	**$0**	**($45,388)**
			DEBT SERVICE TOTAL	**$0**	**$0**	**$45,388**	**$0**	**($45,388)**

DEPARTMENT NAME: ELECTIONS DEPARTMENT NO: 270

AMENDMENT NO: 6869	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)
51550	ELECTION JUDGES & CLERK	999	NO GRANT	$0	$0	$1,908	$0	($1,908)
51920	GROUP INSURANCE	999	NO GRANT	$0	$0	$0	$1,908	$1,908
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$1,908**	**$1,908**	**$0**
			ELECTIONS TOTAL	**$0**	**$0**	**$1,908**	**$1,908**	**$0**

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

AMENDMENT NO: 6869	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, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: EMERGENCY COMMUNICATION DIVISION DEPARTMENT NO: 635

AMENDMENT NO: 6869	*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)
50415	DISPATCHER	999	NO GRANT	$0	$0	$0	$44,000	$44,000
70654	BUILDING-EMERGENCY COMMUNIC	999	NO GRANT	$0	$0	$44,000	$0	($44,000)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$44,000**	**$44,000**	**$0**
			EMERGENCY COMMUNICATION DIVISION TOTAL	**$0**	**$0**	**$44,000**	**$44,000**	**$0**

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6869	*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	$33,000	$33,000
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	$0	$0	$3,000	$0	($3,000)
61710	DEPARTMENTAL REPAIRS	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
66192	TELEPHONE SERVICES	999	NO GRANT	$0	$0	$3,000	$0	($3,000)
66505	TRAVEL/DUES/SUBSCRIPTIONS	999	NO GRANT	$0	$0	$15,000	$0	($15,000)
67120	VEHICLE FUEL/OIL/SERVICE	999	NO GRANT	$0	$0	$10,000	$0	($10,000)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$33,000**	**$33,000**	**$0**
			EMERGENCY MEDICAL SERVICES TOTAL	**$0**	**$0**	**$33,000**	**$33,000**	**$0**

DEPARTMENT NAME: HUMAN RESOURCES DEPARTMENT NO: 265

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

DEPARTMENT NAME: HUMAN RESOURCES DEPARTMENT NO: 265

AMENDMENT NO: 6869	*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)
62955	INTERNET SERVICES	999	NO GRANT	$0	$0	$0	$200	$200
66192	TELEPHONE SERVICES	999	NO GRANT	$0	$0	$200	$0	($200)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$200**	**$200**	**$0**
			HUMAN RESOURCES TOTAL	**$0**	**$0**	**$200**	**$200**	**$0**

DEPARTMENT NAME: LIBRARY DEPARTMENT NO: 140

AMENDMENT NO: 6859	*REQUESTOR: LIBRARY*
AMENDMENT REASON:	**LINE ITEM TRANSFER TO COVER EXPENSES**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
64790	POSTAGE	999	NO GRANT	$0	$0	$2,000	$0	($2,000)
65470	REPAIRS-MAIN LIBRARY	999	NO GRANT	$0	$0	$0	$8,000	$8,000
72350	EQUIPMENT-OFFICE	999	NO GRANT	$0	$0	$6,000	$0	($6,000)
			AMENDMENT NO 6859 TOTAL	**$0**	**$0**	**$8,000**	**$8,000**	**$0**
			LIBRARY TOTAL	**$0**	**$0**	**$8,000**	**$8,000**	**$0**

DEPARTMENT NAME: OTHER FINANCING DEPARTMENT NO: 520

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

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

DEPARTMENT NAME: OTHER FINANCING DEPARTMENT NO: 520

AMENDMENT NO: 6863	***REQUESTOR: COMMISSIONER PRECINCT #4***

AMENDMENT REASON: ADJUST BUDGET FOR TRADE-IN APPROVED IN CC 10/30/24

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
90005	GAIN/LOSS ON SALE OF ASSETS	999	NO GRANT	$0	$0	$0	$6,000	$6,000
			AMENDMENT NO 6863 TOTAL	**$0**	**$0**	**$0**	**$6,000**	**$6,000**
			OTHER FINANCING TOTAL	**$0**	**$0**	**$0**	**$6,000**	**$6,000**

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

AMENDMENT NO: 6861	***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)
51630	COMP TIME PAY	999	NO GRANT	$0	$0	$5,110	$0	($5,110)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	$0	$0	$1,000	$0	($1,000)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$0	$6,010	$6,010
53995	UNIFORMS	999	NO GRANT	$0	$0	$900	$0	($900)
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$100	$0	($100)
64370	OUTSIDE MAINTENANCE	999	NO GRANT	$0	$0	$0	$1,100	$1,100
			AMENDMENT NO 6861 TOTAL	**$0**	**$0**	**$7,110**	**$7,110**	**$0**

AMENDMENT NO: 6865	***REQUESTOR: COMMISSIONER PRECINCT #1***

AMENDMENT REASON: RB1- 2020 JOHN DEERE MOTORGRADER EARLY PAYOFF

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	$0	$0	$0	$45,388	$45,388

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

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

AMENDMENT NO: 6865	*REQUESTOR: COMMISSIONER PRECINCT #1*
AMENDMENT REASON:	**RB1- 2020 JOHN DEERE MOTORGRADER EARLY PAYOFF**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
			AMENDMENT NO 6865 TOTAL	$0	$0	$0	$45,388	$45,388

AMENDMENT NO: 6867	*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)
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$100	$0	($100)
64370	OUTSIDE MAINTENANCE	999	NO GRANT	$0	$0	$0	$600	$600
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	$0	$0	$500	$0	($500)
			AMENDMENT NO 6867 TOTAL	$0	$0	$600	$600	$0
			ROAD AND BRIDGE-PRECINCT #1 TOTAL	$0	$0	$7,710	$53,098	$45,388

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

AMENDMENT NO: 6866	*REQUESTOR: COMMISSIONER PRECINCT #2*
AMENDMENT REASON:	**LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51540	TEMPORARY	999	NO GRANT	$0	$0	$0	$21,000	$21,000
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$16,000	$0	($16,000)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	$0	$0	$5,000	$0	($5,000)
			AMENDMENT NO 6866 TOTAL	$0	$0	$21,000	$21,000	$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND *FUND NO: 1000*

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

ROAD AND BRIDGE-PRECINCT #2 TOTAL	$0	–	$0	$21,000	$21,000	$0

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

AMENDMENT NO: 6863 | ***REQUESTOR: COMMISSIONER PRECINCT #4***

AMENDMENT REASON: | **ADJUST BUDGET FOR TRADE-IN APPROVED IN CC 10/30/24**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	$0	$0	$6,000	$0	($6,000)
			AMENDMENT NO 6863 TOTAL	**$0**	**$0**	**$6,000**	**$0**	**($6,000)**

AMENDMENT NO: 6868 | ***REQUESTOR: COMMISSIONER PRECINCT #4***

AMENDMENT REASON: | **LINE ITEM ADJUSTMENT**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	$0	$0	$35,000	$0	($35,000)
53540	GASOLINE/OIL/DIESEL/GREASE	999	NO GRANT	$0	$0	$7,700	$0	($7,700)
66590	UNIFORMS	999	NO GRANT	$0	$0	$617	$0	($617)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	$0	$0	$0	$43,317	$43,317
			AMENDMENT NO 6868 TOTAL	**$0**	**$0**	**$43,317**	**$43,317**	**$0**

ROAD AND BRIDGE-PRECINCT #4 TOTAL	$0	$0	$49,317	$43,317	($6,000)

DEPARTMENT NAME: SHERIFF DEPARTMENT NO: 760

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

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

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

AMENDMENT NO: 6862	***REQUESTOR: SHERIFF***
AMENDMENT REASON:	**LINE ITEM TRANSFER TO COVER EXPENSES**

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	$5,750	$0	($5,750)
60580	BUY MONEY	999	NO GRANT	$0	$0	$0	$5,750	$5,750
62640	FORENSIC TESTING	999	NO GRANT	$0	$0	$0	$3,999	$3,999
63920	MISCELLANEOUS	999	NO GRANT	$0	$0	$3,999	$0	($3,999)
			AMENDMENT NO 6862 TOTAL	**$0**	**$0**	**$9,749**	**$9,749**	**$0**
			SHERIFF TOTAL	**$0**	**$0**	**$9,749**	**$9,749**	**$0**

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

AMENDMENT NO: 6869	***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)
60520	BUILDING REPAIRS	999	NO GRANT	$0	$0	$0	$50	$50
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	$0	$0	$50	$0	($50)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$50**	**$50**	**$0**
			WASTE MANAGEMENT TOTAL	**$0**	**$0**	**$50**	**$50**	**$0**
			GENERAL FUND TOTAL	***$0***	***$0***	***$242,642***	***$242,642***	***$0***

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 20, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME AIRPORT FUND *FUND NO: 2610*

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

AMENDMENT NO: 6869	***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)
65180	RADIO MAINTENANCE	999	NO GRANT	$0	$0	$580	$0	($580)
73805	ROOF-AIRPORT	999	NO GRANT	$0	$0	$0	$580	$580
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$580**	**$580**	**$0**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$580**	**$580**	**$0**
			AIRPORT FUND TOTAL	***$0***	***$0***	***$580***	***$580***	***$0***

FUND NAME RECORDS MANAGEMENT FUND COUNTY CLERK *FUND NO: 2738*

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

AMENDMENT NO: 6869	***REQUESTOR: COUNTY AUDITOR/OVERDRAWN***
AMENDMENT REASON:	**OVERDRAWN ACCOUNTS**

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	$0	$0	$0	$386	$386
65835	SOFTWARE MAINTENANCE (ANNUA	999	NO GRANT	$0	$0	$386	$0	($386)
			AMENDMENT NO 6869 TOTAL	**$0**	**$0**	**$386**	**$386**	**$0**
			NO DEPARTMENT TOTAL	**$0**	**$0**	**$386**	**$386**	**$0**
			RECORDS MANAGEMENT FUND COUNTY CLERK TOTAL	***$0***	***$0***	***$386***	***$386***	***$0***
			Grand Total	***$0***	***$0***	***$243,608***	***$243,608***	***$0***

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13. Approval of bills and payroll. (RHM)

MMC Bills:

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

Indigent Healthcare:

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

County Bills:

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

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24
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	3000721...	GNL AMB 10/2 PUBLIC NOTICE AD	62.80	
			60012	PORT LAVACA WAVE	62340	3000722...	GNL AMB 10/16 PUBLIC NOTICE AD	62.80	
AMBULANCE OPERATIONS-GENERAL	Total 290							125.60	0.00
AMBULANCE OPERATIONS-MAGNO... BEACH	300	MACHINERY PARTS/SUPPLIES	53210	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MAG BEACH AMB 11/12 REIMB- EQPI, MISC SUP	367.92	
			53210	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MAG BEACH AMB 11/12 REIMB- TOUGHBOOK, TRAINER, MISC SUP	2,046.50	
			53210	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MAG BEACH AMB 11/12 REIMB- MEDS, STETHOSCOPES, MISC SUPP	2,376.62	
			53210	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MAG BEACH AMB 11/8 REIMB- GLOVES, EPI, IV SUP, MISC SUP	957.82	
AMBULANCE OPERATIONS-MAGNO... BEACH	Total 300							5,748.86	0.00
AMBULANCE OPERATIONS-PORT O'CONNOR	330	SERVICES	65740	TISD INC.	7646	1057292...	POC AMB 11/8 ACT# 105729 DEC 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 11/8 ACT# 101612 DEC 2024	49.99	
AMBULANCE OPERATIONS-SEADRIFT	Total 340							49.99	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	TURTLE & HUGHES INC	3635	6585373...	MAINT 10/29 (50) LIGHT BULBS	101.50	
			53610	BOSART LOCK & KEY INC	486	129011	MAINT 9/27 REKEY (5) LOCKS @ CO CLKS	207.50	
			53610	GULF COAST HARDWARE LLC	63196	193657	MAINT 11/5 HARDWARE	3.38	
			53610	GULF COAST HARDWARE LLC	63196	193666	MAINT 11/5 FILTERS	14.36	
			53610	GULF COAST HARDWARE LLC	63196	193669	MAINT 11/5 WALL TEXTURE, PAINTERS TAPE, JNT COMPOUND	64.96	
			53610	GULF COAST HARDWARE LLC	63196	193695	MAINT 11/6 FILTERS	15.16	
			53610	GULF COAST HARDWARE LLC	63196	193811	MAINT 11/9 FILTERS	90.96	
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2592948	MAINT 11/12 MOPS, PADS, HANDLES, CLEANERS	69.50	
		REPAIRS-COURTHOUSE AND JAIL	65454	CARRIER CORPORATION	3335	90406456	MAINT 10/24 WORK ON CONDENSER FANS @ JAIL	1,398.26	
		UTILITIES-AG BLDG/FAIRGROUNDS	66602	CENTERPOINT ENERGY	1805	2942974...	BAUER 11/14 ACT# 2942974-3 CCF 0 10/10- 11/11	50.96	
			66602	CENTERPOINT ENERGY	1805	2942980...	AG BLDG 11/14 ACT# 2942980-0 CCF 1 10/10- 11/11	52.03	
		UTILITIES-COURTHOUSE AND JAIL	66604	CENTERPOINT ENERGY	1805	6329420...	CH 11/14 ACT# 6329420-1 CCF 62 10/10- 11/11	872.68	
		UTILITIES-JAIL	66605	CENTERPOINT ENERGY	1805	6455891...	JAIL 11/14 ACT# 6455891-9 MCF 221 10/10- 11/11	2,405.93	
		UTILITIES-DISPATCH BUILDING	66623	CENTERPOINT ENERGY	1805	6403494...	EMER COMM 11/14 ACT# 6403494238-9 CCF 0 10/10- 11/11	50.96	
		MACHINERY AND EQUIPMENT	73400	GULF COAST PAPER CO INC	2619	2592821	MAINT 11/12 (3) FLOOR SCRUBBERS	15,404.00	
BUILDING MAINTENANCE	Total 170							20,802.14	0.00
COMMISSIONERS COURT	230	INTERNET SERVICES	62955	SPARKLIGHT	9988	1009388...	COM CRT 11/8 ACT# 100938828 CABLE 11/8- 12/7	19.47	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			62955	SPARKLIGHT	9988	1128551...	COM CRT 11/1 ACT# 112855176 NOV 2024 INTERNET	1,353.28	
		LEGAL NOTICES	63290	PORT LAVACA WAVE	62340	3000721...	COM CRT 10/2 BID INVITATION	214.25	
			63290	PORT LAVACA WAVE	62340	3000722...	COM CRT 10/9 BID INVITATION	214.25	
			63290	PORT LAVACA WAVE	62340	3000722...	COM CRT 10/9 RFQ 2024.11	287.13	
			63290	PORT LAVACA WAVE	62340	3000722...	COM CRT 10/9 BID INVITATION	311.88	
			63290	PORT LAVACA WAVE	62340	3000722...	COM CRT 10/16 RFQ 2024.11	287.12	
			63290	PORT LAVACA WAVE	62340	3000722...	COM CRT 10/16 BID INVITATION	311.87	
		MAINTENANCE-COMMUNI... NETWORK	63503	MOTOROLA SOLUTIONS INC	5171	8230486...	COM CRT 10/22 1/2 ANNUAL BILLING- RADIO SYSTEM	95,954.96	
		PATHOLOGIST FEES	64520	TRAVIS COUNTY MEDICAL EXAMINER	7710	3300008...	COM CRT/JP4 10/31 AUTOPSY FEE- C. MCBRIDE	3,891.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	241019	COM CRT/JP4 10/14 TRANSPORT- J. KOZLOWSKI	330.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	241030	COM CRT/JP5 10/22 TRANSPORT- R. KEY	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	241032	COM CRT/JP5 10/22 TRANSPORT- J. BUSBY	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	241033	COM CRT/JP5 10/24 TRANSPORT- L. LAMBDEN	955.00	
		CAPITAL OUTLAY	70750	LOPEZ JOSE	81290	0239	COM CRT 9/13 REMOVE HOUSE & HAUL DEBRIS FROM CO PROPERTY	15,000.00	
COMMISSIONERS COURT	Total 230							121,040.21	0.00
CONSTABLE-PRECINCT #4	610	INTERNET SERVICES	62955	WARREN LOUIS E	EM...	PO6101...	CONST4 11/16 REIMB-HOTSPOT 5/20- 10/19 (5) BILLS	150.00	
CONSTABLE-PRECINCT #4	Total 610							150.00	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COUNTY AUDITOR	190	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	179843	AUDITOR 11/6 WATER	72.75	
		POSTAGE	64790	FRANCOTYP-POSTALI... INC.	2265	RI10642...	AUDITOR 10/30 POSTAGE METER INK	151.27	
COUNTY AUDITOR	Total 190							224.02	0.00
COUNTY CLERK	250	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	179815	CO CLK 11/6 WATER	11.00	
COUNTY CLERK	Total 250							11.00	0.00
COUNTY TREASURER	210	TRAINING TRAVEL OUT OF COUNTY	66316	KOKENA RHONDA S	5544	PO11122...	TREAS 11/12 TRAVEL REIMB- MEMORIAL CITY, TX 11/6- 11/8	212.78	
COUNTY TREASURER	Total 210							212.78	0.00
DEBT SERVICE	160	INTEREST	62900	WELCH STATE BANK	4289	126714/...	RB3 DEBT SVCS 11/5 2024 INTEREST PMNT- MOTORGRADER	10,025.07	
		PRINCIPAL-CAPITAL LEASES	64873	WELCH STATE BANK	4289	126714/...	RB3 DEBT SVCS 11/5 2024 PRINCIPLE PMNT- MOTORGRADER	40,323.14	
DEBT SERVICE	Total 160							50,348.21	0.00
DISTRICT ATTORNEY	510	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41219100	DA 10/23 CALDENDARS, HEATER	105.28	
		PHOTO COPIES/SUPPLIES	53030	QUILL LLC	6602	41219100	DA 10/23 PAPER	26.44	
		COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0224745...	DA 11/6 COPIER LEASE 9/30- 10/30	189.67	
			61340	XEROX CORPORATION	9001	0224745...	DA 11/6 FAX LEASE 9/30- 10/30	62.76	
		POSTAGE	64790	PITNEY BOWES GLOBAL FIN. SERV.	6268	3319940...	DA 11/11 POSTAGE METER LEASE 9/30- 12/29	279.45	
		BOOKS-LAW	70500	THOMSON REUTERS - WEST	8612	8509788...	DA 11/1 OCT 2024 WESTLAW SUBS	1,402.38	
DISTRICT ATTORNEY	Total 510							2,065.98	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
DISTRICT CLERK	420	GENERAL OFFICE SUPPLIES	53020	COASTAL OFFICE SOLUTIONS, INC	9063	OE488971	DIST CLK 11/8 TAB FILE FOLDERS, SHEET PROTECTORS	131.30	
DISTRICT CLERK	Total 420							131.30	0.00
ELECTIONS	270	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	179842	ELEC 11/6 WATER	46.00	
		ELECTION SUPPLIES	53361	ELECTION SYSTEMS & SOFTWARE	1810	CD2109...	ELEC 11/5 ELECTION DAY BALLOTS	238.39	
			53361	QUILL LLC	6602	41279933	ELEC 10/28 VOTING BOOTH PENS	105.38	
ELECTIONS	Total 270							389.77	0.00
EMERGENCY COMMUNICATION DIVISION	635	BUILDING-EMERGENCY COMMUNICATIONS	70654	BLS CONSTRUCTION INC	449	015	EMER COMM 11/13 FINAL PMNT 7/25- 8/14	52,221.83	
EMERGENCY COMMUNICATION DIVISION	Total 635							52,221.83	0.00
EMERGENCY MANAGEMENT	630	EQUIPMENT-OFFICE	72350	GREAT AMERICA FINANCIAL	2751	37782815	EMER MGMT 10/31 COPIER LEASE	179.00	
EMERGENCY MANAGEMENT	Total 630							179.00	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	BOUND TREE MEDICAL, LLC	412	85542077	EMS 10/30 QUICKCLOT, ELECTRODES, IGEL, PEEP VALVES	1,788.23	
			53980	BOUND TREE MEDICAL, LLC	412	85543566	EMS 10/31 LEG SPLINTS, VACUUM MATTRESSES	2,858.35	
			53980	BOUND TREE MEDICAL, LLC	412	85550278	EMS 11/6 (10) STETHOSCOPES	575.90	
			53980	MEMORIAL MEDICAL CENTER	5099	17/2024	EMS 11/7 (2) UNITS WHOLE BLOOD	836.00	
			53980	VICTORIA FIRE & SAFETY	8204	146269	EMS 10/30 INSPECT/RECHARGE FIRE EXTINGUISHERS	535.45	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		DEPARTMENTAL REPAIRS	61710	POWER ELECTRIC LLC	2927	1860	EMS CNTL 11/4 ELECTRICAL MATERIALS- STORAGE BLDG	303.00	
		MACHINE MAINTENANCE	63500	O REILLY AUTO PARTS	5803	0575394...	EMS 10/14 WIPER FLUID	32.90	
		MACHINERY/EQUIPMENT REPAIRS	63530	O REILLY AUTO PARTS	5803	0575392...	EMS 10/1 DRAIN PLUG- U3	6.33	
			63530	O REILLY AUTO PARTS	5803	0575395...	EMS 10/19 LAWN MOWER BATTERIES	139.86	
			63530	O REILLY AUTO PARTS	5803	0575395...	EMS 10/19 CREDIT ON RETURN OF BATTERY CORE		20.00
			63530	O REILLY AUTO PARTS	5803	0575396...	EMS 10/22 FORK LIFT BATTERY	187.44	
			63530	GULF COAST HARDWARE LLC	63198	193753	EMS 11/7 WELDING SUPP	39.98	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3619200...	EMS 11/1 ACT# 287298540337 PHONE 10/2- 11/1	1,178.05	
		TRAVEL ADVANCE SUSPENSE	66448	WARMUTH JAMES	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/24- 11/27	158.00	
			66448	MAYNE JOHN	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/21- 11/27	212.00	
			66448	PEREZ JOE ROBERT	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/21- 11/24	188.00	
			66448	WINTON JEREMY	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/21- 11/27	320.00	
			66448	JENKINS DUSTIN	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/24- 11/27	158.00	
			66448	PATE ROBERT	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/24- 11/27	158.00	
			66448	MACEK CLINT	EM...	PO3451...	EMS 11/14 TRAVEL ADV- FT WORTH, TX 11/24- 11/27	158.00	
		TRAVEL/DUES/SUBSCRIPTI...	66505	GIRARD & ASSOCIATES	58910	796	EMS 11/7 QTLY MGMT- CQI PROGRAM	10,625.00	
		UNIFORMS	66590	KISIAH JOHN THOMAS IV	8187	PO3451...	EMS 8/5 PATCHES	8.00	
		UTILITIES	66600	INFINIUM BROADBAND INTERNET	3378	91509	EMS STH 11/12 ACT# ACC0002127 INTERNET 11/12- 12/12	160.00	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		VEHICLE FUEL/OIL/SERVICE	67120	DIAMOND INSPECTIONS #2	1422	17086	EMS 11/8 STATE INSPECTION	7.00	
			67120	KERRI BOYD, TAX ASSESSOR	4041	1388638...	EMS 11/8 REGISTRATION	7.50	
			67120	O REILLY AUTO PARTS	5803	0575392...	EMS 10/1 OIL	443.40	
EMERGENCY MEDICAL SERVICES	Total 345							21,084.39	20.00
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	DUDLEY ALYSHA A	1491	6372	EXT SVC 11/6 FG RCPT BOOKS	796.00	
		TRAVEL/ OUT OF COUNTY-CEA/FCS	66460	DISTRICT 11 TCAAA	1505	PO1102...	EXT SVC 11/15 CONF REG-K. LYSSY	80.00	
		TRAVEL/OUT OF COUNTY-CEA/AGNR	66500	DISTRICT 11 TCAAA	1467	PO1102...	EXT SVC 11/4 ANNUAL DUES- H. HAYES	100.00	
EXTENSION SERVICE	Total 110							976.00	0.00
FIRE PROTECTION-PORT O'CONNOR	680	SERVICES	65740	HEAT SAFETY EQUIPMENT LLC	3627	24104189	POC VFD 10/29 REPAIRS	1,653.20	
FIRE PROTECTION-PORT O'CONNOR	Total 680							1,653.20	0.00
HEALTH DEPARTMENT	350	ENVIRONMENTAL HEALTH SERVICES	62480	VICTORIA COUNTY PUBLIC	8219	ENV2412	HEALTH DEPT 11/1 DEC 2024 ENVIRONMENTAL HEALTH SVCS	7,043.75	
HEALTH DEPARTMENT	Total 350							7,043.75	0.00
HUMAN RESOURCES	265	PHYSICALS/DRUG TESTING	64671	MEMORIAL MEDICAL CLINIC	5971	287880	HR 7/24 PRE-EMPLOYMENT PHYSICAL	32.50	
			64671	MEMORIAL MEDICAL CLINIC	5971	297918	HR 10/29 PRE-EMPLOYMENT PHYSICAL	32.50	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615512...	HR 11/11 ACT# 361-551-2181-011122-5 FAX 11/11- 12/10	108.63	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
HUMAN RESOURCES	Total 265							173.63	0.00
JAIL OPERATIONS	180	JAIL MAINTENANCE/SUPPLIES	53420	CHARM-TEX INC	1177	0382111IN	JAIL 10/31 SPONGES, GLOVES	616.10	
			53420	GULF COAST PAPER CO INC	2619	2590510	JAIL 11/5 LAUNDRY SOAP	69.00	
			53420	PERFORMANCE FOOD GROUP INC	63650	3077748	JAIL 11/14 HAIR NETS, OVEN MITTS, LABELS	80.10	
		GROCERIES	53955	PERFORMANCE FOOD GROUP INC	63650	3075759	JAIL 11/11 INMATE GROCERIES	1,485.54	
			53955	PERFORMANCE FOOD GROUP INC	63650	3077748	JAIL 11/14 INMATE GROCERIES	1,900.64	
		PRISONER MEDICAL SERVICES	64910	SOUTHERN HEALTH PARTNERS	3460	BASE51...	JAIL 11/2 DEC 2024 INMATE MEDICAL	12,668.99	
		CAPITAL OUTLAY	70750	AXON ENTERPRISE INC	2879	INUS29...	JAIL 10/23 (5)- TASERS, BATTERY PACKS, HOLSTERS	7,940.25	
JAIL OPERATIONS	Total 180							24,760.62	0.00
JUSTICE OF PEACE PRECINCT #2	460	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	179845	JP2 11/6 WATER	26.50	
JUSTICE OF PEACE PRECINCT #2	Total 460							26.50	0.00
JUSTICE OF PEACE-PRECINCT #4	480	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617857...	JP4 10/25 ACT# 361-785-7082- 110398-5 PHONE 10/25- 11/24	275.23	
			66192	TISD INC.	7646	8381220...	JP4 11/8 ACT# 083812 DEC 2024 INTERNET	39.99	
JUSTICE OF PEACE-PRECINCT #4	Total 480							315.22	0.00
JUSTICE OF PEACE-PRECINCT #5	490	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3619832...	JP5 11/1 A# 361-983-2351-100102-5 NOV 2024 PHONE, LATE FEE	185.66	
			66192	TISD INC.	7646	6839820...	JP5 11/8 ACT# 068398 DEC 2024 INTERNET	89.99	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JUSTICE OF PEACE-PRECINCT #5	Total 490							275.65	0.00
JUVENILE COURT	500	JUVENILE DETENTION SERVICES	63110	VICTORIA REGIONAL JUVENILE	8249	1032024	JUV CRT 11/1 OCT 2024 DETENTION SVCS (1) JUV	7,600.00	
		MEDICAL/DENTAL FEES	63776	IKONOMOPOULOS JAMES PETER	35000	2900021...	JUV CRT 11/6 PSYCH EVAL	500.00	
			63776	IKONOMOPOULOS JAMES PETER	35000	2900021...	JUV CRT 11/6 PSYCH EVAL	500.00	
JUVENILE COURT	Total 500							8,600.00	0.00
LIBRARY	140	FIRE & SECURITY SERVICES	62630	TRIPLE D SECURITY CORPORATION	7649	0422152...	LIBRARY 11/1 ALARM MONITORING	50.00	
		INTERNET SERVICES	62955	TISD INC.	7646	6122024...	SEA LIBRARY 11/8 ACT# 000612 DEC 2024 INTERNET	99.99	
			62955	T MOBILE USA INC	79681	9966804...	LIBRARY 10/21 ACT# 996680425 (10) HOT SPOTS 9/21- 10/20	313.70	
		UTILITIES-SEADRIFT LIBRARY	66622	CENTERPOINT ENERGY	1805	2981129...	SEA LIBRARY 11/14 ACT# 2981129-6 CCF 0 10/10- 11/11	49.40	
		BOOKS & PRINT MATL-LIBRARY	70550	BAKER & TAYLOR	403	5019179...	LIBRARY 10/23 (3) BOOKS	38.71	
			70550	BAKER & TAYLOR	403	5019179...	LIBRARY 10/23 (2) BOOKS	31.66	
			70550	BAKER & TAYLOR	403	5019179...	LIBRARY 10/23 (19) BOOKS	301.75	
		E-FORMAT/DIGITAL MATL-LIBRARY	71146	MIDWEST TAPE LLC	3377	5062737...	LIBRARY 11/1 OCT 2024 DIGITAL ACT	433.59	
			71146	INFOBASE	7073	INV4630...	LIBRARY 11/8 LEARNING CLOUD PKG- 12/31/24- 12/30/25	2,427.86	
LIBRARY	Total 140							3,746.66	0.00
MUSEUM	150	DUES	54020	AAM MEMBERSHIP	44	PO698	MUSEUM 9/25 ANNUAL DUES	195.00	
			54020	COX VICKI	EM...	PO699	MUSEUM 11/7 REIMB-ANUAL NEWSPAPER.COM SUB	59.90	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		TRAVEL OUT OF COUNTY	66498	COX VICKI	EM...	PO699	MUSEUM 11/7 TRAVEL REIMB- PALACIOS 11/4/24	20.10	
		UTILITIES-MUSEUM	66612	CENTERPOINT ENERGY	1805	2860820...	MUSEUM 11/14 ACT# 2860820-6 CCF 13 10/10-11/11	64.88	
MUSEUM	Total 150							339.88	0.00
NO DEPARTMENT	999	DUE TO JP COLLECTIONS ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	294714	JP4 11/4 COLLECTION FEES	322.90	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	294715	JP5 11/4 COLLECTION FEES	57.00	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	294716	JP5 11/4 COLLECTION FEES	503.12	
NO DEPARTMENT	Total 999							883.02	0.00
OTHER FINANCING	520	GAIN/LOSS ON SALE OF ASSETS	90005	DANIEL INDUSTRIES	3695	17695	RB4 10/29 MOWER TRADE-IN ALLOWANCE		6,000.00
OTHER FINANCING	Total 520							0.00	6,000.00
ROAD AND BRIDGE-PRECINCT #1	540	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	179829	RB1 11/6 WATER	26.50	
		MACHINERY PARTS/SUPPLIES	53210	VICTORIA OLIVER COMPANY INC	8232	P20367	RB1 11/6 COUPLER ASSY	161.57	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	7754224...	RB1 11/5 951G DIESEL, 1069G UNLEADED, 1G TREATMENT	5,180.41	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4210726...	RB1 11/7 UNIFORMS	150.64	
		EQUIPMENT RENTAL	62510	AIRGAS USA, LLC	136	5512068...	RB1 10/31 OCT 2024 CYLINDER RENTAL	97.81	
		UTILITIES	66600	CENTERPOINT ENERGY	1805	5118678...	RB1 11/14 ACT# 5118678-1 CCF 1 10/10- 11/11	52.03	
ROAD AND BRIDGE-PRECINCT #1	Total 540							5,668.96	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES	53210	DANIEL INDUSTRIES	3695	17817	RB2 11/5 BELT, DECK, OIL FILTER- LAWN MOWER	125.86	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4210413...	RB2 11/5 UNIFORMS	85.55	
ROAD AND BRIDGE-PRECINCT #2	Total 550							211.41	0.00
ROAD AND BRIDGE-PRECINCT #3	560	MACHINERY PARTS/SUPPLIES	53210	ANDERSON MACHINERY CO., INC.	13	P502US	RB3 11/4 RELAY- SINGLE DRUM ROLLER	99.14	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/4 CORE REFUND, FILTERS		14.37
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/5 FILTERS, SUPP-MOSQUITO SPRAYERS	24.26	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	7763924...	RB3 11/7 375G DIESEL, 681G UNLEADED	2,655.28	
			53540	O REILLY AUTO PARTS	5803	0575398...	RB3 11/4 OIL	23.98	
			53540	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/4 GREASE, OIL	31.81	
		LUMBER	53550	GULF COAST HARDWARE LLC	63193	193692	RB3 11/6 LUMBER	55.92	
			53550	COASTAL NAIL & TOOL LLC	9070	2411159...	RB3 11/6 LUMBER	630.17	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4210574...	RB3 11/6 FRESHENER	9.48	
		SUPPLIES-MISCELLANEOUS	53992	AIRGAS USA, LLC	136	9155236...	RB3 10/31 WELDING SUPP	152.53	
			53992	LOWE'S	4684	993546	RB3 10/16 STUCCO	27.60	
			53992	O REILLY AUTO PARTS	5803	0575398...	RB3 11/4 FILTER, PLUGS, MISC SUPP	113.28	
			53992	GULF COAST HARDWARE LLC	63193	193465	RB3 10/30 CUTOFF DISC, MISC SUPP	96.93	
			53992	GULF COAST HARDWARE LLC	63193	193598	RB3 11/4 GOGGLES, GRINDING WHEELS, MISC SUPP	144.11	
			53992	GULF COAST HARDWARE LLC	63193	193641	RB3 11/5 NOZZLES, VALVES	39.72	
			53992	GULF COAST HARDWARE LLC	63193	193754	RB3 11/7 PRIMER, CHAIN, PVC PIPE	95.92	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/7 THERMOSTAT GASKET, REFELCTOR	11.23	
			53992	COASTAL NAIL & TOOL LLC	9070	2411159...	RB3 11/6 SCREWS	62.99	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4210574...	RB3 11/6 UNIFORMS	144.30	
		EQUIPMENT RENTAL	62510	AIRGAS USA, LLC	136	5512079...	RB3 10/31 OCT 2024 CYLINDER RENTAL	125.90	
		MACHINERY/EQUIPMENT REPAIRS	63530	ANDERSON MACHINERY CO., INC.	13	12797V	RB3 11/1 REPAIR SVCS-SINGLE DRUM ROLLER	705.00	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3617461...	RB3 11/3 ACT# 287275183899 PHONE, LATE FEE 11/4- 12/3	174.33	
		CAPITAL OUTLAY	70750	LOWE'S	4684	993546	RB3 10/16 FOREMAN BLDG FRIDGE	1,409.06	
			70750	LOWE'S	4684	999119	RB3 10/18 REFUND ON RETURN OF BROKEN FRIDGE		946.51
ROAD AND BRIDGE-PRECINCT #3	Total 560							6,832.94	960.88
ROAD AND BRIDGE-PRECINCT #4	570	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41404722	RB4 11/5 WIRELESS MOUSE, STAPLES	53.41	
		MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB4 11/5 SWITCH ROCKER, MISC SUPP	15.28	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB4 11/6 DEF FLUID, WIPER FLUID, GREASE	231.74	
			53210	VICTORIA OLIVER COMPANY INC	8232	P20326	RB4 11/5 ASSY, COUPLER	313.14	
		ROAD & BRIDGE SUPPLIES	53510	COLORADO MATERIALS LTD	75900	403833	RB4 10/31 24.67T HOT MIX COLD LAID- SEA	2,824.22	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	7767224...	RB4 11/7 500G DIESEL- POC	1,317.35	
		LUMBER	53550	POC HARDWARE & SUPPLY	6242	176817	RB4 10/8 LUMBER	33.96	
		TOOLS	53595	POC HARDWARE & SUPPLY	6242	176817	RB4 10/8 CAULK GUN	12.99	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53595	POC HARDWARE & SUPPLY	6242	177373	RB4 9/30 WRENCH	68.48	
		SUPPLIES-MISCELLANEOUS	53992	POC HARDWARE & SUPPLY	6242	176817	RB4 10/8 GLOVES, WD40, LIQUID NAILS	70.98	
			53992	POC HARDWARE & SUPPLY	6242	176856	RB4 10/28 CAULK, CHAIN OIL, BULBS, WASHER FLUID, MISCH SUP	136.48	
			53992	POC HARDWARE & SUPPLY	6242	177120	RB4 10/29 SPRAY PAINT, NUTS, WASHER, SCREWS	17.87	
			53992	POC HARDWARE & SUPPLY	6242	177373	RB4 9/30 GLOVES, BUG WASH, CHAIN	119.15	
			53992	POC HARDWARE & SUPPLY	6242	177394	RB4 10/1 BOLTS, SCREWS	368.22	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB4 11/4 TUBING, CLAMPS, LINE	14.75	
			53992	CINTAS CORPORATION LOC. 083	958	4210573...	RB4 11/6 MAT, MOP	13.17	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	17082.	RB4 11/7 STATE INSPECTION	7.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388632...	RB4 11/12 REGISTRATION	7.50	
			63920	TISD INC.	7646	1091222...	RB4 11/8 ACT# 109122 DEC 2024 INTERNET	74.99	
			63920	TISD INC.	7646	8720241...	RB4 11/8 ACT# 000087 DEC 2024 INTERNET	44.99	
		OUTSIDE SERVICES	64400	RUDON LEASE SERVICE INC	6840	6861	RB4 10/29 EQUIPMENT HAULING	600.00	
			64400	VICTORIA AIR CONDITIONING LTD	8296	C6096	RB4 11/8 1ST QTR MAINT	454.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3619830...	RB4 11/10 ACT# 361-983-0024- 100102-5 PHONE 11/10- 12/9	72.50	
			66192	AT&T MOBILITY	5209	3616558...	RB4 11/4 ACT# 287241943702 PHONE 11/5- 12/4	326.71	
		UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4210573...	RB4 11/6 UNIFORMS	102.11	
		MACHINERY AND EQUIPMENT	73400	DANIEL INDUSTRIES	3695	17695	RB4 10/29 (3) MOWER CANOPIES	1,725.00	

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			73400	DANIEL INDUSTRIES	3695	17695	RB4 10/29 (3) MOWERS	47,130.00	
ROAD AND BRIDGE-PRECINCT #4	Total 570							56,155.99	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	CINTAS CORPORATION LOC. 083	958	4210004...	SO 10/31 (3) MATS	83.37	
		LAW ENFORCEMENT SUPPLIES	53430	TRANSUNION RISK & ALTERNATIVE	8168	2953082...	SO 11/1 OCT 2024 SEARCHES	264.00	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0087673	SO 11/5 TIRE REPAIR- OSG8	25.00	
		AUTOMOTIVE REPAIRS	60360	AUTO ZONE	6	0351278...	SO 10/31 BATTERY- U47	131.99	
			60360	CROSSROADS TIRE SERVICE LLC	7059	4000540	SO 11/4 REPAIR OIL LEAK- U49	1,774.77	
			60360	CROSSROADS TIRE SERVICE LLC	7059	4000563	SO 11/4 STARTER, TIRES- U47	779.91	
			60360	COWAN COBY D	772	5489	SO 11/4 TOW- U49	263.50	
SHERIFF	Total 760							3,322.54	0.00
WASTE MANAGEMENT	380	MACHINERY/EQUIPMENT REPAIRS	63530	POWER ELECTRIC LLC	2927	1863	WASTE MGMT 11/4 CHK PWR OUTAGE	120.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615527...	WASTE MGMT 11/1 ACT# 361-552-7791- 101502-5 NOV 2024 PHONE	203.01	
WASTE MANAGEMENT	Total 380							323.01	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24

2610 - AIRPORT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	RADIO MAINTENANCE	65180	DBT TRANSPORTATION SERVICES	7032	2555053	AIRPORT 11/6 PCA IBI	580.00	
NO DEPARTMENT	Total 999							580.00	0.00

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES-MISCELLANEOUS	53992	COX VICKI	EM...	PO699	HIST COM 11/7 REIMB-HALLOWEEN DECOR, CANDY	258.34	
NO DEPARTMENT	Total 999							258.34	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24
2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	PROGRAMS: SUMMER/AUTHOR VISITS	64970	FUN EXPRESS LLC	25151	7342093...	LIBRARY 11/5 HOLLIDAY DECOR	146.50	
NO DEPARTMENT	Total 999							146.50	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24

2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	MISCELLANEOUS	63920	POC HARDWARE & SUPPLY	6242	177373	POC CC 9/30 CLEANING SUPP	24.97	
		REPAIRS-P.O.C. COMMUNITY CENTER	65482	VICTORIA AIR CONDITIONING LTD	8296	C6076	POCCC 11/8 3RD QTR MAINT	740.00	
		UTILITIES-POC COMMUNITY CENTER	66616	FRONTIER COMMUNICATIONS	2855	3619834...	POCCC 11/13 ACT# 361-983-4485- 102899-5 PHONE 11/13- 12/12	65.50	
			66616	INFINIUM BROADBAND INTERNET	3378	91969	POCCC 11/17 ACT# ACC0004004 INTERNET 11/17- 12/17	150.00	
NO DEPARTMENT	Total 999							980.47	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24
5149 - CPRJ-OLIVIA HATERIUS PARK IMPROVEMENTS

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES	53974	GULF COAST HARDWARE LLC	63193	193487	CMP- OHP IMPR 10/30 PAINT THINNER, PAINT-PICNIC TABLES	165.96	
			53974	GULF COAST HARDWARE LLC	63193	193599	CMP-OHP IMPR 11/4 PAINT THINNER, BRUSHES-PICNIC TABLES	21.98	
NO DEPARTMENT	Total 999							187.94	0.00

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24

7750 - MISCELLANEOUS CLEARING FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO OTHER GOVERNMENTS	20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024...	TAX A/C 11/15 OCT 2024 TAX COLLECS	513.06	
			20749	CALHOUN CO. WATER CONTROL	895	PO2024...	TAX A/C 11/15 OCT 2024 TAX COLLECS	2,971.40	
NO DEPARTMENT	Total 999							3,484.46	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.20.24
9200 - JUVENILE PROBATION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ELECTRONIC MONITORING	62380	SATELLITE TRACKING OF	6374	STPINV...	JUV PROB 10/31 OCT 2024 MONITORING SVCS	234.00	
		MEDICAL/DENTAL FEES	63776	VICTORIA REGIONAL JUVENILE	8249	1032024	JUV PROB 11/1 OCT 2024 MEDICAL (1) JUV	20.00	
NO DEPARTMENT	Total 999							254.00	0.00
Report Total								402,060.76	6,980.88

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 20, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	1,225,382.31
TOTAL TRANSFERS BETWEEN FUNDS	$	314,285.70
TOTAL NURSING HOME UPL EXPENSES	$	1,394,327.94
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2024	$	2,933,995.95

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 20, 2024

PAYABLES AND PAYROLL			
11/14/2024	Weekly Payables	499,082.28	
11/14/2024	Citibank Credit Card-see attached (Erin)	2,060.80	
11/18/2024	McKesson-340B Prescription Expense	1,406.36	
11/18/2024	Amerisource Bergen-340B Prescription Expense	112.45	
11/18/2024	Amerisource Bergen-340B Prescription Expense	60.53	
11/18/2024	Amerisource Bergen-340B Prescription Expense	1,814.00	
11/18/2024	Amerisource Bergen-340B Prescription Expense	276.28	
11/18/2024	Payroll Liabilities-Payroll Taxes	116,206.50	
11/18/2024	Payroll	365,348.87	
	Prosperity Electronic Bank Payments		
11/18/2024	90 Degree Benefits - employee insurance claims	44,977.45	
11/18/2024	Sales Tax - October 2024	2,454.87	
11/18/2024	TCDRS October Retirement	181,896.35	
11/18/2024	Pay Plus-Patient Claims Processing Fee	319.92	
11/18/2024	Amerisource Bergen Overage	60.53	
11/18/2024	Credit Card Processing Fee	7,493.14	
11/18/2024	Credit Card Lease Fee	285.82	
11/18/2024	Health Equity -HSA Contributions	1,526.16	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			$ 1,225,382.31
TRANSFERS BETWEEN FUNDS-MMC			
11/18/2024	Transfer from Prosperity Operating Account to Prosperity Money Market	250,000.00	
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
11/14/2024	MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	20,983.40	
11/14/2024	MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	5,551.20	
11/14/2024	MMC Operating to Golden Creek Healthcare-Correction of Insurance payment deposited into MMC Operating in error	4,414.61	
11/14/2024	MMC Operating to Gulf Pointe Plaza - Correction of insurance payment deposited into MMC operating in error	0.21	
11/14/2024	MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	33,336.28	
TOTAL TRANSFERS BETWEEN FUNDS			$ 314,285.70
NURSING HOME UPL EXPENSES			
11/18/2024	Nursing Home UPL-Cantex Transfer	894,729.23	
11/18/2024	Nursing Home UPL-Nexion Transfer	94,335.30	
11/18/2024	Nursing Home UPL-HMG Transfer	44,187.71	
11/18/2024	Nursing Home UPL-Tuscany Transfer	237,856.82	
11/18/2024	Nursing Home UPL-HSL Transfer	45,914.49	
QIPP CHECKS TO MMC			
11/18/2024	Ashford - Molina QTR4 QIPP Payment	10,534.46	
11/18/2024	Broadmoor -Molina QTR4 QIPP Payment	2,344.83	
11/18/2024	Crescent - Molina QTR4 QIPP Payment	2,901.78	
11/18/2024	Fort Bend - Molina QTR4 QIPP Payment	3,299.14	
11/18/2024	Solera - Molina QTR4 QIPP Payment	3,135.70	
11/18/2024	Golden Creek - Superior QTR4 QIPP Payment	21,810.04	
11/18/2024	Bethany-Superior QTR4 QIPP Payment	13,596.24	
11/18/2024	Tuscany - Molina QTR4 QIPP Payment	5,182.20	
TRANSFER OF FUNDS BETWEEN NURSING HOMES			
11/18/2024	Crescent to Tuscany -Tuscany insurance payment deposited into Crescent in error	14,500.00	
TOTAL NURSING HOME UPL EXPENSES			$ 1,394,327.94
TOTAL INTER-GOVERNMENT TRANSFERS			$ -
GRAND TOTAL DISBURSEMENTS APPROVED November 20, 2024			$ 2,933,995.95

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:46 AP Open Invoice List
CALHOUN COUNTY, TEXAS Due Dates Through: 11/29/2024 ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
103124		10/31/202	10/31/202	11/25/202			686.56	0.00	0.00	686.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	686.56	0.00	0.00	686.56

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
INV2055		11/04/202	11/20/202	11/20/202			1,400.00	0.00	0.00	1,400.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9154998423		10/29/202	10/24/202	11/23/202			175.29	0.00	0.00	175.29
9155244578		10/31/202	10/31/202	11/25/202			2,580.41	0.00	0.00	2,580.41
5511991764	OCTOBER RENTAL PERIOD	10/31/202	10/31/202	11/25/202			286.11	0.00	0.00	286.11
5511991559	OCTOBER RENTAL PERIOD	10/31/202	10/31/202	11/25/202			1,051.38	0.00	0.00	1,051.38
5511991188		11/13/202	10/31/202	11/25/202			585.23	0.00	0.00	585.23

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	4,678.42	0.00	0.00	4,678.42

Vendor#	Vendor Name	Class	Pay Code
15936	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SERALI0001		11/13/202	11/06/202	11/06/202			323.48	0.00	0.00	323.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15936	[redacted]	323.48	0.00	0.00	323.48

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
RPSV004356147		10/29/202	10/28/202	11/12/202			67.86	0.00	0.00	67.86

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	67.86	0.00	0.00	67.86

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
1P3QKFYCCC36		10/29/202	10/25/202	11/24/202			87.28	0.00	0.00	87.28
1M9L1JVGWWL6		10/29/202	10/27/202	11/26/202			35.04	0.00	0.00	35.04
1C1V7HPV1PVM		11/05/202	11/02/202	11/29/202			-0.40	0.00	0.00	-0.40

1VDQMQQF1G9G	11/05/202	11/02/202	11/29/202		-32.22	0.00	0.00	-32.22
11G49VWRHLNQ	11/05/202	11/02/202	11/29/202		-1.83	0.00	0.00	-1.83
1YDWXJ473W1Y	11/05/202	11/02/202	11/29/202		-10.12	0.00	0.00	-10.12

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	77.75	0.00	0.00	77.75

Vendor# A1551 Vendor Name: ASPEN SURGICAL PRODUCTS INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
CD3295936		11/11/202	10/02/202	11/01/202			397.52	0.00	0.00	397.52

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
A1551	ASPEN SURGICAL PRODUCTS INC	397.52	0.00	0.00	397.52

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
82943541		10/02/202	10/01/202	10/26/202			631.20	0.00	0.00	631.20
12962936		11/11/202	08/31/202	11/23/202			32.49	0.00	0.00	32.49
82829764		11/11/202	09/04/202	11/23/202			3,071.40	0.00	0.00	3,071.40
82965233		11/11/202	10/07/202	11/23/202			42.75	0.00	0.00	42.75
82984206		11/11/202	10/10/202	11/24/202			43.52	0.00	0.00	43.52
12990236		11/11/202	10/26/202	11/23/202			5.62	0.00	0.00	5.62
82949405		11/11/202	10/29/202	11/23/202			3,071.40	0.00	0.00	3,071.40
83071066		11/11/202	10/29/202	11/23/202			627.53	0.00	0.00	627.53
83085045		11/11/202	10/31/202	11/25/202			113.12	0.00	0.00	113.12
83093170		11/11/202	11/01/202	11/26/202			631.20	0.00	0.00	631.20
83090763		11/11/202	11/01/202	11/26/202			3,071.40	0.00	0.00	3,071.40

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	11,341.63	0.00	0.00	11,341.63

Vendor# 11544 Vendor Name: BAY STORAGE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
20240266	STORAGE CONTR 12/24-5/25	11/11/202	11/01/202	11/23/202			2,820.00	0.00	0.00	2,820.00

Vendor Totals: Number Name

		Gross	Discount	No-Pay	Net
11544	BAY STORAGE	2,820.00	0.00	0.00	2,820.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111662172		11/04/202	11/02/202	11/27/202			5,717.82	0.00	0.00	5,717.82
111662170		11/04/202	11/02/202	11/27/202			1,528.71	0.00	0.00	1,528.71

111664872		11/11/202	11/04/202	11/29/202		87.50	0.00	0.00	87.50
111665815		11/11/202	11/04/202	11/29/202		603.09	0.00	0.00	603.09
111665178		11/11/202	11/04/202	11/29/202		829.98	0.00	0.00	829.98
111664676		11/12/202	11/04/202	11/29/202		1,469.67	0.00	0.00	1,469.67

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	10,236.77	0.00	0.00	10,236.77

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
907731435		11/13/202	10/29/202	11/20/202			358.12	0.00	0.00	358.12

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	358.12	0.00	0.00	358.12

Vendor# 14753 — Vendor Name: BIOMERIEUX, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1213378412		11/12/202	11/07/202	11/12/202			8,403.87	0.00	0.00	8,403.87

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14753	BIOMERIEUX, INC	8,403.87	0.00	0.00	8,403.87

Vendor# B1655 — Vendor Name: BOSTON SCIENTIFIC CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
702831566		11/13/202	10/31/202	11/13/202			408.00	0.00	0.00	408.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	408.00	0.00	0.00	408.00

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
53179665	Hospital St. DDL	10/31/202	10/28/202	11/27/202			20.87	0.00	0.00	20.87
53182027	815 N. Virginia St	10/31/202	10/28/202	11/27/202			8.28	0.00	0.00	8.28
53179955	701 N. Virginia St	10/31/202	10/28/202	11/27/202			795.12	0.00	0.00	795.12
53179667	1016 N. Virginia St	10/31/202	10/28/202	11/27/202			1,606.05	0.00	0.00	1,606.05
53179666	Hospital St.	10/31/202	10/28/202	11/27/202			37,081.43	0.00	0.00	37,081.43

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	39,511.75	0.00	0.00	39,511.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8003658551		11/05/202	11/04/202	11/29/202			263.52	0.00	0.00	263.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	263.52	0.00	0.00	263.52

Vendor# 14260 — Vendor Name: CAREFUSION SOLUTIONS, LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

10023029599		11/11/202	06/08/202	11/23/202	2.00	0.00	0.00	2.00
70001632962		11/11/202	07/31/202	11/23/202	130.04	0.00	0.00	130.04
10023576970		11/11/202	09/09/202	11/23/202	2.00	0.00	0.00	2.00
Vendor Totals:	Number	Name			Gross	Discount	No-Pay	Net
	14260	CAREFUSION SOLUTIONS, LLC			134.04	0.00	0.00	134.04

Vendor#	Vendor Name	Class	Pay Code
10541	CARESFIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
514425		10/29/202	10/24/202	11/23/202			495.74	0.00	0.00	495.74
514468		10/29/202	10/24/202	11/23/202			495.74	0.00	0.00	495.74
0004582		11/11/202	10/30/202	11/29/202			-495.74	0.00	0.00	-495.74
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10541	CARESFIELD					495.74	0.00	0.00	495.74

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
AB29Z9D		11/06/202	10/25/202	11/24/202			2,033.97	0.00	0.00	2,033.97
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					2,033.97	0.00	0.00	2,033.97

Vendor#	Vendor Name	Class	Pay Code
13336	COCA COLA SOUTHWEST BEVERAGES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
44127507009		11/11/202	11/11/202	11/24/202			611.28	0.00	0.00	611.28
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13336	COCA COLA SOUTHWEST BEVERAGES					611.28	0.00	0.00	611.28

Vendor#	Vendor Name	Class	Pay Code
10043	CROSS COUNTRY STAFFING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7382896		11/12/202	10/25/202	11/24/202			1,920.00	0.00	0.00	1,920.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10043	CROSS COUNTRY STAFFING					1,920.00	0.00	0.00	1,920.00

Vendor#	Vendor Name	Class	Pay Code
D1200	DETAR HOSPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
DTR2410018		11/11/202	11/04/202	11/24/202			831.34	0.00	0.00	831.34
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL					831.34	0.00	0.00	831.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7643080	SUPPLIES	10/01/202	08/13/202	09/07/202			79.74	0.00	0.00	79.74
7730150		11/06/202	10/31/202	11/25/202			462.22	0.00	0.00	462.22
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					541.96	0.00	0.00	541.96

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN20056409		10/31/202	11/01/202	11/26/202			19,166.67	0.00	0.00	19,166.67
IN20056408	OCTOBER 2024 CPR	10/31/202	11/01/202	11/26/202			33,132.99	0.00	0.00	33,132.99

OCT 2024 Bev health

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11011	DIAMOND HEALTHCARE CORP	52,299.66	0.00	0.00	52,299.66

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMC103124		11/11/202	10/30/202	11/23/202			114,632.04	0.00	0.00	114,632.04

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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	114,632.04	0.00	0.00	114,632.04

Vendor#	Vendor Name	Class	Pay Code
14832	DR JOHN CLINTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524		10/31/202	11/05/202	11/23/202			2,700.00	0.00	0.00	2,700.00

10/1 - 10/10/24 & 10/11 - 10/31/24

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14832	DR JOHN CLINTON	2,700.00	0.00	0.00	2,700.00

Vendor#	Vendor Name	Class	Pay Code
14924	DR. TIMU KWI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524	OCTOBER CALL	10/31/202	11/05/202	11/23/202			4,200.00	0.00	0.00	4,200.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14924	DR. TIMU KWI	4,200.00	0.00	0.00	4,200.00

Vendor#	Vendor Name	Class	Pay Code
E1090	EDWARDS LIFESCIENCES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
13868136		11/13/202	10/31/202	11/13/202			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#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
43712		11/12/202	11/15/202	11/25/202			40,062.50	0.00	0.00	40,062.50

1-15th

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
14136	EPI-EDWARD PLUMBING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
68090		10/01/202	09/19/202	11/23/202			440.00	0.00	0.00	440.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14136	EPI-EDWARD PLUMBING	440.00	0.00	0.00	440.00

Vendor#	Vendor Name	Class	Pay Code
14708	EQUALIZE RCM SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
537082		11/13/202	08/01/202	09/05/202			5,582.88	0.00	0.00	5,582.88

August 2024

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES					5,582.88	0.00	0.00	5,582.88
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	11A24MMCA		11/11/202	11/01/202	11/16/202		495.00	0.00	0.00	495.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION					495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
F1400	FISHER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	6216791		10/29/202	10/17/202	11/16/202		5,310.00	0.00	0.00	5,310.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					5,310.00	0.00	0.00	5,310.00
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	080224		08/13/202	08/02/202	11/24/202		-1,297.25	0.00	0.00	-1,297.25
	082324		09/09/202	08/23/202	11/24/202		-39.36	0.00	0.00	-39.36
	092324		10/01/202	09/13/202	11/24/202		-13.56	0.00	0.00	-13.56
	091924A		11/05/202	09/19/202	11/24/202		-14.00	0.00	0.00	-14.00
	110224		11/13/202	11/02/202	11/26/202		2,771.26	0.00	0.00	2,771.26
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11183	FRONTIER					1,407.09	0.00	0.00	1,407.09
Vendor#	Vendor Name				Class	Pay Code				
12948	GREAT AMERICA FINANCIAL SVCS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	37792982		11/06/202	11/01/202	11/24/202		9,854.00	0.00	0.00	9,854.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS					9,854.00	0.00	0.00	9,854.00
Vendor#	Vendor Name				Class	Pay Code				
G0401	GULF COAST DELIVERY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	103024		11/01/202	10/30/202	11/29/202		50.00	0.00	0.00	50.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2588253		10/23/202	10/29/202	11/28/202		718.64	0.00	0.00	718.64
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					718.64	0.00	0.00	718.64
Vendor#	Vendor Name				Class	Pay Code				
14872	HOLLAND & KNIGHT LLP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	33507111		11/13/202	11/05/202	11/13/202		760.50	0.00	0.00	760.50

10/14/24 & 10/17/24

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14872	HOLLAND & KNIGHT LLP					760.50	0.00	0.00	760.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6686		11/12/202	11/15/202	11/25/202			23,663.00	0.00	0.00	23,663.00

1-15th

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

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6238		11/11/202	10/31/202	11/23/202			15,078.35	0.00	0.00	15,078.35

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	15,078.35	0.00	0.00	15,078.35

Vendor#	Vendor Name	Class	Pay Code
14976	INOVALON PROVIDER INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24M0149667		11/11/202	11/08/202	11/23/202			736.56	0.00	0.00	736.56

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14976	INOVALON PROVIDER INC.	736.56	0.00	0.00	736.56

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SRO065034		11/12/202	11/07/202	11/24/202			714.50	0.00	0.00	714.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	714.50	0.00	0.00	714.50

Vendor#	Vendor Name	Class	Pay Code
14540	JINDAL X LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
202425061		10/31/202	11/12/202	11/25/202			9,000.00	0.00	0.00	9,000.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524	OCT CALL	10/31/202	11/05/202	11/23/202			1,500.00	0.00	0.00	1,500.00

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

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22871083		11/11/202	11/06/202	11/23/202			247.78	0.00	0.00	247.78

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	247.78	0.00	0.00	247.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2342311358		10/01/202	10/31/202	11/25/202			141.01	0.00	0.00	141.01

2342015377	10/30/202 10/29/202 11/23/202	198.68	0.00	0.00	198.68
2342015375	10/30/202 10/29/202 11/23/202	92.23	0.00	0.00	92.23
2342015378	10/30/202 10/29/202 11/23/202	57.97	0.00	0.00	57.97
2342015379	10/30/202 10/29/202 11/23/202	6.88	0.00	0.00	6.88
2342143249	10/30/202 10/30/202 11/24/202	152.77	0.00	0.00	152.77
2342143246	10/30/202 10/30/202 11/24/202	492.74	0.00	0.00	492.74
2342143247	10/30/202 10/30/202 11/24/202	10.93	0.00	0.00	10.93
2342143252	10/30/202 10/30/202 11/24/202	49.83	0.00	0.00	49.83
2342143255	10/30/202 10/30/202 11/24/202	4,687.03	0.00	0.00	4,687.03
2342143248	10/30/202 10/30/202 11/24/202	44.08	0.00	0.00	44.08
2342143241	10/30/202 10/30/202 11/24/202	279.94	0.00	0.00	279.94
2342143251	10/30/202 10/30/202 11/24/202	104.04	0.00	0.00	104.04
2342143245	10/30/202 10/30/202 11/24/202	30.92	0.00	0.00	30.92
2342143254	10/30/202 10/30/202 11/24/202	282.85	0.00	0.00	282.85
2342143243	10/30/202 10/30/202 11/24/202	13.14	0.00	0.00	13.14
2342143250	10/30/202 10/30/202 11/24/202	86.95	0.00	0.00	86.95
2342143244	10/30/202 10/30/202 11/24/202	24.41	0.00	0.00	24.41

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	6,756.40	0.00	0.00	6,756.40

Vendor#	Vendor Name	Class	Pay Code
12248	MEMORIAL MEDICAL CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111324		11/13/202	11/13/202	11/13/202			14.50	0.00	0.00	14.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12248	MEMORIAL MEDICAL CENTER	14.50	0.00	0.00	14.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111124		11/11/202	11/11/202	11/23/202			125.03	0.00	0.00	125.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	125.03	0.00	0.00	125.03

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
2568660		10/29/202	11/23/202	11/23/202			22.37	0.00	0.00	22.37

2654091		11/11/202	11/06/202	11/23/202		30.27	0.00	0.00	30.27
2653449		11/11/202	11/06/202	11/23/202		4,892.92	0.00	0.00	4,892.92
2657187		11/11/202	11/06/202	11/23/202		15.34	0.00	0.00	15.34
2657188		11/11/202	11/06/202	11/23/202		81.50	0.00	0.00	81.50
2657189		11/11/202	11/06/202	11/23/202		406.41	0.00	0.00	406.41
2657186		11/11/202	11/06/202	11/23/202		159.03	0.00	0.00	159.03

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	5,607.84	0.00	0.00	5,607.84

Vendor#	Vendor Name	Class	Pay Code
15940	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SALNIC0002		11/13/202	11/05/202	11/13/202			117.37	0.00	0.00	117.37

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15940	[redacted]	117.37	0.00	0.00	117.37

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
37091976		10/01/202	10/31/202	11/25/202			201.88	0.00	0.00	201.88

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	201.88	0.00	0.00	201.88

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
1853777943		10/29/202	10/28/202	11/27/202			329.05	0.00	0.00	329.05

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	329.05	0.00	0.00	329.05

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05507347		10/29/202	10/28/202	11/27/202			18.89	0.00	0.00	18.89
05477294		11/11/202	10/04/202	11/03/202			18.89	0.00	0.00	18.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	37.78	0.00	0.00	37.78

Vendor#	Vendor Name	Class	Pay Code
10737	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV1427		11/11/202	09/27/202	11/23/202			1,548.14	0.00	0.00	1,548.14

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10737	[redacted]	1,548.14	0.00	0.00	1,548.14

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN98182518		11/05/202	11/04/202	11/29/202			55.98	0.00	0.00	55.98

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	55.98	0.00	0.00	55.98

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
24100600		11/12/202	10/31/202	11/15/202			2,121.84	0.00	0.00	2,121.84

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC	2,121.84	0.00	0.00	2,121.84

Vendor#	Vendor Name	Class	Pay Code
14536	QUVA PHARMA INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
76953149011		11/13/202	11/07/202	11/13/202			211.68	0.00	0.00	211.68

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14536	QUVA PHARMA INC	211.68	0.00	0.00	211.68

Vendor#	Vendor Name	Class	Pay Code
15560	R&R PETRO SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2410662		11/11/202	10/29/202	11/28/202			4,968.75	0.00	0.00	4,968.75

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15560	R&R PETRO SERVICE	4,968.75	0.00	0.00	4,968.75

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
26303		11/12/202	11/12/202	11/27/202			65.00	0.00	0.00	65.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	65.00	0.00	0.00	65.00

Vendor#	Vendor Name	Class	Pay Code
11024	REED, CLAYMON, MEEKER & HARGET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
32570		11/11/202	11/11/202	11/23/202			196.00	0.00	0.00	196.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11024	REED, CLAYMON, MEEKER & HARGET	196.00	0.00	0.00	196.00

Vendor#	Vendor Name	Class	Pay Code
15264	REPUBLIC PAIN SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38		11/13/202	09/27/202	11/13/202			7,000.00	0.00	0.00	7,000.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15264	REPUBLIC PAIN SPECIALISTS	7,000.00	0.00	0.00	7,000.00

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ODEFEY, WITTE & WALL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2036		11/12/202	11/11/202	11/21/202			1,347.50	0.00	0.00	1,347.50

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ODEFEY, WITTE & WALL	1,347.50	0.00	0.00	1,347.50

Vendor#	Vendor Name	Class	Pay Code
S1700	SHARN INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN02369179		11/11/202	11/06/202	11/11/202			141.34	0.00	0.00	141.34

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1700	SHARN INC					141.34	0.00	0.00	141.34
Vendor#	Vendor Name			Class	Pay Code					
S1800	SHERWIN WILLIAMS			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	103124		11/13/202	10/31/202	11/15/202		529.96	0.00	0.00	529.96
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					529.96	0.00	0.00	529.96
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
	CM13497		11/04/202	10/31/202	11/25/202		-2,290.00	0.00	0.00	-2,290.00
	I07044874		11/04/202	10/31/202	11/25/202		3,769.00	0.00	0.00	3,769.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					1,479.00	0.00	0.00	1,479.00
Vendor#	Vendor Name			Class	Pay Code					
10494	SPECTRA CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	INV1247		11/11/202	09/27/202	11/23/202		2,322.22	0.00	0.00	2,322.22
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP					2,322.22	0.00	0.00	2,322.22
Vendor#	Vendor Name			Class	Pay Code					
S3940	STERIS CORPORATION			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	13030861		11/13/202	11/01/202	11/26/202		218.40	0.00	0.00	218.40
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION					218.40	0.00	0.00	218.40
Vendor#	Vendor Name			Class	Pay Code					
14212	SURGICAL DIRECT SOUTH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9348		11/04/202	10/29/202	11/28/202		6,025.00	0.00	0.00	6,025.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14212	SURGICAL DIRECT SOUTH					6,025.00	0.00	0.00	6,025.00
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
	103124		11/11/202	10/31/202	11/23/202		23,900.00	0.00	0.00	23,900.00
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15244	TEXAS ELITE THERAPY TEAM LLC					23,900.00	0.00	0.00	23,900.00
Vendor#	Vendor Name			Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	1006299665		10/31/202	11/05/202	11/25/202		4,690.00	0.00	0.00	4,690.00

10/1 - 11/1/24

Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO					4,690.00	0.00	0.00	4,690.00
Vendor#	Vendor Name			Class	Pay Code					
T3130	TRI-ANIM HEALTH SERVICES INC			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net

600524283		11/06/202	10/30/202	11/24/202		137.99	0.00	0.00	137.99

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	137.99	0.00	0.00	137.99

Vendor# C2510 Vendor Name TRUBRIDGE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
A2411061378		11/14/202	11/06/202	11/23/202			20,613.00	0.00	0.00	20,613.00
T2411081378A		11/14/202	11/08/202	11/08/202			10,311.39	0.00	0.00	10,311.39

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE	30,924.39	0.00	0.00	30,924.39

Vendor# U1064 Vendor Name UNIFIRST HOLDINGS INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921045881		11/04/202	10/31/202	11/25/202			2,532.64	0.00	0.00	2,532.64
2921045884		11/04/202	10/31/202	11/25/202			162.14	0.00	0.00	162.14
2921045883		11/04/202	10/31/202	11/25/202			372.12	0.00	0.00	372.12
2921045887		11/04/202	10/31/202	11/25/202			121.56	0.00	0.00	121.56
2921045879		11/04/202	10/31/202	11/25/202			102.91	0.00	0.00	102.91
2921045880		11/04/202	10/31/202	11/25/202			176.93	0.00	0.00	176.93
2921045885		11/04/202	10/31/202	11/25/202			181.78	0.00	0.00	181.78
2921045882		11/04/202	10/31/202	11/25/202			34.04	0.00	0.00	34.04
2921046083		11/05/202	11/01/202	11/26/202			749.54	0.00	0.00	749.54
2921046082		11/05/202	11/04/202	11/29/202			2,664.90	0.00	0.00	2,664.90

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	7,098.56	0.00	0.00	7,098.56

Vendor# 12548 Vendor Name WAGEWORKS, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1024TR116685	OCTOBER SERVICE PERIOD	10/31/202	10/01/202	11/23/202			131.25	0.00	0.00	131.25

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12548	WAGEWORKS, INC	131.25	0.00	0.00	131.25

Vendor# 11018 Vendor Name WEBPT, INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV588183		11/12/202	11/12/202	11/12/202			10,355.22	0.00	0.00	10,355.22

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11018	WEBPT, INC	10,355.22	0.00	0.00	10,355.22

Vendor# I1110 Vendor Name WERFEN USA LLC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9111664780		11/05/202	10/31/202	11/25/202			2,202.02	0.00	0.00	2,202.02

9111666685		11/05/202 11/04/202 11/29/202		1,092.91	0.00	0.00	1,092.91
Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC		3,294.93	0.00	0.00	3,294.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	499,082.28	0.00	0.00	499,082.28

COPY

CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ERIN CLEVENGER

Account Inquiries.
Toll Free 1-(800)-248-4553
International 1-(904)-854-7314
TDD/TTY 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity	$2,060.80

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	11/03/2024
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location				Amount
					NOTICE MEMO ITEM(S) LISTED BELOW				
10/10	10/09	5912	55436874284162847905453	1	MPRM SRX 503B 1824819	LEDGEWOOD	NJ	USA	370.00
10/14	10/11	9399	05134374286600067446707	2	NPDB NPDB.HRSA.GOV N115960404	FAIRFAX	VA 22033	USA	2.50
10/14	10/12	8999	55432864286208005835140	3	AMA*CREDENTIALING	800-621-8335	IL 60611	USA	44.00
10/16	10/15	8734	55457374289052559007483	4	INTOXIMETERS INC	SAINT LOUIS	MO 63146	USA	1,250.00
10/18	10/17	8699	55436874292132925710059	5	NATIONAL ASSOCIATION O 2497114	FREMONT	MI 49412	USA	35.00
10/25	10/24	3503	55480774298039399048240	6	SHERATON WESTPORT LAKE 2959241 CHECK IN: 10/21/2024	SAINT LOUIS	MO 63146	USA	312.80
10/31	10/30	9399	05134374305600069107684	7	NPDB NPDB.HRSA.GOV N116810030	FAIRFAX	VA 22039	USA	2.50
10/31	10/31	8999	55432864305204304216519	8	AMA*CREDENTIALING	800-621-8335	IL 60611	USA	44.00
									TOTAL AMOUNT OF MEMO ITEM(S): $2,060.80

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

MEMORIAL MEDICAL CENTER

Account Number XXXX-XXXX-XXXX-6228
Statement Closing Date November 03, 2024

RECEIVED

NOV 07 2024

ACCOUNTS PAYABLE

Not an invoice
For your records only.

ERIN CLEVENGER
202 S ANN ST , STE A
PORT LAVACA TX 77979-4204

00010079643

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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: Imprimis Rx

Date: 10-9-24

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: Jacqueline

Form # 9401

Date Required _____ Expense # 10450000 Department Pharmacy Deliver To _____

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	1		Phenylephrine HCl 1.5% /	370.-		✓ 370.-
2			Lidocaine 1% 1mL vial			
3						
4						
5						
6			APPROVED ON			
7			NOV 14 2024			
8			BY COUNTY AUDITOR CALHOUN COUNTY, TEXAS			
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 370.-

NOTES:

Medication charged to patient for Surgery
charge to Erin's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director [signature] Matthew Raut
Dir. Nursing _____
Dir. Clinical Services _____
CFO _____
Administrator _____

(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: 11/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Provider			✓ 2.50
2	—		AMA Credentialing - 1 Phys.			✓ 44.00
3			Init + Cont Monitoring			
4	—		Intoximeters Inc - Registration			✓ 1250.00
5			for Megan Harper, Lab	St Louis, MO		
6			Training class 10/22 + 10/23			
7	—		National Assoc. of Freemont			✓ 35.00
8			CHCP Study Guide for			
9			Erin Clevenger			
10	—		Sheraton Westport Hotel for Megan Harper, Lab	10/21 - 10/23/24 St Louis, MO		✓ 312.80

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 1644.30

NOTES:

Charges made to Erin Clevenger's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO ✓

Administrator _____

(3)

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: 11/6/2024

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 provider			✓ 2.50
2	—		AMA Credentialing -			✓ 44.00
3			1 phys. Init + Cont Monitoring			
4						
5						
6						
7			Total - $2,060.80			
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 46.50

NOTES:

Charges made to Erin Clevenger's MC

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Dir. Clinical Services _____

CFO _____

Administrator _____

McKESSON Company: 8000

STATEMENT

As of: 11/15/2024 Page: 002

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory:

Customer: 632536
Date: 11/16/2024

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

As of: 11/15/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,435.09 USD

Future Due:	0.00	If Paid By 11/19/2024, Pay This Amount:	1,406.36 USD	Due If Paid On Time: USD	1,406.36
Past Due:	0.00			Disc lost if paid late:	28.73
Last Payment 08/07/2017	2,451.97	If Paid After 11/19/2024, Pay this Amount:	1,435.09 USD	Due If Paid Late: USD	1,435.09

✓ 85

1,400.08 +
1.05 +
0.51 +
4.32 +
0.62 +
1,406.36 *

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

As of: 11/15/2024

Page: 001

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

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 11/16/2024

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/11/2024	11/19/2024	7532568894	216962649	115Invoice	0.02	0.95		0.93	✓	7532568894	
11/11/2024	11/19/2024	7532568895	208882577	115Invoice	2.14	106.81		104.67	✓	7532568895	
11/11/2024	11/19/2024	7532568896	217037466	115Invoice	5.26	262.98		257.72	✓	7532568896	
11/11/2024	11/19/2024	7532568897	212397189	115Invoice	0.01	0.32		0.31	✓	7532568897	
11/11/2024	11/19/2024	7532568898	212443630	115Invoice	0.01	0.63		0.62	✓	7532568898	
11/11/2024	11/19/2024	7532568899	215602663	115Invoice		0.03		0.03	✓	7532568899	
11/12/2024	11/19/2024	7532872629	217265042	115Invoice	0.83	41.42		40.59	✓	7532872629	
11/12/2024	11/19/2024	7532872630	212443630	115Invoice	0.01	0.32		0.31	✓	7532872630	
11/13/2024	11/19/2024	7533121644	208939618	115Invoice	6.62	331.12		324.50	✓	7533121644	
11/13/2024	11/19/2024	7533121645	208939618	115Invoice	0.31	15.46		15.15	✓	7533121645	
11/13/2024	11/19/2024	7533121646	217357762	115Invoice	0.04	1.90		1.86	✓	7533121646	
11/13/2024	11/19/2024	7533121647	217419752	115Invoice	1.42	71.09		69.67	✓	7533121647	
11/13/2024	11/19/2024	7533121648	211413206	115Invoice	1.60	79.85		78.25	✓	7533121648	
11/13/2024	11/19/2024	7533121649	212501589	115Invoice	1.60	79.85		78.25	✓	7533121649	
11/13/2024	11/19/2024	7533121650	212572138	115Invoice	1.60	79.85		78.25	✓	7533121650	
11/13/2024	11/19/2024	7533121651	212443630	115Invoice	0.01	0.32		0.31	✓	7533121651	
11/13/2024	11/19/2024	7533121652	214944218	115Invoice	1.82	91.02		89.20	✓	7533121652	
11/15/2024	11/19/2024	7533662615	217662805	115Invoice	5.30	264.76		259.46	✓	7533662615	

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

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,428.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 1,400.08 USD

If Paid After 11/19/2024,
Pay this Amount: 1,428.68 USD

Due If Paid On Time:
USD 1,400.08

Disc lost if paid late:
28.60

Due If Paid Late:
USD 1,428.68

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

CVS PHCY 10356/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835430
Date: 11/16/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835430 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835430 CVS PHCY 10356/MEM MC PHS											
11/13/2024	11/19/2024	7532948768	3666881	115Invoice	0.02	1.05		1.03		7532948768	

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

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

Subtotals: 1.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,556.66
10/21/2024

If Paid By 11/19/2024,
Pay This Amount: 1.03 USD

If Paid After 11/19/2024,
Pay this Amount: 1.05 USD

Due If Paid On Time:
USD 1.03

Disc lost if paid late:
0.02

Due If Paid Late:
USD 1.05

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

CVS PHCY 8923/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835434
Date: 11/16/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434 CVS PHCY 8923/MEM MC PHS											
11/13/2024	11/19/2024	7532966877	3666562	115Invoice	0.01	0.32		0.31 ✓		7532966877	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 0.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/04/2024 488.20

If Paid By 11/19/2024, Pay This Amount: 0.31 USD

If Paid After 11/19/2024, Pay this Amount: 0.32 USD

Due If Paid On Time: USD 0.31 ✓

Disc lost if paid late: 0.01

Due If Paid Late: USD 0.32

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/15/2024 Page: 001

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835437
Date: 11/18/2024

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS											
11/13/2024	11/19/2024	7533137250	3665703	115Invoice	0.09	4.41		4.32	✓	7533137250	

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 4.41 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 4.32 USD

If Paid After 11/19/2024,
Pay this Amount: 4.41 USD

Due If Paid On Time:
USD 4.32 ✓

Disc lost if paid late: 0.09

Due If Paid Late:
USD 4.41

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

STATEMENT

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/16/2024

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 835438
Date: 11/16/2024

Page: 001

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

As of: 11/15/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 11/16/2024 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
11/13/2024	11/19/2024	7533123046	3668101	115Invoice	0.01	0.63		0.62		7533123046	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 0.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/19/2024,
Pay This Amount: 0.62 USD

If Paid After 11/19/2024,
Pay this Amount: 0.63 USD

Due If Paid On Time:
USD 0.62

Disc lost if paid late: 0.01

Due If Paid Late:
USD 0.63

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

AmerisourceBergen

STATEMENT

Statement Number: 68550271
Date: 11-01-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	112.45
Past Due:	0.00
Total Due:	112.45
Account Balance:	112.45

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
10-28-2024	11-08-2024	3193645563	7007998668	Invoice	5.07		0.00	5.07
10-28-2024	11-08-2024	3193645565	7008005272	Invoice	5.91		0.00	5.91
10-30-2024	11-08-2024	3193918763	7008023036	Invoice	31.27		0.00	31.27
10-31-2024	11-08-2024	3194074818	7008031786	Invoice	12.17		0.00	12.17
10-31-2024	11-08-2024	3194203639	7008042162	Invoice	18.42		0.00	18.42
11-01-2024	11-08-2024	3194358967	7008051826	Invoice	39.61		0.00	39.61

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
112.45	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
11-08-2024	112.45
Total Due:	112.45

AmerisourceBergen

STATEMENT

Statement Number: 68584335
Date: 11-08-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
501 PATRIOT PARKWAY
ROANOKE TX 76262-6336

DEA: RA0316958
866-451-9655

Customer:
WALGREENS CENTRAL FILL #21373 340B
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Customer Number
100566356 / 100566356

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	60.53
Past Due:	0.00
Total Due:	60.53
Account Balance:	60.53

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-04-2024	11-15-2024	3194474009	7008062873	Invoice	4.09		0.00	4.09
11-04-2024	11-15-2024	3194554757	7008076393	Invoice	27.01		0.00	27.01
11-05-2024	11-15-2024	3194718282	7008085217	Invoice	23.34		0.00	23.34
11-06-2024	11-15-2024	3194879202	7008097644	Invoice	1.55		0.00	1.55
11-07-2024	11-15-2024	3195032508	7008104321	Invoice	2.72		0.00	2.72
11-08-2024	11-15-2024	3195189317	7008114297	Invoice	1.82		0.00	1.82

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
60.53	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Reminders

Due Date	Amount
11-15-2024	60.53
Total Due:	60.53

AmerisourceBergen

STATEMENT

Statement Number: 68617425
Date: 11-15-2024

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	1,814.00
Past Due:	0.00
Total Due:	1,814.00
Account Balance:	1,814.00

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-11-2024	11-22-2024	3195315127	7008112861	Invoice	478.46		0.00	478.46
11-11-2024	11-22-2024	3195315128	7008124549	Invoice	1,137.91		0.00	1,137.91
11-11-2024	11-22-2024	3195315129	7008113629	Invoice	12.12		0.00	12.12
11-13-2024	11-22-2024	3195645860	7008142254	Invoice	91.70		0.00	91.70
11-13-2024	11-22-2024	3195645861	7008142254	Invoice	1.24		0.00	1.24
11-14-2024	11-22-2024	3195726449	7008153266	Invoice	18.36		0.00	18.36
11-15-2024	11-22-2024	3195972204	7008161334	Invoice	74.21		0.00	74.21

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,814.00	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-15-2024	(2,785.65)

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NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-22-2024	1,814.00
Total Due:	1,814.00

Amerrsource Stmt. 6686 35431

Account Summary Aging Report

DISCLAIMER:This report is for informational purposes only. Please refer to the AmerisourceBergen Statement of Account for a complete list of outstanding invoices and adjustments thereto, including (without limitation) accrued interest, payments and other credits or adjustments. Please note also that invoices are deemed outstanding until complete payment thereon is received.

Customer Number	Customer Name	Current	1-7	8-15	16-30	31-45	46-60	61-75	75+	Total Balances
100566356	WALGREENS CENTRAL FILL #21373 340B	276.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	276.28
		* 276.28	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 0.00	* 276.28

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NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	FIRSTNAME	LASTNAME	CODE	[illegible]	[illegible]	[illegible]	[illegible]
3403	76351	1	1	0	2024	311000065	0	11/11/2024	$18,493.38	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]			F	10/21/2024	11/2/2024	464334244
3404	76351	2	2	0	2024	304001183	0	11/11/2024	$180.91	1	SINGLETON ASSOCIATES PA	P	331	0	[redacted]			F	10/15/2024	10/15/2024	741680498
3405	76351	2	33	0	2024	302000821	0	11/11/2024	$281.36	1	CHI ST. LUKE'S HEALTH BAYLOR COLLEGE OF	P	166	0	[redacted]			F	7/12/2024	7/12/2024	741161938
3407	76351	3	27	0	2024	305000955	0	11/11/2024	$12.07	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]			F	10/15/2024	10/15/2024	741680498
3408	76351	3	31	0	2024	304001837	0	11/11/2024	$70.37	1	CLINICAL PATHOLOGY LABS, INC	P	172	0	[redacted]			F	10/15/2024	10/15/2024	742554159
3410	76351	3	62	0	2024	306001751	0	11/11/2024	$51.95	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]			F	9/14/2024	9/14/2024	471356055
3411	76351	3	47	0	2024	307001406	0	11/11/2024	$63.55	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	[redacted]			F	10/24/2024	10/24/2024	741431191
3412	76351	3	27	0	2024	304001131	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]			F	10/15/2024	10/15/2024	741680498
3413	76351	3	36	1	2024	306000067	0	11/11/2024	$83.52	1	SINGLETON ASSOCIATES PA	P	122	0	[redacted]			F	10/11/2024	10/11/2024	741680498
3414	76351	3	8	0	2024	309001978	0	11/11/2024	$83.57	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]			F	10/21/2024	10/22/2024	741680498
3415	76351	3	49	0	2024	306000079	0	11/11/2024	$90.47	1	SINGLETON ASSOCIATES PA	P	331	0	[redacted]			F	10/1/2024	10/1/2024	741640498
3417	76351	3	35	1	2024	303000635	0	11/11/2024	$115.83	1	SINGLETON ASSOCIATES PA	P	178	0	[redacted]			F	10/21/2024	10/21/2024	741640159
3418	76351	3	58	1	2024	307000195	0	11/11/2024	$152.60	1	VICTORIA EMERGENCY PARTNERS	P	369	0	[redacted]			F	9/14/2024	9/14/2024	455617443
3419	76351	3	21	0	2024	306001717	0	11/11/2024	$157.15	1	SAMUEL COPELAND MD	P	484	0	[redacted]			F	10/28/2024	10/28/2024	471151090
3420	76351	3	28	0	2024	306002750	0	11/11/2024	$203.70	2	PATHOLOGISTS BIOMEDICAL LABORATORIES LLP	P	185	0	[redacted]			F	9/23/2024	9/23/2024	751019190
3422	76351	3	9	1	2024	306001612	0	11/11/2024	$102.44	1	CITIZENS MEDICAL PROFESSIONALS	P	372	0	[redacted]			F	10/7/2024	10/2/2024	471158090
3424	76351	3	17	0	2024	309001933	0	11/11/2024	$634.38	1	WILSON & ALMONTE MD PLLC	P	323	0	[redacted]			F	8/22/2024	8/22/2024	474838160
3425	76351	3	26	0	2024	305002157	0	11/11/2024	$657.60	1	PATHOLOGISTS BIOMEDICAL LABORATORIES LLP	P	449	0	[redacted]			F	9/24/2024	9/23/2024	751049190
3426	76351	3	50	0	2024	302001913	0	11/11/2024	$870.47	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	378	0	[redacted]			F	10/3/2024	10/3/2024	260151734
3429	76360	1	17	0	2024	304001370	0	11/11/2024	$97.44	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]			F	10/17/2024	10/17/2024	741680498
3430	76360	2	101	0	2024	306000132	0	11/11/2024	$18.79	1	SINGLETON ASSOCIATES PA	P	143	0	[redacted]			F	10/10/2024	10/10/2024	741680496
3431	76360	2	101	0	2024	309000632	0	11/11/2024	$148.73	1	SINGLETON ASSOCIATES PA	P	189	0	[redacted]			F	10/20/2024	10/20/2024	741680498
3433	76360	3	19	0	2024	304000041	0	11/11/2024	$5.41	1	MEDSOLUTIONS	P	172	0	[redacted]			F	4/5/2024	2/6/2024	201536458
3434	76360	3	20	1	2024	305001402	0	11/11/2024	$19.10	1	PORT LAVACA CLINIC ASSOCIATES	P	177	0	[redacted]			F	10/22/2024	10/22/2024	742605870
3435	76360	3	24	0	2024	306000077	0	11/11/2024	$65.91	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]			F	10/11/2024	10/11/2024	741680498
3436	76360	3	49	2	2024	306001407	0	11/11/2024	$67.56	1	MELISSA A. KAINER ERWIN, MD PA	P	377	0	[redacted]			F	10/29/2024	10/29/2024	200402489
3437	76360	3	59	0	2024	306000016	0	11/11/2024	$74.91	1	MEDSOLUTIONS	P	172	0	[redacted]			F	5/7/2024	5/8/2024	201536458
3438	76360	3	19	0	2024	304000010	0	11/11/2024	$78.51	1	MEDSOLUTIONS	P	172	0	[redacted]			F	4/3/2024	4/4/2024	201536458
3439	76360	3	23	0	2024	306000074	0	11/11/2024	$93.92	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]			F	10/11/2024	10/11/2024	741680498
3440	76360	3	75	0	2024	304001374	0	11/11/2024	$89.17	1	SINGLETON ASSOCIATES PA	P	331	0	[redacted]			F	10/10/2024	10/10/2024	741680498
3441	76360	3	105	0	2024	306000133	0	11/11/2024	$110.77	1	SINGLETON ASSOCIATES PA	P	324	0	[redacted]			F	10/1/2024	10/1/2024	741680498
3442	76360	3	107	1	2024	305000409	0	11/11/2024	$116.49	1	RETINA CONSULTANTS OF HOUSTON	P	457	0	[redacted]			F	10/14/2024	10/14/2024	742102903
3443	76360	3	19	0	2024	304000019	0	11/11/2024	$138.78	1	MEDSOLUTIONS	P	172	0	[redacted]			F	2/5/2024	2/6/2024	201536458
3444	76360	3	43	0	2024	304001825	0	11/11/2024	$150.04	1	VICTORIA FOOT AND ANKLE CENTER, PLLC	P	457	0	[redacted]			F	10/18/2024	10/18/2024	861259940
3446	76360	3	32	1	2024	306001716	0	11/11/2024	$257.99	1	VICTORIA VEIN AND SURGERY CLINIC	P	456	0	[redacted]			F	10/15/2024	10/15/2024	452590280
3449	76360	3	15	1	2024	305001940	0	11/11/2024	$386.10	1	NORTHSTAR ANESTHESIA, PA	P	405	0	[redacted]			F	1/4/2024	1/4/2024	201218565
3450	76360	3	15	1	2024	305001945	0	11/11/2024	$386.10	1	NORTHSTAR ANESTHESIA, PA	P	405	0	[redacted]			F	1/4/2024	1/4/2024	201218565
									$44,977.45												

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NOV 1 8 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	24	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 116,206.50	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 61,641.32	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 14,416.18	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,149.00	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

			"ENTER VOID CKS AS NEGATIVE NUMBERS"				
PAY PERIOD: BEGIN		**11/1/2024**	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	**TOTALS**
PAY PERIOD: END		**11/14/2024**					
PAY DATE:		**11/22/2024**					
GROSS PAY:	$	**534,325.99**			$ -		$ **534,325.99**
DEDUCTIONS:							
A/R	$	375.00					$ 375.00
ADVANC							$ -
BOOTS							$ -
MUTUAL CRITICAL ILLNESS							$ -
MUTUAL ACCIDENT							$ -
IRS TAX							$ -
MUTUAL SHORT TERM DIS							$ -
MUTUAL VISION	$	827.68					$ 827.68
CAFÉ-D	$	1,210.16					$ 1,210.16
CAFÉ-H	$	29,704.29					$ 29,704.29
	$	-					$ -
	$	-					$ -
CAFÉ-P							$ -
CANCER							$ -
CHILD	$	570.69					$ 570.69
CLINIC	$	135.00					$ 135.00
COMBIN	$	250.86					$ 250.86
CREDUN	$	-					$ -
DENTAL	$	-					$ -
DEP-LF							$ -
MUTUAL TERM LIFE	$	1,226.91					$ 1,226.91
MUTUAL HOSP INDEM	$	491.50					$ 491.50
FED TAX	$	40,149.00					$ 40,149.00
FICA-M	$	7,208.09					$ 7,208.09
FICA-O	$	30,820.66					$ 30,820.66
FICA-M ADDITIONAL							$ -
FIRST C							$ -
FLEX S	$	4,582.30					$ 4,582.30
FLX-FE	$	-					$ -
GIFT S	$	100.13					$ 100.13
MUTUAL CRITICAL ILLNESS	$	974.23					$ 974.23
MUTUAL ACCIDENT	$	688.76					$ 688.76
MUTUAL SHORT TERM DIS	$	1,704.47					$ 1,704.47
LEGAL	$	1,170.12					$ 1,170.12
OTHER	$	7,817.84					$ 7,817.84
NATIONAL FARM LIFE	$	1,256.63					$ 1,256.63
MED SURCHARGE	$	255.00					$ 255.00
Blank							$ -
RELAY							$ -
REPAY							$ -
STONEDF	$	895.00					$ 895.00
STONE							$ -
STONE 2							$ -
STUDEN							$ -
TSA-R	$	36,562.80					$ 36,562.80
UW/HOS	$	-					$ -
TOTAL DEDUCTIONS:	$	168,977.12	$ -	$ -	$ -	$ -	$ 168,977.12
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$	**365,348.87**	$ -	$ -	$ -	$ -	$ **365,348.87**
		"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
TOTAL CAFÉ 125 PLAN:	$	37,219.43	**Less Exempt:**				
TAXABLE PAY:	$	**497,106.56**	$ **497,106.56**				**Exempt Amt:**

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,208.05		
FICA - MED (EE)	1.45%	$ 7,208.05	$ 7,208.09	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 30,820.61		
FICA - SOC SEC (EE)	6.20%	$ 30,820.61	$ 30,820.66	$ (0.05)
FED WITHHOLDING		$ 40,149.00	$ 40,149.00	

Employees over FICA-SS Cap:
Michael Gaines

Paycode S - Employee Reimb.:

TOTAL: $ -

TAX DEPOSIT:		$ 116,206.32	$ 116,206.50	
FICA - MEDICARE	2.90%	$ 14,416.10	$14,416.18	
FICA - SOCIAL SECURITY	12.40%	$ 61,641.22	$61,641.32	**PREPARED BY:**
FED WITHHOLDING		$ 40,149.00	$40,149.00	**PREPARED DATE:**
TOTAL TAX:		$ 116,206.32	$116,206.50	$ (0.18)

Sariah Rubio
11/18/2024

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	HB	HO	CB	Gross
1	REGULAR PAY-S1	9972.25	N		N	N		237675.55
1	REGULAR PAY-S1	1778.00	N		N	N	N	85284.63
1	REGULAR PAY-S1	259.00	Y		N	N		8959.91
1	REGULAR PAY-S1	1.75	Y	2	N	N		82.01
2	REGULAR PAY-S2	2577.00	N		N	N		70645.65
2	REGULAR PAY-S2	2.25	N	2	N	N		72.54
2	REGULAR PAY-S2	118.75	Y		N	N		4650.51
2	REGULAR PAY-S2	11.50	Y	2	N	N		652.86
3	REGULAR PAY-S3	1451.75	N		N	N		50293.32
3	REGULAR PAY-S3	151.75	Y		N	N		8056.54
4	CALL BACK PAY	16.00	N	1	N	N	Y	849.65
4	CALL BACK PAY	12.00	N	2	N	N	Y	597.66
4	CALL BACK PAY	8.00	N	3	N	N	Y	425.74
C	CALL PAY	1884.75	N	1	N	N		3769.50
D	DOUBLE TIME	15.50	N	1	N	N		1203.11
D	DOUBLE TIME	32.00	N	2	N	N		2657.56
D	DOUBLE TIME	42.25	N	3	N	N		3565.30
D	DOUBLE TIME	8.00	Y	3	N	N		1142.40
E	EXTRA WAGES		N		N	N	N	10.00
E	EXTRA WAGES		N	1	N	N		20.00
E	EXTRA WAGES		N	1	N	N	N	2236.50
F	FUNERAL LEAVE	28.00	N	1	N	N		995.32
I	INSERVICE	18.00	N	1	N	N		797.62
K	EXTENDED-ILLNESS-BANK	295.00	N	1	N	N		7522.64
P	PAID-TIME-OFF	267.12	N		N	N	N	12585.44
P	PAID-TIME-OFF	1093.25	N	1	N	N		28671.03
X	CALL PAY 2	162.00	N	1	N	N		324.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		256.00
t	PHONE & DATA		N		N	N	N	20.00

Deductions Summary

Code	Amount				
A/R	375.00	A/R2		A/R3	
ADVANC		AWARDS		BCBSVI	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	1210.16
CAFE-F		CAFE-H	29704.25	CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD	570.69	CLINIC	135.00	COMBIN	250.86
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
EATCSE		FEDTAX	40149.00	FICA-M	7208.09
FICA-O	30820.66	FIRSTC		FLEX S	3942.81
FLX FE		FORT D		FUTA	
GIFT S	100.13	GRANT		GRP-IN	
GIL		HOSP-I		HSA	639.49
ID TFT		IRSTAX		LEAF	
LEGAL	355.62	MASA	814.50	MEALS	3592.71
METVIS		MISC		MISC/	
MNCSHR		MOORACC	688.76	MCOILL	974.23
MCOIND	491.50	MOOLIF	1226.91	MCOSTD	1704.47
MCOVIS	827.69	NATFML	1256.61	OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SAMS	
SCRUBS		SIGNON		ST-TX	
STONDF	895.00	STONE		STONE2	
STUDEN		SUNACC		SUNILL	
SUNIND		SUNLIF		SUNSTD	
SUNVIS		SURCHG	255.00	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	36562.80	TUTION		UNIFOR	4225.13
UA/HOS					

Grand Totals: 20313.87 ------- | Gross: 534325.99 Deductions: 168977.12 Net: 365348.87

Checks Count:- FT 202 PT 10 Other 43 Female 225 Male 29 Credit OverAmt 12 ZeroNet Term Total: 254

Michelle Cuddeback

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 11, 2024 - Nov 17, 2024

Date	Bank Description	MMC Notes	Amount	CPSI "Handy Check"
11/12/2024	PAY PLUS ACHTrans 43136853 101000692244966 P	- 3rd Party Payor Fee	117.31	
11/12/2024	MCKESSON DRUG AUTO ACH ACH06258961 910000102	- 340B Drug Program Expense	6,115.79	
11/12/2024	transfer from operating to Money market to c	Wire out to NEXBANK (Money was returned)	1,000,000.00	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 393009825416161 61	- Credit Card Processing Fee	2,142.40	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 413998013324191 61	- Credit Card Processing Fee	640.82	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 413998013324011 61	- Credit Card Processing Fee	1,322.47	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 413998013323931 61	- Credit Card Processing Fee	2,703.57	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 413998013323851 61	- Credit Card Processing Fee	421.46	
11/12/2024	TSYS/TRANSFIRST MERCH FEES 413998013683971 61	- Credit Card Processing Fee	262.42	
11/12/2024	IRS USATAXPYMT 270471714063218 6103601000266	- Payroll Taxes	122,418.15	
11/12/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	11,000.00	
11/13/2024	WIRE OUT MEMORIAL MEDICAL CENTER	Transfer to Prosperity Money Market	1,000,000.00	
11/13/2024	PAY PLUS ACHTrans 43342569 101000694243153 P	- 3rd Party Payor Fee	6.82	
11/13/2024	HEALTHEQUITY INC HealthEqui 135688B 91000015	- EmpDeduct/Employer Contribut	1,381.16	
11/14/2024	STATE COMPTRLR TEXNET 08443606/41113 2100002	ACCRUED IGT DSH	441.47	
11/14/2024	PAY PLUS ACHTrans 43507866 101000695983073 P	- 3rd Party Payor Fee	45.12	
11/15/2024	PAY PLUS ACHTrans 43838085 101000697222028 P	- 3rd Party Payor Fee	150.67	
11/15/2024	HPHG LLC PORT MemMedCtr PtLav 11312265008413	- Health Insurance Claim Payments	20,130.00	
11/15/2024	HPHG LLC MEMORIAL MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	8,789.90	
11/15/2024	HPHG LLC memorial MemMedCtr PtLav 1131226500	- Health Insurance Claim Payments	9,949.50	
11/15/2024	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	2,785.65	
11/15/2024	TEXAS COUNTY DRS RECEIVABLE 0419 21000025976	- Retirement Funding	181,896.35	
11/15/2024	FDMS FDMS PYMT 052-2100911-000 4100012222914	- Credit Card Machine Lease Fee	45.64	
11/15/2024	FDMS FDMS PYMT 052-1737276-000 4100012220784	- Credit Card Machine Lease Fee	120.09	
11/15/2024	FDMS FDMS PYMT 052-1743548-000 4100012222212	- Credit Card Machine Lease Fee	80.06	
11/15/2024	FDMS FDMS PYMT 052-1743547-000 4100012221192	- Credit Card Machine Lease Fee	40.03	
			2,379,006.85	

60.53 over

*Approved on 11.13.24 CC

Steve Brock, CFO
Memorial Medical Center

November 18, 2024 ** Approved on 11.06.24 CC

ELECTRONIC TRANSFERS FC Y BANK

Date	MMC Notes	Amount
11/20/2024 - WEBFILE TAX PYMT DD	- Sales Tax	2,454.87
		2,454.87

Steve Brock, CFO
Memorial Medical Center

APPROVED ON
November 18, 2024
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

COMPTROLLER.TEXAS.GOV

Menu

← Back

Sales and Use Tax

Taxpayer: [redacted] MEMORIAL MEDICAL CENTER
Address: 815 N VIRGINIA ST, PORT LAVACA TX 77979-3025
Tax Type: Sales and Use Tax

Return Summary Original Return for Period Ending 10/31/2024 (2410)

Total Amount Due and Payable may not reflect all payments or discounts. Please allow pending payments 3-5 business days to process and appear on this page.

CREDITS TAKEN

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	29,756	29,756	0	29,756	1,859.75	29,756	0.02000	595.12
SubTotal	**29,756**	**29,756**	**0**	**29,756**	**1,859.75**	**29,756**		**595.12**

Total Tax for Locations $2,454.87

Total Tax Due:	$2,454.87
Balance Due:	$2,454.87
Pending Payments:	- $2,442.59

Date/Time	11-04-2024 / 02:11 PM
Submitted By	cclevenger256
Pay Date	10-31-2024
Employee Deposits	$74,591.42
Employer Contributions	$107,304.93
Group Term Life Premiums	$0.00
Total	$181,896.35
Comments	
Payroll File	October 2024 Retirement Upload.xlsx

Plan	Start Date	EE Per Pay C	ER Per Pay Cost
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$100.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$147.91	$25.00
2024 Heath Equity Health Savings Account	7/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	10/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$60.00	$25.00
2024 Heath Equity Health Savings Account	9/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$10.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	8/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$163.25	$25.00
2024 Heath Equity Health Savings Account	10/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$50.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$100.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	3/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	9/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$25.00	$25.00
2024 Heath Equity Health Savings Account	7/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$0.00	$25.00
2024 Heath Equity Health Savings Account	1/1/2024	$20.00	$25.00
2024 Heath Equity Health Savings Account	2/1/2024	$0.00	$25.00
		$751.16	$775.00
	Total	$1,526.16	

Memorial Medical Center
Transfer Request

Amount: $ 250,000.00 **Date:** 11/18/2024

From Account: Prosperity Operating Accoun[redacted]

To Account: Prosperity Money Market [redacted]

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Explanation:

Transfer from Prosperity Operating Account to Prosperity Money Market Account

Requested by: Michelle Cumberland **Date:** 11/18/2024

Authorized by: [signature] **Date:**

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

CALHOUN COUNTY, TEXAS

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:00 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/30/2024

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110524		11/13/202	11/05/202	11/30/202			20,779.40	0.00	0.00	20,779.40
110724	ins. pmt dep. into mmc opt. in error	11/13/202	11/07/202	11/30/202			204.00	0.00	0.00	204.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	20,983.40	0.00	0.00	20,983.40

Grand Totals:	Gross	Discount	No-Pay	Net
	20,983.40	0.00	0.00	20,983.40

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024
10:01

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2024

0
ap_open_Invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS
Class Pay Code
11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110724		11/13/202	11/07/202	11/30/202			5,551.20	0.00	0.00	5,551.20

ins. pmt. dep. into mmc oct. in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	5,551.20	0.00	0.00	5,551.20

Grand Totals:	Gross	Discount	No-Pay	Net
	5,551.20	0.00	0.00	5,551.20

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024 MEMORIAL MEDICAL CENTER 0
10:03 AP Open Invoice List ap_open_invoice.template
CALHOUN COUNTY, TEXAS Due Dates Through: 11/30/2024

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
110424		11/13/202	11/04/202	11/30/202			3,132.55	0.00	0.00	3,132.55
	ins. pmt. dep. into mmc opt. in error									
110624A		11/13/202	11/06/202	11/30/202			425.86	0.00	0.00	425.86
110624B		11/13/202	11/06/202	11/30/202			511.48	0.00	0.00	511.48
110624		11/13/202	11/06/202	11/30/202			344.72	0.00	0.00	344.72

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	4,414.61	0.00	0.00	4,414.61

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,414.61	0.00	0.00	4,414.61

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024
10:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS Class Pay Code

12696 GULF POINTE PLAZA

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	110424		11/13/202	11/04/202	11/30/202			0.21	0.00	0.00	0.21

ins. pmt. dep. into mmc opt. in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZA	0.21	0.00	0.00	0.21

Grand Totals:	Gross	Discount	No-Pay	Net
	0.21	0.00	0.00	0.21

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 14 2024

11/14/2024
10:04

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
102924A		10/29/202	10/29/202	11/30/202			13,680.00	0.00	0.00	13,680.00
110424	ins. pmt. dep. into mmc opt in error	11/13/202	11/04/202	11/30/202			5,304.00	0.00	0.00	5,304.00
110624		11/13/202	11/06/202	11/30/202			5,262.28	0.00	0.00	5,262.28
110724		11/13/202	11/07/202	11/30/202			9,090.00	0.00	0.00	9,090.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	33,336.28	0.00	0.00	33,336.28

Grand Totals:	Gross	Discount	No-Pay	Net
	33,336.28	0.00	0.00	33,336.28

APPROVED ON

NOV 14 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/18/2024

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]		59,833.71	59,568.06	248,659.45			248,889.11	237,992.89
						Bank Balance	248,889.11	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens						Molina Quarter 4	10,514.46	
Ashford Health Care Center Ltd Co JP Morgan Chase Bank						Oct Interest	261.76	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	237,992.89	
[redacted]		90,858.91	80,534.48	186,316.07			166,640.50	163,971.24
						Bank Balance	166,640.50	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	2,544.83	
						Oct Interest	224.41	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	163,971.24	
[redacted]		86,492.95	86,091.39	302,827.60			303,229.16	285,425.82
						Bank Balance	303,229.16	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	2,901.78	
						Claim Payment owed to Tuscany	14,500.00	
						Oct Interest	101.56	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	285,425.82	
[redacted]		33,515.91	33,316.24	56,985.62			57,185.29	53,686.48
						Bank Balance	57,185.29	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,299.14	
						Oct Interest	99.67	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	53,686.48	
[redacted]		81,752.93	81,474.92	156,892.67			157,170.98	153,652.80
						Bank Balance	157,170.98	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	3,135.70	
						Oct Interest	282.42	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	153,652.80	
						TOTAL TRANSFERS		994,729.23

[redacted]

Text Area if Response:

Approved:
Steve Brock, CFO
11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

Note: Only balances of over $5,000 will be transferred to the nursing home
Note 2: Each account has a base balance of $100 that is left deposited in each account

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
	11/15/2024 Enhanced Analysis Ch	99.10	-					-	-
	11/15/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	3,733.00					-	3,733.00
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241314	-	13,380.34					-	13,380.34
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	1,969.02					-	1,969.02
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242451	-	14,676.69					-	14,676.69
	11/15/2024 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	619.50					-	619.50
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,214.43					-	5,214.43
	11/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	302.27					-	302.27
	11/14/2024 Deposit	-	2,909.85					-	2,909.85
	11/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000198526	-	123.90					-	123.90
	11/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000197897	-	6,694.67					-	6,694.67
	11/13/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	59,471.95	-					-	-
	11/13/2024 MOLINA HEALTHCAR MOLHAACH 01336931 42000011	-	25,114.87			16,813.23	18,301.64	10,534.46	24,580.41
	11/13/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	4,263.00					-	4,263.00
	11/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	78,799.60					-	78,799.60
	11/13/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	-	5,942.01					-	5,942.01
	11/12/2024 MANAGEANDNET1718 MNS PMNT 000000000000093 41	-	812.00					-	812.00
	11/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	14,744.74					-	14,744.74
	11/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	29,294.56					-	29,294.56
		59,568.05	248,623.45	-	-	16,813.23	18,301.64	10,534.46	238,089.99

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
	11/15/2024 HUMANA INS CO HCCLAIMPMT 61957998 8300005127	-	4,185.00					-	4,185.00
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	17,590.83					-	17,590.83
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000240333	-	6,377.71					-	6,377.71
	11/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	7,070.00					-	7,070.00
	11/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	13,635.00					-	13,635.00
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,217.93					-	2,217.93
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,072.04					-	1,072.04
	11/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	-	1,810.12					-	1,810.12
	11/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000198526	-	43,632.43					-	43,632.43
	11/13/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	80,534.48	-					-	-
	11/13/2024 MOLINA HEALTHCAR MOLHAACH 01337468 42000011	-	7,616.10			6,232.78	1,583.32	2,344.83	5,471.27
	11/13/2024 MANAGEANDNET1718 MNS PMNT 000000000004293 41	-	2,925.00					-	2,925.00
	11/13/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,240.99					-	5,240.99
	11/13/2024 NOVITAS SOLUTION HCCLAIMPMT 676157 420000156	-	368.35					-	368.35
	11/13/2024 HUMANA INS CO HCCLAIMPMT 61866219 8300005133	-	465.00					-	465.00
	11/13/2024 HUMANA CHA DISB HCCLAIMPMT 61855175 42000013	-	1,860.00					-	1,860.00
	11/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	43,819.57					-	43,819.57
	11/12/2024 HUMANA CHA DISB HCCLAIMPMT 61529851 42000015	-	6,230.00					-	6,230.00
		80,534.48	166,316.07	-	-	6,232.78	1,583.32	2,344.83	163,971.24

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
	11/15/2024 DEVOTED HEALTH P HCCLAIMPMT 21000023416845	-	1,729.00					-	1,729.00
	11/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	10,250.00					-	10,250.00
	11/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	202.07					-	202.07
	11/15/2024 CIGNA HCCLAIMPMT 1669860425 9100003555336	-	204.00					-	204.00
	11/14/2024 Deposit	-	24,709.86					-	24,709.86
	11/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000198526	-	7,553.82					-	7,553.82
	11/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026895640	-	8,050.00					-	8,050.00
	11/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026895638	-	7,650.00					-	7,650.00
	11/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026895638	-	6,300.00					-	6,300.00
	11/14/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026895634	-	450.00					-	450.00
	11/13/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	88,091.39	-					-	-
	11/13/2024 MOLINA HEALTHCAR MOLHAACH 01337428 42000011	-	9,672.60			4,631.06	5,041.54	2,901.78	6,770.82
	11/13/2024 MANAGEANDNET1718 MNS PMNT 000000000003268 41	-	2,047.50					-	2,047.50
	11/13/2024 NOVITAS SOLUTION HCCLAIMPMT 676129 420000156	-	22,163.02					-	22,163.02
	11/12/2024 HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	4,236.97					-	4,236.97
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024427966	-	9,900.00					-	9,900.00
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024427964	-	14,500.00					-	14,500.00
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000024427962	-	31,260.00					-	31,260.00
	11/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	43,827.52					-	43,827.52
	11/12/2024 NOVITAS SOLUTION HCCLAIMPMT 676321 420000185	-	19,699.77					-	19,699.77
	11/12/2024 HUMANA CHA DISB HCCLAIMPMT 61529728 42000015	-	9,686.00					-	9,686.00
	11/12/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	-	1,195.47					-	1,195.47
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026676403	-	14,850.00					-	14,850.00
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026676397	-	6,300.00					-	6,300.00
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026676401	-	14,400.00					-	14,400.00
	11/12/2024 DEVOTED HEALTH P HCCLAIMPMT 21000026676399	-	13,950.00					-	13,950.00
	11/12/2024 AARP Supplemente HCCLAIMPMT 746003411 124384	-	2,040.00					-	2,040.00
		88,091.39	202,827.60	-	-	4,631.06	5,041.54	2,901.78	199,925.82

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
	11/15/2024 MANAGEANDNET1718 MNS PMNT 000000000004294 41	-	5,175.00					-	5,175.00
	11/15/2024 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	3,010.00					-	3,010.00
	11/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	-	379.75					-	379.75
	11/14/2024 HNB - ECHO HCCLAIMPMT 746003411 440000198526	-	9,745.71					-	9,745.71
	11/13/2024 WIRE OUT CANTEX HEALTH CARE CENTERS III	33,316.24	-					-	-
	11/13/2024 MOLINA HEALTHCAR MOLHAACH 01337081 42000011	-	10,997.14			5,157.82	5,739.32	3,299.14	7,698.00
	11/12/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	27,678.02					-	27,678.02
		33,316.24	56,985.62	-	-	5,157.82	5,739.32	3,299.14	53,686.48

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	NH PORTION
	11/15/2024 Enhanced Analysis Ch	104.37	-					-	-
	11/15/2024 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	5,400.00					-	5,400.00
	11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000242453	-	13,569.96					-	13,569.96
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,196.57					-	3,196.57
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,766.14					-	7,766.14
	11/15/2024 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,344.58					-	5,344.58
	11/15/2024 NOVITAS SOLUTION HCCLAIMPMT 676310 420000173	-	6,472.29					-	6,472.29
	11/15/2024 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	90.10					-	90.10
	11/14/2024 Deposit	-	6,777.52					-	6,777.52
	11/13/2024 Deposit	-	1,342.67					-	1,342.67

11/13/2024	HUMANA MS CO HCCLAIMPMT 61701705 8100005821	-	5,580.00					-	5,580.00
11/14/2024	UnitedHealthcare HCCLAIMPMT 746003411 124364	-	6,300.00					-	6,300.00
11/14/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,584.64					-	2,584.64
11/13/2024	WIRE OUT CANTEX HEALTH CARE CENTERS III	81,370.45	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337385 42000011	-	10,452.34			4,993.92	5,458.42	3,135.70	7,316.64
11/13/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	995.75					-	995.75
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000156	-	10,254.45					-	10,254.45
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835544 42000013	-	5,115.00					-	5,115.00
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835546 42000013	-	5,785.00					-	5,785.00
11/13/2024	HUMANA CHA DISB HCCLAIMPMT 61835545 42000013	-	6,374.43					-	6,374.43
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	1,376.06					-	1,376.06
11/12/2024	UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	37,321.94					-	37,321.94
11/12/2024	NOVITAS SOLUTION HCCLAIMPMT 676310 420000185	-	14,233.43					-	14,233.43
		81,474.82	156,892.87	-	-	4,993.92	5,458.42	3,135.70	153,757.17
	TOTALS		931,645.61	-	-	37,928.88	36,124.24	22,215.92	909,429.70

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/18/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		125,318.97	125,063.48	116,145.33		-	116,400.83	94,335.30
						Bank Balance	116,400.83	
						Variance	-	
						Leave in Balance	100.00	
						Superior Quarter 4	21,910.04	
						Oct Interest	155.49	
						Nov Interest		
						Dec Interest		
						Adjust Balance/Transfer Amt	94,335.30	

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

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

Approved:
Steve Brock, CFO
11/18/2024

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
				QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
11/15/2024	FSVS/TRANSFIRST CR CD DEP 5436845558876917 43	-	400.00					-	400.00
11/15/2024	LUMINOS HOLDCO L Turner R&B 113114890620499	-	6,810.90					-	6,810.90
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341133011 2	-	208.75					-	208.75
11/15/2024	Centene Manageme ACH 008765433514 1110000265	-	54,525.11			26,126.11	28,399.00	21,810.04	32,715.07
11/14/2024	Deposit	-	31,985.72					-	31,985.72
11/14/2024	FSVS/TRANSFIRST CR CD DEP 5436845558876917 43	-	500.00					-	500.00
11/14/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001373	-	1,794.63					-	1,794.63
11/14/2024	AETNA ASO1 HCCLAIMPMT E58075964 51000017473	-	2,275.00					-	2,275.00
11/13/2024	WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	125,063.48	-					-	-
11/13/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001528	-	1,073.00					-	1,073.00
11/13/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001524	-	400.00					-	400.00
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676097 420000156	-	9,833.93					-	9,833.93
11/13/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341133013 2	-	903.26					-	903.26
11/12/2024	GOLDENCREEKHEALT MERC DEP 1220356 9100001291	-	1,255.29					-	1,255.29
11/12/2024	HEALTH HUMAN SVC HCCLAIMPMT 174600341133011 2	-	4,159.75					-	4,159.75
								-	-
								-	-
		125,063.48	116,145.34	-	-	26,126.11	28,399.00	21,810.04	94,336.30

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/18/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		6,662.24	6,562.24	566.86				666.86	no transfer
							Bank Balance	666.86	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	566.86	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		32,908.94	32,808.94	44,187.71		-		44,287.71	44,187.71
							Bank Balance	44,287.71	
							Variance	-	
							Leave in Balance	100.00	
							Adjust Balance/Transfer Amt	44,187.71	
							TOTAL TRANSFERS		44,754.57

Routing Information for Gulf Pointe Plaza:

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

Approved:
Steve Brock, CFO
11/18/2024

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

J:\MH Weekly Transfers\MH UPL Transfer Summary\2024\MH UPL Transfer Summary 11.18.24

[redacted]

			MMC PORTION					
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241314	-	498.33					-	498.33
11/15/2024 HNB - ECHO HCCLAIMPMT 746003411 440000241225	-	68.03					-	68.03
11/13/2024 WIRE OUT HMG Rockport SNF, LP -Commerical	6,562.24	-					-	-
							-	-
	6,562.24	566.86	-	-	-	-	-	566.86

[redacted]

			MMC PORTION					
	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	NH PORTION
11/15/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	3,786.08					-	3,786.08
11/14/2024 Deposit	-	39,166.72					-	39,166.72
11/13/2024 WIRE OUT HMG Rockport SNF, LP - Commerical	32,808.94	-					-	-
11/12/2024 MERCHANT BANKCD DEPOSIT 496478518889 9100001	-	1,234.91					-	1,234.91
							-	-
	32,808.94	44,187.71	-	-	-	-	-	44,187.71
	39,371.18	44,754.57	-	-	-	-	-	44,754.57

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/18/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
[redacted]		110,157.01	110,057.01	243,039.02	-	-	243,139.02	237,856.82
						Bank Balance	243,139.02	
						Variance	-	
						Leave in Balance	100.00	
						Molina Quarter 4	5,182.20	
						Adjust Balance/Transfer Amt	237,856.82	

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

Approved:
Steve Brock, CFO
11/18/2024

APPROVED ON

NOV 18 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village				MMC PORTION					
		Transfer-Out	Transfer-In	QIPP/Comp 1	QIPP/Comp 2, 3 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
11/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000173	-	33,548.83					-	33,548.83
11/14/2024	Deposit	-	64,927.52					-	64,927.52
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000298526	-	28,696.72					-	28,696.72
11/13/2024	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	110,057.01	-					-	-
11/13/2024	MOLINA HEALTHCAR MOLINAACH 01337462 42000011	-	10,364.39			42.75	10,321.64	5,182.20	5,182.20
11/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000244342	-	1,979.80					-	1,979.80
11/13/2024	NOVITAS SOLUTION HCCLAIMPMT 676201 420000156	-	67,322.10					-	67,322.10
11/12/2024	Deposit	-	16,422.22					-	16,422.22
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773	-	19,777.44					-	19,777.44
								-	-
		110,057.01	243,039.02	-	-	42.75	10,321.64	5,182.20	237,856.83

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
11/18/2024

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]		20,981.40	20,732.43	59,510.73			-	59,691.70	45,914.49
							Bank Balance	59,691.70	
							Variance	-	
							Leave in Balance	100.00	
							Superior Quarter 4	13,595.24	
							Oct Interest	80.97	
							Nov Interest		
							Dec Interest		
							Adjust Balance/Transfer Amt	45,914.49	

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

Approved:
Steve Brock, CFO
11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

			Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
					QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000241248		-	3,859.95					-	3,859.95
11/15/2024	HNB - ECHO HCCLAIMPMT 746003411 440000240333		-	1,295.50					-	1,295.50
11/15/2024	NOVITAS SOLUTION HCCLAIMPMT 676481 420000173		-	4,392.41					-	4,392.41
11/15/2024	HOSPICE OF SOUTH Payments NT 113122650078233		-	730.23					-	730.23
11/15/2024	HEALTH HUMAN SVC HCCLAIMPMT 1786034113016 2		-	202.07					-	202.07
11/15/2024	Centene Managme ACH 008765433514 1110000265		-	38,846.41			12,514.64	26,331.77	13,596.24	25,250.17
11/14/2024	HNB - ECHO HCCLAIMPMT 746003411 440000207897		-	7,535.15					-	7,535.15
11/13/2024	WIRE OUT PORT LAVACA NB, LLC		20,730.43	-					-	-
11/13/2024	HNB - ECHO HCCLAIMPMT 746003411 440000244327		-	3,833.90					-	3,833.90
11/12/2024	HNB - ECHO HCCLAIMPMT 746003411 440000271773		-	3,814.91					-	3,814.91
			20,730.43	59,510.73	-	-	12,514.64	26,331.77	13,596.24	45,913.49

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	$2,036,568.47	$2,128,032.42	$2,036,568.47	$2,071,281.35
*4365 MMC - CLINIC SERIES 2014	$547.97	$547.97	$547.97	$547.97
*4373 MMC - PRIVATE WAIVER CLEARING	$441.14	$441.14	$441.14	$441.14
*4381 MEMORIAL MEDICAL / NH ASHFORD	$248,889.11	$263,815.61	$248,889.11	$179,060.96
*4403 MEMORIAL MEDICAL / NH BROADMOOR	$166,640.50	$202,051.60	$166,640.50	$112,681.87
*4411 MEMORIAL MEDICAL / NH CRESCENT	$303,229.16	$345,657.83	$303,229.16	$290,844.09
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	$157,170.98	$175,536.09	$157,170.98	$115,375.71
*4446 MEMORIAL MEDICAL / NH FORT BEND	$57,185.29	$58,523.36	$57,185.29	$48,620.54
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	$116,400.83	$122,382.12	$116,400.83	$54,436.07
*4551 CAL CO INDIGENT HEALTHCARE	$9,706.51	$9,706.51	$9,706.51	$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$666.86	$666.86	$666.86	$100.00
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$44,287.71	$44,312.71	$44,287.71	$40,501.63
*5506 MMC -NH BETHANY SENIOR LIVING	$59,691.70	$62,294.81	$59,691.70	$10,365.13
*3407 MMC -NH TUSCANY VILLAGE	$243,139.02	$296,093.82	$243,139.02	$209,590.19
*3660 MMC -BETHANY SR LIVING - DACA	$100.00	$100.00	$100.00	$100.00
*2998 MMC -MONEY MARKET FUND	$5,053.48	$5,053.48	$5,053.48	$5,053.48
Total Balance	**$3,449,718.73**	**$3,715,216.33**	**$3,449,718.73**	**$3,148,706.64**

✓ Ashford

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 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: $ 10,534.46 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

✓ Broadmoor

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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- ☐ Return Check to Dept

AMOUNT: $ 2,344.83 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

✓ Crescent

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 2,901.78 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

✓

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

✓ Fort Bend

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 3,299.14 ✓

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

✓ Solera

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

- ☐ Imprest Cash
- ☐ A/P Check
- ☐ Mail Check to Vendor
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AMOUNT: $ 3,135.70 /

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: [signature]

✓ Golden Creek

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

~~APPROVED~~ ON NOV 18 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: $ 21,810.04 ✓

G/L NUMBER: 10255040

EXPLANATION: Superior Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: ✓

✓ Bethany

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON NOV 18 [illegible]

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: $ 13,596.24

G/L NUMBER: 10255040

EXPLANATION: Superior Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Tuscany

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center

Date Requested: 11/18/2024

APPROVED ON
NOV 18 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: $ 5,182.20

G/L NUMBER: 10255040

EXPLANATION: Molina Quarter 4 QIPP Payment

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **11/20/2024**

NH Name	From Bank Acct #	Ck #	Payee	GL #	Molina Quarter 4	Superior Quarter 4		TOTAL	Date
Ashford	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	10,534.46			10,534.46	11/20/2024
Broadmoor	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	2,344.83			2,344.83	11/20/2024
Crescent	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	2,901.78			2,901.78	11/20/2024
Fort Bend	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,299.14			3,299.14	11/20/2024
Solera	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	3,135.70			3,135.70	11/20/2024
Golden Creek	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		21,810.04		21,810.04	11/20/2024
Bethany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040		13,596.24		13,596.24	11/20/2024
Tuscany	[redacted] - Prosperity		MMC -Prosperity Operating [redacted]	10255040	5,182.20			5,182.20	11/20/2024
				Total:	27,398.11	35,406.28	-	62,804.39	

Note:

Approved:
Steve Brock, CFO 11/18/2024

MEMORIAL MEDICAL CENTER

CHECK REQUEST

PAYEE: Tuscany

Date Requested: 11/18/2024

APPROVED ON
NOV 18 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: $ 14,500.00

G/L NUMBER: 21400007

EXPLANATION: Claim Paymwnt owed from Crescent to Tuscany

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: