



November 29, 2023

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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

THE FOLLOWING MEMBERS WERE PRESENT:

Richard Meyer
David Hall
Vern Lyssy
Joel Behrens
Gary Reese
(ABSENT) 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 10:00am by Judge Richard Meyer

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

Candice Villarreal announced Erica Perez as the first assistant auditor.

5. Hear report from Memorial Medical Center.

Roshanda Thomas gave the report for October, and announced Dr. Bunnell's retirement.

6. Hear report from Calhoun County E911 regarding the Emergency Communications District's 2024 budget.

Rachel Morales with E911 gave the report and explained that the population has decreased according to the Texas Demographic Center's data.

7. Consider and take necessary action regarding the negotiated Customer Service Agreement with Republic Services for servicing Calhoun County Waste Management. (VLL)

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

8. Consider and take necessary action to authorize the Port O'Connor Community Center Board of Directors to enter into an agreement with Lauger Companies, Inc. for the Pavilion improvements. (GDR)

Jim Cooley with the Port O'Connor Community Center Board of Directors spoke on behalf of the board. Commissioners approved authorization upon the receipt of insurance.

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

9. Consider and take necessary action to approve a lease agreement with Great American Financial Services for a Toshiba e-STUDIO7518A copier and authorize the District Clerk to sign the agreement. (RHM)

pass

10. Consider and take necessary action to declare the attached list of equipment from the District Clerk's Office as Waste. (RHM)

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

11. Consider and take necessary action to declare a 2011 GMC pickup VIN # 2GTP2WE29BG275578 from Precinct #1 R & B as Surplus/Salvage. (DEH)

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

12. Approve the minutes of the November 15, 2023 meeting.

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

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

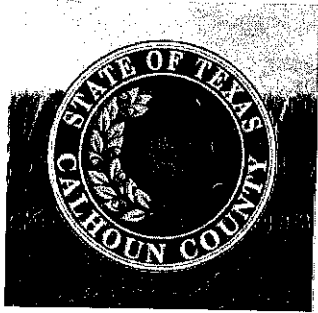
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

14. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:40am



Richard H. Meyer
County Judge

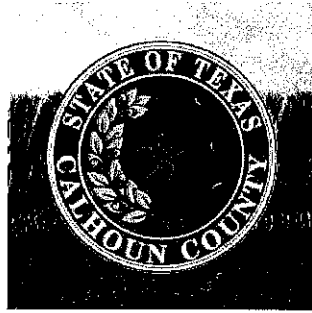
David Hall, Commissioner, Precinct 1
Vern Lyssy, Commissioner, Precinct 2
Joel Behrens, Commissioner, Precinct 3
Gary Reese, Commissioner, Precinct 4

CALHOUN COUNTY COMMISSIONERS' COURT PACKET RECEIPT

On 11/29/23, 2023, the packet for the
11/29/23, 2023 Commissioners' Court Regular Session
was submitted from the Calhoun County Judge's office to the Calhoun County
Clerk's Office.

A handwritten signature in cursive script, appearing to read "K. Smith", is written over a horizontal line.

Calhoun County Clerk
Deputy



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)**

N/A

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

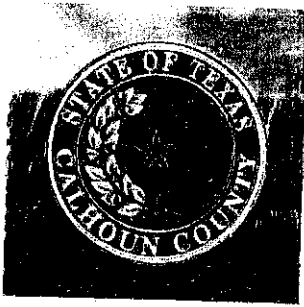
On this 29th day of November 2023, the packet

for the 29th day of November 2023 Commissioners Court
Regular Session was submitted from the Calhoun County Judge's office to
the Calhoun County Clerk's Office.

A handwritten signature in black ink, appearing to read "Bassel", is written over a horizontal line.

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 29, 2023 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:

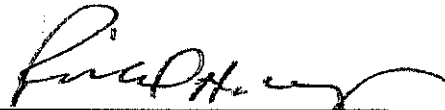
1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Hear report from Memorial Medical Center.
6. Hear report from Calhoun County E911 regarding the Emergency Communications District's 2024 budget.
7. Consider and take necessary action regarding the negotiated Customer Service Agreement with Republic Services for servicing Calhoun County Waste Management. (VLL)
8. Consider and take necessary action to authorize the Port O'Connor Community Center Board of Directors to enter into an agreement with Lauger Companies, Inc. for the Pavilion improvements. (GDR)
9. Consider and take necessary action to approve a lease agreement with Great American Financial Services for a Toshiba e-STUDIO7518A copier and authorize the District Clerk to sign the agreement. (RHM)

AT 10:01 FILED 10'CLOCK a M

NOV 22 2023

BY: K. Adams

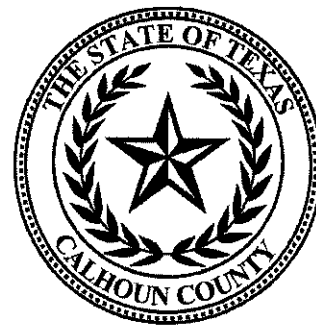
- ✓ 10. Consider and take necessary action to declare the attached list of equipment from the District Clerk's Office as Waste. (RHM)
- ✓ 11. Consider and take necessary action to declare a 2011 GMC pickup VIN # 2GTP2WE29BG275578 from Precinct #1 R & B as Surplus/Salvage. (DEH)
- ✓ 12. Approve the minutes of the November 15, 2023 meeting.
- ✓ 13. Consider and take necessary action on any necessary budget adjustments. (RHM)
- ✓ 14. Approval of bills and payroll. (RHM)



Richard H. Meyer, County Judge
Calhoun County, Texas

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

04



November 29, 2023

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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David Hall
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Gary Reese
(ABSENT) Anna Goodman
By: Kaddie Smith

County Judge
Commissioner Pct 1
Commissioner Pct 2
Commissioner Pct 3
Commissioner Pct 4
County Clerk
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2. Invocation.

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3. Pledges of Allegiance.

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Texas Flag: Commissioner Vern Lyssy

4. General Discussion of Public Matters and Public Participation.

Candice Villarreal announced Erica Perez as the first assistant auditor.

05

5. Hear report from Memorial Medical Center.

Roshanda Thomas gave the report for October, and announced Dr. Bunnell's retirement.

06

6. Hear report from Calhoun County E911 regarding the Emergency Communications District's 2024 budget.

Rachel Morales with E911 gave the report and explained that the population has decreased according to the Texas Demographic Center's data.

2024 SALARY SCHEDULE

Department : CALHOUN COUNTY E911 EMERGENCY COMMUNICATIONS DISTRICT

<u>SALARIES</u>			<u>BENEFITS</u>							<u>TOTAL</u>
<u>EMPLOYEE TYPE</u>	<u>SALARY</u>	<u>LICENSES</u>	<u>POSITION</u>	<u>SOCIAL SECURITY</u>	<u>MEDI CARE</u>	<u>RETIRE MENT</u>	<u>DEATH BENEFIT</u>	<u>UNEM PLOY MENT</u>	<u>WORKERS COMP</u>	<u>SALARY AND BENEFITS</u>
Employee Full Time	\$68,816.79	\$0								
Employee Full Time	\$41,600.00	\$0	Grant	Executive Director	\$4,300.00	\$1,000.00	\$9,600.00	\$76.00	\$200.00	\$1,000.00
Employee Part Time	\$3,500.00	\$0		IT/Grant Support Technician	\$2,480.00	\$580.00	\$5,560.00	\$44.00	\$0.00	\$0.00
			Office Clerk		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				</						

**CALHOUN COUNTY E911 EMERGENCY COMMUNICATIONS DISTRICT
CAPITAL EXPENSES 2024 FISCAL YEAR**

\$0.00	Capital Outlay
\$0.00	
\$0.00	Capital Outlay

07

7. Consider and take necessary action regarding the negotiated Customer Service Agreement with Republic Services for servicing Calhoun County Waste Management. (VLL)

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

Vern Lyssy

Calhoun County Commissioner, Precinct #2

5812 FM 1090
Port Lavaca, TX 77979



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

November 16, 2023

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

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the next Commissioners' Court Agenda

- Consider and take necessary action regarding negotiated Customer Service Agreement with Republic Services for servicing the Calhoun County Waste Management.

Sincerely,

A handwritten signature in black ink, appearing to read "Vern Lyssy", is written over a faint, larger version of the same signature.

Vern Lyssy
Commissioner, Pct. 2

VL/lj

INVOICE TO

CUSTOMER NAME: CALHOUN COUNTY SRECYCLE CTR
 ATTN:
 ADDRESS: 5812 FM 1050 N
 CITY: PORT LAVACA, TX
 STATE: TX
 ZIP CODE: 77979-5168
 TEL. NO.: (361) 552-9856 FAX NO.: (361) 551-2311

SITE LOCATION

SITE NAME: CALHOUN COUNTY SW/RECYCLE CTR.
 ADDRESS: 900 CALHOUN COUNTY LANDFILL RD
 CITY: PORT LAVACA, TX
 STATE: TX
 ZIP CODE: 77979-4204
 TEL. NO.: (361) 552-7791 FAX NO.: (361) 551-2311
 AUTHORIZED BY: LISA JUREK TITLE:
 CONTACT: LISA JUREK TITLE:



**REPUBLIC
SERVICES**

Customer Service Agreement

AGREEMENT NUMBER: 3749110923
 ACCOUNT NUMBER: 13749

NO	CON NO.	TYPE	QTY	C	UNIT	PRICE	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT											
3	NO		40.00	C	1	P	Y	1191KQ	ONCALL	1	N	Y	N	V0	V0	3/27/15	20	1	MONTHLY	CONTAINER DELIVERY	\$80.00	SERVICE ATTEMPT	\$350.00
																			DISPOSAL CHARGE	\$102.41	EXTRA TONNAGE	\$0.00	
																			PICKUP SERVICE	\$492.21	CONTAINER RELOCATION	\$247.50	
																			RENTAL	\$0.00			
4	IR		30.00		1	P	Y	1191KQ	ONCALL	1	N	Y	N	G1	G1	3/27/15	71	1	MONTHLY	CONTAINER DELIVERY	\$80.00	SERVICE ATTEMPT	\$350.00
																			DISPOSAL CHARGE	\$0.00	EXTRA TONNAGE	\$0.00	
																			PICKUP SERVICE	\$474.28	CONTAINER RELOCATION	\$247.50	
																			RENTAL	\$0.00			
5	NO		40.00		1	P	N	1191KQ	ONCALL	1	N	Y	N	V0	V0	2/01/22	20	1	MONTHLY	CONTAINER DELIVERY	\$80.00	SERVICE ATTEMPT	\$0.00
																			DISPOSAL CHARGE	\$89.60	PICKUP SERVICE	\$404.37	
																			CONTAINER RELOCATION	\$247.50	RENTAL	\$0.00	
																			WASHOUT CONTAINER	\$0.00			

WASTE SERVICES OF TEXAS, LP, DBA: ALLIED WASTE SERVICES OF CAMPUIS CHRISTI, REPUBLIC SERVICES OF CAMPUIS CHRISTI
 HEREINAFTER REFERRED TO AS THE "COMPANY"
 BY: Jonathan Smith TITLE: Accounts Manager
 (AUTHORIZED SIGNATURE)

The undersigned hereby certifies this Agreement on behalf of Customer and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of Customer.
 BY: [Signature] TITLE: 11-29-21
 (AUTHORIZED SIGNATURE) DATE OF AGREEMENT

COMMENTS: Rate based on _____ lbs/yd.

FOR OFFICE USE ONLY

DOES FACILITY HAVE A HAZARDOUS WASTE GENERATOR I.D. NUMBER? ☐ YES ☐ NO

NUMBER: _____

SALES REPRESENTATIVE: 36 SMITH JONATHAN
 SALES REPRESENTATIVE: 0000 Y
 SALES REPRESENTATIVE: 0000 Y
 SALES REPRESENTATIVE: 0000 Y

TERMS AND CONDITIONS

SERVICES. Customer grants to Company the exclusive right to collect, transport and dispose of or recycle all of Customer's non-hazardous solid waste materials (including Recyclable Materials) (collectively, "Waste Materials"), and Company agrees to furnish such services as permitted by Applicable Laws.

TERM. THE INITIAL TERM OF THIS AGREEMENT SHALL START ON THE DATE ON WHICH SERVICE UNDER THIS AGREEMENT COMMENCES AND CONTINUE FOR 36 MONTHS. THEREAFTER, THIS AGREEMENT SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE 36 MONTH TERMS UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER AT LEAST 60 DAYS BEFORE THE END OF THE THEN CURRENT TERM. ANY NOTICE OF TERMINATION UNDER THIS AGREEMENT BY CUSTOMER SHALL BE VOID UNLESS SENT VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED, AND ACTUALLY RECEIVED BY COMPANY.

WASTE MATERIALS. The Waste Materials shall not contain any hazardous materials, wastes or substances; toxic substances; wastes or pollutants; contaminants; pollutants; infectious wastes; medical wastes; or radioactive wastes (collectively, "Excluded Waste"), each as defined by applicable federal, state or local laws or regulations (collectively, "Applicable Laws"). CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS COMPANY FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, SUITS, PENALTIES, FINES, REMEDIATION COSTS, AND LIABILITIES (INCLUDING COURT COSTS AND REASONABLE ATTORNEYS' FEES) ("COLLECTIVELY, "LOSSES") RESULTING FROM THE INCLUSION OF EXCLUDED WASTE IN THE WASTE MATERIALS.

TITLE. Company shall acquire title to Waste Materials when they are loaded into Company's truck. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company.

TERMS AND CONDITIONS (Continued from other side)

PAYMENT. Customer shall pay Company for the services and equipment furnished by Company at the rates provided in this Agreement. Customer shall pay all taxes, fees and other governmental charges assessed against or passed through to Company (other than income or real property taxes). Customer shall pay such fees as the Company may impose from time to time by notice to Customer (including, by way of example only, late payment fees, administrative fees and environmental fees), with Company to determine the amounts of such fees in its discretion up to the maximum amount allowed by Applicable Law. Without limiting the foregoing, Customer shall pay Company: (a) a fee of \$60 (which Company may increase from time to time by notice to Customer) for each check submitted by Customer that is an insufficient funds check or is returned or dishonored; and (b) fuel/environmental recovery fees in the amount shown on each of Company's invoices, which amount Company may increase or decrease from time to time by showing the amount on the invoice. Customer shall pay Company within 20 days after the date of Company's invoice. At any time after Company becomes concerned about Customer's creditworthiness or after Customer has made any late payment, Company may request, and if requested Customer shall pay, a deposit in an amount equal to one month's charges under this Agreement.

RATE ADJUSTMENTS. Company may, from time to time by notice to Customer, increase the rates provided in this Agreement to adjust for any increase in: (a) disposal costs; (b) transportation costs due to a change in location of Customer or the disposal or recycling facility used by Company; (c) the Consumer Price Index for All Urban Consumers (Water, Sewer and Trash Collection Services), U.S. City Average; (d) the average weight per cubic yard of Customer's Waste Materials above the number of pounds per cubic yard upon which the rates provided in this Agreement are based as indicated on the cover page of this Agreement; (e) recycling sorting, processing and related costs; (f) costs related to Customer's failure to separate Recyclable Materials from other Waste Materials, the contamination of the Recyclable Materials, or other decreases in the value of the Recyclable Materials; or (g) Company's costs due to changes in Applicable Laws. Company may increase rates for reasons other than those set forth above with Customer's consent, which may be evidenced verbally, in writing or by the parties' actions and practices.

SERVICE CHANGES. The parties may change the type, size or amount of equipment, the type or frequency of service, and correspondingly the rates by agreement of the parties, which may be evidenced verbally, in writing or by the parties' actions and practices. This Agreement shall apply to any change of location of Customer within the area in which Company provides collection and disposal services.

RECYCLABLE MATERIALS. This section applies in the event Company has expressly agreed to remove and transport Recyclable Materials (material that Company determines can be recycled typically including, without limitation, aluminum cans (UBC - Used Beverage Containers), cardboard (free of wax), ferrous metal cans, mixed office paper, newspaper and plastics containers) to a material recovery facility, recycling center or similar facility. Customer agrees that Company in its sole discretion may determine any single load is contaminated and may refuse to collect it or may charge Customer for any additional costs, including (but not limited to) sorting, processing, transportation and disposal costs. Customer shall comply with all Applicable Laws regarding the separation of solid waste from Recyclable Materials and use of its best efforts to not place items in the container that may result in the decrease in the value of Recyclable Materials or make the Recyclable Materials unsuitable for recycling.

RESPONSIBILITY FOR EQUIPMENT; ACCESS. Any equipment Company furnishes shall remain Company's property. Customer shall be liable for all loss or damage to such equipment (except for normal wear and tear and for loss or damage resulting from Company's handling of the equipment). Customer shall use the equipment only for its proper and intended purpose and shall not overload (by weight or volume), move or alter the equipment. **CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS COMPANY FROM AND AGAINST ALL LOSSES ARISING FROM ANY INJURY OR DEATH TO PERSONS OR LOSS OR DAMAGE TO PROPERTY (INCLUDING THE EQUIPMENT) ARISING OUT OF CUSTOMER'S USE, OPERATION OR POSSESSION OF THE EQUIPMENT.** Customer shall provide safe, unobstructed access to the equipment on the scheduled collection day. Company may charge an additional fee for any additional collection service required by Customer's failure to provide access.

DAMAGE TO PAVEMENT. Company shall not be responsible for any damages to Customer's pavement, curbing or other driving surfaces resulting from Company's providing service at Customer's location.

SUSPENSION. If any amount due from Customer is not paid within 60 days after the date of Company's invoice, Company may, without notice and without terminating this Agreement, suspend collecting and disposing of Waste Materials until Customer has paid such amount to Company. If Company suspends service, Customer shall pay Company a service interruption fee in an amount determined by Company in its discretion up to the maximum amount allowed by Applicable Law.

TERMINATION. In addition to its above suspension rights, Company may terminate this Agreement immediately by written notice to Customer if (a) any of the information contained in any credit application submitted to Company in connection with this Agreement is untrue or (b) Customer breaches this Agreement and fails to cure such breach within 10 days after Company gives Customer written notice of the breach. Company's failure to suspend service or terminate this Agreement when Customer fails to timely pay or otherwise breaches this Agreement shall not constitute a waiver of Company's right to suspend service or terminate this Agreement for any future failure to pay or other breach.

PAYMENT UPON TERMINATION. If Customer terminates this Agreement before its expiration other than as a result of a breach by Company, or if Company terminates this Agreement as a result of a breach by Customer (including nonpayment), Customer shall pay Company an amount equal to the most recent month's monthly charges multiplied by the lesser of (a) six months or (b) the number of months remaining in the term. Customer acknowledges that in the event of such a termination, actual damages to Company would be uncertain and difficult to ascertain, such amount is the best, reasonable and objective estimate of the actual damages to Company, such amount does not constitute a penalty, and such amount is reasonable under the circumstances. Any amount payable under this paragraph shall be in addition to amounts already owing under this Agreement.

ASSIGNMENT. Customer shall not assign this Agreement without Company's prior written consent, which Company shall not unreasonably withhold. Company may assign this Agreement without Customer's consent.

EXCUSED PERFORMANCE. Except for Customer's obligation to pay amounts due to Company, any failure or delay in performance due to contingencies beyond a party's reasonable control, including strikes, riots, terrorist acts, compliance with Applicable Laws or governmental orders, fires and acts of God, shall not constitute a breach of this Agreement.

ATTORNEYS' FEES. If any litigation is commenced under this Agreement, the successful party shall be entitled to recover, in addition to such other relief as the court may award, its reasonable attorneys' fees, expert witness fees, litigation related expenses, and court or other costs incurred in such litigation or proceeding.

MISCELLANEOUS. If service to Customer includes Container Refresh, Customer is limited to requesting one exchange of each participating container every twelve months of paid enrollment; any additional exchange is subject to Company's standard container exchange fee. Customer agrees that during any enrollment year in which Customer receives an exchange under the program, any service change request by Customer to cancel Container Refresh will not be effective until Customer completes payment for twelve (12) consecutive months of enrollment in the program. Company reserves the right, in its sole discretion, to suspend or cancel the Container Refresh program. This Agreement sets forth the entire agreement of the parties and supersedes all prior agreements, whether written or oral, that exist between the parties regarding the subject matter of this Agreement. Company shall have no confidentiality obligation with respect to any Waste Materials. This Agreement shall be binding upon and inure solely to the benefit of the parties and their permitted assigns. If any provision of this Agreement shall be invalid, illegal or unenforceable, it shall be modified so as to be valid, legal and enforceable but so as most nearly to retain the intent of the parties. If such modification is not possible, such provision shall be severed from this Agreement. In either case, the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected thereby. Customer and Company agree that electronic signatures are valid and effective, and that an electronically stored copy of this Agreement constitutes proof of the signature and contents of this Agreement, as though it were an original.

CUSTOMER'S INITIAL: VL

DATE: 11-29-2023

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

Certificate Number:
2023-1098176

Date Filed:
11/28/2023

Date Acknowledged:

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

Republic Services Inc.
Corpus Christi, TX United States

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

Calhoun County Solid Waste/ Recycle Center

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.

11-17-23
Environmental Waste Management

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 Jonathan Smith, and my date of birth is _____.

My address is _____ (street), Corpus Christi, TX, 78418, USA.
(state) (zip code) (country)

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

Executed in Nueces County, State of TX, on the 27 day of November, 2023.
(month) (year)

Jonathan Smith
Signature of authorized agent of contracting business entity
(Declarant)

08

8. Consider and take necessary action to authorize the Port O'Connor Community Center Board of Directors to enter into an agreement with Lauger Companies, Inc. for the Pavilion improvements. (GDR)

Jim Cooley with the Port O'Connor Community Center Board of Directors spoke on behalf of the board. Commissioners approved authorization upon the receipt of insurance.

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



Gary D. Reese

*County Commissioner
County of Calhoun
Precinct 4*



November 16, 2023

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

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for November 22, 2023.

- Consider and take necessary action to authorize the Port O'Connor Community Center Board of Directors to enter into an agreement with Lauger Companies, Inc. for the Pavilion improvements.

Sincerely,

Gary D. Reese

GDR/at



NOVEMBER 7, 2023

Port O'Connor Community Center Fund Association
PO Box 812
Port O'Connor, TX 77982

Proposal for Addition

Board of Directors,

We propose to add approximately a 16 foot addition to the existing building. This will allow for 3 new toilets on the lady's side plus one ADA toilet. We will change one toilet on the men's side to two urinals and then add one more urinal, two toilets and one ADA toilet. We propose to move the existing overhead door to the back wall of the addition. All construction will match the existing in design and finishes.

- **General Conditions:** includes supervision; demolition; general liability insurance; workers compensation insurance; truck; tools, and haul off.
- **Demolition:** Remove CMU walls, doors, toilets, and toilet partitions as required
- **Concrete:** pour new slab to match existing elevation.
- **Masonry:** install exterior split face CMU, interior install four- and eight-inch block in restrooms to match existing.
- **Carpentry:** Wood framing, partitions, countertops, roll up food service door, insulation, and gypsum board ceiling
- **Sealed concrete:** floors with epoxy paint
- **Painting:** paint walls ceilings and flooring to match existing.
- **Plumbing:** Commercial toilets, urinals, vanity sinks, 3 bay sink, bar sink.
- **Electrical:** Change fluorescent fixtures to LED in bar area

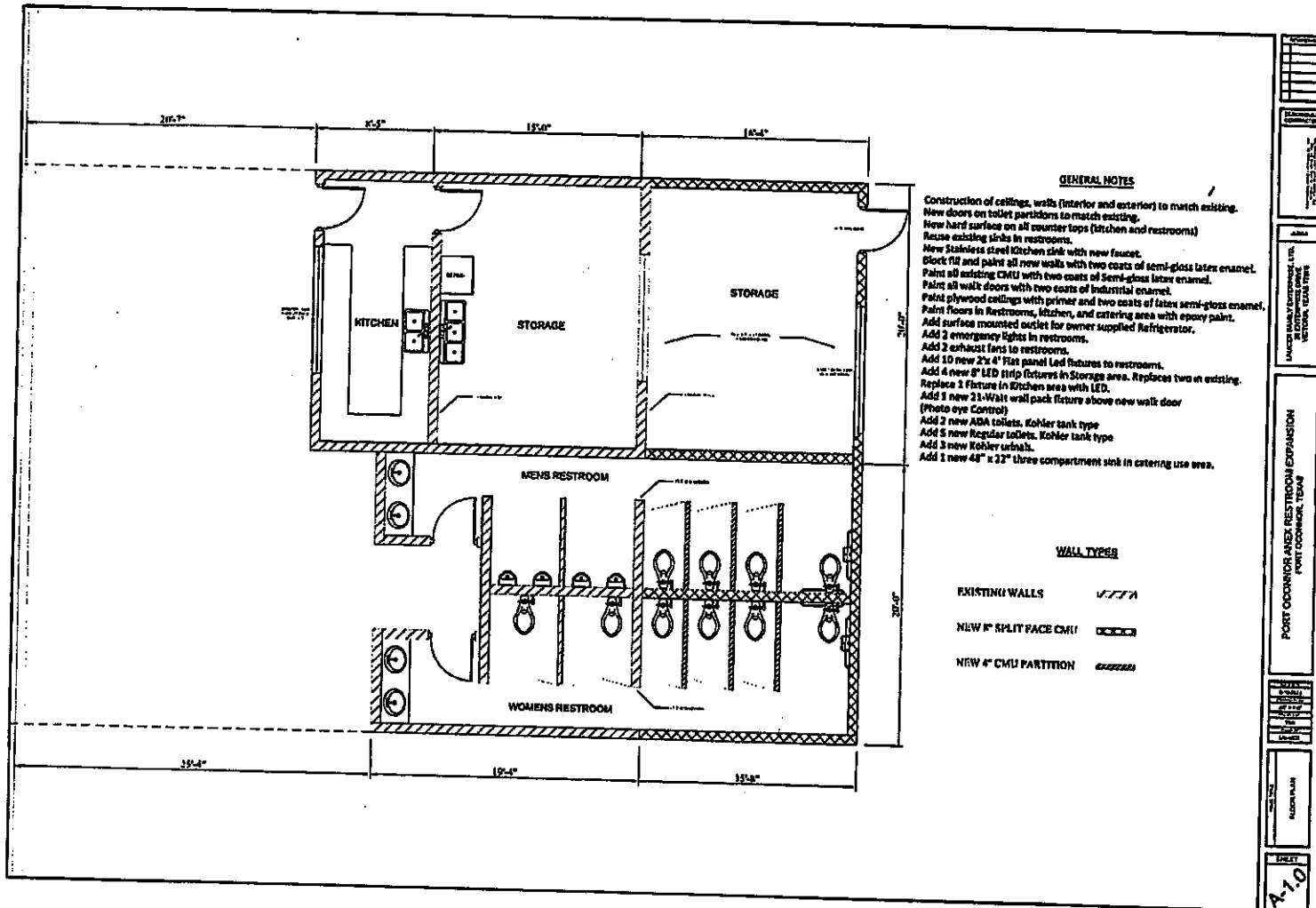
FOR A TOTAL SUM OF \$165,456.00 plus exempt from sales tax

Respectfully submitted,

Craig Lauger
President
Lauger Companies Inc

Accepted,

Jim Cooley, Director
for Port O'Connor Community Center Fund Association



NO.	REVISION	DATE	BY	CHKD.

JAMES EARLY ENTERPRISE, LTD.
 10000 N. FARM ROAD
 AUSTIN, TEXAS 78758

PORT O'CONNOR ANNEX RESTROOM EXPANSION
 PORT O'CONNOR, TEXAS

NO.	REVISION	DATE	BY	CHKD.

JAMES EARLY ENTERPRISE, LTD.
 10000 N. FARM ROAD
 AUSTIN, TEXAS 78758

A-1.0



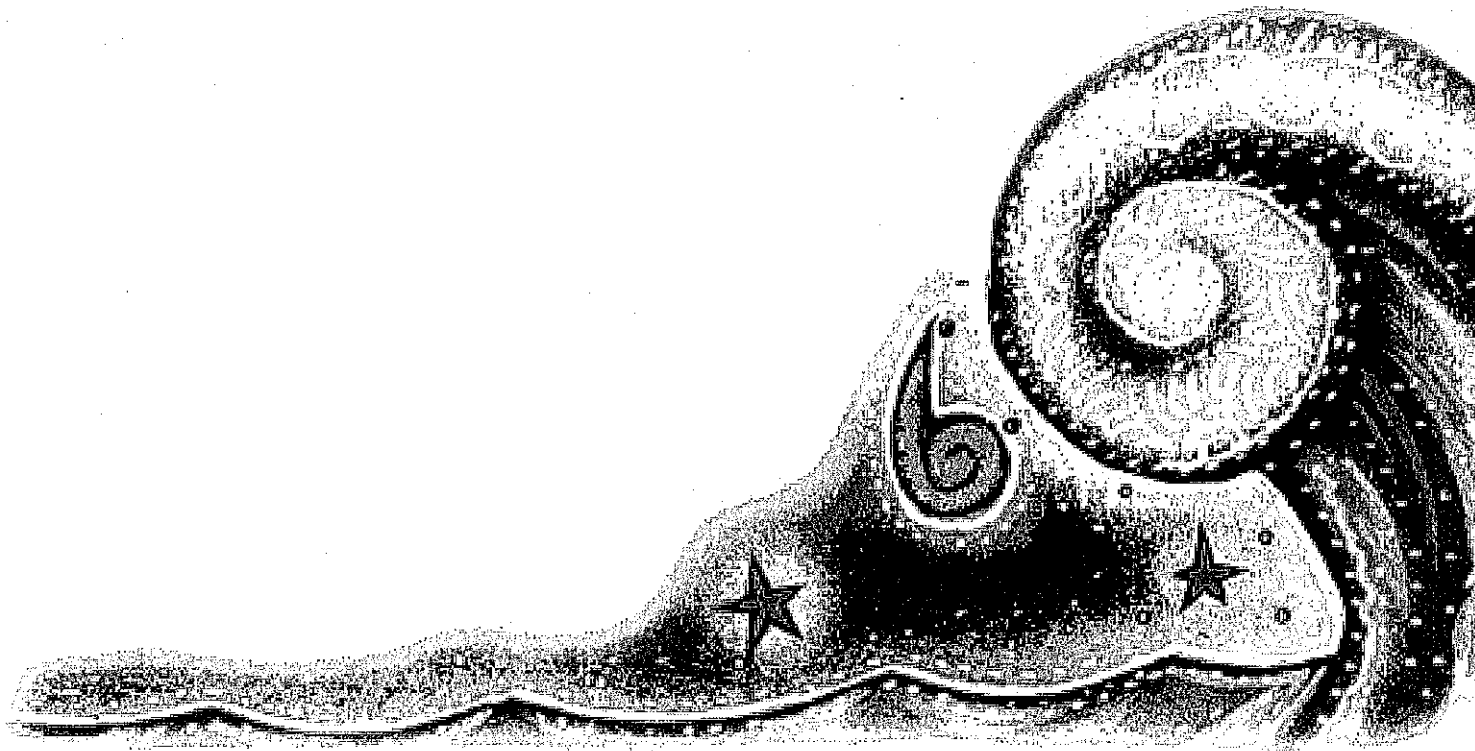
 RLI Marine

RLI Marine Policy

ILM0707079

for

Lauger Companies Inc.





NOTICE TO OUR BROKERS AND AGENTS OF OUR CLAIM NOTIFICATION PROCEDURE

As part of our continuing effort to provide you with the best service available, ALL CLAIMS, OCCURRENCES, INCIDENTS and LAWSUITS under this policy are to be reported immediately to:

RLI Insurance Company

Email (preferred): New.Claim@rlicorp.com

Fax: (866) 692-6796

Phone: (800) 444-0406

Street Address: 9025 N. Lindbergh Drive, Peoria, IL 61615

Mailing Address: P.O. Box 3961, Peoria, IL 61612-3961

When reporting the incident, be prepared to supply a report of claim or the following information:

1. Policy Number
2. Contact Person information (name, address, phone, etc.)
3. Nature of incident
4. Date of incident

When reporting multiple incidents, please send each loss notice separately.



IMPORTANT NOTICE TO POLICYHOLDERS

TERRORISM RISK INSURANCE ACT, AS AMENDED

Under the Terrorism Risk Insurance Act, as amended (the "Act"), we must make coverage for "**certified acts of terrorism**" available in the policies we offer. We notified you at the time of offer and purchase of the policy to which this Notice is attached that this coverage was available and we gave you the right to reject our offer of such terrorism coverage. If you elected to purchase the coverage, the premium charged for such coverage is shown on the Declarations page of the policy. If you elected to reject the coverage we have not charged your policy for terrorism coverage and have attached a terrorism exclusion to your policy.

PLEASE NOTE: IF YOU REJECTED THE OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE, THAT REJECTION DOES NOT APPLY TO THE LIMITED EXTENT THAT RELEVANT STATE LAW REQUIRES COVERAGE FOR FIRE LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER THE ACT.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States government under a formula established by federal law. Under this formula, the United States government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019 and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

You should also know that the Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Specific coverage terms for terrorism, including limitations and exclusions, are more fully described in endorsements attached to the policy. Your policy may contain an exclusion for losses that are not eligible for federal reinsurance under the Act.

Definitions:

"**Certified act of terrorism**," as defined in Section 102(1) of the Act, means an act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**RLI Insurance Company**

9025 N. Lindbergh Drive • Peoria, IL 61615 • (309) 692-1000

A stock insurance company, herein called the Company.

POLICY DECLARATIONS

Policy Number: ILM0707079

Broker Reference Number:

Renewal of: ILM0707079

"NAMED INSURED" AND ADDRESS:

Lauger Companies Inc.

P.O. Box 2146

Victoria, TX 77902

AGENT/BROKER:

18734 Amwins Insurance Brokerage LLC

5910 North Central Expressway

Suite 500

Dallas, TX 75206

POLICY PERIOD From 02/01/2023 To 02/01/2024 at 12:01 AM Standard Time at your mailing address shown above.

In consideration of the premium as outlined below and subject to all the terms of this Policy, this Company agrees to provide the insurance coverage as stated in the attached Policy. This premium may be subject to adjustment.

Coverage Part	Premium
Builders Risk and Installation Floater	\$2,500.00

See attached Tax, Fee & Surcharge Schedule (OMP 900) if applicable.

Taxes/Fees/Surcharges: N/A

Premium payable at inception unless Payment Schedule (OMP 113) applies.

Total Premium: \$2,500.00

Minimum Premium: N/A

ADDITIONAL FORMS AND ENDORSEMENTS – MADE PART OF THIS POLICY AT TIME OF ISSUE

See Attached Schedule of Endorsements (OMP 2150)



RLI Insurance Company
Peoria, Illinois 61615

TEXAS POLICYHOLDER NOTICE

TEXAS IMPORTANT NOTICE

Have a complaint or need help?

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

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

RLI Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call:

Product Manager, Marine
at 309-692-1000

Toll-free: 800-331-4929

Online: <https://www.rlicorp.com/contact-rli>

E-mail: TexasInquiries@rlicorp.com

Mail:

9025 N. Lindbergh Drive, Peoria, Illinois 61615

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail:

MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

TEXAS AVISO IMPORTANTE

Tiene una queja o necesita ayuda?

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

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

RLI Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llamada:

Gerente de product, Marino
en 309-692-1000

Teléfono gratuito: 800-331-4929

En línea: <https://www.rlicorp.com/contact-rli>

Correo electrónico: TexasInquiries@rlicorp.com

Dirección postal:

9025 N. Lindbergh Drive, Peoria, Illinois 61615

The Texas Department of Insurance

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal:

MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

APPLICABLE FORMS & ENDORSEMENTS

FORMS AND ENDORSEMENTS LISTED BELOW APPLY TO AND ARE MADE PART OF THIS POLICY AT TIME OF ISSUE. IF LISTED UNDER A SPECIFIC SECTION, THE FORM APPLIES ONLY TO THAT SECTION AND DOES NOT CHANGE TERMS OR CONDITIONS FOR ANY OTHER SECTION. FORMS LISTED UNDER THE GENERAL SECTION APPLY TO ALL SECTIONS OF THE POLICY.

General Section

CPR 2225 (01/15)

Certified Terrorism Loss Exclusion

ILF 0001 (04/22)

Signature Page

Inland Marine Section

CL 0100 03 99

Common Policy Conditions

CL 0700 10 06

Virus or Bacteria Exclusion

IM 7058 01 12

Schedule of Coverages - Builders' Risk and Installation Floater

IM 7053 10 08

Builders' Risk Coverage - Builders' Risk and Installation Floater Form

IM 7073 09 08

Contract Penalty Endorsement

IM 7076 09 08

Testing Endorsement

IM 7070 08 12

Rehabilitation And Renovation Coverage Endorsement

OMIM 604 (08/06)

Broad Additional Insureds - Builders' Risk

CL 0273 07 19

Amendatory Endorsement - Texas

CL 0454 12 00

Amendatory Endorsement - Texas

IM 2089 03 19

Amendatory Endorsement - Texas

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CERTIFIED TERRORISM LOSS EXCLUSION

1. We will not pay for loss, damage, cost or expense caused directly or indirectly by a "certified act of terrorism," as defined below. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.
 - a. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States:
 - (1) To be an act of terrorism;
 - (2) To be a violent act or an act that is dangerous to human life, property, or infrastructure;
 - (3) To have resulted in damage:
 - (a) Within the United States; or
 - (b) To an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and
 - (4) To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
 - No act will be certified by the Secretary of the Treasury as an act of terrorism if the act is committed as part of the course of a war declared by the Congress, or if property and casualty insurance losses resulting from the act do not exceed \$5,000,000 in the aggregate.
 - b. "Certified terrorism loss" means loss that results from a "certified act of terrorism."
2. If aggregate insured losses attributable to terrorist acts certified under the federal "Terrorism Risk Insurance Act" exceed \$100 billion in a calendar year (January 1 through December 31) and we have met our insurer deductible under the "Terrorism Risk Insurance Act," we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion; and in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.
3. Neither the "terms" of this endorsement nor the "terms" of any other terrorism endorsement attached to this policy provide coverage for any loss that would otherwise be excluded by this policy under:
 - a. Exclusions that address war, military action, or nuclear hazard; or
 - b. Any other exclusion.
4. The absence of any other terrorism endorsement does not imply coverage for any loss that would otherwise be excluded by this policy under:
 - a. Exclusions that address war, military action, or nuclear hazard; or
 - b. Any other exclusion.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

AAIS
CL 0100 03 99
Page 1 of 1

COMMON POLICY CONDITIONS

1. **Assignment** – This policy may not be assigned without "our" written consent.
2. **Cancellation** – "You" may cancel this policy by returning the policy to "us" or by giving "us" written notice and stating at what future date coverage is to stop.

"We" may cancel this policy, or one or more of its parts, by written notice sent to "you" at "your" last mailing address known to "us". If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

If "we" cancel this policy for nonpayment of premium, "we" will give "you" notice at least ten days before the cancellation is effective. If "we" cancel this policy for any other reason, "we" will give "you" notice at least 30 days in advance of cancellation. The notice will state the time that the cancellation is to take effect.

"Your" return premium, if any, will be calculated according to "our" rules. It will be refunded to "you" with the cancellation notice or within a reasonable time. Payment or tender of the unearned premium is not a condition of cancellation.
3. **Change, Modification, or Waiver of Policy Terms** – A waiver or change of the "terms" of this policy must be issued by "us" in writing to be valid.
4. **Inspections** – "We" have the right, but are not obligated, to inspect "your" property and operations at any time. This inspection may be made by "us" or may be made on "our" behalf. An inspection or its resulting advice or report does not warrant that "your" property or operations are safe, healthful, or in compliance with laws, rules, or regulations. Inspections or reports are for "our" benefit only.
5. **Examination of Books and Records** – "We" may examine and audit "your" books and records that relate to this policy during the policy period and within three years after the policy has expired.

CL 0100 03 99

AAIS
CL 0700 10 06
Page 1 of 1

This endorsement changes
the policy
– PLEASE READ THIS CAREFULLY –

VIRUS OR BACTERIA EXCLUSION

DEFINITIONS

Definitions Amended –

When "fungus" is a defined "term", the definition of "fungus" is amended to delete reference to a bacterium.

When "fungus or related perils" is a defined "term", the definition of "fungus or related perils" is amended to delete reference to a bacterium.

PERILS EXCLUDED

The additional exclusion set forth below applies to all coverages, coverage extensions, supplemental coverages, optional coverages, and endorsements that are provided by the policy to which this endorsement is attached, including, but not limited to, those that provide coverage for property, earnings, extra expense, or interruption by civil authority.

1. The following exclusion is added under Perils Excluded, item 1.:

Virus or Bacteria –

"We" do not pay for loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

This exclusion applies to, but is not limited to, any loss, cost, or expense as a result of:

- a. any contamination by any virus, bacterium, or other microorganism; or
 - b. any denial of access to property because of any virus, bacterium, or other microorganism.
2. **Superseded Exclusions** – The Virus or Bacteria exclusion set forth by this endorsement supersedes the "terms" of any other exclusions referring to "pollutants" or to contamination with respect to any loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

OTHER CONDITIONS

Other Terms Remain in Effect –

The "terms" of this endorsement, whether or not applicable to any loss, cost, or expense, cannot be construed to provide coverage for a loss, cost, or expense that would otherwise be excluded under the policy to which this endorsement is attached.

CL 0700 10 06

AAIS
IM 7058 01 12
Page 1 of 4

SCHEDULE OF COVERAGES

BUILDERS' RISK AND INSTALLATION FLOATER

(The entries required to complete this schedule
will be shown below or on the "schedule of coverages".)

BUILDERS' RISK COVERAGES

"Limits"

Course Of Construction Limit – The most "we" pay
for loss to any one "building or structure" is:

\$ 4,000,000

Contingent Coverage Limit – The most "we" pay
for loss to any one "building or structure" is:

\$ Not Covered

Difference In Conditions Limit – The most "we" pay
for loss to any one "building or structure" is:

\$ Not Covered

INSTALLATION FLOATER COVERAGE

The most "we" pay for loss to any one
"installation project" is:

\$ Not Covered

CATASTROPHE LIMIT

\$ 10,000,000

COVERAGE EXTENSIONS

"Limits"

Additional Debris Removal Expenses

\$ 5,000

Emergency Removal

10 days

Emergency Removal Expenses

\$ 10,000

Fraud And Deceit

\$ 50,000

Limited Fungus Coverage

\$ 15,000

Waterborne Property

\$ 10,000

SUPPLEMENTAL COVERAGES

"Limits"

Expediting Expenses	\$ <u>10,000</u>
Expense To Re-Erect Scaffolding	\$ <u>5,000</u>
Fire Department Service Charges	\$ <u>1,000</u>
Ordinance Or Law (Undamaged Parts Of A Building)	<u>Covered</u>
Ordinance Or Law (Increased Cost To Repair And Cost To Demolish/Clear Site)	\$ <u>50,000</u>
Personal Property	\$ <u>10,000</u>
Pollutant Cleanup And Removal	\$ <u>25,000</u>
Rewards	\$ <u>1,000</u>
Sewer Backup	\$ <u>10,000</u>
Temporary Storage Locations	\$ <u>100,000</u>
Transit	\$ <u>100,000</u>
Trees, Shrubs, And Plants	\$ <u>10,000</u>

DEDUCTIBLE

Deductible Amount	\$ <u>See Below</u>
-------------------	---------------------

REPORTING CONDITIONS (check one)

- ☐ Reporting Conditions waived
- ☒ Reporting Conditions applicable as described below:

Reporting Period (check one)

- ☒ Monthly
☐ Quarterly
☐ Annual

Adjustment Period (check one)

- ☒ Monthly
☐ Quarterly
☐ Annual

Additional Premium Due After Expiration – When the premium for the coverage provided by this policy is based upon reports of value any additional premium owed to "us" is due on the due date that appears on the billing notice.

Coverage/Construction	Rate
Frame (ISO 1)	0.045
Joisted Masonry (ISO 2)	0.0375
Light Non-Combustible (ISO 3)	0.0265
Heavy Non-Combustible (ISO 3)	0.0265
Masonry Non-Combustible (ISO 4)	0.135
Fire-Resistive or Semi-Fire-Resistive (ISO 5-6)	0.011
Bridges < \$5MM	0.025
Paving or Light Rail	0.006
Installation Floater Coverage	
Premiums	
Deposit Premium	\$ 2,500.00
Minimum Premium	\$ 2,500.00

PERMISSION TO OCCUPY, BUILDERS' RISK COVERAGES (check one)

- ☐ Permission to occupy is not granted.
- ☒ The occupancy and use provisions under Additional Coverage Limitations are deleted, and permission is granted to occupy covered property after the date indicated below:

Month 02 Day 01 Year 2018

ADDITIONAL INFORMATION

Deductible: \$2,500 All Other Perils
\$5,000 Theft
3% for Wind, Hail or Named Windstorm with a Minimum \$10,000

**Protection Class 9-10 on Referral Only

**Tier 1 Projects on Referral Only

AAIS

IM 7053 10 08

Page 1 of 21

BUILDERS' RISK COVERAGE

BUILDERS' RISK AND INSTALLATION FLOATER FORM

In this coverage form, the words "you" and "your" mean the persons or organizations named as the insured on the declarations and the words "we", "us", and "our" mean the company providing this coverage.

Refer to the Definitions section at the end of this coverage form for additional words and phrases that have special meaning. These words and phrases are shown in quotation marks.

AGREEMENT

In return for "your" payment of the required premium, "we" provide the coverage described herein subject to all the "terms" of the Builders' Risk Coverage. This coverage is also subject to the "schedule of coverages" and additional policy conditions relating to assignment or transfer of rights or duties, cancellation, changes or modifications, inspections, and examination of books and records.

Endorsements and schedules may also apply. They are identified on the "schedule of coverages".

PROPERTY COVERED

"We" cover the following property unless the property is excluded or subject to limitations.

1. Builders' Risk Coverages –

a. Course Of Construction –

- 1) **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to "buildings or structures" while in the course of construction, erection, or fabrication.

- 2) **Scaffolding, Fencing, And Temporary Structures** – "We" also cover direct physical loss or damage caused by a covered peril to:

- a) scaffolding, construction forms, or temporary fencing; and
- b) temporary structures.

3) Coverage Limitations –

- a) "We" only cover:
 - (1) "buildings or structures" in the course of construction; and
 - (2) scaffolding, construction forms, temporary fencing, and temporary structuresat "your" "jobsite".
- b) The "limit" provided under this coverage cannot be combined or added to the "limit" for any other coverage described in Property Covered.

b. Contingent Coverage –

- 1) **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to "buildings or structures" while in the course of construction, erection, or fabrication.
- 2) **When Coverage Applies** – This coverage only applies when:
 - a) the purchaser of a "building or structure" fails to acquire or maintain the insurance coverage that is required by "your" construction agreement or contract; and
 - b) "you" are unable to collect "your" interest in the "building or structure".

3) **Coverage Limitations –**

- a) "We" only cover "buildings or structures" in the course of construction:
 - (1) when a "limit" is indicated on the "schedule of coverages" for Contingent Coverage; and
 - (2) at "your" "jobsite".
- b) The "limit" provided under this coverage cannot be combined or added to the "limit" for any other coverage described in Property Covered.

c. **Difference In Conditions Coverage –**

- 1) **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to "buildings or structures" while in the course of construction, erection, or fabrication.
- 2) **When Coverage Applies** – This coverage only applies when under the provisions or conditions of the construction agreement or contract "you" are required to obtain Difference In Conditions Coverage for a "building or structure".

Difference In Conditions Coverage means coverage for direct physical loss or damage unless the loss is caused by:

- a) a peril that is excluded under Perils Excluded, or
- b) a "specified peril".

3) **Coverage Limitations –**

- a) "We" only cover "buildings and structures" in the course of construction:
 - (1) when a "limit" is indicated on the "schedule of coverages" for Difference In Conditions Coverage; and
 - (2) at "your" "jobsite".

- b) The "limit" provided under this coverage cannot be combined or added to the "limit" for any other coverage described in Property Covered.

2. **Installation Floater Coverage –**

- a. **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to:

- 1) "your" materials, supplies, machinery, fixtures, and equipment; and
- 2) similar property of others that is in "your" care, custody, or control

that are part of "your" "installation project".

b. **Coverage Limitations –**

- 1) "We" only cover materials, supplies, machinery, fixtures, and equipment:
 - a) when a "limit" is indicated on the "schedule of coverages" for Installation Floater Coverage; and
 - b) that will become a permanent part of "your" completed "installation project".
- 2) "We" only cover an "installation project" at "your" "jobsite".
- 3) The "limit" provided under this coverage cannot be combined or added to the "limit" for any other coverage described in Property Covered.

3. **We Do Not Pay** – "We" do not pay for any penalties for:

- a. non-completion or late completion of a "building or structure" in accordance with the provisions or conditions in the construction contract; or
- b. non-compliance with any provisions or conditions in the construction contract.

PROPERTY NOT COVERED

1. **Airborne Property** – "We" do not cover property while airborne except while in transit on a regularly scheduled airline flight.
2. **Aircraft Or Watercraft** – "We" do not cover aircraft or watercraft.
3. **Buildings And Structures** – Only as regards the Installation Floater Coverage, "we" do not cover "buildings or structures".

However, "we" do cover property that is part of "your" "installation project" and is in connection with any "building or structure".
4. **Contraband** – "We" do not cover contraband or property in the course of illegal transportation or trade.
5. **Land** – "We" do not cover land including land on which covered property is located.
6. **Money And Securities** – "We" do not cover accounts, bills, currency, food stamps, or other evidences of debt, lottery tickets not held for sale, money, notes, or securities.

7. **Not A Permanent Part Of Building Or Project** –

- a. Only as regards the Builders' Risk Coverages and except as provided under Supplemental Coverages - Personal Property, "we" do not cover:

- 1) materials and supplies;
- 2) machinery, tools, and equipment; and
- 3) business personal property

that will not become a permanent part of a covered "building or structure".

- b. Only as regards the Installation Floater Coverage, "we" do not cover:

- 1) materials and supplies;
- 2) machinery, tools, and equipment; and

- 3) business personal property

that will not become a permanent part of a covered "installation project".

8. **Rehabilitation Or Renovation Property** – "We" do not cover any standing "building or structure" in the process of rehabilitation or renovation. Rehabilitation and renovation includes, but is not limited to, any additions, alterations, improvements, or repairs to an existing "building or structure".

However, "we" do cover materials, supplies, machinery, fixtures, and equipment that "you" install, construct, or lift in connection with any "installation project".

9. **Roadways And Walkways** –

- a. Only as regards the Builders' Risk Coverages, "we" do not cover walkways, roadways, and other paved surfaces that are:

- 1) more than 1,000 feet from; or
- 2) not next to nor part of

covered "buildings or structures".

- b. Only as regards the Installation Floater Coverage, "we" do not cover walkways, roadways, and other paved surfaces unless they are part of the specifications for "your" "installation project".

10. **Trees, Shrubs, Or Plants** – Except as provided under Supplemental Coverages - Trees, Shrubs, And Plants, "we" do not cover trees, shrubs, plants, or lawns.

11. **Vehicles** – "We" do not cover automobiles or any self-propelled vehicles that are designed for highway use.

12. **Waterborne Property** – Except as provided under Coverage Extensions - Waterborne Property, "we" do not cover property while waterborne except while in transit in the custody of a carrier for hire.

COVERAGE EXTENSIONS

Provisions That Apply To Coverage Extensions – The following Coverage Extensions indicate an applicable "limit". This "limit" may also be shown on the "schedule of coverages".

If a different "limit" is indicated on the "schedule of coverages", that "limit" will apply instead of the "limit" shown below.

However, if no "limit" is indicated for a Coverage Extension within this coverage form, coverage is provided up to the full "limit" for the applicable covered property unless a different "limit" is indicated on the "schedule of coverages".

Unless otherwise indicated, the coverages provided below are part of and not in addition to the applicable "limit" for coverage described under Property Covered.

The "limit" provided under a Coverage Extension cannot be combined or added to the "limit" for any other Coverage Extension or Supplemental Coverage, including a Coverage Extension, Supplemental Coverage, or other coverage that is added to this policy by endorsement.

If coinsurance provisions are part of this policy, the following Coverage Extensions are not subject to and not considered in applying coinsurance conditions.

1. Debris Removal –

- a. **Coverage** – "We" pay the cost of debris removal. Debris removal means the costs for the demolition, clearing, and removal of debris of covered property if such debris results from a covered peril.
- b. **We Do Not Cover** – This coverage does not include costs to:
 - 1) extract "pollutants" from land or water; or
 - 2) remove, restore, or replace polluted land or water.

- c. **Limit** – "We" do not pay any more under this coverage than 25% of the amount "we" pay for the direct physical loss or damage exclusive of the costs for debris removal. "We" will not pay more for loss to property and debris removal combined than the "limit" for the damaged property.
- d. **Additional Limit** – "We" pay up to an additional \$5,000 for debris removal expense when the debris removal expense exceeds 25% of the amount "we" pay for direct physical loss or when the loss to property and debris removal combined exceeds the "limit" for the damaged property.
- e. **You Must Report Your Expenses** – "We" do not pay any expenses unless they are reported to "us" in writing within 180 days from the date of direct physical loss to covered property.

2. Emergency Removal –

- a. **Coverage** – "We" cover any direct physical loss or damage to covered property while it is being moved or being stored to prevent a loss caused by a covered peril.
- b. **Time Limitation** – This coverage applies for up to ten days after the property is first moved. Also, this coverage does not extend past the date on which this policy expires.

3. Emergency Removal Expenses –

- a. **Coverage** – "We" pay for "your" expenses to move or store covered property to prevent a loss caused by a covered peril.
- b. **Time Limitation** – This coverage applies for up to ten days after the property is first moved. Also, this coverage does not extend past the date on which this policy expires.
- c. **Limit** – The most "we" pay in any one occurrence for expenses to move or store covered property to prevent a loss is \$10,000.
- d. **This Is A Separate Limit** – The "limit" for Emergency Removal Expenses is separate from, and not part of, the applicable "limit" for coverage described under Property Covered.

4. Fraud And Deceit –

- a. **Coverage** – "We" cover theft of covered property when "you", "your" agents, customers, or consignees are fraudulently induced to part with the covered property:
- 1) to persons who falsely represent themselves as the proper persons to receive the property;
 - 2) by the acceptance of fraudulent bills of lading or shipping receipts; or
 - 3) as a result of or directly related to the use of any electronic data processing hardware or software.
- b. **Limit** – The most "we" pay in any one occurrence for theft of covered property under this Coverage Extension is \$50,000.

5. Limited Fungus Coverage –

- a. **Coverage** – "We" pay for:
- 1) costs and expenses arising out of the presence of "fungus" on covered property caused by or resulting from a covered peril; and
 - 2) direct physical loss or damage to covered property caused by or relating to the existence of or any activity of "fungus".
- b. **Coverage Limitation** – "We" only provide the coverage described in item 5.a. above:
- 1) when the "fungus" is the result of:
 - a) a "specified peril" other than fire or lightning; or
 - b) "flood" (if the Flood Coverage is provided under this policy);that occurs during the policy period; and
 - 2) if all reasonable steps were taken to protect the property from additional damage at and after the time of the occurrence.

- c. **Limited Fungus Coverage Limit** – The most "we" pay for all loss or damage covered by this Coverage Extension at all "buildings or structures" is \$15,000, unless another "limit" is indicated on the "schedule of coverages". The Limited Fungus Coverage Limit applies regardless of the number of claims made.

The Limited Fungus Coverage Limit applies regardless of the number of locations or "buildings or structures" insured under this policy.

The Limited Fungus Coverage Limit is the most that "we" pay for the total of all loss or damage arising out of all occurrences of "specified perils", other than fire or lightning, or "flood" (if applicable) during each separate 12-month period beginning with the inception date of this policy.

- d. **If The Policy Period Is Extended** – If the policy period is extended for an additional period of less than 12 months, this additional period will be considered part of the preceding period for the purpose of determining the Limited Fungus Coverage Limit.
- e. **Recurrence And Continuation Of Fungus** – The Limited Fungus Coverage Limit is the most that "we" pay with respect to a specific occurrence of a loss which results in "fungus" even if such "fungus" recurs or continues to exist during this or any future policy period.
- f. **Limited Fungus Coverage Limit Applies To Other Costs Or Expenses** – The Limited Fungus Coverage Limit also applies to any cost or expense to:
- 1) clean up, contain, treat, detoxify, or neutralize "fungus" on covered property or remove "fungus" from covered property;
 - 2) remove and replace those parts of covered property necessary to gain access to "fungus"; and
 - 3) test for the existence or level of "fungus" following the repair, replacement, restoration, or removal of damaged property if it is reasonable to believe that "fungus" is present.

- g. **Loss Not Caused By Fungus** – If there is a covered loss or damage to covered property not caused by "fungus", loss payment will not be limited by the "terms" of this Coverage Extension. However, to the extent that "fungus" causes an increase in the loss, that increase is subject to the "terms" of this Coverage Extension.

6. Waterborne Property –

- a. **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to covered property while waterborne.
- b. **Limit** – The most "we" pay in any one occurrence for loss to waterborne property is \$10,000.

SUPPLEMENTAL COVERAGES

Provisions That Apply To Supplemental Coverages –

The following Supplemental Coverages indicate an applicable "limit". This "limit" may also be shown on the "schedule of coverages".

If a different "limit" is indicated on the "schedule of coverages", that "limit" will apply instead of the "limit" shown below.

However, if no "limit" is indicated for a Supplemental Coverage within this coverage form, coverage is provided up to the full "limit" for the applicable covered property unless a different "limit" is indicated on the "schedule of coverages".

Unless otherwise indicated, a "limit" for a Supplemental Coverage provided below is separate from, and not part of, the applicable "limit" for coverage described under Property Covered.

The "limit" available for coverage described under a Supplemental Coverage:

- a. is the only "limit" available for the described coverage; and
- b. is not the sum of the "limit" indicated for a Supplemental Coverage and the "limit" for coverage described under Property Covered.

The "limit" provided under a Supplemental Coverage cannot be combined or added to the "limit" for any other Supplemental Coverage or Coverage Extension, including a Supplemental Coverage, Coverage Extension, or other coverage that is added to this policy by endorsement.

If coinsurance provisions are part of this policy, the following Supplemental Coverages are not subject to and not considered in applying coinsurance conditions.

1. Expediting Expenses –

- a. **Coverage** – When a covered peril occurs to a covered "building or structure" or "installation project", "we" pay for reasonable expediting expenses necessary to complete construction or installation within the time frame specified in the construction or installation contract.

Expediting expenses include, but are not limited to, additional:

- 1) labor or overtime;
- 2) transportation costs and storage expense;
- 3) expense to rent additional equipment; and
- 4) similar construction or installation expenses.

- b. **Limit** – The most "we" pay in any one occurrence for all expediting expenses is \$10,000.

2. Expense To Re-Erect Scaffolding –

- a. **Coverage** – "We" pay "your" expense to re-erect scaffolding after a covered loss to a covered "building or structure".
- b. **Limit** – The most "we" pay for expense to re-erect scaffolding is \$5,000.

3. Fire Department Service Charges –

- a. **Coverage** – "We" cover "your" liability, assumed by contract or agreement prior to the loss, for fire department service charges.

b. **Coverage Limitations** – "We" only pay for:

- 1) fire department service charges that relate to covered property; and
- 2) charges incurred when the fire department is called to save or protect covered property from a covered peril.

c. **Limit** – The most "we" pay in any one occurrence for "your" liability for fire department service charges is \$1,000.

No deductible applies to this Supplemental Coverage.

4. **Ordinance Or Law (Undamaged Parts Of A Building)** –

a. **Coverage** – When a covered peril occurs to a covered "building or structure", "we" pay for the value of undamaged parts of a covered "building or structure" that is required to be demolished as a result of the enforcement of any ordinance, law, or decree that:

- 1) requires the demolition of undamaged parts of a covered "building or structure" that is damaged or destroyed by a covered peril;
- 2) regulates the construction or repair of a "building or structure", or establishes building, zoning, or land use requirements at a covered "jobsite"; and
- 3) is in force at the time of loss.

b. **We Do Not Cover** – "We" do not cover:

- 1) the costs associated with the enforcement of any ordinance, law, or decree that requires "you" or anyone else to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize or in any way respond to or assess the effects of "pollutants";
- 2) loss or increased cost caused by the enforcement of any ordinance, law, or decree that requires the reconstruction, repair, replacement, remodeling, remediation, or razing of property due to the existence of or any activity of "fungus"; or

2) loss or increased cost caused by the enforcement of any ordinance, law, or decree that requires the reconstruction, repair, replacement, remodeling, remediation, or razing of property due to the existence of or any activity of "fungus"; or

3) costs associated with the enforcement of any ordinance, law, or decree that requires "you" or anyone else to test for, monitor, clean up, remove, contain, treat, detoxify, neutralize, or in any way respond to or assess the effects of "fungus".

c. **Coverage Limitation** – This coverage is part of and not in addition to the applicable "limit" for coverage described under Property Covered.

5. **Ordinance Or Law (Increased Cost To Repair And Cost To Demolish/Clear Site)** –

a. **Increased Cost To Repair** –

1) **Coverage** – When a covered peril occurs to a covered "building or structure", "we" cover the increased cost to repair, rebuild, or reconstruct:

- a) damaged portions of a covered "building or structure"; and
- b) undamaged portions of a covered "building or structure" whether or not those undamaged portions need to be demolished;

as a result of the enforcement of building, zoning, or land use ordinance, law, or decree and is in force at the time when a covered peril occurs to a covered "building or structure".

2) **If The Building Is Repaired Or Rebuilt** – If a covered "building or structure" is repaired or rebuilt, it must be intended for similar occupancy as the current property, unless otherwise required by building, zoning, or land use ordinance, law, or decree.

- 3) **Coverage Limitation** – "We" do not cover the increased cost of construction until the covered "building or structure" is actually repaired or replaced, whether at the same or another location, and unless the repairs or replacement are made as soon as reasonably possible after the loss, not to exceed two years. The period for repair or replacement may be extended by "us" in writing during the two year period.
- b. **Cost To Demolish And Clear Site** – "We" cover the cost to demolish and clear the site of undamaged parts of the covered "building or structure" that is damaged or destroyed by a covered peril. The demolition must be a result of the enforcement of a building, zoning, or land use ordinance, law, or decree that is in force at the time when a covered peril occurs to a covered "building or structure".
- c. **We Do Not Cover** – "We" do not cover:
 - 1) the costs associated with the enforcement of any ordinance, law, or decree:
 - a) that requires "you" or anyone else to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize or in any way respond to or assess the effects of "pollutants";
 - b) that requires "you" or anyone else to test for, monitor, clean up, remove, contain, treat, detoxify, neutralize, or in any way respond to or assess the effects of "fungus"; or
 - c) "you" were required to comply with before the covered peril occurred to a covered "building or structure", even if the "building or structure" was undamaged and "you" failed to comply with the ordinance, law, or decree; or
 - 2) loss or increased cost caused by the enforcement of any ordinance, law, or decree that requires the reconstruction, repair, replacement, remodeling, remediation, or razing of property due to the existence of or any activity of "fungus".
- d. **What We Pay** –
 - 1) **If The Building Is Repaired Or Replaced At Same Site Or Opt To Build At Another Location** – If the covered "building or structure" is repaired or replaced at the same location or "you" opt to build at another location, "we" pay the lesser of:
 - a) the amount "you" actually spend to demolish and clear the site of undamaged parts of the covered "building or structure", plus the actual increased cost to repair, rebuild, or construct the property but not for more than a "building or structure" of the same height, floor area, and style at the same location; or
 - b) \$50,000.
 - 2) **If The Building Is Repaired Or Replaced And Required By Ordinance Or Law To Relocate** – If the covered "building or structure" is rebuilt at a new location due to an ordinance or law requirement, "we" pay the lesser of:
 - a) the amount "you" actually spend to demolish and clear the site of undamaged parts of the covered "building or structure", plus the actual increased cost to construct a "building or structure" of the same height, floor area, and style at a new location; or
 - b) \$50,000.
 - 3) **If The Building Is Not Repaired Or Replaced** – If the covered "building or structure" is not repaired or replaced, "we" pay the lesser of:
 - a) the amount "you" actually spend to demolish and clear the site of undamaged parts of the covered "building or structure"; or
 - b) \$50,000.

6. **Personal Property –**

- a. **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to business personal property that will not become a permanent part of a covered "building or structure" or "installation project".
- b. **Coverage Limitation** – "We" only cover business personal property while being installed or stored in a covered "building or structure" or "installation project".
- c. **Limit** – The most "we" pay in any one occurrence for loss to personal property is \$10,000.

7. **Pollutant Cleanup And Removal –**

- a. **Coverage** – "We" pay "your" expense to extract "pollutants" from land or water if the discharge, dispersal, seepage, migration, release, or escape of the "pollutants" is caused by a covered peril that occurs during the policy period.
- b. **Time Limitation** – The expenses to extract "pollutants" are paid only if they are reported to "us" in writing within 180 days from the date the covered peril occurs.
- c. **We Do Not Cover** – "We" do not pay the cost of testing, evaluating, observing, or recording the existence, level, or effects of "pollutants".

However, "we" pay the cost of testing which is necessary for the extraction of "pollutants" from land or water.

- d. **Limit** – The most "we" pay for each location is \$25,000 for the sum of all such expenses arising out of a covered peril occurring during each separate 12-month period of this policy.

8. **Rewards –**

a. **Coverage –**

- 1) "We" pay a reward to an eligible person for information leading to the arrest and conviction of any person or persons committing arson, theft, or vandalism. The conviction must involve a covered loss, under this policy, caused by arson, theft, or vandalism.

- 2) "We" pay a reward to an eligible person for the return of stolen covered property, when the loss is caused by theft.

- b. **Eligible Person Means** – An eligible person under this Supplemental Coverage means the first person to voluntarily provide the applicable law enforcement agency the necessary information or return the stolen covered property.

An eligible person cannot be:

- 1) "you" or any family member;
- 2) "your" employee or any of his or her family members;
- 3) an employee of the applicable law enforcement agency;
- 4) any person who had custody of the covered property at the time the property was stolen; or
- 5) any person involved in the crime.

- c. **Coverage Limitation** – There will be no reward payment unless and until the person(s) committing the crime is (are) convicted or the covered property is returned.
- d. **Limit** – The most "we" pay in any one occurrence under this Supplemental Coverage is \$1,000.

The amount "we" pay is not increased by the number of persons involved in providing the information.

9. **Sewer Backup –**

- a. **Coverage** – "We" cover direct physical loss or damage to a covered "building or structure" or "installation project" caused by or resulting from:

- 1) water or waterborne material that backs up, overflows or is otherwise discharged through a sewer or drain, sump or septic tank; or
- 2) water or waterborne material below the surface of the ground, including but not limited to water or waterborne material that exerts pressure on or flows, seeps, or leaks

through or into a covered "building or structure" or "installation project", sidewalk, driveway, foundation, swimming pool, or other structure.

b. **Coverage Limitations** – "We" do not cover loss or damage resulting from:

- 1) escape of water or waterborne material from a sump pit not equipped with a sump pump;
- 2) failure to perform routine maintenance and repair of all sump pumps and related equipment; and
- 3) failure to perform routine maintenance of sewers and drains including keeping sewers and drains free from obstructions. This limitation does not apply if "you" are not responsible for the maintenance of sewers or drains that results in loss or damage.

c. **Limit** – The most "we" pay in any one occurrence under this Supplemental Coverage is \$10,000.

10. **Temporary Storage Locations** –

a. **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to:

- 1) materials and supplies that will become a permanent part of a covered "building or structure" or "installation project";
- 2) business personal property as described under Supplemental Coverages - Personal Property; and
- 3) trees, shrubs, plants, and lawns as described under Supplemental Coverages - Trees, Shrubs, And Plants (only for the perils described under Trees, Shrubs, And Plants)

while temporarily in storage at a location that is not "your" "jobsite".

b. **We Do Not Cover** – "We" do not cover property in storage if the property has not been specifically allocated to or otherwise identified with a covered "building or structure" or "installation project".

c. **Limit** – The most "we" pay in any one occurrence for loss to property at a storage location is \$10,000.

11. **Transit** –

a. **Coverage** – "We" cover direct physical loss or damage caused by a covered peril to:

- 1) materials and supplies that will become a permanent part of a covered "building or structure" or "installation project";
- 2) business personal property as described under Supplemental Coverages - Personal Property; and
- 3) trees, shrubs, plants, and lawns as described under Supplemental Coverages - Trees, Shrubs, And Plants and only for the perils described under Trees, Shrubs, And Plants

while in transit.

b. **Limit** – The most "we" pay in any one occurrence for loss to property in transit is \$10,000.

12. **Trees, Shrubs, And Plants** –

a. **Coverage** – "We" cover direct physical loss or damage including debris removal expenses, to outdoor trees, shrubs, plants, and lawns.

b. **Coverage Limitation** – "We" only cover trees, shrubs, plants, and lawns that are:

- 1) at a covered "jobsite"; and
- 2) being planted or installed as part of "your" construction project.

c. **Covered Perils** – "We" only cover loss to trees, shrubs, plants, and lawns caused by the following perils:

- 1) fire;
- 2) lightning;
- 3) explosion;
- 4) riot or civil commotion;
- 5) falling objects; or
- 6) vandalism.

d. **Limit** – The most "we" pay in any one occurrence for loss to trees, shrubs, and plants is \$10,000.

PERILS COVERED

"We" cover risks of direct physical loss or damage unless the loss is limited or caused by a peril that is excluded.

PERILS EXCLUDED

1. "We" do not pay for loss or damage caused directly or indirectly by one or more of the following excluded causes or events. Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at the same time as, or after the excluded causes or events.

- a. **Civil Authority** – Order of any civil authority, including seizure, confiscation, destruction, or quarantine of property.

"We" do cover loss resulting from acts of destruction by the civil authority to prevent the spread of fire, unless the fire is caused by a peril excluded under this coverage.

- b. **Earth Movement** – Any "earth movement".

However, if eruption, explosion, or effusion of a volcano results in "volcanic action", "we" will pay for the loss or damage caused by that "volcanic action".

If "earth movement" results in fire, "we" will pay for the loss or damage caused by that fire. If "earth movement" (other than eruption, explosion, or effusion of a volcano) results in explosion, "we" will pay for the loss or damage caused by that explosion.

This exclusion does not apply to covered property while in transit.

- c. **Flood** – "Flood".

"We" also do not cover waterborne material carried or otherwise moved by "flood", whether or not driven by wind, including storm surge, or material carried or otherwise moved by mudslide or mudflow.

However, if "flood" results in fire, explosion, or sprinkler leakage, "we" will pay for the loss or damage caused by that fire, explosion, or sprinkler leakage.

This exclusion does not apply to covered property while in transit.

- d. **Fungus** – Except as provided under Coverage Extensions - Limited Fungus Coverage, the existence of or any activity of "fungus".

But if "fungus" results in a "specified peril", "we" cover loss or damage caused by that "specified peril".

This exclusion does not apply to:

- 1) loss that results from fire or lightning; or
- 2) collapse caused by hidden decay.

- e. **Nuclear Hazard** – Nuclear reaction, nuclear radiation, or radioactive contamination (whether controlled or uncontrolled; whether caused by natural, accidental, or artificial means). Loss caused by nuclear hazard is not considered loss caused by fire, explosion, or smoke. Direct loss by fire resulting from the nuclear hazard is covered.

- f. **Ordinance Or Law** – Except as provided under Supplemental Coverages - Ordinance Or Law, enforcement of any code, ordinance, or law regulating the use, construction, or repair of any "building or structure"; or requiring the demolition of any "building or structure" including the cost of removing its debris.

"We" do not pay for loss or increased cost regardless if the loss or increased cost is caused by or results from the:

- 1) enforcement of any code, ordinance, or law even if a "building or structure" has not been damaged; or
- 2) increased costs that "you" incur because of "your" compliance with a code, ordinance, or law during the construction, repair, rehabilitation, remodeling, or razing of a "building or structure", including the removal of debris, following direct physical loss or damage to the property.

g. **Sewer, Septic Tank, Sump, Or Drain Backup And Water Below The Surface** – Except as provided under Supplemental Coverages - Sewer Backup:

- 1) water or waterborne material that backs up, overflows or is otherwise discharged through a sewer or drain, sump or septic tank, eaves trough or downspout; or
- 2) water or waterborne material below the surface of the ground, whether naturally or artificially occurring, including but not limited to water or waterborne material that exerts pressure on or flows, seeps, or leaks through or into a covered "building or structure" or "installation project", sidewalk, driveway, foundation, swimming pool, or other structure.

But if sewer, drain, sump, septic tank, eaves trough, or downspout backup and water or waterborne material below the surface results in fire, explosion, or sprinkler leakage, "we" cover the loss or damage caused by that fire, explosion, or sprinkler leakage.

This exclusion does not apply to covered property while in transit.

h. **War And Military Action** –

- 1) War, including undeclared war or civil war; or
- 2) a warlike action by a military force, including action taken to prevent or defend against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- 3) insurrection, rebellion, revolution, or unlawful seizure of power including action taken by governmental authority to prevent or defend against any of these.

With regard to any action that comes within the "terms" of this exclusion and involves nuclear reaction, nuclear radiation, or radioactive contamination, this War And Military Action exclusion will apply in place of the Nuclear Hazard exclusion.

2. "We" do not pay for loss or damage that is caused by or results from one or more of the following:

- a. **Contamination Or Deterioration** – "We" do not pay for loss or damage caused by or resulting from contamination or deterioration including corrosion, decay, rust, or any quality, fault, or weakness in covered property that causes it to damage or destroy itself.

But if contamination or deterioration results in a covered peril, "we" do cover the loss or damage caused by that covered peril.

- b. **Criminal, Fraudulent, Dishonest, Or Illegal Acts**– "We" do not pay for loss or damage caused by or resulting from criminal, fraudulent, dishonest, or illegal acts committed alone or in collusion with another by:

- 1) "you";
- 2) others who have an interest in the property;
- 3) others to whom "you" entrust the property;
- 4) "your" partners, officers, directors, trustees, joint venturers, or "your" members or managers if "you" are a limited liability company; or
- 5) the employees or agents of 1), 2), 3), or 4) above, whether or not they are at work.

This exclusion does not apply to acts of destruction by "your" employees, but "we" do not pay for theft by employees.

This exclusion does not apply to covered property in the custody of a carrier for hire.

- c. **Defects, Errors, And Omissions** – "We" do not pay for loss or damage caused by or resulting from an act, defect, error, or omission (negligent or not) relating to:

- 1) design, specifications, construction, materials, or workmanship;
- 2) planning, zoning, development, siting, surveying, grading, or compaction; or

- 3) maintenance, installation, renovation, remodeling, or repair.

But if an act, error, or omission as described above results in a covered peril, "we" do cover the loss or damage caused by that covered peril.

d. Delay In Completion And Increased Construction Costs –

- 1) "We" do not pay for loss or damage caused directly or indirectly by a:
- a) delay in the completion of construction, installation, erection, or fabrication of:
 - (1) a "building or structure";
 - (2) an "installation project"; or
 - (3) any portion of a "building or structure" or "installation project"; or
 - b) a change in the sequence of construction, installation, erection, or fabrication of:
 - (1) a "building or structure";
 - (2) an "installation project"; or
 - (3) any portion of a "building or structure" or "installation project"

regardless of the cause of the delay in completion or change in sequence.

- 2) "We" also do not pay for increased construction or installation costs caused by or resulting from a delay in completion or change in sequence as described above under items d.1), a) and b). Increased construction or installation costs include, but are not limited to:
- a) general conditions;
 - b) increased construction or installation costs and additional construction or installation expenses;
 - c) increased overhead, increased material costs, and increased labor costs;

- d) soft costs; and

- e) loss of earnings and loss of rental income.

- 3) General conditions means general conditions and extended general conditions including, but not limited to, costs of additional:

- a) utility charges;
- b) maintenance;
- c) facilities;
- d) communications; and
- e) administrative personnel.

- e. **Electrical Currents** – "We" do not pay for loss or damage caused by or resulting from arcing or by electrical currents other than lightning.

But if arcing or electrical currents other than lightning result in a "specified peril", "we" do cover the loss or damage caused by that "specified peril".

- f. **Loss Of Use And Consequential Loss** – "We" do not pay for loss or damage caused by or resulting from loss of use, delay, or loss of market. "We" also do not pay for any consequential loss or damage of any nature.

- g. **Mechanical Breakdown** – "We" do not pay for loss or damage caused by or resulting from:

- 1) mechanical breakdown; or
- 2) rupturing or bursting of moving parts of machinery caused by centrifugal force.

But if a mechanical breakdown or rupturing or bursting of moving parts of machinery caused by centrifugal force results in a "specified peril", "we" do cover the loss or damage caused by that "specified peril".

- h. **Missing Property** – "We" do not pay for missing property where the only proof of loss is unexplained or mysterious disappearance of covered property, or shortage of property discovered on taking inventory, or any other instance where there is no physical evidence to show what happened to the covered property.

This exclusion does not apply to covered property in the custody of a carrier for hire.

- i. **Pollutants** – "We" do not pay for loss or damage caused by or resulting from release, discharge, seepage, migration, dispersal, or escape of "pollutants":
- 1) unless the release, discharge, seepage, migration, dispersal, or escape is caused by a "specified peril"; or
 - 2) except as specifically provided under the Supplemental Coverages - Pollutant Cleanup And Removal.

"We" do cover any resulting loss caused by a "specified peril".

- j. **Steam Boiler Explosion** – "We" do not pay for loss or damage caused by or resulting from an explosion of steam boilers, steam pipes, steam turbines, or steam engines.

But if an explosion of steam boilers, steam pipes, steam turbines, or steam engines results in a fire or combustion explosion, "we" cover the loss or damage caused by that fire or combustion explosion. "We" also cover loss or damage caused by or resulting from the explosion of gas or fuel in a firebox, combustion chamber, or flue.

- k. **Temperature/Humidity** – "We" do not pay for loss or damage caused by or resulting from dryness, dampness, humidity, or changes in or extremes of temperature.

But if dryness, dampness, humidity, or changes in or extremes of temperature results in a covered peril, "we" do cover the loss or damage caused by that covered peril.

- l. **Voluntary Parting** – Except as provided under Coverage Extensions - Fraud And Deceit, "we" do not pay for loss or damage caused by or resulting from voluntary parting with title to or possession of any property because of any fraudulent scheme, trick, or false pretense.
- m. **Wear And Tear** – "We" do not pay for loss or damage caused by or resulting from wear and tear, marring, or scratching.

But if wear and tear, marring, or scratching results in a covered peril, "we" do cover the loss or damage caused by that covered peril.

WHAT MUST BE DONE IN CASE OF LOSS

1. **Notice** – In case of a loss, "you" must:

- a. give "us" or "our" agent prompt notice including a description of the property involved ("we" may request written notice); and
- b. give notice to the police when the act that causes the loss is a crime.

2. **You Must Protect Property** – "You" must take all reasonable steps to protect covered property at and after an insured loss to avoid further loss.

- a. **Payment Of Reasonable Costs** – "We" do pay the reasonable costs incurred by "you" for necessary repairs or emergency measures performed solely to protect covered property from further damage by a peril insured against if a peril insured against has already caused a loss to covered property. "You" must keep an accurate record of such costs. "Our" payment of reasonable costs does not increase the "limit".
- b. **We Do Not Pay** – "We" do not pay for such repairs or emergency measures performed on property which has not been damaged by a peril insured against.

3. **Proof Of Loss** – "You" must send "us", within 60 days after "our" request, a signed, sworn proof of loss. This must include the following information:

- a. the time, place, and circumstances of the loss;
- b. other policies of insurance that may cover the loss;
- c. "your" interest and the interests of all others in the property involved, including all mortgages and liens;
- d. changes in title of the covered property during the policy period; and
- e. estimates, specifications, inventories, and other reasonable information that "we" may require to settle the loss.

4. **Examination** – "You" must submit to examination under oath in matters connected with the loss as often as "we" reasonably request and give "us" sworn statements of the answers. If more than one person is examined, "we" have the right to examine and receive statements separately and not in the presence of others.
 5. **Records** – "You" must produce records, including tax returns and bank microfilms of all canceled checks relating to value, loss, and expense and permit copies and extracts to be made of them as often as "we" reasonably request.
 6. **Damaged Property** – "You" must exhibit the damaged and undamaged property as often as "we" reasonably request and allow "us" to inspect or take samples of the property.
 7. **Volunteer Payments** – "You" must not, except at "your" own expense, voluntarily make any payments, assume any obligations, pay or offer any rewards, or incur any other expenses except as respects protecting property from further damage.
 8. **Abandonment** – "You" may not abandon the property to "us" without "our" written consent.
 9. **Cooperation** – "You" must cooperate with "us" in performing all acts required by this policy.
- overhead and profit being charged for the construction, installation, erection, or fabrication of a covered "building or structure" or "installation project" in accordance with the construction or installation contracts; and
- 3) other related construction costs and expenses that are re-incurred to repair or replace the part of the covered property that sustains direct physical loss or damage but only if such costs have been included as part of the "limit" for a covered "building or structure" or "installation project".
- b. **Replacement Cost Limitations** – Replacement cost is limited to the cost of repair or replacement with similar materials on the same site and used for the same purpose.
 - c. **Payment Limitation** – If the part of the covered property that sustains direct physical loss or damage is repaired or replaced, the payment will not exceed the amount "you" spend to repair or replace the damaged or destroyed property.
2. **Pair Or Set** – The value of a lost or damaged article that is part of a pair or set is based on a reasonable proportion of the value of the entire pair or set. The loss is not considered a total loss of the pair or set.
 3. **Loss To Parts** – The value of a lost or damaged part of an item that consists of several parts when it is complete is based on the value of only the lost or damaged part or the cost to repair or replace it.

VALUATION

1. **Replacement Cost** – The value of covered property will be based on replacement cost as described below.
 - a. **Replacement Cost Means** – Replacement cost means:
 - 1) the necessary and reasonable costs of materials and labor incurred to repair or replace, without deduction for depreciation, the part of the covered property that sustains direct physical loss or damage;
 - 2) the reasonable overhead and profit related to the covered property that sustains direct physical loss or damage but not to exceed the

HOW MUCH WE PAY

1. **Insurable Interest** – "We" do not cover more than "your" insurable interest in any property.
2. **Deductible** – "We" pay only that part of "your" loss over the deductible amount indicated on the "schedule of coverages" in any one occurrence.
3. **Loss Settlement Terms** – Subject to paragraphs 1., 2., 4., 5., and 6. under How Much We Pay, "we" pay the lesser of:
 - a. the amount determined under Valuation;

- b. the cost to repair, replace, or rebuild the property with material of like kind and quality to the extent practicable; or
 - c. the "limit" that applies to the covered property.
4. **Catastrophe Limit** – The most "we" pay in any one occurrence is the Catastrophe Limit indicated on the "schedule of coverages" regardless if an occurrence or loss involves:
- a. one or more "buildings or structures";
 - b. one or more described "jobsites";
 - c. one or more coverages described under Property Covered; or
 - d. any combination of "buildings or structures", described "jobsites", described coverages, or coverages described under Coverage Extensions or Supplemental Coverages.
5. **Insurance Under More Than One Coverage** – If more than one coverage of this policy insures the same loss, "we" pay no more than the actual claim, loss, or damage sustained.
6. **Insurance Under More Than One Policy** –
- a. **Proportional Share** – "You" may have another policy subject to the same "terms" as this policy. If "you" do, "we" will pay "our" share of the covered loss. "Our" share is the proportion that the applicable "limit" under this policy bears to the "limit" of all policies covering on the same basis.
 - b. **Excess Amount** – If there is another policy covering the same loss, other than that described above, "we" pay only for the amount of covered loss in excess of the amount due from that other policy, whether "you" can collect on it or not. But "we" do not pay more than the applicable "limit".
- 1) pay the value of the lost or damaged property;
 - 2) pay the cost of repairing or replacing the lost or damaged property;
 - 3) rebuild, repair, or replace the property with other property of equivalent kind and quality, to the extent practicable, within a reasonable time; or
 - 4) take all or any part of the property at the agreed or appraised value.
- b. **Notice Of Our Intent To Rebuild, Repair, Or Replace** – "We" must give "you" notice of "our" intent to rebuild, repair, or replace within 30 days after receipt of a duly executed proof of loss.
2. **Your Losses** –
- a. **Adjustment And Payment Of Loss** – "We" adjust all losses with "you". Payment will be made to "you" unless another loss payee is named in the policy.
 - b. **Conditions For Payment of Loss** – An insured loss will be payable 30 days after:
 - 1) a satisfactory proof of loss is received; and
 - 2) the amount of the loss has been established either by written agreement with "you" or the filing of an appraisal award with "us".
3. **Property Of Others** –
- a. **Adjustment And Payment Of Loss To Property Of Others** – Losses to property of others may be adjusted with and paid to:
 - 1) "you" on behalf of the owner; or
 - 2) the owner.
 - b. **We Do Not Have To Pay You If We Pay The Owner** – If "we" pay the owner, "we" do not have to pay "you". "We" may also choose to defend any suits brought by the owners at "our" expense.

LOSS PAYMENT

1. Loss Payment Options –

- a. **Our Options** – In the event of loss covered by this coverage form, "we" have the following options:

REPORTING CONDITIONS

If indicated on the "schedule of coverages", the following reporting conditions apply.

1. **Builders' Risk Coverages** – The following reporting conditions apply to Builders' Risk Coverages.

a. **Reports** –

- 1) **You Will Report To Us** – Within 30 days after the end of each reporting period indicated on the "schedule of coverages", "you" will report to "us" the estimated completed value of each "building or structure". "Your" report will contain the:

- a) estimated completion cost;
 - b) address; and
 - c) construction classification
- of each "building or structure".

- 2) **Cancellation** – If "your" coverage is canceled, "you" will report the estimated completed value of each "building or structure" up to and including the date of cancellation and pay any additional premium due.

b. **Premium Computation And Adjustment** – The premium will be adjusted as of each adjustment period indicated on the "schedule of coverages". The computed premium will be determined by multiplying the estimated completed value of each "building or structure" by the rate indicated on the "schedule of coverages".

- 1) **Annual Adjustment** – When an annual adjustment period is indicated on the "schedule of coverages", "we" will compare the total computed premium to the deposit premium. If it is more than the deposit premium, "you" will pay "us" the difference. If it is less than the deposit premium, "we" will pay "you" the difference subject to the minimum premium indicated on the "schedule of coverages".

- 2) **Other Adjustment Period** – When any other premium adjustment period is indicated, "we" will apply the computed premium to the deposit premium until it is exhausted. "You" will pay "us" all premiums that exceed the deposit premium. At the end of the policy period, if the computed premium is less than the deposit premium, "we" will pay "you" the difference subject to the minimum premium indicated on the "schedule of coverages".

c. **Provisions That Affect How Much We Pay** – The following provisions apply to reports that are submitted and may affect How Much We Pay:

- 1) **Failure To Submit Reports** – If "you" have failed to submit the required reports or no report has been submitted, the most "we" will pay is 90% of the "limit".
- 2) **Reported Values Are Less Than The Full Value** – If "your" last report before a loss shows less than the actual estimated completed value of a "building or structure", "we" will only pay a part of the loss. "We" will not pay a greater portion of the loss, prior to the application of the deductible, than the value of a "building or structure" "you" reported divided by the actual estimated completed value of the "building or structure" during the reporting period.
- 3) **We Will Not Pay More Than The Limit** – "We" will not pay more than the applicable "limit" regardless of any reported value used in computing the premium.

2. **Installation Floater Coverage** – The following reporting conditions apply to the Installation Floater Coverage.

a. **Reports** –

- 1) **You Will Report To Us** – Within 30 days after the end of each reporting period indicated on the "schedule of coverages", "you" will report to "us" the total receipts (collected and uncollected) earned from "your" "installation projects" during the reporting period indicated on the

"schedule of coverages". Receipts include the amounts "you" earn from materials, labor, reasonable overhead and profit, and delivery charges that are part of "your" "installation projects".

- 2) **Cancellation** – If "your" coverage is canceled, "you" will report the total receipts (collected and uncollected) earned from "your" "installation projects" up to and including the date of cancellation and pay any additional premium due.
- b. **Premium Computation And Adjustment** – The premium will be adjusted as of each adjustment period indicated on the "schedule of coverages". The total computed premium will be determined by multiplying the total earned receipts by the rate indicated on the "schedule of coverages".
- 1) **Annual Adjustment** – When an annual adjustment period is indicated on the "schedule of coverages", "we" will compare the total computed premium to the deposit premium. If it is more than the deposit premium, "you" will pay "us" the difference. If it is less than the deposit premium, "we" will pay "you" the difference subject to the minimum premium indicated on the schedule.
 - 2) **Other Adjustment Period** – When any other premium adjustment period is indicated, "we" will apply the computed premium to the deposit premium until it is exhausted. "You" will pay "us" all premiums that exceed the deposit premium. At the end of the policy period, if the computed premium is less than the deposit premium, "we" will pay "you" the difference subject to the minimum premium indicated on the "schedule of coverages".
- c. **Provisions That Affect How Much We Pay** – The following provisions apply to reports that are submitted and may affect How Much We Pay:
- 1) **Failure To Submit Reports** – If "you" have failed to submit the required reports or no report has been submitted, the most "we" will pay is 90% of the "limit".

- 2) **Reported Values Are Less Than The Full Value** – If "your" last report before a loss shows less than the actual receipts earned during the reporting period for an "installation project", "we" will only pay a part of the loss. "We" will not pay a greater portion of the loss, prior to the application of the deductible, than the receipts "you" reported divided by the receipts "you" actually earned from "your" "installation project" during the reporting period.
- 3) **We Will Not Pay More Than The Limit** – "We" will not pay more than the applicable "limit" regardless of any reported value used in computing the premium.

OTHER CONDITIONS

1. **Appraisal** – If "you" and "we" do not agree on the amount of the loss or the value of covered property, either party may demand that these amounts be determined by appraisal.

If either makes a written demand for appraisal, each will select a competent, independent appraiser and notify the other of the appraiser's identity within 20 days of receipt of the written demand. The two appraisers will then select a competent, impartial umpire. If the two appraisers are unable to agree upon an umpire within 15 days, "you" or "we" can ask a judge of a court of record in the state where the property is located to select an umpire.

The appraisers will then determine and state separately the amount of each loss.

The appraisers will also determine the value of covered property items at the time of the loss, if requested.

If the appraisers submit a written report of any agreement to "us", the amount agreed upon will be the amount of the loss. If the appraisers fail to agree within a reasonable time, they will submit only their differences to the umpire. Written agreement so itemized and signed by any two of these three, sets the amount of the loss.

Each appraiser will be paid by the party selecting that appraiser. Other expenses of the appraisal and the compensation of the umpire will be paid equally by "you" and "us".

2. **Benefit To Others** – Insurance under this coverage will not directly or indirectly benefit anyone having custody of "your" property.
3. **Conformity With Statute** – When a condition of this coverage is in conflict with an applicable law, that condition is amended to conform to that law.
4. **Estates** – This provision applies only if the insured is an individual.
 - a. **Your Death** – On "your" death, "we" cover the following as an insured:
 - 1) the person who has custody of "your" property until a legal representative is qualified and appointed; or
 - 2) "your" legal representative.

This person or organization is an insured only with respect to property covered by this coverage.
 - b. **Policy Period Is Not Extended** – This coverage does not extend past the policy period indicated on the declarations.
5. **Misrepresentation, Concealment, Or Fraud** – This coverage is void as to "you" and any other insured if, before or after a loss:
 - a. "You" or any other insured have willfully concealed or misrepresented:
 - 1) a material fact or circumstance that relates to this insurance or the subject thereof; or
 - 2) "your" interest herein.
 - b. There has been fraud or false swearing by "you" or any other insured with regard to a matter that relates to this insurance or the subject thereof.
6. **Policy Period** – "We" pay for a covered loss that occurs during the policy period.

7. **Recoveries** – If "we" pay "you" for the loss and lost or damaged property is recovered, or payment is made by those responsible for the loss, the following provisions apply:
 - a. "you" must notify "us" promptly if "you" recover property or receive payment;
 - b. "we" must notify "you" promptly if "we" recover property or receive payment;
 - c. any recovery expenses incurred by either are reimbursed first;
 - d. "you" may keep the recovered property but "you" must refund to "us" the amount of the claim paid or any lesser amount to which "we" agree; and
 - e. if the claim paid is less than the agreed loss due to a deductible or other limiting "terms" of this policy, any recovery will be prorated between "you" and "us" based on "our" respective interest in the loss.
8. **Restoration Of Limits** – Except as indicated under Limited Fungus Coverage, a loss "we" pay under this coverage does not reduce the applicable "limits".
9. **Subrogation** – If "we" pay for a loss, "we" may require "you" to assign to "us" "your" right of recovery against others. "You" must do all that is necessary to secure "our" rights. "We" do not pay for a loss if "you" impair this right to recover.

"You" may waive "your" right to recover from others in writing before a loss occurs.
10. **Suit Against Us** – No one may bring a legal action against "us" under this coverage unless:
 - a. all of the "terms" of this coverage have been complied with; and
 - b. the suit has been brought within two years after "you" first have knowledge of the loss.

If any applicable law makes this limitation invalid, then suit must begin within the shortest period permitted by law.

11. **Territorial Limits** – "We" cover property while in the United States of America, its territories and possessions, Canada, and Puerto Rico.
12. **Carriers For Hire** – "You" may accept bills of lading or shipping receipts issued by carriers for hire that limit their liability to less than the replacement cost or actual cash value of the covered property.

ADDITIONAL COVERAGE LIMITATIONS

1. **Occupancy And Use** – The following provision only applies to Builders' Risk Coverages, "we" do not provide coverage under this policy if, without "our" prior written consent, a covered "building or structure" as described under Property Covered is:

- a. occupied in whole or in part; or
- b. put to its intended use.

However, this provision does not apply if Permission To Occupy is indicated on the "schedule of coverages".

2. **When Coverage Ceases** – Coverage will end when one of the following first occurs:
- a. this policy expires or is canceled;
 - b. a covered "building or structure" or "installation project" is accepted by the purchaser;
 - c. "your" insurable interest in the covered property ceases;
 - d. "you" abandon construction or installation with no intent to complete it; or
 - e. a covered "building or structure" or "installation project" has been completed for more than 90 days.

DEFINITIONS

1. "Buildings or structures" means:
- a. buildings;
 - b. structures;

- c. materials and supplies that will become a permanent part of the buildings or the structures; and
- d. foundations, excavations, grading, filling, attachments, permanent fencing, and other permanent fixtures.

2. "Earth movement" means:

- a. earthquake, including land shock waves or tremors before, during or after a volcanic eruption;
- b. landslide, mudslide or mudflow;
- c. mine subsidence whether or not the non-natural mine is currently in use;
- d. any other movement of earth, including sinking (other than "sinkhole collapse"), shifting, or rising of earth including, but not limited to, erosion, expansion, shrinking, freezing, thawing, improper soil compaction, and movement of water under the surface of the ground that cause cracking, settling, or shifting of foundations, buildings, or structures; or
- e. eruption, explosion, or effusion of a volcano.

3. "Flood" means an overflowing or inundation by water of an area that was previously and normally dry or not covered by water, whether caused artificially or naturally, by human or animal forces or by an act of nature. "Flood" includes, but is not limited to:

- a. overflow of inland or tidal waters, waves, tidal waves, or tsunamis, or spray that results from any of these, all whether driven by wind or not, including but not limited to storm surge;
- b. unusual and rapid accumulation or runoff of surface waters from any source; or
- c. mudslides or mudflows if caused by:
 - 1) unusual and rapid accumulation or runoff of surface waters or waves; or
 - 2) currents of water exceeding anticipated cyclical levels.

4. "Fungus" means:

- a. a fungus, including but not limited to mildew and mold;

- b. a protist, including but not limited to algae and slime mold;
 - c. wet rot and dry rot;
 - d. a bacterium; or
 - e. a chemical, matter, or compound produced or released by a fungus, a protist, wet rot, dry rot, or a bacterium, including but not limited to toxins, spores, fragments, and metabolites such as microbial volatile organic compounds.
5. "Installation project" means an installation or construction project where "you" are in the process of installing, constructing, or rigging:
- a. materials or supplies;
 - b. machinery;
 - c. fixtures; or
 - d. equipment.
6. "Jobsite" means any location, project, or work site where "you" are in the process of:
- a. constructing, erecting, or fabricating a "building or structure"; or
 - b. installing, constructing, or rigging materials or supplies, machinery, fixtures, or equipment.
7. "Limit" means the amount of coverage that applies.
8. "Pollutant" means:
- a. any solid, liquid, gaseous, thermal, or radioactive irritant or contaminant, including acids, alkalis, chemicals, fumes, smoke, soot, vapor, and waste. Waste includes materials to be recycled, reclaimed, or reconditioned, as well as disposed of; and
 - b. electrical or magnetic emissions, whether visible or invisible, and sound emissions.
9. "Schedule of coverages" means:
- a. all pages labeled "schedule of coverages" or schedules that pertain to this coverage; and
 - b. declarations or supplemental declarations that pertain to this coverage.
10. "Sinkhole collapse" means the sudden settlement or collapse of earth supporting the covered property into subterranean voids created by the action of water on a limestone or similar rock formation. It does not include the value of the land or the cost of filling sinkholes.
11. "Specified perils" means aircraft; civil commotion; explosion; falling objects; fire; hail; leakage from fire extinguishing equipment; lightning; riot; "sinkhole collapse"; smoke; sonic boom; vandalism; vehicles; "volcanic action"; water damage; weight of ice, snow, or sleet; and windstorm.
- Falling objects does not include loss to:
- a. personal property in the open; or
 - b. the interior of "buildings or structures" or to personal property inside "buildings or structures" unless the exterior of the roofs or walls are first damaged by a falling object.
- Water damage means the sudden or accidental discharge or leakage of water or steam as a direct result of breaking or cracking of a part of the system or appliance containing the water or steam.
12. "Terms" means all provisions, limitations, exclusions, conditions, and definitions that apply.
13. "Volcanic action" means airborne volcanic blast or airborne shock waves; ash, dust, or particulate matter; or lava flow.
- "Volcanic action" does not include the cost to remove ash, dust, or particulate matter that does not cause direct physical loss or damage to the covered property.

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Page 1 of 2

This endorsement changes the
Builder's Risk Coverage
– PLEASE READ THIS CAREFULLY –

CONTRACT PENALTY ENDORSEMENT

(The entries required to complete this endorsement
will be shown below or on the "schedule of coverages".)

CONTRACT PENALTY SCHEDULE

Contract Penalty Limit: "Limit"
\$ 25,000

☐ Equipment Breakdown And Testing
Coverage included (check if applicable)

Equipment Breakdown And Testing Limit: \$

SUPPLEMENTAL COVERAGES

Contract Penalty –

1. Coverage –

- a. "We" pay for the cost of contractual penalties for non-completion that "you" are assessed or are required to pay because "you" are unable to complete construction of a covered "building or structure" on time in accordance with the provisions or conditions of the construction contract.
- b. Except as described under Equipment Breakdown And Testing Coverage, the Contract Penalty Limit shown on the Contract Penalty Schedule is the most "we" pay in any one occurrence for all contractual penalties.

2. **Coverage Limitation** – "Your" inability to complete construction on time must be as a direct result of loss or damage by a covered peril to a covered "building or structure".

3. **Rehabilitation And Renovation Form** – If this endorsement is attached to the Rehabilitation And Renovation Form, the references above to "building or structure" are replaced with "rehabilitation or renovation project".

4. Equipment Breakdown And Testing Coverage –

- a. If Equipment Breakdown And Testing Coverage is indicated on the Contract Penalty Schedule and the Equipment Breakdown And Testing Coverage endorsement is also attached to the Builders' Risk Coverage form, coverage under this endorsement is extended to contractual penalties for non-completion that "you" are assessed or are required to pay because "you" are unable to complete construction of a covered "building or structure" on time in accordance with the provisions or conditions of the construction contract. The assessment of the penalties must be the result of an "accident".

- b. The Equipment Breakdown and Testing Limit is the most "we" pay in any "one accident" for all contractual penalties resulting from an "accident". The Equipment Breakdown and Testing Limit cannot be combined with or added to the Contract Penalty Limit.
- c. Refer to the Equipment Breakdown And Testing Coverage endorsement for a definition of "accident" and "one accident".

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IM 7076 09 08
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This endorsement changes the
Builders' Risk Coverage
– PLEASE READ THIS CAREFULLY –

TESTING ENDORSEMENT

(The entries required to complete this endorsement
will be shown below or on the "schedule of coverages.")

TESTING SCHEDULE

	"Limit"
The most "we" pay in any one occurrence for loss resulting from testing is:	\$50,000

SUPPLEMENTAL COVERAGES

Testing –

1. **Coverage** – "We" cover direct physical loss to a covered "building or structure" resulting from testing.
2. **Testing Means** – Testing as used in this endorsement means start-up, performance, stress, pressure, or overload testing of materials, supplies, machinery, fixtures, and equipment that will become a permanent part of a covered "building or structure".
3. **Testing Limit** – The testing "limit" indicated on the Testing Schedule is the most "we" will pay for any loss resulting from testing.

However, if testing results in a "specified peril", the most "we" will pay for any resulting loss is the "limit" indicated on the "schedule of coverages" for the covered "building or structure".

4. **Rehabilitation And Renovation Form** – If this endorsement is attached to the Rehabilitation And Renovation Form, the references to "building or structure" are replaced with "rehabilitation or renovation project".
5. **Exclusions That Still Apply** – The exclusions for Electrical Currents, Steam Boiler Explosion, and Mechanical Breakdown still apply except to the extent that coverage is provided under this endorsement.

ADDITIONAL PERILS EXCLUDED

Testing – Except to the extent coverage is provided under this endorsement, "we" do not pay for loss or damage caused by or resulting from testing.

But if testing results in a "specified peril", "we" do cover the loss or damage caused by that "specified peril".

IM 7076 09 08

REHABILITATION AND RENOVATION COVERAGE ENDORSEMENT

Rehabilitation And Renovation -- Only regarding the "jobsite" indicated by the "jobsite" location number on the Rehabilitation And Renovation Schedule, all references to "building or structure" in the coverage form to which this endorsement is attached are replaced with "rehabilitation or renovation project".

ADDITIONAL DEFINITIONS

The following definitions are added to the Definitions section:

1. "Building materials" means materials, supplies, attachments, and fixtures that:
 - a. will become; or
 - b. since the inception date of this policy, have becomea permanent part of the rehabilitation or renovation of an "existing building" or an extension of or addition to an "existing building".
2. "Existing building" means a structure or building constructed and standing prior to the inception of this policy and that will undergo renovation or rehabilitation.

An "existing building" includes only those parts of a standing structure or a standing building that are intended to become a permanent part of the structure or building during and after construction, renovation, or rehabilitation.

An "existing building" includes foundations, attachments, permanent fencing, and other permanent fixtures.
3. "Rehabilitation or renovation project" means a project involving the construction, rehabilitation, or renovation of a structure or building by "you" or "your" contractors or subcontractors.

PROPERTY COVERED

Only regarding the "jobsite" indicated by the "jobsite" location number on the Rehabilitation And Renovation Schedule, the Property Covered section is deleted and replaced by the following:

"We" cover the following property unless the property is excluded or subject to limitations.

1. **Coverage** -- "We" cover direct physical loss or damage caused by a covered peril to "building materials" and "existing buildings" that are part of "your" "rehabilitation or renovation project".
2. **Coverage Limitations** --
 - a. "We" only cover "existing buildings" when a "limit" is indicated on the Rehabilitation And Renovation Schedule for Existing Buildings.
 - b. "We" only cover "building materials" that:
 - 1) will become; or
 - 2) since the inception date of this policy, have becomea permanent part of the rehabilitation or renovation of an "existing building" or an extension of or addition to an "existing building".
 - c. "We" only cover "existing buildings" and "building materials" at the "jobsite" described on the "schedule of coverages" and whose "jobsite" location number is indicated on the Rehabilitation And Renovation Schedule.
3. **Vacant Building Limitation** -- "We" only cover a vacant "existing building" for 60 consecutive days (or the number of days indicated on the Rehabilitation And Renovation Schedule) from the inception date of this policy unless:
 - a. building permits have been obtained; and

- b. rehabilitation or renovation work has begun on the "existing building".

This limitation is waived when Vacant Building Limitation Waived is checked on the Rehabilitation And Renovation Schedule.

4. We Do Not Pay --

- a. **Penalties** -- "We" do not pay for any penalties for:
 - 1) noncompletion or late completion of a "rehabilitation or renovation project" in accordance with the provisions or conditions in the construction contract; or
 - 2) noncompliance with any provisions or conditions in the construction contract.
- b. **Diminution In Value** -- "We" do not pay for any loss of value or any diminution in value of a "building or structure", however measured, that remains following the repair or replacement of a covered loss.

PROPERTY NOT COVERED

The exclusion for Standing Building Or Structure is deleted and replaced by the following:

Standing Building Or Structure -- Except for a covered "existing building", "we" do not cover any:

- 1. standing building or standing structure; or
- 2. part of a standing building or standing structure

that has been wholly or partially constructed, erected, or fabricated prior to the inception of this policy.

ADDITIONAL PROPERTY NOT COVERED

Excavations, Grading, Filling, Pipes, Flues, And Drains -- "We" do not cover:

- 1. the cost of excavations, grading, or filling; and
- 2. underground pipes, flues, and drains.

VALUATION

The Replacement Cost provisions under Valuation are replaced by the following provisions.

1. Existing Building --

- a. **Stated Value** -- If Stated Value is indicated on the Rehabilitation And Renovation Schedule for Existing Building, the value of an "existing building" that sustains direct physical loss or damage will be based on the "limit" shown for Existing Building on the Rehabilitation And Renovation Schedule.
- b. **Actual Cash Value** -- If Actual Cash Value is indicated on the Rehabilitation And Renovation Schedule for Existing Building, the value of the part of an "existing building" that sustains direct physical loss or damage will be based on the actual cash value at the time of loss (with a deduction for depreciation).

2. Building Materials --

- a. **Actual Cash Value** -- If Actual Cash Value is indicated on the Rehabilitation And Renovation Schedule for "building materials", the value of "building materials" will be based on the actual cash value at the time of loss (with a deduction for depreciation).

The actual cash value of "building materials" means:

- 1) the necessary and reasonable costs of materials and labor incurred to repair or replace, with a deduction for depreciation, the part of the covered "building materials" that sustains direct physical loss or damage;
- 2) the reasonable overhead and profit related to the covered "building materials" that sustains direct physical loss or damage but not to exceed the overhead and profit being charged for the "rehabilitation or renovation project" in accordance with the construction contracts; and

- 3) other related construction costs and expenses that are re-incurred to repair or replace the part of the covered property that sustains direct physical loss or damage but only if such costs have been included as part of the "limit" for a covered "rehabilitation or renovation project".

Replacement cost is limited to the cost of repair or replacement with similar materials on the same site and used for the same purpose.

If the part of the covered property that sustains direct physical loss or damage is repaired or replaced, the payment will not exceed the amount "you" spend to repair or replace the damaged or destroyed property.

HOW MUCH WE PAY

1. **Coinsurance** -- The Coinsurance provisions under How Much We Pay are replaced by the following:
 - a. **When Coinsurance Applies** -- "We" only pay a part of the loss if the "limit" is less than the coinsurance percentage of the estimated value of "building materials" at the completion of the "rehabilitation or renovation project". The applicable coinsurance percentage is indicated on the Rehabilitation And Renovation Schedule.

- b. **How We Determine Our Part Of The Loss** -- "Our" part of the loss is determined using the following steps:

- 1) multiply the coinsurance percentage indicated on the Rehabilitation And Renovation Schedule by the value of "building materials" at the completion of the "rehabilitation or renovation project" had no loss occurred;
- 2) divide the "limit" for "building materials" by the result determined in b.1) above; and
- 3) multiply the total amount of loss, after the application of any deductible, by the result determined in b.2) above.

The most "we" pay is the amount determined in b.3) above or the Building Materials Limit, whichever is less. "We" do not pay any remaining part of the loss. This procedure applies to the total of all "building materials" to which the "limit" applies.

2. **Limits** -- The following provisions are added under How Much We Pay:
 - a. **Building Materials Limit** -- The most "we" pay in any one occurrence for loss to "building materials" is the Building Materials Limit indicated on the Rehabilitation And Renovation Schedule.
 - b. **Existing Building Limit** -- The most "we" pay in any one occurrence for loss to an "existing building" is the Existing Building Limit indicated on the Rehabilitation And Renovation Schedule.

IM 7070 08 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROAD ADDITIONAL INSUREDS – BUILDERS' RISK

Any person or organization "you" are required in a written contract to show as an Additional Insured is also protected under "your" Builders' Risk coverage to the extent of their financial interest in "your" property.

The Limit of Coverage provided for the additional protected persons or organizations will not:

- a. be greater than the limit required in the contract; or
- b. increase the Limits of Coverage in this agreement.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

AMENDATORY ENDORSEMENT

TEXAS

1. If this policy covers a one-family dwelling or a duplex, or if this policy has been issued to a governmental unit, as defined under Texas regulations, under Common Policy Conditions, Cancellation is deleted and replaced by the following:

Cancellation And Nonrenewal

- a. "You" may cancel this policy at any time by notifying "us" of the date cancellation is to take effect. "We" will send "you" any refund due when the policy is returned to "us".
- b. "We" may cancel or not renew this policy by delivering or mailing written notice to "you" at the address shown in the policy. Such notice may be delivered by electronic means if "you" have affirmatively consented to that method of delivery and have not withdrawn such consent. Proof of delivery or mailing is sufficient proof of notice. The notice will state the reason for cancellation or nonrenewal.
- c. If this policy has been in effect for less than 90 days, "we" may cancel for any reason, except that under the provisions of the Texas Insurance Code, "we" may not cancel solely because "you" are an elected official.

If this policy has been in effect for 90 days or more, or if it is a renewal of a policy issued by "us", "we" may cancel only if one or more of the following reasons apply:

- 1) "you" have not paid any portion of the premium when due;
- 2) "you" have submitted a fraudulent claim;
- 3) there has been an increase in the hazard covered by this policy that is within "your" control and that would produce a rate increase; or

- 4) the department has determined that continuation of the policy would result in a violation of the Texas Insurance Code or any other law governing the business of insurance in the state.

"We" will give "you" notice at least 10 days before cancellation is effective.

- d. If "we" do not renew this policy, "we" will give "you" notice at least 30 days before nonrenewal is effective. "We" may nonrenew for any reason except that, under the provisions of the Texas Insurance Code, "we" may not nonrenew solely because "you" are an elected official.
- e. "Your" return premium, if any, will be calculated on a pro rata basis and will be refunded at the time of cancellation or as soon as practicable. Payment or tender of the unearned premium is not a condition of cancellation.

2. If item 1. above does not apply, under Common Policy Conditions, Cancellation is deleted and replaced by the following:

Cancellation And Nonrenewal

- a. "You" may cancel this policy by returning the policy to "us" or by giving "us" written notice and stating the date coverage is to stop.
- b. "We" may cancel or not renew this policy by delivering or mailing written notice to "you" at the address shown in the policy. Such notice may be delivered by electronic means if "you" have affirmatively consented to that method of delivery and have not withdrawn such consent. Proof of delivery or mailing is sufficient proof of notice. The notice will state the reason for cancellation or nonrenewal.

- c. If this policy has been in effect for 60 days or less, "we" may cancel for any reason, except that under the provisions of the Texas Insurance Code, "we" may not cancel this policy solely because "you" are an elected official.

If this policy has been in effect for more than 60 days, or if it is a renewal of a policy issued by "us", "we" may cancel only if one or more of the following reasons apply:

- 1) the premium has not been paid when due;
- 2) there has been fraud committed in obtaining coverage;
- 3) there has been an increase in hazard within "your" control that would produce a rate increase;
- 4) there has been a loss of "our" reinsurance covering all or part of the risk covered by this policy; or
- 5) "we" have been placed in supervision, conservatorship, or receivership and the cancellation has been approved or directed by the supervisor, conservator, or receiver.

"We" will give "you" notice at least 10 days before cancellation is effective.

- d. If "we" do not renew this policy, "we" will give "you" notice at least 60 days before nonrenewal is effective. "We" may nonrenew for any reason except that, under the provisions of the Texas Insurance Code, "we" may not nonrenew solely because "you" are an elected official.

If such notice is given to "you" later than 60 days before nonrenewal is effective, coverage remains in effect until the 61st day after the date on which the notice is provided. Earned premium for any period of coverage that extends beyond the expiration date of this policy will be computed pro rata based on the rate charged for the expired policy.

The transfer of a policyholder between admitted companies within the same insurance group is not considered a refusal to renew.

- e. "Your" return premium, if any, will be calculated on a pro rata basis and will be refunded at the time of cancellation or as soon as practicable. Payment or tender of the unearned premium is not a condition of cancellation.

CL 0273 07 19

AAIS
CL 0454 12 00
Page 1 of 1

This endorsement changes
the policy
– PLEASE READ THIS CAREFULLY –

AMENDATORY ENDORSEMENT

TEXAS

Under the Common Policy Conditions, the Cancellation condition is amended by the following addition:

"We" may not cancel or refuse to renew this policy solely because "you" are an elected official.

CL 0454 12 00

AAIS
IM 2089 03 19
Page 1 of 3

This endorsement changes
the policy
– PLEASE READ THIS CAREFULLY –

AMENDATORY ENDORSEMENT TEXAS

This mandatory endorsement must be attached to all Texas policies.

1. Under Definitions, the following definition is added:

"Business day" means a day other than Saturday, Sunday, or a holiday recognized by the state of Texas.

2. Under Definitions, if applicable, the definition of "pollutants" is deleted and replaced by the following:

"Pollutant" means:

- a. any solid, liquid, gaseous, or thermal irritant or contaminant;
- b. electromagnetic (visible or invisible) or sound emission; or
- c. waste, including materials to be disposed of as well as recycled, reclaimed, or reconditioned.

3. Under What Must Be Done In Case Of Loss, Notice is deleted and replaced by the following:

Notice -- "You" must promptly notify "us" or "our" agent in the event of a loss. The notice must be in writing. "You" must promptly notify the police if the loss may have been the result of a violation of the law.

4. Under What Must Be Done In Case Of Loss, You Must Protect Property is deleted and replaced by the following:

You Must Protect Property -- "You" must take all reasonable steps to protect covered property at and after an insured loss to avoid further loss.

- a. **Payment Of Reasonable Costs** -- "We" will pay the reasonable costs incurred by "you" for necessary repairs or emergency measures performed solely to protect covered property from further damage by a peril insured against. "You" must keep an accurate record of such costs.

- b. **We Do Not Pay** -- "We" do not pay for such repairs or emergency measures performed on property which has not been damaged by a peril insured against.

5. Under What Must Be Done In Case Of Loss, Proof Of Loss is deleted and replaced by the following:

Proof Of Loss -- Upon request, "you" must send "us" a signed, sworn proof of loss within 91 days of the request on a form supplied by "us".

"We" must request a signed, sworn proof of loss within 15 days after receipt of "your" written notice or "we" waive "our" right to require a proof of loss. Such waiver will not waive "our" other rights under this policy.

- a. This proof of loss will state, to "your" best knowledge and belief:

- 1) the time and cause of loss;
- 2) "your" interest and all other's interest in the property involved including all liens on the property;
- 3) other insurance which may cover the loss;
- 4) the actual cash value of each item of property and the amount of loss to each item; and
- 5) if applicable, the name of the occupant and the occupancy of the building at the time of the loss.

- b. If this policy provides replacement cost coverage and "you" elect to make a claim under the "terms" of the replacement cost provision, this proof of loss will also state, to "your" best knowledge and belief:

- 1) the replacement cost of the described property; and
- 2) the full cost of repair or replacement of loss without deduction for depreciation.

6. In the Data Compromise Coverage form under What Must Be Done In Case Of A Personal Data Compromise, Sworn Statement is deleted and replaced by the following:

Sworn Statement -- "You" must send "us", within 91 days after "our" request, a signed, sworn statement. "We" will provide "you" with the necessary forms.

7. Under What Must Be Done In Case Of Loss, Examination is deleted and replaced by the following:

Examination -- As often as "we" may reasonably require, "you" must submit to examination under oath and sign and swear to it.

If "we" examine a minor, a parent or guardian of such minor may be present during the examination.

8. Under What Must Be Done In Case Of Loss, Records is amended to include the following:

"You" will not be required, as a condition of settling a claim, to produce "your" federal income tax returns unless:

- a. "you" have been ordered to produce such tax returns by a court; or
- b. the claim involves:
 - 1) a fire loss; or
 - 2) a loss of profits or income.

9. Under What Must Be Done In Case Of Loss, Damaged Property is deleted and replaced by the following:

Damaged Property -- As often as "we" may reasonably require, "you" must permit "us" to have access to the damaged property before it is disposed of or repaired.

10. Under Loss Payment, the following provision is added:

Acceptance Or Rejection Of Claim --

- a. Within 15 days after "we" receive written notice of claim, "we" must:
 - 1) acknowledge receipt of the claim; if the acknowledgment of the claim is not in writing, "we" will keep a record of the date, method, and content of the acknowledgment;

- 2) begin any investigation of the claim; and

- 3) specify the information "you" must provide in accordance with the "terms" of the Proof Of Loss condition.

- b. "We" may request more information, if during the investigation of the claim such additional information is necessary.
- c. After "we" receive the information requested, "we" must notify "you" in writing whether the claim will be paid or has been denied or whether more information is necessary:

- 1) within 15 "business days"; or

- 2) within 30 days if "we" have reason to believe the loss resulted from arson.

- d. If "we" do not approve payment of the claim or require more time for processing the claim, "we" must:

- 1) give the reasons for denying the claim; or

- 2) give the reasons "we" require more time to process the claim. But, "we" must either approve or deny the claim within 45 days after requesting more time.

11. Under Loss Payment, Your Losses, Conditions For Payment Of Loss is deleted and replaced by the following:

Conditions For Payment Of Loss -- If "we" notify "you" that payment of the claim or part of the claim will be made, "we" must make payment within five "business days" after "our" notification to "you".

If payment of the claim or part of the claim requires the performance of an act by "you", "we" must make payment within five "business days" after the date "you" perform the act.

12. Under Other Conditions, Misrepresentation, Concealment, Or Fraud is deleted and replaced by the following:

Misrepresentation, Concealment, Or Fraud -- This coverage is void as to "you" and any other insured if, before or after a loss:

- a. "you" or any other insured have willfully concealed or misrepresented a material fact or circumstance that relates to:

- 1) this insurance or the subject thereof; or
 - 2) "your" interest herein; or
- b. there has been fraud or false swearing by "you" or any other insured with regard to a material fact or circumstance that relates to this insurance or the subject thereof.

13. Under Other Conditions, Your Reimbursement To Us is deleted and replaced by the following:

Your Reimbursement To Us – This provision applies only if the insured is a household goods motor carrier or a household goods freight forwarder.

"You" must reimburse "us" all sums for a loss that "we" have paid and that "we" would not have been required to pay except for the attachment to this policy of any federal, state, or other regulatory endorsement.

"You" must reimburse "us" within 30 days after "we" have notified "you" that "we" have paid a loss that "we" would not have been required to pay except for the attachment of a required regulatory endorsement.

14. Under Other Conditions, the following condition is added:

Catastrophe Claims -- If a claim results from a weather related catastrophe or a major natural disaster, each claim handling deadline shown under What Must Be Done In Case Of Loss and Loss Payment is extended for an additional 15 days.

Catastrophe or Major Natural Disaster means a weather related event which:

- a. is declared a disaster under the Texas Disaster Act of 1975; or
 - b. is determined to be a catastrophe by the Texas Department of Insurance.
15. In all coverage forms except Cold Storage Locker Coverage, Contingent Cargo Coverage, Motor Truck Cargo Legal Liability Coverage, Riggers' Legal Liability Coverage, and Warehouse Legal Liability Coverage, under Other Conditions, paragraph b. of Suit Against Us is deleted and replaced by the following:
- b. the suit has been brought within two years and one day from the date the cause of action first accrues.
16. In the Data Compromise Coverage form under Other Conditions, paragraph b. of Legal Action Against Us is deleted and replaced by the following:
- b. the suit has been brought within two years and one day after the cause of action first accrues.

SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Secretary



President

09

9. Consider and take necessary action to approve a lease agreement with Great American Financial Services for a Toshiba e-STUDIO7518A copier and authorize the District Clerk to sign the agreement. (RHM)

pass

Mae Belle Cassel

From: anna.kabela@calhouncotx.org (Anna Kabela) <anna.kabela@calhouncotx.org>
Sent: Monday, November 20, 2023 3:46 PM
To: MaeBelle.Cassel@calhouncotx.org
Subject: GREAT AMERICA FINANCIAL SERVICES CONTRACT WITH FORM 1295
Attachments: GREAT AMERICA FINANCIAL SERVICES CONTRACT WITH FORM 1295.pdf

Hi, Mae Belle!

I am asking the Commissioners' Court to consider and take the necessary action to authorize District Clerk Anna Kabela to sign the lease agreement from Great America Financial Services for a Toshiba e-STUDIO7518A copier.

Thank you so much.

Happy Thanksgiving!

ANNA KABELA

District Clerk
Calhoun County District Clerk's Office
anna.kabela@calhouncotx.org

(361) 553-4631 Phone
(361) 553-4637 Fax

211 S. Ann - Courthouse, Suite 203
Port Lavaca, Texas 77979

Calhoun County Texas



AGREEMENT

GREATAMERICA FINANCIAL SERVICES CORPORATION
PAYMENT ADDRESS:
PO BOX 660831, DALLAS TX 75266-0831

AGREEMENT NO.: 1936246

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: Calhoun, County of

ADDRESS: 211 S Ann St

Port Lavaca TX 77979-4203

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

Dewitt Poth & Son

Yoakum, TX

EQUIPMENT AND PAYMENT TERMS

TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES

☐ SEE ATTACHED SCHEDULE

1 Toshiba e-STUDIO7518A Copier

EQUIPMENT LOCATION: As Stated Above

(PLUS TAX)

TERM IN MONTHS: 63

MONTHLY PAYMENT AMOUNT: \$244.00

PURCHASE OPTION: Fair Market Value

ADDITIONAL TERMS AND CONDITIONS

AGREEMENT. You want us to now pay your Vendor for the equipment and/or software referenced herein ("Equipment") and the amounts your Vendor included on the invoice to us for the Equipment for related installation, training, and/or implementation costs, and you unconditionally agree to pay us the amounts payable under the terms of this agreement ("Agreement") each period by the due date. This Agreement will begin on the date the Equipment is delivered to you or any later date we designate. We may charge you a one-time origination fee of \$100.00. If we do not receive by the due date, at the remittance address indicated on your invoice, any amount payable to us, you will pay a late charge equal to: 1) the greater of ten (10) cents for each dollar overdue or twenty-six dollars (\$26.00); or 2) the highest lawful charge, if less.

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

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

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

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

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

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

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

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

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

END OF TERM. At the end of the term of this Agreement (or any renewal term) (the "End Date"), this Agreement will renew month to month unless a) we receive written notice from you, at least 60 days prior to the End Date, of your intent to return the Equipment, and b) you timely return the Equipment to the location designated by us, at your expense. If a Purchase Option is indicated above and you are not in default on the End Date, you may purchase the Equipment from us "AS IS" for the Purchase Option price. If the returned Equipment is not immediately available for use by another without need of repair, you will reimburse us for all repair costs. You cannot pay off this Agreement or return the Equipment prior to the End Date without our consent. If we consent, we may charge you, in addition to other amounts owed, an early termination fee equal to 5% of the amount we paid for the Equipment.

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

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

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

OWNER ("WE", "US", "OUR")

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

OWNER: GreatAmerica Financial Services Corporation

SIGNATURE:

DATE:

SIGNATURE: X

DATE:

PRINT NAME & TITLE:

PRINT NAME & TITLE:

CERTIFICATE OF DELIVERY AND ACCEPTANCE

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

SIGNATURE: X

NAME AND TITLE:

DATE:



Amendment

This Amendment amends that certain agreement by and between GreatAmerica Financial Services Corporation ("Owner") and Calhoun, County of ("Customer") which agreement is identified in the Owner's internal books and records as Agreement No. 1936246 (the "Agreement"). All capitalized terms used in this Amendment, which are not otherwise defined herein, shall have the meanings given to such terms in the Agreement. Owner and Customer have mutually agreed that the following modifications be made to the Agreement.

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

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

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

GreatAmerica Financial Services Corporation

Owner

By:

Signature

Print Name & Title

Date Accepted:

Calhoun, County of

Customer

By: X

Signature

Print Name & Title

Date:

NON-APPROPRIATION ADDENDUM

This is an addendum ("Addendum") to and part of that certain agreement between GreatAmerica Financial Services Corporation ("we", "us", "our") and Calhoun, County of ("Governmental Entity", "you", "your"), which agreement is identified in our records as agreement number 1936246 ("Agreement"). All capitalized terms used in this Addendum which are not defined herein shall have the meanings given to such terms in the Agreement.

APPLICABLE TO GOVERNMENTAL ENTITIES ONLY

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

The undersigned, as a representative of the Governmental Entity, agrees that this Addendum is made a part of the Agreement.

GOVERNMENTAL ENTITY'S AUTHORIZED SIGNATURE

(As Stated Above)

X

SIGNATURE

PRINT NAME & TITLE

DATE

OUR SIGNATURE

GreatAmerica Financial Services Corporation

SIGNATURE

PRINT NAME & TITLE

DATE

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

Certificate Number:
2023-1096285

Date Filed:
11/20/2023

Date Acknowledged:

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

DEWITT POTH & SON, LLC
YOAKUM, TX United States

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

Calhoun County

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

1936246
COPIERS

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

5 Check only if there is NO interested party. ☐

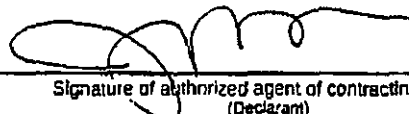
6 UNSWORN DECLARATION

My name is JESSIE LEMKE, and my date of birth is _____.

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

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

Executed in DEWITT County, State of TEXAS, on the 20 day of NOVEMBER, 2023 (month) (year).


Signature of authorized agent of contracting business entity
(Declarant)

10

10. Consider and take necessary action to declare the attached list of equipment from the District Clerk's Office as Waste. (RHM)

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

Department Name: Calhoun County District Clerk's Office

Requested By: Anna Kabela, District Clerk

Anna Kabela 11/17/2023

11

11. Consider and take necessary action to declare a 2011 GMC pickup VIN # 2GTP2WE29BG275578 from Precinct #1 R & B as Surplus/Salvage. (DEH)

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

David E. Hall

Calhoun County Commissioner, Precinct #1

202 S. Ann
Port Lavaca, TX 77979



(361)552-9242
Fax (361)553-8734

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

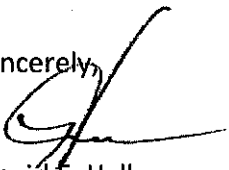
RE: AGENDA ITEM

Dear Judge Meyer,

Please place the following item on the Commissioners' Court Agenda for November 29th, 2023.

- Consider and take necessary action on Surplus Salvage Declaration form

Sincerely,


David E. Hall

DEH/apt

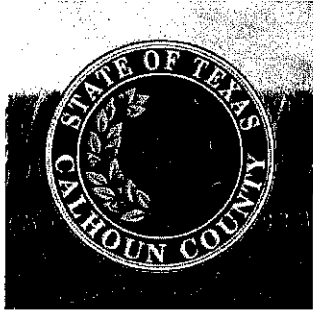
Department Name: RB1-540
Requested By: Commissioner David Hall

[illegible]

12

12. Approve the minutes of the November 15, 2023 meeting.

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



Richard H. Meyer
County Judge

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

The Commissioners' Court of Calhoun County, Texas met on Wednesday,
November 15, 2023, 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.

A handwritten signature in cursive script, appearing to read "Rich H. Meyer", written over a horizontal line.

Richard H. Meyer, County Judge
Calhoun County, Texas

11-29-2023
Date

Anna Goodman, County Clerk

A handwritten signature in cursive script, appearing to read "Kaddie Smith", written over a horizontal line.

Deputy Clerk

11-29-23
Date





November 15, 2023
MEETING MINUTES
OF CALHOUN COUNTY COMMISSIONERS' COURT

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

THE FOLLOWING MEMBERS WERE PRESENT:

Richard Meyer
David Hall
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 10:00am by Judge Richard Meyer

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

Cindy Krause thanked commissioners for their work.

5. Hear reports from Calhoun County AgriLife Extension agents.

Emilee DeForest, Hailey Hayes, Stephen Biles and Karen Lyssy gave their reports and updates of the last few months.

6. Public Hearing regarding a Request to Vacate and Abandon a portion of unconstructed public road being a 0.469-acre tract of land situated in the Jose Mancha Survey, Abstract No. 236, Calhoun County, Texas, and being a portion of Foester Street (a 60-foot Right-of-Way), Luccia Subdivision of Tilke and Crocker First Addition according to the established map or plat thereof and being more fully described by metes and bounds in the Posted Notice and Application.

Closed 10:27am

Dennis Arriaga explained request to vacate

Opened 10:30am

7. Consider and take necessary action on a Request to Vacate and Abandon a portion of unconstructed public road being a 0.469-acre tract of land situated in the Jose Mancha Survey, Abstract No. 236, Calhoun County, Texas, and being a portion of Foester Street (a 60-foot Right-of-Way), Luccia Subdivision of Tilke and Crocker First Addition according to the established map or plat thereof and being more fully described by metes and bounds in the Posted Notice and Application. (DEH)

RESULT:

APPROVED [UNANIMOUS]

MOVER:

David Hall, Commissioner Pct 1

SECONDER:

Vern Lyssy, Commissioner Pct 2

AYES:

Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

8. Consider and take necessary action to approve the Scope of Work contract documents between Mott Macdonald and Calhoun County for the Crabbin' Bridge Project and authorize all appropriate signatures. (DEH)

RESULT:

APPROVED [UNANIMOUS]

MOVER:

David Hall, Commissioner Pct 1

SECONDER:

Vern Lyssy, Commissioner Pct 2

AYES:

Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

9. Consider and take necessary action to approve the contract documents between Matagorda Bay Mitigation Trust and Calhoun County for the Crabbin' Bridge Project and authorize all appropriate signatures. (DEH)

RESULT:

APPROVED [UNANIMOUS]

MOVER:

David Hall, Commissioner Pct 1

SECONDER:

Vern Lyssy, Commissioner Pct 2

AYES:

Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

10. Consider and take necessary action to amend the Contract for Professional Services between Calhoun County and G & W Engineers, Inc. for Engineering, Architectural and Surveying Services for the Combined Dispatch Building. The Changes being made are referenced in Attachment B in the amended contract. (DEH)

Scott Mason with G&W engineers explained the changes.

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

11. Consider and take necessary action to accept a donation from the M.G. and Lillie A. Johnson Foundation, Inc. in the amount of \$275,000.00 to construct a building to house a First Responder Training Facility and authorize the EMS Director to sign the grant acceptance letter. (RHM)

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

12. Consider and take necessary action to approve the Specifications and Invitation to Bid Packet, Bid Number 2023.09 for the following combined services: Inmate Telephone Services and Inmate Banking Software, Commissary Service and Fiduciary Management Services for the Calhoun County Adult Detention Center for the two-year period beginning February 15, 2024 and ending February 14, 2026 with the option to renew yearly for one-year terms upon Commissioners' Court approval and authorize the County Auditor to advertise for bids. Bids will be due before 2:00:00 pm, Tuesday, January 16, 2024. (RHM)

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

13. Consider and take necessary action to approve the renewal option for the contract between Calhoun County and Performance Food Service/PFG for Food Services for the Calhoun County Adult Detention Center for the contract year beginning January 1, 2024 and ending December 31, 2024 and authorize the County Judge to sign all necessary documents. (RHM)

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

14. Consider and take necessary action to approve the Canvass Report with Official Results of the Calhoun County, Texas 2023 Constitutional Amendments Election. (RHM)

Mary Orta explained there was a 16% turnout, which is up from 8% from the 2018 election.

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

15. Consider and take necessary action to approve the purchase of CopSync for all Calhoun County Constables to be compliant with state regulations to submit monthly reports to the Texas Department of Public Safety. (RHM)

pass

16. Accept Monthly Reports from the following County Offices:

- i. County Clerk – October 2023
- ii. District Clerk – August 2023, second revision
- iii. District Clerk – October 2023
- iv. Justice of the Peace, Precinct 4 – October 2023
- v. Texas Agrilife Extension Service – October 2023
 1. 4-H and Youth Development
 2. Agriculture and Natural Resources
 3. Family and Community Health
 4. Coastal and Marine

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

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

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

18. Approval of bills and payroll. (RHM)

MMC Bills

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

County Bills

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

Adjourned 10:48am

13

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: Regular BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: CONSTABLE-PRECINCT #4

DEPARTMENT NO: 610

AMENDMENT NO: 6545 REQUESTOR: COMMISSIONER PRECINCT #4

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL	
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE	DECREASE
71650	EQUIPMENT	999	NO GRANT	\$0	\$0	\$1,787	\$0	\$0	(\$1,787)
AMENDMENT NO 6545 TOTAL				\$0	\$0	\$1,787	\$0	\$0	(\$1,787)
CONSTABLE-PRECINCT #4 TOTAL				\$0	\$0	\$1,787	\$0	\$0	(\$1,787)

DEPARTMENT NAME: CONSTABLE-PRECINCT #5

DEPARTMENT NO: 620

AMENDMENT NO: 6547 REQUESTOR: CONSTABLE PRECINCT #5

AMENDMENT REASON: SUPPLIES NEEDED

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL	
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE	DECREASE
53430	LAW ENFORCEMENT SUPPLIES	999	NO GRANT	\$0	\$0	\$3,494	\$0	(\$3,494)	\$0
62955	INTERNET SERVICES	999	NO GRANT	\$0	\$0	\$0	\$599	\$599	\$0
64850	PRINTING SERVICES	999	NO GRANT	\$0	\$0	\$0	\$199	\$199	\$0
65180	RADIO MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$399	\$399	\$0
65835	SOFTWARE MAINTENANCE (ANNUA	999	NO GRANT	\$0	\$0	\$0	\$799	\$799	\$0
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$499	\$499	\$0
72500	EQUIPMENT-RADIO	999	NO GRANT	\$0	\$0	\$0	\$999	\$999	\$0
AMENDMENT NO 6547 TOTAL				\$0	\$0	\$3,494	\$3,494	\$0	\$0
CONSTABLE-PRECINCT #5 TOTAL				\$0	\$0	\$3,494	\$3,494	\$0	\$0

DEPARTMENT NAME: COUNTY TREASURER

DEPARTMENT NO: 210

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: COUNTY TREASURER

DEPARTMENT NO: 210

AMENDMENT NO: 6549

REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$1,417	\$0	(\$1,417)
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$1,417	\$1,417
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$1,417	\$1,417	\$0

COUNTY TREASURER TOTAL

\$0 \$0 \$1,417 \$1,417 \$0

DEPARTMENT NAME: ELECTIONS

DEPARTMENT NO: 270

AMENDMENT NO: 6546

REQUESTOR: ELECTIONS

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$440	\$0	(\$440)
53110	COMPUTER SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$440	\$440
63290	LEGAL NOTICES	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
66498	TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
AMENDMENT NO 6546 TOTAL				\$0	\$0	\$540	\$540	\$0

ELECTIONS TOTAL

\$0 \$0 \$540 \$540 \$0

DEPARTMENT NAME: EMERGENCY MANAGEMENT

DEPARTMENT NO: 630

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY MANAGEMENT

DEPARTMENT NO: 630

AMENDMENT NO: 6548 REQUESTOR: FLOODPLAIN

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL	
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE	DECREASE
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$1,395	\$0	\$0	(\$1,395)
AMENDMENT NO 6548 TOTAL				\$0	\$0	\$1,395	\$0	\$0	(\$1,395)
EMERGENCY MANAGEMENT TOTAL				\$0	\$0	\$1,395	\$0	\$0	(\$1,395)

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES

DEPARTMENT NO: 345

AMENDMENT NO: 6549 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
50815	PARAMEDIC	999	NO GRANT	\$0	\$0	\$0	\$2,100	\$2,100	
53610	BUILDING SUPPLIES/PARTS	999	NO GRANT	\$0	\$0	\$500	\$0	\$0	(\$500)
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	\$0	\$0	\$1,600	\$0	\$0	(\$1,600)
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$2,100	\$2,100	\$0	\$0
EMERGENCY MEDICAL SERVICES TOTAL				\$0	\$0	\$2,100	\$2,100	\$0	\$0

DEPARTMENT NAME: FIRE PROTECTION-MAGNOLIA BEACH

DEPARTMENT NO: 640

AMENDMENT NO: 6549 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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: FIRE PROTECTION-MAGNOLIA BEACH DEPARTMENT NO: 640

AMENDMENT NO: 6540 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)
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	\$0	\$0	\$714	\$0	(\$714)
74050	VEHICLE	999	NO GRANT	\$0	\$0	\$0	\$714	\$714
AMENDMENT NO 6540 TOTAL				\$0	\$0	\$714	\$714	\$0

FIRE PROTECTION-MAGNOLIA BEACH TOTAL

\$0

\$0

\$714

\$714

\$0

\$0

\$714

\$714

\$0

\$0

\$0

\$0

DEPARTMENT NAME: FLOOD PLAIN ADMINISTRATION

DEPARTMENT NO: 710

AMENDMENT NO: 6548 REQUESTOR: FLOODPLAIN

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53030	PHOTO COPIES/SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$99	\$99
60012	ADVERTISING	999	NO GRANT	\$0	\$0	\$0	\$99	\$99
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$199	\$199
66310	TRAINING REGISTRATION FEES/TR	999	NO GRANT	\$0	\$0	\$0	\$499	\$499
66498	TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$499	\$499
AMENDMENT NO 6548 TOTAL				\$0	\$0	\$0	\$1,395	\$1,395

FLOOD PLAIN ADMINISTRATION TOTAL

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

AMENDMENT NO: 6549 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
61310	COPIER RENTALS	999	NO GRANT	\$0	\$0	\$0	\$851	\$851	
64670	PHYSICALS	999	NO GRANT	\$0	\$0	\$330	\$0		(\$330)
64790	POSTAGE	999	NO GRANT	\$0	\$0	\$521	\$0		(\$521)
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$851	\$851	\$0	\$0

JAIL TOTAL

\$0

\$851

\$851

\$0

DEPARTMENT NAME: MUSEUM

DEPARTMENT NO: 150

AMENDMENT NO: 6549 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
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$1,761	\$1,761	
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$1,761	\$0		(\$1,761)
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$1,761	\$1,761	\$0	\$0

MUSEUM TOTAL

\$0

\$1,761

\$1,761

\$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1

DEPARTMENT NO: 540

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6549		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		
65458	REPAIRS-FAIRGROUNDS BALL PAR	999	NO GRANT	\$0	\$0	\$0	\$4,638	\$4,638			
65476	REPAIRS-RODEO ARENA	999	NO GRANT	\$0	\$0	\$4,638	\$0		(\$4,638)		
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$4,638	\$4,638	\$0			

ROAD AND BRIDGE-PRECINCT #1 TOTAL \$0 \$4,638 \$4,638 \$0

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

AMENDMENT NO: 6545		REQUESTOR: COMMISSIONER PRECINCT #4									
AMENDMENT REASON: LINE ITEM ADJUSTMENT											
ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE	FUND BAL DECREASE		
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	\$0	\$0	\$0	\$1,787	\$1,787			
AMENDMENT NO 6545 TOTAL				\$0	\$0	\$0	\$1,787	\$1,787			

AMENDMENT NO: 6549 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		
53590	SIGNS	999	NO GRANT	\$0	\$0	\$4,268	\$0		(\$4,268)		
62676	GARBAGE COLL-SEADRIFT	999	NO GRANT	\$0	\$0	\$985	\$0		(\$985)		
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$0	\$5,253		\$5,253		
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$5,253	\$5,253	\$0			

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, November 29, 2023 HEARING TYPE: REGULAR BUDGET YEAR: 2023

FUND NAME GENERAL FUND

FUND NO: 1000

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

ROAD AND BRIDGE-PRECINCT #4	TOTAL	\$0	\$0	\$5,253	\$7,040	\$1,787
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DEPARTMENT NAME: SHERIFF DEPARTMENT NO: 760

AMENDMENT NO: 6549 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
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$119	\$119	\$119
53520	TIRES AND TUBES	999	NO GRANT	\$0	\$0	\$119	\$0	\$0	(\$119)
AMENDMENT NO 6549 TOTAL				\$0	\$0	\$119	\$119	\$0	\$0
SHERIFF TOTAL				\$0	\$0	\$119	\$119	\$0	\$0
GENERAL FUND TOTAL				\$0	\$0	\$24,069	\$24,069	\$0	\$0
Grand Total				\$0	\$0	\$24,069	\$24,069	\$0	\$0

14

14. Approval of bills and payroll. (RHM)

MMC Bills

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

County Bills

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

Adjourned 10:40am

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 29, 2023

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 370,823.68	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 11,573.25	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,250,717.19	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 2,008,782.84	✓
GRAND TOTAL DISBURSEMENTS APPROVED November 29, 2023	\$ 3,641,896.96	✓

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---November 29, 2023

PAYABLES AND PAYROLL

11/22/2023 Weekly Payables	364,443.95
11/22/2023 Patient Refunds	1,479.86
11/27/2023 McKesson-340B Prescription Expense	2,892.44
11/27/2023 Amerisource Bergen-340B Prescription Expense	1,228.80

Prosperity Electronic Bank Payments

11/20-11/24/23 Pay Plus-Patient Claims Processing Fee	207.94
11/24/2023 ExpertPay- child support	570.69

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **370,823.68**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

11/22/2023 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	4,560.00
11/22/2023 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	6,130.57
11/22/2023 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	576.91
11/22/2023 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating	305.77

TOTAL TRANSFERS BETWEEN FUNDS \$ **11,573.25**

NURSING HOME UPL EXPENSES

11/27/2023 Nursing Home UPL-Cantex Transfer	771,790.72
11/27/2023 Nursing Home UPL-Nexion Transfer	157,339.68
11/27/2023 Nursing Home UPL-HMG Transfer	71,265.10
11/27/2023 Nursing Home UPL-Tuscany Transfer	107,589.17
11/27/2023 Nursing Home UPL-HSL Transfer	49,413.70

QIPP CHECKS TO MMC

11/27/2023 Ashford	32,764.41
11/27/2023 Broadmoor	12,116.44
11/27/2023 Crescent	9,031.75
11/27/2023 Fort Bend	10,226.72
11/27/2023 Solera	9,809.87
11/27/2023 Tuscany	19,369.63

TOTAL NURSING HOME UPL EXPENSES \$ **1,250,717.19**

INTER-GOVERNMENT TRANSFERS

11/27/2023 IGT QIPP Second Half of Year 7 SFY24 to be paid December 04, 2023	\$1,983,403.28
11/27/2023 IGT RAPPs to be paid November 30, 2023	25,379.56

TOTAL INTER-GOVERNMENT TRANSFERS \$ **2,008,782.84**

GRAND TOTAL DISBURSEMENTS APPROVED November 29, 2023 \$ **3,641,896.96**

RECEIVED BY THE
COUNTY AUDITOR ON

NOV 22 2023

11/22/2023
DALLAS COUNTY, TEXAS
09:46

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/15/2023

0

ap_open_invoice.template

Vendor# Vendor Name

10950 ACUTE CARE INC ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1536		11/21/20	11/20/20	12/15/20		1,400.00	0.00	0.00	1,400.00 ✓

RFID FEE

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

Vendor# Vendor Name

R1200 ADT COMMERCIAL ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
152728377		11/21/20	11/05/20	11/30/20		53.61	0.00	0.00	53.61 ✓

FIRE MONITORING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
R1200	ADT COMMERCIAL	53.61	0.00	0.00	53.61	

Vendor# Vendor Name

14848 AMERICAN HOSPITAL ASSOCIATION ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
570683		11/20/20	11/15/20	12/15/20		5,000.00	0.00	0.00	5,000.00 ✓

PLEDGE-SW HW S24 VICTORI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14848	AMERICAN HOSPITAL ASSOCIATION	5,000.00	0.00	0.00	5,000.00	

Vendor# Vendor Name

A2218 AQUA BEVERAGE COMPANY ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9302023		11/21/20	09/30/20	10/25/20		51.50	0.00	0.00	51.50 ✓

WATER

108123		11/21/20	10/31/20	11/25/20		12.00	0.00	0.00	12.00 ✓
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122102

LATE FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2218	AQUA BEVERAGE COMPANY	63.50	0.00	0.00	63.50	

Vendor# Vendor Name

11756 AYA HEALTHCARE INC ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3701925		11/21/20	11/16/20	12/15/20		2,976.75	0.00	0.00	2,976.75 ✓

KARIANN DUNN 11/7-11/9/23 LYN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11756	AYA HEALTHCARE INC	2,976.75	0.00	0.00	2,976.75	

Vendor# Vendor Name

B1150 BAXTER HEALTHCARE ✓

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
80649872		11/15/20	10/09/20	11/09/20		43.06	0.00	0.00	43.06 ✓

SUPPLIES

80785093		11/15/20	10/23/20	11/17/20		361.65	0.00	0.00	361.65 ✓
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SUPPLIES

80932158		11/15/20	11/02/20	11/27/20		262.92	0.00	0.00	262.92 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	667.63	0.00	0.00	667.63	

Vendor#	Vendor Name				Class	Pay Code					
11544	BAY STORAGE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20230263 ✓		11/21/20	11/01/20	12/01/20		2,820.00	0.00	0.00	2,820.00	✓	
	DEC23-MAY24 #175/180/191/255										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11544 BAY STORAGE					2,820.00	0.00	0.00	2,820.00		
Vendor#	Vendor Name				Class	Pay Code					
B1220	BECKMAN COULTER INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
110884731 ✓		11/01/20	09/27/20	10/22/20		1,808.62	0.00	0.00	1,808.62	✓	
	SUPPLIES										
110960331 ✓		11/15/20	11/06/20	12/01/20		15,369.68	0.00	0.00	15,369.68	✓	
110985620 ✓		11/20/20	11/16/20	12/11/20		1,472.49	0.00	0.00	1,472.49	✓	
	SUPPLIES										
110970145 ✓		11/22/20	11/10/19	12/05/19		77.25	0.00	0.00	77.25	✓	
	SUPPLIES										
5481023 ✓		11/22/20	11/13/20	12/08/20		5,016.58	0.00	0.00	5,016.58	✓	
	CONTRACT										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	B1220 BECKMAN COULTER INC					23,744.62	0.00	0.00	23,744.62		
Vendor#	Vendor Name				Class	Pay Code					
B1320	BEEKLEY CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MIN0025962 ✓		11/15/20	08/15/20	09/15/20		311.00	0.00	0.00	311.00	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	B1320 BEEKLEY CORPORATION					311.00	0.00	0.00	311.00		
Vendor#	Vendor Name				Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
127175 ✓		11/21/20	11/14/20	12/01/20		213.95	0.00	0.00	213.95	✓	
	KEYS										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	B1650 BOSART LOCK & KEY INC					213.95	0.00	0.00	213.95		
Vendor#	Vendor Name				Class	Pay Code					
B1655	BOSTON SCIENTIFIC CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
995343835 ✓		11/15/20	11/07/20	12/07/20		759.00	0.00	0.00	759.00	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	B1655 BOSTON SCIENTIFIC CORPORATION					759.00	0.00	0.00	759.00		
Vendor#	Vendor Name				Class	Pay Code					
11224	CABLES AND SENSORS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
158285 ✓		11/01/20	10/23/20	11/22/20		88.00	0.00	0.00	88.00	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	11224 CABLES AND SENSORS					88.00	0.00	0.00	88.00		
Vendor#	Vendor Name				Class	Pay Code					

11295	CALHOUN COUNTY INDIGENT ACCOUN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112123		11/21/20	11/21/20	11/22/20		10.00	0.00	0.00	10.00	✓
INDIGENT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11295	CALHOUN COUNTY INDIGENT ACCOUN				10.00	0.00	0.00	10.00	
Vendor#	Vendor Name				Class	Pay Code				
C1325	CARDINAL HEALTH 414, INC. ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8003351538 ✓		11/20/20	11/05/20	11/30/20		165.47	0.00	0.00	165.47	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1325	CARDINAL HEALTH 414, INC.				165.47	0.00	0.00	165.47	
Vendor#	Vendor Name				Class	Pay Code				
12768	CHEMAQUA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
8460081 ✓		11/21/20	11/10/20	11/20/20		593.69	0.00	0.00	593.69	✓
WATER TREATMENT										
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				
15060	CHRISTY SILVAS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112123		11/21/20	11/21/20	11/29/20		93.68	0.00	0.00	93.68	✓
TRAVEL REIMB-TORCH CONF <i>paid twice in error</i>										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	15060	CHRISTY SILVAS				93.68	0.00	0.00	93.68	
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
17656-202310 ✓		11/21/20	10/31/20	11/25/20		20,065.83	0.00	0.00	20,065.83	✓
LAB SERV										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10786	CLINICAL PATHOLOGY				20,065.83	0.00	0.00	20,065.83	
Vendor#	Vendor Name				Class	Pay Code				
C1166	COASTAL OFFICE SOLUTIONS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
OE-QT-23937-1 ✓		11/01/20	08/11/20	08/21/20		199.98	0.00	0.00	199.98	✓
SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1166	COASTAL OFFICE SOLUTIONS				199.98	0.00	0.00	199.98	
Vendor#	Vendor Name				Class	Pay Code				
14292	DEARBORN LIFE INSURANCE COMPAN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111323		11/21/20	11/13/20	12/13/20		4,179.38	0.00	0.00	4,179.38	✓
LIFE INSUR <i>(121-1213123)</i>										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	14292	DEARBORN LIFE INSURANCE COMPAN				4,179.38	0.00	0.00	4,179.38	
Vendor#	Vendor Name				Class	Pay Code				
14800	DIRECTV ENTERTAINMENT HOLDINGS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

088862205X21112 ✓	11/20/20 11/12/20 12/01/20	487.25	0.00	0.00	487.25
SATELLITE					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
14800	DIRECTV ENTERTAINMENT HOLDINGS	487.25	0.00	0.00	487.25 ✓
Vendor#	Vendor Name	Class	Pay Code		
10789	DISCOVERY MEDICAL NETWORK INC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay
MMC111523 ✓		11/22/20	11/22/20	11/23/20	
	PHYSICIAN SERV (11/11-15/2023)				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
10789	DISCOVERY MEDICAL NETWORK INC	134,104.79	0.00	0.00	134,104.79 ✓
Vendor#	Vendor Name	Class	Pay Code		
C2510	EVIDENT ✓	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay
T2311151378 ✓		11/21/20	11/15/20	11/16/20	
	BUS SERVICES				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
C2510	EVIDENT	7,678.86	0.00	0.00	7,678.86 ✓
Vendor#	Vendor Name	Class	Pay Code		
F1400	FISHER HEALTHCARE ✓	M			
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay
2677059 ✓		11/01/20	05/03/20	05/28/20	
	SUPPLIES				
3631699 ✓		11/01/20	06/08/20	07/03/20	
	SUPPLIES				
5058767 ✓		11/01/20	08/02/20	08/27/20	
	SUPPLIES				
5469362 ✓		11/01/20	08/17/20	09/11/20	
	SUPPLIES				
8108887 ✓		11/01/20	09/12/20	10/07/20	
	SUPPLIES				
7481604 ✓		11/15/20	11/02/20	11/27/20	
	SUPPLIES				
7518402 ✓		11/15/20	11/03/20	11/28/20	
	SUPPLIES				
7590258 ✓		11/15/20	11/07/20	12/02/20	
	SUPPLIES				
7590257 ✓		11/15/20	11/07/20	12/02/20	
	SUPPLIES				
7865869 ✓		11/15/20	11/09/20	12/04/20	
	SUPPLIES				
7665870 ✓		11/15/20	11/09/20	12/04/20	
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	4,572.90	0.00	0.00	4,572.90
Vendor#	Vendor Name	Class	Pay Code		
14156	FUJI FILM ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay
91398742 ✓		11/21/20	10/25/20	11/25/20	
	CONTRACT				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net

	14156	FUJI FILM				7,908.33	0.00	0.00	7,908.33
Vendor#	Vendor Name		Class	Pay Code					
11149	GBS ADMINISTRATORS, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	801702869996 ✓		11/21/20	10/19/20	11/01/20	2,009.70	0.00	0.00	2,009.70 ✓
	LIFE INSUR								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11149	GBS ADMINISTRATORS, INC				2,009.70	0.00	0.00	2,009.70
Vendor#	Vendor Name		Class	Pay Code					
10283	GE HEALTHCARE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	202897622 ✓		11/20/20	11/15/20	12/10/20	51.95	0.00	0.00	51.95 ✓
	SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE				51.95	0.00	0.00	51.95
Vendor#	Vendor Name		Class	Pay Code					
W1300	GRAINGER ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	9894046847 ✓		11/15/20	11/03/20	11/28/20	203.85	0.00	0.00	203.85 ✓
	SUPPLIES								
	9894431247 ✓		11/15/20	11/06/20	12/01/20	202.77	0.00	0.00	202.77 ✓
	SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	W1300	GRAINGER				406.62	0.00	0.00	406.62
Vendor#	Vendor Name		Class	Pay Code					
G1210	GULF COAST PAPER COMPANY ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	2446935 ✓		11/15/20	11/15/20	12/15/20	792.11	0.00	0.00	792.11 ✓
	SUPPLIES								
	2469226 ✓		11/21/20	11/14/20	12/14/20	144.76	0.00	0.00	144.76 ✓
	SUPPLIES								
	2469229 ✓		11/21/20	11/14/20	12/14/20	144.76	0.00	0.00	144.76 ✓
	SUPPLIES								
	2469273 ✓		11/21/20	11/14/20	12/14/20	962.43	0.00	0.00	962.43 ✓
	SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY				2,044.06	0.00	0.00	2,044.06
Vendor#	Vendor Name		Class	Pay Code					
11784	HALF LEAGUE STORAGE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	111523		11/21/20	11/15/20	12/01/20	360.00	0.00	0.00	360.00 ✓
	STORAGE UNITS 11/12 35 NOV 1 DEC 1 JAN								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE				360.00	0.00	0.00	360.00
Vendor#	Vendor Name		Class	Pay Code					
H1399	HILL-ROM COMPANY, INC ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	3210095 ✓		11/21/20	10/31/20	11/30/20	520.00	0.00	0.00	520.00 ✓
	3210131 2ND YEAR COVERAGE								
	45935		11/22/20	10/31/20	11/30/20	751.75	0.00	0.00	751.75 ✓
	BED								

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				1,271.75	0.00	0.00	1,271.75
Vendor#	Vendor Name		Class	Pay Code						
15076	KNOX ASSOCIATES INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
INV-KA-239295 ✓		11/15/20	11/13/20	12/13/20		1,020.00	0.00	0.00	1,020.00	✓
LOCK BOXES										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		15076	KNOX ASSOCIATES INC				1,020.00	0.00	0.00	1,020.00
Vendor#	Vendor Name		Class	Pay Code						
11600	LEGAL SHIELD ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
111523		11/21/20	11/15/20	12/01/20		345.15	0.00	0.00	345.15	✓
PAYROLL DEDUCT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11600	LEGAL SHIELD				345.15	0.00	0.00	345.15
Vendor#	Vendor Name		Class	Pay Code						
15068	LRS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
643264 ✓		11/21/20	10/27/20	12/11/20		3,078.00	0.00	0.00	3,078.00	✓
	DELICIA GARCIA 10/13-10/15/23 Radiology Tech.									
645357 ✓		11/21/20	10/27/20	12/15/20		3,078.00	0.00	0.00	3,078.00	✓
	DELICIA GARCIA 10/20-10/22/23 "									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		15068	LRS HEALTHCARE				6,156.00	0.00	0.00	6,156.00
Vendor#	Vendor Name		Class	Pay Code						
10972	M G TRUST ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
112023		11/21/20	11/20/20	11/29/20		1,115.86	0.00	0.00	1,115.86	✓
PAYROLL DEDUCT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,115.86	0.00	0.00	1,115.86
Vendor#	Vendor Name		Class	Pay Code						
10613	MEDIMPACT HEALTHCARE SYS, INC. ✓		A/P							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
51102 ✓		11/21/20	11/08/20	12/01/20		13.65	0.00	0.00	13.65	✓
INDIGENT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10613	MEDIMPACT HEALTHCARE SYS, INC.				13.65	0.00	0.00	13.65
Vendor#	Vendor Name		Class	Pay Code						
M2470	MEDLINE INDUSTRIES INC ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2284574235 ✓		11/01/20	09/13/20	10/29/20		7,464.24	0.00	0.00	7,464.24	✓
SUPPLIES										
2289028038 ✓		11/01/20	10/12/20	11/06/20		51.63	0.00	0.00	51.63	✓
SUPPLIES										
2289792995 ✓		11/01/20	10/17/20	11/11/20		66.12	0.00	0.00	66.12	✓
SUPPLIES										
2292345229 ✓		11/15/20	11/01/20	11/26/20		354.56	0.00	0.00	354.56	✓
SUPPLIES										
2292345231 ✓		11/15/20	11/01/20	11/26/20		1,068.63	0.00	0.00	1,068.63	✓

2293382033	SUPPLIES	11/15/20	11/08/20	12/03/20	549.90	0.00	0.00	549.90	✓
2294237962	SUPPLIES	11/15/20	11/14/20	12/05/20	47.00	0.00	0.00	47.00	✓
2294404975	SUPPLIES	11/20/20	11/15/20	12/10/20	206.80	0.00	0.00	206.80	✓
2294404967	SUPPLIES	11/20/20	11/15/20	12/10/20	117.95	0.00	0.00	117.95	✓
2294404972	SUPPLIES	11/20/20	11/15/20	12/10/20	50.89	0.00	0.00	50.89	✓
2294404976	SUPPLIES	11/20/20	11/15/20	12/10/20	4,149.27	0.00	0.00	4,149.27	✓
2294404969	SUPPLIES	11/20/20	11/15/20	12/10/20	248.08	0.00	0.00	248.08	✓
2294404984	SUPPLIES	11/20/20	11/15/20	12/10/20	40.13	0.00	0.00	40.13	✓
2294404973	SUPPLIES	11/20/20	11/15/20	12/10/20	23.99	0.00	0.00	23.99	✓
2294735353	SUPPLIES	11/20/20	11/17/20	12/12/20	67.11	0.00	0.00	67.11	✓
Vendor Totals					Gross	Discount	No-Pay	Net	
M2470	MEDLINE INDUSTRIES INC				14,506.30	0.00	0.00	14,506.30	
Vendor#	Vendor Name	Class	Pay Code						
M2621	MMC AUXILIARY GIFT SHOP	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111623		11/21/20	11/16/20	11/29/20		329.28	0.00	0.00	329.28
PAYROLL DEDUCT									
Vendor Totals					Gross	Discount	No-Pay	Net	
M2621	MMC AUXILIARY GIFT SHOP				329.28	0.00	0.00	329.28	
Vendor#	Vendor Name	Class	Pay Code						
10536	MORRIS & DICKSON CO. LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
922030		11/20/20	02/12/20	02/22/20		-67.16	0.00	0.00	-67.16
CM41171	CREDIT	11/20/20	06/23/20	07/03/20		-4.93	0.00	0.00	-4.93
1147069	CREDIT	11/20/20	10/10/20	10/20/20		1,813.44	0.00	0.00	1,813.44
114714	INVENTORY	11/20/20	10/11/20	10/21/20		3,351.75	0.00	0.00	3,351.75
1292328	INVENTORY	11/21/20	11/15/20	11/25/20		33.78	0.00	0.00	33.78
1293229	INVENTORY	11/21/20	11/15/20	11/25/20		2,915.34	0.00	0.00	2,915.34
1288666	INVENTORY	11/21/20	11/15/20	11/25/20		3,611.54	0.00	0.00	3,611.54
1289409	INVENTORY	11/21/20	11/15/20	11/25/20		250.23	0.00	0.00	250.23
1290891	INVENTORY	11/21/20	11/15/20	11/25/20		534.94	0.00	0.00	534.94

1298112	✓	INVENTORY	11/21/20	11/16/20	11/26/20			10,816.61	0.00	0.00	10,816.61	✓
1298111	✓	INVENTORY	11/21/20	11/16/20	11/26/20			4,032.58	0.00	0.00	4,032.58	✓
1304125	✓	INVENTORY	11/21/20	11/19/20	11/29/20			106.15	0.00	0.00	106.15	✓
1305409	✓	INVENTORY	11/21/20	11/19/20	11/29/20			181.04	0.00	0.00	181.04	✓
1304126	✓	INVENTORY	11/21/20	11/19/20	11/29/20			18,404.27	0.00	0.00	18,404.27	✓
1305408	✓	INVENTORY	11/21/20	11/19/20	11/29/20			68.32	0.00	0.00	68.32	✓
1310424	✓	INVENTORY	11/21/20	11/20/20	11/30/20			1,503.60	0.00	0.00	1,503.60	✓
1307215	✓	INVENTORY	11/21/20	11/20/20	11/30/20			96.11	0.00	0.00	96.11	✓
CM74986	✓	CREDIT	11/21/20	11/20/20	11/30/20			-7.37	0.00	0.00	-7.37	✓
1310425	✓	INVENTORY	11/21/20	11/20/20	11/30/20			934.61	0.00	0.00	934.61	✓
Vendor Totals												
Vendor#		Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net	
		10536	MORRIS & DICKSON CO, LLC					48,574.85	0.00	0.00	48,574.85	
Vendor# Vendor Name Class Pay Code												
M2659	MXR IMAGING, INC	✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8801089119	✓	11/15/20	11/14/20	12/14/20			159.62	0.00	0.00	159.62	✓	
SUPPLIES												
Vendor Totals												
		M2659	MXR IMAGING, INC					159.62	0.00	0.00	159.62	
Vendor# Vendor Name Class Pay Code												
12388	NATIONAL FARM LIFE INSURANCE	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
4083533	✓	11/21/20	11/13/20	12/01/20			3,175.59	0.00	0.00	3,175.59	✓	
LIFE INSUR												
Vendor Totals												
		12388	NATIONAL FARM LIFE INSURANCE					3,175.59	0.00	0.00	3,175.59	
Vendor# Vendor Name Class Pay Code												
13624	NEXION HEALTH AT NAVASOTA INC	✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
TELEMED20230702	✓	11/21/20	11/13/20	12/01/20			1,000.00	0.00	0.00	1,000.00	✓	
TELEMEDICINE REIMB OCT 20												
Vendor Totals												
		13624	NEXION HEALTH AT NAVASOTA INC					1,000.00	0.00	0.00	1,000.00	
Vendor# Vendor Name Class Pay Code												
O1500	OLYMPUS AMERICA INC	✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
35283973	✓	11/15/20	11/06/20	12/01/20			145.00	0.00	0.00	145.00	✓	
SUPPLIES												
35295188	✓	11/15/20	11/20/20	12/15/20			1,125.00	0.00	0.00	1,125.00	✓	
CONTRACT												
Vendor Totals												
								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				
Q1416	ORTHO CLINICAL DIAGNOSTICS ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	1853224380 ✓		11/21/20	10/27/20	11/26/20	190.04	0.00	0.00	190.04 ✓
	SUPPLIES								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				190.04	0.00	0.00	190.04
Vendor#	Vendor Name			Class	Pay Code				
10152	PARTSSOURCE, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	05005083 ✓		11/15/20	11/02/20	12/02/20	438.07	0.00	0.00	438.07 ✓
	SUPPLIES								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC				438.07	0.00	0.00	438.07
Vendor#	Vendor Name			Class	Pay Code				
14764	PL-CPR, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	256 ✓		11/21/20	10/17/20	11/17/20	275.00	0.00	0.00	275.00 ✓
	BLS RECERT								
	260 ✓		11/21/20	10/20/20	11/20/20	525.00	0.00	0.00	525.00 ✓
	PALS								
	263 ✓		11/21/20	10/26/20	11/26/20	525.00	0.00	0.00	525.00 ✓
	ACLS								
	265 ✓		11/21/20	10/30/20	11/30/20	525.00	0.00	0.00	525.00 ✓
	PALS								
	266 ✓		11/21/20	11/01/20	12/01/20	525.00	0.00	0.00	525.00 ✓
	ACLS								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC				2,375.00	0.00	0.00	2,375.00
Vendor#	Vendor Name			Class	Pay Code				
12480	PRO ENERGY PARTNERS LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	2310-0600 ✓		11/21/20	10/31/20	11/15/20	2,009.93	0.00	0.00	2,009.93 ✓
	GAS								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC				2,009.93	0.00	0.00	2,009.93
Vendor#	Vendor Name			Class	Pay Code				
11080	RADSOURCE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	SC32691223 ✓		11/20/20	11/16/20	12/11/20	1,708.33	0.00	0.00	1,708.33 ✓
	SERVICE AGREEMENT								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	11080	RADSOURCE				1,708.33	0.00	0.00	1,708.33
Vendor#	Vendor Name			Class	Pay Code				
S1001	SANOFI PASTEUR INC ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	921287945 ✓		10/31/20	09/13/20	12/12/20	31,271.28	0.00	0.00	31,271.28 ✓
	INVENTORY								
	Vendor Total#	Number	Name			Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC				31,271.28	0.00	0.00	31,271.28

Vendor#	Vendor Name		Class	Pay Code						
10699	SIGN AD, LTD. ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
294156 ✓		11/21/20	11/16/20	11/26/20		410.00	0.00	0.00	410.00	✓
	ADVERTISING									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10699 SIGN AD, LTD.					410.00	0.00	0.00	410.00	
Vendor#	Vendor Name		Class	Pay Code						
11296	SOUTH TEXAS BLOOD & TISSUE CEN ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
107036030 ✓		11/21/20	11/15/20	12/10/20		5,026.00	0.00	0.00	5,026.00	✓
	BLOOD									
CM109020 ✓		11/21/20	11/15/20	12/10/20		-2,112.00	0.00	0.00	-2,112.00	✓
	CREDIT									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11296 SOUTH TEXAS BLOOD & TISSUE CEN					2,914.00	0.00	0.00	2,914.00	
Vendor#	Vendor Name		Class	Pay Code						
S2694	STANFORD VACUUM SERVICE ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
295432 ✓		11/20/20	11/10/20	12/01/20		550.00	0.00	0.00	550.00	✓
	GREASE TRAP									
295356 ✓		11/20/20	11/16/20	12/01/20		550.00	0.00	0.00	550.00	✓
	GREASE TRAP									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S2694 STANFORD VACUUM SERVICE					1,100.00	0.00	0.00	1,100.00	
Vendor#	Vendor Name		Class	Pay Code						
S3940	STERIS CORPORATION ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11772345 ✓		11/15/20	11/13/20	12/08/20		446.32	0.00	0.00	446.32	✓
	SUPPLIES									
11759693 ✓		11/21/20	11/09/20	12/04/20		317.45	0.00	0.00	317.45	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	S3940 STERIS CORPORATION					763.77	0.00	0.00	763.77	
Vendor#	Vendor Name		Class	Pay Code						
10735	STRYKER SUSTAINABILITY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
4787800 ✓		11/21/20	08/29/20	09/28/20		2,770.16	0.00	0.00	2,770.16	✓
	SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10735 STRYKER SUSTAINABILITY					2,770.16	0.00	0.00	2,770.16	
Vendor#	Vendor Name		Class	Pay Code						
10758	TEXAS SELECT STAFFING, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0023108 - 51-074-1M ✓		11/20/20	11/16/20	11/17/20		4,235.00	0.00	0.00	4,235.00	✓
	BRANDON BATES W/E 11/11/20 RN									
0022985 - 51-074-1M ✓		11/21/20	10/18/20	10/19/20		1,072.50	0.00	0.00	1,072.50	✓
	BRANDON BATES 10/14/23 RN									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	10758 TEXAS SELECT STAFFING, LLC					5,307.50	0.00	0.00	5,307.50	
Vendor#	Vendor Name		Class	Pay Code						

U0080	UAL												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
001990103		11/15/20	09/07/20	10/07/20		214.98	0.00	0.00	214.98	198.40			
	SUPPLIES												
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net				
	U0080	UAL				214.98	0.00	0.00	214.98	198.40			
Vendor#	Vendor Name				Class	Pay Code							
U1064	UNIFIRST HOLDINGS INC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
2921018517		11/20/20	11/16/20	12/11/20		29.95	0.00	0.00	29.95				
	LAUNDRY												
2921018518		11/20/20	11/16/20	12/11/20		299.18	0.00	0.00	299.18				
	LAUNDRY												
2921018515		11/20/20	11/16/20	12/11/20		176.71	0.00	0.00	176.71				
	LAUNDRY												
2921018519		11/20/20	11/16/20	12/11/20		244.19	0.00	0.00	244.19				
	LAUNDRY												
2921018516		11/20/20	11/16/20	12/11/20		2,235.42	0.00	0.00	2,235.42				
	LAUNDRY												
2921018521		11/20/20	11/16/20	12/11/20		102.46	0.00	0.00	102.46				
	LAUNDRY												
2921018520		11/20/20	11/16/20	12/11/20		235.33	0.00	0.00	235.33				
	LAUNDRY												
2921018514		11/20/20	11/16/20	12/11/20		100.51	0.00	0.00	100.51				
	LAUNDRY												
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net				
	U1064	UNIFIRST HOLDINGS INC				3,423.75	0.00	0.00	3,423.75				
Vendor#	Vendor Name				Class	Pay Code							
V1056	VICTORIA AIR CONDITIONING LTD				W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
207468		11/15/20	11/15/20	11/15/20		2,700.00	0.00	0.00	2,700.00				
	DUCT WORK												
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net				
	V1056	VICTORIA AIR CONDITIONING LTD				2,700.00	0.00	0.00	2,700.00				
Vendor#	Vendor Name				Class	Pay Code							
12208	WAGeworks												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
INV5782563		11/21/20	10/25/20	11/25/20		475.25	0.00	0.00	475.25				
	MONTHLY COMPLIANCE												
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net				
	12208	WAGeworks				475.25	0.00	0.00	475.25				
Vendor#	Vendor Name				Class	Pay Code							
I1110	WERFEN USA LLC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
9111412676		11/15/20	11/13/20	12/05/20		1,953.00	0.00	0.00	1,953.00				
	SUPPLIES												
9111414674		11/20/20	11/15/20	12/10/20		1,571.67	0.00	0.00	1,571.67				
	CONTRACT												
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net				
	I1110	WERFEN USA LLC				3,524.67	0.00	0.00	3,524.67				
Vendor#	Vendor Name				Class	Pay Code							

11400 WEST COAST MEDICAL RESOURCES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV104273	✓	11/01/20	09/18/20	10/18/20		895.00	0.00	0.00	895.00

SUPPLIES ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11400	WEST COAST MEDICAL RESOURCES	895.00	0.00	0.00	895.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	364,460.33	0.00	0.00	364,460.33

364,460.33
 214.98
 198.60
 364,443.95

pg 11 correction
 (sales tax)

364,460.33
 { <214.98>
 { +198.60
 \$ 364,443.95

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON
RUN DATE: 11/22/23

NOV 22 2023

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT
CALHOUN COUNTY, TEXAS
NUMBER PAYEE NAME

		DATE	AMOUNT	PAY	PAT	DESCRIPTION	GL NUM
				CODE	TYPE		
		112123	150.00	✓	3	REFUND FOR	
		112123	50.00	✓	1	REFUND FOR	
		112123	1269.86	✓	2	REFUND FOR	

ARID=0001 TOTAL

1479.86

TOTAL

1479.86

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON
Enhancing Healthcare

Company: 8000

STATEMENT

As of: 11/24/2023

Page: 001

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

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835438

Date: 11/25/2023

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only
USA

Cust: 835438 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/22/2023	11/28/2023	7459667719	2850245	115Invoice	0.68	34.01		33.33		7459667719

Column legend: P = Past Due Item, F = Future Due Item, blank = Current Due item

TOTAL

Future Due: 0.00

Subtotals:

34.01 USD

Due If Paid On Time: 33.33

Past Due: 0.00

If Paid By 11/28/2023

USD

0.68

Last Payment: 11,739.80

Pay This Amount:

33.33 USD

Disc lost if paid late: USD

11/13/2023

If Paid After 11/28/2023

34.01 USD

Due if paid late:

34.01

Total Discount: 0.68

Pay This Amount:

USD

Andrew Lopez Santos
11/27/23

33.33 +
2,846.79 +
12.32 +
2,892.44 =

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

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

STATEMENT

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

As of: 11/24/2023

Page: 001

DC: 8115

Territory: 7001

Customer Location:

Customer: 256342

Date: 11/25/2023

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

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
11/20/2023	11/28/2023	7458861680	96101918	115Invoice	1.34	66.99		65.65		7458861680
11/20/2023	11/28/2023	7458861683	96141004	115Invoice	8.03	401.44		393.41		7458861683
11/20/2023	11/28/2023	7458878737	96282041	115Invoice	0.01	0.63		0.62		7458878737
11/20/2023	11/28/2023	7459064494	96067319	195Invoice	0.03	1.27		1.24		7459064494
11/20/2023	11/28/2023	7459064495	96147376	195Invoice	0.36	17.87		17.51		7459064495
11/20/2023	11/28/2023	7459138235	96072437	115Invoice	20.26	1,013.06		992.80		7459138235
11/21/2023	11/28/2023	7459206896	96343027	115Invoice	0.03	1.58		1.55		7459206896
11/21/2023	11/28/2023	7459359878	96151147	115Invoice	0.02	0.95		0.93		7459359878
11/21/2023	11/28/2023	7459359879	96355819	115Invoice	0.36	18.18		17.82		7459359879
11/22/2023	11/28/2023	7459485356	96558897	115Invoice	18.28	913.90		895.62		7459485356
11/22/2023	11/28/2023	7459643946	96492530	195Invoice	3.46	172.76		169.30		7459643946
11/22/2023	11/28/2023	7459643947	96499183	115Invoice	0.57	28.40		27.83		7459643947
11/24/2023	11/28/2023	7459931671	96678090	115Invoice	5.34	266.92		261.58		7459931671
11/24/2023	11/28/2023	7459958229	96814043	195Invoice	0.02	0.85		0.83		7459958229

For AR Inquiries please contact 800-887-0333.

McKESSON
Empowering Healthcare

Company: 8000

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

STATEMENT

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

As of: 11/24/2023

Page: 002

DC: 8115

Territory: 7001

Customer Location:

Customer: 256342

Date: 11/25/2023

To ensure proper credit to your
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stub with your remittance

As of: 11/24/2023 Page: 002

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342 PLEASE CHECK ANY
Date: ITEMS NOT PAID

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

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

TOTAL

Future Due:	0.00	Subtotals:	2,904.90	USD	Due If Paid On Time:	2,846.79 ✓
Past Due:	0.00	If Paid By 11/28/2023			USD	58.11
Last Payment:	12,898.53	Pay This Amount:	2,846.79	USD	Disc lost if paid late:	USD
1/20/2023		If Paid After 11/28/2023	2,904.90	USD	Due if paid late:	2,904.90
Total Discount:	58.11	Pay This Amount:			USD	

Andrew Delos Santos
11/27/23

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 11/24/2023

Page: 001

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

As of: 11/24/2023 Page: 001

Mail to: Comp: 8000

CARR: MCK INITIATED ACH DEBIT

AMT DUE REMITTED VIA ACH DEBIT

Statement for information only

USA

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115

Territory: 7001

Customer Location:

Customer: 835434

Date: 11/25/2023

Cust: 835434 PLEASE CHECK ANY
Date: ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number
11/22/2023	11/28/2023	7459488453	2849138	115 Invoice	0.25	12.57	F	12.32	F	7459488453

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

TOTAL

Future Due:	0.00	Subtotals:	12.57	USD	Due If Paid On Time:	12.32
Past Due:	0.00	If Paid By 11/28/2023			USD	
Net Payment:	12,898.53	Pay This Amount:	12.32	USD	Disc lost if paid late:	0.25
1/20/2023		If Paid After 11/28/2023	12.57	USD	Due if paid late:	12.57
Total Discount:	0.25	Pay This Amount:			USD	

Andrew J. Santos
11/27/23

For AR Inquiries please contact 800-867-0333

Amerisourcebergen

All Items Report

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

Account Number	Account Name	COD	Invoice Number	Invoice Date	Due Date	Invoice Description	P.O. Number	Statement Number	Clearing Number	Clearing Date	Status	Age	City	Tax Amount	Invoice Amount
100135284	WALGREENS #12494 340B	#	3164689536	11/20/2023	12/01/2023	INVOICE(ZF2)	7004777063	#	#		Open	0		0.00	26.21 ✓
	WALGREENS #12494 340B	#	3164689537	11/20/2023	12/01/2023	INVOICE(ZF2)	7004784719	#	#		Open	0		0.00	235.97 ✓
	WALGREENS #12494 340B	#	3164689538	11/20/2023	12/01/2023	INVOICE(ZF2)	7004788588	#	#		Open	0		0.00	107.86 ✓
	WALGREENS #12494 340B	#	3164794700	11/20/2023	12/01/2023	INVOICE(ZF2)	7004802254	#	#		Open	0		0.00	44.30 ✓
	WALGREENS #12494 340B	#	3164895712	11/21/2023	12/01/2023	INVOICE(ZF2)	7004811341	#	#		Open	0		0.00	12.49 ✓
	WALGREENS #12494 340B	#	3165135823	11/22/2023	12/01/2023	INVOICE(ZF2)	7004819770	#	#		Open	0		0.00	148.27 ✓
	WALGREENS #12494 340B	#	3165278665	11/24/2023	12/01/2023	INVOICE(ZF2)	7004830218	#	#		Open	0		0.00	133.26 ✓
	WALGREENS #12494 340B	#	3165278686	11/24/2023	12/01/2023	INVOICE(ZF2)	7004831531	#	#		Open	0		0.00	513.52 ✓
	WALGREENS #12494 340B	#	3165278687	11/24/2023	12/01/2023	INVOICE(ZF2)	7004831957	#	#		Open	0		0.00	8.82 ✓
100135284															1,228.80 ✓
															1,228.80 ✓

Andrew De La Santes
11/27/23

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 20, 2023 - Nov 26, 2023 ✓

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
11/24/2023	PAY PLUS ACHTrans 000000007355533 1010006999	- 3rd Party Payor Fee
11/24/2023	EXPERTPAY EXPERTPAY 746003411 91000018984436	- Child Support Payment
11/24/2023	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
11/24/2023	MEMORIAL MEDICAL PAYROLL 746003411 113122650	- Payroll
11/22/2023	PAY PLUS ACHTrans 000000007223763 1010006988	- 3rd Party Payor Fee
11/21/2023	PAY PLUS ACHTrans 000000007106141 1010006977	- 3rd Party Payor Fee
11/21/2023	MCKESSON DRUG AUTO ACH ACH05747411 910000128	- 340B Drug Program Expense
11/20/2023	PAY PLUS ACHTrans 000000006955694 1010006965	- 3rd Party Payor Fee

<u>Amount</u>	
\$ 70.26	70.26
\$ 1,463.18	1,463.18
\$ 393,252.95	393,252.95
\$ 3.55	3.55
\$ 1.44	1.44
\$ 12,898.53	12,898.53
\$ 132.19	132.19
<u>408,393.29</u>	<u>408,393.29</u>

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center
November 27, 2023

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

* Approved 11/27/23 cc

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
11/30/2023	STATE COMPTLR TEXNET 07952329	RAPPS IGT Payment ✓
12/4/2023	STATE COMPTLR TEXNET 07953118	QIPP IGT Payment ✓

<u>Amount</u>	
\$ 25,379.56	25,379.56
\$ 1,983,403.28	1,983,403.28
<u>2,008,782.84</u>	<u>2,008,782.84</u>

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center
November 27, 2023

APPROVED ON

NOV 30 2023

BY COUNTY AUDITOR
CATHARINE COUNTY TEXAS



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	\$25,379.56
Bank Routing and Account Number	
Settlement Date	11/30/2023 ✓
RAPPS Amount	\$25,379.56 ✓
Entered By	Andrew De Los Santos



Electronic Payment Network



Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace #:

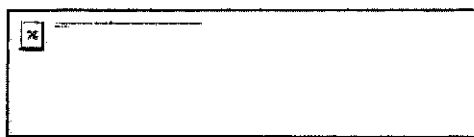
Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$1,983,403.28
Bank Routing and Account Number	
Settlement Date	12/4/2023 ✓
QIPP Amount	\$1,983,403.28 ✓
Entered By	Andrew De Los Santos

Andrew DeLosSantos

From: Texas Health and Human Services Commission <txhhs@public.govdelivery.com>
Sent: Thursday, November 16, 2023 9:31 PM
To: Andrew DeLosSantos
Subject: [BULK] QIPP IGT Notification Second Half of Year 7 (SFY24)

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.



2,206,740.52
-223,337.24 *Self-Insured*
1,983,403.28 ✓ *Flare*



QIPP IGT Notification Second Half of Year 7 (SFY24)

The Texas Health and Human Services Commission (HHSC) is providing notification of the second half Intergovernmental Transfer (IGT) call for Quality Incentive Payment Program (QIPP) Year 7.

The IGT amounts can be found in column D on the December IGT Call tab of the **"QIPP Year 7 IGT Call – May 2023 & December 2023"** file. This file can be found under QIPP Year 7 (SFY24) Related Documents on the [HHSC Provider Finance website](#).

The IGT must be entered into TexNet no later than close of business Dec. 1, 2023, with a settlement date of Dec. 4, 2023.

- This settlement date is non-negotiable.
- The funds need to be placed in the "QIPP" Bucket.

Please transfer funds through TexNet. TexNet instructions are available on the [Texas Comptroller's website](#).



Send an email with a screenshot or PDF of the confirmation/trace sheet to [PFD QIPP Payments](#).

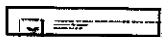


Please email any questions regarding this change or the calculation in general to [PFD QIPP](#).



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This email was sent to adelossantos@mmcporthlavaca.com using govDelivery Communications Cloud on behalf of Texas Health and Human Services Commission - 707 17th St. Suite 4000 - Denver, CO 80202



This list contains the suggested requested amounts. No excess funds have been added.

Suggested IGT was updated as a result of changes in ownership for enrolled facilities.

Total IGT Call

#####

FACILITY ID	FACILITY NAME	FACILITY OWNER	DECEMBER REQUEST
106081	SORRENTO	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 163,440.93
106546	WINDERMERE AT WESTOVER HILLS	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 197,086.50
106566	FORUM PARKWAY HEALTH & REHABILITATION	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 322,163.59
107063	THE RESERVE AT RICHARDSON	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 122,520.65
110116	ADVANCED HEALTH & REHAB CENTER OF GARLAND	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 560,221.84
110356	CEDAR HOLLOW REHABILITATION CENTER	HAMILTON COUNTY HOSPITAL DISTRICT	\$ 39,023.76
4491	MI CASITA NURSING AND REHABILITATION	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 214,295.32
4942	HANSFORD COUNTY HOSPITAL DISTRICT DBA LAKE RIDGE NURSING A	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 261,889.81
5176	HANSFORD MANOR	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 163,526.72
102587	THE PLAZA AT LUBBOCK	HANSFORD COUNTY HOSPITAL DISTRICT	\$ 463,464.38
5183	WINDFLOWER HEALTH CENTER	HEMPHILL COUNTY HOSPITAL DISTRICT	\$ 179,551.68
110431	MESA VIEW SENIOR LIVING	HEMPHILL COUNTY HOSPITAL DISTRICT	\$ 122,726.53
4633	ROSE TRAIL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 378,199.50
5186	PETAL HILL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 349,237.89
5213	COLONIAL NURSING & REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 228,141.30
5218	LONGVIEW HILL NURSING AND REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 599,534.21
5390	PARK PLACE NURSING & REHABILITATION CENTER	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 358,159.71
105966	TREVISIO TRANSITIONAL CARE	HOPKINS COUNTY HOSPITAL DISTRICT	\$ 213,437.45
4814	PARK VIEW CARE CENTER	JACK COUNTY HOSPITAL DISTRICT	\$ 841,156.31
4852	ARLINGTON RESIDENCE AND REHABILITATION CENTER	JACK COUNTY HOSPITAL DISTRICT	\$ 316,896.28
4888	FAITH COMMUNITY NURSING & REHABILITATION	JACK COUNTY HOSPITAL DISTRICT	\$ 109,498.22
4202	KENT COUNTY NURSING HOME	KENT COUNTY	\$ 156,921.14
4756	MUNDAY NURSING CENTER	KNOX COUNTY HOSPITAL DISTRICT	\$ 195,482.46
4170	COLONIAL PINES HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 260,208.39
4593	COLLEGE STREET HEALTH CARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 94,725.74
4630	CASCADES AT SENIOR REHAB	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 511,066.03
4803	TWIN OAKS HEALTH & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 273,282.29
4907	CASS VALLEY HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 145,597.28
4929	WHISPERWOOD NURSING & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 114,957.50
4989	PINE TREE LODGE NURSING CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 290,525.43
5002	MESA HILLS POST ACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 403,403.65
5048	PASADENA POST ACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 516,419.12
5081	GREENBRIER NURSING & REHABILITATION CENTER OF TYLER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 259,402.00
5100	VIDOR HEALTH & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 362,620.62
5161	BREMOND NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 186,037.16
5199	RIVER POINTE OF TRINITY HEALTHCARE AND REHABILITATION CENTE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 234,695.41
5201	AVALON PLACE KIRBYVILLE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 271,120.47
5222	PINE GROVE NURSING CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 255,541.59
5245	TIMBERWOOD NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 378,045.08
5253	SOUTHLAND REHABILITATION AND HEALTHCARE CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 327,568.15
5325	SOLIDAGO HEALTH AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 358,262.66
5329	BRJARCLIFF SKILLED NURSING FACILITY	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 239,430.84
5360	LEGACY AT TOWN CREEK	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 513,468.06
5368	THE PHOENIX POSTACUTE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 362,586.31
102369	EAST VIEW HEALTHCARE	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 335,426.22
102704	FAIRFIELD NURSING & REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 203,221.87
102907	LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER NORTHW	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 345,669.16
103086	THE COURTYARDS AT PASADENA	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 433,772.16
103471	MASON CREEK TRANSITIONAL CARE OF KATY	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 345,326.01
103739	JEFFERSON NURSING AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 254,792.35
103866	COPPERFIELD HEALTHCARE AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 368,351.18
104200	MISTY WILLOW HEALTHCARE AND REHABILITATION CENTER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 273,659.76
104599	THE HEIGHTS OF TYLER	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 413,251.97
105467	CAPROCK NURSING & REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 274,123.00
105594	BRIDGECREST REHABILITATION SUITES	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 376,174.93
105652	THE HEIGHTS OF TOMBALL	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 329,884.40
105682	THE HEIGHTS OF NORTH HOUSTON	LIBERTY COUNTY HOSPITAL DISTRICT NO. 1	\$ 459,971.44

107241	FIVE POINTS NURSING AND REHABILITATION	LIBERTY COUNTY HOSPITAL DISTRICT NO 1	\$	280,694.27
4121	PARKVIEW NURSING AND REHABILITATION CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	348,715.76
4458	HACIENDA OAKS AT BEEVILLE	MAVERICK COUNTY HOSPITAL DISTRICT	\$	267,568.90
4502	PLEASANTON NORTH NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	168,262.15
4588	HURST PLAZA NURSING AND REHAB	MAVERICK COUNTY HOSPITAL DISTRICT	\$	378,371.07
4629	BOURDANTON NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	287,419.85
4737	PLEASANTON SOUTH NURSING AND REHAB CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	386,984.05
4842	CYPRESS WOODS CARE CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	375,488.64
4944	SAN ANTONIO WEST NURSING AND REHABILITATION	MAVERICK COUNTY HOSPITAL DISTRICT	\$	542,704.18
4966	SAN JACINTO MANOR	MAVERICK COUNTY HOSPITAL DISTRICT	\$	323,621.96
5185	HERITAGE TRAILS NURSING AND REHABILITATION CENTER	MAVERICK COUNTY HOSPITAL DISTRICT	\$	490,099.74
106495	THE LODGE AT BEAR CREEK	MAVERICK COUNTY HOSPITAL DISTRICT	\$	140,879.01
5024	MCCAMEY CONVALESCENT CENTER	MCCAMEY COUNTY HOSPITAL DISTRICT	\$	143,195.26
4272	FOCUSED CARE AT CRANE	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	382,037.27
4327	RIISING STAR NURSING CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	147,827.74
4538	OAKS NURSING CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	303,976.80
4744	BRADY WEST REHAB & NURSING	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	159,632.00
5327	SAN ANTONIO RESIDENCE AND REHABILITATION CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	175,471.73
5343	ROSEWOOD REHABILITATION AND CARE CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	308,104.31
100313	SAGECREST ALZHEIMERS CARE CENTER	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	186,706.30
105581	ROYAL MANOR	MCCULLOCH COUNTY HOSPITAL DISTRICT	\$	301,935.07
4531	COMMUNITY CARE CENTER OF HONDO	MEDINA COUNTY HOSPITAL DISTRICT	\$	183,806.71
4736	TOWN AND COUNTRY NURSING AND REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	470,677.62
5280	GUADALUPE VALLEY NURSING AND REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	364,696.66
5311	MEDINA VALLEY HEALTH & REHABILITATION CENTER	MEDINA COUNTY HOSPITAL DISTRICT	\$	260,603.01
104118	CIRCO CREEK	MEDINA COUNTY HOSPITAL DISTRICT	\$	334,568.35
105330	LAS COLINAS OF WESTOVER	MEDINA COUNTY HOSPITAL DISTRICT	\$	429,899.47
4618	FORT BEND HEALTHCARE CENTER	MEMORIAL MEDICAL CENTER	\$	250,438.87
4619	ASHFORD GARDENS	MEMORIAL MEDICAL CENTER	\$	508,186.44
107846	GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER	MEMORIAL MEDICAL CENTER	\$	294,836.62
102463	TUXFANY VILLAGE	MEMORIAL MEDICAL CENTER	\$	300,596.80
105006	SOLERA AT WEST HOUSTON	MEMORIAL MEDICAL CENTER	\$	194,346.34
105314	THE CRESCENT	MEMORIAL MEDICAL CENTER	\$	240,222.09
105818	THE BROADMOOR AT GREENSIDE PARK	MEMORIAL MEDICAL CENTER	\$	187,588.10
110301	BETHARD SENIOR LIVING	MEMORIAL MEDICAL CENTER	\$	243,172.18
4075	MENARD MANOR	MENARD COUNTY HOSPITAL DISTRICT	\$	101,331.32
4280	FOCUSED CARE AT HOGAN PARK	MIDLAND COUNTY HOSPITAL DISTRICT	\$	339,115.05
4982	FOCUSED CARE AT MIDLAND	MIDLAND COUNTY HOSPITAL DISTRICT	\$	460,966.56
5012	FOCUSED CARE AT ODESSA	MIDLAND COUNTY HOSPITAL DISTRICT	\$	217,143.44
5164	SANDHILLS NURSING & REHABILITATION	MIDLAND COUNTY HOSPITAL DISTRICT	\$	267,380.16
5310	FOCUSED CARE AT FORT STOCKTON	MIDLAND COUNTY HOSPITAL DISTRICT	\$	337,725.31
106985	ASHTON MEDICAL LODGE	MIDLAND COUNTY HOSPITAL DISTRICT	\$	364,319.20
4221	MITCHELL COUNTY NURSING AND REHABILITATION CENTER	MITCHELL COUNTY HOSPITAL DISTRICT	\$	206,471.57
5249	MEMORIAL NURSING AND REHABILITATION CENTER	MOORE COUNTY HOSPITAL DISTRICT	\$	144,035.97
4210	PARK VIEW NURSING CARE CENTER	MULESHOE AREA HOSPITAL DISTRICT	\$	148,874.34
5129	HERITAGE AT LONGVIEW HEALTHCARE CENTER	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	324,994.55
5195	STONECREEK NURSING & REHABILITATION	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	199,865.99
103421	HERITAGE HOUSE OF MARSHALL HEALTH & REHABILITATION CENTER	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	254,563.62
110205	LEGACY AT JACKSONVILLE	NACOGDOCHES COUNTY HOSPITAL DISTRICT	\$	202,823.70
113	TRAYMORE NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	327,945.62
4026	ELECTRA HEALTHCARE CENTER	NOCONA HOSPITAL DISTRICT	\$	133,398.41
4307	OAK MANOR OF COMMERCE NURSING AND REHABILITATION	NOCONA HOSPITAL DISTRICT	\$	171,899.50
4381	GREENVILLE GARDENS	NOCONA HOSPITAL DISTRICT	\$	336,695.86
4413	GRACE CARE CENTER OF HENRIETTA	NOCONA HOSPITAL DISTRICT	\$	128,954.65
4418	EVERGREEN HEALTHCARE CENTER	NOCONA HOSPITAL DISTRICT	\$	115,743.49
4668	ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	NOCONA HOSPITAL DISTRICT	\$	563,361.63
4755	FARMERSVILLE HEALTH AND REHABILITATION	NOCONA HOSPITAL DISTRICT	\$	244,475.10
4817	SKYLINE NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	700,431.72
5060	GRACE CARE CENTER OF NOCONA	NOCONA HOSPITAL DISTRICT	\$	170,664.17
5102	SUNNY SPRINGS NURSING & REHAB	NOCONA HOSPITAL DISTRICT	\$	234,592.47
5127	LANDMARK OF PLANO REHABILITATION AND NURSING CENTER	NOCONA HOSPITAL DISTRICT	\$	272,887.67
5127	THE HIGHLANDS GUEST CARE CENTER LLC	NOCONA HOSPITAL DISTRICT	\$	397,329.94

\$ 2,106,740.82 MMCN's
\$ (223,337.24) Gulf Points
\$ 1,883,403.58 1GT Due

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COUNTY AUDITOR ON

NOV 22 2023
11/22/2023

10:23
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

Vendor# Vendor Name
11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111623		11/21/20	11/16/20	12/16/20		4,560.00	0.00	0.00	4,560.00 ✓
TRANSFER <i>NA insurance pymt deposited into NAHL OPEN</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11824 THE CRESCENT						4,560.00	0.00	0.00	4,560.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,560.00	0.00	0.00	4,560.00

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BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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11/22/202310:24
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111423		11/20/20	11/14/20	12/16/20		3,760.57	0.00	0.00	3,760.57 ✓
	TRANSFER	<i>With insurance pymt deposited into MML operating</i>							
111423A		11/20/20	11/14/20	12/16/20		2,370.00	0.00	0.00	2,370.00 ✓
	TRANSFER								

Vendor Totals: Number Name

Gross

Discount

No-Pay

Net

11836 GOLDENCREEK HEALTHCARE

6,130.57

0.00

0.00

6,130.57

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

6,130.57

0.00

0.00

6,130.57

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CALHOUN COUNTY, TEXAS

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11/22/2023

10:24

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

12696 GULF POINTE PLAZA ✓

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111423		11/20/20	11/14/20	12/16/20		357.33	0.00	0.00	357.33 ✓
	TRANSFER								
111523		11/21/20	11/15/20	12/16/20		219.58	0.00	0.00	219.58 ✓
	SUPPLIES								

Vendor Totals Number Name

12696 GULF POINTE PLAZA

Gross
576.91Discount
0.00No-Pay
0.00Net
576.91

Grand Totals:

Gross
576.91

Report Summary

Discount
0.00No-Pay
0.00Net
576.91

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NOV 22 2023

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CALHOUN COUNTY, TEXAS

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NOV 22 2023

Page 1 of 1

CALHOUN COUNTY, TEXAS
11/22/2023
10:23

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12792 BETHANY SENIOR LIVING

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

111423		11/20/20	11/14/20	12/16/20		157.38	0.00	0.00	157.38 ✓
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TRANSFER *NH insurance pymt deposited into bank operating*

111523		11/21/20	11/15/20	12/16/20		148.39	0.00	0.00	148.39 ✓
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TRANSFER *W*

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
---------------	--------	------	-------	----------	--------	-----

12792	BETHANY SENIOR LIVING	305.77	0.00	0.00	305.77
-------	-----------------------	--------	------	------	--------

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	305.77	0.00	0.00	305.77

APPROVED ON

NOV 22 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Contex Transfer
Prosperity Accounts
11/27/2023

Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~159,614.94~~	159,614.94	153,852.57	115,834.70		116,087.07	83,040.29
					Bank Balance Variance	

Balance Information for Ashland Gardens

Leave in Balance	100.00
Molina YR7 September QIPP	11,200.50
Amerigroup YR7 September QIPP	21,543.91

November Interest 182.32

~~101,317.18~~	101,317.18	101,040.54	153,018.01
-----------------------	------------	------------	------------

Adjust Balance/Transfer Amt 83,040.29

Bank Balance
Variance 153,274.71

140,901.63

Leave in Balance 100.00

Molina YR7 September QIPP 4,142.00
Amerigroup YR7 September QIPP 7,874.44

November Interest 156.64

~~134,067.95~~	134,067.95	133,872.17	246,512.78
-----------------------	------------	------------	------------

Adjust Balance/Transfer Amt 140,901.63

Bank Balance
Variance 246,903.54

237,481.01

Leave in Balance 100.00

Molina YR7 September QIPP 3,087.50
Amerigroup YR7 September QIPP 5,944.25

November Interest 250.78

~~87,526.25~~	87,526.25	14,013.72	111,829.73
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Adjust Balance/Transfer Amt 237,481.01

Bank Balance
Variance 185,402.75

88,088.86

Leave in Balance 100.00

YS IAR/YS NET REFUND 84,002.69
Molina YR7 September QIPP 3,196.00
Amerigroup YR7 September QIPP 6,790.72
November Interest 84.48

~~85,684.38~~	85,684.38	25,556.76	212,028.80
----------------------	-----------	-----------	------------

Adjust Balance/Transfer Amt 84,088.86

Bank Balance
Variance 259,416.92

222,278.93

Leave in Balance 100.00

Molina YR7 September QIPP 1,318.50
Amerigroup YR7 September QIPP 6,456.37

November Interest 222.12

Adjust Balance/Transfer Amt 222,278.93

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

83,040.29 +
140,901.63 +
237,481.01 +
88,088.86 +
222,278.93 +
771,790.72 =
open account

TOTAL TRANSFERS 771,790.72
Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS
11/27/2023

Transfer-Out	Transfer-In	MMC PORTION:					NH PORTION:
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	29,091.86						
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	298.67						298.67
11/24/2023 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000199	2,218.38						2,218.38
11/24/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	15,508.90						15,508.90
11/22/2023 WIRE OUT ASHFORD HEALTH CARE CENTER LTD.	124,240.71						
11/22/2023 MQUINA HEALTHCARE MQUINAACH 01237056 420000199	38,200.50	11,200.50				11,200.50	3,049.50
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	273.17						273.17
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228864	5,653.18						5,653.18
11/22/2023 UNC COMMUNITY PL HCLCLAIMPMT 746003411 910000	1,507.50						1,507.50
11/22/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113005 2	4,509.50						4,509.50
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228868	200.00						200.00
11/21/2023 AMERIGROUP CORPO E-PAYMENT 8332701109 112000	27,635.00	21,587.93				21,587.93	5,047.07
11/20/2023 MANAGEANDMET 1718 MNS PMNT 00000000000099 41	2,592.00						2,592.00
11/20/2023 NOVITAS SOLUTION HCLCLAIMPMT 675423 420000149	41,358.42						41,358.42
159,332.51	115,804.70	32,764.41				32,764.41	83,040.29

Transfer-Out	Transfer-In	MMC PORTION:					NH PORTION:
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	12,475.07						
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225778	2,095.29						2,095.29
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	21.71						21.71
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	229.78						229.78
11/24/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	12,030.00						12,030.00
11/24/2023 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000338	3,081.43						3,081.43
11/24/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2	4,088.70						4,088.70
11/22/2023 WIRE OUT CANTER HEALTH CARE CENTERS III	87,585.47						
11/22/2023 MQUINA HEALTHCARE MQUINAACH 01237056 420000199	5,129.50	4,142.00				4,142.00	1,330.50
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	25.05						25.05
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	251.98						251.98
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228864	2,950.10						2,950.10
11/22/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	8,500.00						8,500.00
11/22/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113004 2	5,457.52						5,457.52
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 4400002241673	1,615.36						1,615.36
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000224168	318.82						318.82
11/21/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	11,800.00						11,800.00
11/21/2023 UNC COMMUNITY PL HCLCLAIMPMT 746003411 910000	124.42						124.42
11/21/2023 NOVITAS SOLUTION HCLCLAIMPMT 676357 420000106	82,983.46						82,983.46
11/21/2023 AMERIGROUP CORPO E-PAYMENT 8332701109 112000	10,150.88	7,974.68				7,974.68	2,176.20
101,060.54	152,018.07	12,116.44				12,116.44	140,901.63

Transfer-Out	Transfer-In	MMC PORTION:					NH PORTION:
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	11,216.79						
11/24/2023 MANAGEANDMET 1718 MNS PMNT 000000000000328 41	278.63						278.63
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	12,179.22						12,179.22
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	25.05						25.05
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	401.84						401.84
11/24/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	7,600.00						7,600.00
11/24/2023 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000398	17,275.54						17,275.54
11/24/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113008 2	660.30						660.30
11/24/2023 DEVOTED HEALTH P HCLCLAIMPMT 21000023318976	450.00						450.00
11/24/2023 DEVOTED HEALTH P HCLCLAIMPMT 21000023318976	6,300.00						6,300.00
11/22/2023 Check	12,500.00						
11/22/2023 WIRE OUT CANTER HEALTH CARE CENTERS III	99,935.58						
11/22/2023 MQUINA HEALTHCARE MQUINAACH 01237056 420000199	4,140.00						4,140.00
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	3,887.50	3,087.50				3,087.50	845.50
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	28.39						28.39
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228864	1,506.60						1,506.60
11/22/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	6,970.00						6,970.00
11/22/2023 UNC COMMUNITY PL HCLCLAIMPMT 746003411 910000	572.58						572.58
11/22/2023 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000144	6,147.15						6,147.15
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 4400002241671	3,214.73						3,214.73
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000224168	1,200.00						1,200.00
11/21/2023 UnitedHealthcare HCLCLAIMPMT 746003411 124384	10,720.00						10,720.00
11/21/2023 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000106	118,889.78						118,889.78
11/21/2023 HUMANA CHA DISB HCLCLAIMPMT 35274181 420000199	4,345.00						4,345.00
11/21/2023 DEVOTED HEALTH P HCLCLAIMPMT 21000021247884	4,886.00						4,886.00
11/21/2023 DEVOTED HEALTH P HCLCLAIMPMT 21000021247884	1,350.00						1,350.00
11/21/2023 DEVOTED HEALTH P HCLCLAIMPMT 21000021247884	8,552.29						8,552.29
11/21/2023 AMERIGROUP CORPO E-PAYMENT 8332701109 112000	7,572.06	5,944.25				5,944.25	1,627.81
11/20/2023 NOVITAS SOLUTION HCLCLAIMPMT 676323 420000148	17,534.60						17,534.60
133,072.17	246,512.76	9,031.75				9,031.75	237,481.01

Transfer-Out	Transfer-In	MMC PORTION:					NH PORTION:
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	14,013.23						
11/24/2023 NOVITAS SOLUTION HCLCLAIMPMT 675863 420000198	40,971.13						40,971.13
11/22/2023 MQUINA HEALTHCARE MQUINAACH 01237056 420000199	4,446.00	3,488.00				3,488.00	958.00
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	53.44						53.44
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228864	298.69						298.69
11/22/2023 NOVITAS SOLUTION HCLCLAIMPMT 675863 420000144	18,044.56						18,044.56
11/21/2023 NOVITAS SOLUTION HCLCLAIMPMT 675863 420000106	38,030.09						38,030.09
11/21/2023 AMERIGROUP CORPO E-PAYMENT 8332701109 112000	4,498.72	6,280.72				6,280.72	1,829.00
11/20/2023 UNC COMMUNITY PL HCLCLAIMPMT 746003411 910000	1,486.10						1,486.10
14,013.23	111,885.75	10,226.72				10,226.72	101,659.01

Transfer-Out	Transfer-In	MMC PORTION:					NH PORTION:
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/24/2023 Check	4,716.71						
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	25.05						25.05
11/24/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000225165	6,174.63						6,174.63
11/24/2023 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113007 2	583.63						583.63
11/22/2023 WIRE OUT CANTER HEALTH CARE CENTERS III	76,629.51						
11/22/2023 MQUINA HEALTHCARE MQUINAACH 01237056 420000199	4,285.50	3,353.50				3,353.50	920.00
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	53.44						53.44
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228860	28.39						28.39
11/22/2023 HNB - ECHO HCLCLAIMPMT 746003411 440000228864	2,011.17						2,011.17
11/22/2023 NOVITAS SOLUTION HCLCLAIMPMT 676310 420000144	2,844.08						2,844.08
11/21/2023 UMR USNAS HCLCLAIMPMT 746003411 1243848742953	180.00						180.00
11/21/2023 HNB - ECHO HCLCLAIMPMT 746003411 4400002241665	9,190.40						9,190.40

I:\NH Weekly Transfers\Bank Download Worksheets\2023\November\NH Bank Download 11.20.23 - 11.26.2023

11/21/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000106
 11/21/2023 HUMANA CHA DISB HCCLAIMPMT 35312300 42000019
 11/21/2023 AMERIN GROUP CORP E-PAYMENT 1852701160 3110000
 11/20/2023 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384
 11/20/2023 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000
 11/20/2023 NOVITAS SOLUTION HCCLAIMPMT 676310 420000148

-	169,153.33	-	169,153.33
-	72.69	-	72.69
-	8,212.21	6,456.37	1,755.84
-	5,850.00	-	5,850.00
-	4,023.90	-	4,023.90
0	19420.38	-	19,420.38
85,356.26	232,081.80	9,809.87	222,278.93
487,434.77	859,314.06	73,949.19	785,364.87

TOTALS

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$116,087.07 ✓	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$153,274.71 ✓	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$246,903.54 ✓	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$232,416.92 ✓	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$185,402.75 ✓	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/23/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
██████████	1	121,645.13	181,361.63	157,339.68		157,628.18	157,339.68
					Bank Balance Variance	157,628.18	
					Leave in Balance	100.00	

November Interest: 183.50

Adjust Balance/Transfer Amt 157,339.68

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

Approved: Andrew DeLos Santos
ANDREW DELOS SANTOS 11/27/2023

APPROVED ON
NOV 27 2023
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/24/2023 Check
 11/24/2023 NOVITAS SOLUTION HCCLAIMPMT 676097 420000198
 11/24/2023 HEALTH HUMAN SVC HCCLAIMPMT 17460034823011.2
 11/21/2023 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 11/22/2023 Deposit:
 11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 44000028664
 11/22/2023 GOLDENCREEKHEALT MERC DEP 1120358 9100001811
 11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243672
 11/20/2023 TSYS/TRANSFIRST CR CO DEP 543884555878917.91

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 &Lapse	QIPP TI	
55,556.43	57,942.58						-
-	2,115.53						57,942.58
125,805.20	-						2,115.53
-	91,569.32						-
-	1,293.93						91,569.32
-	1,052.00						1,293.93
-	1,475.32						1,052.00
-	1,791.00						1,475.32
181,361.63	157,339.68						1,791.00
							157,339.68

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$157,623.18 ✓	\$162,629.33 ✓	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
11/27/2023

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
~~656.44~~		656.44		194.36			850.80	850.80
						Bank Balance	850.80	
						Variance		
						Leave in Balance	100.00	

						Adjust Balance/Transfer Amt	750.80	
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
~~7,023.17~~		7,023.17	6,923.17	71,265.10			71,365.10	71,265.10
						Bank Balance	71,365.10	
						Variance		
						Leave in Balance	100.00	

Routing Information for Cliff Pointe Plaza:

Adjust Balance/Transfer Amt	71,265.10
TOTAL TRANSFERS	72,015.90

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

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 11/27/2023

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

97-02 10-14-86

194.36 194.36

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6,923.17	71,265.10	-	2,000.00
			71,265.10

[illegible]

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$850.80 ✓✓	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$71,365.10 ✓✓	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
11/27/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~Tuscany~~		118,441.88	118,498.85	118,958.79			117,341.82	207,589.17
						Bank Balance	117,341.82	
						Variance	117,341.82	
						Leave in Balance	100.00	
						Medline YR7 September QIPP	6,621.56	
						Amerigroup YR7 September QIPP	12,748.13	
						November Interest	283.02	
						Adjust Balance/Transfer Amt	107,589.17	
						Approved: <i>Andrew De Los Santos</i>		
						ANDREW DE LOS SANTOS		11/27/2023

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

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/24/2023

MMC PORTION				
QIPP/Comp	QIPP/Comp	QIPP/Comp	QIPP/Comp	QIPP TI
1	2	3	4&Lapse	

	Transfer-Out	Transfer-In	1	2	3	4&Lapse	QIPP TI	NH PORTION
11/24/2023 Check	39271.52	0						-
11/24/2023 HNB - ECHO HCCLAIMPMT 746003411 440000225165	0	2496.49						2,496.49
11/22/2023 WIRE OUT LINBAR ENTERPRISES, LLC	79227.23	0						-
11/22/2023 Deposit	0	2400						2,400.00
11/22/2023 Deposit	0	22500						22,500.00
11/22/2023 MOLINA HEALTHCARE MOLINAACH0123746942000019	0	8426.5	6,621.50				6,621.50	1,805.00
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288861	0	36.74						36.74
11/22/2023 HNB - ECHO HCCLAIMPMT 746003411 440000288644	0	30191.98						30,191.98
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243671	0	27222.28						27,222.28
11/21/2023 HNB - ECHO HCCLAIMPMT 746003411 440000243268	0	17461.57						17,461.57
11/21/2023 AMERIGROUP CORP-REPAYMENT EE52701163 111000	0	16273.23	12,748.13				12,748.13	3,425.10
	118,498.85	128,958.79	19,369.63	-	-	-	19,369.63	107,589.16

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE ✓	\$127,341.82 ✓	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 11/27/2023

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks. Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		225,399.25	225,066.98	49,413.70			49,745.95	49,413.70
						Bank Balance	49,745.95	
						Variance	100.00	
						Leave in Balance		

November Interest 232.15

Adjust Balance/Transfer Amt 49,413.70
 Approved: *[Signature]*
 ANDREW DE LOS SANTOS 11/27/2023

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

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
 CALHOUN COUNTY TEXAS



11/24/2023 Check
11/24/2023 HMB - ECHO HCCLAIMPMT 746003411 440000223165
11/24/2023 HOSPICE OF SOUTH Payments NF 113122650019742
11/22/2023 WIRE OUT PORT LAVACA NH, LLC
11/22/2023 Deposit

MMCPORTION							NH PORTION
Transfer Out	Transfer In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
40132.25	0						-
0	20.04						20.04
0	1389.22						1,389.22
181944.73	0						-
0	48004.44						48,004.44
225,066.98	49,413.70						49,413.70

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$3,047,847.53	\$3,018,516.78	\$3,047,847.53	\$3,157,118.18
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$539.81	\$539.81	\$539.81	\$539.81
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$434.57	\$434.57	\$434.57	\$434.57
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$116,087.07	\$128,724.20	\$116,087.07	\$127,152.00
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$153,274.71	\$166,704.60	\$153,274.71	\$145,202.87
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$246,903.54	\$263,688.95	\$246,903.54	\$212,969.75
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$232,416.92	\$232,888.63	\$232,416.92	\$234,360.34
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$185,402.75	\$192,292.74	\$185,402.75	\$158,444.85
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$157,623.18	\$162,629.33	\$157,623.18	\$153,121.50
*4551 CAL CO INDIGENT HEALTHCARE	\$13,340.52	\$13,340.52	\$13,340.52	\$13,340.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$850.80	\$5,478.50	\$850.80	\$850.80
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$71,365.10	\$78,908.65	\$71,365.10	\$68,543.94
*5506 MMC -NH BETHANY SENIOR LIVING	\$49,745.95	\$49,745.95	\$49,745.95	\$88,458.94
*3407 MMC -NH TUSCANY VILLAGE	\$127,341.82	\$139,660.70	\$127,341.82	\$164,116.95
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35	\$2,094,298.35
Total Balance	\$6,497,572.62	\$6,547,952.28	\$6,497,572.62	\$6,619,053.37

Ashford ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC

Date Requested:

11/27/2023

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APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

32,764.41

G/L NUMBER:

10255040

EXPLANATION:

Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

Andrea Delacruz

11/27/23

Broadmoor ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC

Date Requested:

11/27/2023

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APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

12,116.44 ✓

G/L NUMBER:

10255040

EXPLANATION:

Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

Andrew S. [Signature]

11/27/23

Crescent✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC

Date Requested:

11/27/2023

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APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

9,031.75 ✓

G/L NUMBER:

10255040

EXPLANATION:

Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

[Signature]

11/27/23

Fort Bend ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

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E

Date Requested: 11/27/2023

FOR ACCT USE ONLY

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

APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AMOUNT: \$ 10,226.72 ✓ G/L NUMBER: 10255040

EXPLANATION: Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew E. [Signature]

11/27/23

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P

MMC

Date Requested:

11/27/2023

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APPROVED ON

NOV 27 2023

SV COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

9,809.87 ✓

G/L NUMBER:

10255040

EXPLANATION:

Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

Andrew Santos

11/27/23

Tuscany ✓

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P

MMC

Date Requested:

11/27/2023

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APPROVED ON

NOV 27 2023

BY COUNTY AUDITOR
CALHOUN COUNTY TEXAS

FOR ACCT USE ONLY

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

AMOUNT:

\$

19,369.63 ✓

G/L NUMBER:

10255040

EXPLANATION:

Molina YR7 September QIPP, Amerigroup YR7 September QIPP

REQUESTED BY:

Michelle Cumberland

AUTHORIZED BY:

Andrew D. [Signature]

11/27/23

November 29, 2023

APPROVAL LIST - 2023 BUDGET

COMMISSIONERS COURT MEETING OF

11/29/23

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 26

\$165,714.48

PRINCIPAL FINANCIAL GROUP
YOUTH ADVOCATE PROGRAMS, INC.
POC HARDWARE & SUPPLY

NOVEMBER 2023 PREMIUMS
JUVENILE PROBATION- OCT 2023 SVCS
RB4- MISC SUPPLIES

P/R \$
A/P \$
A/P \$

1,933.53
6,279.00
1,029.89

TOTAL VENDOR DISBURSEMENTS:

\$ 174,956.90 ✓

TOTAL AMOUNT FOR APPROVAL:

\$ 174,956.90 ✓

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
AMBULANCE OPERATIONS-MAGNO... BEACH	300	MACHINERY PARTS/SUPPLIES	53210	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MBVFD 11/17 REIMB- MISC AMB SUPP, MEDICATIONS	394.52	
		SERVICES	65740	MAGNOLIA BEACH VOLUNTEER	5067	PO3001...	MBVFD 11/17 REIMB- PHONE	64.55	
AMBULANCE OPERATIONS-MAGNO... BEACH	Total 300							459.07	0.00
BUILDING MAINTENANCE	170	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615502...	MAINT 11/12 ACT# 287022659855 PHONE 10/13 - 11/12	293.03	
		UTILITIES-AG BLDG/FAIRGROUNDS	66602	CITY OF PORT LAVACA	861	1415150...	MOSQ/BAUER/AG 11/17 ACT# 14-1515-00 WATER 10/15 - 11/15	289.62	
			66602	CITY OF PORT LAVACA	861	1415200...	MOSQ/BAUER/AG 11/17 ACT# 14-1520-00 WATER 10/15 - 11/15	56.14	
BUILDING MAINTENANCE	Total 170							638.79	0.00
COMMISSIONERS COURT	230	LEGAL SERVICES	63350	CULLEN, CARNSNER, SEERDEN &	23170	24594	COM CRT 10/25 LEGAL SVCS	2,490.00	
COMMISSIONERS COURT	Total 230							2,490.00	0.00
COUNTY AUDITOR	190	GENERAL OFFICE SUPPLIES	53020	THOMSON REUTERS - WEST	8612	8493059...	AUDITOR 11/9 TX LOCAL GVNMT CODE 2024	102.00	
COUNTY AUDITOR	Total 190							102.00	0.00
COUNTY CLERK	250	GENERAL OFFICE SUPPLIES	53020	TEXAS DEPT OF STATE HEALTH	1512	2020400	CO CLK 10/31 OCT 2023 REMOTE BIRTH ACCESS	76.86	
			53020	DRIESSEN WATER INC	6245	4016249	CO CLK 11/15 WATER	37.20	
COUNTY CLERK	Total 250							114.06	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 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	410	ADULT ASSIGNED-ATTORNEY FEES	60050	FAIRES MARVIN L JR	2400	2023171	CRT@LAW1 11/9 C# 2023-CR-0108-CC P. EVENS	860.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2023180	CRT@LAW1 11/16 C# 2023-CR-0078-CC R. GRIMEZ	266.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2023181	CRT@LAW1 11/16 C# 2023-CR-0042-CC E. MAREK	433.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2023182	CRT@LAW1 11/16 C# 2023-CR-0163-CC A. MUNOZ	150.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2023183	CRT@LAW1 11/16 C# 2023-CR-0173-CC R. PARRY	308.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2023184	CRT@LAW1 11/16 C# 2023-CR-0147-CC A. URESTI	783.00	
			60050	FINSTER TREVOR ALLEN	70541	2023175	CRT@LAW1 11/13 C# 2023-CR-0170-CC T. ASHCRAFT	660.00	
			60050	FINSTER TREVOR ALLEN	70541	2023178	CRT@LAW1 11/13 C# 2023-CR-0164-CC E. JAMES	460.00	
			60050	CLARK JERRY	9858	2023170	CRT@LAW1 11/9 C# 23-PF-0068-CC D. PIPES	100.00	
		LEGAL SERVICES-COURT APPOINTED	63380	BRADICICH & USZYNSKI LLP	42601	2023154	CRT@LAW1 10/16 C# 2023-FAM-0068-CC	420.00	
		MACHINE MAINTENANCE	63500	XEROX CORPORATION	9001	0201298...	CRT@LAW1 11/4 COPIER LEASE 9/30 - 10/30	70.11	
COUNTY COURT-AT-LAW	Total 410							4,510.11	0.00
COUNTY TREASURER	210	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	35591637	TREAS 11/9 MANILA FILE FOLDERS	243.68	
			53020	QUILL LLC	6602	35597354	TREAS 11/9 LABELS	22.44	
			53020	QUILL LLC	6602	35609489	TREAS 11/9 FILE JCKTS, ASSORTED FILE FOLDERS, MISC SUPP	965.07	
COUNTY TREASURER	Total 210			THOMSON REUTERS - WEST	8612	6157581...	TREAS 11/14 (2) TX LOCAL GOV'T CODE 2024	264.00	
DISTRICT ATTORNEY	510	PHOTO COPIES/SUPPLIES	53030	QUILL LLC	6602	35429933	DA 10/31 PAPER	1,495.19	0.00
								39.99	

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DISTRICT ATTORNEY	Total 510							420.99	0.00
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	WEISER KEITH S	8664	2023334	DIST CRT 11/14 C# 22-PF-0120-DC F. ALMAGUER	231.50	
		ADULT ASSIGNED-INVESTIGATION EXPENSE	60051	WEISER KEITH S	8664	2023334	DIST CRT 11/14 C# 22-PF-0120-DC F. ALMAGUER	123.00	
DISTRICT COURT	Total 430							354.50	0.00
ELECTIONS	270	ELECTION SUPPLIES	53361	ELECTION SYSTEMS & SOFTWARE	1810	CD2071...	ELEC 11/8 VOTER STICKERS	114.56	
ELECTIONS	Total 270							114.56	0.00
EMERGENCY MANAGEMENT	630	TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615501...	EMER MGMT 11/11 ACT# 826404791 PHONE 10/12 - 11/11	138.75	
EMERGENCY MANAGEMENT	Total 630							138.75	0.00
EMERGENCY MEDICAL SERVICES	345	BUILDING SUPPLIES/PARTS	53610	GULF COAST PAPER CO INC	2619	2469626	EMS 11/14 BUG BLASTER, MOP HEAD	143.11	
		SUPPLIES/OPERATING EXPENSES	53980	AIRGAS USA, LLC	136	5503446...	EMS 10/31 OCT 2023 OXYGEN	1,644.58	
			53980	BOUND TREE MEDICAL, LLC	412	85152576	EMS 11/10 BODY BAGS, BP CUFF, PEN LIGHTS	278.83	
			53980	BOUND TREE MEDICAL, LLC	412	85155483	EMS 11/14 AML, NITRO, NITROSTAT, NOR-EPI	1,024.28	
		CONTINUING EDUCATION	61080	HINDS MATTHEW	EM...	PO3451...	EMS 11/7 REIMB- RENEW	34.00	
		EMPLOYMENT EXPENSES	62430	MEMORIAL MEDICAL CENTER	5099	1165062...	EMS ED LICENSE- M. HINDS EMS 10/24 PRE-EMPLOY DRUG SCREEN	30.25	

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EMERGENCY MEDICAL SERVICES	Total 345	MACHINE MAINTENANCE	63500	PORT LAVACA DODGE	6227	70126	EMS 11/14 LIGHT- M4 CAB LAMP	172.55	
		MACHINERY/EQUIPMENT REPAIRS	63530	GULF COAST HARDWARE LLC	63198	182710	EMS 11/9 LOCKING PLUG	81.97	
		TELEPHONE SERVICES	66192	TRI-WHOLESALE COMPANY, INC.	7637	9301110...	EMS 11/10 SEALANT	22.58	
		UTILITIES	66600	AT&T MOBILITY	5209	3615504...	EMS 11/11 ACT# 826401254	296.55	
		VEHICLE FUEL/OIL/SERVICE	67120	CITY OF PORT LAVACA	861	1452250...	AMB INTERNET 11/12 - 12/11	178.17	
				DIAMOND INSPECTIONS #2	1422	10598	EMS 11/17 ACT# 14-5225-00	7.00	
				KERRI BOYD, TAX ASSESSOR	4041	1388638...	WATER 10/15 - 11/15	7.50	
							EMS 11/9 STATE INSPECTION		
							EMS 11/9 REGISTRATION		
								3,921.37	0.00
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	35705285	EXT SVC 11/15 PLASTIC FILE BINS	52.69	
			53020	QUILL LLC	6602	35705491	EXT SVC 11/15 SCISSORS, CLIPS, BATTERIES, MISC SUPP	624.39	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615529...	EXT SVC 11/13 ACT# 361-552-9747-083123-5	209.10	
							PHONE 11/13 - 12/12		
		TRAVEL/OUT OF COUNTY-CEA/4HYD	66462	DISTRICT 11 TAE4-HA	76400	4620163...	EXT SVC 11/16 MEMBERSHIP DUES- E. DEFOREST	110.00	
EXTENSION SERVICE	Total 110							996.18	0.00
		FIRE PROTECTION-MAGNO... BEACH	53210	MAGNOLIA BEACH VOLUNTEER	5067	PO6401...	MBVFD 11/17 REIMB-BRUSH, LIGHTS, FUEL FILTERS, MISC VEH SUP	1,293.27	
			53210	MAGNOLIA BEACH VOLUNTEER	5067	PO6401...	MBVFD 11/17 REIMB-HARDWARE, FIRE SAFETY SUPP, MISC SVCS	982.95	

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FIRE PROTECTION-MAGNO... BEACH	Total 640							2,276.22	0.00
HEALTH DEPARTMENT	350	ENVIRONMENTAL HEALTH SERVICES	62480	VICTORIA COUNTY PUBLIC	8219	ENV2312	HLTH DEPT 11/1 DEC 2023 ENVIRONMENTAL HLTH SVCS	7,043.75	
HEALTH DEPARTMENT	Total 350								
HUMAN RESOURCES	265	PHYSICALS/DRUG TESTING	64671	MEMORIAL MEDICAL CENTER	5099	1165061...	HR 11/2 (2) DRUG SCREENS	7,043.75	0.00
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615501...	HR 11/11 ACT# 826404791 PHONE 10/12 - 11/11	60.50	
HUMAN RESOURCES	Total 265							46.25	
JAIL OPERATIONS	180	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	35429501	JAIL 10/31 BATTERIES, CALENDAR, BINDERS	106.75	0.00
		JAIL MAINTENANCE/SUPPLIES UNIFORMS	53420	BOB BARKER COMPANY INC	456	INV195...	JAIL 11/1 SPRAY BOTTLE	174.36	
		DRUG TESTING	53995	GALLS LLC	2614	0260620...	JAIL 10/25 JAILER PANTS	29.52	
			53995	GALLS LLC	2614	0260622...	JAIL 10/25 JAILER PANTS	151.96	
		PHYSICALS	62150	MEMORIAL MEDICAL CENTER	5099	1174869...	JAIL 11/2 (3) DRUG/ALCOHOL SCREENS	151.96	
			64670	MEMORIAL MEDICAL CLINIC	5971	261295	JAIL 11/2 PRE-EMPLOY EXAM	123.00	
		POSTAGE	64670	MEMORIAL MEDICAL CLINIC	5971	261296	JAIL 11/2 PRE-EMPLOY EXAM	32.50	
		PRISONER MEDICAL SERVICES	64790	FEDEX	2222	8312967...	JAIL 11/9 SHIPMENT	32.50	
			64790	PITNEY BOWES GLOBAL FINANCIAL	63810	3318240...	JAIL 10/30 POSTAGE RENTAL 8/30 - 11/29	89.12	
			64910	SOUTHERN HEALTH PARTNERS	3460	BASE48...	JAIL 11/2 DEC 2023 INMATE MEDICAL	360.00	
JAIL OPERATIONS	Total 180							12,181.72	
JUSTICE OF PEACE PRECINCT #2	460	GENERAL OFFICE SUPPLIES	53020	BLUE 360 MEDIA LLC	4327	IN23082...	JP2 10/20 23/24 TX CRIM BOOK	13,326.64	0.00
								85.95	

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JUSTICE OF PEACE PRECINCT #2	Total 460								0.00
			53020	PITNEY BOWES BANK INC PURCHASE	6631	0534106...	JP2 11/5 INK	107.78	
		POSTAGE	64790	PITNEY BOWES BANK INC PURCHASE	6631	0534106...	JP2 11/5 POSTAGE	523.52	
JUSTICE OF PEACE-PRECINCT #3	470	UTILITIES	66600	ADT SECURITY SERVICES	9766	1026912...	JP3 11/9 SECURITY SVCS 11/28/23 - 2/27/24	451.95	
JUSTICE OF PEACE-PRECINCT #3	Total 470							451.95	0.00
JUSTICE OF PEACE-PRECINCT #4	480	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	35287339	JP4 11/13 COPIER LEASE	65.03	
JUSTICE OF PEACE-PRECINCT #4	Total 480							65.03	0.00
JUSTICE OF PEACE-PRECINCT #5	490	GENERAL OFFICE SUPPLIES	53020	ODP BUSINESS SOLUTIONS LLC	12340	3390175...	JP5 10/26 PAPER	41.99	
			53020	BLUE 360 MEDIA LLC	4327	IN23082...	JP5 10/20 TX CRIM & TRAFFIC LAWS	85.95	
		MISCELLANEOUS	63920	PINNACLE PEST DEFENSE LLC	7084	11202023	JP5 11/20 QTLY PEST CONTROL	45.00	
JUSTICE OF PEACE-PRECINCT #5	Total 490							172.94	0.00
JUVENILE COURT	500	JUVENILE ASSIGNED-ATTORNEY FEES	63070	FINSTER TREVOR ALLEN	70541	2023172	CRT@LAW1 11/13 C# 2023-JV-0055-CC	250.00	
			63070	FINSTER TREVOR ALLEN	70541	2023173	CRT@LAW1 11/13 C# 2023-JV-0017-CC	650.00	
			63070	FINSTER TREVOR ALLEN	70541	2023174	CRT@LAW1 11/13 C# 2023-JV-0049-CC	330.00	
			63070	FINSTER TREVOR ALLEN	70541	2023176	CRT@LAW1 11/13 C# 2022-JV-0036-CC	520.00	
			63070	FINSTER TREVOR ALLEN	70541	2023177	CRT@LAW1 11/13 C# 2023-JV-0047-CC	300.00	

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JUVENILE COURT	Total 500							7,400.00	0.00
LIBRARY	140								
		JUVENILE DETENTION SERVICES	63110	SMITH JAMES	72500	2023179	CRT@LAW1 11/14 C# 2023-JV-0051-CC	275.00	
				36th JUDICIAL DISTRICT	3897	2023CA...	JUV CRT 11/8 OCT 2023 DETENTION SVCS	5,075.00	
		PUBLICATIONS	54030	TASTE OF HOME BOOKS	1419	0810125...	POC LIBRARY 10/24 (1) YR SUBSCRIPTION RENEWAL	10.00	
			54030	HEARST MAGAZINE MEDIA INC	30421	0767779...	LIBRARY 11/1 (2) YR SUBSCRIPTION RENEWAL	30.00	
		INTERNET SERVICES	62955	FRONTIER COMMUNICATIONS	2855	3611970...	LIBRARY 11/10 ACT# 361-197-0199-070623-5 INTERN 11/10-12/9	178.00	
		REPAIRS-PORT OCONNOR LIBRARY	65474	GARDENLAND NURSERY, INC.	2639	6214	POC LIBRARY 11/13 INSTALL SAND FILTER, IRRIGATION REPAIR	290.70	
		BOOKS & PRINT MATL-LIBRARY	70550	CENGAGE LEARNING, INC.	26020	82818816	LIBRARY 10/12 (2) BOOKS	50.98	
			70550	CENGAGE LEARNING, INC.	26020	82956415	LIBRARY 11/7 (10) BOOKS	313.50	
			70550	CENTER POINT LARGE PRINT	776	2052141	LIBRARY 11/1 (2) BOOKS	49.14	
LIBRARY	Total 140							922.32	0.00
MISCELLANEOUS	280	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615521...	MODEM 11/16 ACT# 361-552-1476- 082207-5 11/16 - 12/15	78.62	
MISCELLANEOUS	Total 280								
MUSEUM	150	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	35629869	MUSEUM 11/10 STAMP PADS, BLANK BUSINESS CARDS	68.82	
		SUPPLIES-MISCELLANEOUS	53992	QUILL LLC	6602	35623069	MUSEUM 11/10 PASSWORD NOTEBOOK	32.29	
			53992	QUILL LLC	6602	35629869	MUSEUM 11/10 KLEENEX, CLOROX WIPES, PAPER PLATES	51.67	

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MUSEUM	Total 150	CAPITAL OUTLAY	70750	QUILL LLC	6602	35637324	MUSEUM 11/13 DESK, FILE CABINET, BOOKCASE	1,760.89	
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO1122...	CALCO 11/22 NOV 2023 MEMBERSHIP FEES	1,913.67	0.00
		ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	1,713.82	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	1,450.06	
		ACCRUED INSURANCE-ACCIDENT RENTAL DEPOSITS	20570	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	589.85	
			20820	GONZALEZ RONALD	RF2...	1886	BAUER 8/7 DEPOSIT REFUND	770.98	
NO DEPARTMENT	Total 999							475.00	
ROAD AND BRIDGE-PRECINCT #1	540	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB1 11/14 DIESEL EXHAUST FLUID	4,999.71	0.00
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB1 11/15 B WIRE 16G	18.66	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB1 11/16 TRLR CONN, ELEC TAPE	19.27	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB1 11/16 TRLR CONN 4-WAY	21.80	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB1 11/16 16 BEARN KT	19.31	13.78
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63191	182847	RB1 11/16 LAMP	9.59	
			53992	GULF COAST HARDWARE LLC	63191	182865	RB1 11/14 HARDWARE-CHOC BAY PK SIGN	127.40	
					63191	182865	RB1 11/15 HARDWARE-CHOC BAY BOAT RAMP, MILLER'S PAV	75.11	
			53992	GULF COAST HARDWARE LLC	63191	182867	RB1 11/15 (10) CONCRET MIX	59.90	

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			53992	GULF COAST HARDWARE LLC	63191	182894	RB1 11/15 (20) CONCRETE MIX	119.80	
			53992	GULF COAST HARDWARE LLC	63191	182895	RB1 11/15 HARDWARE	5.29	
			53992	GULF COAST HARDWARE LLC	63191	182944	RB1 11/16 (10) CONCRETE MIX	59.90	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4173996...	RB1 11/15 UNIFORMS	100.51	
		EQUIPMENT RENTAL	62510	AIRGAS USA, LLC	136	5503448...	RB1 10/31 OCT 2023 CYLINDER RENTAL	89.68	
			62510	GREAT AMERICA FINANCIAL	2751	35306579	RB1 11/15 COPIER LEASE 11/14 - 12/13	155.00	
		GARBAGE COLL-MAGNOLIA BEACH	62660	CYCLONE RESOURCES LLC	7052	1590	RB1 11/15 WEST SIDE FALL CLEANUP- (3) DUMPSTERS	1,050.00	
			62660	VICTORIA LANDFILL - 3430	8228	3430000...	RB1 11/15 (3) DUMPS- WEST SIDE FALL CLEAN-UP	386.55	
		MACHINERY/EQUIPMENT REPAIRS	63530	KEATHLEY BRUCE CLAYTON	4231	1011924	RB1 11/7 WINDSHIELD REPAIR- #0328	105.00	
			63530	KEATHLEY BRUCE CLAYTON	4231	1011925	RB1 11/7 WINDSHIED REPAIR- #0294	411.72	
		MISCELLANEOUS	63920	COASTAL NAIL & TOOL LLC	9070	2311150...	RB1 11/16 (6) PLASTIC CAPS FOR PARK SIGNS	120.00	
		REPAIRS-RODEO ARENA	65476	HAYES ELECTRIC SERVICE	3009	A223102...	RB1 10/20 INSULINK SPLICE/ BUCKET TRUCK	1,350.50	
			65476	HAYES ELECTRIC SERVICE	3009	A223102...	RB1 10/23 INSULINK SPLICE/ QUAD ALUM SVC DROP CABLE	639.80	
			65476	HAYES ELECTRIC SERVICE	3009	A223102...	RB1 10/24 ALUM/ CU KEARNEY/ INSULINK SPLICE ETC.	947.16	
			65476	HAYES ELECTRIC SERVICE	3009	A223102...	RB1 10/25 DVD LED LIGHT	859.99	
			65476	HAYES ELECTRIC SERVICE	3009	A223102...	RB1 10/26 BUTT CONNECT/ WELDER/ BUCKET TRUCK	839.80	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615539...	RB1 11/11 ACT# 826394447 PHONE 10/12 - 11/11	100.39	
		UTILITIES-PARKS	66614	CITY OF PORT LAVACA	861	1421050...	CHOC BAY PK 11/17 ACT# 14-2105-00 WATER 10/15 - 11/15	83.16	

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ROAD AND BRIDGE-PRECINCT #1									
	Total 540							7,813.93	13.78
ROAD AND BRIDGE-PRECINCT #2	550	MACHINERY PARTS/SUPPLIES							
			53210	GULF COAST HARDWARE LLC	63192	182846	RB2 11/14 HARDWARE	9.45	
			53210	GULF COAST HARDWARE LLC	63192	182850	RB2 11/14 HARDWARE	0.80	
			53210	GULF COAST HARDWARE LLC	63192	182881	RB2 11/15 HARDWARE	11.76	
			53210	SHOPPA'S FARM SUPPLY	7366	1693897	RB2 11/13 JD3 SENSOR, (3)	126.39	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4173664...	OIL FILTERS- TRACTORS	3.98	
			53992	ARNOLD OIL COMPANY - VICTORIA	1472	102KA3...	RB2 11/14 DEF	69.77	
		SUPPLIES-MISCELLANEOUS	53992	GULF COAST HARDWARE LLC	63192	182667	RB2 11/8 MISC SUPP	8.99	
			53992	GULF COAST HARDWARE LLC	63192	182814	RB2 11/14 CAR WASH SUPP	88.95	
			53992	THIRD COAST DISTRIBUTING, LLC	75930	017588	RB2 11/13 ADHESIVE REMOVER, ERASER WHEEL	123.46	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4173664...	RB2 11/13 UNIFORMS	63.81	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	10600.	RB2 11/14 STATE INSPECTION	7.00	
			63920	DIAMOND INSPECTIONS #2	1422	11091	RB2 11/14 (2) STATE INSPECTIONS	14.00	
			63920	DIAMOND INSPECTIONS #2	1422	11092	RB2 11/14 (2) STATE INSPECTIONS	14.00	
			63920	DIAMOND INSPECTIONS #2	1422	11096	RB2 11/14 STATE INSPECTION	7.00	
			63920	DIAMOND INSPECTIONS #2	1422	11098	RB2 11/15 (3) STATE INSPECTIONS	21.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1124509...	RB2 11/16 REGISTRATION	7.50	

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ROAD AND BRIDGE-PRECINCT #2	Total 550	TELEPHONE SERVICES	63920	KERRI BOYD, TAX ASSESSOR	4041	1179644...	RB2 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1221969...	RB2 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1221995...	RB2 11/16 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1222017...	RB2 11/16 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1317827...	RB2 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1317844...	RB2 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388619...	RB2 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388645...	RB2 11/15 REGISTRATION	7.50	
			66192	FRONTIER COMMUNICATIONS	2855	3615529...	RB2 11/13 ACT# 361-552-9656- 010165-5 PHONE 11/13 - 12/12	182.23	
								820.09	0.00
ROAD AND BRIDGE-PRECINCT #3	560	MACHINERY PARTS/SUPPLIES INSECTICIDES/PESTICIDES JANITOR SUPPLIES SUPPLIES-MISCELLANEOUS	53210	VICTORIA OLIVER COMPANY INC	8232	P09622	RB3 11/14 FILTERS	102.97	
			53630	GULF COAST HARDWARE LLC	63193	182882	RB3 11/15 WASP SPRAY	25.77	
			53640	CINTAS CORPORATION LOC. 083	958	4173826...	RB3 11/14 FRESHENER	6.00	
			53992	ARNOLD OIL COMPANY - VICTORIA	1472	102J792...	RB3 11/8 FUEL PUMP	629.58	
			53992	FASTENAL COMPANY	2274	TXPOT2...	RB3 11/1 WELDING SUPP	103.99	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301110...	RB3 11/8 BATTERY	165.69	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301111...	RB3 11/13 REFUND ON CORE RETURN, PURCHASE FILTER		8.61
			53995	CINTAS CORPORATION LOC. 083	958	4173826...	RB3 11/14 UNIFORMS	93.40	

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ROAD AND BRIDGE-PRECINCT #3		EQUIPMENT RENTAL	62510	UNITED RENTALS (N AMERICA)INC	63370	2261223...	RB3 11/3 1.5T SMOOTH DRUM ROLLER RENTAL 10/19 - 11/16	1,798.52	
		GARBAGE COLL-OLIVIA	62672	WHITE TRASH SERVICES	1952	162810	RB3 11/20 DEC 2023 TRASH SVC	168.93	
	Total 560							3,094.85	8.61
ROAD AND BRIDGE-PRECINCT #4	570	GENERAL OFFICE SUPPLIES	53020	BLUE 360 MEDIA LLC	4327	IN23092...	RB4 10/30 23/24 TX TRAFFIC LAWS	68.75	
		MACHINERY PARTS/SUPPLIES	53210	ANDERSON MACHINERY CO., INC.	13	P5021H	RB4 11/13 BLADE, BOLT, HEXNUT	227.82	
			53210	ANDERSON MACHINERY CO., INC.	13	P5021O	RB4 11/14 REFUND- RETURNED BLADE		173.10
			53210	ANDERSON MACHINERY CO., INC.	13	P5021P	RB4 11/14 BLADE, BOLT, HEXNUT	148.78	
			53210	HOLT CAT	3048	PIMV01...	RB4 11/13 BOLT, NUT, CUTTING EDGE	691.88	
			53210	THIRD COAST DISTRIBUTING, LLC	75930	017619	RB4 11/14 DEF	169.90	
			53210	THIRD COAST DISTRIBUTING, LLC	75930	017720	RB4 11/15 STOPLIGHT SWITCH	34.19	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	63036	RB4 11/13 ROTAR, BLADE	946.00	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	63069	RB4 11/14 (2) CUTTERS	463.72	
			53210	VICTORIA FARM EQUIPMENT CO INC	8207	63084	RB4 11/15 12" C/D SK, MISC PARTS	179.72	
			53210	VICTORIA OLIVER COMPANY INC	8232	P09640	RB4 11/15 MISC PARTS	20.30	
		TIRES AND TUBES	53520	WHOLESALE TIRE CO.	8619	23904	RB4 11/15 TIRE	145.00	
		GASOLINE/OIL/DIESEL/GRE...	53540	VICTORIA OLIVER COMPANY INC	8232	P09647	RB4 11/15 OIL	344.55	
		SIGNS	53590	CUSTOM PRODUCTS CORPORATION	98590	401863	RB4 11/6 SIGNS	4,427.99	
		SUPPLIES-MISCELLANEOUS	53992	THIRD COAST DISTRIBUTING, LLC	75930	017619	RB4 11/14 TOWELS	30.98	

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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 #4	Total 570	GARBAGE COLL-POC PARKS	62664	WHITE TRASH SERVICES	1952	161754	RB4 11/20 DEC 2023 POC TRASH SVC	351.68	
		GARBAGE COLL-SEADRIFT	62676	WHITE TRASH SERVICES	1952	161753	RB4 11/20 DEC 2023 SEA TRASH SVC	629.02	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	11097.	RB4 11/15 (2) STATE INSPECTIONS	14.00	
			63920	DIAMOND INSPECTIONS #2	1422	11099	RB4 11/15 (2) STATE INSPECTIONS	14.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1221998...	RB4 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388605...	RB4 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388618...	RB4 11/15 REGISTRATION	7.50	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1388632...	RB4 11/15 REGISTRATION	7.50	
		OUTSIDE SERVICES	64400	DOUGLAS EVA LEE	3778	NOV23.	RB4 11/8 NOV 2023 OFFICE CLEANING	300.00	
			64400	REXCO INC	6830	252785	RB4 11/14 ROAD MIXING/ RECLAIM- FARIK RD	9,510.00	
								18,748.28	173.10
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	DRIESSEN WATER INC	6245	4016250	SO 11/15 WATER	72.45	
		LAW ENFORCEMENT SUPPLIES	53430	CDW GOVERNMENT INC	1152	MW64212	SO 11/3 PAPER FOR IN CAR PRINTERS	714.10	
			53430	SIRCHIE ACQUISITION	7206	0618986...	SO 11/7 DRUG TESTING KITS	153.60	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0083878	SO 11/8 TIRE REPAIR- U3	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0083881	SO 11/14 TIRE INSTALL- U3	424.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0083906	SO 11/10 (2) TIRES- U2	415.98	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0083912	SO 11/10 TIRE REPL	143.98	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0084007	SO 11/20 REPAIR (2) TIRES- U41	337.98	

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1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
AUTOMOTIVE REPAIRS			60360	KNEUPPER CARROLL	3678	39110	SO 11/3 OIL CHNG- U45	110.06	
			60360	KNEUPPER CARROLL	3678	39210	SO 11/8 OIL CHNG- U47	110.06	
			60360	KNEUPPER CARROLL	3678	39236	SO 11/9 OIL CHNG- U21	83.98	
			60360	KNEUPPER CARROLL	3678	39493	SO 11/20 OIL CHNG- U41	110.06	
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0083912	SO 11/10 OIL CHNG, TRANSM FLUSH- U19	447.80	
			60360	O'REILLY AUTO PARTS	5803	0575331...	SO 10/9 A/C REPAIRS- U9	556.88	
			60360	VICTORIA COMMUNICATION SERVICE	8229	8789	SO 11/7 RADAR SWAPPED OUT- U19	354.30	
			60360	CARY'S TIRE & AUTOMOTIVE LLC	89820	29418	SO 11/9 OIL CHG- U9	71.42	
			63500	DIAMOND INSPECTIONS #2	1422	10532	SO 11/17 STATE INSPECTION	7.00	
			63500	DIAMOND INSPECTIONS #2	1422	11299	SO 11/8 STATE INSPECTION	7.00	
MACHINE MAINTENANCE			63500	KERRI BOYD, TAX ASSESSOR	4041	1437563...	SO 11/8 REGISTRATION	7.50	
			63500	KERRI BOYD, TAX ASSESSOR	4041	1437565...	SO 11/16 REGISTRATION	7.50	
			65180	MOTOROLA SOLUTIONS INC	5171	8281590...	SO 3/16 RADIO REPAIR- U00	1,380.00	
			65180	MOTOROLA SOLUTIONS INC	5171	8330243...	SO 4/10 RADIO- U00	480.00	
			66192	FRONTIER COMMUNICATIONS	2855	2100064...	SO 11/13 ACT# 210-006-4378-100174-5 PHONE 11/13 - 12/12	5.00	
SHERIFF	Total 760							6,024.85	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 2620 - APPELLATE JUDICIAL SYSTEM FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	APPELLATE JUDICIAL SYSTEM EXPENDITURES	60195	NUECES COUNTY TREASURY	5478	PO2620...	CALCO 9/30 ACT# COA0014 REIMB AMNTS PD UNDER CODE 22.214	1,358.46	
NO DEPARTMENT	Total 999							1,358.46	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 2699 - JUVENILE CASE MANAGER FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	1.40	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	1.02	
NO DEPARTMENT	Total 999							2.42	0.00

CALHOUN COUNTY, TEXAS
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2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO1122...	CALCO 11/22 NOV 2023 MEMBERSHIP FEES	12.92	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	3.41	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	2.48	
		MACHINE MAINTENANCE	63500	KERRI BOYD, TAX ASSESSOR	4041	B84325/...	OSG 11/6 REGISTRATION	16.75	
		VEHICLES	74055	CALDWELL COUNTRY FORD	42970	PGB4325	OSG 11/6 PURCHASE NEW OSG-13 LAST 6# B84325	45,374.00	
NO DEPARTMENT	Total 999							45,409.56	0.00

CALHOUN COUNTY, TEXAS
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 2721 - LATERAL ROAD FUND PRECINCT #1

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES-ROAD AND BRIDGE	53991	CALHOUN CO. GENERAL FUND	930	PCTILA...	CALCO 11/27 REIMB PCT1-SUP-ALAMO BEACH 8/1/22 -7/31/23	4,319.09	
NO DEPARTMENT	Total 999							4,319.09	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 2722 - LATERAL ROAD FUND PRECINCT #2

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES-ROAD AND BRIDGE	53991	CALHOUN CO. GENERAL FUND	930	PCT2LA...	CALCO 11/16 REIMB PCT2-SUPP SCHOOL RD 8/1/22 - 7/31/23	4,319.09	
NO DEPARTMENT	Total 999							4,319.09	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 2723 - LATERAL ROAD FUND PRECINCT #3

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES-ROAD AND BRIDGE	53991	CALHOUN CO. GENERAL FUND	930	PCT3LA...	CALCO 11/21 REIMB- PCT3-SUPP CR 305 8/1/22 - 7/31/23	4,319.10	
NO DEPARTMENT	Total 999							4,319.10	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 2724 - LATERAL ROAD FUND PRECINCT #4

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SUPPLIES-ROAD AND BRIDGE	53991	CALHOUN CO. GENERAL FUND	930	PCT4LA...	CALCO 11/16 REIMB- PCT4 SUPP- MEADOWBROOK 8/1/22 - 7/31/23	4,319.10	
NO DEPARTMENT	Total 999							4,319.10	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 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	8491985...	LAW LIBRARY 11/1 OCT 2023 WEST INFO CHGS	1,266.94	
			70500	THOMSON REUTERS - WEST	8612	8493063...	LAW LIBRARY 11/9 2024 TX LOCAL GOVMT CODE & TX PROPERTY CODE	380.00	
NO DEPARTMENT	Total 999							1,646.94	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 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	ACCURED MISCELLANEOUS2	20537	MASA	5569	PO1122...	CALCO 11/22 NOV 2023 MEMBERSHIP FEES	1.26	
		ACCURED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	0.54	
		CLEANING-P.O.C. COMMUNITY CENTER	60870	DOUGLAS EVA LEE	3778	NOV23	POC CC 11/8 NOV 2023 CLEANING	600.00	
		UTILITIES-POC COMMUNITY CENTER	66616	WHITE TRASH SERVICES	1952	162121	POC CC 11/20 DEC 2023 TRASH SVC	370.94	
			66616	INFINIUM BROADBAND INTERNET	3378	62427	POC CC 11/17 ACT# ACC0004004 INTERNET 11/17 - 12/17	150.00	
NO DEPARTMENT	Total 999							1,122.74	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 5102 - C.PRJ-AMERICAN RESCUE PLAN ACT OF 2021

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BUILDING-EMERGENCY COMMUNICATIONS	70654	G&W ENGINEERS, INC.	2601	5310020...	ARPA 11/6 COMB DISPATCH- ENG SVCS 10/2 - 10/29	5,095.00	
NO DEPARTMENT	Total 999							5,095.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
 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	PO2023...	TAX A/C 11/22 NOV 2023 TAX COLLECS	163.36	
			20749	CALHOUN CO. WATER CONTROL	895	PO2023...	TAX A/C 11/22 NOV 2023 TAX COLLECS	191.03	
		DUE TO UNIDENTIFIED	20759	CALHOUN COUNTY FEES & FINES	F162	PO112723	CALCO 11/27 ACH DEPOSITED IN OP ACT IN ERROR- CO CLK F&F	164.00	
NO DEPARTMENT	Total 999							518.39	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 11.29.23
9200 - JUVENILE PROBATION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO1122...	CALCO 11/22 NOV 2023 MEMBERSHIP FEES	37.00	
		ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	96.44	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	27.64	
		ACCRUED INSURANCE-ACCIDENT RESIDENTIAL SERVICE	20570	TRUSTMARK	8169	PO1122...	CALCO 11/22 NOV 2023 PREMIUMS	11.58	
			65530	CAMERON COUNTY JUVENILE	750	PO7401...	JUV PROB 11/13 LIFE PROGRAM FOR (1) JUV	1,575.00	
NO DEPARTMENT	Total 999							1,747.66	0.00
Report Total								165,909.97	195.49