



November 27, 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:

(NOT PRESENT) **Richard Meyer**
David Hall
(Judge Pro Tem) **Vern Lyssy**
Joel Behrens
Gary Reese
Anna Goodman
By: Kaddie Smith

County Judge
Commissioner Pct 1
Commissioner Pct 2
Commissioner Pct 3
Commissioner Pct 4
County Clerk
Deputy Clerk

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10 am 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 thanked the community for the outpour of support for the loss of Judge Richard Meyer. He asked the community to continue to pray for the family. Commissioner Lyssy asked for the sympathy cards received to be included in the official minutes. Commissioner Lyssy gave a brief update explaining they are waiting on answers from the County Attorney to determine how they should proceed with filling the position of County Judge. Amy Blanchett read a letter from Yvonne Hsiao, Director General for Taipei Economic and Cultural office in Houston. Amy also explained Formosa's tribute for Judge Richard Meyer.

5. Approve November 20, 2024 Commissioners' Court Meeting Minutes. (VLL)

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

6. Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of March-October 2024. (VLL)

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

7. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of March-October 2024. (VLL)

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

8. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months March-October 2024. (VLL)

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

9. Consider and take necessary action to allow the Calhoun County Sheriffs Office to apply for the Enbridge Funding to purchase a 2025 Can*Am Defender MAX Lone Star HD 10 to be reimbursed at 100%. (VLL)

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

10. Consider and take necessary action to accept donation to the Sheriffs Office from the Law Enforcement Partners to be deposited into the motivation account (2697-001-49082-679) in the amount of \$1372.00. (VLL)

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

11. Consider and take necessary action on the Release of the Only/Final Payment in the amount of \$175,617.54 to Keith Staff dba Staff Concrete Construction for the Bid Number 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Replacement Project for Calhoun County, Texas (DEH)

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

12. Consider and take necessary action to approve Agreement with Loftin Equipment Company for Generator Maintenance. (VLL)

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

13. Consider and take necessary action to approve the contract between Calhoun County and Shirley & Sons Construction Co., Inc. for Bid Number 2024.09 - Calhoun County Bill Sanders Park – Swan Point Bulkhead & Pier Construction and authorize County Judge to assign all documents. (VLL)

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

14. Accept Monthly Reports from the following County Offices:

a) Tax-Assessor-Collector's – October 2024

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

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

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

16. Approval of bills and payroll. (VLL)

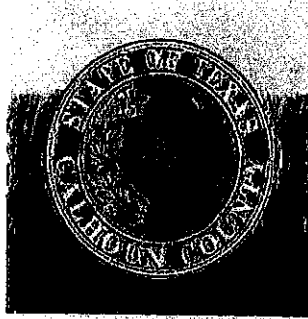
MMC Bills:

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

Adjourned 10:21am



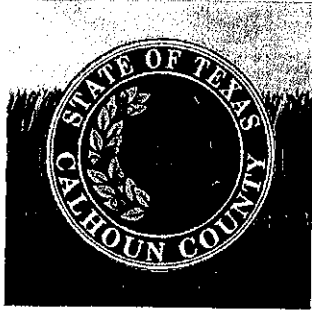
CALHOUN COUNTY COMMISSIONERS' COURT PACKET COMPLETION SHEET

- _____ All Agenda Items Properly Numbered
- _____ Contracts Completed and Signed
- _____ All 1295's Flagged for Acceptance
(number of 1295's 1) *DW*
- ✓ All Documents for Clerk Signature Flagged
(All documents needing to be attested to need to be signed day of Commissioner's Court.)

On this 2nd day of December 2024, the packet
for the 27 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 27, 2024 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

The subject matter of such meeting is as follows:

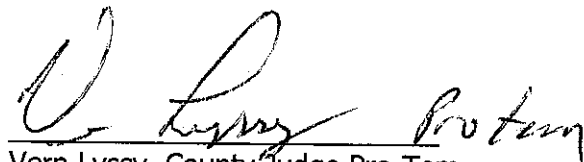
1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Approve November 20, 2024 Commissioners' Court Meeting Minutes. (VLL)
6. Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of March-October 2024. (VLL)
7. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of March-October 2024. (VLL)
8. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months March-October 2024. (VLL)
9. Consider and take necessary action to allow the Calhoun County Sheriffs Office to apply for the Enbridge Funding to purchase a 2025 Can*Am Defender MAX Lone Star HD 10 to be reimbursed at 100%. (VLL)
10. Consider and take necessary action to accept donation to the Sheriffs Office from the Law Enforcement Partners to be deposited into the motivation account (2697-001-49082-679) in the amount of \$1372.00. (VLL)

AT 8:05 FILED O'CLOCK a M

NOV 22 2024

ANNA GOODMAN
COUNTY CLERK, CALHOUN COUNTY, TEXAS
DEPUTY Keri de Smith

11. Consider and take necessary action on the Release of the Only/Final Payment in the amount of \$175,617.54 to Keith Staff dba Staff Concrete Construction for the Bid Number 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Replacement Project for Calhoun County, Texas (DEH)
12. Consider and take necessary action to approve Agreement with Loftin Equipment Company for Generator Maintenance. (VLL)
13. Consider and take necessary action to approve the contract between Calhoun County and Shirley & Sons Construction Co., Inc. for Bid Number 2024.09 - Calhoun County Bill Sanders Park – Swan Point Bulkhead & Pier Construction and authorize County Judge to assign all documents. (VLL)
14. Accept Monthly Reports from the following County Offices:
 - a) Tax-Assessor-Collector's – October 2024
15. Consider and take necessary action on any necessary budget adjustments. (VLL)
16. Approval of bills and payroll. (VLL)


Vern Lyssy, County Judge Pro-Tem
Calhoun County, Texas

04



November 27, 2024

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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(NOT PRESENT) Richard Meyer

David Hall

(Judge Pro Tem) Vern Lyssy

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Commissioner Pct 1

Commissioner Pct 2

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County Clerk

Deputy Clerk

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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 thanked the community for the outpour of support for the loss of Judge Richard Meyer. He asked the community to continue to pray for the family.

Commissioner Lyssy asked for the sympathy cards received to be included in the official minutes.

Commissioner Lyssy gave a brief update explaining they are waiting on answers from the County Attorney to determine how they should proceed with filling the position of County Judge.

Amy Blanchett read a letter from Yvonne Hsaio, Director General for Taipei Economic and Cultural office in Houston. Amy also explained Formosa's tribute for Judge Richard 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: Amy Blanchett

ADDRESS: _____

TELEPHONE: 361-746-3974

PLACE OF EMPLOYMENT: Formosa Plastics

EMPLOYMENT TELEPHONE: _____

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

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

General Sympathy

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

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

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

Signature: Amy Blanchett

駐休士頓台北經濟文化辦事處
TAIPEI ECONOMIC AND CULTURAL OFFICE
IN HOUSTON

11 Greenway Plaza, Suite 2006
Houston, Texas 77046
Tel: (713) 626-7445 • Fax: (713) 626-0990

November 27, 2024

**To the Honorable Members of the Calhoun County Commissioners Court,
Meyer Family and Distinguished Community Members,**

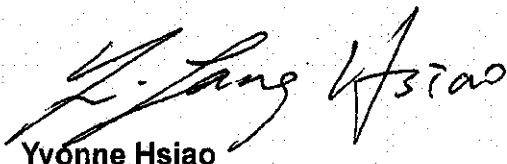
Today, I join you in spirit to honor and remember a valued representative of Calhoun County. On behalf of the Taipei Economic and Cultural Office in Houston, I extend my deepest condolences on the passing of the late County Judge Richard Meyer.

Judge Meyer was more than just a leader for Calhoun County, but also a great advocate for our Taiwanese community in Texas. He was deeply committed to promoting economic development, and made significant contributions that attracted foreign investment to Texas, creating jobs and opportunities for the County. We thank Judge Meyer for his friendship and continuous support of Taiwan.

To Judge Meyer's family and loved ones, we share in your sorrow and extend our support during this difficult time. Please know that his contributions and character will forever be remembered with gratitude and admiration.

As we reflect on his remarkable life, let us commit to honoring his legacy by striving for the ideals that he upheld. May Judge Richard Meyer rest in eternal peace.

With deepest sympathy and respect,



Yvonne Hsiao

Director General

Taipei Economic and Cultural Office in Houston

Wishing you comfort, peace and hope
in this time of sadness. With sincere
sympathy and respect

- Debbie Baecht

Our deepest sympathies
to you in this time of
grief. -Rael

Sending you
strength and prayers
My deepest condolences
Tylnn

My prayers are with
you and yours during
this sad time. My
deepest sympathies.
Garon

for your family.

Praying heart goes out.
My heart & prayers
strength - Evann Huff

My deepest condolences.
May you find comfort in the Lord
during this difficult moment.

Melle

My heart is for
you and your family.
Sending prayers to all
strength through this difficult time.

Sending hugs and prayers
during this tough time.

- Cheri Howell

Day by day,
may the light of your memories
heal your sorrow
and bring you peace.

With Sympathy

Sending you strength and solace
during this challenging time.

- Courtney Huff

Sending love & peace
to everyone
Aileen

My heartfelt sympathies
are with you - Candace

Sending love to the
family and community
With all our love
- DJ

Natasha
Cunningham

Prayers for your family
Angela Moore

Debra
Bryce
Jennie
Cathy
Cheryl
Mike

Bethany
Allison Williams
Wanda Victory

Loving someone like him is hard,

Prayers for you
& your family
C. Kelley

November 20, 2014

Holding you all very close to our
hearts! - Shelby Williams for you

Prayers for your family. Heidi
Cynthia

Prayers for peace & comfort

- Alexander Cize

David
Kings

Prayers for you

Annette Leone
Praying for you and your family
Erica Reddy

Debra
Paul Wilson

Prayers for your
family
Vivian Anderson

Debra
Kathleen

Margaret

and there aren't any words
that will make it easier.

But as you look back on his life

and others remember him with you,

hope you know there are many

caring thoughts being sent your way.

Condolences from the Golden Crescent

Regional Planning Commission team to

the Meyer family and the Callmon

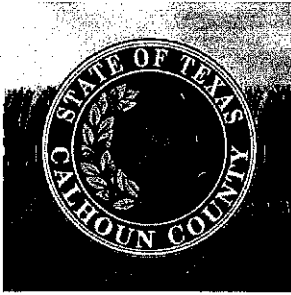
County team. God bless you all through
this difficult time.

Debra

05

5. Approve November 20, 2024 Commissioners' Court Meeting Minutes. (VLL)

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

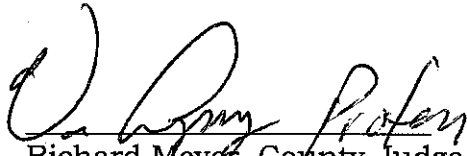


Richard H. Meyer
County Judge

David Hall, Commissioner, Precinct 1
Vern Lyssy, Commissioner, Precinct 2
Joel Behrens, Commissioner, Precinct 3
Gary Reese, Commissioner, Precinct 4

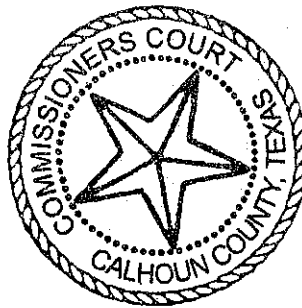
The Commissioners' Court of Calhoun County, Texas met on Wednesday, November 20, 2024, at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

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


Richard Meyer, County Judge
Calhoun County, Texas

Anna Goodman, County Clerk


Kaddie Smith
Deputy Clerk





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:

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(Judge Pro Tem) Vern Lyssy
Joel Behrens
Gary Reese
Anna Goodman
By: Kaddie Smith

County Judge
Commissioner Pct 1
Commissioner Pct 2
Commissioner Pct 3
Commissioner Pct 4
County Clerk
Deputy Clerk

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10am 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

06

6. Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of March-October 2024. (VLL)

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

Debbie Vickery

From: dsanchez@cclibrary.org (Dina Sanchez) <dsanchez@cclibrary.org>
Sent: Wednesday, November 20, 2024 12:44 PM
To: Debbie Vickery
Subject: Commissioner's Court Agenda
Attachments: CCLBScan.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon, can you please add this to the agenda:

Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of March-October 2024

Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of March-October 2024

Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months March-October 2024

Thank you,

Dina Sanchez

Calhoun County Library Director

(361) 552-7323

Calhoun County Texas

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report March 2024

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

Books

68

7

4

1

4

18

13

Donor

Unknown

Barry Hunter

Diana Sturn

Jane Taylor

Dee Kveton

Elaine Kelly

Ken Melgoza

Paperbacks

23

6

Donor

Unknown

Tammy Holder

DVD

14

15

Donor

Unknown

Barry Hunter

Others

\$98.60

\$4.75

Donor

Port O'Connor donation bucket

Seadrift donation bucket

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report April 2024

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

Books

81

2

3

1

1

1

1

5

Donor

Unknown

Barbara Willoughby

Barry Hunter

Jane Taylor

Courtney Herren

Samuel Lariou

Jason McQueen

Theresa Carbajal

Paperbacks

64

Donor

Unknown

DVD

13

10

Donor

Unknown

Barry Hunter

Others

9 cds

\$25.00

\$21

2 vases

Donor

Cynthia Medina

To Port O'Connor from Sally Ragusin in memory of Susan Wallace

Seadrift donation bucket

To Port O'Connor from Farmers Market

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report May 2024

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

Books

2
6
7
1
74
95

Donor

Barry Hunter
Sidney Siezer
Theresa Carbajal
Barbara Willoughby
Sheryl Marwitz
Unknown

Paperbacks

39
1
1
29

Donor

Cynthia Nichols
Margaret Claiborne
Charles Willoughby
Unknown

DVD

3
10

Donor

Barry Hunter
Unknown

Others

1 Box of Goldfish crackers
1 Bag of crochet supplies
24 VHS
Air Curtain
\$100.00
\$4.60
\$75.00
\$100.00
\$16.34

Donor

Cynthia Medina
Sidney Siezer
Beatrice
To Port O'Connor from Friends of the library
To Port O'Connor, expansion from Mary Oates
Port O'Connor donation bucket
To Port O'Connor from Angela Drexler in memory of Susan Wallace
To Port O'Connor from Mary Hays in memory of Susan Wallace
Seadrift donation bucket

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report June 2024

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

Books

3

28

89

126

Donor

Nita Pool

Leena Harrai

Dorothy Caldwell

Unknown

Paperbacks

34

Donor

Unknown

DVD

3

Donor

Barry Hunter

Others

7 car trash bags

11 tote bags

7 cups

7 pens

7 cc holders for phone

7 hand soaps

7 screen wipes

7 koozies

10 tote bags

\$8.86

\$30.00

\$25.00

1 Puzzle

Donor

Advance America

Texas Credit Corporation

Seadrift donation box

Port O'Connor Library donation box

To Port O'Connor from Janak

To Port O'Connor from Sarah Barnard

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report July 2024

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

Books

89

Donor

Unknown

Paperbacks

4

11

2

Donor

Unknown

Brenda Carter

Kathy Pullin

DVD

11

25

Donor

Unknown

Barry Hunter

Others

25 VHS

48 Audio Book

\$24.40

\$30.00

\$3.69

\$15.00

Turtle Art

Summer Sign

Kids Toy

Donor

Unknown

Unknown

Main, Port Lavaca Library donation box

Port O'Connor donation box

Seadrift donation box

Unknown, Port O'Connor expansion

To Port O'Connor from Brigid Berger

To Port O'Connor from Maryann Claiborne

To Port O'Connor from Brenda Carter

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report August 2024

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

Books

79

21

1

Donor

Unknown

Alisa McCray

Barbara Willoughby

Paperbacks

93

Donor

Unknown

DVD

1

6

Donor

Unknown

Barry Hunter

Others

\$24.30

\$100.00

\$32.15

\$6.05

Donor

Main Library, Port Lavaca donation box

To Port O'Connor in memory of Barbara Sue Crouch

Port O'Connor Library donation box

Seadrift Library donation box

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report September 2024

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

Books

93

1

15

2

32

83

27

Donor

Unknown

Alisa McCray

Bruce Lingil

Beverly Wyatt

Melanie Zambrano

Michelle McCabe

Richard Molina

Paperbacks

8

Donor

Richard Molina

DVD

5

Donor

Barry Hunter

Others

\$500.00

\$300.00

\$12.81

\$3.65

\$1.05

3 historic photographs

2 Native American artifacts

6 puzzles

2 prints

Donor

To Port O'Connor from Mullet Tournament

Anonymous to Main Library, Port Lavaca

Main Library, Port Lavaca donations box

Seadrift Library donation box

Port O'Connor Library donation box

To Port O'Connor from Clark Anderson

To Port O'Connor from Anderson family

To Port O'Connor from Anderson family

To Port O'Connor from Jayme Edwards

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report October 2024

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

Books

59

9

Donor

Unknown

Marsha Buller

Paperbacks

137

Donor

Unknown

DVD

3

8

Donor

Marsha Buller

Barry Hunter

Others

4 VHS

1 Ukulele

\$10.00

\$50.00

\$18.90

\$100.00

1 Quilt

\$150.00

Donor

Marsha Buller

Reagan Lockey

To Port O'Connor from Patricia Coffee in memory of Mary Covarrubias

Donation from Ellie Garcia to Calhoun County Library

Seadrift Donation Box

To Port O'Connor Library from Anderson family in memory of Donny Haynes

To Port O'Connor from Linda Orrick

To Port O'Connor from The Garcia Family in memory of Mary Covarrubias

07

7. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of March-October 2024. (VLL)

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

Debbie Vickery

From: dsanchez@cclibrary.org (Dina Sanchez) <dsanchez@cclibrary.org>
Sent: Wednesday, November 20, 2024 12:44 PM
To: Debbie Vickery
Subject: Commissioner's Court Agenda
Attachments: CCLBScan.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon, can you please add this to the agenda:

Consider and take necessary action to accept the attached list of Donations to the Calhoun County Library for the months of March-October 2024

Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Surplus/Salvage for the months of March-October 2024

Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months March-October 2024

Thank you,

Dina Sanchez

Calhoun County Library Director

(361) 552-7323

Calhoun County Texas

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report March 2024

I would like the following to be declared Surplus/Salvage

10 Books

6 Pbks

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report April 2024

I would like the following to be declared Surplus/Salvage

21 Books

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report May 2024

I would like the following to be declared Surplus/Salvage

85 Books

13 DVD

24 VHS

43 Pbk

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report June 2024

I would like the following to be declared Surplus/Salvage

109 Books

17 Pbk

3 DVD

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report July 2024

I would like the following to be declared Surplus/Salvage

17 Books

7 Paperbacks

13 DVD

48 Audio books

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report August 2024

I would like the following to be declared Surplus/Salvage

8 Books

5 Paperbacks

6 DVD

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report September 2024

I would like the following to be declared Surplus/Salvage

142 Books

8 Paperbacks

5 DVD

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report October 2024

I would like the following to be declared Surplus/Salvage

22 Books

21 Paperbacks

11 DVDs

4 VHS

08

8. Consider and take necessary action to declare the attached list of items for the Calhoun County Library as Waste for the months March-October 2024. (VLL)

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

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report March 2024

I would like the following items to be declared waste

18 Books

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report April 2024

I would like the following items to be declared waste

16 Books

36 Pbks

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report May 2024

I would like the following items to be declared waste

13 Books

8 VHS

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report June 2024

I would like the following items to be declared waste

54 Book

9 Paperbacks

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report July 2024

I would like the following items to be declared waste

43 Books

8 Paperbacks

25 VHS

Calhoun County Public Library System
Report August 2024

(361) 558-7323

200 W. Mahan

Port Lavaca, Texas 77979

I would like the following items to be declared waste

9 Books

2 Paperbacks

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report September 2024

I would like the following items to be declared waste

78 Books

20 Paperbacks

Calhoun County Public Library System

(361) 552-7323

200 W. Mahan

Port Lavaca, Texas 77979

Report October 2024

I would like the following items to be declared waste

20 Books

64 Paperbacks

09

9. Consider and take necessary action to allow the Calhoun County Sheriffs Office to apply for the Enbridge Funding to purchase a 2025 Can*Am Defender MAX Lone Star HD 10 to be reimbursed at 100%. (VLL)

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

**CALHOUN COUNTY, TEXAS
COUNTY SHERIFF'S OFFICE**

**211 SOUTH ANN STREET
PORT LAVACA, TEXAS 77979**

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

MEMO TO: COUNTY JUDGE

SUBJECT: APPROVAL TO APPLY FOR GRANT

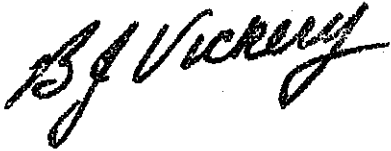
DATE: NOVEMBER 27, 2024

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

AGENDA FOR November 27, 2024

* Consider and take necessary action to allow the Calhoun County Sheriff's Office to apply for the Enbridge Funding to purchase a 2025 Can*Am Defender MAX Lone Star HD10 to be reimbursed at 100%.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Vickery", written in a cursive style.

**Bobbie Vickery
Calhoun County Sheriff**

[Skip to content](#) [Skip to footer](#)



Main Menu Button



Apply for funding

ENGLISH | [FRANÇAIS](#)

Enbridge's community investments are guided by a core set of criteria. We consider donation and sponsorship opportunities in communities where Enbridge operates that are:

- Primarily within a 20-kilometer (10-mile) radius of our pipeline right-of-way or near our operations
- Of prime importance to the community
- Beneficial to the greatest possible number of people
- Significant to the long-term interests of the community
- Supportive of one of our [three core areas](#) that we view as integral for a sustainable community

Examples of qualified organizations

- Community-based emergency services and organizations focused on safety planning and education
- Organizations focused on education, mentorship, and building potential in youth
- Social services agencies and organizations focused on empowering individuals to achieve their full potential
- Environmental organizations with a focus on education and stewardship, habitat remediation and conservation, and energy transition
- Indigenous communities and organizations focused on honoring Indigenous people and culture

Ineligible organizations and funding requests

Enbridge does not fund:

- Organizations discriminating on the basis of race, religion, gender, or sexual orientation
- Requests that benefit individuals
- Religious, political organizations or special interest groups
- ~~Recreation or sports organizations and events~~
- Advertising, memberships, ticket sales, or lotteries
- Mass-mailed or non-addressed solicitation
- Endowment programs or funds
- Crowd-sourced funding campaigns such as GoFundMe
- Memorial campaigns
- Project, program or any property recognizing or named for an individual
- Statues or monuments
- Travel-related costs

To apply

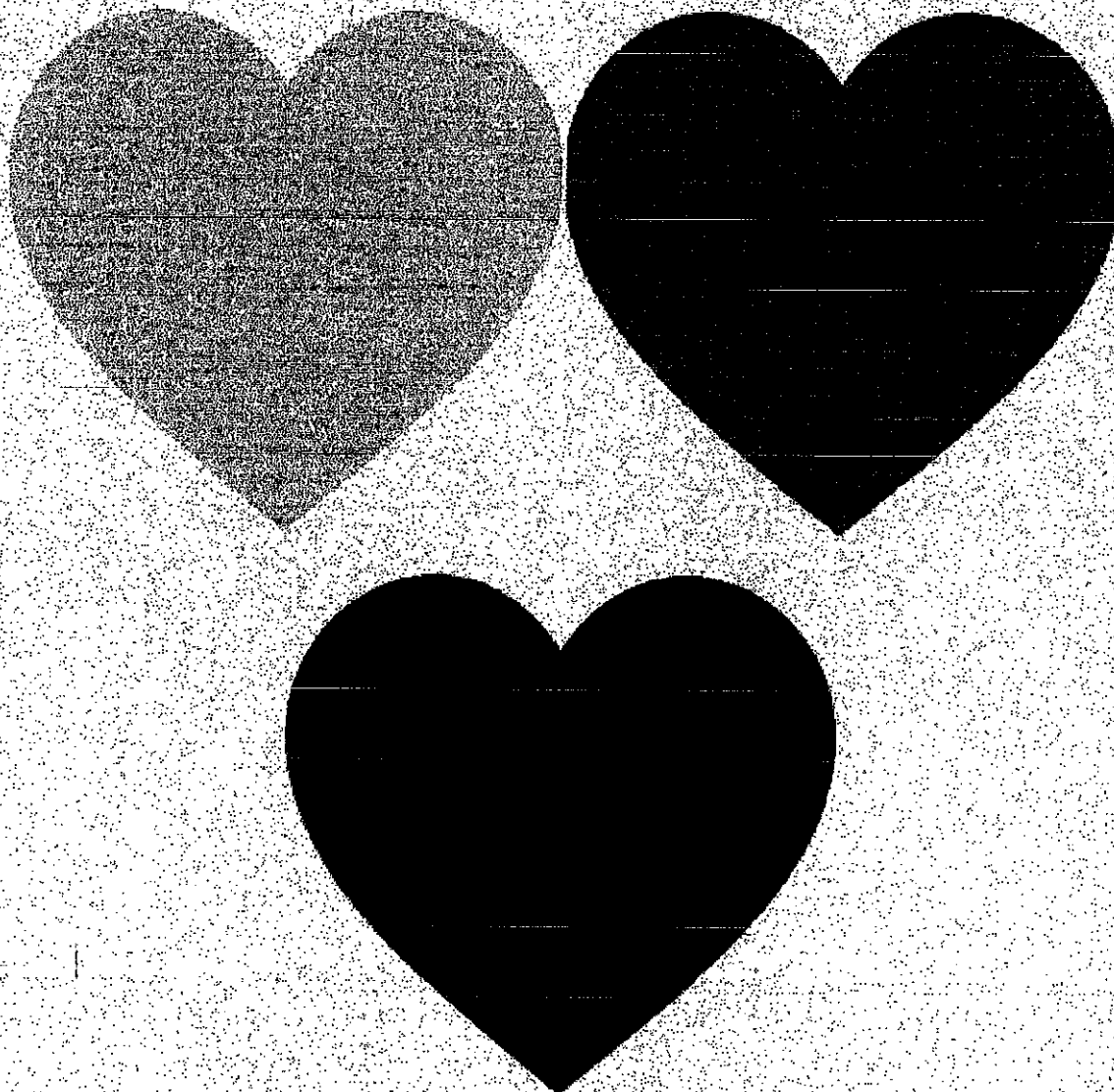
Funding applications for 2024 have closed. Enbridge's community investment program will re-open January 2, 2025.

Please note

Meeting Enbridge's core set of community investment criteria does not guarantee funding. In spite of our significant investment in communities, we are unable to support all worthy, well-qualified organizations.

Criteria may vary by location.

[Learn more about our policy on financial support for post-secondary academic institutions.](#)



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This page has been added to your list of favorites. Click to remove it from your list.

2025 Can-Am Defender MAX Lone Star HD10



MSRP: \$25,499

The Calhoun County Sheriff's Office is asking for the Can-Am Defender for several reasons. First it does not have hard doors allowing personnel to quickly exit the vehicle in an emergency situation. The Defender has a wench to ensure the vehicle does not get stuck in a situation. The Defender offers a drop-down tailgate to allow deputies to quick load people or equipment in the bed of the vehicle. The Defender is also a 4-seater allowing transportation of citizen and / or patients if they are able and to be seatbelted for safe transportation.

The remaining funds would be used to place emergency lighting on the vehicle allowing it to be rapidly deployable. We would also use funds to place identifying marking on the vehicle such as "SHERIFF"

This funding would help ensure Deputies are performing these operations in the safest way possibly over the existing aging 4 wheelers.

10

10. Consider and take necessary action to accept donation to the Sheriffs Office from the Law Enforcement Partners to be deposited into the motivation account (2697-001-49082-679) in the amount of \$1372.00. (VLL)

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

**CALHOUN COUNTY, TEXAS
COUNTY SHERIFF'S OFFICE**

**211 SOUTH ANN STREET
PORT LAVACA, TEXAS 77979**

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

MEMO TO: COUNTY JUDGE

SUBJECT: ACCEPT DONATION TO SHERIFF'S OFFICE

DATE: NOVEMBER 27, 2024

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

AGENDA FOR November 27, 2024

* Consider and take necessary action to accept donation to the Sheriff's Office from the Law Enforcement Partners to be deposited into the Motivation account (2697-001-49082-679) in the amount of \$1372.00.

Sincerely,

A handwritten signature in black ink, appearing to read "B. J. Vickery", written in a cursive style.

Bobbie Vickery
Calhoun County Sheriff



**LAW ENFORCEMENT
PARTNERS**

2530 Scottsville Rd. Suite 6
Bowling Green, KY 42104
Office: 270-746-5444
Fax: 270-842-8851
www.lawenforcementpartners.com

Sheriff Vickery,

Thank you for choosing us and we will get started on your magnet project as soon as possible. If you have any questions, needs, or concerns, please do not hesitate to call or email at any time.

Thank you again for trusting us, and we wish you the best of luck in the 2025 year!

Sincerely,

Camie Garrett and The Staff at Law Enforcement Partners

P.S. Don't forget, we give a referral bonus of \$250 to your agency for each agency you send our way that signs up to do a calendar project with our company.

"Bringing Community and Law Enforcement Together."

LAW ENFORCEMENT PARTNERS

1250 SCOTT MILLER RD, SUITE 6
SPRING GREEN, KY 42164-4206

3025

21.13/830

DATE 11/10/12

PAY TO THE ORDER OF

William L. Lacey, Sheriff, KY

\$ 13,720.00

DOLLARS

CHASE

FOR

[REDACTED]



Security Features

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11

11. Consider and take necessary action on the Release of the Only/Final Payment in the amount of \$175,617.54 to Keith Staff dba Staff Concrete Construction for the Bid Number 2024.07 - Magnolia Beach – Ocean Drive Bulkhead Replacement Project for Calhoun County, Texas (DEH)

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

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 20, 2024

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

RE: RECOMMENDATION FOR PAYMENT NO. 1-FINAL
Magnolia Beach – Ocean Drive Bulkhead Cap Replacement for Calhoun County, Texas

Dear Commissioners' Court,

We have reviewed Keith Staff dba Staff Concrete Construction's Invoice # STA-024-455 for the above referenced project. All work is complete and enclosed is the Recommendation for Payment No. 1-FINAL for the total amount of \$175,617.54.

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

Please call if you have any questions.

Sincerely,
G & W Engineers, Inc.



Scott P. Mason, P.E.

cc: *Keith Staff dba Staff Concrete Construction*
Demi Cabrera, Calhoun County Assistant Auditor
file 9115.029

No. 1-FINAL**RECOMMENDATION OF PAYMENT**OWNER's Project No. _____ ENGINEER's Project No. 9115.029Project Magnolia Beach – Ocean Drive Bulkhead Cap Replacement ProjectCONTRACTOR Keith Staff dba Staff Concrete ConstructionContract for Magnolia Beach – Ocean Drive Bulkhead Cap Replacement Project Contract Date June 5, 2024Application Date November 14, 2024 Application Amount \$175,617.54Period Start Date September 9, 2024 Period Ending Date November 14, 2024To CALHOUN COUNTY
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 20, 2024By: Scott P. Mason, P.E.
Scott P. Mason, P.E.**STATEMENT OF WORK**

Original Contract Price	\$ <u>173,617.54</u>	Work to Date	\$ <u>175,617.54</u>
Net Change Orders (1)	\$ <u>2,000.00</u>	Amount Retained	\$ _____
Current Contract Price	\$ <u>175,617.54</u>	Subtotal	\$ <u>175,617.54</u>
Work to be Done	\$ <u>-</u>	Previous Payments Recommended	\$ <u>-</u>
		Amount Due This Payment	\$ <u>175,617.54</u>

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

Staff Concrete Construction

Address: 4703 John Stockbauer
Victoria, TX 77904

Phone: 361 920 4555
Fax: 361 485 0011
Email: staffconcrete@yahoo.com

Invoice

INVOICE #: STA-024-455
Date: 11/14/2024

Job Description: Magnolia Beach - Ocean Drive Bulkhead Cap Replacement Project

Calhoun County
305 Henry Barber Way,
Port Lavaca, TX 77979

Item	Description	UNITS	Qty	Unit Price	Total
1	Mobilization	LS	1	\$11,000.00	\$11,000.00
2	Demo Existing Bulkhead Cap	LS	1	\$11,580.00	\$11,580.00
3	Concrete Bulkhead	LF	482	\$ 161.25	\$77,722.50
4	3' Wide Sidewalk	LF	482	\$ 39.22	\$18,904.04
5	Tie-back Rods	EA	92	\$ 494.50	\$45,494.00
6	Timber Waller	LF	482	\$ 18.50	\$8,917.00
7	4" Select Fill	LS	1	\$1,700.00	\$1,700.00
8	Grade Topsoil	LS	1	\$ 900.00	\$900.00
9	Delete PVC Drains	LS	1	\$ (600.00)	(\$600.00)
				Total Due	\$175,617.54

Reminder: Please include the invoice
Terms: Balance due in 15 days.

REMITTANCE				
Customer Name:	Calhoun County			
JOB Description	Magnolia Beach Bulkhead Cap Replacement			
INVOICE #:	STA-024-455			
Date:	11/14/2024			
Amount Due:	\$175,617.54			
Remittance amount:				

CONTRACTOR'S GUARANTEE

I, Keith Staff, being owner of Staff Concrete Construction (hereinafter called "CONTRACTOR"), do hereby make the following statements to **CALHOUN COUNTY** (hereinafter called "OWNER") in relation to the completed project known as **BID NUMBER 2024.07 - MAGNOLIA BEACH - OCEAN DRIVE BULKHEAD CAP REPLACEMENT PROJECT FOR CALHOUN COUNTY, TEXAS.**

I guarantee...

That all of the completed Work is free from faulty materials in every particular,

That all of the completed Work is free from improper workmanship, and

That no injury will occur from proper and usual wear,

That OWNER has been assigned all guarantees and/or warranties originally made to CONTRACTOR by suppliers and subcontractors, if any. (Such assignment does not relieve CONTRACTOR of the responsibility stated in each guarantee and/or warranty in case of failure of suppliers or subcontractors to fulfill the provisions of such guarantees and/or warranties.)

I agree...

That the execution of the final certificate or the receipt of the final payment does not relieve CONTRACTOR of the responsibility for neglect of faulty materials or workmanship during the period covered by this Guarantee,

To replace or to re-execute without cost to OWNER such Work as may be found to be improper or imperfect, and

To make good all damage caused to other Work or materials, due to such required replacement or re-execution.

This Guarantee is in effect as of the 20th day of November 2024, and shall cover a period of **ONE (1) FULL YEAR** from said effective date.

Staff Concrete Construction
(CONTRACTOR)

Signed By: [Signature]

Print Name/Title: Keith Staff, Owner

Date: 11/20/24

**CONTRACTOR's CONDITIONAL WAIVER AND
RELEASE ON FINAL PAYMENT**

THE STATE OF TEXAS §
COUNTY OF Calhan §

Project: **BID NUMBER 2024.07 - MAGNOLIA BEACH - OCEAN DRIVE
BULKHEAD CAP REPLACEMENT PROJECT FOR CALHOUN
COUNTY, TEXAS.**

Job No. 9115.029

On receipt by the signer of this document of a check from **CALHOUN COUNTY**
(*maker of check*) in the sum of \$ 175,617.54 payable to
Staff Concrete Construction (*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 Magnolia Beach - Ocean Drive, Port Lavaca, Texas
(*location*) to the following extent: **BID NUMBER 2024.07 - MAGNOLIA BEACH -
OCEAN DRIVE BULKHEAD CAP REPLACEMENT PROJECT FOR CALHOUN
COUNTY, TEXAS. (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.

Staff Concrete Construction

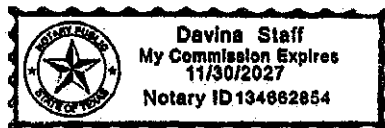
(CONTRACTOR)

Signed By: [Signature]

Print Name: Keith Staff

Title: Owner

SUBSCRIBED AND SWORN TO BEFORE ME by Keith Staff,
on November, 14, 2024, to certify which witness my hand and seal of
office.



[Signature]

Notary Public, State of Texas

My Commission Expires: 11/30/2027

12

12. Consider and take necessary action to approve Agreement with Loftin Equipment Company for Generator Maintenance. (VLL)

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



KOHLER
POWER SYSTEMS
Sourcewell

1220 N. 52nd St. | Phoenix, AZ 85008 | Phone: 602-272-9466 or 800-437-4376
Fax 602-272-7582 | www.loftinequip.com

Planned Maintenance and Annual Service Agreement

Upon acceptance of this agreement, the servicing agent will perform the specified services on described equipment at intervals specified.

Servicing Agent:

Loftin Equipment Company
Phoenix Branch
1220 N 52nd St
Phoenix, AZ 85008

Customer:

Calhoun County - Generac			
211 S Ann St.			
Port Lavace		TX	77979
Email Address:		0	
Att'n:	Everett Wood	PH:	361-553-4499
☐ New PM	☐ Renewal PM	Fax:	0

Proposal:

JW2023

Generator Set:

Make:	Generac	Model:	5331990100	Serial:	2083909	KW:	300
--------------	---------	---------------	------------	----------------	---------	------------	-----

PM Schedule and Pricing:

Please Select Plant, Options and Terms		QTY	Description	Price Per Inspection			Price for Annual Full Service		Total Annual Cost
☐	Monthly	8M/3Q	Monthly	@	\$625.00	+	\$1,380.00	=	\$8,255.00
☐	Quarterly	3Q/1A	Quarterly	@	\$625.00	+	\$1,380.00	=	\$3,255.00
☐	Semi-Annual	1SA/1A	Semi-Annual	@	\$625.00	+	\$1,380.00	=	\$2,005.00
☒	Annual Only	1A	Annual Full Service			@	\$1,430.00	=	\$1,430.00

Additional Service Available (please select):								Price
☒	Two (2) Hour Load Bank Test Per NFPA 110 (Annually)							\$860.00
☐	Four (4) Hour Load Bank Test (Annually)							\$1,180.00
☐	Diesel Refueling Services can be provided at prevailing competitive rates. We can provide up to 100 gallons per visit and can be delivered during scheduled services. Any additional fuel requested is subject to delivery fees.							
☒	Annual Diesel Fuel Analysis Test							\$85.00
☐	Annual Engine Oil Analysis Test							\$40.00
☒	Annual Coolant Fluid Analysis Test							\$40.00

Prices are based on all services being completed between 8:00am and 5:00pm Monday - Friday. Except as otherwise noted, and assumes access for our service vehicle within 50 feet of generator on same level.

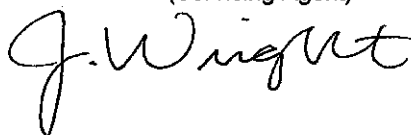
Services to be performed are as described on page 2 of this agreement. This agreement is not subject to alteration except as mutually agreed in writing. The base term of this agreement is one (1) year, unless otherwise specified. This agreement may be terminated at any time by either party upon **30 days** written notice, or other notice as required by law addressed to last known address of the other party. No Claim for damages as a result of such termination shall arise against either party. The servicing agent may withdraw this proposal if not accepted within **30 days** from the date of presentation.

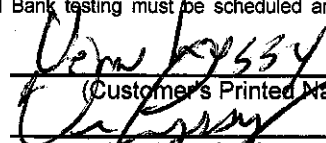
Air filters are installed on an "as needed" basis with additional cost to customer. Execution of contract is based on establishment of a credit account with Loftin Equipment Co. Payment by credit card or check at the time of service is acceptable. Load Bank testing must be scheduled and done with scheduled PM maintenance. Additional Cost will result if scheduled separately.

Proposed By: **Loftin Equipment Company**

(Servicing Agent)

Accepted By:

By: 


(Customer's Printed Name)
(Customer's Signature)

PM Estimator jwright@loftinequip.com

Purchase Order #: _____

Date: Thursday, November 21, 2024

Date: _____



Planned Maintenance will be performed per the following schedule:

Each Scheduled trip will include:

- ✓ Inspection of cooling system fan, fan blades, remote cooling fan motor.
- ✓ Inspection of all cooling system hoses and adjustment of hose clamps, if necessary.
- ✓ Inspection of engine belts, checking belt tension, and adjust if necessary.
- ✓ Inspection of the engine block heater for proper operation, temperature and flow.
- ✓ Inspection and cleaning of generator controller and area (if required).
- ✓ Inspection of gauges for proper operation and adjustment, if needed.
- ✓ Inspection of shut down functions, including emergency stop for proper operation.
- ✓ Inspection of Automatic Transfer Switch for proper operation (with or without load).
- ✓ Checking of settings for Automatic Transfer Switch.
- ✓ Verifying proper operation of Remote Annunciator panel.
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- ✓ Generator set will be started and run, to verify proper operation of unit.
- ✓ Inspection and adjustment of all gauges.
- ✓ Inspection of anti-freeze/coolant level.
- ✓ Inspection of generator for oil, fuel, and coolant leaks.
- ✓ Inspection of exhaust system and silencer for leaks, cracks, and deterioration.
- ✓ Draining of moisture from exhaust piping (if equipped).
- ✓ Checking batteries for water level, level of charge and corrosion on terminals.
- ✓ Checking fuel system, including day tank or transfer tank (if equipped).

Once a year, the following will also be performed:

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If during the course of the [Work], an Impacted Material item experiences a price increase or decrease from its original Baseline Price as set forth in Schedule A, [Loftin] shall notify the [Owner] in writing within thirty (30) days for the date [Loftin] is made aware of such increase/decrease and shall include appropriate documentation substantiating the change from the Baseline Price. The [Contract Price] shall then be equitably adjusted to account for such change in price, but only for the quantity of Impacted Material delivered on or after the date on which written notice of the change is given by [Loftin]. Such adjustment shall be limited to [Loftin's] direct costs of the increase/decrease, shall not include any additional mark-up for overhead and profit, and shall establish the new Baseline Price to be used for any further equitable price adjustments resulting from subsequent market fluctuations. No adjustment shall be made for any quantities of Impacted Materials scheduled for delivery under the terms of the [Agreement] prior to the date on which written notice of the change is given by [Loftin], unless the failure to deliver such quantities before that date is beyond the control of and without the fault of [Loftin].

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1220 N. 52nd St. | Phoenix, AZ 85008 | Phone: 602-272-9466 or 800-437-4376
Fax 602-272-7582 | www.loftinequip.com

Planned Maintenance and Annual Service Agreement

Upon acceptance of this agreement, the servicing agent will perform the specified services on described equipment at intervals specified.

Servicing Agent:

Loftin Equipment Company
Phoenix Branch
1220 N 52nd St
Phoenix, AZ 85008

Proposal:

JW2023

Customer:

Calhoun County - Generac			
211 S Ann St.			
Port Lavace		TX	77979
Email Address:		0	
Att'n:	Everett Wood	PH:	361-553-4499
☐ New PM	☐ Renewal PM	Fax:	0

Generator Set:

Make: Generac	Model: 5331990100	Serial: 2083909	KW: 300
----------------------	--------------------------	------------------------	----------------

PM Schedule and Pricing:

Please Select Plant, Options and Terms	QTY	Description	Price Per Inspection		Price for Annual Full Service		Total Annual Cost
☐ Monthly	8M/3Q	Monthly	@	\$625.00	+	\$1,380.00	= \$8,255.00
☐ Quarterly	3Q/1A	Quarterly	@	\$625.00	+	\$1,380.00	= \$3,255.00
☐ Semi-Annual	1SA/1A	Semi-Annual	@	\$625.00	+	\$1,380.00	= \$2,005.00
☒ Annual Only	1A	Annual Full Service	@			\$1,430.00	= \$1,430.00

Additional Service Available (please select):

	Price
☒ Two (2) Hour Load Bank Test Per NFPA 110 (Annually)	\$860.00
☐ Four (4) Hour Load Bank Test (Annually)	\$1,180.00
☐ Diesel Refueling Services can be provided at prevailing competitive rates. We can provide up to 100 gallons per visit and can be delivered during scheduled services. Any additional fuel requested is subject to delivery fees.	
☒ Annual Diesel Fuel Analysis Test	\$85.00
☐ Annual Engine Oil Analysis Test	\$40.00
☒ Annual Coolant Fluid Analysis Test	\$40.00

Prices are based on all services being completed between 8:00am and 5:00pm Monday - Friday. Except as otherwise noted, and assumes access for our service vehicle within 50 feet of generator on same level.

Services to be performed are as described on page 2 of this agreement. This agreement is not subject to alteration except as mutually agreed in writing. The base term of this agreement is one (1) year, unless otherwise specified. This agreement may be terminated at any time by either party upon 30 days written notice, or other notice as required by law addressed to last known address of the other party. No Claim for damages as a result of such termination shall arise against either party. The servicing agent may withdraw this proposal if not accepted within 30 days from the date of presentation.

Air filters are installed on an "as needed" basis with additional cost to customer. Execution of contract is based on establishment of a credit account with Loftin Equipment Co. Payment by credit card or check at the time of service is acceptable. Load Bank testing must be scheduled and done with scheduled PM maintenance. Additional Cost will result if scheduled separately.

Proposed By: Loftin Equipment Company
(Servicing Agent)

Accepted By:

By: J. Wright

Vern L. Liss
(Customer's Printed Name)
[Signature]
(Customer's Signature)

PM Estimator jwright@loftinequip.com

Purchase Order #: _____

Date: Thursday, November 21, 2024

Date: _____



Planned Maintenance will be performed per the following schedule:

Each Scheduled trip will include:

- ✓ Inspection of cooling system fan, fan blades, remote cooling fan motor.
- ✓ Inspection of all cooling system hoses and adjustment of hose clamps, if necessary.
- ✓ Inspection of engine belts, checking belt tension, and adjust if necessary.
- ✓ Inspection of the engine block heater for proper operation, temperature and flow.
- ✓ Inspection and cleaning of generator controller and area (if required).
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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Loftin Equipment
Phoenix, AZ United States

Certificate Number:
2024-1241631

Date Filed:
11/20/2024

Date Acknowledged:

11/27/24 BV

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

County of Calhoun

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

TBD
Generator sales & services

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

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Rod Dode, and my date of birth is 7/2/1964.

My address is 1220 N. 52nd St., Phoenix, AZ, 85008, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Maricopa County, State of Arizona, on the 20th day of November, 2024.
(month) (year)

Rod Dode

Signature of authorized agent of contracting business entity
(Declarant)

13

13. Consider and take necessary action to approve the contract between Calhoun County and Shirley & Sons Construction Co., Inc. for Bid Number 2024.09 - Calhoun County Bill Sanders Park – Swan Point Bulkhead & Pier Construction and authorize County Judge to assign all documents. (VLL)

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

AGREEMENT BETWEEN OWNER AND CONTRACTOR

THIS AGREEMENT is by and between CALHOUN COUNTY, (hereinafter called OWNER), and SHIRLEY & SONS CONSTRUCTION CO., INC., (hereinafter called CONTRACTOR).

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

ARTICLE 1 - WORK

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

Construction of 276 feet of vinyl bulkhead and a 233-foot timber pier at the Bill Sanders Park - Swan Point in Seadrift, Texas.

ARTICLE 2 - THE PROJECT

- 2.01 The Project, for which the Work under the Contract Documents may be the whole or only a part, is generally described as the Bid No. 2024.09 - Calhoun County Bill Sanders Park - Swan Point Bulkhead & Pier Construction.

ARTICLE 3 - ENGINEER

- 3.01 The Project has been designed by Urban Engineering who is hereinafter called ENGINEER and who is to act as OWNER's representative, assume all duties and responsibilities, and have the rights and authority assigned to ENGINEER in the Contract Documents in connection with the completion of the Work in accordance with the Contract Documents.

ARTICLE 4 - CONTRACT TIMES

4.01 *Time of the Essence*

- A. All time limits for Milestones, if any, Substantial Completion, and completion and readiness for final payment as stated in the Contract Documents are of the essence of the Contract.

4.02 *Days to Achieve Substantial Completion and Final Payment*

- A. The Work will be substantially completed within 90 calendar days after the date when the Contract Times commence to run as provided in paragraph 2.03 of the General Conditions, and completed and ready for final payment in accordance with paragraph 14.07 of the General Conditions within 14 calendar days after the date of substantial completion.

4.03 *Liquidated Damages*

- A. CONTRACTOR and OWNER recognize that time is of the essence of this Agreement and that OWNER will suffer financial loss if the Work is not completed within the times specified in paragraph 4.02 above, plus any extensions thereof allowed in accordance with Article 12 of the General Conditions. The parties also recognize the delays, expense, and difficulties

involved in proving in a legal or arbitration proceeding the actual loss suffered by OWNER if the Work is not completed on time. Accordingly, instead of requiring any such proof, OWNER and CONTRACTOR agree that as liquidated damages for delay (but not as a penalty), CONTRACTOR shall pay OWNER \$300.00 for each day that expires after the time specified in paragraph 4.02 for Substantial Completion until the Work is substantially complete. After Substantial Completion, if CONTRACTOR shall neglect, refuse, or fail to complete the remaining Work within the Contract Time or any proper extension thereof granted by OWNER, CONTRACTOR shall pay OWNER \$300.00 for each day that expires after the time specified in paragraph 4.02 for completion and readiness for final payment until the Work is completed and ready for final payment.

ARTICLE 5 - CONTRACT PRICE

5.01 OWNER shall pay CONTRACTOR for completion of the Work in accordance with the Contract Documents an amount in current funds equal to the sum of the amounts determined pursuant to paragraph 5.01.A below:

- A. For all Unit Price Work, an amount equal to the sum of the established unit price for each separately identified item of Unit Price Work times the estimated quantity of that item as indicated in the Contractor's Bid in the amount of \$591,200.00 for the Total Base Bid, attached hereto as an exhibit. As provided in paragraph 11.03 of the General Conditions, estimated quantities are not guaranteed, and determinations of actual quantities and classifications are to be made by ENGINEER as provided in paragraph 9.08 of the General Conditions. Unit prices have been computed as provided in paragraph 11.03 of the General Conditions.

ARTICLE 6 - PAYMENT PROCEDURES

6.01 *Submittal and Processing of Payments*

- A. CONTRACTOR shall submit Applications for Payment in accordance with Article 14 of the General Conditions. Applications for Payment will be processed by ENGINEER as provided in the General Conditions.

6.02 *Progress Payments; Retainage*

- A. OWNER shall make progress payments on account of the Contract Price on the basis of CONTRACTOR's Applications for Payment on or about the first day of each month during performance of the Work as provided in paragraph 6.02.A.1 below. All such payments will be measured by the schedule of values established in paragraph 2.07.A of the General Conditions (and in the case of Unit Price Work based on the number of units completed) or, in the event there is no schedule of values, as provided in the General Requirements:
 - 1. Prior to Completion, progress payments will be made in an amount equal to the percentage indicated below but, in each case, less the aggregate of payments previously made and less such amounts as ENGINEER may determine or OWNER may withhold, in accordance with paragraph 14.02 of the General Conditions:
 - a. Ninety percent (90%) of Work completed (with the balance being retainage); and
 - b. Ninety percent (90%) of cost of materials and equipment not incorporated in the Work (with the balance being retainage).

6.03 *Final Payment*

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

ARTICLE 7 - CONTRACTOR'S REPRESENTATIONS

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

- A. CONTRACTOR has examined and carefully studied the Contract Documents and the other related data identified in the Bidding Documents.
- B. CONTRACTOR has visited the Site and become familiar with and is satisfied as to the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
- C. CONTRACTOR is familiar with and is satisfied as to all federal, state, and local Laws and Regulations that may affect cost, progress, and performance of the Work.
- D. CONTRACTOR has carefully studied all: (1) reports of explorations and tests of subsurface conditions at or contiguous to the Site and all drawings of physical conditions in or relating to existing surface or subsurface structures at or contiguous to the Site (except Underground Facilities) which have been identified in the Supplementary Conditions as provided in paragraph 4.02 of the General Conditions and (2) reports and drawings of a Hazardous Environmental Condition, if any, at the Site which has been identified in the Supplementary Conditions as provided in paragraph 4.06 of the General Conditions.
- E. CONTRACTOR has obtained and carefully studied (or assumes responsibility for having done so) all additional or supplementary examinations, investigations, explorations, tests, studies, and data concerning conditions (surface, subsurface, and Underground Facilities) at or contiguous to the Site which may affect cost, progress, or performance of the Work or which relate to any aspect of the means, methods, techniques, sequences, and procedures of construction to be employed by CONTRACTOR, including applying the specific means, methods, techniques, sequences, and procedures of construction, if any, expressly required by the Contract Documents to be employed by CONTRACTOR, and safety precautions and programs incident thereto.
- F. CONTRACTOR does not consider that any further examinations, investigations, explorations, tests, studies, or data are necessary for the performance of the Work at the Contract Price, within the Contract Times, and in accordance with the other terms and conditions of the Contract Documents.
- G. CONTRACTOR is aware of the general nature of work to be performed by OWNER and others at the Site that relates to the Work as indicated in the Contract Documents.
- H. CONTRACTOR has correlated the information known to CONTRACTOR, information and observations obtained from visits to the Site, reports and drawings identified in the Contract Documents, and all additional examinations, investigations, explorations, tests, studies, and data with the Contract Documents.

- I. CONTRACTOR has given ENGINEER written notice of all conflicts, errors, ambiguities, or discrepancies that CONTRACTOR has discovered in the Contract Documents, and the written resolution thereof by ENGINEER is acceptable to CONTRACTOR.
- J. The Contract Documents are generally sufficient to indicate and convey understanding of all terms and conditions for performance and furnishing of the Work.

ARTICLE 8 - CONTRACT DOCUMENTS

8.01 *Contents*

- A. The Contract Documents consist of the following:
 - 1. This Agreement;
 - 2. Performance Bond;
 - 3. Payment Bond;
 - 4. Other Bonds;
 - 5. General Conditions;
 - 6. Supplementary Conditions;
 - 7. General Conditions – Calhoun County
 - 8. Specifications as listed in the Table of Contents of the Project Manual;
 - 9. Drawings as listed on page 00015-1 of the Project Manual;
 - 10. Addenda;
 - 11. Exhibits to this Agreement (enumerated as follows):
 - a. Notice to Proceed;
 - b. CONTRACTOR's Bid;
 - c. Documentation submitted by CONTRACTOR prior to Notice of Award.
 - 12. The following which may be delivered or issued on or after the Effective Date of the Agreement and are not attached hereto:
 - a. Written Amendments;
 - b. Work Change Directives;
 - c. Change Order(s).
- B. The documents described in paragraph 8.01.A are incorporated into this Agreement for all purposes as if set forth verbatim herein.
- C. There are no Contract Documents other than those listed above in this Article 8.

- D. The Contract Documents may only be amended, modified, or supplemented as provided in paragraph 3.04 of the General Conditions.
- E. All protests and disputes will be held in Port Lavaca, Calhoun County, Texas.

ARTICLE 9 - MISCELLANEOUS

9.01 Terms

- A. Terms used in this Agreement will have the meanings indicated in the General Conditions.

9.02 Assignment of Contract

- A. No assignment by a party hereto of any rights under or interests in the Contract will be binding on another party hereto without the written consent of the party sought to be bound; and, specifically but without limitation, moneys that may become due and moneys that are due may not be assigned without such consent (except to the extent that the effect of this restriction may be limited by law), and unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under the Contract Documents.

9.03 Successors and Assigns

- A. OWNER and CONTRACTOR each binds itself, its partners, successors, assigns, and legal representatives to the other party hereto, its partners, successors, assigns, and legal representatives in respect to all covenants, agreements, and obligations contained in the Contract Documents.

9.04 Severability

- A. Any provision or part of the Contract Documents held to be void or unenforceable under any Law or Regulation shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon OWNER and CONTRACTOR, who agree that the Contract Documents shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

[The rest of this page is intentionally blank.]

IN WITNESS WHEREOF, OWNER and CONTRACTOR have caused this Agreement to be executed by their duly authorized officials in one original. Additional copies of the original executed Agreement will be distributed to all appropriate parties.

The effective date of this Agreement will be November 27, 2024.

OWNER:

CONTRACTOR:

CALHOUN COUNTY

SHIRLEY & SONS CONSTRUCTION CO., INC.

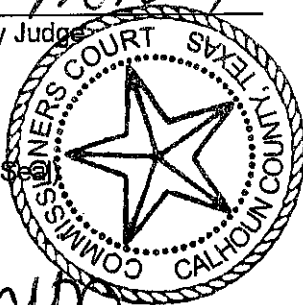
By: [Signature]

Richard H. Meyer, County Judge

By: [Signature]

Ronald R. Shirley II, President

(Corporate Seal)



(Corporate Seal)

Attest: [Signature]

Title: deputy clerk

Attest: [Signature]

Title: Secretary

Address for giving notices:

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

Address for giving notices:

P.O. Box 429
Cleveland, Texas 77328

License No.: _____
(Where applicable)

Agent for service of process: Ronald Shirley

(If Contractor is a corporation or a partnership,
attach evidence of authority to sign.)

Designated Representative:

Name: _____

Title: _____

Address: _____

Phone: _____

Facsimile: _____

Designated Representative:

Name: Ronald Shirley

Title: President

Address: 15705 Fm 787 W

Cleveland TX 77327

Phone: 713 222 7881

Facsimile: 281-592-9543

Performance Bond

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):
Shirley & Sons Construction Co., Inc.
P.O. Box 429
Cleveland, TX 77328-0429

OWNER (Name and Address):
Calhoun County
211 S. Ann Street, Suite 301
Port Lavaca, TX 77979

SURETY (Name and Address of Principal Place of business):
Harco National Insurance Company
28420 Hardy Toll Road, Suite 200
Spring, TX 77373

CONTRACT

Date: November 27, 2024

Amount: \$591,200.00

Description (Name and Location):

Bid No. 2024.09 - Calhoun County Bill Sanders Park
Swan Point Bulkhead & Pier Construction - Seadrift, Texas

BOND

Bond Number: HSHNSU0864019

Date (Not earlier than Contract Date): November 27, 2024

Amount: \$591,200.00

Modifications to this Bond Form: None

Surety and Contractor, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Performance Bond to be duly executed on its behalf by its authorized officer, agent or representative.

CONTRACTOR AS PRINCIPAL

Company: Shirley & Sons Construction Co., Inc. (Corp. Seal)

Signature: _____ (SEAL)

Name and Title: Ronald R. Shirley, II, President

SURETY

Company: Harco National Insurance Company (Corp. Seal)

Signature: _____ (SEAL)

Name and Title: James N. Berry, Attorney-In-Fact

(Attach Power of Attorney)

(Space is provided below for signatures of additional parties, if required.)

CONTRACTOR AS PRINCIPAL

Company: _____ (Corp. Seal)

Signature: _____ (SEAL)

Name and Title: _____

SURETY

Company: _____ (Corp. Seal)

Signature: _____ (SEAL)

Name and Title: _____

Form No. 120-28-A (2023 Edition)
Adapted from the 120-28-A (2023 Edition) of the Surety Association of America, Engineers and Contractors Association, the Associated General Contractors of America, and the American Institute of Architects.

120-28-A - Performance Bond
00510

00510-1

1 The CONTRACTOR and the Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to the Owner for the performance of the Contract, which is incorporated herein by reference.

2 If the CONTRACTOR performs the Contract, the Surety and the CONTRACTOR have no obligation under this Bond, except to participate in conferences as provided in paragraph 3.1.

3. If there is no OWNER Default, the Surety's obligation under this Bond shall arise after:

3.1. The OWNER has notified the CONTRACTOR and the Surety at the addresses described in paragraph 10 below, that the OWNER is considering declaring a CONTRACTOR Default and has requested and attempted to arrange a conference with the CONTRACTOR and the Surety to be held not later than fifteen days after receipt of such notice to discuss methods of performing the Contract. If the OWNER, the CONTRACTOR and the Surety agree, the CONTRACTOR shall be allowed a reasonable time to perform the Contract, but such an agreement shall not waive the OWNER's right, if any, subsequently to declare a CONTRACTOR Default; and

3.2. The OWNER has declared a CONTRACTOR Default and formally terminated the CONTRACTOR's right to complete the Contract. Such CONTRACTOR Default shall not be declared earlier than twenty days after the CONTRACTOR and the Surety have received notice as provided in paragraph 3.1; and

3.3. The OWNER has agreed to pay the Balance of the Contract Price to:

3.3.1. The Surety in accordance with the terms of the Contract;

3.3.2. Another contractor selected pursuant to paragraph 4.3 to perform the Contract.

4. When the OWNER has satisfied the conditions of paragraph 3, the Surety shall promptly and at the Surety's expense take one of the following actions:

4.1. Arrange for the CONTRACTOR, with consent of the OWNER, to perform and complete the Contract; or

4.2. Undertake to perform and complete the Contract itself, through its agents or through independent contractors; or

4.3. Obtain bids or negotiated proposals from qualified contractors acceptable to the OWNER for a contract for performance and completion of the Contract, arrange for a contract to be prepared for execution by the OWNER and the contractor selected with the OWNER's concurrence, to be secured with performance and payment bonds executed by a qualified surety equivalent to the Bonds issued on the Contract, and pay to the OWNER the amount of damages as described in paragraph 6 in excess of the Balance of the Contract Price incurred by the OWNER resulting from the CONTRACTOR Default; or

4.4. Waive its right to perform and complete, arrange for completion, or obtain a new contractor and with reasonable promptness under the circumstances;

4.4.1. After investigation, determine the amount for which it may be liable to the OWNER and, as soon as practicable after the amount is determined, tender payment therefor to the OWNER; or

4.4.2. Deny liability in whole or in part and notify the OWNER citing reasons therefor.

5. If the Surety does not proceed as provided in paragraph 4 with reasonable promptness, the Surety shall be deemed to be in default on this Bond fifteen days after receipt of an additional written notice from the OWNER to the Surety demanding that the Surety perform its obligations under this Bond, and the OWNER shall be entitled to enforce any remedy available to the OWNER. If the Surety proceeds as provided in paragraph 4.3, and the OWNER refuses the payment tendered on the Surety has denied liability, in whole or in part, without further notice the OWNER shall be entitled to enforce any remedy available to the OWNER.

6. After the OWNER has terminated the CONTRACTOR's right to complete the Contract, and if the Surety elects to act under paragraph 4.1, 4.2, or 4.3 above, then the responsibilities of the Surety to the OWNER shall not be greater than those of the CONTRACTOR under the Contract, and the responsibilities of the OWNER to the Surety shall not be greater than those of the OWNER under the Contract. To a limit of the amount of this Bond, but subject to commitment by the OWNER of the Balance of the Contract Price to extinguish off costs and damages on the Contract, the Surety is obligated without implication for:

6.1. The responsibilities of the CONTRACTOR for completion of deficient Work and completion of the Contract;

6.2. Additional legal, design professional and delay costs resulting from the CONTRACTOR's Default, and resulting from the actions or failure to act of the Surety under paragraph 4; and

6.3. Liquidated damages, or if no liquidated damages are specified in the Contract, actual damages caused by delayed performance or non-performance of the CONTRACTOR.

7. The Surety shall not be liable to the OWNER or others for obligations of the CONTRACTOR that are unrelated to the Contract, and the Balance of the Contract Price shall not be reduced or set off on account of any such unrelated obligations. No right of action shall accrue on this Bond to any person or entity other than the OWNER or its heirs, executors, administrators, or successors.

8. The Surety hereby waives notice of any change, including changes of time, to the Contract or to related subcontracts, purchase orders and other obligations.

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

10. Notice to the Surety, the OWNER or the CONTRACTOR shall be mailed or delivered to the address shown on the signature page.

11. When this Bond has been furnished to comply with a statutory or other legal requirement in the location where the Contract was to be performed, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. The intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

12. Definitions.

12.1. Balance of the Contract Price: The total amount payable by the OWNER to the CONTRACTOR under the Contract after all proper adjustments have been made, including allowance to the CONTRACTOR of any amounts received or to be received by the OWNER in settlement of insurance or other Claims for damages to which the CONTRACTOR is entitled, reduced by all valid and proper payments made to or on behalf of the CONTRACTOR under the Contract.

12.2. Contract: The agreement between the OWNER and the CONTRACTOR identified on the signature page, including all Contract Documents and changes thereto.

12.3. CONTRACTOR Default: Failure of the CONTRACTOR, which has neither been remedied nor waived, to perform or otherwise to comply with the terms of the Contract.

12.4. OWNER Default: Failure of the OWNER, which has neither been remedied nor waived, to pay the CONTRACTOR as required by the Contract or to perform and complete or comply with the other terms thereof.

Payment Bond

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):
Shirley & Sons Construction Co., Inc.
P.O. Box 429
Cleveland, TX 77328-0429
OWNER (Name and Address):
Calhoun County
211 S. Ann Street, Suite 301
Port Lavaca, TX 77979

SURETY (Name and Address of Principal Place of business):
Harco National Insurance Company
28420 Hardy Toll Road, Suite 200
Spring, TX 77373

CONTRACT
Date: November 27, 2024
Amount: \$591,200.00
Description (Name and Location):
Bid No. 2024.09 - Calhoun County Bill Sanders Park
Swan Point Bulkhead & Pier Construction - Seadrift, Texas

BOND
Bond Number: HSHNSU0864019
Date (Not earlier than Contract Date): November 27, 2024
Amount: \$591,200.00
Modifications to this Bond Form: None

Surety and Contractor, intending to be legally bound hereby, subject to the terms printed on the reverse side hereof, do each cause this Payment Bond to be duly executed on its behalf by its authorized officer, agent or representative.

CONTRACTOR AS PRINCIPAL
Company: Shirley & Sons Construction Co., Inc. **(Corp. Seal)**

Signature: [Signature] **(SEAL)**

Name and Title: Ronald R. Shirley, II, President

(Space is provided below for signatures of additional parties, if required.)

SURETY
Company: Harco National Insurance Company **(Corp. Seal)**

Signature: [Signature] **(SEAL)**

Name and Title: James N. Berry, Attorney-In-Fact

(Attach Power of Attorney)

CONTRACTOR AS PRINCIPAL
Company: **(Corp. Seal)**

Signature: _____ **(SEAL)**

Name and Title: _____

SURETY
Company: **(Corp. Seal)**

Signature: _____ **(SEAL)**

Name and Title: _____

1. The CONTRACTOR and the Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors and assigns to the OWNER to pay for labor, materials and equipment furnished by Claimants for use in the performance of the Contract, which is incorporated herein by reference.
2. With respect to the OWNER, this obligation shall be null and void if the CONTRACTOR:
 - 2.1. Promptly makes payment, directly or indirectly, for all sums due Claimants, and
 - 2.2. Defends, indemnifies and holds harmless the OWNER from all claims, demands, liens or suits alleging non-payment by Contractor by any person or entity who furnished labor, materials or equipment for use in the performance of the Contract, provided the OWNER has promptly notified the CONTRACTOR and the Surety (at the addresses described in paragraph 12) of any claims, demands, liens or suits and tendered defense of such claims, demands, liens or suits to the CONTRACTOR and the Surety, and provided there is no OWNER Default.
3. With respect to Claimants, this obligation shall be null and void if the CONTRACTOR promptly makes payment, directly or indirectly, for all sums due.
4. The Surety shall have no obligation to Claimants under this Bond until:
 - 4.1. Claimants who are employed by or have a direct contract with the CONTRACTOR have given notice to the Surety (at the addresses described in paragraph 12) and sent a copy, or notice thereof, to the OWNER, stating that a claim is being made under this Bond and, with substantial accuracy, the amount of the claim.
 - 4.2. Claimants who do not have a direct contract with the CONTRACTOR:
 1. Have furnished written notice to the CONTRACTOR and sent a copy, or notice thereof, to the OWNER, within 90 days after having last performed labor or last furnished materials or equipment included in the claim stating, with substantial accuracy, the amount of the claim and the name of the party to whom the materials were furnished or supplied or for whom the labor was done or performed; and
 2. Have either received a rejection in whole or in part from the CONTRACTOR, or not received within 30 days of furnishing the above notice any communication from the CONTRACTOR by which the CONTRACTOR had indicated the claim will be paid directly or indirectly; and
 3. Not having been paid within the above 30 days, have sent a written notice to the Surety and sent a copy, or notice thereof, to the OWNER, stating that a claim is being made under this Bond and enclosing a copy of the previous written notice furnished to the CONTRACTOR.
5. If a notice required by paragraph 4 is given by the OWNER to the CONTRACTOR or to the Surety that is sufficient compliance.
6. Reserved
7. The Surety's total obligation shall not exceed the amount of this Bond, and the amount of this Bond shall be credited for any payments made in good faith by the Surety.
8. Amounts owed by the OWNER to the CONTRACTOR under the Contract shall be used for the performance of the Contract and to satisfy claims, if any, under any Performance Bond. By the CONTRACTOR furnishing and the OWNER accepting this Bond, they agree that all funds earned by the CONTRACTOR in the performance of the Contract are dedicated to satisfy obligations of the CONTRACTOR and the Surety under this Bond, subject to the OWNER'S priority to use the funds for the completion of the Work.
9. The Surety shall not be liable to the OWNER, Claimants or others for obligations of the CONTRACTOR that are unrelated to the Contract. The OWNER shall not be liable for payment of any costs or expenses of any Claimant under this Bond, and shall have under this Bond no obligations to make payments to give notices on behalf of, or otherwise have obligations to Claimants under this Bond.
10. The Surety hereby waives notice of any change, including changes of time, to the Contract or to related Subcontracts, purchase orders and other obligations.
11. No suit or action shall be commenced by a Claimant under this Bond other than in a court of competent jurisdiction in the location in which the Work or part of the Work is located or after the expiration of one year from the date (1) on which the Claimant gave the notice required by paragraph 4.1 or paragraph 4.2.3, or (2) on which the last labor or service was performed by anyone or the last materials or equipment were furnished by anyone under the Construction Contract, whichever of (1) or (2) first occurs. If the provisions of this paragraph are void or prohibited by law, the minimum period of limitation available to sureties as a defense in the jurisdiction of the suit shall be applicable.
12. Notice to the Surety, the OWNER or the CONTRACTOR shall be mailed or delivered to the addresses shown on the signature page. Actual receipt of notice by Surety, the OWNER or the CONTRACTOR, however accomplished, shall be sufficient compliance as of the date received at the address shown on the signature page.
13. When this Bond has been furnished to comply with a statutory or other legal requirement in the location where the Contract was to be performed, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. The intent is, that this Bond shall be construed as a statutory Bond and not as a common law bond.
14. Upon request of any person or entity appearing to be a potential beneficiary of this Bond, the CONTRACTOR shall promptly furnish a copy of this Bond or shall permit a copy to be made.
15. DEFINITIONS
 - 15.1. Claimant: An individual or entity having a direct contract with the CONTRACTOR or with a first-tier Subcontractor of the CONTRACTOR to furnish labor, materials or equipment for use in the performance of the Contract. The intent of this Bond shall be to include without limitation in the terms "labor, materials or equipment" that part of water, gas, power, light, heat, oil, gasoline, telephone service or rental equipment used in the Contract, architectural and engineering services required for performance of the Work of the CONTRACTOR and the CONTRACTOR'S Subcontractors, and all other items for which a mechanic's lien may be asserted in the jurisdiction where the labor, materials or equipment were furnished.
 - 15.2. Contract: The agreement between the OWNER and the CONTRACTOR identified on the signature page, including all Contract Documents and changes thereto.
 - 15.3. OWNER Default: Failure of the OWNER, which has neither been remedied nor waived, to pay the CONTRACTOR as required by the Contract or to perform and complete or comply with the other terms thereof.

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # HSHNSU0864019

Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

JAMES N. BERRY

Houston, TX

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents
on this 31st day of December, 2023



STATE OF NEW JERSEY
County of Essex

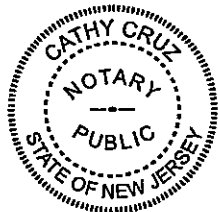
STATE OF ILLINOIS
County of Cook



Michael F. Zurcher

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2023, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2029

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, **November 27, 2024**

A02198

Irene Martins, Assistant Secretary

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact Harco National Insurance Company at:

1-800-333-4167

You may also write to: Harco National Insurance Company c/o IAT Surety at:

**Attn: Claims Department
One Newark Center, 20th Floor
Newark, NJ 07102**

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

1-800-252-3439

You may write the Texas Department of Insurance:

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

PREMIUM OR CLAIM DISPUTES:

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

ATTACH THIS NOTICE TO YOUR BOND:

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

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede comunicarse con su Harco National Insurance Company al:

1-800-333-4167

Usted tambien puede escribir a Harco National Insurance Company c/o IAT Surety at:

**Attn: Claims Department
One Newark Center, 20th Floor
Newark, NJ 07102**

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

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

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

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU FIANZA DE GARANTIA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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14. Accept Monthly Reports from the following County Offices:

a) Tax-Assessor-Collector's – October 2024

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

**SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
OCTOBER 2024**

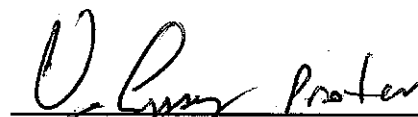
	COLLECTIONS	DISBURSEMENTS
Title Certificate Fees 419	\$ 5,447.00	
Title Fees Paid TXDMV		\$ 3,352.00
Title Fees Paid County Treasurer Salary Fund		\$ 2,095.00
 Motor Vehicle Registration Collections	 \$ 159,854.36	
Disabled Person Fees	\$ 65.00	
Postage	\$ 23.25	
Global Additional Collections		
Paid TXDMV		\$ 132,160.54
Paid TXDMV SP		\$ 19,720.18
Paid County Treasurer		\$ -
Paid County Treasurer Salary Fund		\$ 5,685.20
DMV CCARDTRNSFEE \$ 2,373.10		\$ -
GL Additional Collections		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's		\$ 1,721.88
GLOBAL Fees In Excess of Collections		\$ 654.81
MERCH SERVICES STATEMENT		\$ -
 Additional Postage - Vehicle Registration	 \$ -	
Paid County Treasurer - Additional Postage		\$ -
 Motor Vehicle Sales & Use Tax Collections	 \$ 516,811.93	
Paid State Treasurer		\$ 516,811.93
 Special Road/Bridge Fees Collected	 \$ 21,100.00	
Paid County Treasurer - R/B Fees		\$ 21,100.00
 Texas Parks & Wildlife Collections	 \$ 3,950.00	
TPW GLOBAL CC TRANSACTION FEES	\$ 97.39	
GLOBAL ADDITIONAL COLLECTIONS	\$ -	
Paid Texas Parks & Wildlife		\$ 3,555.00
Paid County Treasurer Salary Fund		\$ 395.00
P&W CCARDTRNSFEE \$ 97.39		
GLOBAL Additional Collections \$ -		
GLOBAL (IBC) Credit/Debit Card Fee's		\$ 278.05
GLOBAL In Excess/Shortage of Collections		\$ (180.66)
 Boat/Motor Sales & Use Tax Collections	 \$ 34,480.26	
Paid State Treasurer		\$ 32,756.25
Paid County Treasurer, Salary Fund		\$ 1,724.01
 TABC 5% CO COMMS FOR MONTH OF	 \$ -	
TABC 5% CO COMMS FOR MONTH OF	\$ -	
Paid County Treasurer, Salary Fund		\$ -
 County Beer & Wine Collections	 \$ 310.00	
Paid County Treasurer, County Beer & Wine		\$ 294.50
Paid County Treasurer, Salary Fund		\$ 15.50
 INTEREST EARNED ON OFFICE ACCOUNT	 \$ 169.40	
Paid County Treasurer, Nav. East		\$ 0.12
Paid County Treasurer, all other districts		\$ 169.28
 INTEREST EARNED ON PARKS AND WILDLIFE ACCOUNT	 \$ 28.00	
Paid County Treasurer, Interest on P&W Acc		\$ 28.00
 INTEREST EARNED ON REFUND ACCOUNT	 \$ 0.33	
Paid County Treasurer, Interest on Refund Acc		\$ 0.33

Business Personal Property - Misc. Fees	\$ 1,313.77	\$ 1,313.77
Paid County Treasurer		
Excess Funds	\$ -	\$ -
Paid County Treasurer		
Overpayments	\$ 102.09	
Current Tax Collections	\$ 15,442,418.05	
Penalty and Interest - Current Roll	\$ -	
Discount for early payment of taxes		\$ 463,215.76
Delinquent Tax Collections	\$ 8,725.72	
Penalty & Interest - Delinquent Roll	\$ 5,376.57	
Delinquent Tax Collections Report 09/09/2024 thru 10/13/2024	\$ (621.91)	
Collections for Delinquent Tax Attorney	\$ 4,666.08	
Advance - FM & L Taxes		\$ 7.04
Advance - County AdValorem Taxes		\$ 14,801,269.60
Paid County Treasurer - Nav. East		\$ 11,080.71
Paid County Treasurer - all other Districts		\$ 181,049.32
Delinquent Tax Collections Report 09/09/2024 thru 10/13/2024		\$ (621.91)
Paid County Treasurer - Delinq Tax Atty. Fee		\$ 4,666.08
Payment in Lieu of Taxes	\$ -	
Paid County Treasurer - Navig. East		\$ -
Paid County Treasurer - All other Districts		\$ -
Special Farmers Fees Collected	\$ 40.00	
Paid State Treasurer, Farmers Fees		\$ 40.00
Hot Check Collection Charges	\$ -	
Paid County Treasurers, Hot Check Charge		\$ -
Overage on Collection/Assessing Fees	\$ -	
Paid County Treasurer, overage refunded		\$ -
Escheats	\$ -	
Paid County Treasurer-escheats		\$ -
TOTAL COLLECTIONS	\$ 16,204,357.29	

TOTAL DISBURSEMENTS \$ 16,204,357.29

TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY \$ 16,204,357.29


 KERRI BOYD
 Tax Assessor-Collector


 RICHARD H MEYER
 County Judge

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

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

November 27, 2024

APPROVAL LIST - 2024 BUDGET
COMMISSIONERS COURT MEETING OF

11/27/24

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 22

\$210,836.24

FICA PAYROLL 11/22/2024
MEDICARE PAYROLL 11/22/2024
FWH PAYROLL 11/22/2024
NATIONWIDE RETIREMENT SOLUTIONS PAYROLL 11/22/2024
OFFICE OF THE ATTORNEY GENERAL - CHILD SUPPORT PAYROLL 11/22/2024
VOYA PAYROLL 11/22/2024

P/R \$ 64,382.70
P/R \$ 15,189.82
P/R \$ 42,498.50
P/R \$ 1,707.50
P/R \$ 2,587.45
P/R \$ 1,905.00

TOTAL VENDOR DISBURSEMENTS:

\$ 339,107.21

TOTAL AMOUNT FOR APPROVAL:

\$ 339,107.21

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: COUNTY TAX COLLECTOR

DEPARTMENT NO: 200

AMENDMENT NO: 6880 REQUESTOR: TAX ACCESSOR COLLECTOR

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER PART-TIME POSITION THROUGH YEAR END

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
51645	PART-TIME EMPLOYEES	999	NO GRANT	\$0	\$0	\$1,500	\$0	(\$1,500)	
51910	SOCIAL SECURITY	999	NO GRANT	\$0	\$0	\$115	\$0	(\$115)	
51930	RETIREMENT	999	NO GRANT	\$0	\$0	\$170	\$0	(\$170)	
51940	WORKMENS COMPENSATION	999	NO GRANT	\$0	\$0	\$3	\$0	(\$3)	
51950	FEDERAL/STATE UNEMPLOYMENT	999	NO GRANT	\$0	\$0	\$3	\$0	(\$3)	
61340	COPY MACHINE LEASE	999	NO GRANT	\$0	\$0	\$0	\$1,791		\$1,791
AMENDMENT NO 6880 TOTAL				\$0	\$0	\$1,791	\$1,791	\$0	\$0

COUNTY TAX COLLECTOR TOTAL \$0 \$0 \$1,791 \$1,791 \$0

DEPARTMENT NAME: COUNTY TREASURER

DEPARTMENT NO: 210

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
50325	DEPUTY COUNTY TREASURER	999	NO GRANT	\$0	\$0	\$0	\$186	\$186	
51630	COMP TIME PAY	999	NO GRANT	\$0	\$0	\$186	\$0	(\$186)	
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$1,400	\$0	(\$1,400)	
63290	LEGAL NOTICES	999	NO GRANT	\$0	\$0	\$0	\$99	\$99	
71648	EQUIPMENT-COMPUTER	999	NO GRANT	\$0	\$0	\$0	\$602	\$602	
71650	EQUIPMENT	999	NO GRANT	\$0	\$0	\$0	\$699	\$699	
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$1,586	\$1,586	\$0	\$0

COUNTY TREASURER TOTAL \$0 \$0 \$1,586 \$1,586 \$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: DISTRICT COURT

DEPARTMENT NO: 430

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE / DECREASE
60050	ADULT ASSIGNED-ATTORNEY FEES	999	NO GRANT	\$0	\$0	\$2,000	\$0	(\$2,000)
60051	ADULT ASSIGNED-INVESTIGATION E	999	NO GRANT	\$0	\$0	\$0	\$1,301	\$1,301
65770	SHERIFF FEES-OTHER COUNTIES	999	NO GRANT	\$0	\$0	\$0	\$199	\$199
66502	TRAVEL-SPECIAL DISTRICT JUDGE	999	NO GRANT	\$0	\$0	\$0	\$500	\$500
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$2,000	\$2,000	\$0
DISTRICT COURT TOTAL				\$0	\$0	\$2,000	\$2,000	\$0

DEPARTMENT NAME: ELECTIONS

DEPARTMENT NO: 270

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE / DECREASE
51550	ELECTION JUDGES & CLERK	999	NO GRANT	\$0	\$0	\$696	\$0	(\$696)
51613	OVERTIME BASE PAY	999	NO GRANT	\$0	\$0	\$19	\$0	(\$19)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$9	\$0	(\$9)
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	\$0	\$0	\$0	\$225	\$225
66476	TRAVEL IN COUNTY	999	NO GRANT	\$0	\$0	\$0	\$99	\$99
66498	TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$400	\$400
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$724	\$724	\$0
ELECTIONS TOTAL				\$0	\$0	\$724	\$724	\$0

DEPARTMENT NAME: EMERGENCY MANAGEMENT

DEPARTMENT NO: 630

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY MANAGEMENT

DEPARTMENT NO: 630

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
51940	WORKMENS COMPENSATION	999	NO GRANT	\$0	\$0	\$62	\$0	(\$62)	\$62
53110	COMPUTER SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$62	\$62	\$0
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$62	\$62	\$62	\$0

EMERGENCY MANAGEMENT TOTAL \$0 \$0 \$62 \$62 \$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6881 REQUESTOR: EMERGENCY MEDICAL SERVICES

AMENDMENT REASON: ADJUST EMT PAY TO COVER REMAINDER OF YEAR - BUDGETED IN PARAMEDIC

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
50485	EMERGENCY MEDICAL TECHNICIAN	999	NO GRANT	\$0	\$0	\$40,000	\$0	(\$40,000)	\$40,000
50815	PARAMEDIC	999	NO GRANT	\$0	\$0	\$0	\$40,000	\$40,000	\$0
AMENDMENT NO 6881 TOTAL				\$0	\$0	\$40,000	\$40,000	\$40,000	\$0

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
50815	PARAMEDIC	999	NO GRANT	\$0	\$0	\$0	\$51,664	\$51,664	\$0
51620	ADDITIONAL PAY-REGULAR RATE	999	NO GRANT	\$0	\$0	\$1,000	\$0	(\$1,000)	\$0
51740	VACATION PAY ON TERMINATION	999	NO GRANT	\$0	\$0	\$664	\$0	(\$664)	\$0
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	\$0	\$0	\$5,000	\$0	(\$5,000)	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES

DEPARTMENT NO: 345

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
60890	COLLECTIONS-ACCOUNTS RECEIVA	999	NO GRANT	\$0	\$0	\$45,000	\$0	(\$45,000)	\$0
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$51,664	\$51,664	\$0	\$0

EMERGENCY MEDICAL SERVICES TOTAL \$0 \$0 \$91,664 \$91,664 \$0

DEPARTMENT NAME: INFORMATION TECHNOLOGY

DEPARTMENT NO: 275

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
65461	REPAIRS-117 W. ASH ST. BUILDING	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000	\$0
66609	UTILITIES-117 W. ASH ST. BUILDING	999	NO GRANT	\$0	\$0	\$1,000	\$0	(\$1,000)	\$0
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$1,000	\$1,000	\$0	\$0

INFORMATION TECHNOLOGY TOTAL \$0 \$0 \$1,000 \$1,000 \$0

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

AMENDMENT NO: 6876 REQUESTOR: ADULT DETENTION CENTER

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$1,119	\$0	(\$1,119)	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

AMENDMENT NO: 6876 REQUESTOR: ADULT DETENTION CENTER

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$843	\$843	
66498	TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$200	\$200	
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$76	\$76	
AMENDMENT NO 6876 TOTAL				\$0	\$0	\$1,119	\$1,119	\$0	\$0

AMENDMENT NO: 6878 REQUESTOR: ADULT DETENTION CENTER

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
53420	JAIL MAINTENANCE/SUPPLIES	999	NO GRANT	\$0	\$0	\$1,098	\$0	(\$1,098)	
61170	CONTRACT MEDICAL SERVICES	999	NO GRANT	\$0	\$0	\$0	\$99	\$99	
72120	EQUIPMENT - INFIRMARY	999	NO GRANT	\$0	\$0	\$0	\$999	\$999	
AMENDMENT NO 6878 TOTAL				\$0	\$0	\$1,098	\$1,098	\$0	\$0

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
50363	DEPUTY JAILER	999	NO GRANT	\$0	\$0	\$0	\$7,624	\$7,624	
51620	ADDITIONAL PAY-REGULAR RATE	999	NO GRANT	\$0	\$0	\$514	\$0	(\$514)	
51630	COMP TIME PAY	999	NO GRANT	\$0	\$0	\$926	\$0	(\$926)	
51740	VACATION PAY ON TERMINATION	999	NO GRANT	\$0	\$0	\$6,184	\$0	(\$6,184)	
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$7,624	\$7,624	\$0	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

JAIL TOTAL \$0 \$0 \$9,841 \$9,841 \$0

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

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
61340	COPY MACHINE LEASE	999	NO GRANT	\$0	\$0	\$115	\$0		(\$115)
65840	SOFTWARE TRAINING	999	NO GRANT	\$0	\$0	\$0	\$115		\$115
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$115	\$115	\$0	\$0

JUSTICE OF PEACE-PRECINCT #4 TOTAL \$0 \$0 \$115 \$115 \$0

DEPARTMENT NAME: JUVENILE COURT DEPARTMENT NO: 500

AMENDMENT NO: 6875 REQUESTOR: JUVENILE COURT

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER EXPENSE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
63110	JUVENILE DETENTION SERVICES	999	NO GRANT	\$0	\$0	\$0	\$5,000		\$5,000
6376	MEDICAL/DENTAL FEES	999	NO GRANT	\$0	\$0	\$5,000	\$0		(\$5,000)
AMENDMENT NO 6875 TOTAL				\$0	\$0	\$5,000	\$5,000	\$0	\$0

JUVENILE COURT TOTAL \$0 \$0 \$5,000 \$5,000 \$0

DEPARTMENT NAME: MUSEUM DEPARTMENT NO: 150

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: MUSEUM

DEPARTMENT NO: 150

AMENDMENT NO: 6873 REQUESTOR: MUSEUM

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER EXPENSE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53920	BOOKS	999	NO GRANT	\$0	\$0	\$0	\$95	\$95
54020	DUES	999	NO GRANT	\$0	\$0	\$95	\$0	(\$95)
AMENDMENT NO 6873 TOTAL				\$0	\$0	\$95	\$95	\$0

MUSEUM TOTAL \$0 \$0 \$95 \$95 \$0

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

AMENDMENT NO: 6870 REQUESTOR: COMMISSIONER PRECINCT #1

AMENDMENT REASON: LINE ITEM ADJUSTMENT FOR PAYROLL

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51545	PART-TIME EMPLOYEES	999	NO GRANT	\$0	\$0	\$1,500	\$0	(\$1,500)
64370	OUTSIDE MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$1,500	\$1,500
AMENDMENT NO 6870 TOTAL				\$0	\$0	\$1,500	\$1,500	\$0

AMENDMENT NO: 6877 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)
64790	POSTAGE	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
AMENDMENT NO 6877 TOTAL				\$0	\$0	\$100	\$100	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

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

ROAD AND BRIDGE-PRECINCT #1 TOTAL \$0 \$0 \$1,600 \$1,600 \$0

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

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
51740	VACATION PAY ON TERMINATION	999	NO GRANT	\$0	\$0	\$0	\$422	\$422	
51940	WORKMENS COMPENSATION	999	NO GRANT	\$0	\$0	\$420	\$0	(\$420)	
51950	FEDERAL/STATE UNEMPLOYMENT	999	NO GRANT	\$0	\$0	\$40	\$0	(\$40)	
53550	LUMBER	999	NO GRANT	\$0	\$0	\$0	\$99	\$99	
53597	TREES	999	NO GRANT	\$0	\$0	\$0	\$99	\$99	
60520	BUILDING REPAIRS	999	NO GRANT	\$0	\$0	\$0	\$830	\$830	
66192	TELEPHONE SERVICES	999	NO GRANT	\$0	\$0	\$990	\$0	(\$990)	
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$1,450	\$1,450	\$0	\$0

ROAD AND BRIDGE-PRECINCT #2 TOTAL \$0 \$0 \$1,450 \$1,450 \$0

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

AMENDMENT NO: 6871 REQUESTOR: COMMISSIONER PRECINCT #3

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
50565	HEAVY EQUIPMENT OPERATOR (PR	999	NO GRANT	\$0	\$0	\$0	\$7,000	\$7,000	
50900	SPECIAL LICENSE	999	NO GRANT	\$0	\$0	\$0	\$3,000	\$3,000	
51540	TEMPORARY	999	NO GRANT	\$0	\$0	\$3,000	\$0	(\$3,000)	
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$7,000	\$0	(\$7,000)	
53590	SIGNS	999	NO GRANT	\$0	\$0	\$661	\$0	(\$661)	

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #3

DEPARTMENT NO: 560

AMENDMENT NO: 6871 REQUESTOR: COMMISSIONER PRECINCT #3

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)
53630	INSECTICIDES/PESTICIDES	999	NO GRANT	\$0	\$0	\$0	\$661	\$661
AMENDMENT NO 6871 TOTAL				\$0	\$0	\$10,661	\$10,661	\$0

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51910	SOCIAL SECURITY	999	NO GRANT	\$0	\$0	\$4,340	\$0	(\$4,340)
53540	GASOLINE/OIL/DIESEL/GREASE	999	NO GRANT	\$0	\$0	\$0	\$2,000	\$2,000
63350	LEGAL SERVICES	999	NO GRANT	\$0	\$0	\$0	\$750	\$750
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$0	\$1,590	\$1,590
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$4,340	\$4,340	\$0

ROAD AND BRIDGE-PRECINCT #3 TOTAL \$0 \$0 \$15,001 \$15,001 \$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #4

DEPARTMENT NO: 570

AMENDMENT NO: 6879 REQUESTOR: COMMISSIONER PRECINCT #4

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)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	\$0	\$0	\$2,000	\$0	(\$2,000)
53580	PIPE	999	NO GRANT	\$0	\$0	\$0	\$2,000	\$2,000
62664	GARBAGE COLL-POC PARKS	999	NO GRANT	\$0	\$0	\$0	\$1,248	\$1,248

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #4

DEPARTMENT NO: 570

AMENDMENT NO: 6879 REQUESTOR: COMMISSIONER PRECINCT #4

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)
62676	GARBAGE COLL-SEADRIFT	999	NO GRANT	\$0	\$0	\$1,248	\$0	(\$1,248)
AMENDMENT NO 6879 TOTAL				\$0	\$0	\$3,248	\$3,248	\$0

AMENDMENT NO: 6882 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51540	TEMPORARY SIGNS	999	NO GRANT	\$0	\$0	\$500	\$0	(\$500)
53590		999	NO GRANT	\$0	\$0	\$0	\$500	\$500
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$500	\$500	\$0

ROAD AND BRIDGE-PRECINCT #4 TOTAL \$0 \$0 \$3,748 \$3,748 \$0

DEPARTMENT NAME: SHERIFF

DEPARTMENT NO: 760

AMENDMENT NO: 6874 REQUESTOR: SHERIFF

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER TIRES

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	\$3,199	\$0	(\$3,199)
53915	FILM SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$400	\$400
60490	BUILDING RENTAL	999	NO GRANT	\$0	\$0	\$0	\$2,799	\$2,799
AMENDMENT NO 6874 TOTAL				\$0	\$0	\$3,199	\$3,199	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: SHERIFF

DEPARTMENT NO: 760

SHERIFF TOTAL	\$0	\$0	\$3,199	\$3,199	\$0
GENERAL FUND TOTAL	\$0	\$0	\$138,876	\$138,876	\$0

FUND NAME AIRPORT FUND

FUND NO: 2610

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6882

REQUESTOR: COUNTY AUDITOR OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
64320	OTHER SERVICES/PROGRAMS	999	NO GRANT	\$0	\$0	\$4,000	\$0	\$0	(\$4,000)
73805	ROOF-AIRPORT	999	NO GRANT	\$0	\$0	\$0	\$4,000	\$0	\$4,000
AMENDMENT NO 6882 TOTAL				\$0	\$0	\$4,000	\$4,000	\$0	\$0

NO DEPARTMENT TOTAL	\$0	\$0	\$4,000	\$4,000	\$0
AIRPORT FUND TOTAL	\$0	\$0	\$4,000	\$4,000	\$0

FUND NAME JUSTICE COURT TECHNOLOGY FUND

FUND NO: 2719

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6872

REQUESTOR: JUSTICE COURT TECHNOLOGY

AMENDMENT REASON: ADJUST BUDGET FOR AUGUST REVENUE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE
70751	CAPITAL OUTLAY-JP PCT #1	999	NO GRANT	\$0	\$0	\$222	\$0	\$0	(\$222)
70752	CAPITAL OUTLAY-JP PCT #2	999	NO GRANT	\$0	\$0	\$14	\$0	\$0	(\$14)
70753	CAPITAL OUTLAY-JP PCT #3	999	NO GRANT	\$0	\$0	\$48	\$0	\$0	(\$48)
70754	CAPITAL OUTLAY-JP PCT #4	999	NO GRANT	\$0	\$0	\$29	\$0	\$0	(\$29)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 27, 2024 HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME JUSTICE COURT TECHNOLOGY FUND

FUND NO: 2719

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6872 REQUESTOR: JUSTICE COURT TECHNOLOGY

AMENDMENT REASON: ADJUST BUDGET FOR AUGUST REVENUE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
70755	CAPITAL OUTLAY-JP PCT #5	999	NO GRANT	\$0	\$0	\$136	\$0	(\$136)
AMENDMENT NO 6872 TOTAL				\$0	\$0	\$449	\$0	(\$449)
NO DEPARTMENT TOTAL				\$0	\$0	\$449	\$0	(\$449)

DEPARTMENT NAME: REVENUE

DEPARTMENT NO: 1

AMENDMENT NO: 6872 REQUESTOR: JUSTICE COURT TECHNOLOGY

AMENDMENT REASON: ADJUST BUDGET FOR AUGUST REVENUE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
44061	FEES-JUSTICE OF PEACE-PRECINC	999	NO GRANT	\$216	\$0	\$0	\$0	\$216
44062	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	\$13	\$0	\$0	\$0	\$13
44063	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	\$47	\$0	\$0	\$0	\$47
44064	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	\$28	\$0	\$0	\$0	\$28
44065	FEES-JUSTICE OF PEACE PRECINC	999	NO GRANT	\$132	\$0	\$0	\$0	\$132
46020	INT INC-JUSTICE SYSTEM	999	NO GRANT	\$13	\$0	\$0	\$0	\$13
AMENDMENT NO 6872 TOTAL				\$449	\$0	\$0	\$0	\$449
REVENUE TOTAL				\$449	\$0	\$0	\$0	\$449
JUSTICE COURT TECHNOLOGY FUND TOTAL				\$449	\$0	\$449	\$0	\$0
Grand Total				\$449	\$0	\$143,325	\$142,876	\$0

16

16. Approval of bills and payroll. (VLL)

MMC Bills:

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

Adjourned 10:21am

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11/27/24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	GULF COAST HARDWARE LLC	63196	193941	MAINT 11/14 NIPPLE	9.99	
			53610	ATCO INTERNATIONAL	84	10637363	MAINT 11/12 GLOVES, SAFETY GLASSES	100.29	
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2595220	MAINT 11/19 CLEANER, PADS, MOP HEAD	249.22	
		INSPECTIONS-COURTHOUSE	53640	ATCO INTERNATIONAL	84	10637152	MAINT 11/7 CLEANERS	330.40	
			62834	EAGLE FIRE & SAFETY, INC.	1841	98496	MAINT 11/8 FSS INSPECTION @ CH	158.25	
		MISCELLANEOUS	62834	VCS SECURITY SYSTEMS, INC.	8244	VCS127...	MAINT 10/1 ANNUAL FIRE INSPECTION @ CH	500.00	
			63920	VCS SECURITY SYSTEMS, INC.	8244	274688	MAINT 9/25 SEPT 2024 ACCESS CNTRL @ BAUER	62.95	
		REPAIRS-COURTHOUSE AND JAIL	65454	CFI MECHANICAL INC	2005	SD23855	MAINT 8/14 INSTALL HOT WATER PUMP- MOTOR @ CH	1,365.00	
			65454	CFI MECHANICAL INC	2005	SD23859	MAINT 8/14 REPL REV ROTATION BRD- CHILLER @ CH	652.27	
		TELEPHONE SERVICES	65454	CFI MECHANICAL INC	2005	SD23860	MAINT 8/14 JULY 2024 CHILLER P/M @ JAIL	2,071.25	
			66192	AT&T MOBILITY	5209	3615502...	MAINT 11/12 ACT# 287022659855 PHONE 10/13- 11/12	220.74	
		UTILITIES-COURTHOUSE AND JAIL	66604	CITY OF PORT LAVACA	861	1218440...	CH 11/20 ACT# 12-1844-00 WATER 10/10- 11/10	331.57	
		UTILITIES-JAIL	66605	CITY OF PORT LAVACA	861	1218420...	JAIL 11/20 ACT# 12-1842-01 WATER 10/10- 11/10	3,969.97	
			66605	CITY OF PORT LAVACA	861	1218430...	JAIL 11/20 ACT# 12-1843-00 WATER 10/10- 11/10	87.32	
		UTILITIES-COURTHOUSE ANNEX	66606	CITY OF PORT LAVACA	861	1219100...	ANNEX 11/20 ACT# 12-1910-00 WATER 10/10- 11/10	111.53	
		UTILITIES-COURTHOUSE ANNEX II	66621	CITY OF PORT LAVACA	861	1208950...	ANNEX II 11/20 ACT# 12-0895-01 WATER 10/10- 11/10	69.82	

BUILDING
MAINTENANCE
Total 170

10,290.57 0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.27.24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COMMISSIONERS COURT	230	INTERNET SERVICES	62955	FRONTIER COMMUNICATIONS	2855	3611970...	CH 11/1 ACT# 361-197-0053-122022-5 INTERNET 11/11-12/10	1,200.00	
COMMISSIONERS COURT	Total 230							1,200.00	0.00
CONSTABLE-PRECINCT #4	610	EQUIPMENT	71650	AXON ENTERPRISE INC	2879	INUS24...	CONST4 S/S FLEET3B & TAP	2,131.69	
CONSTABLE-PRECINCT #4	Total 610							2,131.69	0.00
COUNTY CLERK	250	DUES	54020	TEXAS ASSOCIATION OF COUNTIES	7819	239320/...	CO CLK 1/1 ANNUAL DUES-GOODMAN	150.00	
			54020	TEXAS ASSOCIATION OF COUNTIES	7819	242766/...	CO CLK 1/1 ANNUAL DUES-MENCHACA	55.00	
			54020	TEXAS ASSOCIATION OF COUNTIES	7819	244335/...	CO CLK 1/1 ANNUAL DUES-HOLLADAY	55.00	
			54020	TEXAS ASSOCIATION OF COUNTIES	7819	247026/...	CO CLK 1/1 ANNUAL DUES-BLEVINS	55.00	
			54020	TEXAS ASSOCIATION OF COUNTIES	7819	259612/...	CO CLK 1/1 ANNUAL DUES-SMITH	55.00	
			54020	TEXAS ASSOCIATION OF COUNTIES	7819	259613/...	CO CLK 1/1 ANNUAL DUES-PEREZ	55.00	
		MISCELLANEOUS	63920	TEXAS DEPT OF STATE HEALTH	1512	2023496	CO CLK 11/1 OCT 2024 REMOTE BIRTH ACCESS	73.20	
COUNTY CLERK	Total 250							498.20	0.00
COUNTY COURT-AT-LAW	410	ADULT ASSIGNED-ATTORNEY FEES	60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024159	CRT@LAW1 11/14 C# 2023-CR-0167-CC L. MCAFEE	50.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024160	CRT@LAW1 11/14 C# 2023-CR-0078-CC R. GRIMES	242.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2024161	CRT@LAW1 11/14 C# 2024-CR-0119-CC M. PAWLK	352.00	
		COURT REPORTER-SUBSTITUTE	61490	DELTA REPORTING & VIDEO	31960	2022257	CRT@LAW1 11/7 CRT REPORTING SVC 11.6.24	580.00	
		LEGAL SERVICES-COURT APPOINTED	63380	HALE JULIE	3022	2024151	CRT@LAW1 11/13 C# 2011-CV-110	3,542.50	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11/27/24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COUNTY COURT-AT-LAW	Total 410		63380	BRADICICH & USZYNSKI LLP	42601	2024153	CRT@LAW/1 10/30 C# 2024-FAM-0043-CC	957.52	
								5,724.02	0.00
COUNTY TAX COLLECTOR	200	DELINQUENT TAX ATTORNEY FEES	61700	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 11/7 OCT 2024 DTA FEES	4,480.77	
COUNTY TAX COLLECTOR	Total 200							4,480.77	0.00
COUNTY TREASURER	210	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41378064	TREAS 11/4 TONER	370.93	
			53020	QUILL LLC	6602	41384593	TREAS 11/4 TONER, REINFORCEMENTS, CALENDAR	296.27	
			53020	QUILL LLC	6602	41399756	TREAS 11/5 (2) TONER	741.86	
			53020	NEW AMBER	EM...	PO2101...	TREAS 11/25 REIMB PURCHASE OF COFFEE FOR OFFICE	38.94	
COUNTY TREASURER	Total 210							1,448.00	0.00
DISTRICT ATTORNEY	510	BOOKS-LAW	70300	MATTHEW BENDER & CO INC	4222	43438784	DA 11/18 TX CRIM PRACTICE GUIDE INSTALLMENT	1,665.23	
			70300	THOMSON REUTERS - WEST	8612	6164004...	DA 11/12 24-25 O'CONNORS TX FAM/CRIM CODE PLUS	488.00	
DISTRICT ATTORNEY	Total 510							2,153.23	0.00
DISTRICT CLERK	420	GENERAL OFFICE SUPPLIES	53020	MERCER NOLAN PATRICK	2012	0037	DIST CLK 11/12 JUDGE MARR'S PORTRAIT	295.00	
			53020	KABELA ANNA	EM...	PO4202...	DIST CLK 11/20 REIMB-(2) ELEC HEATERS, CLEAN JUDGES ROBES	195.98	
		PHOTO COPIES/SUPPLIES	53030	GREAT AMERICA FINANCIAL	2751	37863659	DIST CLK 11/11 COPIER LEASE	244.00	
		DUES	54020	TEXAS ASSOCIATION OF COUNTIES	7819	244008/...	DIST CLK 1/1 ANNUAL DUES	150.00	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11/27/24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
DISTRICT CLERK	Total 420							884.98	0.00
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	MILES ZACHARY A	1380	2024243	DIST CLK 11/14 C# 2024-CR-8937-DC J. JANUARY	450.00	
			60050	MILES ZACHARY A	1380	2024244	DIST CRT 11/14 C# 2024-CR-8996-DC S. LORANCE	450.00	
			60050	MILES ZACHARY A	1380	2024245	DIST CRT 11/14 C# 2021-CR-8528-DC S. LORANCE	100.00	
			60050	CLARK JERRY	9858	2024246	DIST CRT 11/14 C# 2023-CR-8764-DC T. HECK	450.00	
		CAPITAL OUTLAY	70750	SCHOOL OUTFITTERS LLC	9948	INV1422...	DIST CLK 11/11 BANKERS CHAIR	605.38	
DISTRICT COURT	Total 430							2,055.38	0.00
ELECTIONS	270	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	37863660	ELEC 11/11 COPIER LEASE	125.00	
ELECTIONS	Total 270							125.00	0.00
EMERGENCY COMMUNICATION DIVISION	635	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3619206...	EMER COMM 11/19 ACT# 287343846709 PHONE 10/20- 11/19	45.18	
EMERGENCY COMMUNICATION DIVISION	Total 635							45.18	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	AIRGAS USA, LLC	136	5512072...	EMS 10/31 OCT 2024 CYLINDER RENTAL	1,587.87	
			53980	AIRGAS USA, LLC	136	9155132...	EMS 10/29 OXYGEN	565.83	
			53980	BOUND TREE MEDICAL, LLC	412	85553358	EMS 11/8 ORAL AIRWAY, TRACH TUBE, DART	174.92	
			53980	BOUND TREE MEDICAL, LLC	412	85553359	EMS 11/8 IV SOLUTION	474.66	
			53980	BOUND TREE MEDICAL, LLC	412	85553360	EMS 11/8 BYM, QUIKLOT, IGEL, SX CANS	621.02	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.27.24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MEDICAL SERVICES	Total 345							31,039.10	0.00
EXTENSION SERVICE	110	TRAVEL/OUT OF COUNTY-CEA/HYD	66462	D11 TAE4-HYDP	7772	5120253...	EXT SVC 11/13 MEMBERSHIP DUES- E. DEFOREST	110.00	
EXTENSION SERVICE	Total 110							110.00	0.00
FIRE PROTECTION-OLIVIA/P. ALTO	650	SUPPLIES/OPERATING EXPENSES	53980	HOLT TRUCK CENTERS OF TEXAS	30480	X501077...	OPA VFD 11/13 FILTER, OIL-U433	381.50	
FIRE PROTECTION-OLIVIA/P. ALTO	Total 650		53980	VICTORIA FREIGHTLINER INC	8214	IP02250...	OPA VFD 11/13 FILTER, OIL-U430	284.48	
FIRE PROTECTION-PORT LAVACA	670	MISCELLANEOUS	63920	KERRI BOYD, TAX ASSESSOR	4041	1222016...	PL VFD 11/18 REGISTRATION	7.50	
FIRE PROTECTION-PORT LAVACA	Total 670							7.50	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.27.24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ver... ID	Document Number	Transaction Description	Debit	Credit
HUMAN RESOURCES	265	PHYSICALS/DRUG TESTING	64671	MEMORIAL MEDICAL CENTER	5099	1165061...	HR 11/6 (S) PRE-EMPLOYMENT DRUG SCREENS	148.25	
HUMAN RESOURCES	Total 265							148.25	0.00
INFORMATION TECHNOLOGY	275	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615539...	IT 10/19 ACT# 287289192983 PHONE 9/20- 10/19	121.49	
		UTILITIES-117 W. ASH ST. BUILDING	66609	CITY OF PORT LAVACA	861	1213400...	IT 11/20 ACT# 12-1340-00 WATER 10/10- 11/10	69.82	
INFORMATION TECHNOLOGY	Total 275							191.31	0.00
JAIL OPERATIONS	180	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41218553	JAIL 10/23 TISSUE, HOLE PUNCH, TONER, SOAP	359.53	
			53020	QUILL LLC	6602	41225967	JAIL 10/24 PAPER	1,659.60	
			53020	QUILL LLC	6602	41301263	JAIL 10/29 STORAGE BOXES, (S) CALENDARS	196.36	
			53020	QUILL LLC	6602	41412514	JAIL 11/6 OFFICE CHAIR	396.89	
			53020	QUILL LLC	6602	41419156	JAIL 11/6 PRINTER	109.99	
			53020	QUILL LLC	6602	41426696	JAIL 11/6 CHAIR, PRINTER, REGISTER PAPER	456.12	
		GROCERIES	53955	PERFORMANCE FOOD GROUP INC	63650	3079246	JAIL 11/18 INMATE GROCERIES	1,997.91	
			53955	PERFORMANCE FOOD GROUP INC	63650	3081174	JAIL 11/21 INMATE GROCERIES	2,514.61	
		SUPPLIES-MISCELLANEOUS	53992	PERFORMANCE FOOD GROUP INC	63650	3079246	JAIL 11/18 HAIR NETS	41.80	
		UNIFORMS	53995	GALLS PARENT HOLDINGS LLC	26140	0295732...	JAIL 11/6 UNIFORMS	116.03	
			53995	GALLS PARENT HOLDINGS LLC	26140	0295785...	JAIL 11/7 UNIFORMS	244.93	
			53995	GALLS PARENT HOLDINGS LLC	26140	0296377...	JAIL 11/13 UNIFORMS	120.99	
		COPIER RENTALS	61310	RICOH USA, INC.	34270	1086554...	JAIL 10/7 OCT 2024 COPIER LEASE	288.67	
			61310	RICOH USA, INC.	34270	1087320...	JAIL 11/6 NOV 2024 COPIER LEASE	288.67	

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JAIL OPERATIONS	Total 180							42,545.85	0.00
JUSTICE OF PEACE PRECINCT #2	460	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41241884	JP2 10/24 GLOVES, MARKERS, ENVELOPES, PENS, INK	421.25	
JUSTICE OF PEACE PRECINCT #2	Total 460							421.25	0.00
JUSTICE OF PEACE-PRECINCT #3	470	UTILITIES	66600	ADT SECURITY SERVICES	9766	10995370...	JP3 11/9 ACT# 401589100 SECURITY SVCS 11/28- 2/27	488.10	
JUSTICE OF PEACE-PRECINCT #3	Total 470							488.10	0.00
JUSTICE OF PEACE-PRECINCT #4	480	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	37880309	JP4 11/12 COPIER LEASE	39.03	
JUSTICE OF PEACE-PRECINCT #4	Total 480							39.03	0.00
JUVENILE COURT	500	JUVENILE DETENTION SERVICES	63110	36th JUDICIAL DISTRICT	3897	2024CA...	JUV CRT 11/7 OCT 2024 DETENTION SVCS	1,750.00	
JUVENILE COURT	Total 500							1,750.00	0.00
LIBRARY	140	INTERNET SERVICES	62955	FRONTIER COMMUNICATIONS	2855	3611970...	LIBRARY 11/10 A# 361-197-0199-070623-5 INTERNET 11/10- 12/9	178.00	
		POSTAGE	64790	DINA SANCHEZ, PETTY CASH	13720	PO11142...	LIBRARY 11/14 REIMB PETTY CASH- POSTAGE	5.38	

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LIBRARY	Total 140	PROGRAMS: SUMMER/AUTHOR VISITS TELEPHONE SERVICES	64790	THE LIBRARY STORE INC	4616	715373	LIBRARY 11/13 OUTDOOR STEEL BOOK RETURN-SHIPING	718.99	
			64970	MAS MODERN MARKETING INC	5568	MM1160...	LIBRARY 11/14 LOLLIPOPS	298.55	
			66192	FRONTIER COMMUNICATIONS	2855	3615524...	LIBRARY 11/13 A# 361-552-4926-101592-5 PHONE 11/13-12/12	145.80	
			66192	FRONTIER COMMUNICATIONS	2855	3615527...	LIBRARY 11/13 A# 361-552-7323-042491-5 PHONE 11/13-12/12	276.90	
			66192	MCI MEGA PREFERRED	5035	POMC11...	CALCO 11/19 ACT# 08615304863 LONG DISTANCE SVC	2.48	
			66610	CITY OF PORT LAVACA	861	1217300...	LIBRARY 11/20 ACT# 12-1730-00 WATER 10/10-11/10	111.53	
			66610	CITY OF PORT LAVACA	861	1217310...	LIBRARY 11/20 ACT# 12-1731-00 WATER 10/10-11/10	42.80	
			70550	CENGAGE LEARNING, INC.	26020	85935401	LIBRARY 11/6 (4) BOOKS	107.21	
			70550	CENGAGE LEARNING, INC.	26020	85940302	LIBRARY 11/7 (7) BOOKS	224.73	
			70550	CENTER POINT LARGE PRINT	776	2128511	LIBRARY 11/1 (2) BOOKS	50.34	
LIBRARY	Total 140	CAPITAL OUTLAY EQUIPMENT	70750	THE LIBRARY STORE INC	4616	715373	LIBRARY 11/13 OUTDOOR STEEL BOOK RETURN	7,753.95	
			71650	GULF COAST PAPER CO INC	2619	2592833	LIBRARY 11/12 FLOOR SCRUBBER	5,133.00	
			66192	FRONTIER COMMUNICATIONS	2855	3611970...	CH 11/13 ACT# 361-197-0090-041323-5 PHONE 11/13-12/12	658.80	
			66192	FRONTIER COMMUNICATIONS	2855	3615521...	CALCO 11/16 ACT# 361-552-1476-082207-5 MODEM 11/16-12/15	95.07	
MISCELLANEOUS	280	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3611970...	CH 11/13 ACT# 361-197-0090-041323-5 PHONE 11/13-12/12	658.80	
			66192	FRONTIER COMMUNICATIONS	2855	3615521...	CALCO 11/16 ACT# 361-552-1476-082207-5 MODEM 11/16-12/15	95.07	
								15,049.66	0.00

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MISCELLANEOUS	Total 280							3,102.49	0.00
		GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	41464087	MUSEUM 11/8 PLANNER, MONITOR	245.13	
MUSEUM	150		53020	QUILL LLC	6602	41469509	MUSEUM 11/8 CALENDARS, SHARPENER, MISC SUPP	261.41	
		SUPPLIES-MISCELLANEOUS	53992	QUILL LLC	6602	41458355	MUSEUM 11/8 CHALKBOARD	125.05	
			53992	QUILL LLC	6602	41469509	MUSEUM 11/8 CLEANING SUPP	31.93	
		DUES	54020	COX VICKI	EM...	PO701	MUSEUM 11/18 REIMB PURCHASE- ANNUAL ANCESTRY SUBSCRIPTION	319.00	
		UTILITIES-MUSEUM	66612	CITY OF PORT LAVACA	861	1208650...	MUSEUM 11/20 ACT# 12-0865-00 WATER 10/10-11/10	69.82	
MUSEUM	Total 150							1,052.34	0.00
		ACCRUED UNITED WAY	20525	UNITED WAY OF CALHOUN COUNTY	8019	PO11122...	CALCO 11/20 NOV 2024 DONATIONS	10.00	
NO DEPARTMENT	999		20533	TMRA	7723	PO11122...	CALCO 11/20 NOV 2024 PREMIUMS	286.16	
		ACCRUED MISCELLANEOUS	20533	U. S. DEPT OF THE TREASURY	8928	PO11122...	CREDITOR AGENCY# WG2601672 EMP- RANDALL ROJAS #4200	75.31	
		DUE TO JP COLLECTIONS ATTORNEY	20770	MCCRARY VESELKA BRAAG ALLEN	5255	293548	JP1 10/9 COLLECTION FEES	180.00	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	Total 999							1,839.67	0.00
ROAD AND BRIDGE-PRECINCT #1	540	MACHINERY PARTS/SUPPLIES	53210	RB EVERETT & COMPANY	1837	SI134212	RB1 10/30 GASKET SPRAYER BAR SWIVEL- OIL TANKER	119.85	
			53210	DANIEL INDUSTRIES	3695	17823	RB1 11/6 BELT- CUTTER DECK	97.56	
			53210	DANIEL INDUSTRIES	3695	17959	RB1 11/13 BELT- DECK DRIVE STT	50.26	
			53210	GULF COAST HARDWARE LLC	63191	193952	RB1 11/14 WEDEATER OIL	39.99	
			53210	SHOPPAS FARM SUPPL	7366	1871241	RB1 11/6 BOLT, LOCK NUT, BLADE, BRACKET, DEFLECTOR- #0336	420.41	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301118...	RB1 10/4 BRAKE LIGHT SWITCH	23.91	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB1 11/7 AIR BAG COUPLING- #541-0220	31.12	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB1 11/13 HOSE, BUTT TERMINALS- #264	11.14	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB1 11/13 BRASS FITTING, RETURN HOSE END- #264	6.00	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB1 11/13 UNION- #264	3.08	
		TIRES AND TUBES	53520	CARV'S TIRE & AUTOMOTIVE LLC	89820	311153	RB1 10/30 TIRE CHANGE	20.00	
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63191	193878	RB1 11/12 DROPCLOTHS	19.95	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4211453...	RB1 11/14 UNIFORMS	150.64	
		BLDG REPAIRS-PARKS	60370	GULF COAST HARDWARE LLC	63191	193952	RB1 11/14 TRASH CANS, HARDWARE	71.88	
		GARBAGE COLLECTION	62659	WHITE TRASH SERVICES	1952	247657	RB1 11/14 SVC ROLL-OFF DUMP & RETURN	849.20	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #1	Total 540							2,878.62	0.00
ROAD AND BRIDGE-PRECINCT #2	550	MISCELLANEOUS	62659	CYCLONE RESOURCES LLC	7052	1789	RB1 11/15 WEST SIDE DUMP & RETURN	350.00	
			62659	VICTORIA LANDFILL - 3430	8228	3430000...	RB1 11/15 WEST SIDE- (1) DUMP	151.83	
			63920	DIAMOND INSPECTIONS #2	1422	17084.	RB1 11/17 STATE INSPECTION	7.00	
			63920	GREAT AMERICA FINANCIAL	2751	37896514	RB1 11/15 COPIER LEASE 11/14-12/13	155.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388630...	RB1 11/14 REGISTRATION	7.50	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615529...	RB1 11/13 ACT# 361-552-9242- 021403-5 PHONE 11/13- 12/12	292.30	
		MACHINERY PARTS/SUPPLIES	53210	HOLT CAT	3048	PIMV01...	RB2 11/15 CARTRIDGE, COIL- ROLLER	369.75	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB2 10/24 SHOP TOWELS	62.24	
			53992	GULF COAST HARDWARE LLC	63192	193743	RB2 11/17 HARDWARE	8.20	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4211140...	RB2 11/12 UNIFORMS	85.55	
		MACHINERY/EQUIPMENT REPAIRS	63530	STAR W EQUIPMENT REPAIR INC	741	6305	RB2 11/11 REPL FUSE LINK, NEW FUSE, INST SOLENOID- DUMP TRK	1,414.00	
			63530	STAR W EQUIPMENT REPAIR INC	741	6310	RB2 11/11 REPL BRAKE CHAMBERS, SLACK ADJ- INT DUMP TRUCK	631.22	
		MISCELLANEOUS	63920	CNH INDUSTRIAL ACCOUNTS	8047	789181/...	RB2 10/10 FINANCE CHG	3.84	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615529...	RB2 11/13 ACT# 361-552-9656- 010165-5 PHONE 11/13- 12/12	184.36	
			66192	INFINIUM BROADBAND INTERNET	3378	92389	RB2 11/22 ACT# ACC0002074 INTERNET 11/22- 12/22	150.00	
			66192	AT&T MOBILITY	5209	9972862...	RB2 11/4 ACT# 997286221 IPAD WIFI 11/5- 12/4	54.98	

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ROAD AND BRIDGE-PRECINCT #2	Total 550	TRAVEL IN COUNTY	66476	JUREK LESA	1088	POS501...	RB2 11/7 OCT 2024 IN-CNTY TRAVEL REIMB	110.55	
								3,074.69	0.00
ROAD AND BRIDGE-PRECINCT #3	560	MACHINERY PARTS/SUPPLIES	53210	HOLT CAT	3048	PIMV01...	RB3 11/5 REAR GLASS, WASHER- BACKHOE	548.11	
			53210	SHOPPAS FARM SUPPLY	7366	1873764	RB3 11/13 O-RING- TRACTOR	27.67	
			53210	VICTORIA FREIGHTLINER INC	8214	IS02230...	RB3 11/14 BATTERIES, SVC FOR OIL TRUCK	622.84	
		ROAD & BRIDGE SUPPLIES	53510	KC LEASE SERVICE INC	2893	80503	RB3 11/7 201.10T 3/4" TO DUST LIMESTONE	6,795.17	
		JANITOR SUPPLIES	53510	MARTIN ASPHALT	5238	1526616	RB3 11/15 2381G RC250	9,571.62	
			53640	CINTAS CORPORATION LOC. 083	958	4211301...	RB3 11/13 FRESHENER	9.48	
		SUPPLIES-MISCELLANEOUS	53992	HOLT TRUCK CENTERS OF TEXAS	30480	X501077...	RB3 11/13 GLOVES	39.78	
			53992	GULF COAST HARDWARE LLC	63193	193868	RB3 11/12 WELDING SUPP	120.39	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/12 DIESEL FLUID, CLEANER, WIPER FLUID, MISC SUPP	123.78	
		UNIFORMS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301119...	RB3 11/13 OUTLET, SEAL	40.36	
			53995	CINTAS CORPORATION LOC. 083	958	4211301...	RB3 11/13 UNIFORMS	144.30	
		GARBAGE COLL-OLIVIA	62672	WHITE TRASH SERVICES	1952	250888	RB3 11/20 DEC 2024 TRASH SVC	187.35	
		CAPITAL OUTLAY	70750	REGIONAL STEEL PRODUCTS INC	6803	1132205	RB3 11/4 STEEL, LADDER SUPP- AROUND OIL & WATER TANKS	2,113.39	
		EQUIPMENT-PARKS	72400	GULF COAST HARDWARE LLC	63193	193875	RB3 11/12 BATTERY BOX LOCK @ HAT PARK	23.98	
ROAD AND BRIDGE-PRECINCT #3	Total 560							20,368.22	0.00

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ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	NUECES POWER EQUIPMENT	5449	49763V	RB4 11/13 HYD HOSE, HYD TUBE	755.67	
			53210	THIRD COAST DISTRIBUTING, LLC	75930	036934	RB4 11/12 HOSE, FITTINGS	276.43	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	72519	RB4 11/13 PTO RACK	48.88	
		ROAD & BRIDGE SUPPLIES	53310	MAREK AND MAREK TRUCK WASH INC	4058	15477	RB4 11/4 49.32T CRUSHED GRANITE	3,353.76	
			53310	COLORADO MATERIALS LTD	75900	404342	RB4 11/9 24.78T HOT MIX, COLD LAID- SEA	2,828.88	
			53310	COLORADO MATERIALS LTD	75900	404343	RB4 11/9 24.77T HOT MIX, COLD LAID- SEA	2,827.74	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	77977724...	RB4 11/14 1630G DIESEL, 120IG UNLEADED	7,078.81	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXPOT2...	RB4 11/12 SCREWS, WASHERS	16.45	
			53992	CINTAS CORPORATION LOC. 083	958	4211300...	RB4 11/13 MAT, MOP	13.17	
		GARBAGE COLL-POC PARKS	62664	WHITE TRASH SERVICES	1952	249844	RB4 11/20 DEC 2024 POC TRASH SVC	346.68	
		GARBAGE COLL-SEADRIFT	62676	WHITE TRASH SERVICES	1952	249843	RB4 11/20 DEC 2024 SEA TRASH SVC	624.02	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	17095	RB4 11/14 (2) STATE INSPECTIONS	14.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1031498...	RB4 11/18 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388618...	RB4 11/18 REGISTRATION	7.50	
			63920	SIGN WORKS	7272	246741	RB4 11/15 DESIGN ARTWORK- KING FISHER BEACH PARK SIGN	97.50	
		OUTSIDE SERVICES	64400	DOUGLAS EVA LEE	3778	NOV24	RB4 11/14 NOV 2024 CLEANING	300.00	
			64400	RUDON LEASE SERVICE INC	6840	6864	RB4 11/5 EQUIPMENT HAULING	600.00	
		TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMCIT...	CALCO 11/19 ACT# 08615304863 LONG DISTANCE SVC	0.15	

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ROAD AND BRIDGE-PRECINCT #4	Total 570	UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4211300...	RB4 11/13 UNIFORMS	102.11	
								19,299.25	0.00
SHERIFF	760	LAW ENFORCEMENT SUPPLIES	53430	AXON ENTERPRISE INC	2879	INUS29...	SO 11/2 TASER HOLSTER	59.65	
		AUTOMOTIVE REPAIRS	53430	BORDOVSKY STEVEN	3339	183827	SO 11/7 AMMO	2,625.00	
			60360	KNEUPPER CARROLL	3678	48009	SO 11/8 OIL CHNG- OSC08	128.22	
			60360	KNEUPPER CARROLL	3678	48152	SO 11/15 OIL CHNG- U9	98.94	
			60360	AUTO ZONE	6	0351278...	SO 10/24 TRIM GLUE- U13	30.71	
			60360	AUTO ZONE	6	0351278...	SO 11/4 CREDIT ON RETURN OF BATTERY- U47		131.99
			60360	AUTO ZONE	6	0351278...	SO 11/4 BATTERY- U49	131.99	
			60360	AUTO ZONE	6	0351279...	SO 11/14 BATTERY- U47	131.99	
		MISCELLANEOUS	63920	EAGLE FIRE & SAFETY, INC.	1841	098496	SO 11/8 KITCHEN HOOD INSPECTION	158.25	
			63920	COASTAL NAIL & TOOL LLC	9070	2410159...	SO 10/31 LUMBER FOR DECK	199.46	
		TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMCII...	CALCO 11/19 ACT# 08615304863 LONG DISTANCE SVC	11.52	
		CAPITAL OUTLAY	70750	PFEFFER RONNIE	1290	082693	SO 11/11 (2) FIREARMS, AMMO	6,824.70	
		VEHICLES	74055	VORTEX PARTNERSHIPS LLC	8450	1317	SO 11/7 SIREN ROCKERS, LTS WIRING, FUSES- U1	7,716.96	
SHERIFF	Total 760							18,137.39	131.99

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 2610 - AIRPORT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	OTHER SERVICES	64320	AARC ENVIRONMENTAL INC	1139	001115408	AIRPORT 11/11 2024 TIER II REPORT	1,850.00	
			64320	AARC ENVIRONMENTAL INC	1139	001115425	AIRPORT 11/11 4TH QTR 2024 SWPP INSPECTION	550.00	
			64320	AARC ENVIRONMENTAL INC	1139	001115684	AIRPORT 11/11 4TH QTR 2024 SPCC PLAN INSPECTION	1,350.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615520...	AIRPORT 11/13 ACT# 361-552-0903- 021369-5 PHONE 11/13- 12/12	139.66	
NO DEPARTMENT	Total 999							3,889.66	0.00

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 2670 - COURTHOUSE SECURITY FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	EQUIPMENT SECURITY	72545	BOSART LOCK & KEY INC	486	128956	CH SEC 10/17 INSTALL PANIC BARS ON CH EXIT DOORS, CUT KEYS	5,510.50	
NO DEPARTMENT	Total 999							5,510.50	0.00

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 2731 - LAW LIBRARY FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BOOKS-LAW	70500	THOMSON REUTERS - WEST	8612	8509880...	LAW LIBRARY 11/1 OCT 2024 WEST SUBSCRIPTION CHGS	1,330.29	
NO DEPARTMENT	Total 999							1,330.29	0.00

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 2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven.. ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	CLEANING-P.O.C. COMMUNITY CENTER	60870	RHYNE SERVICES LLC	14930	NOV24	POCCC 11/14 NOV 2024 CLEANING	600.00	
		UTILITIES-POC COMMUNITY CENTER	66616	WHITE TRASH SERVICES	1952	250228	POCCC 11/20 DEC 2024 TRASH SVC	346.68	
			66616	WHITE TRASH SERVICES	1952	250607	POCCC 11/20 DEC 2024 EXTRA TRASH SVC	262.30	
NO DEPARTMENT	Total 999							1,208.98	0.00

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 5149 - CPRL-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	193944	CMF-OHP IMPR 11/14 PAINT, BRUSHES- PICNIC AREA	57.98	
NO DEPARTMENT	Total 999							57.98	0.00

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 5189 - CAPITAL PROJECT - EMS TRAINING BUILDING

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	CONSTRUCTION-EMS BUILDING	71040	COASTAL NAIL & TOOL LLC	9070	2411159...	IST RESP TRAINING BLDG 1 1/8 PLYWOOD, NAILS FOR AWNING	426.48	
NO DEPARTMENT	Total 999							426.48	0.00

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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	PO1124...	CALCO 11/25 SEPT 2024 INTEREST EARNED	0.05	
			20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024...	TAX A/C 11/26 NOV 2024 TAX COLLECS	119.28	
			20749	CALHOUN CO. DEBT SERVICE	1186	PO112524	CALCO 11/25 SEPT 2024 INTEREST EARNED	58.45	
			20749	CALHOUN CO. WATER CONTROL	895	PO2024...	TAX A/C 11/26 NOV 2024 TAX COLLECS	228.99	
			20749	CALHOUN CO. DRAINAGE DIST. # 8	947	PO1125...	CALCO 11/25 SEPT 2024 INTEREST EARNED	0.29	
			20749	CALHOUN CO. DRAINAGE DIST. #10	9472	PO1125...	CALCO 11/25 SEPT 2024 INTEREST EARNED	0.02	
			20749	CALHOUN CO. DRAINAGE DIST. #11	9474	PO1125...	CALCO 11/25 SEPT 2024 INTEREST EARNED	0.19	
		DUE TO OTHERS	20751	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 11/7 OCT 2024 DTA FEES	185.31	
NO DEPARTMENT	Total 999							592.58	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.27.24
 9280 - JUVENILE PROBATION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS	20533	TMPA	7723	PO1122...	CALCO 11/20 NOV 2024 PREMIUMS	29.54	
		SUPPLIES/OPERATING EXPENSES	53980	AQUA BEVERAGE CO	89	179841	JUV PROB 11/6 WATER	26.50	
		RESIDENTIAL SERVICE	65530	JUDGE MARIO E RAMIREZ JR	7049	PO7401...	JUV PROB 11/8 OCT 2024 SECURE PLACEMENT (1) JUV	4,650.00	
NO DEPARTMENT	Total 999							4,706.04	0.00
Report Total								210,968.23	131.99

Complete

Document:

doc04393220241126114228

Calhoun County Texas
APPLICATION FOR DEVELOPMENT PERMIT
Floodplain Administration
211 S. Ann St., Suite 201
Port Lavaca, TX 77978
Phone 361-553-4455 FAX 361-553-4444
<https://www.coelhoun.tx.us/floodplain-administration/>

Date: 11/26/24 Project: 4 Permit #: 10734

OWNER/APPLICANT INFORMATION

Name: Wally Polier
Mailing Address: P.O. Box 1451
City: Shiner State: TX Zip: 77984
Phone No: (361) 293-1458 Email: wpolier@hotmail.com

CONTRACTOR INFORMATION

Name: Same
Company: Same
Address: City: State: Zip: Email: Phone:

Legal Description: L03 Block 34
Subdivision: Calhoun Haven
Street Address or Physical Location: 34 Carrie St. Port O'Connor TX
Use of building (check one): ☒ Residential ☐ Commercial ☐ RV Park (if space) ☐ Other
Square Footage: Living 1296 Garages 432 Porch 252 Other
Class of work (check one): ☒ New ☐ Repair ☐ Addition ☐ Remodel ☐ Move
Type of Foundation (check one): ☒ Slab ☐ Pier & Beam ☐ Pileys ☐ Pads & Blocks
Type of Roof (check one): ☐ Composition ☐ Metal ☐ Other
Water & Sewage System: ☒ Public Water ☐ Public Sewer ☐ Water Well ☐ Septic
New water wells need to contact the groundwater conservation district at 361-482-0357.
Port O'Connor residents need a pre-construction inspection from the Improvement District before development can begin. Approved
Description of all work being performed at site: Electrical, Wood Construction Interior and Driveways

Page 1 of 4

No. Date and Time Destination Times Type Result Resolution/ECH

001 11/26/24 11:42 PCID

0'00'31" FAX

OK

200x100 Normal/On

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --November 27, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 405,932.49
TOTAL TRANSFERS BETWEEN FUNDS	\$ 193,884.83
TOTAL NURSING HOME UPL EXPENSES	\$ 1,696,209.81
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 1,309,828.35
GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2024	\$ 3,605,855.48

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR --November 27, 2024

PAYABLES AND PAYROLL

11/21/2024 Weekly Payables	265,821.63
11/25/2024 McKesson-340B Prescription Expense	1,871.06
11/25/2024 Amerisource Bergen-340B Prescription Expense	1,510.06
11/25/2024 Amerisource Bergen-340B Prescription Expense	24.26
Prosperity Electronic Bank Payments	
11/25/2024 90 Degree Benefits - employee insurance claims	55,988.78
11/25/2024 90 Degree Benefits - employee insurance claims	8,754.61
11/25/2024 HPHG - health insurance premium payment 12/1/24	71,029.34
11/25/2024 Pay Plus-Patient Claims Processing Fee	749.12
11/25/2024 Amerisource Bergen Overage	183.63

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **405,932.49**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/21/2024 MMC Operating to Ashford-Correction of insurance payment deposited into MMC Operating in error	26,976.14
11/21/2024 MMC Operating to Broadmoor-Correction of insurance payment deposited into MMC Operating in error	15,914.07
11/21/2024 MMC Operating to The Crescent-Correction of insurance payment deposited into MMC Operating in error	11,329.51
11/21/2024 MMC Operating to Golden Creek Healthcare-Correction of insurance payment deposited into MMC Operating in error	61,084.28
11/21/2024 MMC Operating to Tuscany Village-Correction of insurance payment deposited into MMC operating in error	75,285.83
11/21/2024 MMC Operating to Bethany-Correction of insurance payment deposited into MMC Operating in error	3,295.00

TOTAL TRANSFERS BETWEEN FUNDS \$ **193,884.83**

NURSING HOME UPL EXPENSES

11/25/2024 Nursing Home UPL-Cantex Transfer	1,295,267.89
11/25/2024 Nursing Home UPL-Nexion Transfer	89,858.55
11/25/2024 Nursing Home UPL-Tuscany Transfer	207,126.80
11/25/2024 Nursing Home UPL-HSL Transfer	103,632.30

TRANSFER BETWEEN FUNDS FROM NURSING HOMES TO MMC

11/25/2024 Tuscany to MMC -MMC insurance payment deposited into Tuscany Village in error	324.27
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TOTAL NURSING HOME UPL EXPENSES \$ **1,696,209.81**

INTER-GOVERNMENT TRANSFERS

11/25/2024 Accrued NH QIPP IGT	1,309,828.35
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TOTAL INTER-GOVERNMENT TRANSFERS \$ **1,309,828.35**

GRAND TOTAL DISBURSEMENTS APPROVED November 27, 2024 \$ **3,605,855.48**

RECEIVED BY THE
COUNTY AUDITOR ON

11/21/2024
10:50

NOV 21 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/06/2024

0
ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

11237 ✓ 3WON, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4365		10/31/202	11/01/202	12/01/202			199.00	0.00	0.00	199.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11237	3WON, LLC	199.00	0.00	0.00	199.00

Vendor# Vendor Name Class Pay Code

13180 ✓ ADVANCED STERILIZATION PRODUCT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8020775768		11/13/202	10/31/202	10/31/202			879.90	0.00	0.00	879.90 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13180	ADVANCED STERILIZATION PRODUCT	879.90	0.00	0.00	879.90

Vendor# Vendor Name Class Pay Code

A1715 ✓ ALCO SALES & SERVICE CO

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2966200IN		11/01/202	11/11/202	11/19/202			134.40	0.00	0.00	134.40 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1715	ALCO SALES & SERVICE CO	134.40	0.00	0.00	134.40

Vendor# Vendor Name Class Pay Code

A1705 ✓ ALIMED INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ RPSV004353046		10/08/202	09/27/202	10/12/202			172.66	0.00	0.00	172.66 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	172.66	0.00	0.00	172.66

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
✓ 191CG7MD1XGJ		11/05/202	11/04/202	12/04/202			46.61	0.00	0.00	46.61 ✓

✓ 11G49VWRHLNQA		11/12/202	10/31/202	11/30/202			731.07	0.00	0.00	731.07 ✓
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✓ 1FRFTM1M46LM		11/12/202	11/06/202	12/06/202			30.92	0.00	0.00	30.92 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14028	AMAZON CAPITAL SERVICES	808.60	0.00	0.00	808.60

Vendor# Vendor Name Class Pay Code

A2150 ✓ ANNOUNCEMENTS PLUS TOO AGAIN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 6360		11/12/202	11/01/202	12/01/202			18.00	0.00	0.00	18.00 ✓

✓ 5302		11/13/202	10/31/202	11/10/202			25.00	0.00	0.00	25.00 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	43.00	0.00	0.00	43.00

Vendor# Vendor Name Class Pay Code

A2271 ✓ ARTHREX, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 922268363		11/12/202	11/08/202	11/12/202			295.00	0.00	0.00	295.00 ✓

Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
A2271 ARTHREX, INC				295.00	0.00	0.00	295.00			
Vendor#	Vendor Name		Class	Pay Code						
B1150	BAXTER HEALTHCARE		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
80188662		11/18/202	08/30/202	09/24/202			-629.50	0.00	0.00	-629.50
80188663		11/18/202	08/30/202	09/24/202			-629.50	0.00	0.00	-629.50
78193676		11/18/202	02/21/202	03/17/202			2,466.00	0.00	0.00	2,466.00
80028245		11/19/202	08/14/202	09/14/202			933.44	0.00	0.00	933.44
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
B1150 BAXTER HEALTHCARE				2,140.44	0.00	0.00	2,140.44			
Vendor#	Vendor Name		Class	Pay Code						
B1220	BECKMAN COULTER INC		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111678452		10/31/202	11/11/202	12/08/202			130.67	0.00	0.00	130.67
4553674		11/05/202	11/03/202	12/03/202			1,484.00	0.00	0.00	1,484.00
7372065		11/05/202	11/04/202	12/04/202			9,219.56	0.00	0.00	9,219.56
111869351		11/06/202	11/05/202	11/30/202			3,322.72	0.00	0.00	3,322.72
111673455		11/11/202	11/07/202	12/02/202			5,759.11	0.00	0.00	5,759.11
111674740		11/12/202	11/07/202	12/02/202			192.81	0.00	0.00	192.81
111675965		11/12/202	11/08/202	12/03/202			214.06	0.00	0.00	214.06
111678357		11/12/202	11/11/202	12/06/202			2,052.55	0.00	0.00	2,052.55
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
B1220 BECKMAN COULTER INC				22,375.48	0.00	0.00	22,375.48			
Vendor#	Vendor Name		Class	Pay Code						
B1320	BEEKLEY CORPORATION		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MIN0157018		11/13/202	11/14/202	11/19/202			398.00	0.00	0.00	398.00
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
B1320 BEEKLEY CORPORATION				398.00	0.00	0.00	398.00			
Vendor#	Vendor Name		Class	Pay Code						
11072	BIO-RAD LABORATORIES, INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907746673		11/19/202	11/05/202	11/18/202			2,124.00	0.00	0.00	2,124.00
Vendor Totals: Number Name				Gross	Discount	No-Pay	Net			
11072 BIO-RAD LABORATORIES, INC				2,124.00	0.00	0.00	2,124.00			
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
AB4JX4LA		11/01/202	11/05/202	12/05/202			212.90	0.00	0.00	212.90

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				212.90	0.00	0.00	212.90
Vendor#	Vendor Name		Class		Pay Code					
13264	✓ CERVEY, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 31718		11/05/202	11/05/202	11/30/202		1,650.00	0.00	0.00	1,650.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13264	CERVEY, LLC				1,650.00	0.00	0.00	1,650.00
Vendor#	Vendor Name		Class		Pay Code					
12768	✓ CHEMAQUA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 8918025		11/18/202	11/10/202	11/20/202		593.69	0.00	0.00	593.69 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		12768	CHEMAQUA				593.69	0.00	0.00	593.69
Vendor#	Vendor Name		Class		Pay Code					
15188	✓ CLARITY ENROLLMENT SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 1837		11/11/202	11/01/202	12/01/202		345.00	0.00	0.00	345.00 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		15188	CLARITY ENROLLMENT SOLUTIONS				345.00	0.00	0.00	345.00
Vendor#	Vendor Name		Class		Pay Code					
13000	✓ CLEARFLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ INV654410AB		11/20/202	11/01/202	11/15/202		1,217.28	0.00	0.00	1,217.28 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		13000	CLEARFLY				1,217.28	0.00	0.00	1,217.28
Vendor#	Vendor Name		Class		Pay Code					
10212	✓ CLINICAL PATHOLOGY LABS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 176562024100		10/31/202	10/31/202	11/19/202		5,320.62	0.00	0.00	5,320.62 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10212	CLINICAL PATHOLOGY LABS				5,320.62	0.00	0.00	5,320.62
Vendor#	Vendor Name		Class		Pay Code					
14080	✓ CORROHEALTH, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 921835		10/31/202	10/31/202	11/30/202		2,896.90	0.00	0.00	2,896.90 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		14080	CORROHEALTH, INC.				2,896.90	0.00	0.00	2,896.90
Vendor#	Vendor Name		Class		Pay Code					
10646	✓ COVIDIEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 5870881865		11/13/202	01/05/202	01/15/202		940.84	0.00	0.00	940.84 ✓
	✓ 5871032983		11/13/202	01/22/202	02/01/202		940.84	0.00	0.00	940.84 ✓
	✓ 5871846934		11/20/202	05/01/202	05/11/202		940.84	0.00	0.00	940.84 ✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				2,822.52	0.00	0.00	2,822.52
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
✓ 7394496		10/31/202	11/01/202	12/01/202			1,580.00	0.00	0.00	1,580.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10043	CROSS COUNTRY STAFFING	1,580.00	0.00	0.00	1,580.00

Vendor# Vendor Name Class Pay Code

14400 ✓ CULINARY CONCESSIONS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV00001637A		10/31/202	10/31/202	11/30/202			37,891.60	0.00	0.00	37,891.60 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
14400	CULINARY CONCESSIONS LLC	37,891.60	0.00	0.00	37,891.60

Vendor# Vendor Name Class Pay Code

10006 ✓ CUSTOM ASSEMBLIES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ INV11857		11/11/202	11/11/202	11/30/202			385.04	0.00	0.00	385.04 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10006	CUSTOM ASSEMBLIES, INC	385.04	0.00	0.00	385.04

Vendor# Vendor Name Class Pay Code

11368 ✓ CYRACOM LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2024072615		11/05/202	10/31/202	11/30/202			331.01	0.00	0.00	331.01 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11368	CYRACOM LLC	331.01	0.00	0.00	331.01

Vendor# Vendor Name Class Pay Code

11524 ✓ DATA INNOVATIONS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 102690		11/01/202	10/11/202	11/05/202			1,680.00	0.00	0.00	1,680.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11524	DATA INNOVATIONS LLC	1,680.00	0.00	0.00	1,680.00

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
✓ 7736300		11/12/202	11/06/202	12/01/202			614.56	0.00	0.00	614.56 ✓

✓ 7736520		11/12/202	11/06/202	12/01/202			327.20	0.00	0.00	327.20 ✓
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Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10368	DEWITT POTH & SON	941.76	0.00	0.00	941.76

Vendor# Vendor Name Class Pay Code

10175 ✓ DSHS CENTRAL LAB MC2004

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 110524A		11/20/202	11/05/202	11/30/202			686.30	0.00	0.00	686.30 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10175	DSHS CENTRAL LAB MC2004	686.30	0.00	0.00	686.30

Vendor# Vendor Name Class Pay Code

15240 ✓ ECLINICAL WORKS LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 003086024A		10/31/202	11/10/202	12/01/202			475.25	0.00	0.00	475.25 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net

	15240	ECLINICAL WORKS LLC						475.25	0.00	0.00	475.25
Vendor#	Vendor Name		Class	Pay Code							
11091	✓ ECOLAB										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6348872723		11/18/202	11/10/202	12/01/202			231.38	0.00	0.00	231.38
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	11091	ECOLAB						231.38	0.00	0.00	231.38
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
	✓ 538472		11/04/202	11/01/202	12/04/202			1,535.44	0.00	0.00	1,535.44
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	14708	EQUALIZE RCM SERVICES						1,535.44	0.00	0.00	1,535.44
Vendor#	Vendor Name		Class	Pay Code							
11944	✓ EQUIFAX WORKFORCE SOLUTIONS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 2062839737A		10/31/202	10/31/202	11/30/202			10.99	0.00	0.00	10.99
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS						10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class	Pay Code							
15832	✓ EVERON										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 156975727		11/19/202	11/03/202	12/03/202			58.43	0.00	0.00	58.43
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	15832	EVERON						58.43	0.00	0.00	58.43
Vendor#	Vendor Name		Class	Pay Code							
S0501	✓ EVOQUA WATER TECHNOLOGIES LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 906740263		11/11/202	11/06/202	12/01/202			1,668.75	0.00	0.00	1,668.75
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC						1,668.75	0.00	0.00	1,668.75
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
	✓ 6630511		10/29/202	11/04/202	12/01/202			189.36	0.00	0.00	189.36
	✓ 6664839		10/29/202	11/05/202	11/30/202			736.36	0.00	0.00	736.36
	✓ 6564042		10/31/202	10/31/202	11/25/202			645.39	0.00	0.00	645.39
	✓ 6388819		11/05/202	10/24/202	11/30/202			1,177.22	0.00	0.00	1,177.22
Vendor Totals: Number			Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE						2,728.33	0.00	0.00	2,728.33
Vendor#	Vendor Name		Class	Pay Code							
12404	✓ GE PRECISION HEALTHCARE, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 6002801396		10/21/202	11/01/202	12/01/202			998.34	0.00	0.00	998.34
	✓ 6002801058		11/04/202	11/01/202	12/01/202			86.67	0.00	0.00	86.67

✓	6002801057	11/04/202 11/01/202 12/01/202	3,588.58	0.00	0.00	3,588.58	✓
✓	6002801060	11/04/202 11/01/202 12/01/202	61.67	0.00	0.00	61.67	✓
✓	6002801059	11/04/202 11/01/202 12/01/202	2,422.50	0.00	0.00	2,422.50	✓
✓	6002801062	11/04/202 11/01/202 12/01/202	5,665.83	0.00	0.00	5,665.83	✓
✓	6002801374	11/13/202 11/01/202 12/01/202	216.10	0.00	0.00	216.10	✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12404	GE PRECISION HEALTHCARE, LLC	13,039.69	0.00	0.00	13,039.69

Vendor#	Vendor Name	Class	Pay Code
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12948 ✓ GREAT AMERICA FINANCIAL SVCS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 37792984		11/06/202	11/01/202	11/30/202			72.21	0.00	0.00	72.21 ✓
✓ 37792983		11/06/202	11/01/202	11/30/202			197.02	0.00	0.00	197.02 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12948	GREAT AMERICA FINANCIAL SVCS	269.23	0.00	0.00	269.23

Vendor#	Vendor Name	Class	Pay Code
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G1210 ✓ GULF COAST PAPER COMPANY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2590522		11/11/202	11/05/202	12/05/202			737.76	0.00	0.00	737.76

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	737.76	0.00	0.00	737.76

Vendor#	Vendor Name	Class	Pay Code
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10334 ✓ HEALTH CARE LOGISTICS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 309685121		11/12/202	11/07/202	12/02/202			146.00	0.00	0.00	146.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	146.00	0.00	0.00	146.00

Vendor#	Vendor Name	Class	Pay Code
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11552 ✓ HEALTHCARE FINANCIAL SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 100949524		11/20/202	10/27/202	12/01/202			4,610.52	0.00	0.00	4,610.52

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE FINANCIAL SERVICES	4,610.52	0.00	0.00	4,610.52

Vendor#	Vendor Name	Class	Pay Code
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H1227 ✓ HEALTHSURE INSURANCE SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 5770		11/05/202	11/05/202	12/01/202			500.00	0.00	0.00	500.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
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14916 ✓ HEWLETT-PACKARD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 100000553520		10/18/202	10/17/202	12/01/202			573.53	0.00	0.00	573.53 ✓
	INV PERIOD 12/01/24-12/31/24									
✓ 100000624476		11/18/202	11/18/202	12/01/202			573.53	0.00	0.00	573.53 ✓
	INV PERIOD 1/1/24-1/31/25									

Renewal Of Bond

Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		14916	HEWLETT-PACKARD	1,147.06	0.00	0.00	1,147.06
Vendor#	Vendor Name			Class	Pay Code		
H1399	✓ HILL-ROM COMPANY, INC			M			
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 3469351		11/06/202	10/31/202	11/30/202		
			Gross	Discount	No-Pay	Net	
			520.00	0.00	0.00	520.00	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC	520.00	0.00	0.00	520.00
Vendor#	Vendor Name			Class	Pay Code		
12196	✓ ICU MEDICAL, INC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 4379407		11/15/202	10/24/202	11/30/202		
			Gross	Discount	No-Pay	Net	
			314.26	0.00	0.00	314.26	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		12196	ICU MEDICAL, INC	314.26	0.00	0.00	314.26
Vendor#	Vendor Name			Class	Pay Code		
11200	✓ IRON MOUNTAIN						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ JWVZ633		10/30/202	10/31/202	11/30/202		
			Gross	Discount	No-Pay	Net	
			1,614.67	0.00	0.00	1,614.67	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN	1,614.67	0.00	0.00	1,614.67
Vendor#	Vendor Name			Class	Pay Code		
15944	✓ [REDACTED]						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ DOEKAT0001		11/19/202	11/15/202	11/19/202		
			Gross	Discount	No-Pay	Net	
			150.00	0.00	0.00	150.00	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		15944	[REDACTED]	150.00	0.00	0.00	150.00
Vendor#	Vendor Name			Class	Pay Code		
11600	✓ LEGAL SHIELD						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 111524		11/19/202	11/15/202	11/19/202		
			Gross	Discount	No-Pay	Net	
			535.60	0.00	0.00	535.60	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD	535.60	0.00	0.00	535.60
Vendor#	Vendor Name			Class	Pay Code		
10972	✓ M G TRUST						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 111424		11/18/202	11/14/202	11/18/202		
			Gross	Discount	No-Pay	Net	
			895.00	0.00	0.00	895.00	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		10972	M G TRUST	895.00	0.00	0.00	895.00
Vendor#	Vendor Name			Class	Pay Code		
15200	✓ MANAGED CARE PARTNERS INC.						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 6566		11/18/202	12/01/202	12/01/202		
			Gross	Discount	No-Pay	Net	
			500.00	0.00	0.00	500.00	✓
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net
		15200	MANAGED CARE PARTNERS INC.	500.00	0.00	0.00	500.00
Vendor#	Vendor Name			Class	Pay Code		
M2178	✓ MCKESSON MEDICAL SURGICAL INC						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay
	✓ 22776791		10/21/202	10/16/202	11/30/202		
			Gross	Discount	No-Pay	Net	
			528.41	0.00	0.00	528.41	✓

Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	M2178	MCKESSON MEDICAL SURGICAL INC					528.41	0.00	0.00	528.41	
Vendor#	Vendor Name		Class	Pay Code							
11612	MEDICAL AIR SERVICES ASSOC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 1978586		11/19/202	11/15/202	11/19/202			1,680.00	0.00	0.00	1,680.00
DECEMBER 2024 COVERAGE MC											
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	11612	MEDICAL AIR SERVICES ASSOC.					1,680.00	0.00	0.00	1,680.00	
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
	✓ 2336915348		10/02/202	09/25/202	11/30/202			109.67	0.00	0.00	109.67
	✓ 2343030091		11/05/202	11/05/202	11/30/202			205.20	0.00	0.00	205.20
	✓ 2343030093		11/05/202	11/05/202	11/30/202			174.14	0.00	0.00	174.14
	✓ 2343030092		11/05/202	11/05/202	11/30/202			178.17	0.00	0.00	178.17
	✓ 2343157536		11/11/202	11/06/202	12/01/202			80.03	0.00	0.00	80.03
	✓ 2343157526		11/11/202	11/06/202	12/01/202			84.21	0.00	0.00	84.21
	✓ 2343157528		11/11/202	11/06/202	12/01/202			285.66	0.00	0.00	285.66
	✓ 2343157522		11/11/202	11/06/202	12/01/202			340.48	0.00	0.00	340.48
	✓ 2343157529		11/11/202	11/06/202	12/01/202			7.71	0.00	0.00	7.71
	✓ 2343157527		11/11/202	11/06/202	12/01/202			59.40	0.00	0.00	59.40
	✓ 2343157535		11/11/202	11/06/202	12/01/202			5.62	0.00	0.00	5.62
	✓ 2343157524		11/11/202	11/06/202	12/01/202			26.00	0.00	0.00	26.00
	✓ 2343157533		11/11/202	11/06/202	12/01/202			106.45	0.00	0.00	106.45
	✓ 2343157523		11/11/202	11/06/202	12/01/202			120.58	0.00	0.00	120.58
	✓ 2343157530		11/11/202	11/06/202	12/01/202			15,147.48	0.00	0.00	15,147.48
	✓ 2343157525		11/11/202	11/06/202	12/01/202			115.01	0.00	0.00	115.01
	✓ 2343157532		11/20/202	11/06/202	12/01/202			45.10	0.00	0.00	45.10
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	M2470	MEDLINE INDUSTRIES INC					17,090.91	0.00	0.00	17,090.91	
Vendor#	Vendor Name		Class	Pay Code							
10963	MEMORIAL MEDICAL CLINIC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 111424		11/18/202	11/14/202	11/18/202			135.00	0.00	0.00	135.00
Vendor Totals: Number		Name					Gross	Discount	No-Pay	Net	
	10963	MEMORIAL MEDICAL CLINIC					135.00	0.00	0.00	135.00	
Vendor#	Vendor Name		Class	Pay Code							

10536 ✓ MORRIS & DICKSON CO, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 2659527		11/18/202	11/07/202	11/17/202			15.92	0.00	0.00	15.92 ✓
✓ 2661891		11/18/202	11/07/202	11/17/202			3,689.01	0.00	0.00	3,689.01 ✓
✓ 2659528		11/18/202	11/07/202	11/17/202			24.61	0.00	0.00	24.61 ✓
✓ 2659526		11/18/202	11/07/202	11/17/202			86.23	0.00	0.00	86.23 ✓
✓ 2669853		11/18/202	11/10/202	11/20/202			286.75	0.00	0.00	286.75 ✓
✓ 2669852		11/18/202	11/10/202	11/20/202			104.58	0.00	0.00	104.58 ✓
✓ 2671747		11/18/202	11/11/202	11/21/202			30.27	0.00	0.00	30.27 ✓
✓ 2673224		11/18/202	11/11/202	11/21/202			23.58	0.00	0.00	23.58 ✓
✓ 2674985		11/18/202	11/11/202	11/21/202			161.88	0.00	0.00	161.88 ✓
✓ 2674984		11/18/202	11/11/202	11/21/202			4,731.59	0.00	0.00	4,731.59 ✓
✓ 2679629		11/18/202	11/12/202	11/22/202			11.25	0.00	0.00	11.25 ✓
✓ 2679470		11/18/202	11/12/202	11/22/202			848.89	0.00	0.00	848.89 ✓
✓ 2679628		11/18/202	11/12/202	11/22/202			31.91	0.00	0.00	31.91 ✓
✓ 2677343		11/18/202	11/12/202	11/22/202			172.46	0.00	0.00	172.46 ✓
✓ 2677342		11/18/202	11/12/202	11/22/202			185.28	0.00	0.00	185.28 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
10536 MORRIS & DICKSON CO, LLC 10,404.21 0.00 0.00 10,404.21

Vendor# Vendor Name Class Pay Code

15224 ✓ MUTUAL OF OMAHA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 001792349295		11/19/202	11/19/202	12/01/202			24,295.84	0.00	0.00	24,295.84 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
15224 MUTUAL OF OMAHA 24,295.84 0.00 0.00 24,295.84

Vendor# Vendor Name Class Pay Code

M2659 ✓ MXR IMAGING, INC M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 8801200209		11/13/202	11/04/202	12/04/202			198.08	0.00	0.00	198.08 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
M2659 MXR IMAGING, INC 198.08 0.00 0.00 198.08

Vendor# Vendor Name Class Pay Code

12388 ✓ NATIONAL FARM LIFE INSURANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 4349283A		11/21/202	11/19/202	12/01/202			2,660.54	0.00	0.00	2,660.54 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
12388 NATIONAL FARM LIFE INSURANCE 2,660.54 0.00 0.00 2,660.54

Vendor# Vendor Name Class Pay Code

01500 ✓ OLYMPUS AMERICA INC

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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 37120818		11/11/202	11/08/202	12/01/202			145.00	0.00	0.00	145.00 ✓
✓ 37127049		11/12/202	11/07/202	12/02/202			1,125.00	0.00	0.00	1,125.00 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
O1500	OLYMPUS AMERICA INC	1,270.00	0.00	0.00	1,270.00

Vendor#	Vendor Name	Class	Pay Code
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01416 / ORTHO CLINICAL DIAGNOSTICS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1853790103		11/06/202	11/05/202	12/05/202			752.16	0.00	0.00	752.16

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
01416	ORTHO CLINICAL DIAGNOSTICS	752.16	0.00	0.00	752.16

Vendor#	Vendor Name	Class	Pay Code
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11155 ✓ PARAREV

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
922057		11/11/202	11/01/202	12/01/202			3,084.00	0.00	0.00	3,084.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11155	PARAREV	3,084.00	0.00	0.00	3,084.00

Vendor#	Vendor Name	Class	Pay Code
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10152 ✓ PARTSSOURCE, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
05513390		11/11/202	10/31/202	11/30/202			74.69	0.00	0.00	74.69

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
10152	PARTSSOURCE, LLC	74.69	0.00	0.00	74.69

Vendor#	Vendor Name	Class	Pay Code
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P2100 ✓ PORT LAVACA WAVE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
/ 103124		11/01/202	11/05/202	12/01/202			1,285.00	0.00	0.00	1,285.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
P2100	PORT LAVACA WAVE	1,285.00	0.00	0.00	1,285.00

Vendor# / Vendor Name	Class	Pay Code
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11832 ✓ PRESS GANEY ASSOCIATES, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ IN000674022A		10/31/202	10/31/202	11/30/202			2,838.92	0.00	0.00	2,838.92

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11932	PRESS GANEY ASSOCIATES, INC.	2,838.92	0.00	0.00	2,838.92

Vendor#	Vendor Name	Class	Pay Code
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11215 ✓ RICHARD ARROYO-DIAZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
111920		11/18/2021	11/19/2021	11/19/2021			778.68	0.00	0.00	778.68

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11215	RICHARD ARROYO-DIAZ	778.68	0.00	0.00	778.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
306747		11/18/202	11/18/202	11/26/202			425.00	0.00	0.00	425.00

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
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Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
10899	SIGN AD, LTD.			425.00	0.00	0.00	425.00
Vendor#	Vendor Name	Class	Pay Code				
14868	SINGLETON ASSOCIATES, P.A.						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
246103124001		10/31/202	11/11/202	11/19/202			
Gross							
10,986.65							
Discount							
0.00							
No-Pay							
0.00							
Net							
10,986.65							
OCTOBER SERVICES							
246093024001		10/31/202	11/11/202	11/19/202			
Gross							
7,278.65							
Discount							
0.00							
No-Pay							
0.00							
Net							
7,278.65							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
14868	SINGLETON ASSOCIATES, P.A.			18,265.30	0.00	0.00	18,265.30
Vendor#	Vendor Name	Class	Pay Code				
S2694	STANFORD VACUUM SERVICE	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
135046		11/18/202	11/13/202	11/18/202			
Gross							
550.00							
Discount							
0.00							
No-Pay							
0.00							
Net							
550.00							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
S2694	STANFORD VACUUM SERVICE			550.00	0.00	0.00	550.00
Vendor#	Vendor Name	Class	Pay Code				
10845	STAPLES						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
6015837325		10/01/202	10/31/202	11/30/202			
Gross							
124.73							
Discount							
0.00							
No-Pay							
0.00							
Net							
124.73							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
10845	STAPLES			124.73	0.00	0.00	124.73
Vendor#	Vendor Name	Class	Pay Code				
S3940	STERIS CORPORATION	M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
10725842		06/27/202	03/03/202	12/01/202			
Gross							
-3,984.36							
Discount							
0.00							
No-Pay							
0.00							
Net							
-3,984.36							
CREDIT							
13026043		10/31/202	10/31/202	11/15/202			
Gross							
1,401.92							
Discount							
0.00							
No-Pay							
0.00							
Net							
1,401.92							
13023584		10/31/202	10/31/202	11/25/202			
Gross							
189.40							
Discount							
0.00							
No-Pay							
0.00							
Net							
189.40							
13026618		10/31/202	10/31/202	11/25/202			
Gross							
4,224.80							
Discount							
0.00							
No-Pay							
0.00							
Net							
4,224.80							
13010768		11/06/202	10/29/202	11/30/202			
Gross							
-428.00							
Discount							
0.00							
No-Pay							
0.00							
Net							
-428.00							
13047670		11/13/202	11/06/202	12/01/202			
Gross							
462.93							
Discount							
0.00							
No-Pay							
0.00							
Net							
462.93							
13053247		11/13/202	11/07/202	12/02/202			
Gross							
218.40							
Discount							
0.00							
No-Pay							
0.00							
Net							
218.40							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
S3940	STERIS CORPORATION			2,085.09	0.00	0.00	2,085.09
Vendor#	Vendor Name	Class	Pay Code				
10735	STRYKER SALES, LLC						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
9207645799		11/05/202	11/04/202	12/04/202			
Gross							
2,655.40							
Discount							
0.00							
No-Pay							
0.00							
Net							
2,655.40							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net
10735	STRYKER SALES, LLC			2,655.40	0.00	0.00	2,655.40
Vendor#	Vendor Name	Class	Pay Code				
T2539	T-SYSTEM, INC	W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	
921287A		10/31/202	10/31/202	11/30/202			
Gross							
6,130.24							
Discount							
0.00							
No-Pay							
0.00							
Net							
6,130.24							
Vendor Totals: Number	Name			Gross	Discount	No-Pay	Net

	T2539	T-SYSTEM, INC					6,130.24	0.00	0.00	6,130.24
Vendor#	Vendor Name		Class		Pay Code					
10758	✓ TEXAS SELECT STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 002458451079IN		11/18/202	11/13/202	11/14/202		3,782.00	0.00	0.00	3,782.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10758 TEXAS SELECT STAFFING, LLC							3,782.00	0.00	0.00	3,782.00
Vendor#	Vendor Name		Class		Pay Code					
10732	✓ THERACOM, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 225647707301		11/13/202	11/04/202	11/30/202		2,675.45	0.00	0.00	2,675.45 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
10732 THERACOM, LLC							2,675.45	0.00	0.00	2,675.45
Vendor#	Vendor Name		Class		Pay Code					
13616	✓ TRIOSE, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ TRI201969		11/18/202	10/30/202	11/14/202		96.98	0.00	0.00	96.98 ✓
	✓ TRI202751		11/18/202	11/07/202	11/22/202		127.45	0.00	0.00	127.45 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
13616 TRIOSE, INC							224.43	0.00	0.00	224.43
Vendor#	Vendor Name		Class		Pay Code					
C2510	✓ TRUBRIDGE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 1024908		10/31/202	11/06/202	12/01/202		5,750.00	0.00	0.00	5,750.00 ✓
	✓ 1025760		11/11/202	10/29/202	11/23/202		10,800.00	0.00	0.00	10,800.00 ✓
	✓ T2411181378		11/20/202	11/18/202	12/01/202		10,978.19	0.00	0.00	10,978.19 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
C2510 TRUBRIDGE							27,528.19	0.00	0.00	27,528.19
Vendor#	Vendor Name		Class		Pay Code					
11002	✓ TRUSTAFF									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 2274283		11/04/202	10/31/202	11/30/202		3,256.00	0.00	0.00	3,256.00 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11002 TRUSTAFF							3,256.00	0.00	0.00	3,256.00
Vendor#	Vendor Name		Class		Pay Code					
U1064	✓ UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	✓ 2921046397		10/31/202	11/07/202	12/02/202		372.12	0.00	0.00	372.12 ✓
	✓ 2921046394		10/31/202	11/07/202	12/02/202		190.32	0.00	0.00	190.32 ✓
	✓ 2921046398		10/31/202	11/07/202	12/02/202		162.14	0.00	0.00	162.14 ✓
	✓ 2921046399		10/31/202	11/07/202	12/02/202		181.78	0.00	0.00	181.78 ✓
	✓ 2921046400		10/31/202	11/07/202	12/02/202		136.10	0.00	0.00	136.10 ✓
	✓ 2921046393		10/31/202	11/07/202	12/02/202		108.93	0.00	0.00	108.93 ✓

✓	2921046395	10/31/202 11/07/202 12/02/202	2,224.19	0.00	0.00	2,224.19 ✓
✓	2921046396	10/31/202 11/07/202 12/02/202	34.04	0.00	0.00	34.04 ✓
✓	2921046593	11/12/202 11/11/202 12/06/202	99.33	0.00	0.00	99.33 ✓
✓	2921046592	11/12/202 11/11/202 12/06/202	2,585.05	0.00	0.00	2,585.05 ✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC	6,094.00	0.00	0.00	6,094.00

Vendor#	Vendor Name	Class	Pay Code						
U1056	✓ UNIFORM ADVANTAGE	W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount
✓	SIV15847626		10/31/202	09/14/202	10/14/202			108.73	0.00
								0.00	0.00
								108.73	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U1056	UNIFORM ADVANTAGE	108.73	0.00	0.00	108.73

Vendor#	Vendor Name	Class	Pay Code						
U2001	✓ US POSTAL SERVICE	W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount
✓	11192024		11/20/202	11/19/202	11/19/202			2,200.00	0.00
								0.00	0.00
								2,200.00	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
U2001	US POSTAL SERVICE	2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name	Class	Pay Code						
I1110	✓ WERFEN USA LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount
✓	9111645331		10/02/202	10/11/202	11/05/202			1,571.67	0.00
								0.00	0.00
								1,571.67	✓

✓	9111670165		11/11/202	11/06/202	12/01/202			1,255.50	0.00
								0.00	0.00
								1,255.50	✓

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC	2,827.17	0.00	0.00	2,827.17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	265,821.63	0.00	0.00	265,821.63

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

McKESSON

STATEMENT

As of: 11/22/2024

Page: 002

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Company: 8000

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 SupplD:
Territory:

Customer: 632536
Date: 11/22/2024

As of: 11/22/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 1,909.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 11/26/2024,
Pay This Amount:

1,871.06 USD

If Paid After 11/26/2024,
Pay This Amount:

1,909.26 USD

Due If Paid On Time:
USD 1,871.06 ✓

Disc lost if paid late: 38.20

Due If Paid Late:
USD 1,909.26

✓ 80

21.39 +
1,826.61 +
14.77 +
3.87 +
4.42 +
1,871.06 =

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 190813
Date: 11/22/2024

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As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
11/22/2024	11/26/2024	7534886968	4293279	115Invoice	0.44	21.83		21.39	✓	7534886968	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotal: 21.83 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,141.80
10/07/2024

If Paid By 11/26/2024,
Pay This Amount:

21.39 USD

If Paid After 11/26/2024,
Pay this Amount:

21.83 USD

Due If Paid On Time: 21.39
USD
Disc lost if paid late: 0.44
Due If Paid Late: 21.83
USD

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NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024

Page: 001

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account, detach and return this
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DC: 8115
Customer INV Suppl:
Territory: 7001

Customer: 256342
Date: 11/22/2024

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
11/16/2024	11/26/2024	7533739627	210917264	115Invoice	2.14	106.81		104.67	✓	7533739627	
11/16/2024	11/26/2024	7533739628	216999438	115Invoice	0.03	1.48		1.45	✓	7533739628	
11/18/2024	11/26/2024	7533999621	217804620	115Invoice	0.83	41.42		40.59	✓	7533999621	
11/18/2024	11/26/2024	7533999622	209850030	115Invoice	1.56	77.95		76.39	✓	7533999622	
11/18/2024	11/26/2024	7533999623	209781352	115Invoice	0.31	15.46		15.15	✓	7533999623	
11/18/2024	11/26/2024	7533999624	210000019	115Invoice	5.23	261.41		256.18	✓	7533999624	
11/18/2024	11/26/2024	7533999625	213308789	115Invoice	1.80	79.85		78.05	✓	7533999625	
11/18/2024	11/26/2024	7533999626	217037486	115Invoice	5.26	262.98		257.72	✓	7533999626	
11/19/2024	11/26/2024	7534287073	210474216	115Invoice	4.39	219.56		215.17	✓	7534287073	
11/20/2024	11/26/2024	7534550912	214020785	115Invoice	1.80	90.21		88.41	✓	7534550912	
11/20/2024	11/26/2024	7534550913	209606802	115Invoice	13.24	662.24		649.00	✓	7534550913	
11/20/2024	11/26/2024	7534550914	217037486	115Invoice	0.01	0.32		0.31	✓	7534550914	
11/20/2024	11/26/2024	7534550915	217357762	115Invoice	0.01	0.63		0.62	✓	7534550915	
11/20/2024	11/26/2024	7534550916	214545134	115Invoice	0.02	0.95		0.93	✓	7534550916	
11/20/2024	11/26/2024	7534550917	212443630	115Invoice	0.02	0.95		0.93	✓	7534550917	
11/21/2024	11/26/2024	7534813998	218254772	115Invoice	0.83	41.42		40.59	✓	7534813998	
11/22/2024	11/26/2024	7535073265	209781352	115Invoice	0.01	0.26		0.25	✓	7535073265	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,863.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/18/2024 1,406.36

If Paid By 11/26/2024,

Pay This Amount:

1,826.61 USD

If Paid After 11/26/2024,

Pay this Amount:

1,863.90 USD

Due If Paid On Time:

USD

Disc lost if paid late:

USD

Due If Paid Late:

USD

1,826.61

37.29

1,863.90

APPROVED ON

NOV 25 2024

For AR Inquiries please contact 800-867-0333

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

McKESSON

STATEMENT

Company: 8080

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024

Page: 001

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account, detach and return this
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DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 11/22/2024

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 820405 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 820405 HEB PHCY WHSE/MEM MED PHS											
11/21/2024	11/26/2024	7534609684	B2411-055-181130	115Invoice	0.30	15.07		14.77	✓	7534609684	

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

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

Subtotals: 15.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 6,115.79
11/11/2024

If Paid By 11/26/2024,
Pay This Amount:

14.77 USD

If Paid After 11/26/2024,
Pay this Amount:

15.07 USD

Due If Paid On Time:
USD 14.77
Disc lost if paid late:
0.30
Due If Paid Late:
USD 15.07

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NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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McKESSON

STATEMENT

Company: 8000

As of: 11/22/2024

Page: 001

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplID:
Territory: 7001

Customer: 835434
Date: 11/22/2024

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835434	CVS PHCY 8923/MEM MC PHS										
11/20/2024	11/26/2024	7534356087	3682598	115Invoice	0.08	3.95		3.87	✓	7534356087	

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

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

Subtotals:

3.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/18/2024 1,406.36

If Paid By 11/26/2024,
Pay This Amount:

3.87 USD

If Paid After 11/26/2024,
Pay this Amount:

3.95 USD

Due If Paid On Time: 3.87
USD
Disc lost if paid late: 0.08
Due If Paid Late: 3.95
USD

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NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/22/2024

Page: 001

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 835437
Date: 11/22/2024

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

As of: 11/22/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835437 PLEASE CHECK ANY
Date: 11/22/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order	Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835437 CVS PHCY 7416/MEM MC PHS												
11/20/2024	11/26/2024	7534567033		3681542	115Invoice	0.09	4.51		4.42	✓	7534567033	

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:

4.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,406.36
11/18/2024

If Paid By 11/26/2024,
Pay This Amount:

4.42 USD

If Paid After 11/26/2024,
Pay this Amount:

4.51 USD

Due If Paid On Time: 4.42
USD
Disc lost if paid late: 0.09
Due If Paid Late: 4.51
USD

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

STATEMENT

Statement Number: 68645419
Date: 11-22-2024

1 of 1

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

DEA: RA0289276
866-451-9655

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

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:	1,510.06
Past Due:	0.00
Total Due:	1,510.06
Account Balance:	1,510.06

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-18-2024	11-29-2024	3196142094	7008170688	Invoice	38.75		0.00	38.75
11-18-2024	11-29-2024	3196142095	7008180572	Invoice	11.52		0.00	11.52
11-18-2024	11-29-2024	3196142096	7008171260	Invoice	1.36		0.00	1.36
11-18-2024	11-29-2024	3196142097	7008180707	Invoice	5.86		0.00	5.86
11-20-2024	11-29-2024	3196465281	7008202762	Invoice	1,292.79		0.00	1,292.79
11-21-2024	11-29-2024	3196612583	7008212177	Invoice	94.46		0.00	94.46
11-21-2024	11-29-2024	3196612584	7008212177	Invoice	1.01		0.00	1.01
11-22-2024	11-29-2024	3196777813	7008221987	Invoice	48.44		0.00	48.44
11-22-2024	11-29-2024	3196777814	7008221987	Invoice	15.87		0.00	15.87

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,510.06	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
11-22-2024	(2,079.63)

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
11-29-2024	1,510.06
Total Due:	1,510.06



STATEMENT

Statement Number: 68663412
Date: 11-22-2024

1 of 1

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

DEA: RA0316958
866-451-8655**Customer:**
WALGREENS CENTRAL FILL #21373 3408
MEMORIAL MEDICAL CENTER
4100 DALE EARNHARDT WAY 200
NORTHLAKE TX 76262-2389**Remit To:**
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740**Customer Number**

100566356 / 100566356

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	24.28
Past Due:	0.00
Total Due:	24.28
Account Balance:	24.28

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-18-2024	11-29-2024	3196115590	7008179933	Invoice	1.77		0.00	1.77
11-20-2024	11-29-2024	3196489210	7008202119	Invoice	4.27		0.00	4.27
11-21-2024	11-29-2024	3196667953	7008221900	Invoice	8.42		0.00	8.42
11-22-2024	11-29-2024	3196823148	7008230832	Invoice	9.80		0.00	9.80

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
24.28	0.00	0.00	0.00	0.00	0.00	0.00

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**Reminders**

Due Date	Amount
11-29-2024	24.28
Total Due:	24.28

LINE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	ACCOUNT	NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX	EMAIL	WEBSITE	URL	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	ACCOUNT	NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX	EMAIL	WEBSITE	URL		
1291	76151	1	2	1	2024	185001262	0	11/4/2024	5157.08	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741831231																	
1292	76151	1	33	0	2024	185001190	0	11/4/2024	5199.48	1	BAYLOR COLLEGE OF MEDICINE	P	177	0	10/1/2024	10/1/2024	300781563																	
1293	76151	1	33	0	2024	185001143	0	11/4/2024	510.75	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1294	76151	1	11	0	2024	185001154	0	11/4/2024	513.07	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1295	76151	1	43	0	2024	185000266	0	11/4/2024	518.15	1	INCHI PHYSICIAN ASSOCIATES, PLLC	P	163	0	10/1/2024	10/1/2024	741660468																	
1296	76151	1	64	1	2024	185001003	0	11/4/2024	519.10	1	STEPHEN M. DENIER, MD, PA	P	178	0	10/1/2024	10/1/2024	741660468																	
1297	76151	1	43	0	2024	185001426	0	11/4/2024	526.10	1	MELISSA A. KAMMERL, MD, PA	P	172	0	10/1/2024	10/1/2024	741660468																	
1298	76151	1	32	0	2024	185000090	0	11/4/2024	544.80	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1299	76151	1	65	0	2024	185000081	0	11/4/2024	545.00	1	JACKSON COUNTY MEDICAL CLINIC OF EDNA	P	360	0	10/1/2024	10/1/2024	741660468																	
1300	76151	1	65	0	2024	185001569	0	11/4/2024	548.51	1	AMERICAN REGIONAL HEALTH CENTER	P	184	0	10/1/2024	10/1/2024	741660468																	
1301	76151	1	35	1	2024	185001090	0	11/4/2024	574.22	1	VICTORIA ORTHOPEDIC CENTER, PLLC	P	457	0	10/1/2024	10/1/2024	741660468																	
1302	76151	1	43	2	2024	185001236	0	11/4/2024	579.18	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1303	76151	1	43	0	2024	185001231	0	11/4/2024	579.38	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1304	76151	1	31	0	2024	185001151	0	11/4/2024	582.17	1	CRUISEVIEW MEDICAL CLINICS PA	P	377	0	10/1/2024	10/1/2024	741660468																	
1305	76151	1	18	0	2024	185001174	0	11/4/2024	584.58	1	INDUSTRIAL MEDICAL GROUP PA	P	457	0	10/1/2024	10/1/2024	741660468																	
1306	76151	1	33	0	2024	185001009	0	11/4/2024	582.28	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1307	76151	1	43	0	2024	185001100	0	11/4/2024	585.05	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1308	76151	1	51	0	2024	185001144	0	11/4/2024	586.97	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1309	76151	1	43	0	2024	185001472	0	11/4/2024	587.35	1	THOMAS PHYSICIAN ASSOCIATES, PLLC	P	457	0	10/1/2024	10/1/2024	741660468																	
1310	76151	1	57	2	2024	185000517	0	11/4/2024	588.60	1	PORT LAVACA CLINIC	P	163	0	10/1/2024	10/1/2024	741660468																	
1311	76151	1	11	0	2024	185000805	0	11/4/2024	583.00	1	PORT LAVACA CLINIC	P	163	0	10/1/2024	10/1/2024	741660468																	
1312	76151	1	8	0	2024	185001117	0	11/4/2024	587.45	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1313	76151	1	11	0	2024	185000914	0	11/4/2024	587.48	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1314	76151	1	56	0	2024	185001197	0	11/4/2024	587.55	1	PHYSICIAN REFERRAL SERVICE	P	177	0	10/1/2024	10/1/2024	741660468																	
1315	76151	1	32	0	2024	185000723	0	11/4/2024	588.66	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1316	76151	1	56	0	2024	185001194	0	11/4/2024	589.90	1	PHYSICIAN REFERRAL SERVICE	P	177	0	10/1/2024	10/1/2024	741660468																	
1317	76151	1	56	0	2024	185001198	0	11/4/2024	591.22	1	PHYSICIAN REFERRAL SERVICE	P	177	0	10/1/2024	10/1/2024	741660468																	
1318	76151	1	37	0	2024	185000867	0	11/4/2024	594.94	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1319	76151	1	36	0	2024	185000714	0	11/4/2024	596.38	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1320	76151	1	29	0	2024	185001117	0	11/4/2024	597.56	1	INDUSTRIAL MEDICAL GROUP PA	P	457	0	10/1/2024	10/1/2024	741660468																	
1321	76151	1	87	0	2024	185001084	0	11/4/2024	598.89	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1322	76151	1	27	0	2024	185001109	0	11/4/2024	597.73	1	VICTORIA EYE CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1323	76151	1	28	0	2024	185001481	0	11/4/2024	598.59	1	CRUISEVIEW MEDICAL CLINICS PA	P	377	0	10/1/2024	10/1/2024	741660468																	
1324	76151	1	81	0	2024	185001455	0	11/4/2024	594.57	1	VICTORIA WOMENS CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1325	76151	1	13	0	2024	185000599	0	11/4/2024	590.75	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1326	76151	1	75	0	2024	185000179	0	11/4/2024	588.79	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1327	76151	1	107	1	2024	185001644	0	11/4/2024	586.38	1	VICTORIA EYE CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1328	76151	1	64	1	2024	185000994	0	11/4/2024	579.10	1	PORT LAVACA CLINIC	P	163	0	10/1/2024	10/1/2024	741660468																	
1329	76151	1	94	1	2024	185001627	0	11/4/2024	582.25	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1330	76151	1	24	0	2024	185000919	0	11/4/2024	540.95	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1331	76151	1	44	1	2024	185001615	0	11/4/2024	543.36	1	PORT LAVACA CLINIC ASSOCIATES	P	172	0	10/1/2024	10/1/2024	741660468																	
1332	76151	1	99	1	2024	185001014	0	11/4/2024	540.03	1	CRUISEVIEW MEDICAL CLINICS PA	P	377	0	10/1/2024	10/1/2024	741660468																	
1333	76151	1	1	0	2024	185000311	0	11/4/2024	552.76	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1334	76151	1	34	0	2024	185001044	0	11/4/2024	559.94	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1335	76151	1	94	0	2024	185001303	0	11/4/2024	559.94	1	AMERICAN REGIONAL HEALTH CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1336	76151	1	46	0	2024	185001657	0	11/4/2024	579.18	1	VICTORIA EYE CENTER	P	457	0	10/1/2024	10/1/2024	741660468																	
1337	76151	1	83	0	2024	185000797	0	11/4/2024	582.34	1	SINGLETON ASSOCIATES PA	P	163	0	10/1/2024	10/1/2024	741660468																	
1338	76151	1	17	1	2024	185001083	0	11/4/2024	580.75	1	MELISSA A. KAMMERL, MD, PA	P	172	0	10/1/2024	10/1/2024	741660468																	
1339	76151	1	32	4	2024	185001119	0	11/4/2024	580.85	1	CRUISEVIEW MEDICAL CLINICS PA	P	377	0	10/1/2024	10/1/2024	741660468																	
1340	76151	1	2	0	2024	185001324	0	11/4/2024	586.30	1	THE HARMAN GROUP, MD, PA	P	457	0	10/1/2024	10/1/2024	741660468																	
1341	76151	1	31	1	2024	18500																												

90 Degree Benefits

Monthly Billing for 12/1/2024

MEMORIAL MEDICAL CENTER (Mst Grp: 76350)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

Master Group Totals

SPEC AGG	177	\$59,077.36	Adjustments	2	\$413.56	Total Due
ADMIN FEES	177	\$7,345.50	Adjustments	1	\$41.50	\$59,490.92
PPO UR	177	\$3,432.03	Adjustments	1	\$19.39	\$7,387.00
CHIC MGMT FEE		\$700.00				\$3,451.42
						\$700.00

Balance Forward:		\$72,153.74
Payments:	-	\$72,153.74
Adjustments:	+	\$0.00

Beginning Balance:		\$0.00
Current Amount Due:	+	\$70,554.89
Current Adjustments:	+	\$474.45
Total Amount Due:		\$71,029.34

Description	Medical
EE	106
ES	16
EF	13
EC	42
Mst Total	177

APPROVED ON

NOV 25 2024

Make Check Payable To: Attn: Revenue Department
90 Degree Benefits
PO Box 13246
Birmingham, AL 35202

BY COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

Please pay premium as billed. Changes received after billing has processed will be reflected on the next months bill.
Premium payment is due by the 10th of the month.

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — Nov 18, 2024 - Nov 24, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten"</u>
11/22/2024	PAY PLUS ACHTrans 44791210 101000693792991 P	- 3rd Party Payor Fee	59.18	901452
11/22/2024	HEALTH EQUITY INC HealthEqui 1356888 91000018	- EmpDeduct/Employer Contribut	1,381.16 *	800626
11/22/2024	EXPERTPAY EXPERTPAY 746003411 91000011710522	- Child Support Payment	570.69 **	800627
11/22/2024	AMERISOURCE BERG PAYMENTS 0100007768 21000002	- 340B Drug Program Expense	2,079.63 *	500652
11/22/2024	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll	363,801.48 *	
11/21/2024	PAY PLUS ACHTrans 44624020 101000692681975 P	- 3rd Party Payor Fee	115.49	901452
11/20/2024	appvd CC 11.20.24	- wire out to Prosperity Money Market	250,000.00 *	700143
11/20/2024	WEBFILE TAX PYMT DD 902/77445534 21000023996	- Sales Tax	2,442.59 *	700144
11/20/2024	PAY PLUS ACHTrans 44320937 101000691253221 P	- 3rd Party Payor Fee	259.14	901453
11/19/2024	PAY PLUS ACHTrans 44207338 101000699940917 P	- 3rd Party Payor Fee	89.38	901454
11/19/2024	MCKESSON DRUG AUTO ACH ACN06265702 910000119	- 340B Drug Program Expense	1,406.36 *	500653
11/18/2024	STATE COMPTLR TEXNET 08443613/41115 2100002	CHRP IGT SFY25	70,813.11 **	110091
11/18/2024	PAY PLUS ACHTrans 44043837 101000698385942 P	- 3rd Party Payor Fee	225.93	901455
			<u>693,244.14</u>	

over 183.63

pay plus

59.18 +
115.49 +
259.14 +
89.38 +
225.93 +
749.12

* Approved on 11.20.24 cc
** Approved on 11.13.24 cc

Steve Brock, CFO
Memorial Medical Center

**PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — ESTIMATED ACHS**

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>
12/11/2024	STATE COMPTLR TEXNET	ACCURED NH QIPP IGT	1,309,828.35
			<u>1,309,828.35</u>

693,244.14 +
1,381.16 -
570.69 -
2,079.63 -
363,801.48 -
250,000.00 -
2,442.59 -
1,406.36 -
70,813.11 -
749.12 0
749.12 -
0.00 0

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Steve Brock, CFO
Memorial Medical Center



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #:

Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$1,309,828.35
Bank Routing and Account Number	
Settlement Date	12/11/2024
QIPP Amount	\$1,309,828.35
Entered By	Caitlin Clevenger

RECEIVED BY THE
COUNTY AUDITOR ON

11/21/2024
11:08

NOV 21 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/07/2024

0
ap_open_invoice.template

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

Class Pay Code

11816 ✓ ASHFORD GARDENS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111424		11/20/202	11/14/202	12/07/202			26,976.14	0.00	0.00	26,976.14 ✓

Vendor Totals: Number Name

11816 ASHFORD GARDENS

Gross	Discount	No-Pay	Net
26,976.14	0.00	0.00	26,976.14

Report Summary

Grand Totals:

Gross
26,976.14

Discount
0.00

No-Pay
0.00

Net
26,976.14

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

0

11/21/2024

11:09

NOV 21 2024

AP Open Invoice List

Due Dates Through: 12/07/2024

ap_open_invoice.template

Vendor# / Vendor Name
11832 - BROADMOOR AT CREEKSIDE PARK
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111424		11/20/202	11/14/202	12/07/202			2,426.98	0.00	0.00	2,426.98 ✓
✓ 111424A	ins. amt dep. into mmc opt. in error	11/20/202	11/14/202	12/07/202			13,487.09	0.00	0.00	13,487.09 ✓

Vendor Totals: Number Name

11832 BROADMOOR AT CREEKSIDE PARK

Gross	Discount	No-Pay	Net
15,914.07	0.00	0.00	15,914.07

Report Summary

Grand Totals:

Gross
15,914.07

Discount
0.00

No-Pay
0.00

Net
15,914.07

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

11/21/2024
11:09

NOV 21 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11824 ✓ THE CRESCENT

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111424		11/20/202	11/14/202	12/07/202			11,329.51	0.00	0.00	11,329.51
ins. pmvt dep. into mmc opt. in error										
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
11824 THE CRESCENT							11,329.51	0.00	0.00	11,329.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,329.51	0.00	0.00	11,329.51

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

11/21/2024
11:12

NOV 21 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11836 ✓ GOLDEN CREEK HEALTHCARE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 110824A		11/20/202	11/08/202	12/07/202			3,608.80	0.00	0.00	3,608.80 ✓
✓ 110824	ins. pmt dep into mmc opt in error	11/20/202	11/08/202	12/07/202			14,269.93	0.00	0.00	14,269.93 ✓
✓ 111224		11/20/202	11/12/202	12/07/202			2,921.84	0.00	0.00	2,921.84 ✓
✓ 111224A		11/20/202	11/12/202	12/07/202			22.15	0.00	0.00	22.15 ✓
✓ 111324		11/20/202	11/13/202	12/07/202			19,880.00	0.00	0.00	19,880.00 ✓
✓ 111324A		11/20/202	11/13/202	12/07/202			12,581.00	0.00	0.00	12,581.00 ✓
✓ 111424		11/20/202	11/14/202	12/07/202			8,000.56	0.00	0.00	8,000.56 ✓

Vendor Totals: Number Name
11836 GOLDEN CREEK HEALTHCARE

Gross Discount No-Pay Net
61,084.28 0.00 0.00 61,084.28

Report Summary:

Grand Totals: Gross Discount No-Pay Net
61,084.28 0.00 0.00 61,084.28

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

11/21/2024
11:13

NOV 21 2024

AP Open Invoice List

Due Dates Through: 12/07/2024

0
ap_open_invoice.template

Vendor# Vendor Name
13004 ✓ TUSCANY VILLAGE

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 111424A		11/20/202	11/08/202	12/07/202			22,003.21	0.00	0.00	22,003.21 ✓
✓ 111324	ins. pmt dep. into mmc opt. in error	11/20/202	11/08/202	12/07/202			27,562.92	0.00	0.00	27,562.92 ✓
✓ 111224	"	11/20/202	11/08/202	12/07/202			9,188.70	0.00	0.00	9,188.70 ✓
✓ 111424	"	11/20/202	11/08/202	12/07/202			1,632.00	0.00	0.00	1,632.00 ✓
✓ 110824	"	11/20/202	11/08/202	12/07/202			9,595.00	0.00	0.00	9,595.00 ✓
✓ 110824A	"	11/20/202	11/08/202	12/07/202			5,304.00	0.00	0.00	5,304.00 ✓

Vendor Totals: Number Name
13004 TUSCANY VILLAGE

Gross	Discount	No-Pay	Net
75,285.83	0.00	0.00	75,285.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	75,285.83	0.00	0.00	75,285.83

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

11/21/2024

NOV 21 2024

AP Open Invoice List

0

11:12

Due Dates Through: 12/07/2024

ap_open_invoice.template

Vendor# Vendor Name CALHOUN COUNTY, TEXAS

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 110824		11/20/202	11/08/202	12/07/202			1,944.10	0.00	0.00	1,944.10 ✓
<i>ins pmt dep. into mmc opt in error</i>										
✓ 111424		11/20/202	11/14/202	12/07/202			1,350.90	0.00	0.00	1,350.90 ✓
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							3,295.00	0.00	0.00	3,295.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,295.00	0.00	0.00	3,295.00

APPROVED ON

NOV 21 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Centex Transfer
Prosperity Accounts
11/25/2024

Account Number	Previous Beginning Balance	Transfer Due	ACH Transfer In	Pending Deposits	Today's Beginning Balance	Amounts to Be Transferred to Nursing Home
██████████	248,889.11	257,892.88	143,484.88		151,881.10	141,484.88
					Bank Balance Variance	
					Leave in Balance	100.00

Review Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank

██████████	166,640.50	151,971.24	130,968.22		131,637.48	330,968.22
					Bank Balance Variance	
					Leave in Balance	100.00
					Molina Quarter 4	2,944.83
					Oct Interest	261.76
					Nov Interest	
					Dec Interest	
					Adjust Balance/Transfer Amt	143,484.88

██████████	303,229.16	285,433.82	490,729.44		508,532.78	490,729.44
					Bank Balance Variance	
					Leave in Balance	100.00
					Molina Quarter 4	2,901.78
					Claim Payment owed to Tusculum	14,500.00
					Oct Interest	301.56
					Nov Interest	
					Dec Interest	
					Adjust Balance/Transfer Amt	490,729.44

██████████	57,185.25	57,646.48	58,124.22		61,623.03	58,124.22
					Bank Balance Variance	
					Leave in Balance	100.00
					Molina Quarter 4	3,399.14
					Oct Interest	98.67
					Nov Interest	
					Dec Interest	
					Adjust Balance/Transfer Amt	58,124.22

██████████	157,170.98	159,652.80	173,961.13		177,479.11	173,961.13
					Bank Balance Variance	
					Leave in Balance	100.00
					Molina Quarter 4	1,195.70
					Oct Interest	282.45
					Nov Interest	
					Dec Interest	
					Adjust Balance/Transfer Amt	173,961.13

141,484.88 +
330,968.22 +
490,729.44 +
58,124.22 +
273,961.13 +
1,295,267.89 =

Sum / Last Bond / Remittance

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 1,295,267.89

Approved:
Steve Brock, CFO

11/25/2024

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 MMHC deposited to open account.

			MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2, 3 & 4 Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
11/22/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000267132	-						7,088.48	
11/22/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-						19,421.53	
11/22/2024 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000144	-						863.59	
11/21/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000226532	-						5,119.45	
11/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000127	-						10,987.54	
11/20/2024 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	227,992.89						10,987.54	
11/20/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-						-	
11/20/2024 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000193	-						5,740.00	
11/19/2024 MANAGEANDNET1718 HNS PMNT 0000000000091 41	-						74,395.29	
11/19/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000283691	-						2,942.50	
11/19/2024 UNITEDHEALTHCARE HCLCLAIMPMT 746003411 124384	-						3,938.04	
11/19/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-						408.00	
11/19/2024 HEALTH HUMAN SVC HCLCLAIMPMT 1746003411 13005 2	-						4,070.99	
11/18/2024 AARP Supplementa HCLCLAIMPMT 746003411 124384	-						389.47	
							6,120.00	
227,992.89	141,484.88						141,484.88	

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2, 3 & 4 & Lapse	QIPP/Comp 3	QIPP/Comp 4 & Lapse	QIPP TI	
11/22/2024 Deposit	-	20,988.40	-	-	-	-	-	20,988.40
11/22/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000267132	-	333.23	-	-	-	-	-	333.23
11/22/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000267132	-	33,521.38	-	-	-	-	-	33,521.38
11/22/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	5,555.00	-	-	-	-	-	5,555.00
11/22/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	25,971.68	-	-	-	-	-	25,971.68
11/22/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	6,181.77	-	-	-	-	-	6,181.77
11/22/2024 NOVITAS SOLUTION HCLCLAIMPMT 675257 420000143	-	23,336.08	-	-	-	-	-	23,336.08
11/21/2024 HUMANA CHA DISB HCLCLAIMPMT 62528086 420000131	-	890.00	-	-	-	-	-	890.00
11/21/2024 MANAGEANDNET1718 HNS PMNT 000000000004293 41	-	2,773.29	-	-	-	-	-	2,773.29
11/21/2024 HNB - ECHO HCLCLAIMPMT 746003411 44000026533	-	3,837.19	-	-	-	-	-	3,837.19
11/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 675357 420000126	-	120,683.83	-	-	-	-	-	120,683.83
11/20/2024 WIRE OUT CANTER HEALTH CARE CENTERS III	163,971.24	-	-	-	-	-	-	-
11/20/2024 MANAGEANDNET1718 HNS PMNT 000000000004293 41	-	1,200.00	-	-	-	-	-	1,200.00
11/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000287908	-	16,882.13	-	-	-	-	-	16,882.13
11/20/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	7,070.00	-	-	-	-	-	7,070.00
11/20/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	918.52	-	-	-	-	-	918.52
11/20/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	323.70	-	-	-	-	-	323.70
11/20/2024 HEALTH HUMAN SVC HCLCLAIMPMT 1746003411 13004 2	-	8,923.80	-	-	-	-	-	8,923.80
11/19/2024 MANAGEANDNET1718 HNS PMNT 000000000004293 41	-	5,944.12	-	-	-	-	-	5,944.12
11/19/2024 HUMANA INS CO HCLCLAIMPMT 62234355 8300005255	-	4,185.00	-	-	-	-	-	4,185.00
11/19/2024 HUMANA INS CO HCLCLAIMPMT 62234354 8700005255	-	6,045.00	-	-	-	-	-	6,045.00
11/18/2024 MANAGEANDNET1718 HNS PMNT 000000000004293 41	-	1,362.50	-	-	-	-	-	1,362.50
11/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 44000023655	-	28,223.16	-	-	-	-	-	28,223.16
11/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000283656	-	1,822.30	-	-	-	-	-	1,822.30
11/18/2024 UnitedHealthcare HCLCLAIMPMT 746003411 910000	-	130.00	-	-	-	-	-	130.00
11/18/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	3,863.14	-	-	-	-	-	3,863.14
	163,971.24	330,568.22	-	-	-	-	-	330,568.22

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1 & Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI		
11/22/2024 Deposit	-	5,551.20	-	-	-	-	5,551.20	
11/22/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000267132	-	47,021.18	-	-	-	-	47,021.18	
11/22/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	29,661.51	-	-	-	-	29,661.51	
11/22/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	20,994.46	-	-	-	-	20,994.46	
11/22/2024 NOVITAS SOLUTION HCLCLAIMPMT 675311 420000143	-	2,318.03	-	-	-	-	2,318.03	
11/21/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000226532	-	11,714.70	-	-	-	-	11,714.70	
11/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 675311 420000126	-	261,047.40	-	-	-	-	261,047.40	
11/21/2024 HEALTH HUMAN SVC HCLCLAIMPMT 1746003411 13009 2	-	2,278.78	-	-	-	-	2,278.78	
11/20/2024 WIRE OUT CAMTEX HEALTH CARE CENTERS III	285,425.82	-	-	-	-	-	-	
11/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000286949	-	3,704.78	-	-	-	-	3,704.78	
11/20/2024 UHC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	9,499.73	-	-	-	-	9,499.73	
11/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000022016967	-	5,850.00	-	-	-	-	5,850.00	
11/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000022016961	-	4,050.00	-	-	-	-	4,050.00	
11/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000022016959	-	4,550.00	-	-	-	-	4,550.00	
11/20/2024 DEVOTED HEALTH P HCLCLAIMPMT 21000022016957	-	1,800.00	-	-	-	-	1,800.00	
11/19/2024 MANAGIANDNET1718 HNS PMNT 000000000003284 41	-	10,800.00	-	-	-	-	10,800.00	
11/19/2024 HUMANA HNS CO HCLCLAIMPMT 62234355 8300005255	-	13,674.00	-	-	-	-	13,674.00	
11/19/2024 HUMANA CHA DISB HCLCLAIMPMT 62364575 420000131	-	12,090.00	-	-	-	-	12,090.00	
11/19/2024 HUMANA CHA DISB HCLCLAIMPMT 62364576 420000131	-	1,395.00	-	-	-	-	1,395.00	
11/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000283645	-	42,428.67	-	-	-	-	42,428.67	
	285,425.82	490,729.44	-	-	-	-	490,729.44	

	Transfer-Out	Transfer-In	MMC PORTION				NH PORTION
			QIPP/Comp 1 & Lapse	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPPTI	
11/22/2024 MANAGEANDNET1718 HNS PMNT 000000000004294 41	-	5,040.00	-	-	-	-	5,040.00
11/22/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	360.00	-	-	-	-	360.00
11/21/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000226532	-	2,127.54	-	-	-	-	2,127.54
11/20/2024 WIRE OUT CANTER HEALTH CARE CENTERS III	53,686.48	-	-	-	-	-	-
11/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000286944	-	9,153.94	-	-	-	-	9,153.94
11/20/2024 NOVITAS SOLUTION HCLCLAIMPMT 675463 420000193	-	39,604.67	-	-	-	-	39,604.67
11/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000282950	-	1,338.07	-	-	-	-	1,338.07
	53,686.48	58,124.23	-	-	-	-	58,124.23

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1 & Lapse	QIPP/Comp2, 3 & 4 Lapse	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/22/2024 MANAGEANDNET1718 HNS PMNT 000000000003282 41	-	5,911.00	-	-	-	-	-	5,911.00
11/22/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000267132	-	6,174.83	-	-	-	-	-	6,174.83
11/22/2024 MANAGEANDNET1718 HNS PMNT 000000000004292 41	-	330.00	-	-	-	-	-	330.00
11/21/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000226532	-	16,263.84	-	-	-	-	-	16,263.84
11/21/2024 NOVITAS SOLUTION HCLCLAIMPMT 675310 420000126	-	223,004.89	-	-	-	-	-	223,004.89
11/20/2024 WIRE OUT CANTER HEALTH CARE CENTERS III	153,552.80	-	-	-	-	-	-	-
11/20/2024 MANAGEANDNET1718 HNS PMNT 000000000004292 41	-	1,650.00	-	-	-	-	-	1,650.00
11/20/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000286984	-	443.75	-	-	-	-	-	443.75
11/20/2024 UnitedHealthcare HCLCLAIMPMT 746003411 124384	-	600.00	-	-	-	-	-	600.00
11/19/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000264441	-	1,217.91	-	-	-	-	-	1,217.91
11/18/2024 HNB - ECHO HCLCLAIMPMT 746003411 440000283646	-	18,365.11	-	-	-	-	-	18,365.11

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,770,275.13	\$1,694,126.27	\$1,770,275.13	\$1,970,974.39
*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	\$152,381.10 ✓	\$217,827.75	\$152,381.10	\$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$333,637.48 ✓	\$346,993.68	\$333,637.48	\$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$508,532.78 ✓	\$535,625.59	\$508,532.78	\$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$277,479.31 ✓	\$319,094.50	\$277,479.31	\$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$61,623.03 ✓	\$80,128.34	\$61,623.03	\$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$111,924.08	\$111,924.08	\$111,924.08	\$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	\$5,497.00	\$5,497.00	\$5,497.00	\$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,038.67	\$1,038.67	\$1,038.67	\$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$125.21	\$125.21	\$125.21	\$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$117,409.51	\$121,023.28	\$117,409.51	\$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	\$212,733.27	\$229,188.33	\$212,733.27	\$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$255,053.48	\$255,053.48	\$255,053.48	\$255,053.48
Total Balance	\$3,808,799.16	\$3,918,735.29	\$3,808,799.16	\$3,645,419.88

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/25/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		116,400.83	94,735.30	90,258.35		111,924.08	89,858.55
					Bank Balance Variance	111,924.08	
					Leave in Balance	100.00	
					Superior Quarter 4	21,810.04	
					Oct Interest	155.49	
					Nov Interest		
					Dec Interest		
					Adjust Balance/Transfer Amt	89,858.55	

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 11/25/2024

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/22/2024 Deposit
 11/22/2024 HEALTH HUMAN SVC HCCCLAIMPMT 27660034113011.2
 11/22/2024 NOVITAS SOLUTION HCCCLAIMPMT 6762997 420000142
 11/22/2024 TSYS/TRANSFIRST CR CD DEP 543484555876917 43
 11/22/2024 HEALTH HUMAN SVC HCCCLAIMPMT 27660034113011.2
 11/22/2024 AETNA ASOS HCCCLAIMPMT 3568075964 51000011065
 11/20/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 11/20/2024 HMB - ECHO HCCCLAIMPMT 746003411 440000287908
 11/20/2024 HMB - ECHO HCCCLAIMPMT 746003411 440000286949
 11/18/2024 GOLDEN CREEK HEALTH ELEC DEBIT 1220356 91000013
 11/18/2024 TSYS/TRANSFIRST CR CD DEP 543484555876917 43
 11/18/2024 HMB - ECHO HCCCLAIMPMT 746003411 440000287691

		MMRC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 Balance	QIPP TI	
-	4,414.61	-	-	-	-	-	4,414.61
-	160.23	-	-	-	-	-	160.23
-	61,380.20	-	-	-	-	-	61,380.20
-	2,530.00	-	-	-	-	-	2,530.00
-	1,427.25	-	-	-	-	-	1,427.25
-	5,850.00	-	-	-	-	-	5,850.00
94,735.30	-	-	-	-	-	-	-
-	4,344.45	-	-	-	-	-	4,344.45
-	2,870.52	-	-	-	-	-	2,870.52
400.00	-	-	-	-	-	-	-
-	6,238.37	-	-	-	-	-	6,238.37
-	142.92	-	-	-	-	-	142.92
94,735.30	90,258.55	-	-	-	-	-	90,258.55

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,770,275.13	\$1,694,126.27	\$1,770,275.13	\$1,970,974.39
*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	\$152,381.10	\$217,827.75	\$152,381.10	\$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$333,637.48	\$346,993.68	\$333,637.48	\$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$508,532.78	\$535,625.59	\$508,532.78	\$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$277,479.31	\$319,094.50	\$277,479.31	\$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$61,623.03	\$80,128.34	\$61,623.03	\$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$111,924.08 ✓	\$111,924.08	\$111,924.08	\$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	\$5,497.00	\$5,497.00	\$5,497.00	\$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,038.67	\$1,038.67	\$1,038.67	\$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$125.21	\$125.21	\$125.21	\$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$117,409.51	\$121,023.28	\$117,409.51	\$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	\$212,733.27	\$229,188.33	\$212,733.27	\$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$255,053.48	\$255,053.48	\$255,053.48	\$255,053.48
Total Balance	\$3,808,799.16	\$3,918,735.29	\$3,808,799.16	\$3,645,419.88

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/25/2024

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
Account Number		646.16		271.81			1,038.67	no transfer
						Bank Balance	1,038.67	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	938.67	
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
Account Number		44,287.71	44,187.71	25.21			125.21	
						Bank Balance	125.21	
						Variance		
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	25.21	
TOTAL TRANSFERS							968.88	

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

11/25/2024

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/21/2024 HNB - ECHO HCCLAIMPAAT 746003411 440000226532

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	
	371.81					371.81
	371.81					371.81

11/22/2024 Deposit
11/20/2024 WIRE OUT HMG Rockport SNF, LP - Commercial
11/18/2024 MERCHANT BANKCO DEPOSIT 496478518889 9100001

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	
	0.21					0.21
44,187.71						-
	25.00					25.00
44,187.71	25.21					25.21
44,187.71	397.02					397.02

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,770,275.13	\$1,694,126.27	\$1,770,275.13	\$1,970,974.39
*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	\$152,381.10	\$217,827.75	\$152,381.10	\$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$333,637.48	\$346,993.68	\$333,637.48	\$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$508,532.78	\$535,625.59	\$508,532.78	\$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$277,479.31	\$319,094.50	\$277,479.31	\$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$61,623.03	\$80,128.34	\$61,623.03	\$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$111,924.08	\$111,924.08	\$111,924.08	\$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	\$5,497.00	\$5,497.00	\$5,497.00	\$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,038.67 ✓	\$1,038.67	\$1,038.67	\$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$125.21 ✓	\$125.21	\$125.21	\$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$117,409.51	\$121,023.28	\$117,409.51	\$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	\$212,733.27	\$229,188.33	\$212,733.27	\$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$255,053.48	\$255,053.48	\$255,053.48	\$255,053.48
Total Balance	\$3,808,799.16	\$3,918,735.29	\$3,808,799.16	\$3,645,419.88

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 11/25/2024

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
		243,139.02	237,856.82	207,451.07			212,793.27	207,126.80
						Bank Balance	212,793.27	
						Variance		
						Leave in Balance	100.00	
						Molina Quarter 4	5,182.20	
						Claim Payment owed to MMC	324.27	
						Adjust Balance/Transfer Amt	207,126.80	

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

Approved: 
 Steve Brock, CFO 11/25/2024

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS



11/22/2024 Deposit
11/20/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE
11/19/2024 Deposit
11/19/2024 NOVITAS SOLUTION HCCLAIMPMT 676201 420000162
11/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000283655

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Camp 1	QIPP/Camp 2, 3 & Lapse	QIPP/Camp 3	QIPP/Camp 4&Lapse	QIPP TI	
-	33,336.28					-	33,336.28
237,856.82						-	-
-	14,650.00					-	14,650.00
-	106,509.99					-	106,509.99
-	52,954.80					-	52,954.80
237,856.82	207,451.07	-	-	-	-	-	207,451.07

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,770,275.13	\$1,694,126.27	\$1,770,275.13	\$1,970,974.39
*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	\$152,381.10	\$217,827.75	\$152,381.10	\$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$333,637.48	\$346,993.68	\$333,637.48	\$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$508,532.78	\$535,625.59	\$508,532.78	\$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$277,479.31	\$319,094.50	\$277,479.31	\$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$61,623.03	\$80,128.34	\$61,623.03	\$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$111,924.08	\$111,924.08	\$111,924.08	\$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	\$5,497.00	\$5,497.00	\$5,497.00	\$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,038.67	\$1,038.67	\$1,038.67	\$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$125.21	\$125.21	\$125.21	\$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$117,409.51	\$121,023.28	\$117,409.51	\$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	\$212,733.27 ✓	\$229,188.33	\$212,733.27	\$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$255,053.48	\$255,053.48	\$255,053.48	\$255,053.48
Total Balance	\$3,808,799.16	\$3,918,735.29	\$3,808,799.16	\$3,645,419.88

Memorial Medical Center
Nursing Home UPL
Weekly HSL Transfer
Prosperity Accounts
11/25/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Reimbursement	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Memorial Medical Center Nursing Home		59,691.70	45,914.49	101,632.30			117,409.51	103,632.30
						Bank Balance	117,409.51	
						Variance		
						Leave in Balance	100.00	
						Superior Quarter 4	13,596.28	
						Oct Interest	80.97	
						Nov Interest		
						Dec Interest		

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

Adjust Balance/Transfer Amt 103,632.30

Approved: Steve Brock, CFO

11/25/2024

APPROVED ON

NOV 25 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



11/22/2024 HOSPICE OF SOUTH Payments NF 119132630045512
11/22/2024 HNB - ECHO HCCLAIMPMT 746003411 440000267132
11/22/2024 HUMANA INS CO HCCLAIMPMT 62465134 8300005509
11/21/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000126
11/20/2024 WARE OUT PORT LAVACA NN, LLC
11/20/2024 PaySpan ACCTVERIFY 59301123787938
11/20/2024 HNB - ECHO HCCLAIMPMT 746003411 440000266949
11/18/2024 HNB - ECHO HCCLAIMPMT 746003411 440000283655
11/18/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 420000197

		NMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QPP/Comp1	QPP/Comp2	QPP/Comp3	QPP/Comp4&Lapse	QPP/TI	
-	576.71	-	-	-	-	-	576.71
-	388.79	-	-	-	-	-	388.79
-	552.87	-	-	-	-	-	552.87
-	80,692.32	-	-	-	-	-	80,692.32
45,914.49	✓	-	-	-	-	-	-
-	0.03	-	-	-	-	-	0.03
-	18,818.47	-	-	-	-	-	18,818.47
-	293.77	-	-	-	-	-	293.77
-	2,309.34	-	-	-	-	-	2,309.34
✓	✓	-	-	-	-	-	-
45,914.49	103,632.30	-	-	-	-	-	103,632.30

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL - OPERATING	\$1,770,275.13	\$1,694,126.27	\$1,770,275.13	\$1,970,974.39
*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	\$152,381.10	\$217,827.75	\$152,381.10	\$125,007.50
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$333,637.48	\$346,993.68	\$333,637.48	\$216,864.94
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$508,532.78	\$535,625.59	\$508,532.78	\$403,086.40
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$277,479.31	\$319,094.50	\$277,479.31	\$265,393.68
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$61,623.03	\$80,128.34	\$61,623.03	\$55,723.03
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$111,924.08	\$111,924.08	\$111,924.08	\$46,069.04
*4551 CAL CO INDIGENT HEALTHCARE	\$5,497.00	\$5,497.00	\$5,497.00	\$9,706.51
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$1,038.67	\$1,038.67	\$1,038.67	\$1,038.67
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$125.21	\$125.21	\$125.21	\$125.00
*5506 MMC -NH BETHANY SENIOR LIVING	\$117,409.51 ✓	\$121,023.28	\$117,409.51	\$115,891.14
*3407 MMC -NH TUSCANY VILLAGE	\$212,733.27	\$229,188.33	\$212,733.27	\$179,396.99
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$255,053.48	\$255,053.48	\$255,053.48	\$255,053.48
Total Balance	\$3,808,799.16	\$3,918,735.29	\$3,808,799.16	\$3,645,419.88

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

Memorial Medical Center

Date Requested:

11/25/2024

A

Y

E

E

APPROVED ON

NOV 25 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:

\$

324.27 ✓

G/L NUMBER:

21400007

EXPLANATION:

Claim pymnts owed from Tuscany to MMC

REQUESTED BY:

Caitlin Clevenger

AUTHORIZED BY: ✓

[Signature]