



CALHOUN COUNTY COMMISSIONERS' COURT

-
- ✓ All Agenda Items Properly Numbered
 - ✓ Contracts Completed and Signed
 - ✓ All 1295's Flagged for Acceptance
(number of 1295's 3)
 - ✓ All Documents for Clerk Signature Flagged

On this 24th day of June 2022 a complete and accurate packet
for 22nd of June 2022 Commissioners Court Regular Session
Day Month

was delivered from the Calhoun County Judge's office to the Calhoun County
Clerk's Office.

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

Calhoun County Judge/Assistant

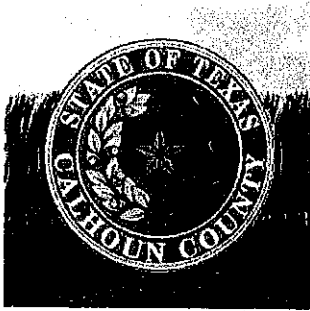
AGENDA

AT 9:21 FILED 0'CLOCK A M

JUN 17 2022

ANNA GOODMAN
COUNTY CLERK, CALHOUN COUNTY, TEXAS
BY: *[Signature]* DEPUTY

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

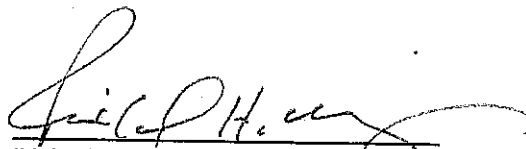
The Commissioners' Court of Calhoun County, Texas will meet on Wednesday, June 22, 2022 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

The subject matter of such meeting is as follows:

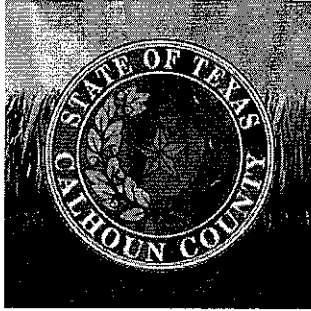
- ✓ 1. Call meeting to order.
- ✓ 2. Invocation.
- ✓ 3. Pledges of Allegiance.
- ✓ 4. General Discussion of Public Matters and Public Participation.
- Retain/pave
✓ 5. Consider and take necessary action to lift or retain the county burn ban. (RHM)
- ✓ 6. Consider and take necessary action to approve an application to the Texas Department of Emergency Management for the Hazard Mitigation Grant Program Funding related to FEMA-DR-4485 (COVID 19 Pandemic) for a generator for the Magnolia Beach Fire Station which is due June 30, 2022. (DEH)
- ✓ 7. Consider and take necessary action to approve the amended plat for the J. M. Turner Subdivision. (DEH)
- ✓ 8. Consider and take necessary action to approve the Final Plat of Pelicans Landing Resubdivision No. 1. (GDR)
- ✓ 9. Consider and take necessary action to approve a request from Maeghen Strahan to use the Port O'Connor Community Center property for a benefit Clay Shoot on October 8, 2022 to raise funds for the Port O'Connor Community Center upgrades. (GDR)
- ✓ 10. Consider and take necessary action to accept the Matagorda Bay Mitigation Trust Contract No. 031 for the Green Lake Park Development Phase 1 Engineering Services and authorize Judge Meyer to sign all documentation. (GDR)

- ✓ 11. Consider and take necessary action to approve the Texas Association of Counties (TAC) Property Insurance renewal for the period 7/1/22 – 7/1/23 as recommended by Gray & Company, LLC. (RHM)
- ✓ 12. Consider and take necessary action to approve the FEMA-4332-DR-TX Project Completion and Certification Report for Project Worksheet #3548 Six Mile Park and the Duplication of Benefits form and authorize the County Judge to sign. (RHM)
- ✓ 13. Consider and take necessary action to authorize Anna Kabela, District Clerk, to sign Kofile's proposal for the preservation and imaging of historical records. (RHM)
- ✓ 14. Consider and take necessary action to authorize Anna Goodman, County Clerk, to sign a Data Use Agreement with the Texas HHS System. (RHM)
- ✓ 15. Consider and take necessary action to authorize Dustin Jenkins, EMS Director, to sign a credit application with the Goodyear Tire and Rubber Company. (RHM)
- ✓ 16. Consider and take necessary action to accept a second insurance proceeds payment from TAC in the amount of \$3,566.47 for damages to a Sheriff Office vehicle on 3/30/22. (RHM)
- ✓ 17. Consider and take necessary action to approve the attached Calhoun County Library Electronic Device Lending Agreement and Hotspot Rental Agreement. (RHM)
- ✓ 18. Accept Monthly Reports from the following County Offices:
 - i. Justice of the Peace, Precinct 5 – May 2022
 - ii. Tax Assessor-Collector – June 2021, Revised
 - iii. Tax Assessor-Collector – July 2021, Revised
 - iv. Tax Assessor-Collector – December 2021, Revised
 - v. Tax Assessor-Collector – March 2022
 - vi. Tax Assessor-Collector – April 2022
- ✓ 19. Consider and take necessary action on any necessary budget adjustments. (RHM)
- ✓ 20. 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.calhouncotx.org under "Commissioners' Court Agenda" for any official court postings.

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Richard H. Meyer
County Judge

David Hall, Commissioner, Precinct 1
Vern Lyssy, Commissioner, Precinct 2
(Zoom) Joel Behrens, Commissioner, Precinct 3
Gary Reese, Commissioner, Precinct 4
Kaddie Smith, Deputy Clerk
Sara Rodriguez, County Attorney

NOTICE OF MEETING

The Commissioners' Court of Calhoun County, Texas will meet on Wednesday, June 22, 2022 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.

Meeting was called to order at 9:59 a.m. by Judge Richard Meyer

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

N/A

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

Burn ban retained per Judge Richard Meyer.

6. Consider and take necessary action to approve an application to the Texas Department of Emergency Management for the Hazard Mitigation Grant Program Funding related to FEMA-DR-4485 (COVID 19 Pandemic) for a generator for the Magnolia Beach Fire Station which is due June 30, 2022. (DEH)

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

7. Consider and take necessary action to approve the amended plat for the J. M. Turner Subdivision. (DEH)

Jake Helfer with Elite Surveying explained the amended plat.

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 Final Plat of Pelicans Landing Resubdivision No. 1. (GDR)

Terry Ruddick with Urban Surveying explained the final plat.

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 request from Maeghen Strahan to use the Port O'Connor Community Center property for a benefit Clay Shoot on October 8, 2022 to raise funds for the Port O'Connor Community Center upgrades. (GDR)

Jim Cooley spoke on behalf of Meaghen Strahan.

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

10. Consider and take necessary action to accept the Matagorda Bay Mitigation Trust Contract No. 031 for the Green Lake Park Development Phase 1 Engineering Services and authorize Judge Meyer to sign all documentation. (GDR)

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

11. Consider and take necessary action to approve the Texas Association of Counties (TAC) Property Insurance renewal for the period 7/1/22 – 7/1/23 as recommended by Gray & Company, LLC. (RHM)

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

12. Consider and take necessary action to approve the FEMA-4332-DR-TX Project Completion and Certification Report for Project Worksheet #3548 Six Mile Park and the Duplication of Benefits form and authorize the County Judge to sign. (RHM)

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

13. Consider and take necessary action to authorize Anna Kabel, District Clerk, to sign Kofile's proposal for the preservation and imaging of historical records. (RHM)

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

14. Consider and take necessary action to authorize Anna Goodman, County Clerk, to sign a Data Use Agreement with the Texas HHS System. (RHM)

PASS

15. Consider and take necessary action to authorize Dustin Jenkins, EMS Director, to sign a credit application with the Goodyear Tire and Rubber Company. (RHM)

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

16. Consider and take necessary action to accept a second insurance proceeds payment from TAC in the amount of \$3,566.47 for damages to a Sheriff Office vehicle on 3/30/22. (RHM)

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

17. Consider and take necessary action to approve the attached Calhoun County Library Electronic Device Lending Agreement and Hotspot Rental Agreement. (RHM)

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

18. Accept Monthly Reports from the following County Offices:

- i. Justice of the Peace, Precinct 5 – May 2022
- ii. Tax Assessor-Collector – June 2021, Revised
- iii. Tax Assessor-Collector – July 2021, Revised
- iv. Tax Assessor-Collector – December 2021, Revised
- v. Tax Assessor-Collector – March 2022
- vi. Tax Assessor-Collector – April 2022

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

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

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

20. Approval of bills and payroll. (RHM)

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

COUNTY BILLS 2022:	
RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

Adjourned: 10:20 a.m.

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6. Consider and take necessary action to approve an application to the Texas Department of Emergency Management for the Hazard Mitigation Grant Program Funding related to FEMA-DR-4485 (COVID 19 Pandemic) for a generator for the Magnolia Beach Fire Station which is due June 30, 2022. (DEH)

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

Mae Belle Cassel

From: David.Hall@calhouncotx.org (David Hall) <David.Hall@calhouncotx.org>
Sent: Wednesday, June 15, 2022 5:34 PM
To: Mae Belle Cassel; Katy Sellers
Subject: Fwd: Agenda item

Can you please place the following on the next available agenda please?

Thanks!

Sent from David's iPhone

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

Begin forwarded message:

From: katy@ksbr-llc.com
Date: June 15, 2022 at 5:18:23 PM CDT
To: David Hall <david.hall@calhouncotx.org>
Cc: Ladonna Thigpen <ladonna.thigpen@calhouncotx.org>
Subject: Agenda item

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.

David ~ I meant to get you an agenda item so we can submit the Hazard Mitigation generator application. Ladonna mentioned she had put in a generic item awhile back, but I figured it might be good to do a specific one. I wrote up the below item for submission.

Request approval to submit an application to the Texas Department of Emergency

Management for the Hazard Mitigation Grant Program Funding related to FEMA- DR-4485

(COVID 19 Pandemic). The County will submit an application for a generator for the Magnolia Beach Fire Station. Applications are due by June 30, 2022.

Thanks,
Katy

Katy Sellers
Managing Principal
(903)243-0481 cell
katy@ksbr-llc.com



Calhoun County Texas

7

7. Consider and take necessary action to approve the amended plat for the J. M. Turner Subdivision. (DEH)

Jake Helfer with Elite Surveying explained the amended plat.

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

Mae Belle Cassel

From: david.hall@calhouncotx.org (David Hall) <david.hall@calhouncotx.org>
Sent: Thursday, June 9, 2022 8:32 AM
To: MaeBelle.Cassel@calhouncotx.org
Cc: jake@eliteengr.com
Subject: FW: blueprint scans
Attachments: 20220608104840961.pdf

Good morning ma'am. Can you please add the attached amended plat to the agenda for June 22?

Thanks!

From: jake@eliteengr.com (Jake Helfer) [mailto:jake@eliteengr.com]
Sent: Thursday, June 9, 2022 7:26 AM
To: David Hall <david.hall@calhouncotx.org>; Mae Belle Cassel <maebelle.cassel@calhouncotx.org>
Subject: Fwd: blueprint scans

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.

Commissioner Hall,

I finally got all of the signatures on this Amending Plat. I would like to get it placed on the commissioner's court agenda. Please let me know when that can happen and I can be there to answer any questions.

Thanks,

Jake Helfer, P.E.
Elite Engineering - Firm 15371
1501 N. De Leon Street
Victoria, Texas 77901
361-433-4988 Office
361-571-3063 Mobile
www.eliteengr.com

----- Forwarded message -----

From: South Store <south@print5474.com>
Date: Wed, Jun 8, 2022 at 11:47 AM
Subject: blueprint scans
To: <jakehelfer1@gmail.com>

Calhoun County Texas

AMENDED PLAT

CALLHOUN PORT AUTHORITY
CALLED 8.18 ACRES
INSTRUMENT NO. 146815

CALHOUN PORT AUTHORITY
CALLED 8.19 ACRES
INSTRUMENT NO. 146815

LOT 4R
8.00 ACRES
RESIDENTIAL

EXISTING RESIDENTIAL

CALVIN L. SHEPCIK
CALLED 22.3 ACRES
SAVE AND EXCEPT 7.3 ACRES
VOLUME 22, PAGE 1010
OFFICIAL RECORDS

CALHOUN PORT AUTHORITY
CALLED 7.3 ACRES
INSTRUMENT NO. 145545
OFFICIAL PUBLIC RECORDS

CALHOUN PORT AUTHORITY
 PORTION OF CALLED 977.15 ACRES
 INSTRUMENT NO. 148815
 OFFICIAL PUBLIC RECORDS

2006.32

N 54°53'30" E 661.00'

LOT 5RA
7.00 ACRES
RV PARK

N 54°53'30" E 661.00'

ROBIC
SPAY
FIELD
-40

S 54°53'30" W 661.00'

LAND USE: NON-RESIDENTIAL, NOT PAVED, RECREATIONAL
BUILDING: NO BUILDING, NO BUILDING NEIGHBORING AS PER
SUBDIVISION REGULATIONS FOR CALIFORNIA COUNTY.
WATER SERVICE: PUBLIC CANTER WATER LINE LOCATED ALONG
NORTHERN RIGHT-OF-WAY WILL BE CONTIGUOUS TO EXISTING
WATER LINE, 10", PRIVATE WATER MAIN, CONSTRUCTED FOR
BY PAVEL
SEWER SERVICE: PRIVATE CAT SITE SINKER SYSTEM
BASIS OF MEASUREMENTS BASED ON THE NORTHERN LINE, OR CALLED
22.2' AHEAD, TOTAL MEASUREMENT IN VOLUME 252, PAVEL 248' OF THE
LINED, RECORDED, OR CAL IN CALIFORNIA COUNTY.

GENERAL NOTES

LESEN

● POLYD MONUMENT
 RF FROM ROD POLAND
 RS FROM ROD SET WITH PLASTIC CAP
 STAMPED JAMES BEPLS 04807

DEBRA JENKINS
CALLED 1.14 ACRES
INSTRUMENT NO. 2018-022111
SHERIFFS DEED

HIGHWAY 316
RIGHT-OF-WAY

JOB NO. E21015
DATE 08/26/2

DATE: 08/26/2011

DRAWN JNH

ELITE



MEALS*MYERS
A FRESH APPROACH TO THE PROFESSIONAL KITCHEN

10508 LAUREATE DRIVE,
SUITE 101
SAN ANTONIO, TX 78248
PHONE: 830-631-1289
PHONE: 214-740-0490

NO.	REVISIONS	DESC./DATE
-----	-----------	------------

AMENDED PLAT

J.M. TURNER SUBDIVISION, PART OF LOT 4 AND LOT 5, BLOCK 3

8

8. Consider and take necessary action to approve the Final Plat of Pelicans Landing Resubdivision No. 1. (GDR)

Terry Ruddick with Urban Surveying explained the final plat.

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*



June 9, 2022

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 June 22, 2022.

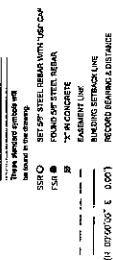
- Consider and take necessary action to approve the Final Plat of Pelicans Landing Resubdivision No. 1

Sincerely,

A handwritten signature in black ink, appearing to read "GDR" with a stylized flourish at the end.

Gary D. Reese

GDR/at



SUBDIVISION NAME: PIEDMONT LANDING RESUBDIVISION NO. 1
OWNER:
LESTER J. GUILLOTTE, JR. AND DEBRA S. GUILLOTTE
20186 PASCATA LAKE DE
(HUNTSVILLE, ALABAMA 35896)
LOT 1R
LOT 2R
LOT 3R
LOT 4R
LOT 5R
LOT 6R
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LOT 314R
LOT 315R
LOT 316R
LOT 317R

STREET NAMES; THERE ARE NO PROPOSED STREET NAMES.

1. LAND USE: RESIDENTIAL
2. STREET CLASSIFICATION: PRIVATE
3. DRAINAGE: DRAINAGE WILL BE PROVIDED
THE INTRACASTAL WATERWAY.
4. WATER: EXISTING.
SEWER: EXISTING.

1. EXTRATERRITORIAL JURISDICTION: THIS PROPERTY IS LOCATED WITHIN THE JURISDICTION OF PORT COCHABER IMPROVEMENT DISTRICT.

STATE OF TEXAS,
COUNTY OF CALHOUN:

TERRY T. RUDDICK, A REGISTERED PROFESSIONAL LAND SURVEYOR IN THE STATE OF TEXAS, DO HEREBY CERTIFY THAT I PREPARED THIS PLAT FROM AN ACTUAL AND ACCURATE SURVEY OF THE LAND SHOWN THEREON, AND THAT THE CORNER MONUMENTS SHOWN THEREON WERE PLACED UNDER MY PERSONAL SUPERVISION, IN ACCORDANCE WITH THE SUBDIVISION REGULATIONS OF CALHOUN COUNTY, TEXAS.



ERRY T. RUDOLPH
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS No. 4943

DGN BY: MMB
 DATE: 10/27/21
 FILE: S24792.00

PELICANS LANDING
FORT O'CONNOR, CALHOUN COUNTY, TEXAS.

DESCRIPTION:

2004 N. COMMERCE ST.
PHONE: (361) 575-9837
FIRM # 10021100

VICTORIA, TEXAS 77901
FIRM # 10021100

404 E. FRENCH ST.
PHONE: (361) 277-9961 FAX: (361) 277-9963 FIRM # 10021101

CUERO, TEXAS 77854
FIRM # 10021101

2851 SILICON DRIVE
PHONE: (210) 257-4654 FAX: (210) 267-4704 FIRM # 10193943

SAN ANTONIO, TEXAS 78248
FIRM # 10193943



and Surveying + Aerial Imaging

CALHOUN COUNTY APPRAISAL DISTRICT

I HEREBY CERTIFY THAT THE AD VALOREM TAXES ON THE LAND INCLUDED WITHIN THE FLOODPLAIN IMPROVEMENT DISTRICT FOR THE YEAR 2022 ARE AVAILABLE. THE AD VALOREM TAXES MAY BECOME DUE BASED ON THE PROVISIONS OF THE SPECIAL APPRAISAL COMPTROLLER RULES 3.0600 OR PROPERTY INCLUDED IN THIS CERTIFICATE (TAX CODE SECTION 21.0600).

SIGNED THIS 28th DAY OF June, 2022
 JESSE W. NUBRELL
 CHIEF APPRAISER

PORT O'CONNOR IMPROVEMENT DISTRICT

THE UNDERSIGNED, PRESIDENT OF THE PORT O'CONNOR IMPROVEMENT DISTRICT DOES HEREBY CERTIFY THAT THE FLOODPLAIN IMPROVEMENT DISTRICT FOR THE YEAR 2022, THE BOARD OF DIRECTORS OF THE DISTRICT, HAS REVIEWED THIS PLAN FOR EASEMENT LOCATION AND DEDICATIONS ONLY. THE EASEMENTS DEPICTED HEREIN ARE CONSISTENT WITH THE REQUIREMENTS OF THE RULES AND REGULATIONS OF THE DISTRICT. THE DEVELOPER (AND/OR THE DEVELOPERS' SUCCESSORS AND ASSIGNEES) SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND FACILITIES IN THIS PLATTED AREA IN ACCORDANCE WITH DISTRICT REQUIREMENTS.

DSM
 DANNY MCGUIRE
 PRESIDENT

COUNTY CLERKS' CERTIFICATE

I, ANNA GOODMAN, CLERK OF COUNTY COURT AND COUNTY CLERK OF CALHOUN, TEXAS, DO HEREBY CERTIFY THAT THE FOREGOING PLAN OF PELICANS LANDING RESUBDIVISION NO. 1 IN CALHOUN COUNTY, TEXAS, IS AN INSTRUMENT AUTHENTICATED BY CERTIFICATION OF CALHOUN COUNTY, TEXAS, ATTACHED HEREIN FOR RECORDATION. THE INSTRUMENT WAS FILED FOR RECORD IN THE CLERK'S OFFICE ON 06/01/2022, OF THE CALHOUN COUNTY PLAT RECORDS AS INSTRUMENT # 2022.

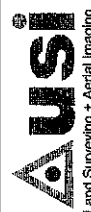
ANNA GOODMAN
 COUNTY CLERK
 COUNTY OF CALHOUN
 STATE OF TEXAS

FLOODPLAIN ADMINISTRATOR

ACCORDING TO THE FLOOD INSURANCE RATE MAP (FIRM) FOR CALHOUN COUNTY, TEXAS, COMMUNITY PANEL NUMBER 48670 (380 E. REVISED OCTOBER 10, 2014), THE SUBJECT PROPERTY IS LOCATED WITHIN A FLOODPLAIN. THE FLOODPLAIN IS LOCATED ZONE AE (EL. 10), WHICH IS A SPECIAL FLOOD PLAIN AREA. THE FLOOD ELEVATIONS DETERMINED.

A FLOOD CONVEY PERMIT IS REQUIRED FROM THE FLOOD PLAIN ADMINISTRATORS OFFICE, 311 SOUTH ANN STREET, ROOM 301, FORT LAMAR, TEXAS 77979, 361-583-4455.

LADANA THIGPEN
 FLOODPLAIN ADMINISTRATOR



2504 N. COMMERCE ST.
 FORT LAMAR, TEXAS 77971
 PHONE: (361) 579-9837
 104 E. FRENCH ST.
 GUERO, TEXAS 77864
 PHONE: (361) 277-5881 FAX: (361) 277-5885 FIRM # 1002109
 12851 SILICON DRIVE
 FORT LAMAR, TEXAS 77979
 PHONE: (214) 257-8684 FAX: (214) 257-8234 FIRM # 1053645

OWNER'S CERTIFICATE

STATE OF TEXAS
 COUNTY OF CALHOUN
 I (WE), THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN ON THIS PLAT, AND DESIGNATED HEREIN AS THE SUBDIVISION, HAVE HEREBY AGREED TO DEDICATE TO THE PUBLIC THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

MAISON WOOLLE
 MAISON WOOLLE
 13819 N. BAKERS LANDING ROAD
 HOUSTON, HARRIS COUNTY, TEXAS 77079

STATE OF TEXAS
 COUNTY OF HARRIS
 BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED MAISON WOOLLE, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 01 DAY OF JUNE, 2022.



STATE OF TEXAS
 COUNTY OF HARRIS
 BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED MAISON WOOLLE, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 01 DAY OF JUNE, 2022.



CALHOUN COUNTY E 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT

I HEREBY CERTIFY THAT THE FOREGOING SUBDIVISION PLAT OF PELICANS LANDING RESUBDIVISION NO. 1, MEETS THE CURRENT 911 REQUIREMENTS.

RAQUEL MORALES
 RAQUEL MORALES
 DISTRICT COORDINATOR
 (817) 552-4459

OWNER'S CERTIFICATE

STATE OF TEXAS
 COUNTY OF CALHOUN
 I (WE), THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN ON THIS PLAT, AND DESIGNATED HEREIN AS THE SUBDIVISION, HAVE HEREBY AGREED TO DEDICATE TO THE PUBLIC THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

MAISON WOOLLE
 MAISON WOOLLE
 13819 N. BAKERS LANDING ROAD
 HOUSTON, HARRIS COUNTY, TEXAS 77079

STATE OF TEXAS
 COUNTY OF HARRIS
 BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED MAISON WOOLLE, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 28 DAY OF MAY, 2022.



STATE OF TEXAS
 COUNTY OF HARRIS
 BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED MAISON WOOLLE, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT SUCH PERSON EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATIONS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 28 DAY OF MAY, 2022.



COMMISSIONERS COURT

THE COMMISSIONERS COURT MEETING IN REGULAR SESSION ON _____, 2022, APPROVED THE PLAT DEDICATION OF ROADS DESCRIBED HEREON.

DARY REESE
 COMMISSIONER PRECINCT 4

FINAL PLAT PELICANS LANDING RESUBDIVISION NO. 1

PELICANS LANDING
 PORT O'CONNOR, CALHOUN COUNTY, TEXAS.

DGN BY: MMB
 DATE: 10/27/21
 FILE: S24792.00
 JOB: S24792.00
 SHEET 1 OF 1

9

9. Consider and take necessary action to approve a request from Maeghen Strahan to use the Port O'Connor Community Center property for a benefit Clay Shoot on October 8, 2022 to raise funds for the Port O'Connor Community Center upgrades. (GDR)

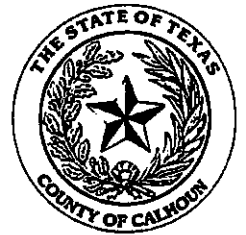
Jim Cooley spoke on behalf of Meaghen Strahan.

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



Gary D. Reese

County Commissioner
County of Calhoun
Precinct 4



June 9, 2022

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 June 22, 2022.

- Consider and take necessary action on request from Maeghen Strahan to use the Port O'Connor Community Center property for a benefit Clay Shoot October 8, 2022 to raise funds for Port O'Connor Community Center upgrades.

Sincerely,

A handwritten signature in black ink, appearing to read "G.D. Reese", written over the printed name.

Gary D. Reese

GDR/at

April Townsend

From: rangermortgage@icloud.com (Troy Cooley) <rangermortgage@icloud.com>
Sent: Wednesday, June 15, 2022 2:26 PM
To: April Townsend
Subject: Fwd: Insurance
Attachments: Event Policy Quote_6.10.22.pdf; Untitled attachment 00082.htm

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.

April, attached Maeghan's e mail with the insurance persons name and number she requested that the county legal department attorney give her a call to make sure that he is satisfied with the quote and answer any questions. She does the port O'Connor chamber of commerce insurance for the fireworks. The dates are just to get a quote says that if she put the October date they couldn't get a quote which I don't really understand but stranger things happen. Thanks Jim

Jim Cooley

Begin forwarded message:

From: Maeghen Strahm <maeghen@nickelrockllc.com>
Date: June 15, 2022 at 10:35:43 AM CDT
To: Troy Cooley <rangermortgage@icloud.com>
Subject: Re: Insurance

Jim,

From what I'm being told, we don't get a declaration page until we get the policy, which is no more than 30 days before the event. I am including the Quote for Coverage for the Event Policy we WILL get 30 days before the event which will list Calhoun County as additional insured and they will be indemnified on the policy.

I feel we should be able to get approval for this event with the condition that we have the policy in place by event time (30 days prior)

They can contact Kristina Matthijetz at Wellmann (Sieglers Insurance) as she also does the policy for the POC Chamber of Commerce and is setting this Event Policy up exactly the same as theirs. Her direct# is 979-542-3449 or email kmatthijetz@wellmanninsurance.com

Thanks Jim,
M

NICKEL ROCK, LLC
PO Box 2239
San Marcos, TX 78666
OF (512) 216-6219
CI (512) 608-8388

Commercial Insurance Quote Proposal



CRC Group
Wholesale & Specialty

To:
Contact Name:
Contact Email:
Contact Phone:

From: CRC Binding (Houston, TX)
Address: 10375 Richmond Ave Ste 427 Houston TX
77042

License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Minimum Earned: 100%

Minimum and Advance
Premium: 100%

These terms are valid for 60 days from JUNE 10,2022. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	PORT O' CONNOR COMMUNITY CENTER
Proposed Policy Period:	06/10/2022 To 06/11/2022
Quote Number:	QT-01915725
Agent Reference Number:	
Renewal of #:	NEW

Premium Summary

LIABILITY	\$250 MP
Sub Total Premium:	\$250
Policy Fee	\$200.00
Surplus Lines Tax	\$21.83
Stamp Fee	\$.34
Grand Total:	\$472.17

Terrorism: Terrorism coverage can be purchased for an additional premium of \$13.00 plus applicable taxes and fees.
Signed acceptance/rejection required at binding.

Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
202 S ANN ST PORT LAVACA TX 77979						
1 / 1	CT	47254	SHOOTING MATCH+ START DATE: 06/10/2022 END DATE: 06/11/2022	200 / PER PERSON / EACH	\$35 INCL	\$70 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)	CG 24 04	NO CHARGE	1	INCLUDED
ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES	CG 20 11	NO CHARGE	1	INCLUDED

Final Liability Premium:

\$250 MP

Forms and Endorsements

Common Policy

NOTS0065TX 01-21 IMPORTANT NOTICE-TEXAS

NOTS0079TX 04-09 TEXAS REQUIRED NOTICE

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

UTS-COVPG 03-21 COVER PAGE

OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS

UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 08-96 SCHEDULE OF LOCATIONS

IL 00 17 11-98 COMMON POLICY CONDITIONS

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

UTS-9g 06-20 SERVICE OF SUIT CLAUSE

Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 20 11 12-19 ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES

CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION

CG 21 16 04-13 EXCLUSION-DESIGNATED PROFESSIONAL SERVICES

CG 21 32 05-09 COMMUNICABLE DISEASE EXCLUSION

CG 21 44 04-17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 24 04 12-19 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

GLS-106s 12-13 TOTAL LIQUOR LIABILITY EXCLUSION

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-227s 02-18 ASSAULT AND/OR BATTERY EXCLUSION

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY

Forms and Endorsements

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

GLS-570 07-21 CONTRACTORS SPECIAL CONDITIONS

Each Occurrence Limit :

Personal and Advertising Injury Limit :

General Aggregate Limit (Other than Products/Completed Operations) :

Products/Completed Operations Aggregate Limit :

GLS-5s 04-08 SPECIAL EVENT PARTICIPANT EXCLUSION

GLS-74s 09-05 AMENDMENT OF CONDITIONS

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

IL 01 68 03-12 TEXAS CHANGES-DUTIES

UTS-230g-TX 09-94 PROMPT PAYMENT OF CLAIMS-TEXAS

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any 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; 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.

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. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

☐	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>13.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
☐	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/ Business Name

QT-01915725

Print Name

Policy Number, if available

Date

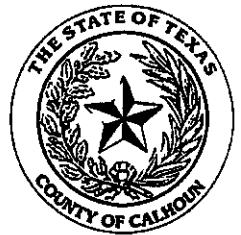
10

10. Consider and take necessary action to accept the Matagorda Bay Mitigation Trust Contract No. 031 for the Green Lake Park Development Phase 1 Engineering Services and authorize Judge Meyer to sign all documentation. (GDR)

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



Gary D. Reese
County Commissioner
County of Calhoun
Precinct 4



June 16, 2022

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 June 22, 2022.

- Consider and take necessary action accept Matagorda Bay Mitigation Trust Contract No. 031 for the Green Lake Park Development Phase 1 engineering services and authorize Judge Meyer to sign all documentation.

Sincerely,


Gary D. Reese

GDR/at

MATAGORDA BAY MITIGATION TRUST

CONTRACT COVER/SIGNATURE PAGE

TITLE OF CONTRACT No. 031: Green Lake Park Development – Phase 1

This Contract is entered into by the Matagorda Bay Mitigation Trust (herein referred to as “the Trust”) and the following named Recipient:

THE TRUST:

Matagorda Bay Mitigation Trust
P. O. Box 1269
Poth, Texas 78147-1269

Email: Trustee@mbmtrust.com

Contact Person: Steven J. Raabe, Trustee

RECIPIENT:

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

EMAIL: richard.meyer@calhouncotx.org
gary.reese@calhouncotx.org

Contact Person: Judge Richard Meyer and
Commissioner Gary Reese

The Recipient (“Recipient”) agrees to provide Mitigation Project Work and Services (“Mitigation Project”) in compliance with this Contract (“Contract”) and all applicable federal and state laws, regulations, and rules. In accordance with the General Terms & Conditions, it is understood and agreed by both parties hereto that the Trust’s obligations under this Contract are contingent upon Recipient’s compliance with this Contract and federal and state law regulations and rules. This Contract, which constitutes promised performances by the Recipient, consists of the following documents:

Contract (Cover Sheet/Signature Page)
General Terms and Conditions
Statement of Mitigation Project (Attachment A)
Budget (Attachment B)
Invoice Format (Attachment C)

The Recipient hereby acknowledges that it has read and understands this entire Contract. All oral or written agreements between the parties hereto relating to the subject matter of this Contract that were made prior to the execution of this Contract have been reduced to writing and are contained herein. The Recipient agrees to abide by all terms and conditions specified herein and certifies that the information provided to the Trust is true and correct in all respects to the best of its knowledge and belief.

CONTRACT PERIOD: FROM: June 1, 2022 UNTIL: December 31, 2024

FUNDING: This Contract may not exceed \$266,000.00 (“funds”).

APPROVED:

MATAGORDA BAY MITIGATION TRUST

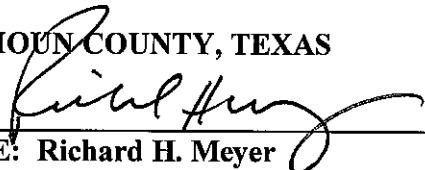
BY: 

NAME: Steven J. Raabe

TITLE: Trustee

DATE: June 13, 2022

CALHOUN COUNTY, TEXAS

BY: 

NAME: Richard H. Meyer

TITLE: Calhoun County Judge

DATE: 6-22-2022

GENERAL TERMS AND CONDITIONS

I. PARTIES

- A. Trustee of the Matagorda Bay Mitigation Trust herein referred to as "Trustee" or "Trust" as applicable and "Recipient," have made and entered into this Contract herein referred to as "Contract."
- B. Recipient represents and guarantees that it possesses the legal authority to enter into this Contract, receive the funds authorized by this Contract, and to perform the work and services described on Attachment "A" comprising the Mitigation Project ("Mitigation Project"). The Recipient has obligated itself to perform under this Contract, including subsequent contract amendments or modifications. As may be applicable to Recipient, the Recipient shall comply with appropriate federal and state licensing or certification requirements.
- C. The persons signing this Contract on behalf of the parties hereto warrant that they are the duly authorized representatives authorized to execute this Contract and to validly bind their respective parties to all terms, conditions, performances and provisions herein set forth.

II. PURPOSE

This Contract sets forth the terms and conditions upon which the Trust agrees to provide funds ("funds") to the Recipient to perform the Mitigation Project.

III. RECIPIENT AS INDEPENDENT CONTRACTOR

- A. It is understood and agreed by both parties that the Trust is contracting with Recipient as an independent contractor and that Recipient is and shall be liable to its own employees and is responsible for its own risk of loss.
- B. The Recipient agrees to repay the Trust for all disallowed cost or other claims which may be declared by the Trustee occurring in connection with the Mitigation Project to be performed or administered by the Recipient under this Contract.
- C. Employees of Recipient are not employees or agents of the Trust. Employees of Recipient are subject to the exclusive control and supervision of Recipient and Recipient is solely responsible for employee payroll and claims arising therefrom.

IV. FUNDS

A. Funds and Payment Disbursements

1. Trust agrees to pay Recipient in accordance with the approved budget structure set forth in Attachment B and other provisions of this Contract and such payment shall not exceed the amount specified in the Contract Cover/Signature Page.
2. Recipient agrees that it shall not utilize funds for administration or overhead expenses in an amount that exceeds fifteen percent (15%) of the approved budgeted project salaries of Recipient. Recipient shall ensure salary amounts charged to the project are reasonable and solely for the project(s) identified.
3. Funds will be disbursed to Recipient as follows:
 - a. Mitigation Project Work Plan. The work plan for the execution of the Mitigation Project is described in Attachment A and includes the following:
 - i. Details regarding the specific work and services to be performed;
 - ii. A schedule of estimated time to perform each stage of the Mitigation Project;
 - iii. A budget to perform the Mitigation Project as shown in Attachment B; and
 - iv. Such other information requested by Trustee.
 - b. Invoicing. Upon completion of each stage of the Mitigation Project or as otherwise agreed, the Recipient shall electronically submit an invoice to the Trust with details about the work and services performed, the date(s) performed and a list of all expenditures in the format shown on Attachment C and such other information requested by the Trust. Trustee may approve payment of the invoice or upon review request additional information the Trustee deems necessary for clarification or other purposes prior to payment. Trustee may withhold payment until satisfied that the invoice represents accurately the contents therein. Prior to, during, or subsequent to approval of payment of invoices to Recipient, the Trustee shall have the right to conduct an audit or investigation regarding such invoices or other information provided by Recipient.
 - c. Progress Reports. Recipient shall provide Trust with a progress report with each invoice detailing the Mitigation Project activities performed to date together with a list of all expenditures with supporting documentation such as paid invoices, copies of subcontracts, reports maintained internally by Recipient, such reports to include information regarding potential issues that affect the Mitigation Project and reports submitted to Recipient's governing body and such other information requested by Trustee.

- d. Final Report. Recipient shall provide Trust with a final report detailing the Mitigation Project as completed which shall include copies of all reports maintained internally by Recipient, such reports to include information regarding the resolution of issues that affected the Mitigation Project and reports submitted to Recipient's governing body reflecting the completion of the Mitigation Project and such other information requested by Trustee.
 - e. Additional Reports. Recipient agrees to provide follow-up information and documentation to any report submitted to Trust as Trustee deems reasonable and necessary and such other information requested by Trustee from time to time.
- 4. Recipient agrees to return, refund, or repay to Trust any sum which Trustee determines represents an overpayment to Recipient or represents funds not used in accordance with the terms of this Contract. Trustee's determination of overpayment or funds not used in accordance with the terms of this Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.
 - 5. Trustee may withhold funds to Recipient if Trustee determines that Recipient has not complied with the terms of this Contract. Trustee's determination to withhold funds due to Recipient's failure to comply with the terms of the Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.
 - 6. Recipient agrees that it will not receive duplicate funds from another source for any of the items included in the budget set forth in Attachment B.
 - 7. Following Trustee's approval of the Final Report, any portion of the funds not expended or obligated in accordance with this Contract shall be returned to the Trust by Recipient.
 - 8. This Contract shall not be construed as creating any future financial obligation or debt of or on behalf of Trust. It is understood and agreed that funds may be provided to Recipient only from funds allocated for this Mitigation Project which shall be distributed subject to compliance with this Contract and upon such timing as deemed reasonable by the Trustee.

V. RECORDS MANAGEMENT

- A. Recipient shall maintain all books, records, documents, papers, and other evidence related to Mitigation Project implementation, including financial records, reports maintained internally by Recipient and reports submitted to Recipient's governing body, and Mitigation Project performance information, in accordance with generally accepted business and accounting practices, consistently applied. Recipient shall also maintain the financial data used in the preparation of support for any cost (direct and indirect) information or analysis for the Contract or for any

negotiated subcontract. Recipient shall also maintain a copy of any negotiated subcontract. Recipient shall also maintain a copy of any cost information or analysis submitted to Trustee. Recipient agrees to the disclosure and access of Trustee, or any authorized representative of Trustee to all such books, records, documents, papers, and other evidence for the purposes of review, inspection, audit, excerpts, transcriptions and copying during normal business hours.

- B. Recipient understands that acceptance of funds under this Contract acts as acceptance of the authority of the Trustee or his authorized representative, to conduct an audit or investigation in connection with those funds. Recipient further agrees to fully cooperate with the Trustee, or his authorized representative in the conduct of the audit or investigation, including providing all records requested. Recipient shall ensure that this clause concerning the audit of funds accepted under this Contract is included in any subcontract it awards.
- C. Recipient shall maintain such records and be subject to these audit requirements during the performance under this Contract for a period of five years after Trustee provides written approval of the Final Report. However, if Recipient is aware of any litigation, claim, negotiation, audit, cost recovery or other action, including actions concerning costs of items to which an audit exception has been taken, relating to the Mitigation Project that started before the expiration of the five-year record retention period, Recipient shall maintain all records and be subject to such audit requirements until completion of the action or resolution of all issues which arise from any litigation, claim, negotiation, audit, cost recovery or other action, or until the end of the five-year record retention period, whichever is later. The Trustee will have access to records at any reasonable time for as long as the records are maintained by Recipient. Recipient agrees to transfer records in its custody to Trustee upon his request. This paragraph survives termination of this Contract.
- D. Failure to comply with all records management and reporting requirements of this Contract shall constitute an event of potential default more fully described in Section XIV hereinafter.

VI. FINANCIAL MANAGEMENT

Recipient shall have a financial management or accounting system which accounts for costs in accordance with generally accepted accounting standards and principles. Recipient shall allow Trustee's review of the adequacy of the financial management system. Failure to maintain the financial accounting requirements shall constitute an event of potential default more fully described in Section XIV hereinafter. The accounting requirements shall include:

- A. Provide for the identification of costs in accordance with the approved project budget (Attachment B) and segregation of Mitigation Project costs between the budget categories;

- B. Maintain records which adequately identify the source and application of funds provided under this Contract. Such records must contain information pertaining to awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income;
- C. Provide internal control by maintaining effective control and accountability for all cash, real and personal property and other assets paid for under this Contract. All such property acquired with Project funds must be adequately safeguarded and used solely for authorized purposes;
- D. Provide budget control by comparing outlays and expenditures with budgeted amounts for the funds provided by the Trust both by category and by task as shown in Attachment C;
- E. Support accounting records with source documentation, including cancelled checks, paid invoices, payrolls, time and attendance records, and subcontract documents;
- F. Permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of this Contract or applicable statutes; and
- G. Permit preparation of reports required by this Contract or requested by Trustee.

VII. SUBCONTRACTORS

- A. Recipient may subcontract all or any portion of the Mitigation Project for purposes of this Contract.
- B. Recipient shall be responsible for all acts and omissions of all subcontractors performing or furnishing any portion of the Mitigation Project under a direct or indirect contract with Recipient to the extent provided under applicable laws and regulations. Nothing in this Contract shall create for the benefit of any such subcontractor any contractual relationship between Trust and any such subcontractor, nor shall it create any obligation on the part of Trust to pay or to see to the payment of any money due to any such subcontractor.
- C. Recipient shall be solely responsible for scheduling and coordinating the work of subcontractors performing or furnishing any portion of the Project under a direct or indirect contract with Recipient. Recipient shall require all subcontractors performing or furnishing any portion of the Project who desire to communicate with Trustee to communicate through Recipient with Trustee.
- D. All work performed for Recipient by a subcontractor shall be pursuant to an appropriate written contract between Recipient and the subcontractor which is not inconsistent with the terms and conditions of this Contract. Each subcontractor

shall be provided a copy of this Contract prior to initiating any portion of the Project.

VIII. PUBLICATIONS, NEWS RELEASES, AND OTHER PUBLIC ANNOUNCEMENTS

All public reports, news releases, other publicity, and other materials prepared for publication pursuant to or as a result of this Contract shall acknowledge the Matagorda Bay Mitigation Trust as the funding source. Public reports or other publications, news releases, and other publicity issued by Recipient about the Mitigation Project shall be provided to Trustee.

IX. RIGHTS IN DATA AND OTHER MATERIALS

- A. Recipient and the Trust agree that any data collected as a result of this Contract shall be jointly owned by Recipient and the Trust. Recipient and Trust agree that each shall have complete and unlimited access and use to all data collected as a result of this Contract. Further, at the termination of the Trust, or at such other time deemed appropriate by Trustee, the Trustee has the right, but not the obligation to transfer any interest in the data to Recipient.
- B. Recipient shall act to ensure all subcontractors used for this Mitigation Project are advised of the rights in data and other materials described herein and that the subcontractors are prohibited from asserting any rights at common law or in equity or otherwise seeking to establish any claim to statutory copyright in any data, material or information developed under this Contract.
- C. Recipient and the Trust agree that in addition to the joint ownership by Recipient and the Trust of any data collected as a result of this Contract, that in the event any invention or intellectual property is created as a result of this Contract in which the Recipient retains title, Trust shall have a non-exclusive, nontransferable, irrevocable, paid-up license to practice or have practiced the subject invention throughout the world. Materials developed as a result of this Contract will be made available to the Trustee in written and electronic formats upon request under the non-exclusive, nontransferable, irrevocable, paid-up license.
- D. The Recipient has the responsibility to obtain from its subcontractors all data and rights therein necessary to fulfill the Recipient's obligations to the Trust under this Contract. If a subcontractor refuses to accept terms affording the Trust's such rights, the Recipient shall promptly bring such refusal to the attention of the Trustee.
- E. Recipient shall place a section in all subcontractor contracts that complies with Section IX.

X. AGREEMENT TO HOLD HARMLESS AND INDEMNIFICATION

- A. TO THE EXTENT PERMITTED BY APPLICABLE LAW, RECIPIENT AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TRUST, TRUSTEE AND AGENTS, EMPLOYEES, CONSULTANTS, ACCOUNTANTS, ATTORNEYS AND OTHER PROFESSIONALS AND REPRESENTATIVES ENGAGED OR EMPLOYED BY THE TRUST TO THE FULL EXTENT PERMITTED UNDER FEDERAL AND STATE LAW FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION TO THE EXTENT ARISING FROM THE MISCONDUCT, NEGLIGENCE, OMISSIONS, OR RECKLESS ACTS OF RECIPIENT OR ITS EMPLOYEES, OFFICERS, OFFICIALS OR AGENTS OR ITS SUBCONTRACTORS IN CONNECTION WITH THE PERFORMANCE OF SERVICES OR WORK BY RECIPIENT UNDER THIS CONTRACT. THE PROVISIONS OF THIS PARAGRAPH SHALL SURVIVE TERMINATION OF THIS CONTRACT.**
- B. TO THE EXTENT PERMITTED BY APPLICABLE LAW, THE RECIPIENT AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE TRUST, TRUSTEE AND AGENTS, EMPLOYEES, CONSULTANTS, ACCOUNTANTS, ATTORNEYS AND OTHER PROFESSIONALS AND REPRESENTATIVES ENGAGED OR EMPLOYED BY THE TRUST TO THE FULL EXTENT PERMITTED UNDER FEDERAL AND STATE LAW FROM ANY AND ALL CLAIMS AND LOSSES ACCRUING OR RESULTING TO RECIPIENT AND TO ANY AND ALL SUBCONTRACTS, MATERIALS, PERSONS, LABORERS AND AN OTHER PERSONS, FIRMS OR CORPORATION, FURNISHING OR SUPPLYING WORK, SERVICES, MATERIALS, OR SUPPLIES IN CONNECTION WITH THE PERFORMANCE OF THIS CONTRACT.**

XI. CONFLICT OF INTEREST

- A. Recipient shall maintain an internal policy regarding conflicts of interest and shall adhere to said policy with respect to any potential or actual organizational or personal conflict of interest between Recipient and its employees or any**

subcontractor with respect to this Contract. Further, such internal policy shall include a prohibition that funds received by Recipient from the Trust shall not be used to pay, reimburse or otherwise give in any manner or for any purpose to the Plaintiffs and Defendants in Cause No. 6-17-CV-00047, In San Antonio Bay Estuarine Waterkeeper and S. Diane Wilson vs. Formosa Plastics Corp., Texas, and Formosa Plastics, Corp., U.S.A., in the United States District Court for the Southern District of Texas, Victoria Division.

- B. Recipient shall notify Trustee regarding any potential or actual organization or personal conflict of interest involving Recipient's employees or subcontractors and shall keep the Trustee informed regarding any actions taken or decisions made in connection with such employee or subcontractor. In the event that the organizational or personal conflicts of interest does not become known until after performance on the Contract begins, Recipient shall notify Trustee of the conflict and any action taken as soon as Recipient becomes aware of the conflict.
- C. Trustee has sole discretion to make the final determination as to whether an organizational or personal conflict of interest exists, and if the conflict of interest requires action beyond the action taken by Recipient, whatever action that may be. Trustee may request Recipient to terminate any subcontractor in whole or in part, if Trustee deems such termination necessary to avoid an organizational or personal conflict of interest.
- D. If Recipient was aware of an actual organizational or personal conflict of interest prior to award or discovered an actual conflict afterward and did not disclose it or misrepresented relevant information to Trust, Trustee, at his sole discretion, may terminate this Contract for default or pursue such other remedies as may be permitted by law or this Contract.
- E. Recipient shall place a section in all subcontractor contracts that complies with Section XI.

XII. VENUE

Recipient acknowledges and agrees that this Contract is being performed in Calhoun County, Texas. Recipient agrees that any permissible cause of action involving this Contract arises solely in Calhoun County.

XIII. ENTIRE AGREEMENT

This Contract constitutes the entire and full agreement between the Recipient and the Trust, and all previous oral or written agreements relating to the subject matter of this Contract between the Trust and Recipient have been superseded, reduced to written form, and are incorporated herein.

Recipient and Trust expressly agree and understand that all future, oral agreements, representations or modifications shall not have any legal binding effect unless and until reduced to writing and executed by both Recipient and Trustee, except for amendments by operation of law as provided in Section XVII in this Contract.

XIV. DEFAULT AND REMEDIES

- A. Recipient shall be considered in default under this Contract if any one or more of the following events occur, provided that Recipient has received written notice of such potential default from Trustee and has failed to cure the potential default within thirty days from the date of said notice. If Recipient has begun a good faith effort to cure the potential default within the thirty-day period, Recipient may be allowed additional time, if deemed reasonable by Trustee in his sole discretion, as needed to cure the potential default.
- B. Event of Potential Default. Trustee will, in his sole discretion, determine if an Event of Potential Default exists. Each of the following shall constitute an Event of Potential Default under this Contract:
1. If Recipient makes an assignment for the benefit of creditors or takes any similar action for the protection or benefit of creditors.
 2. If at any time Recipient knowingly, negligently, or intentionally makes any representation to Trustee which is incorrect in any material respect.
 3. If Recipient knowingly, negligently, or intentionally submits any request for payment to Trust which is incorrect in any material respect.
 4. If Recipient knowingly, negligently, or intentionally submits any report or certification to Trust related to the Mitigation Project which is incorrect in any material respect.
 5. If Recipient utilizes funds which Trustee determines represents an overpayment to Recipient or represents funds not used in strict accordance with the terms of this Contract.
 6. If Recipient fails to perform the Mitigation Project described on Attachment A in any material aspect.
 7. If Recipient fails to comply with the reporting and invoicing requirements under this Contract.
 8. If Recipient fails to maintain the records management requirements under this Contract.
 9. If Recipient fails to maintain the financial accounting requirements under this Contract.

10. If Recipient fails to maintain the insurance requirements under this Contract.

11. If Recipient fails to comply with any term or provision contained in this Contract.

C. Remedies. Upon the occurrence of any such Event of Potential Default and failure of Recipient to cure such potential default as provided above, Trustee may declare Recipient in default in writing and may, as Trustee determines appropriate, withhold payments to Recipient or require Recipient to return, refund or repay any payments received prior or subsequent to the event of default. In addition, Trustee may terminate this Contract and avail himself of any appropriate legal remedies, including recovery of attorney's fees and expenses incurred in enforcing any such legal remedies, if so awarded by a court of competent jurisdiction.

D. No Waiver. A waiver of any Event of Potential Default shall not be considered a waiver of any other or subsequent Event of Potential Default, and any delay or omission in the exercise or enforcement of the rights and powers of Trust shall not be construed as a waiver of any rights or powers.

XV. USE OF FUNDS AND LIMITATIONS ON EXPENDITURES

Funds distributed or allocated to Recipient under this Contract, or any modification thereto, shall not be used to support other programs operated by the Recipient under a different contract. Nor can such funds be carried over to a new contract or amended contract without the written permission of the Trustee.

XVI. LIMITATION ON LIABILITY

The Recipient understands and agrees that the Trust shall not be liable for expenditures made in violation of terms of this Contract, any laws, regulations, rules, or policies, or any other laws or regulations applicable to the Mitigation Project performed under this Contract. The Recipient also agrees that the Trust shall not be liable for any cost incurred by Recipient which exceeds the funding amount provided hereinabove. The Recipient shall be liable for such funds and shall repay such funds even if the improper expenditure, if any, was made by a subcontractor of the Recipient.

XVII. AMENDMENTS BY OPERATION OF LAW

Any alterations, additions, or deletions to the terms of this Contract which are required by changes in Federal law, State law, by regulations, are automatically incorporated into this Contract as if set forth fully, without written amendment hereto, and shall become effective on the effective date designated by such law, regulation, or policy.

XVIII. COMPLIANCE WITH LAW.

Recipient covenants and agrees to comply with all applicable Federal, State and local laws, and all applicable Federal and State regulations. Recipient shall also be responsible to ensure that its' subcontractors shall comply with applicable Federal, State and local laws, and all applicable Federal and State regulations.

XIX. PATENT INDEMNITY

The Recipient shall include a provision in all of its contracts with contractors and subcontractors that the contractor and subcontractor will indemnify the Trustee, the Trust and its consultants, agents, attorneys, and employees against liability, including costs, for infringement of any United States patent (except a patent issued upon an application that is now or may hereafter be withheld from issue pursuant to a Secrecy Order under 35 U.S.C. §181) arising out of the manufacture or delivery of supplies, the performance of services, or the construction, alteration, modification, or repair of real property under this Contract, or out of the use or disposal by or for the account of the Trust of such supplies or construction work.

XX. DISCLOSURE OF INTEREST

Recipient represents and warrants that the Trustee, the Trust or its' consultants, agents or attorneys have no ownership or beneficial interest of any kind in Recipient or Recipient's subcontractors. Further, Recipient shall ensure subcontractor's compliance with Section XX.

XXI. SEVERABILITY

If for any reason any section, paragraph, subdivision, clause, phrase, word or provision of this Contract shall be held invalid or unconstitutional by final judgment of a court of competent jurisdiction, it shall not affect any other section, paragraph, subdivision, clause, phrase, word or provision of this Contract for it is the definite intent of the parties that every section, paragraph, subdivision, clause, phrase, word or provision hereof be given full force and effect for its purpose, so long as the invalidated matter does not substantially deprive a party of the benefit of this Contract.

XXII. INSURANCE

Recipient shall maintain during the term of this Contract and shall provide Trustee with proof of insurance in amounts sufficient to cover the Recipient's liability subject to applicable constitutional and statutory limitations of liability.

1. The Trust shall not be responsible for the payment of premiums or assessments on such policies.
2. Proof of insurance showing such coverages as required herein shall be submitted to Trustee within 20 days of contract execution.
3. In the event any insurance policy as specified herein is cancelled or in the event Recipient fails to maintain the minimum insurance limits as specified herein or in the event recipient fails to provide certificates of insurance, such event shall constitute an event of potential default more fully described in Section XIV hereinabove.

XXIII. ASSIGNMENT

This Contract shall be binding on and inure to the benefit of the Trust and Recipient and their respective successors and permitted assigns. This Contract may not be assigned by Recipient without the prior written consent of the Trustee.

XXIV. NOTICES/COMMUNICATIONS

All notices, communications, and requests given to or made upon the Trust and Recipient hereto shall, except as otherwise specified herein, be in writing and shall be delivered or mailed to such party at the notice addresses specified on the Contract Cover/Signature Page. The Trust and Recipient may change their notice addresses but shall provide immediate notice to the other and shall provide such notice in writing to the other party.

XXV. DISPUTES

In the event a Recipient has a dispute with the Trust or in the event any Recipient seeks to file a claim or lawsuit, the Recipient's sole recourse shall be by informal dispute resolution between the Recipient and the Trust and if such informal dispute resolution is not resolved, then the Recipient may seek the alternative dispute resolution as provided herein. The alternative dispute resolution process shall consist of a Mediated Settlement Conference in Calhoun County, to be conducted with the Recipient and the Trust and their legal counsel. The mediator shall be selected by agreement of the Recipient and the Trustee. Should the parties fail to agree on a mediator, an attorney mediator shall be selected by the Director of Calhoun County Dispute Resolution Services. The decision made by a Mediator shall be binding on the Recipient and the Trust, and there shall be no further appeal but the decision shall be enforced, if necessary, by the District Court of Calhoun County. The Recipient agrees to submit to such binding alternative dispute resolution as provided herein. Further, Recipient's sole remedy under the informal dispute resolution and under the binding alternative dispute resolution shall be limited to all, none or part of the remaining balance, if any, of Funds allocated to it under the terms of this Contract with the Trust; however, the Trust may recoup any Funds distributed to the Recipient through the same alternative dispute resolution procedure described herein. Any remedy under the mediation shall be sole province of the Mediator unless the Recipient and Trustee agree otherwise. In no event shall a Recipient be entitled to any other remedy; including, but not

limited to, actual damages, compensatory damages, punitive damages, exemplary damages, interest, costs of court, actual expenses and attorneys' fees. These procedures shall be binding on Recipients notwithstanding any conflict with any law or regulation.

XXVI. PERIOD OF CONTRACT

This Contract will remain in effect until the termination of the CONTRACT PERIOD as defined above, unless extended, modified, or terminated by written agreement of the Parties or terminated as provided herein with the exception of the five-year records retention provision in Section V. This provision shall survive termination of this Contract.

END OF TERMS AND CONDITIONS

Matagorda Bay Mitigation Trust ("Trust")
ATTACHMENT A
STATEMENT OF MITIGATION PROJECT

Calhoun County, Texas ("Recipient")
211 S. Ann Street
Port Lavaca, Texas 77979

The Green Lake Park Development Project Phase 1 shall include:

Surveying Services

- 1. Perform a Topographic Survey, a Hydrographic Survey and an Aerial Survey of the project areas.**

Engineering Services

- 1. Review master plan.**
- 2. Update preliminary cost estimates.**
- 3. Develop a phasing plan for proposed improvements.**
- 4. USACE real estate preliminary planning.**
- 5. Develop construction plans, prepare contract & bidding documents, oversee the bidding process and perform contract administration.**
- 6. Attend meetings, as required.**

Environmental Services

- 1. Wetlands Delineation.**
- 2. Threatened & Endangered Species Assessment.**
- 3. Cultural Resources Pedestrian Surveys.**

Architectural Services

- 1. Design of a 40' x 40' open air pavilion, picnic table covers and possible ticket booth.**

Geotechnical Investigation Services

- 1. Perform preliminary testing services of the project areas and provide recommendations.**

Matagorda Bay Mitigation Trust ("Trust")
ATTACHMENT B
BUDGET

Calhoun County ("Recipient")
211 S. Ann Street
Port Lavaca, Texas 77979

Contract Budget

Direct Salaries
Taxes and Benefits
Administrative Overhead
Construction
Consultants/Contractual \$ 260,000.00
Insurance
Permits
Supplies/Materials
Travel-Mileage

Total Contract Budget \$260,000.00

RECIPIENT WILL SUBMIT INVOICES TO TRUST (mark appropriate option):

 X Monthly

OR

 Quarterly

Matagorda Bay Mitigation Trust ("Trust")
ATTACHMENT C
INVOICING INSTRUCTIONS

Below are the instructions on how to complete and submit your invoice. All invoices must be submitted electronically. You do not need to submit a hard copy unless specifically requested to do so. Invoices that don't balance or that lack proper supporting documentation will be delayed, so please ensure that your invoice is in order prior to submission.

The Recipient's Contract includes the budget and invoice form (Attachment C). The Contract's budget is tracked in two ways: Budget by Contract Category and Budget by Task.

Each invoice submitted for payment must track the project costs in compliance with the Recipient's Contract as outlined in Attachment C.

Each field at the top and bottom of the Invoice form must be completed and the invoice must be signed and dated by the person authorize to certify that the invoice is true, correct and complete and in accordance with the Contract.

Each invoice should have the amounts being billed for the current billing period ("This Invoice" columns) and the accumulated amount billed for this Contract to-date, including the current billing period ("Contract To-Date" columns). Please take special note that the two budgets – Budget by Contract Category and Budget by Task – must always equal.

Supporting documentation must be attached to the invoice for each line item being billed in the sequence such items appear in the Budget by Contract Category section. Each supporting document must be clearly labeled *and in the proper budget sequence* in order allow our audit of the invoice and its approval for payment. Failure to properly label or sequence the supporting documentation will cause a rejection of the invoice, so this is very important.

All invoices are to be submitted electronically (email) to: Trustee@mbmTrust.com.

If a Recipient has any questions whatsoever about invoicing procedures, please feel free to contact the Trust office at 361-200-1456 or write to Administrator@mbmTrust.com.

Effective Date: June 1, 2020

Invoice to Matagorda Bay Mitigation Trust

Date of Invoice:

Recipient Name: Calhoun County

Billing Period This Invoice:

Contract #: 031 – Green Lake Park Development - Phase 1

From To

Contract Amount: \$ 260,000.00

Invoice Amount: \$

Payment Request No:

Is this a final payment application?

Y N

INVOICE RECAP*

BUDGET BY CONTRACT CATEGORY				BUDGET BY TASK			
Category	This Invoice	Contract To-Date	Total Budget	Task	This Invoice	Contract To-Date	Total Budget
Direct Salaries/Payroll				Engineering Services			260,000.00
Taxes and Benefits				Construction			
Admin Overhead							
Construction							
Consultants/Contractual			260,000.00				
Insurance							
Permits							
Professional Services							
Supplies/Materials							
Travel & Mileage							
Total			260,000.00				
*Please see Invoicing Instructions				Total			260,000.00

Remittance Address: 211 S. Ann Street, Suite A, Port Lavaca, Texas 77979

Name of Payment Contact Person and contact information: Gary Reese, Calhoun County Commissioner Precinct 4

Certification: I certify that the amounts being invoiced are true, correct, and complete in every material respect.

Signature and Title of Authorized Representative

Date Signed

Print Name and Title of Authorized Representative

For Office Use Only

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

OFFICE USE ONLY CERTIFICATION OF FILING

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

Matagorda Bay Mitigation Trust
Poth, TX United States

Certificate Number:
2022-898556

Date Filed:
06/13/2022

Date Acknowledged:

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.

Phase 1 Engineering
Engineering services for design and construction administration of Green Lake Park Phase 1 improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wood, Boykin & Wolters	Corpus Christi, TX United States		X
	Aguirre, Robert	Pipe Creek, TX United States	X	
	Raabe, Steven	Poth, TX United States	X	

5 Check only if there is NO interested Party. ☐

6 UNSWORN DECLARATION

My name is Steven J. Raabe, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

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

Executed in Wilson County, State of Texas, on the 13th day of June, 20 22
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

11

11. Consider and take necessary action to approve the Texas Association of Counties (TAC) Property Insurance renewal for the period 7/1/22 – 7/1/23 as recommended by Gray & Company, LLC. (RHM)

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

Mae Belle Cassel

From: cindy.mueller@calhouncotx.org (cindy mueller) <cindy.mueller@calhouncotx.org>
Sent: Tuesday, June 14, 2022 7:18 PM
To: Mae Belle Cassel
Cc: Richard Meyer; Donald K. Gray, ARM; Candice Villarreal
Subject: Agenda Item Request
Attachments: Property renewal binder for court.pdf

Please place the following item on the agenda for 6/22/22:

- Consider and take necessary action to approve Texas Association of Counties (TAC) Property Insurance renewal for the period 7/1/22-7/1/23 as recommended by Gray & Company, LLC.

Cindy Mueller
County Auditor
Calhoun County
202 S. Ann, Suite B
Port Lavaca, TX 77979
V: 361.553.4610
F: 361.553.4614
Cindy.mueller@calhouncotx.org

Calhoun County Texas



June 14, 2022

Ms. Cynthia Mueller
Calhoun County Auditor
202 South Ann, Suite B
Port Lavaca, TX 77979

Re: 7/1/2022-2023 Property Insurance renewal proposal

Dear Ms. Mueller:

I have completed my review of TAC's property insurance renewal proposal for coverage to be effective 7/1/22 and offer the comments and Recommendation presented below.

Attached you will find Exhibits A and B for your review. Exhibit A provides the County's annual property insurance loss ratios for 7/1/21-22 (to date) and the prior six policy periods (losses as a percent of premium). Insurers generally consider loss ratios of less than 70% to be favorable (i.e., not having a negative impact on the policyholder's future premiums). Calhoun County's seven-year property insurance loss ratio is a favorable 72% (very close to being 70%). Of course, this loss ratio is driven by Hurricane Harvey event which resulted in loss of \$1,647,685. Without the hurricane loss, Calhoun County's seven-year loss ratio would have been only 14%. Fortunately, TAC's loss from Hurricane Harvey has never affected the County's premium. While Exhibit B shows modest premium rate increases over the last five years, these rate increases were driven by market forces (namely the cost for TAC to buy reinsurance to protect the pool). Exhibit B also compares the expiring premium, premium "rates" and insured values to those proposed for the 7/1/22-23 renewal period.

When compared to the expiring policy, the only significant change in coverage for 7/1/22-23 is an increase in the deductible that applies to building/contents losses. The 7/1/21-22 deductible of \$2,500 will increase to \$5,000. It is my understanding that the same increase in deductibles to \$5,000 is being given to every county insured by TAC. The \$1,000 deductible that applies to mobile equipment will not increase for 7/1/22-23.

Exhibit B points out that:

1. The 7/1/22-23 premium of \$619,622 has increased by \$39,933 (6.89%) as compared to the expiring 7/1/21-22 premium of \$579,689.

2. The total "current replacement cost new" values of \$102,453,397 for buildings, contents, site improvements, fine arts and mobile equipment that the County reported to TAC for 7/1/22-23 increased by only 0.02% as compared to the values of \$102,434,310 reported last year. It is my understanding that TAC plans to conduct an appraisal of the County's buildings in the coming policy year. As per the wording of the policy, the appraised values will be the basis of following year's renewal premium.
3. Only \$115 of the \$39,933 premium increase is attributable to the increase in values. The balance, \$39,818, is the result of the 6.87% increase in the premium rates.

Recommendation

After reviewing the insurance renewal proposal, I recommend that Calhoun County purchase TAC's very competitive property insurance renewal proposal to become effective 7/1/22.

Please let me know if you have any questions or comments.

Sincerely,

Don Gray, ARM

Exhibit B - Changes in Premiums & Premium Rates with TAC Property Insurance, 7/1/18-22

	7/1/18-19	7/1/19-20	7/1/20-21	7/1/21-22	7/1/22-23	% Increase (2022 v. 2021)	\$ Increase (2022 v. 2021)
Premium	\$345,290	\$453,346	\$504,589	\$579,689	\$619,622	6.89%	\$39,933
Total Building/Contents/ ite Improvement & Fine Art Values as of 7/1	\$90,359,822	\$97,045,000	\$97,118,561	\$97,364,276	\$97,449,063	0.09%	\$84,787
Total Mobile Equipment Values as of 7/1	\$3,620,224	\$3,885,601	\$3,963,623	\$5,070,034	\$5,004,334	-1.30%	-\$65,700
Total Insured Value	\$93,980,046	\$100,930,601	\$101,082,184	\$102,434,310	\$102,453,397	0.02%	\$19,087
Blended Premium Rate/\$100 of property value	\$0.3674	\$0.4492	\$0.4992	\$0.5659	\$0.6048	6.87%	
Portion of 2022 premium increase due to increased values					\$115		
Portion of 2022 premium increase due to increased premium rates					\$39,818		

EXHIBIT A

Historical Annual Property Insurance Premiums and Losses

	7/1/15-16	7/1/16-17	7/1/17-18	7/1/18-19	7/1/19-20	7/1/20-21	7/1/21-22	7-year Totals
Claims	8,155	33,089	1,647,685	5,384	111,599	203,969	30,411	2,040,292
Premium	317,993	329,372	345,519	345,290	453,346	453,346	\$579,689	2,824,555
Loss Ratio	3%	10%	477%	2%	25%	45%	5%	72%

Note 1: The 7-year loss ratio would have been 14% if not for the August 2017 Hurricane Harvey loss.

Note 2: Loss ratios greater than 70% are generally considered as not being "favorable" by insurers.

Note 3: Premium figures reflect the initial premium as found within the insurance policy and do not include any premium adjustments made during the policy period.

Note 4: Claim values provide the annual "incurred" loss values using values dated 5/3/22 by TAC (i.e., payments to date plus reserves for future payments less deductibles)

Note 5: Data above does not include Port Lavaca EMS building or the Seadrift VFD building and storage unit because they are insured on a separate policy through VFIS.

Cindy Mueller

From: donaldkgray@gmail.com (Don Gray) <donaldkgray@gmail.com>
Sent: Tuesday, June 14, 2022 1:11 PM
To: Candice Villarreal
Cc: Cindy Mueller
Subject: Property insurance report from Don Gray attached
Attachments: 2022_letter.doc; EXHIBITS A and B Calhoun - 2022.xlsx; 2022_property renewal proposal report.pdf; replacment cost values as described in the TAC policy.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: High Priority

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.

Candice:

Hello Candice. Great to talk to you earlier today.

Attached is my report and an Excel file which contains two worksheets titled Exhibits A and B. The report is provided as a Word document as well as a signed PDF file (your choice).

Lastly I have attached a file which contains two important pages from TAC's Property insurance policy which describe the values that the County is to provide to TAC for each renewal and a clause which says that "the member agrees to accept the appraised values". It's been my experience that TAC will listen if a county feels that the appraiser made a mistake in calculating square footage or something that can be proven wrong. But it is also my experience that the value per square foot that they appraiser feels is appropriate is seldom changed when a county questions the appraisal.

--Best Regards...

Don Gray, ARM | Gray & Company, LLC

Contact Information:

PO Box 1099, Mason, TX 76856 512.496.3583

Email: donaldkgray@gmail.com

Time Limits

In addition to the time limits shown elsewhere in this Coverage Document, the following apply:

Automatic Coverage	120 Day Period
Automatic Coverage - Rental Mobile Equipment	120 Day Period
Automatic Coverage - Mobile Equipment	30 Day Period
Extended Period of Indemnity	180 Day Period
Ingress/Egress	30 Day Period
Interruption by Civil Authority	30 Day Period

5. MAXIMUM AMOUNT PAYABLE

The limit of liability shown on the CCD or in this Coverage Document, or endorsed onto this Coverage Document, is the total limit of the Pool's liability applicable to each Occurrence. The Pool's liability will never exceed the applicable limit of liability or aggregate limit of liability regardless of the number of MEMBER PROPERTY involved. In the event of a covered loss, the Pool's liability is limited to the lesser of the following:

- A. The actual adjusted amount of loss, less applicable deductible; or
- B. The limit of liability or aggregate limit of liability shown on the CCD or in this Coverage Document or endorsed onto this Coverage Document.

6. VALUE REPORTING PROVISIONS

The Member is required to provide the Pool 100% replacement cost values of MEMBER PROPERTY at the beginning of the Coverage Document period unless otherwise noted. The Member is not required to report changes in value for existing MEMBER PROPERTY during the Coverage Document period. The Member must report to the Pool all changes in value annually at renewal.

7. WAITING PERIOD

There is a 24-hour Waiting Period before service interruption, civil authority and ingress/egress coverage will be applicable.

8. DEDUCTIBLES

For a loss covered by this Coverage Document, the Pool will be liable only if the Member sustains a loss in a single Occurrence greater than the applicable deductible specified below, and only for its share of that greater amount. The deductible amount will not reduce the limit of liability.

A. Named Storm:

Property consisting of Mobile Equipment shall not be subject to a minimum deductible for Named Storm in Tier One Counties.

For MEMBER PROPERTY wholly or partially situated in Tier One Counties, the Member's deductible resulting from a Named Storm is 2% of the 100% replacement cost value, or 100% Reproduction Cost value if applicable, as of the date of the loss at the MEMBER PROPERTY where physical damage occurred and for which the Member is making a claim for loss or damage. If a claim for loss or damage resulting from a Named Storm involves loss or damage at more than one MEMBER PROPERTY, the deductible amount will be calculated separately

Any notice of claim and/or related documents should be mailed to the above immediately or by fax or email.

CONDITIONS

Coverage: This CCD is to outline limits, deductibles, and contributions only. All coverage is subject to the terms, conditions, definitions, exclusions, and sub-limits described in the Coverage Documents, any endorsements, and the IPA.

Claims Reporting: The Named Member shall submit claims to the Pool as set forth in each applicable Coverage Document or as otherwise required by the Pool or state law.

Failure to Maintain Coverage: The Named Member's failure to maintain at least one coverage through the Pool will result in the automatic and immediate termination of the IPA.

Named Member Compliance: By executing the IPA, the Named Member agrees to comply with and abide by the Pool's Bylaws, applicable Coverage Documents, and the Pool's policies, as now in effect and as amended.

Payment of Annual Contribution: The Named Member shall pay contributions as outlined on invoices and as per the terms of the IPA.

Pool's Right to Audit: The Pool has the right, but no obligation, to audit and inspect the Named Member's operations and property at any time upon reasonable notice and during regular business hours, as the Pool deems necessary to protect the interest of the Pool.

Property Appraisal: Property coverage is blanket and based on Replacement Cost. The Pool will provide a formal physical appraisal of the Member's property on a periodic basis and the Member agrees to accept the values provided by the Pool's appraisal firm. Member agrees to report all buildings and contents prior to renewal.

Pool Coordinator: The Named Member shall appoint a Pool Coordinator. The name of the Pool Coordinator and the address for which notices may be given by the Pool shall be set forth in the space provided at the end of the IPA. The Pool Coordinator shall promptly provide the Pool with any required information.

The Named Member may change its Pool Coordinator and the address for notice by giving written notice to Pool of the change before the effective date of the change.

Any failure or omission of the Named Member's Pool Coordinator shall be deemed a failure or omission of the Named Member. The Pool is not required to contact any other individual regarding the Named Member's business except the named Pool Coordinator unless notice or contact to another individual is required by applicable law. Any notice given by Pool or its contractor to the Pool Coordinator or such individual as is designated by law for a particular notice, shall be deemed notice to the Named Member.

Submission of Information: The Named Member shall timely submit to the Pool documentation necessary for the Pool to use to determine the risk to be covered for the next renewal period and to properly underwrite the risk exposure. The Pool will provide forms identifying the information requested.

Termination and Renewal: The coverage outlined in this CCD may be terminated or not renewed by either party as outlined in the IPA or applicable Coverage Document.

Termination for Failure to Pay: Notwithstanding any other provision in the IPA, if any payment or contribution for coverage owed by the Named Member to the Pool is not paid as required by the IPA, the Pool may cancel coverage or terminate coverage and the IPA, as the Pool deems appropriate, in accordance with the Pool's Bylaws and the applicable Coverage Document. The Named Member shall remain obligated for such unpaid contribution or charge for the period preceding termination.

12

12. Consider and take necessary action to approve the FEMA-4332-DR-TX Project Completion and Certification Report for Project Worksheet #3548 Six Mile Park and the Duplication of Benefits form and authorize the County Judge to sign. (RHM)

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

Mae Belle Cassel

From: cindy.mueller@calhouncotx.org (cindy mueller) <cindy.mueller@calhouncotx.org>
Sent: Thursday, June 16, 2022 1:26 PM
To: Mae Belle Cassel
Cc: ladonna thigpen; Richard Meyer
Subject: Agenda Item Request
Attachments: PW 3548 Six Mile Park.pdf

Please place the following item on the agenda for 6/22/22:

- Consider and take necessary action on FEMA-4332-DR-TX Project Completion and Certification Report for Project Worksheet #3548 Six Mile Park and the Duplication of Benefits form and authorize County Judge to sign.

Cindy Mueller
County Auditor
Calhoun County
202 S. Ann, Suite B
Port Lavaca, TX 77979
V: 361.553.4610
F: 361.553.4614
Cindy.mueller@calhouncotx.org

Calhoun County Texas

Category	Title	Project	FEMA PW
G	Six Mile Park	3558	3548
Cost		Type	
\$ 22,845.00	Repair pavilions (3) and 1 picnic shelter	Contract	
\$ 7,105.00	Pavilion lights, boat ramp light, meter loop	Contract	
	Bulkhead (at boat ramp)	Contract	
\$ 14,221.17	Parking area (4887 gals RC250)	Materials	
\$ 152,000.00	Pier \$152,000 bid awarded to Fowler	Contract	**
\$ (52.67)	Pier Change Order No. 2 (\$104.00 reduction prorated)	Contract	**
\$ 11,404.81	Engineering services (prorated)	Contract	***
\$ 163,352.14	Total for pier only (completed 12/12/18)		
\$207,523.31	Total for Project		
	Work complete 5/11/22		

Proceeds	Insurance	Deductible
2,380.38	Pavilions (3)	\$ 120.00
19,684.62	Picnic Shelter	\$ 660.00
42,459.65	Bulkhead (invoices will be submitted)	\$ 3,286.62
153,692.12	Pier (invoices submitted)	9,660.00
218,216.77	Proceeds received to date	
	Total deductible	13,726.62

FEMA gross cost:	
Pier	\$ 152,000.00
Parking area	\$ 10,655.55
Picnic shelter/pavilions	\$ 4,270.40
Bulkhead	\$ 2,669.04
FEMA total gross cost	\$ 169,594.99
Insurance reductions	\$ (142,340.00)
FEMA net cost	\$ 27,254.99
7/18/2019 FEMA PW 3548 Award 90%	\$ 24,529.49
County cost to date after insurance proceeds to date	\$ (10,693.46)
County net revenue (expense) to date for this PW	\$ 35,222.95

Invoices in drop box & capital project file; not duplicated

** in PW file.

*** Invoices in capital project file; not duplicated in PW file.

County Auditor Progress Notes:

10/18/18 Email bid, specs, plans to Emily Foote with 406 mitigation along with PDMG & TDEM.
11/14/18 During weekly meeting, LT advised per Comm. Lyssy: Pier work perhaps complete by end of November; no specs or bids for bulkhead; parking lot (likely force account) will be scheduled after pier complete; pavilion/

Category	Title	Project	FEMA PW
G	Six Mile Park	3558	3548
Cost		Type	

picnic shelters are complete.
 12/12/18 Pier work complete; retainage released.
 12/26/18 Emailed LT 2 hazard mitigation proposals to discuss with Vern.
 1/4/19 Forwarded LT's response to PDMG.
 2/25/19 PDMG sent several EHP questions; forwarded to Vern (cc LaDonna) with request to help answer.
 3/6/19 Vern attended weekly meeting with PDMG to provide answers.
 but continue to gather supporting documentation for pier.
 3/29/19 per phone call from LT: No Nationwide 3 Corps of Engineers permit. Alcoa obtained permit for original construction prior to county owning the pier. G&W relied on original Alcoa plans but no changes done in water with this project. Still need to submit contractor's draws as construction sequencing for pier.
 4/1/19 LT emailed PDMG google map with locations of damages as requested.
 4/10/2019 TDEM extended completion date to 8/25/19.
 4/10/2019 Need to scan Fowler Construction draws when able to access the file.
 5/3/19 Emailed Fowler invoices and change orders to PDMG.
 5/23/19 Emailed letter from G&W regarding pier permit to PDMG.
 6/28/19 Pending scope & cost approval by applicant.
 7/2/19 Emailed Vern to get approval of cost.
 7/3/19 Vern confirmed agreement verbally; CM signed in portal.
 9/19/19 Submitted time extension request to extend PoP to 2/25/2020 after discussion with Commissioner Lyssy.
 9/26/19 Notice of approval PoP extended to 2/25/2020.
 2/26/20 Vern needs another 6-month extension. Does not want to begin parking lot or bulkhead repair until separate GOMESA boat ramp dredging is completed.

Category	Title	Project	FEMA PW
G	Six Mile Park	3558	3548
Cost		Type	

3/2/2020 Vern's plan now is to do the paving work since he already has the material. Will wait to repair bulkhead after dredging is finished. As discussed with Vern, Richard & LaDonna this date, will not mention dredging in extension request.

3/2/2020 Confirmed with Vern okay to keep status quo on request to extend PoP to 8/25/2020. Submitted in TDEM portal.

7/14/20 Replied to TDEM request for project status: 80% complete.

7/30/20 CohnReznick called to remind of PoP date.

8/6/20 Talked with Vern; dredging bid not to be considered for award until 9/23; he agreed to requesting 6-mo. time extension with same verbiage as prior request.

8/6/20 Submitted request for time extension.

8/7/20 TDEM notification PoP extended to 2/25/21.

1/25/21 TDEM request for % completion.

2/8/21 Per Vern, request another time extension.

2/22/21 Replied to TDEM status request.

2/23/21 Submitted time extension request to extend PoP to 8/25/21.

3/1/21 TDEM notification PoP extended to 8/25/21.

9/1/21 TDEM request for status.

9/2/21 Submitted time extension to extend PoP to 10/25/21 after discussion with Commissioner Lyssy.

10/20/21 FEMA notification of PoP extended to 10/25/21.

10/27/21 TDEM notification PoP extended to 10/25/21.

11/1/21 Emailed Vern with request to call on status of completion.

11/4/21 After discussion with Vern, request 6 month extension because of non-Harvey improvement contractor problems.

11/5/21 TDEM request for status. Submitted time extension request to extend PoP to 4/25/22.

11/15/21 TDEM returned time extension request for milestones for each month. Edited in GMS portal and resubmitted.

5/11/22 Vern advised paving work is done and project complete.

Category	Title	Project	FEMA PW
G	Six Mile Park	3558	3548
Cost		Type	
	5/17/22 Notice of PoP 4/25/22 time extension approved.		
	5/18/22 Notified TDEM of completion date and attempted to request another time extension in GMS but account is locked; repeated requests to unlock unsuccessful.		
	5/31/22 TDEM notified time to prepare closeout documents even though no time extension request submitted.		
	6/16/22 Sent agenda item request with closeout docs.		

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Federal Emergency Management Agency
Project Completion and Certification Report (P.4)
Disaster: FEMA-4332-DR-TX

Applicant FIPS ID: 057-99057-00 Applicant/Subdivision Name: CALHOUN (COUNTY)

PW#	Amendment #	Approved Proj. Amt.	Cost Share	Cat	Bundle	Work Done By	Projected Compl. Date	% Compl. at Insp.	Elig Amount	Actual Date Completed	Amt. Claimed by Applicant	Comments
PA-06-TX-4332-PW-03548	0	\$27,254.99	N	G	PA-06-TX-4332-PW-03548 (5305)	Contract	04-25-2022	0	\$27,254.99	05-11-22	\$ 27,254.99	See * below
Total for 1 PWs: \$27,254.99											\$ 27,254.99	
Subgrantee Admin: \$0.00												
Grand Total: \$27,254.99												

*GMS access is locked out; unable to submit time extension request to actual date of completion.

Page 2 of 2

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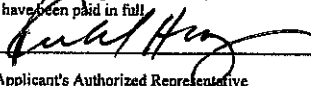
Federal Emergency Management Agency
Project Completion and Certification Report (P.4)
Disaster: FEMA-4332-DR-TX

Applicant FIPS ID: 057-99057-00 Applicant/Subdivision Name: CALHOUN (COUNTY)

Certification

I hereby certify that to the best of my knowledge and belief all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs claimed have been paid in full.

I certify that all funds were expended in accordance with the provisions of the signed FEMA-State Agreement and I recommend an approved amount of \$_____

Signed: 
Applicant's Authorized Representative

Date: 6-22-2022

Signed: _____ Date: _____

Governor's Authorized Representative

Richard H. Meyer, County Judge



TEXAS DIVISION OF EMERGENCY MANAGEMENT
Applicant's Attestation for Duplication of Benefits

Applicant: Calhoun County

Disaster Number: 4332

Program: Public Assistance

Please complete the below form in accordance with Section 312(a) of the Stafford Act, which states that Federal assistance cannot duplicate the benefits provided by other sources.

1. Is FEMA the only source of funds received for the project(s)? If "NO" is selected, please report any additional funding using the table below.

☐ YES ☒ NO

2. Did the Applicant take action to maximize any potential insurance proceeds available to fund the project(s)?

☒ YES ☐ NO ☐ N/A - NO COVERAGE

3. Have all insurance claims related to the project(s) been closed and/or settled? If "NO" is selected, please indicate the amount of "Anticipated Insurance Proceeds" in the table below.

☒ YES ☐ NO ☐ N/A - NO COVERAGE

4. Please use the table below to report any non-FEMA funds received or anticipated for the project(s):

PW #	Insurance Claims Received:	Anticipated Insurance Proceeds:	Grant Funds Received:	Contractor Credits or Refunds:	Disposition of Equipment:	Salvageable Materials:	Other Funds Received:	PW Total Non-FEMA Funds Received:
03548	218,216.77	0.00	0.00	0.00	0.00	0.00	0.00	218,216.77

Statement of Acknowledgement:

I certify that the information provided is true and accurate to the best of my knowledge. I understand that if this information is incorrect, it could affect the federal funding for this project(s).

Signature: Richard H. Meyer

Date: 6-22-2022

Printed Name: Richard H. Meyer

Title: County Judge

Organization: Calhoun County

13

13. Consider and take necessary action to authorize Anna Kabelá, District Clerk, to sign Kofile's proposal for the preservation and imaging of historical records. (RHM)

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

Mae Belle Cassel

From: anna.kabela@calhouncotx.org (Anna Kabela) <anna.kabela@calhouncotx.org>
Sent: Wednesday, June 15, 2022 1:55 PM
To: 'Mae Belle Cassel'
Subject: PROPOSAL AND FORM 1295
Attachments: PROPOSAL FOR PRESERVATION AND IMAGING OF HISTORICAL RECORDS.pdf; FORM 1295.pdf

Hello, Mae Belle,

Will you please place the attached proposal and form 1295 on the June 22nd, 2022, Commissioners' Court agenda so the Commissioners may consider and take the necessary action to authorize Anna Kabela, District Clerk, to sign Kofile's proposal for the preservation and imaging of historical records.

Please let me know if you need any additional information from me.

Thank you!

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

June 14, 2022

**Honorable Anna Kabela
Calhoun County District Clerk**

Preservation and Imaging of Historical Records

SUBMITTED BY:

Billy Gerwick
Account Executive
billy.gerwick@kofile.com
(832) 373-9124

Kofile 

6300 Cedar Springs Road, Dallas, TX 75235

p: 214.442.6668 | f: 214.442.6669

info@kofile.com | www.kofile.com

Dear Honorable Anna Kabela,

This proposal addresses Calhoun District Clerk's historical records and is presented by Kofile Technologies, Inc. (Kofile). Quoted services include conservation treatments, rehousing, and imaging. Archival rehousing includes encapsulation and loose-leaf binding into Archival Recorder Binders. Note that prices for the inventory herein are good for 90 days from the date of this assessment.

Kofile Technologies, Inc. (Kofile) is uniquely qualified to complete Calhoun District Clerk's modernization goals by taking an innovative approach to this project to ensure a successful outcome. Kofile's basis for success is decades of experience, realistic solutions, and professional analysis and each project is unique and deserves special attention. Our team provides realistic solutions, professional analysis, and innovative archival products to equip records stewards with the information and resources needed to preserve collections.

Kofile performs all services in accordance with the Code of Ethics & Guidelines for Practice of the American Institute for Conservation (AIC) and is an Awardee of a Library of Congress FEDLINK Preservation Services for Library & Archival Collections contract.

SCOPE OF SERVICES

General treatments and services are outlined in the following. Services are tailored to the needs of the specific item.

Preservation—Conservation Treatments, Deacidify, Encapsulate, & Bind (PRV)

- Kofile creates a permanent log (noting condition, page order, characteristics, and treatments) for each item upon receipt. Items are inspected and control numbered as necessary. A final quality check references this log.
- Dismantle volumes by hand (if applicable).
- Surface clean sheets. Tools include a microspatula, soft dusting brush, latex sponge, powdered vinyl eraser, or soft block eraser. Surface cleaning removes materials and deposits—e.g., dust, soot, airborne particulate, sediment from water damage, mold/mildew residue, active micro-organic growth, insect detritus, or biological or mineral contaminants.
- Remove any non-archival repairs, adhesives, residual glues, or fasteners to the extent possible without causing damage to paper and inks.
- Mend tears and guard burns on back side of sheets with acid free and reversible mending materials.
- Deacidify sheets (each side of each sheet) after careful testing with Bookkeepers®. This commercial solution of magnesium oxide, which neutralizes acidic inks and paper by providing an alkaline reserve (after pH and compatibility testing). Random testing ensures an 8.5 pH with a deviation of no more than $\pm .5$.
- Encapsulate each sheet in a Lay Flat Archival Polyester Pocket™. Each custom envelope is composed of Skyroll SH72S® Mylar and includes a patented lay flat design. Dimensions match the "book block" dimensions, with a 1¼" binding margin.
- Re-bind in custom-fitted and stamped archival quality binder. Each binder is manufactured on a per-book basis and sized to 1/4" incremental capacities. This binder is available with four hubs, a gold-footed spine, and is roller shelf-compatible. A volume may return split due to the added weight of the Mylar, depending on page count.
- A dedication/treatment report is included in each binder.

Image—Archival Image Capture, Image Processing, Clean Up, & Enhancements (IM)

- Capture images at a minimum of 300 dpi at 256 gray levels, ensuring the highest quality for poor contrast and legibility. Gray-scale ensures optimum resolution for each page.
- Images accumulate as Group IV bi-tonal images in a standard PDF or TIFF format.
- IMAGE PERFECT, Kofile's proprietary software, ensures the optimum image quality with custom image clean up and enhancements such as deskew, despeckle, character repair, polarity reversal, and zonal processing.
- Crop excess blank space around image. This may involve manual cropping to insure best quality image.
- Images are named (tagged for the directory file structure) at case level by book, volume, and page (or other requested fields).
- Images are grouped (stapled) together to form documents. Cases are grouped and indexed to form documents by case number.
- Page Validation (automated PG. numbering for validation).
- If applicable, images are optimized and scaled for system output.
- If requested, annotations are supported to enable the electronic addition (either custom or Book/Volume/Page) on the digital image to assist in recording keeping.
- When multiple documents (Deeds, Birth Record, etc.) exist on a single page, images are split so that each document is viewable individually. In the case of Vitals, this service incurs additional charges.
- STITCHING: If identified, images receive stitching where necessary, such as entries that horizontally span the length of more than one page. Amendments are stitched to the appropriate Certificate and indexed in place of the original Certificate.
- Calhoun District Clerk receives a MASTER (e.g., CD, DVD, ftp, flash drive) in a medium suitable to the project size.
- Kofile can hold a security copy of all images for safekeeping.

PROJECT PRICING

This project is presented via TXMAS Contract No. **TXMAS-18-3602**. Please reference this number on the P.O. Without a signed agreement, prices are good for 90 days. All pricing is based on estimated page counts. Final billing occurs on actuals per mutually agreed upon pricing; not to exceed the P.O. without written authorization.

Calhoun County District Clerk						
Project Overview						
Record Series	Volume	Page Count	Binding	Format	Level of Service	Estimated Total
DISTRICT COURT MINUTES	A-D, D	2,346	Sewn	M	PRV/IM	\$20,553.99
PETITION OF NATURALIZATION	1908-1912	190	LL	M/T	PRV/IM	\$2,034.90
NATURALIZATION RECORD	1	192	LL	M/T	PRV/IM	\$2,482.56
PROJECT TOTAL						\$25,071.45

PROPOSAL ACCEPTANCE

Payment Terms: Pay 50% upon executed agreement with the balance due upon project completion.

Signature/Title of Authorized Official

Date

PURCHASING VIA TXMAS

Please reference Contract No. **TXMAS-18-3602** directly on the P.O.. Kofile can prepare a 'Shopping Cart' in TxSmartBuy so Calhoun District Clerk can complete this purchase.

STATE OF TEXAS CO-OP MEMBER LISTING FOR Calhoun District Clerk	
LINK	https://comptroller.texas.gov/auto-data/purchasing/co-op/C0001.php
CO-OP #	C0001
Contact	cindy.mueller@calhouncotx.org
Expiration	6-AUG-2022

ACCESSIBILITY OF RECORDS

Records held at Kofile are maintained as private and confidential material. Calhoun District Clerk is guaranteed access to records via email or toll-free fax at our expense. Upon receipt of a records request, Kofile will flag the requested record and verify inventory control, pull supporting paperwork, and email/fax a response to the approved requester or alternate. The turnaround time for a records request will meet or exceed requirements.

Please note that all records (including volumes, documents, digital images, metadata or microfilm) serviced by Kofile shall remain the property of Calhoun District Clerk. This policy applies to any agreement, verbal or written, between Calhoun District Clerk and Kofile.

The records are not used by Kofile other than in connection with providing the services pursuant to any agreement between Kofile and Calhoun District Clerk. The records are not commercially exploited by or on behalf of Kofile, its employees, officers, agents, invitees or assigns, in any respect.

Please let me know if you have any questions. We look forward to serving Calhoun District Clerk and to working together for the preservation and access of its public and historical assets.

Sincerely,

Billy Gerwick

Billy Gerwick

c: (832) 373-9124

e: billy.gerwick@kofile.com

rac

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

OFFICE USE ONLY CERTIFICATION OF FILING

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

Kofile Technologies, Inc.
Dallas, TX United States

Certificate Number:
2022-899527

Date Filed:
06/15/2022

Date Acknowledged:

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

Calhoun County, Texas District Clerk

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.

2022-0614

Calhoun District Clerk's historical records conservation, rehousing, and imaging.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Crosno, Michael	Dallas, TX United States	X	
	Mohn, Jonathan	Dallas, TX United States	X	
	Slonaker, Sharon	Dallas, TX United States	X	
	Williams, George	Dallas, TX United States	X	
	Kofile, Inc.	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Jonathan Mohn, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of TX, on the 15 day of June, 2022.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

14

14. Consider and take necessary action to authorize Anna Goodman, County Clerk, to sign a Data Use Agreement with the Texas HHS System. (RHM)

PASS



Texas HHS System - Data Use Agreement - Attachment 2
SECURITY AND PRIVACY INQUIRY (SPI)

If you are a bidder for a new procurement/contract, in order to participate in the bidding process, you must have corrected any "No" responses (except A9a) prior to the contract award date. If you are an applicant for an open enrollment, you must have corrected any "No" answers (except A9a and A11) prior to performing any work on behalf of any Texas HHS agency.

For any questions answered "No" (except A9a and A11), an *Action Plan for Compliance with a Timeline* must be documented in the designated area below the question. The timeline for compliance with HIPAA-related requirements for safeguarding Protected Health Information is 30 calendar days from the date this form is signed. Compliance with requirements related to other types of Confidential Information must be confirmed within 90 calendar days from the date the form is signed.

SECTION A: APPLICANT/BIDDER INFORMATION (To be completed by Applicant/Bidder)

1. Does the applicant/bidder access, create, disclose, receive, transmit, maintain, or store Texas HHS Confidential Information in electronic systems (e.g., laptop, personal use computer, mobile device, database, server, etc.)? IF NO, STOP. THE SPI FORM IS NOT REQUIRED.	☐ Yes ☐ No
2. Entity or Applicant/Bidder Legal Name	Legal Name: The County of Calhoun Texas Legal Entity Tax Identification Number (TIN) (Last Four Numbers Only): 1923 Procurement/Contract#: Address: 211 South Ann Street #102 City: Port Lavaca State: Texas ZIP: 77979 Telephone #: (361) 553-4411 Email Address: anna.goodman@calhouncotx.org
3. Number of Employees, at all locations, in Applicant/Bidder's Workforce "Workforce" means all employees, volunteers, trainees, and other Persons whose conduct is under the direct control of Applicant/Bidder, whether or not they are paid by Applicant/Bidder. If Applicant/Bidder is a sole proprietor, the workforce may be only one employee.	Total Employees: 8
4. Number of Subcontractors (if Applicant/Bidder will not use subcontractors, enter "0")	Total Subcontractors: 0
5. Name of Information Technology Security Official and Name of Privacy Official for Applicant/Bidder (Privacy and Security Official may be the same person.)	A. Security Official: Legal Name: Ron Reger Address: 117 W Ash Street City: Port Lavaca State: Texas ZIP: 77979 Telephone #: (361) 553-4608 Email Address: ron.reger@calhouncotx.org
	B. Privacy Official: Legal Name: Ron Reger Address: 117 W Ash Street City: Port Lavaca State: Texas ZIP: 77979 Telephone #: (361) 553-4608 Email Address: ron.reger@calhouncotx.org

6. Type(s) of Texas HHS Confidential Information the Applicant/Bidder will create, receive, maintain, use, disclose or have access to: (Check all that apply) • Health Insurance Portability and Accountability Act (HIPAA) data • Criminal Justice Information Services (CJIS) data • Internal Revenue Service Federal Tax Information (IRS FTI) data • Centers for Medicare & Medicaid Services (CMS) • Social Security Administration (SSA) • Personally Identifiable Information (PII)	HIPAA ☒	CJIS ☐	IRS FTI ☐	CMS ☐	SSA ☐	PII ☒
Other (Please List)						
7. Number of Storage Devices for Texas HHS Confidential Information (as defined in the Texas HHS System Data Use Agreement (DUA)) Cloud Services involve using a network of remote servers hosted on the Internet to store, manage, and process data, rather than a local server or a personal computer. A Data Center is a centralized repository, either physical or virtual, for the storage, management, and dissemination of data and information organized around a particular body of knowledge or pertaining to a particular business.						Total # (Sum a-d) 9
a. Devices. Number of personal user computers, devices or drives, including mobile devices and mobile drives.						7
b. Servers. Number of Servers that are not in a data center or using Cloud Services.						1
c. Cloud Services. Number of Cloud Services in use.						1
d. Data Centers. Number of Data Centers in use.						0
8. Number of unduplicated individuals for whom Applicant/Bidder reasonably expects to handle Texas HHS Confidential Information during one year:						Select Option (a-d)
a. 499 individuals or less b. 500 to 999 individuals c. 1,000 to 99,999 individuals d. 100,000 individuals or more						☒ a. ☐ b. ☐ c. ☐ d.
9. HIPAA Business Associate Agreement						
a. Will Applicant/Bidder use, disclose, create, receive, transmit or maintain protected health information on behalf of a HIPAA-covered Texas HHS agency for a HIPAA-covered function?						☒ Yes ☐ No
b. Does Applicant/Bidder have a Privacy Notice prominently displayed on a Webpage or a Public Office of Applicant/Bidder's business open to or that serves the public? (This is a HIPAA requirement. Answer "N/A" if not applicable, such as for agencies not covered by HIPAA.)						☐ Yes ☒ No ☐ N/A
<u>Action Plan for Compliance with a Timeline:</u> Check with IT about privacy disclaimer.						<u>Compliance Date:</u> 7/31/22
10. Subcontractors. If the Applicant/Bidder responded "0" to Question 4 (indicating no subcontractors), check "N/A" for both 'a.' and 'b.'						
a. Does Applicant/Bidder require subcontractors to execute the DUA Attachment 1 Subcontractor Agreement Form?						☐ Yes ☐ No ☒ N/A
<u>Action Plan for Compliance with a Timeline:</u>						<u>Compliance Date:</u>

b. Will Applicant/Bidder agree to require subcontractors who will access Confidential Information to comply with the terms of the DUA, not disclose any Confidential Information to them until they have agreed in writing to the same safeguards and to discontinue their access to the Confidential Information if they fail to comply?	☐ Yes ☐ No ☒ N/A
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
11. Does Applicant/Bidder have any Optional Insurance currently in place? Optional Insurance provides coverage for: (1) Network Security and Privacy; (2) Data Breach; (3) Cyber Liability (lost data, lost use or delay/suspension in business, denial of service with e-business, the Internet, networks and informational assets, such as privacy, intellectual property, virus transmission, extortion, sabotage or web activities); (4) Electronic Media Liability; (5) Crime/Theft; (6) Advertising Injury and Personal Injury Liability; and (7) Crisis Management and Notification Expense Coverage.	☒ Yes ☐ No ☐ N/A

SECTION B: PRIVACY RISK ANALYSIS AND ASSESSMENT (To be completed by Applicant/Bidder)

For any questions answered "No," an Action Plan for Compliance with a Timeline must be documented in the designated area below the question. The timeline for compliance with HIPAA-related requirements for safeguarding Protected Health Information is 30 calendar days from the date this form is signed. Compliance with requirements related to other types of Confidential Information must be confirmed within 90 calendar days from the date the form is signed.

1. Written Policies & Procedures. Does Applicant/Bidder have current written privacy and security policies and procedures that, at a minimum:	Yes or No
a. Does Applicant/Bidder have current written privacy and security policies and procedures that identify Authorized Users and Authorized Purposes (as defined in the DUA) relating to creation, receipt, maintenance, use, disclosure, access or transmission of Texas HHS Confidential Information?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
b. Does Applicant/Bidder have current written privacy and security policies and procedures that require Applicant/Bidder and its Workforce to comply with the applicable provisions of HIPAA and other laws referenced in the DUA, relating to creation, receipt, maintenance, use, disclosure, access or transmission of Texas HHS Confidential Information on behalf of a Texas HHS agency?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
c. Does Applicant/Bidder have current written privacy and security policies and procedures that limit use or disclosure of Texas HHS Confidential Information to the minimum that is necessary to fulfill the Authorized Purposes?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
d. Does Applicant/Bidder have current written privacy and security policies and procedures that respond to an actual or suspected breach of Texas HHS Confidential Information, to include at a minimum (if any responses are "No" check "No" for all three): i. Immediate breach notification to the Texas HHS agency, regulatory authorities, and other required Individuals or Authorities, in accordance with Article 4 of the DUA; ii. Following a documented breach response plan, in accordance with the DUA and applicable law; & iii. Notifying Individuals and Reporting Authorities whose Texas HHS Confidential Information has been breached, as directed by the Texas HHS agency?	☒ Yes ☐ No

<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
e. Does Applicant/Bidder have current written privacy and security policies and procedures that conduct annual workforce training and monitoring for and correction of any training delinquencies?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
f. Does Applicant/Bidder have current written privacy and security policies and procedures that permit or deny individual rights of access, and amendment or correction, when appropriate?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
g. Does Applicant/Bidder have current written privacy and security policies and procedures that permit only Authorized Users with up-to-date privacy and security training, and with a reasonable and demonstrable need to use, disclose, create, receive, maintain, access or transmit the Texas HHS Confidential Information, to carry out an obligation under the DUA for an Authorized Purpose, unless otherwise approved in writing by a Texas HHS agency?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
h. Does Applicant/Bidder have current written privacy and security policies and procedures that establish, implement and maintain proof of appropriate sanctions against any Workforce or Subcontractors who fail to comply with an Authorized Purpose or who is not an Authorized User, and used or disclosed Texas HHS Confidential Information in violation of the DUA, the Base Contract or applicable law?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
i. Does Applicant/Bidder have current written privacy and security policies and procedures that require updates to policies, procedures and plans following major changes with use or disclosure of Texas HHS Confidential Information within 60 days of identification of a need for update?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>

j. Does Applicant/Bidder have current written privacy and security policies and procedures that restrict permissions or attempts to re-identify or further identify de-identified Texas HHS Confidential Information, or attempt to contact any Individuals whose records are contained in the Texas HHS Confidential Information, except for an Authorized Purpose, without express written authorization from a Texas HHS agency or as expressly permitted by the Base Contract?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
k. If Applicant/Bidder intends to use, disclose, create, maintain, store or transmit Texas HHS Confidential Information outside of the United States, will Applicant/Bidder obtain the express prior written permission from the Texas HHS agency and comply with the Texas HHS agency conditions for safeguarding offshore Texas HHS Confidential Information?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
l. Does Applicant/Bidder have current written privacy and security policies and procedures that require cooperation with Texas HHS agencies' or federal regulatory inspections, audits or investigations related to compliance with the DUA or applicable law?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
m. Does Applicant/Bidder have current written privacy and security policies and procedures that require appropriate standards and methods to destroy or dispose of Texas HHS Confidential Information?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
n. Does Applicant/Bidder have current written privacy and security policies and procedures that prohibit disclosure of Applicant/Bidder's work product done on behalf of Texas HHS pursuant to the DUA, or to publish Texas HHS Confidential Information without express prior approval of the Texas HHS agency?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
2. Does Applicant/Bidder have a current Workforce training program? Training of Workforce must occur at least once every year, and within 30 days of date of hiring a new Workforce member who will handle Texas HHS Confidential Information. Training must include: (1) privacy and security policies, procedures, plans and applicable requirements for handling Texas HHS Confidential Information, (2) a requirement to complete training before access is given to Texas HHS Confidential Information, and (3) written proof of training and a procedure for monitoring timely completion of training.	☒ Yes ☐ No

<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
3. Does Applicant/Bidder have Privacy Safeguards to protect Texas HHS Confidential Information in oral, paper and/or electronic form? "Privacy Safeguards" means protection of Texas HHS Confidential Information by establishing, implementing and maintaining required Administrative, Physical and Technical policies, procedures, processes and controls, required by the DUA, HIPAA (45 CFR 164.530), Social Security Administration, Medicaid and laws, rules or regulations, as applicable. Administrative safeguards include administrative protections, policies and procedures for matters such as training, provision of access, termination, and review of safeguards, incident management, disaster recovery plans, and contract provisions. Technical safeguards include technical protections, policies and procedures, such as passwords, logging, emergencies, how paper is faxed or mailed, and electronic protections such as encryption of data. Physical safeguards include physical protections, policies and procedures, such as locks, keys, physical access, physical storage and trash.	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
4. Does Applicant/Bidder and all subcontractors (if applicable) maintain a current list of Authorized Users who have access to Texas HHS Confidential Information, whether oral, written or electronic?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
5. Does Applicant/Bidder and all subcontractors (if applicable) monitor for and remove terminated employees or those no longer authorized to handle Texas HHS Confidential Information from the list of Authorized Users?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>

SECTION C: SECURITY RISK ANALYSIS AND ASSESSMENT (to be completed by Applicant/Bidder)

This section is about your electronic system. If your business DOES NOT store, access, or transmit Texas HHS Confidential Information in electronic systems (e.g., laptop, personal use computer, mobile device, database, server, etc.) select the box to the right, and "YES" will be entered for all questions in this section.

No Electronic Systems



For any questions answered "No," an Action Plan for Compliance with a Timeline must be documented in the designated area below the question. The timeline for compliance with HIPAA-related items is 30 calendar days, PII-related items is 90 calendar days.

1. Does the Applicant/Bidder ensure that services which access, create, disclose, receive, transmit, maintain, or store Texas HHS Confidential Information are maintained **IN** the United States (no offshoring) unless **ALL** of the following requirements are met?
- a. The data is encrypted with FIPS 140-2 validated encryption
 - b. The offshore provider does not have access to the encryption keys
 - c. The Applicant/Bidder maintains the encryption key within the United States
 - d. The Application/Bidder has obtained the express prior written permission of the Texas HHS agency

☒ Yes

☐ No

*For more information regarding FIPS 140-2 encryption products, please refer to:
<http://csrc.nist.gov/publications/fips>*

Action Plan for Compliance with a Timeline:

Compliance Date:

2. Does Applicant/Bidder utilize an IT security-knowledgeable person or company to maintain or oversee the configurations of Applicant/Bidder's computing systems and devices?

☒ Yes

☐ No

Action Plan for Compliance with a Timeline:

Compliance Date:

3. Does Applicant/Bidder monitor and manage access to Texas HHS Confidential Information (e.g., a formal process exists for granting access and validating the need for users to access Texas HHS Confidential Information, and access is limited to Authorized Users)?

☒ Yes

☐ No

Action Plan for Compliance with a Timeline:

Compliance Date:

4. Does Applicant/Bidder a) have a system for changing default passwords, b) require user password changes at least every 90 calendar days, and c) prohibit the creation of weak passwords (e.g., require a minimum of 8 characters with a combination of uppercase, lowercase, special characters, and numerals, where possible) for all computer systems that access or store Texas HHS Confidential Information.

☒ Yes

☐ No

If yes, upon request must provide evidence such as a screen shot or a system report.

Action Plan for Compliance with a Timeline:

Compliance Date:

5. Does each member of Applicant/Bidder's Workforce who will use, disclose, create, receive, transmit or maintain Texas HHS Confidential Information have a unique user name (account) and private password?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
6. Does Applicant/Bidder lock the password after a certain number of failed attempts and after 15 minutes of user inactivity in all computing devices that access or store Texas HHS Confidential Information?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
7. Does Applicant/Bidder secure, manage and encrypt remote access (including wireless access) to computer systems containing Texas HHS Confidential Information? (e.g., a formal process exists for granting access and validating the need for users to remotely access Texas HHS Confidential Information, and remote access is limited to Authorized Users). <i>Encryption is required for all Texas HHS Confidential Information. Additionally, FIPS 140-2 validated encryption is required for Health Insurance Portability and Accountability Act (HIPAA) data, Criminal Justice Information Services (CJIS) data, Internal Revenue Service Federal Tax Information (IRS FTI) data, and Centers for Medicare & Medicaid Services (CMS) data.</i> <i>For more information regarding FIPS 140-2 encryption products, please refer to: http://csrc.nist.gov/publications/fips</i>	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
8. Does Applicant/Bidder implement computer security configurations or settings for all computers and systems that access or store Texas HHS Confidential Information? (e.g., non-essential features or services have been removed or disabled to reduce the threat of breach and to limit exploitation opportunities for hackers or intruders, etc.)	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
9. Does Applicant/Bidder secure physical access to computer, paper, or other systems containing Texas HHS Confidential Information from unauthorized personnel and theft (e.g., door locks, cable locks, laptops are stored in the trunk of the car instead of the passenger area, etc.)?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>

10. Does Applicant/Bidder use encryption products to protect Texas HHS Confidential Information that is <u>transmitted</u> over a public network (e.g., the Internet, WiFi, etc.)? If yes, upon request must provide evidence such as a screen shot or a system report. <i>Encryption is required for all HHS Confidential Information. Additionally, FIPS 140-2 validated encryption is required for Health Insurance Portability and Accountability Act (HIPAA) data, Criminal Justice Information Services (CJIS) data, Internal Revenue Service Federal Tax Information (IRS FTI) data, and Centers for Medicare & Medicaid Services (CMS) data.</i> <i>For more information regarding FIPS 140-2 encryption products, please refer to: http://csrc.nist.gov/publications/fips</i>	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
11. Does Applicant/Bidder use encryption products to protect Texas HHS Confidential Information <u>stored</u> on end user devices (e.g., laptops, USBs, tablets, smartphones, external hard drives, desktops, etc.)? If yes, upon request must provide evidence such as a screen shot or a system report. <i>Encryption is required for all Texas HHS Confidential Information. Additionally, FIPS 140-2 validated encryption is required for Health Insurance Portability and Accountability Act (HIPAA) data, Criminal Justice Information Services (CJIS) data, Internal Revenue Service Federal Tax Information (IRS FTI) data, and Centers for Medicare & Medicaid Services (CMS) data.</i> <i>For more information regarding FIPS 140-2 encryption products, please refer to: http://csrc.nist.gov/publications/fips</i>	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
12. Does Applicant/Bidder require Workforce members to formally acknowledge rules outlining their responsibilities for protecting Texas HHS Confidential Information and associated systems containing HHS Confidential Information before their access is provided?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
13. Is Applicant/Bidder willing to perform or submit to a criminal background check on Authorized Users?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
14. Does Applicant/Bidder prohibit the access, creation, disclosure, reception, transmission, maintenance, and storage of Texas HHS Confidential Information with a subcontractor (e.g., cloud services, social media, etc.) unless Texas HHS has approved the subcontractor agreement which must include compliance and liability clauses with the same requirements as the Applicant/Bidder?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>

15. Does Applicant/Bidder keep current on security updates/patches (including firmware, software and applications) for computing systems that use, disclose, access, create, transmit, maintain or store Texas HHS Confidential Information?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
16. Do Applicant/Bidder's computing systems that use, disclose, access, create, transmit, maintain or store Texas HHS Confidential Information contain up-to-date anti-malware and antivirus protection?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
17. Does the Applicant/Bidder review system security logs on computing systems that access or store Texas HHS Confidential Information for abnormal activity or security concerns on a regular basis?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
18. Notwithstanding records retention requirements, does Applicant/Bidder's disposal processes for Texas HHS Confidential Information ensure that Texas HHS Confidential Information is destroyed so that it is unreadable or undecipherable?	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>
19. Does the Applicant/Bidder ensure that all public facing websites and mobile applications containing Texas HHS Confidential Information meet security testing standards set forth within the Texas Government Code (TGC), Section 2054.516; including requirements for implementing vulnerability and penetration testing and addressing identified vulnerabilities? <i>For more information regarding TGC, Section 2054.516 DATA SECURITY PLAN FOR ONLINE AND MOBILE APPLICATIONS, please refer to: https://legiscan.com/TX/text/HB8/2017</i>	☒ Yes ☐ No
<u>Action Plan for Compliance with a Timeline:</u>	<u>Compliance Date:</u>

SECTION D: SIGNATURE AND SUBMISSION (to be completed by Applicant/Bidder)

Please sign the form digitally, if possible. If you can't, provide a handwritten signature.

1. I certify that all of the information provided in this form is truthful and correct to the best of my knowledge. If I learn that any such information was not correct, I agree to notify Texas HHS of this immediately.

2. Signature

3. Title

4. Date:

To **submit** the completed, signed form:

- Email the form as an attachment to the appropriate Texas HHS Contract Manager(s).

Section E: To Be Completed by Texas HHS Agency Staff:

Agency(s):

HHSC: ☐

DFPS: ☐

DSHS: ☐

Requesting Department(s):

Legal Entity Tax Identification Number (TIN) (Last four Only):

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PO/Contract(s) #:

Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
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Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:
Contract Manager:	Contract Manager Email Address:	Contract Manager Telephone #:

INSTRUCTIONS FOR COMPLETING THE SECURITY AND PRIVACY INQUIRY (SPI)

Below are instructions for Applicants, Bidders and Contractors for Texas Health and Human Services requiring the Attachment 2, Security and Privacy Inquiry (SPI) to the Data Use Agreement (DUA). Instruction item numbers below correspond to sections on the SPI form.

If you are a bidder for a new procurement/contract, in order to participate in the bidding process, you must have corrected any "No" responses (except A9a) prior to the contract award date. If you are an applicant for an open enrollment, you must have corrected any "No" answers (except A9a and A11) prior to performing any work on behalf of any Texas HHS agency.

For any questions answered "No" (except A9a and A11), an *Action Plan for Compliance with a Timeline* must be documented in the designated area below the question. The timeline for compliance with HIPAA-related requirements for safeguarding Protected Health Information is 30 calendar days from the date this form is signed. Compliance with requirements related to other types of Confidential Information must be confirmed within 90 calendar days from the date the form is signed.

SECTION A. APPLICANT /BIDDER INFORMATION

Item #1. *Only contractors that access, transmit, store, and/or maintain Texas HHS Confidential Information will complete and email this form as an attachment to the appropriate Texas HHS Contract Manager.*

Item #2. Entity or Applicant/Bidder Legal Name. *Provide the legal name of the business (the name used for legal purposes, like filing a federal or state tax form on behalf of the business, and is not a trade or assumed named "dba"), the legal tax identification number (last four numbers only) of the entity or applicant/bidder, the address of the corporate or main branch of the business, the telephone number where the business can be contacted regarding questions related to the information on this form and the website of the business, if a website exists.*

Item #3. Number of Employees, at all locations, in Applicant/Bidder's workforce. *Provide the total number of individuals, including volunteers, subcontractors, trainees, and other persons who work for the business. If you are the only employee, please answer "1."*

Item #4. Number of Subcontractors. *Provide the total number of subcontractors working for the business. If you have none, please answer "0" zero.*

Item #5. Number of unduplicated individuals for whom Applicant/Bidder reasonably expects to handle HHS Confidential Information during one year. *Select the radio button that corresponds with the number of clients/consumers for whom you expect to handle Texas HHS Confidential Information during a year. Only count clients/consumers once, no matter how many direct services the client receives during a year.*

Item #5. Name of Information Technology Security Official and Name of Privacy Official for Applicant/Bidder. *As with all other fields on the SPI, this is a required field. This may be the same person and the owner of the business if such person has the security and privacy knowledge that is required to implement the requirements of the DUA and respond to questions related to the SPI. In 4.A. provide the name, address, telephone number, and email address of the person whom you have designated to answer any security questions found in Section C and in 4.B. provide this information for the person whom you have designated as the person to answer any privacy questions found in Section B. The business may contract out for this expertise; however, designated individual(s) must have knowledge of the business's devices, systems and methods for use, disclosure, creation, receipt, transmission and maintenance of Texas HHS Confidential Information and be willing to be the point of contact for privacy and security questions.*

Item #6. Type(s) of HHS Confidential Information the Entity or Applicant/Bidder Will Create, Receive, Maintain, Use, Disclose or Have Access to: *Provide a complete listing of all Texas HHS Confidential Information that the Contractor will create, receive, maintain, use, disclose or have access to. The DUA section Article 2, Definitions, defines Texas HHS Confidential Information as:*

"Confidential Information" means any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to CONTRACTOR or that CONTRACTOR may create, receive, maintain, use, disclose or have access to on behalf of Texas HHS that consists of or includes any or all of the following:

- (1) Client Information;*
- (2) Protected Health Information in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information;*
- (3) Sensitive Personal Information defined by Texas Business and Commerce Code Ch. 521;*

- (4) Federal Tax Information;
- (5) Personally Identifiable Information;
- (6) Social Security Administration Data, including, without limitation, Medicaid information;
- (7) All privileged work product;
- (8) All information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Texas Health & Safety Code and the Texas Public Information Act, Texas Government Code, Chapter 552.

Definitions for the following types of confidential information can be found the following sites:

- Health Insurance Portability and Accountability Act (HIPAA) - <http://www.hhs.gov/hipaa/index.html>
- Criminal Justice Information Services (CJIS) - <https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center>
- Internal Revenue Service Federal Tax Information (IRS FTI) - <https://www.irs.gov/pub/irs-pdf/p1075.pdf>
- Centers for Medicare & Medicaid Services (CMS) - <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>
- Social Security Administration (SSA) - <https://www.ssa.gov/regulations/>
- Personally Identifiable Information (PII) - <http://csrc.nist.gov/publications/nistpubs/800-122/sp800-122.pdf>

Item #7. Number of Storage devices for Texas HHS Confidential Information. The total number of devices is automatically calculated by exiting the fields in lines a - d. Use the <Tab> key when exiting the field to prompt calculation, if it doesn't otherwise sum correctly.

- **Item 7a. Devices.** Provide the number of personal user computers, devices, and drives (including mobile devices, laptops, USB drives, and external drives) on which your business stores or will store Texas HHS Confidential Information.
- **Item 7b. Servers.** Provide the number of servers not housed in a data center or "in the cloud," on which Texas HHS Confidential Information is stored or will be stored. A server is a dedicated computer that provides data or services to other computers. It may provide services or data to systems on a local area network (LAN) or a wide area network (WAN) over the Internet. If none, answer "0" (zero).
- **Item 7c. Cloud Services.** Provide the number of cloud services to which Texas HHS Confidential Information is stored. Cloud Services involve using a network of remote servers hosted on the Internet to store, manage, and process data, rather than on a local server or a personal computer. If none, answer "0" (zero).
- **Item 7d. Data Centers.** Provide the number of data centers in which you store Texas HHS Confidential Information. A Data Center is a centralized repository, either physical or virtual, for the storage, management, and dissemination of data and information organized around a particular body of knowledge or pertaining to a particular business. If none, answer "0" (zero).

Item #8. Number of unduplicated individuals for whom the Applicant/Bidder reasonably expects to handle Texas HHS Confidential Information during one year. Select the radio button that corresponds with the number of clients/consumers for whom you expect to handle Confidential Information during a year. Only count clients/consumers once, no matter how many direct services the client receives during a year.

Item #9. HIPAA Business Associate Agreement.

- **Item #9a.** Answer "Yes" if your business will use, disclose, create, receive, transmit, or store information relating to a client/consumer's healthcare on behalf of the Department of State Health Services, the Department of Disability and Aging Services, or the Health and Human Services Commission for treatment, payment, or operation of Medicaid or Medicaid clients. If your contract does not include HIPAA covered information, respond "no." If "no," a compliance plan is not required.
- **Item #9b.** Answer "Yes" if your business has a notice of privacy practices (a document that explains how you protect and use a client/consumer's healthcare information) displayed either on a website (if one exists for your business) or in your place of business (if that location is open to clients/consumers or the public). If your contract does not include HIPAA covered information, respond "N/A."

Item #10. Subcontractors. If your business responded "0" to question 4 (number of subcontractors), Answer "N/A" to Items 10a and 10b to indicate not applicable.

- **Item #10a.** Answer "Yes" if your business requires that all subcontractors sign Attachment 1 of the DUA.
- **Item #10b.** Answer "Yes" if your business obtains Texas HHS approval before permitting subcontractors to handle Texas HHS Confidential Information on your business's behalf.

Item #11. Optional Insurance. Answer "yes" if applicant has optional insurance in place to provide coverage for a Breach or any

other situations listed in this question. If you are not required to have this optional coverage, answer "N/A" A compliance plan is not required.

SECTION B. PRIVACY RISK ANALYSIS AND ASSESSMENT

Reasonable and appropriate written Privacy and Security policies and procedures are required, even for sole proprietors who are the only employee, to demonstrate how your business will safeguard Texas HHS Confidential Information and respond in the event of a Breach of Texas HHS Confidential Information. To ensure that your business is prepared, all of the items below must be addressed in your written Privacy and Security policies and procedures.

Item #1. Answer "Yes" if you have written policies in place for each of the areas (a-o).

- **Item #1a.** Answer "yes" if your business has written policies and procedures that identify everyone, including subcontractors, who are authorized to use Texas HHS Confidential Information. The policies and procedures should also identify the reason why these Authorized Users need to access the Texas HHS Confidential Information and this reason must align with the Authorized Purpose described in the Scope of Work or description of services in the Base Contract with the Texas HHS agency.
- **Item #1b.** Answer "Yes" if your business has written policies and procedures that require your employees (including yourself), your volunteers, your trainees, and any other persons whose work you direct, to comply with the requirements of HIPAA, if applicable, and other confidentiality laws as they relate to your handling of Texas HHS Confidential Information. Refer to the laws and rules that apply, including those referenced in the DUA and Scope of Work or description of services in the Base Contract.
- **Item #1c.** Answer "Yes" if your business has written policies and procedures that limit the Texas HHS Confidential Information you disclose to the minimum necessary for your workforce and subcontractors (if applicable) to perform the obligations described in the Scope of Work or service description in the Base Contract. (e.g., if a client/consumer's Social Security Number is not required for a workforce member to perform the obligations described in the Scope of Work or service description in the Base Contract, then the Social Security Number will not be given to them.) If you are the only employee for your business, policies and procedures must not include a request for, or use of, Texas HHS Confidential Information that is not required for performance of the services.
- **Item #1d.** Answer "Yes" if your business has written policies and procedures that explain how your business would respond to an actual or suspected breach of Texas HHS Confidential Information. The written policies and procedures, at a minimum, must include the three items below. If any response to the three items below are no, answer "no."
 - **Item #1di.** Answer "Yes" if your business has written policies and procedures that require your business to immediately notify Texas HHS, the Texas HHS Agency, regulatory authorities, or other required Individuals or Authorities of a Breach as described in Article 4, Section 4 of the DUA.
Refer to Article 4, Section 4.01:
Initial Notice of Breach must be provided in accordance with Texas HHS and DUA requirements with as much information as possible about the Event/Breach and a name and contact who will serve as the single point of contact with HHS both on and off business hours. Time frames related to Initial Notice include:
 - within one hour of Discovery of an Event or Breach of Federal Tax Information, Social Security Administration Data, or Medicaid Client Information
 - within 24 hours of all other types of Texas HHS Confidential Information **48-hour Formal Notice** must be provided no later than 48 hours after Discovery for protected health information, sensitive personal information or other non-public information and must include applicable information as referenced in Section 4.01 (C) 2. of the DUA.
 - **Item #1dii.** Answer "Yes" if your business has written policies and procedures require you to have and follow a written breach response plan as described in Article 4 Section 4.02 of the DUA.
 - **Item #1diii.** Answer "Yes" if your business has written policies and procedures require you to notify Reporting Authorities and Individuals whose Texas HHS Confidential Information has been breached as described in Article 4 Section 4.03 of the DUA.
- **Item #1e.** Answer "Yes" if your business has written policies and procedures requiring annual training of your entire workforce on matters related to confidentiality, privacy, and security, stressing the importance of promptly reporting any Event or Breach, outlines the process that you will use to require attendance and track completion for employees who failed to complete annual training.

- **Item #1f.** Answer "Yes" if your business has written policies and procedures requiring you to allow individuals (clients/consumers) to access their individual record of Texas HHS Confidential Information, and allow them to amend or correct that information, if applicable.
- **Item #1g.** Answer "Yes" if your business has written policies and procedures restricting access to Texas HHS Confidential Information to only persons who have been authorized and trained on how to handle Texas HHS Confidential Information
- **Item #1h.** Answer "Yes" if your business has written policies and procedures requiring sanctioning of any subcontractor, employee, trainee, volunteer, or anyone whose work you direct when they have accessed Texas HHS Confidential Information but are not authorized to do so, and that you have a method of proving that you have sanctioned such an individuals. If you are the only employee, you must demonstrate how you will document the noncompliance, update policies and procedures if needed, and seek additional training or education to prevent future occurrences.
- **Item #1i.** Answer "Yes" if your business has written policies and procedures requiring you to update your policies within 60 days after you have made changes to how you use or disclose Texas HHS Confidential Information.
- **Item #1j.** Answer "Yes" if your business has written policies and procedures requiring you to restrict attempts to take de-identified data and re-identify it or restrict any subcontractor, employee, trainee, volunteer, or anyone whose work you direct, from contacting any individuals for whom you have Texas HHS Confidential Information except to perform obligations under the contract, or with written permission from Texas HHS.
- **Item #1k.** Answer "Yes" if your business has written policies and procedures prohibiting you from using, disclosing, creating, maintaining, storing or transmitting Texas HHS Confidential Information outside of the United States.
- **Item #1l.** Answer "Yes" if your business has written policies and procedures requiring your business to cooperate with HHS agencies or federal regulatory entities for inspections, audits, or investigations related to compliance with the DUA or applicable law.
- **Item #1m.** Answer "Yes" if your business has written policies and procedures requiring your business to use appropriate standards and methods to destroy or dispose of Texas HHS Confidential Information. Policies and procedures should comply with Texas HHS requirements for retention of records and methods of disposal.
- **Item #1n.** Answer "Yes" if your business has written policies and procedures prohibiting the publication of the work you created or performed on behalf of Texas HHS pursuant to the DUA, or other Texas HHS Confidential Information, without express prior written approval of the HHS agency.

Item #2. Answer "Yes" if your business has a current training program that meets the requirements specified in the SPI for you, your employees, your subcontractors, your volunteers, your trainees, and any other persons under you direct supervision.

Item #3. Answer "Yes" if your business has privacy safeguards to protect Texas HHS Confidential Information as described in the SPI.

Item #4. Answer "Yes" if your business maintains current lists of persons in your workforce, including subcontractors (if applicable), who are authorized to access Texas HHS Confidential Information. If you are the only person with access to Texas HHS Confidential Information, please answer "yes."

Item #5. Answer "Yes" if your business and subcontractors (if applicable) monitor for and remove from the list of Authorized Users, members of the workforce who are terminated or are no longer authorized to handle Texas HHS Confidential Information. If you are the only one with access to Texas HHS Confidential Information, please answer "Yes."

SECTION C. SECURITY RISK ANALYSIS AND ASSESSMENT

This section is about your electronic systems. If you DO NOT store Texas HHS Confidential Information in electronic systems (e.g., laptop, personal computer, mobile device, database, server, etc.), select the "No Electronic Systems" box and respond "Yes" for all questions in this section.

Item #1. Answer "Yes" if your business does not "offshore" or use, disclose, create, receive, transmit or maintain Texas HHS Confidential Information outside of the United States. If you are not certain, contact your provider of technology services (application, cloud, data center, network, etc.) and request confirmation that they do not offshore their data.

Item #2. Answer "Yes" if your business uses a person or company who is knowledgeable in IT security to maintain or oversee the configurations of your business's computing systems and devices. You may be that person, or you may hire someone who can provide that service for you.

Item #3. Answer "Yes" if your business monitors and manages access to Texas HHS Confidential Information (i.e., reviews systems to ensure that access is limited to Authorized Users; has formal processes for granting, validating, and reviews the need for remote access to Authorized Users to Texas HHS Confidential Information, etc.). If you are the only employee, answer "Yes" if you have implemented a process to periodically evaluate the need for accessing Texas HHS Confidential Information to fulfill your Authorized Purposes.

Item #4. Answer "Yes" if your business has implemented a system for changing the password a system initially assigns to the user (also known as the default password), and requires users to change their passwords at least every 90 days, and prohibits the creation of weak passwords for all computer systems that access or store Texas HHS Confidential Information (e.g., a strong password has a minimum of 8 characters with a combination of uppercase, lowercase, special characters, and numbers, where possible). If your business uses a Microsoft Windows system, refer to the Microsoft website on how to do this, see example:

<https://docs.microsoft.com/en-us/windows/security/threat-protection/security-policy-settings/password-policy>

Item #5. Answer "Yes" if your business assigns a unique user name and private password to each of your employees, your subcontractors, your volunteers, your trainees and any other persons under your direct control who will use, disclose, create, receive, transmit or maintain Texas HHS Confidential Information.

Item #6. Answer "Yes" if your business locks the access after a certain number of failed attempts to login and after 15 minutes of user inactivity on all computing devices that access or store Texas HHS Confidential Information. If your business uses a Microsoft Windows system, refer to the Microsoft website on how to do this, see example:

<https://docs.microsoft.com/en-us/windows/security/threat-protection/security-policy-settings/account-lockout-policy>

Item #7. Answer "Yes" if your business secures, manages, and encrypts remote access, such as: using Virtual Private Network (VPN) software on your home computer to access Texas HHS Confidential Information that resides on a computer system at a business location or, if you use wireless, ensuring that the wireless is secured using a password code. If you do not access systems remotely or over wireless, answer "Yes."

Item #8. Answer "Yes" if your business updates the computer security settings for all your computers and electronic systems that access or store Texas HHS Confidential Information to prevent hacking or breaches (e.g., non-essential features or services have been removed or disabled to reduce the threat of breach and to limit opportunities for hackers or intruders to access your system). For example, Microsoft's Windows security checklist:

<https://docs.microsoft.com/en-us/windows/security/threat-protection/security-policy-settings/how-to-configure-security-policy-settings>

Item #9. Answer "Yes" if your business secures physical access to computer, paper, or other systems containing Texas HHS Confidential Information from unauthorized personnel and theft (e.g., door locks, cable locks, laptops are stored in the trunk of the car instead of the passenger area, etc.). If you are the only employee and use these practices for your business, answer "Yes."

Item #10. Answer "Yes" if your business uses encryption products to protect Texas HHS Confidential Information that is transmitted over a public network (e.g., the Internet, WIFI, etc.) or that is stored on a computer system that is physically or electronically accessible to the public (FIPS 140-2 validated encryption is required for Health Insurance Portability and Accountability Act (HIPAA) data, Criminal Justice Information Services (CJIS) data, Internal Revenue Service Federal Tax Information (IRS FTI) data, and Centers for Medicare & Medicaid Services (CMS) data.) For more information regarding FIPS 140-2 encryption products, please refer to: <http://csrc.nist.gov/publications/fips>.

Item #11. Answer "Yes" if your business stores Texas HHS Confidential Information on encrypted end-user electronic devices (e.g., laptops, USBs, tablets, smartphones, external hard drives, desktops, etc.) and can produce evidence of the encryption, such as, a screen shot or a system report (FIPS 140-2 encryption is required for Health Insurance Portability and Accountability Act (HIPAA) data, Criminal Justice Information Services (CJIS) data, Internal Revenue Service Federal Tax Information (IRS FTI) data, and Centers for Medicare & Medicaid Services (CMS) data). For more information regarding FIPS 140-2 validated encryption products, please refer to: <http://csrc.nist.gov/publications/fips>. If you do not utilize end-user electronic devices for storing Texas HHS Confidential Information, answer "Yes."

Item #12. Answer "Yes" if your business requires employees, volunteers, trainees and other workforce members to sign a document that clearly outlines their responsibilities for protecting Texas HHS Confidential Information and associated systems containing Texas HHS Confidential Information before they can obtain access. If you are the only employee answer "Yes" if you have signed or are willing to sign the DUA, acknowledging your adherence to requirements and responsibilities.

Item #13. Answer "Yes" if your business is willing to perform a criminal background check on employees, subcontractors, volunteers, or trainees who access Texas HHS Confidential Information. If you are the only employee, answer "Yes" if you are willing to submit to a background check.

Item #14. Answer "Yes" if your business prohibits the access, creation, disclosure, reception, transmission, maintenance, and storage of Texas HHS Confidential Information on Cloud Services or social media sites if you use such services or sites, and there is a Texas HHS approved subcontractor agreement that includes compliance and liability clauses with the same requirements as the Applicant/Bidder. If you do not utilize Cloud Services or media sites for storing Texas HHS Confidential Information, answer "Yes."

Item #15. Answer "Yes" if your business keeps current on security updates/patches (including firmware, software and applications) for computing systems that use, disclose, access, create, transmit, maintain or store Texas HHS Confidential Information. If you use a Microsoft Windows system, refer to the Microsoft website on how to ensure your system is automatically updating, see example:

<https://portal.msrm.microsoft.com/en-us/>

Item #16. Answer "Yes" if your business's computing systems that use, disclose, access, create, transmit, maintain or store Texas HHS Confidential Information contain up-to-date anti-malware and antivirus protection. If you use a Microsoft Windows system, refer to the Microsoft website on how to ensure your system is automatically updating, see example:

<https://docs.microsoft.com/en-us/windows/security/threat-protection/>

Item #17. Answer "Yes" if your business reviews system security logs on computing systems that access or store Texas HHS Confidential Information for abnormal activity or security concerns on a regular basis. If you use a Microsoft Windows system, refer to the Microsoft website for ensuring your system is logging security events, see example:

<https://docs.microsoft.com/en-us/windows/security/threat-protection/auditing/basic-security-audit-policies>

Item #18. Answer "Yes" if your business disposal processes for Texas HHS Confidential Information ensures that Texas HHS Confidential Information is destroyed so that it is unreadable or undecipherable. Simply deleting data or formatting the hard drive is not enough; ensure you use products that perform a secure disk wipe. Please see NIST SP 800-88 R1, *Guidelines for Media Sanitization* and the applicable laws and regulations for the information type for further guidance.

Item #19. Answer "Yes" if your business ensures that all public facing websites and mobile applications containing HHS Confidential Information meet security testing standards set forth within the Texas Government Code (TGC), Section 2054.516

SECTION D. SIGNATURE AND SUBMISSION

Click on the signature area to digitally sign the document. Email the form as an attachment to the appropriate Texas HHS Contract Manager.

15

15. Consider and take necessary action to authorize Dustin Jenkins, EMS Director, to sign a credit application with the Goodyear Tire and Rubber Company. (RHM)

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

Mae Belle Cassel

From: Dustin.Jenkins@calhouncotx.org (Dustin Jenkins) <Dustin.Jenkins@calhouncotx.org>
Sent: Wednesday, June 15, 2022 12:03 PM
To: Mae Belle Cassel
Cc: Donna Hall; Lori McDowell
Subject: Fwd: Fw: form 1295
Attachments: doc00257420220613141831.pdf

Mae Belle,

I would like to put the attached credit application with The Goodyear Tire and Rubber Company on the next Commissioners Court agenda for approval to sign and apply. Attached you will find the application, 1295 and W9.

Thank you,

J. Dustin Jenkins, DMin, MBA, MTh, LP
Director of EMS
Calhoun County, TX

From: "joel_stratton@goodyear.com (Joel Stratton)" <joel_stratton@goodyear.com>
To: Dustin Jenkins <dustin.jenkins@calhouncotx.org>
Date: Mon, 13 Jun 2022 19:15:59 +0000
Subject: Fw: form 1295

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.

Joel H. Stratton
Fleet Tire Sales Specialist
Commercial Tire & Service Centers
The Goodyear Tire & Rubber Company
9007 N US HWY 59
Victoria, TX 77905
T: 361.465.4750
C: 361.484.3966

From: ct_location_348@goodyear.com <ct_location_348@goodyear.com>
Sent: Monday, June 13, 2022 2:18 PM
To: Joel Stratton <joel_stratton@goodyear.com>
Subject:

----- ECOSYS M2540dw [00:17:c8:b8:43:60] -----

J. Dustin Jenkins, DMin, MBA, LP
Director of Emergency Medical Services
705 Henry Barber Way
Calhoun County, TX
dustin.jenkins@calhouncotx.org
(361) 571-0014

Calhoun County Texas

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:
2022-898549

Date Filed:
06/13/2022

Date Acknowledged:

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

The Goodyear Tire & Rubber Company
Akron, OH 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 Emergency Medical Services

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.

required - requested form
tires and possibly service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	BlackRock	New York, NY United States	X	

5 Check only if there is NO interested Party. ☐

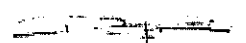
6 UNSWORN DECLARATION

My name is Richard Bevington, and my date of birth is 04/06/1968.

My address is 200 Innovation Way, Akron, OH, 44316, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Summit County, State of OH, on the 13th day of June, 2022.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

The Goodyear Tire & Rubber Company

2 Business name/disregarded entity name, if different from above

dba Goodyear Commercial Tire & Service Centers

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) D

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

200 Innovation Way

6 City, state, and ZIP code

Akron, OH 44316-0001

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

3 4 - 0 2 5 3 2 4 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

VW Magnus

Date ►

1/1/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

THE GOODYEAR TIRE & RUBBER COMPANY

COMMERCIAL TIRE & SERVICE CENTERS

Please Print

LEGAL NAME AND ADDRESS OF APPLICANT			
_____ Proprietor _____ Partnership _____ S Corporation _____ C Corporation _____ LLC			
Name of Company or Individual <u>CALHOUN COUNTY EMS</u>		Federal ID or Social Security # _____	
DBA <u>CALHOUN COUNTY EMS</u>		Physical Address or PO Box <u>705 HENRY BARBER WAY</u>	
City <u>PORT LAVACA</u>	State <u>TEXAS</u>	Zip Code <u>77979</u>	
Phone # <u>361-552-1140</u>		Fax # _____ Email Address _____	
Accounts Payable Contact <u>DONNA HALL</u>		Accounts Payable Phone # <u>361-552-1140</u>	
Individual personally guaranteeing debt, if applicable _____		Personal Guarantor's SSN _____	

All applicants are requested to supply the following credit information as fully and accurately as possible. Additional information or details may be requested by The Goodyear Tire & Rubber Company. If the signer for the Applicant will also be personally guaranteeing the debt, additional information may be requested. Please see the attached disclosure.

Trade References:			
Name	Contact Name	Phone #	Fax #

REQUIRED INFORMATION			
Year business started <u>1980</u>	Type of Business <u>EMS/COUNTY</u>		
Have you ever filed bankruptcy? Yes () No (☒)	If yes: Chapter _____	Date _____	Current Status _____
Will account be tax exempt? Yes (☒) No ()	If yes, certificate "must" be attached.		
Purchase Order Number Required? Yes () No (☒)	If yes, special billing requirements _____		

READ CAREFULLY BEFORE SIGNING:

I certify the foregoing information has been supplied truthfully, accurately and voluntarily and therefore authorize The Goodyear Tire & Rubber Company to investigate my credit worthiness, credit history and financial responsibility through any credit bureau or by any other means, including direct with past and present creditors. I am electing to personally guarantee the debt. I understand that an inquiry may be done on my personal credit, which can have an adverse effect on my credit score.

I further understand that payment terms are NET 30 (unless otherwise indicated on invoice) and I agree to make payment promptly in accordance with terms.

It is fully understood by the applicant on this application that I waive grace, demand, presentment, notice protest and consent that time of payment may or may not be extended without notice. The credit applicant herein indicated fully agrees to pay all interest or finance charges (not to exceed 9% annually) as stipulated on the invoice. It is specifically agreed and allocated that if this matter consisting of unpaid supported by invoice and accrued interest charges is placed in the hands of an attorney or any other party for collection, through suit, probate, or bankruptcy proceedings, I agree to pay any and all reasonable fees, attorney's fees, and all costs as may be awarded by addition to the principle and interest due at the time of collection of payment or such principle and interest in full.

THE EQUAL CREDIT OPPORTUNITY ACT (ECOA) PROHIBITS CREDIT GRANTORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE PROVIDED THE APPLICANT HAS THE CAPACITY TO CONTRACT. THE FEDERAL TRADE COMMISSION AND THE CONSUMER FINANCIAL PROTECTION BUREAU ADMINISTERS COMPLIANCE WITH THE ECOA.

J. DUSTIN TENKINS, DIRECTOR OF EMS

Applicant's Printed Name & Title

Applicant's Signature

Also sign here ONLY IF DEBT WILL BE PERSONALLY GUARANTEED

Date

Office Use Only

Customer/location #: _____ / _____

Limit Requested: _____

Approved: _____

Date: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Goodyear Tire & Rubber Company	
2 Business name/disregarded entity name, if different from above dba Goodyear Commercial Tire & Service Centers	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) D (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 200 Innovation Way	Requester's name and address (optional)
6 City, state, and ZIP code Akron, OH 44316-0001	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	4		0	2	5	3	2	4	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>VW Magnana</i>	Date ► 1/1/2022
-----------	--	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency THE COUNTY OF CALHOUN TEXAS		EIN: 74-6001923
Address (Street & number, P.O. Box or Route number) 202 S ANN ST		Phone (Area code and number) 361-553-4610
City, State, ZIP code PORT LAVACA TX 77979		

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

SUPPLIES, MATERIALS, PRODUCTS, LEASES, VEHICLES, EQUIPMENT, AND/OR SERVICES FOR THE
 EXCLUSIVE USE OF CALHOUN COUNTY, TEXAS

Purchaser claims this exemption for the following reason:

EXCLUSIVE USE OF CALHOUN COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF TEXAS

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser sign here <i>Feggy Hall</i>	Title <i>Assistant Auditor</i>	Date <i>1/3/2022</i>
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier.

Do not send the completed certificate to the Comptroller of Public Accounts.

16

16. Consider and take necessary action to accept a second insurance proceeds payment from TAC in the amount of \$3,566.47 for damages to a Sheriff Office vehicle on 3/30/22. (RHM)

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

Mae Belle Cassel

From: candice.villarreal@calhouncotx.org (candice villarreal)
<candice.villarreal@calhouncotx.org>
Sent: Monday, June 13, 2022 4:25 PM
To: maebelle.cassel@calhouncotx.org
Cc: Richard H. Meyer; David Hall; vern lyssy; joel.behrens@calhouncotx.org; Gary Reese
Subject: Agenda Item - Insurance Proceeds - SO
Attachments: TAC Ins Proceeds-SO 033022 2.pdf

MaeBelle,

Please add the following agenda item for the next available Commissioners Court.

- Consider and take necessary action on a second insurance proceeds payment from TAC in the amount of \$ 3,566.47 for damages to a Sheriff Office vehicle on 3/30/22.

Thank you,

☺ *Candice Villarreal*
1st Assistant Auditor
Calhoun County Auditors Office
202 S. Ann Street, Suite B
Port Lavaca, TX 77979
Phone (361)553-4612

Calhoun County Texas

TEXAS ASSOCIATION OF COUNTIES
RISK MANAGEMENT POOL-CLAIMS

CHECK DATE CHECK NO.

58305

6/9/2022 58305

VENDOR ID		VENDOR NAME		ACCOUNT NUMBER
		Calhoun County		
DATE	INVOICE NO.	DESCRIPTION		AMOUNT
6/9/2022	APD20220159-1	MVD-to Clm/Aty Supplement payment for 2019 Chevrolet Tahoe VIN 1411 of \$3,566.47		\$3566.47
6/9/2022	APD20220159-1			\$0.00



TEXAS ASSOCIATION OF COUNTIES
RISK MANAGEMENT POOL-CLAIMS
1210 SAN ANTONIO STREET
AUSTIN, TX 78701
(512) 478-8753

FROST BANK
30-9/1140

58305

DATE AMOUNT
6/9/2022 \$ 3,566.47

PAY THREE THOUSAND FIVE HUNDRED SIXTY-SIX AND 47 / 100 DOLLARS

TO THE
ORDER
OF:

Calhoun County
202 S Ann St Ste B
Port Lavaca, TX 77979-4204



VOID AFTER 180 DAYS

Susan M. Kellert
Julie R. G.

⑈058305⑈

TEXAS ASSOCIATION OF COUNTIES
RISK MANAGEMENT POOL-CLAIMS

58305

Calhoun County
202 S Ann St Ste B
Port Lavaca, TX 77979-4204

17

17. Consider and take necessary action to approve the attached Calhoun County Library Electronic Device Lending Agreement and Hotspot Rental Agreement. (RHM)

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

Mae Belle Cassel

From: dsanchez@cclibrary.org (Dina Sanchez) <dsanchez@cclibrary.org>
Sent: Thursday, June 16, 2022 11:42 AM
To: Mae Belle Cassel
Subject: Commissioners Court

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

Good morning, can you please add this to the agenda for the next Commissioners' Court meeting.

1) Please consider and take necessary action to accept and approve the attached Calhoun County Library Electronic device lending agreement and Hotspot rental agreement.

Thank you

Calhoun County Texas

Calhoun County Public Library
Electronic Device Agreement
Lending Guidelines and Agreement

This 3-page agreement must be completed once and on file before any electronic devices are checked out. Individual forms for each device must be completed *each time* a device is checked out.

Guidelines for Borrowing and Use

- Borrowers must be 18 years or older and have no fines on their account to Check out Electronic Devices.
- Prior to borrowing Electronic Devices, all Patrons must sign and have on file the Waiver and Indemnification Form
- The Borrower's Agreement must be signed *each time* an Electronic Device is checked out.
- A valid government issued ID with picture and current address must be presented at checkout.
- Items **MUST** be returned to the Information Desk during operating hours.
- Claims "Returned" and "Never checked out" are not allowed for Electronic Devices.

Care and Operation

- By checking out the item the patron is certifying that they are capable of using the item in a safe and proper manner.
- Do not leave devices charging unsupervised. Do not charge devices under a pillow, on your bed, on a couch or in a location that's exposed to direct sunlight. Do not use the library charging cord to charge other electronic devices.
- An Electronic Device shall not be used in a manner inconsistent with its intended design and purpose.
- If any item borrowed becomes unsafe or in a state of disrepair the patron must immediately discontinue use and notify the Library as soon as possible.
- The patron will not make any modifications or alterations to Electronic Devices.
- Only the Patron is authorized to use Library Electronic Devices. Patrons shall not permit the use of items checked out to them by any other person.
- All consumable supplies must be purchased by the borrower.
- All Electronic Devices should be returned in the same or better condition as they were borrowed in, excluding normal wear.
- All Electronic Devices that are unreasonably dirty must be cleaned before being returned to the Library or a cleaning fee will be charged.
- The Library does not provide supervision or instruction for the use of an Electronic Device.

Fines and Liability

- The overdue fine on an Electronic Device is \$1 per day. If an item is more than 30 days overdue, it is considered lost and you will receive a bill to cover the replacement. If a billed item is returned in good condition within 30 days of due date, the bill will be removed from your record but you will be charged overdue fines.
- All Electronic Devices borrowed are to be returned to the Library by close of business on their due date. Tools and equipment may only be returned during the Library's open hours, and may not be returned in the book drop.
- A \$5.00 cleaning fee will be charged for items returned without being cleaned.
- The Borrower is solely responsible for the Electronic Device and will be billed for the repair or replacement cost associated with damage loss of an Electronic Device and/or peripherals as a result of neglect or abuse. Damage or loss fees may be incurred up to 5 days after check in.

- A list of replacement costs of Electronic Devices is maintained by the library and is available for viewing upon request.
- Patrons who have paid for lost items, then find them within 30 days past the due date, may receive a refund. If customers find materials 30 or more days after the due date, no refunds will be made.
- It is the borrower's responsibility to protect the Electronic Device against loss or damage.
- The Calhoun County Public Library is not responsible for any injury, loss or damage that may occur from the use of an Electronic Device.
- The Calhoun County Public Library is not responsible for the loss of data while using this equipment.
- Texas Penal Code Title 7 Sec. 31.03. THEFT. (a) A person commits an offense if he unlawfully appropriates property with intent to deprive the owner of property.
- Full payment is expected up front. Payment plans will **NOT** be accepted.
- The Library may file theft charges if library property is not returned.
- I shall only use the Electronic devices for lawful purposes. I understand that this device may not be used for any purpose that violates federal, state, or local laws and Library Policies.
 - I acknowledge that under Federal and Texas law, it is a crime to view, distribute or exhibit material that is "harmful" to minors, or to be reckless about "whether a minor is present who will be offended or alarmed by the display" of harmful material.
 - I acknowledge that I am prohibited from using the electronic device for illegal activity, to access illegal or obscene materials or to display material that violates Federal, State, or local laws.
 - I will not violate any state or federal statute including those regarding obscenity, pornography, or delivery to minors material deemed harmful to them.
- I acknowledge that I am not allowed to engage in the following prohibited activities:
 - "hacking" or otherwise attempting unauthorized use of networks;
 - Invading the privacy of others;
 - Access sexually explicit images of anyone under the age of 18 or who appears to be under the age of 18
 - Violating copyright laws;
 - Violating software license agreements; or
 - Sending harassing, threatening, or libelous messages or materials using the electronic device.

Calhoun County Public Library

200 W. Mahan St
Port Lavaca
(361) 552-READ

506 W. Main St
Port O' Connor
(361) 983-4365

502 S. 4th St
Seadrift
(361) 785-4241

www.cclibrary.org

Liability Waiver and Informed Consent Form Electronic Devices

In consideration of my use of the Electronic Equipment lent out by the Calhoun County Public Library, I hereby voluntarily release, discharge, waive, and hold harmless, on behalf of myself, my heirs, executors, administrators, and assigns, Calhoun County, the Calhoun County Public Library, the City of Port Lavaca, the City of Port O' Connor, the City of Seadrift, the City of Point Comfort and their employees, officers, and agents, ("hereinafter referred to as "indemnified parties") from any loss, damage, or injury to persons or property arising from the Equipment. In no event shall the Indemnified Parties be liable to me for indirect, consequential or special damages, including without limitation lost use, revenue or profits.

I agree to indemnify and hold the Indemnified Parties harmless from and against all liabilities, claims, actions, proceedings, damages, losses, costs and expenses, including attorneys' fees, for all injuries or death of any person, or damage to any property occurring or arising from or connected with, directly or indirectly, my possession, use, and return of the Equipment.

No warranties, expressed or implied, including without limitation: suitability, durability, fitness for a particular purpose, condition, or quality have been made by the Indemnified Parties, directly or indirectly in connection with the Equipment. I am borrowing the Equipment "as is." I acknowledge that I am responsible to examine the Equipment before checking out and will not check out if its condition is unacceptable. I agree to surrender the Equipment to the Library in as good order and condition as when received, except for reasonable wear and tear resulting from proper use, and if returned unclean, I may be charged a reasonable cleaning fee. I agree to keep and maintain the Equipment in good condition, use it in a careful and proper manner and comply with all applicable laws and regulations.

I understand that the Library does not provide supervision or instruction for the use of the Equipment. I understand and acknowledge that the use of some of the Equipment involves risk of serious injury, including permanent disability and death. I agree to refrain from using any Equipment in a manner inconsistent with its intended design and purpose.

I have read the **Lending Guidelines and Agreement** and this **Liability Waiver and Informed Consent Form** and sign it voluntarily. I understand that I am giving up substantial rights by signing it.

Print Name

Date

Signature

Driver's License #

Calhoun County Library staff sign here

Library Card #

Patron initial here: _____

Calhoun County Public Library

200 W. Mahan St
Port Lavaca
(361) 552-READ

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(361) 983-4365

502 S. 4th St
Seadrift
(361) 785-4241

www.cclibrary.org

Wi-Fi HOTSPOT LENDING POLICY

This form must be completed **each time** a device is checked out. The 3-page library's Lending Guidelines and Agreement for Electronic Devices must be completed once and on file before any electronic devices are checked out.

By checking out the hotspot, you have agreed to the following:

- I have read and signed the Calhoun County Library's Lending Guidelines and Agreement for Electronic Devices.
- I understand that the hotspot can be checked out for 14 days and may only be renewed 1 time if there is no waiting list. The hotspot must be returned to the library by the due date with all included accessories, and in original packaging. If the hotspot is not returned within 24 hours of the due date, the Wi-Fi service may be disconnected and the hotspot will no longer be usable. An overdue fine of \$1 per day will be assessed. Failure to return the device will result in a replacement charge of up to \$150. The library reserves the right to refuse checkout to patrons who abuse the hotspots or repeatedly return them late.
- I understand that the hotspot runs on the T-Mobile network and that the speed and availability of the Wi-Fi connection will be dependent on the service area of T-Mobile's towers. Service connection is not guaranteed in all areas.
- I understand that the hotspot may **NOT** be returned in the book drop; it must be returned to the circulation desk during library operating hours. If I do not return the hotspot to the library in good working condition with all included accessories and packaging, I may be charged a replacement cost of up to \$150.
- I understand that the library is not responsible for any files, data, or personal information accessed, transmitted, lost or damaged while accessing the internet via the hotspot. By signing this agreement, I accept the above checkout agreement and am stating that I am responsible for returning this equipment to the library in good working condition and free of damage.

Patron Name (Print): _____ Library Card #: _____

Patron Signature: _____ Date: _____

Phone #: _____ Email: _____

Staff Use Only

Check Out: Please check to ensure that all pieces of equipment are present at the time of checkout

___ Hotspot ___ USB Cable ___ Power Adapter ___ Carrying Case ___ Instruction Card

Staff initials _____ Date _____

Check In: Please check to ensure that all pieces of equipment are present at the time of check in.

___ Hotspot ___ USB Cable ___ Power Adapter ___ Carrying Case ___ Instruction Card

Staff initials _____ Date _____

18

18. Accept Monthly Reports from the following County Offices:

- i. Justice of the Peace, Precinct 5 – May 2022
- ii. Tax Assessor-Collector – June 2021, Revised
- iii. Tax Assessor-Collector – July 2021, Revised
- iv. Tax Assessor-Collector – December 2021, Revised
- v. Tax Assessor-Collector – March 2022
- vi. Tax Assessor-Collector – April 2022

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

FAX COVER SHEET



AND JUSTICE FOR ALL.....

JUDGE NANCY POMYKAL
P O BOX 454
PORT O' CONNOR, TX.77982

(361)983-2351 - TELEPHONE
(361)983-2461 - FAX

COUNTY OF CALHOUN JUSTICE COURT PCT. 5

DATE: JUNE 8, 2022

PAGES: 8 Including this cover

TO: JUDGE RICHARD MEYER & COUNTY COMMISSIONERS
ATT: MaeBelle

FAX NUMBER(S) 361-553-4444

SUBJECT: MAY 2022 ~ MONEY DISTRIBUTION REPORT

NOTE: MaeBelle. I am faxing the above report for MAY 2022. Please give me a call if you have any questions.

Thank you,

Judge Nancy Pomykal

THE CONTENTS OF THIS FAX MESSAGE ARE INTENDED SOLELY FOR THE ADDRESSEE(S) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

Money Distribution Report

CALHOUN JP5 MAY 2022 REPORT

Receipt Cause/Defendant	Codes\Amounts	Total
377611 2022-0192-SC M & J HOLDINGS GP Cashier's Check # 018723	05-02-2022 SCCF 21.00 LCCF 33.00	54.00
377612 08-07-0375 BURNETT, ROY SHERMAN Company Check	05-02-2022 OFMT 496.00	496.00
377613 2022-0187 DEAN, LOUIS Cash	05-04-2022 CCC 62.00 PWAF 5.00 LCCC 14.00 FINE 19.00	100.00
377614 2022-0181 BORQUE, CRAIG JOSEPH Credit Card	05-09-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STFL 50.00	144.00
377615 2022-0133 MEJIAS, JUSTIN MICHAEL Credit Card	05-10-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 10.53 LTFC 0.48	100.00
377616 2021-0332 BENNETT, JASON BRVAN Credit Card	05-10-2022 CCC 18.03 LAF 1.45 WRNT 14.54 LCCC 4.07 OMNR 2.91	238.50
377617 2021-0395 MORGAN, MATTHAN WAYNE Money Order	05-13-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 OMNR 10.00	364.00
377618 1904-0201 GONZALEZ-MARTINEZ, RAUL Credit Card	05-19-2022 JSF 4.00 TFC 3.00 CCC 40.00 CHS 3.00 LAF 5.00	325.00
377619 2022-0198 CALDWELL, ALVIN WILLIAM Cash	05-20-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STFL 50.00	220.00
377620 2020-0208 ALVARADO, SALVADOR NUNEZ Cash	05-24-2022 CCC 34.44 LAF 2.78 LCCC 7.78	45.00
377621 2022-0210 HUDSON, RANDY NOEL Cash	05-24-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STFL 50.00	200.00
377623 2022-0203 BELL, SABRINA ANN Cash	05-25-2022 TFC 3.00 CCC 62.00 LAF 5.00 STFL 50.00 LCCC 14.00	144.00
377624 2022-0153 DOERING, JOSEPH MARKAR Company Check	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 239.00	320.00
377625 2022-0194 BLANCO, MANUEL JESUS Cash	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 86.00 LTFC 3.00	220.00
377626 2020-0166 MARTINEZ, TRENT Company Check	05-26-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 FINE 264.00	513.50
377627 2022-0171 ELLIOTT, DANA LYNN Cashier's Check	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 DFF 119.00	200.00
377628 2022-0170 ELLIOTT, AMY ATKINSON Cashier's Check	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 DFF 119.00	200.00
377629 2022-0169 ATKINSON, KYLE WEBB Cashier's Check	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 DFF 119.00	200.00
377630 2022-0168 ELLINGTON, KIERSTYN LEE Cashier's Check	05-26-2022 CCC 62.00 LAF 5.00 LCCC 14.00 DFF 119.00	200.00
377631 1908-0382 SANCHEZ, PATRICK RAY Jail Credit	05-31-2022 JSF 4.00 CCC 40.00 CHS 3.00 LAF 5.00 WRNT 50.00	299.00
377632 1908-0383 SANCHEZ, PATRICK RAY Jail Credit	05-31-2022 JSF 4.00 TFC 3.00 CCC 40.00 CHS 3.00 LAF 5.00	325.00
377633 2022-0187 DEAN, LOUIS	05-31-2022 FINE 145.00	145.00

Money Distribution Report

CALHOUN JFS MAY 2022 REPORT

Receipt Cause/Defendant	Code/Amounts	Total
Cash		

Money Distribution Report

CALHOUN JPS MAY 2022 REPORT

Type Code Description	Count	Retained	Disbursed	Money-Totals
The following totals represent - Cash and Checks Collected				
COST CCC CONSOLIDATED COURT COSTS	14	78.23	704.04	782.27
COST CCC CONSOLIDATED COURT COSTS	0	0.00	0.00	0.00
COST CHS COURTHOUSE SECURITY	0	0.00	0.00	0.00
COST IDF INDIGENT DEFENSE FUND	0	0.00	0.00	0.00
COST JCSF JUSTICE COURT SECURITY FUND	0	0.00	0.00	0.00
COST JPAY JUDGE PAY RAISE FEE	0	0.00	0.00	0.00
COST JSF JUROR SERVICE FUND	0	0.00	0.00	0.00
COST LAF SHERIFF'S FEE	13	58.09	0.00	58.09
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	14	176.64	0.00	176.64
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	1	33.00	0.00	33.00
COST MVF MOVING VIOLATION FEE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	1	10.00	0.00	10.00
COST PMAF TEXAS PARKS & WILDLIFE	1	4.00	1.00	5.00
COST STF1 STATE TRF FINE 9-1-19	1	2.00	48.00	50.00
COST SUBC SUB TITLE C	0	0.00	0.00	0.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	1	3.00	0.00	3.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST WRNT WARRANT FEE	2	100.00	0.00	100.00
FEES CSRV COLLECTION SERVICES FEE	2	202.50	0.00	202.50
FEES DDC DRIVER SAFETY COURSE - 2020	1	10.00	0.00	10.00
FEES DFF DEFERRED FEE	6	628.00	0.00	628.00
FEES JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	1	0.00	21.00	21.00
FINE FINE FINE	6	839.00	0.00	839.00
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	4	12.00	0.00	12.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	4	8.00	192.00	200.00
OPMT OPMT OVERPAYMENT	1	496.00	0.00	496.00
Money Totals	17	2,660.46	966.04	3,626.50

The following totals represent - Transfers Collected

COST CCC CONSOLIDATED COURT COSTS	0	0.00	0.00	0.00
COST CCC CONSOLIDATED COURT COSTS	0	0.00	0.00	0.00
COST CHS COURTHOUSE SECURITY	0	0.00	0.00	0.00
COST IDF INDIGENT DEFENSE FUND	0	0.00	0.00	0.00
COST JCSF JUSTICE COURT SECURITY FUND	0	0.00	0.00	0.00
COST JPAY JUDGE PAY RAISE FEE	0	0.00	0.00	0.00
COST JSF JUROR SERVICE FUND	0	0.00	0.00	0.00
COST LAF SHERIFF'S FEE	0	0.00	0.00	0.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	0	0.00	0.00	0.00
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	0	0.00	0.00	0.00
COST MVF MOVING VIOLATION FEE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	0	0.00	0.00	0.00
COST PMAF TEXAS PARKS & WILDLIFE	0	0.00	0.00	0.00
COST STF1 STATE TRF FINE 9-1-19	0	0.00	0.00	0.00
COST SUBC SUB TITLE C	0	0.00	0.00	0.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	0	0.00	0.00	0.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST WRNT WARRANT FEE	0	0.00	0.00	0.00
FEES CSRV COLLECTION SERVICES FEE	0	0.00	0.00	0.00
FEES DDC DRIVER SAFETY COURSE - 2020	0	0.00	0.00	0.00
FEES DFF DEFERRED FEE	0	0.00	0.00	0.00
FEES JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	0	0.00	0.00	0.00
FINE FINE FINE	0	0.00	0.00	0.00
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
OPMT OPMT OVERPAYMENT	0	0.00	0.00	0.00
Transfer Totals	0	0.00	0.00	0.00

The following totals represent - Jail Credit and Community Services

COST CCC CONSOLIDATED COURT COSTS	0	0.00	0.00	0.00
COST CCC CONSOLIDATED COURT COSTS	2	8.00	72.00	80.00

Money Distribution Report

CALHOUN JPS MAY 2022 REPORT

Type Code Description	Count	Retained	Disbursed	Money-Totals
COST CHS COURTHOUSE SECURITY	2	6.00	0.00	6.00
COST IDF INDIGENT DEFENSE FUND	2	0.40	3.60	4.00
COST JCSF JUSTICE COURT SECURITY FUND	2	2.00	0.00	2.00
COST JPAY JUDGE PAY RAISE FEE	2	1.20	10.80	12.00
COST JSF JUROR SERVICE FUND	2	0.80	7.20	8.00
COST LAF SHERIFF'S FEE	2	10.00	0.00	10.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	0	0.00	0.00	0.00
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	0	0.00	0.00	0.00
COST MVF MOVING VIOLATION FEE	2	0.02	0.18	0.20
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	2	20.00	0.00	20.00
COST PWAR TEXAS PARKS & WILDLIFE	0	0.00	0.00	0.00
COST STF1 STATE TRF FINE 9-1-19	0	0.00	0.00	0.00
COST SUBC SUB TITLE C	1	1.50	28.50	30.00
COST TF TECHNOLOGY FUND	2	8.00	0.00	8.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	1	3.00	0.00	3.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	2	0.00	4.00	4.00
COST WRNT WARRANT FEE	2	100.00	0.00	100.00
FEES CSRV COLLECTION SERVICES FEE	2	144.00	0.00	144.00
FEES DDC DRIVER SAFETY COURSE - 2020	0	0.00	0.00	0.00
FEES DFF DEFERRED FEE	0	0.00	0.00	0.00
FEES JCMF JUVENILE CASE MANAGER FEE	2	10.00	0.00	10.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	0	0.00	0.00	0.00
FINE FINE FINE	2	182.80	0.00	182.80
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
OPMT OPMT OVERPAYMENT	0	0.00	0.00	0.00
Credit Totals	2	497.72	126.28	624.00

The following totals represent - Credit Card Payments

COST CCC CONSOLIDATED COURT COSTS	3	14.20	127.83	142.03
COST CCC CONSOLIDATED COURT COSTS	1	4.00	36.00	40.00
COST CHS COURTHOUSE SECURITY	1	3.00	0.00	3.00
COST IDF INDIGENT DEFENSE FUND	1	0.20	1.80	2.00
COST JCSF JUSTICE COURT SECURITY FUND	1	1.00	0.00	1.00
COST JPAY JUDGE PAY RAISE FEE	1	0.60	5.40	6.00
COST JSF JUROR SERVICE FUND	1	0.40	3.60	4.00
COST LAF SHERIFF'S FEE	4	16.45	0.00	16.45
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	3	32.07	0.00	32.07
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	0	0.00	0.00	0.00
COST MVF MOVING VIOLATION FEE	1	0.01	0.09	0.10
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	2	12.91	0.00	12.91
COST PWAR TEXAS PARKS & WILDLIFE	0	0.00	0.00	0.00
COST STF1 STATE TRF FINE 9-1-19	0	0.00	0.00	0.00
COST SUBC SUB TITLE C	1	1.50	28.50	30.00
COST TF TECHNOLOGY FUND	1	4.00	0.00	4.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	1	3.00	0.00	3.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	1	0.00	2.00	2.00
COST WRNT WARRANT FEE	2	64.54	0.00	64.54
FEES CSRV COLLECTION SERVICES FEE	2	148.50	0.00	148.50
FEES DDC DRIVER SAFETY COURSE - 2020	1	10.00	0.00	10.00
FEES DFF DEFERRED FEE	0	0.00	0.00	0.00
FEES JCMF JUVENILE CASE MANAGER FEE	1	5.00	0.00	5.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	0	0.00	0.00	0.00
FINE FINE FINE	3	199.43	0.00	199.43
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	2	3.48	0.00	3.48
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	2	2.32	55.67	57.99
OPMT CPMT OVERPAYMENT	0	0.00	0.00	0.00
Credit Card Totals	4	526.61	260.89	787.50

The following totals represent - Combined Money

COST CCC CONSOLIDATED COURT COSTS	17	92.43	831.87	924.30
COST CCC CONSOLIDATED COURT COSTS	1	4.00	36.00	40.00
COST CHS COURTHOUSE SECURITY	1	3.00	0.00	3.00
COST IDF INDIGENT DEFENSE FUND	1	0.20	1.80	2.00
COST JCSF JUSTICE COURT SECURITY FUND	1	1.00	0.00	1.00
COST JPAY JUDGE PAY RAISE FEE	1	0.60	5.40	6.00
COST JSF JUROR SERVICE FUND	1	0.40	3.60	4.00

Money Distribution Report

CALHOUN JPS MAY 2022 REPORT

Type Code Description	Count	Retained	Disbursed	Money-Totals
COST LAF SHERIFF'S FEE	17	74.54	0.00	74.54
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	17	208.71	0.00	208.71
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	1	33.00	0.00	33.00
COST MVF MOVING VIOLATION FEE	1	0.01	0.09	0.10
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	3	22.91	0.00	22.91
COST PMAF TEXAS PARKS & WILDLIFE	1	4.00	1.00	5.00
COST STF1 STATE TRF FINE 9-1-19	1	2.00	48.00	50.00
COST SUBC SUB TITLE C	1	1.50	28.50	30.00
COST TP TECHNOLOGY FUND	1	4.00	0.00	4.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	2	6.00	0.00	6.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	1	0.00	2.00	2.00
COST WRNT WARRANT FEE	4	164.54	0.00	164.54
FEES CSRV COLLECTION SERVICES FEE	4	351.00	0.00	351.00
FEES DDC DRIVER SAFETY COURSE - 2020	2	20.00	0.00	20.00
FEES DFF DEFERRED FEE	6	628.00	0.00	628.00
FEES JCMF JUVENILE CASE MANAGER FEE	1	5.00	0.00	5.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	1	0.00	21.00	21.00
FINE FINE FINE	9	1,038.43	0.00	1,038.43
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	6	15.48	0.00	15.48
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	6	10.32	247.67	257.99
OPMT OPMT OVERPAYMENT	1	496.00	0.00	496.00
Money Totals	21	3,187.07	1,226.93	4,414.00

The following totals represent - Combined Money and Credits

COST CCC CONSOLIDATED COURT COSTS	17	92.43	831.87	924.30
COST CCC CONSOLIDATED COURT COSTS	3	12.00	108.00	120.00
COST CHS COURTHOUSE SECURITY	3	9.00	9.00	9.00
COST IDF INDIGENT DEFENSE FUND	3	0.60	5.40	6.00
COST JCSF JUSTICE COURT SECURITY FUND	3	3.00	0.00	3.00
COST JPAY JUDGE PAY RAISE FEE	3	1.80	16.20	18.00
COST JSF JUROR SERVICE FUND	3	1.20	10.80	12.00
COST LAF SHERIFF'S FEE	19	84.54	0.00	84.54
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	17	208.71	0.00	208.71
COST LCCF LOCAL CONSOLIDATED CIVIL FEES 1-1-22	1	33.00	0.00	33.00
COST MVF MOVING VIOLATION FEE	3	0.03	0.27	0.30
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	5	42.91	0.00	42.91
COST PMAF TEXAS PARKS & WILDLIFE	1	4.00	1.00	5.00
COST STF1 STATE TRF FINE 9-1-19	1	2.00	48.00	50.00
COST SUBC SUB TITLE C	2	3.00	57.00	60.00
COST TP TECHNOLOGY FUND	3	12.00	0.00	12.00
COST TFC LOCAL TRF. FINE- FORMERLY TRF. 9-1-19	3	9.00	0.00	9.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	3	0.00	6.00	6.00
COST WRNT WARRANT FEE	6	264.54	0.00	264.54
FEES CSRV COLLECTION SERVICES FEE	6	495.00	0.00	495.00
FEES DDC DRIVER SAFETY COURSE - 2020	2	20.00	0.00	20.00
FEES DFF DEFERRED FEE	6	628.00	0.00	628.00
FEES JCMF JUVENILE CASE MANAGER FEE	3	15.00	0.00	15.00
FEES SCCF STATE CONSOLIDATED CIVIL FEE	1	0.00	21.00	21.00
FINE FINE FINE	11	1,221.23	0.00	1,221.23
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	6	15.48	0.00	15.48
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	6	10.32	247.67	257.99
OPMT OPMT OVERPAYMENT	1	496.00	0.00	496.00
Report Totals	23	3,684.79	1,353.21	5,038.00

Money Distribution Report

CALHOUN JPS MAY 2022 REPORT

Date	Payment Type	Fines	Court Costs	Fees	Bonds	Restitution	Other	Total
00-00-0000	Cash & Checks Collected	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Jail Credits & Comm Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Credit Cards & Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total of all Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00
09-01-1991	Cash & Checks Collected	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Jail Credits & Comm Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Credit Cards & Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total of all Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00
01-01-2004	Cash & Checks Collected	0.00	0.00	0.00	0.00	0.00	496.00	496.00
	Jail Credits & Comm Service	182.80	287.20	154.00	0.00	0.00	0.00	624.00
	Credit Cards & Transfers	84.90	160.10	80.00	0.00	0.00	0.00	325.00
	Total of all Collections	267.70	447.30	234.00	0.00	0.00	496.00	1,445.00
01-01-2020	Cash & Checks Collected	1,051.00	1,218.00	861.50	0.00	0.00	0.00	3,130.50
	Jail Credits & Comm Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Credit Cards & Transfers	176.00	203.00	83.50	0.00	0.00	0.00	462.50
	Total of all Collections	1,227.00	1,421.00	945.00	0.00	0.00	0.00	3,593.00
TOTALS	Cash & Checks Collected	1,051.00	1,218.00	861.50	0.00	0.00	496.00	3,626.50
	Jail Credits & Comm Service	182.80	287.20	154.00	0.00	0.00	0.00	624.00
	Credit Cards & Transfers	260.90	363.10	163.50	0.00	0.00	0.00	787.50
	Total of all Collections	1,494.70	1,868.30	1,179.00	0.00	0.00	496.00	5,038.00

Money Distribution Report

CALHOUN JFS MAY 2022 REPORT

Description	Count	Collected	Retained	Disbursed
State of Texas Quarterly Reporting Totals				
State Comptroller Cost and Fees Report				
Section I: Report for Offenses Committed				
01-01-20 Forward	17	924.30	92.43	831.87
01-01-04 - 12-31-19	2	70.00	5.50	64.50
09-01-91 - 12-31-03	0	0.00	0.00	0.00
Bail Bond Fee	0	0.00	0.00	0.00
DNA Testing Fee - Juvenile	0	0.00	0.00	0.00
EMS Trauma Fund (EMS)	0	0.00	0.00	0.00
Juvenile Probation Diversion Fees	0	0.00	0.00	0.00
State Traffic Fine (eff. 09-01-19)	6	257.99	10.32	247.67
State Traffic Fine (prior 09-01-19)	1	50.00	2.00	48.00
Intoxicated Driver Fine	0	0.00	0.00	0.00
Prior Mandatory Costs (JRF, YDF, JS)	3	12.00	1.20	10.80
Moving Violation Fees	1	0.10	0.01	0.09
DNA Testing Fee - Convictions	0	0.00	0.00	0.00
DNA Testing Fee - Comm Supvn	0	0.00	0.00	0.00
Truancy Prevention and Diversion Fund	0	0.00	0.00	0.00
Failure to Appear/Pay Fees	0	0.00	0.00	0.00
Time Payment Fees	0	0.00	0.00	0.00
Judicial Fund - Const County Court	0	0.00	0.00	0.00
Judicial Fund - Statutory County Court	0	0.00	0.00	0.00
Section II: As Applicable				
Peace Officer Fees	1	5.00	4.00	1.00
Motor Carrier Weight Violations	0	0.00	0.00	0.00
Driving Record Fee	0	0.00	0.00	0.00
Report Sub Total	11	1,319.39	115.46	1,203.93
State Comptroller Civil Fees Report				
CF: Birth Certificate Fees	0	0.00	0.00	0.00
CF: Marriage License Fees	0	0.00	0.00	0.00
CF: Declaration of Informal Marriage	0	0.00	0.00	0.00
CF: Nondisclosure Fees	0	0.00	0.00	0.00
CF: Juror Donations	0	0.00	0.00	0.00
CF: Justice Court Indig Filing Fees	0	0.00	0.00	0.00
CF: Stat Prob Court Indig Filing Fees	0	0.00	0.00	0.00
CF: Stat Prob Court Judic Filing Fees	0	0.00	0.00	0.00
CF: Stat Cnty Court Indig Filing Fees	0	0.00	0.00	0.00
CF: Stat Cnty Court Judic Filing Fees	0	0.00	0.00	0.00
CF: Cnst Cnty Court Indig Filing Fees	0	0.00	0.00	0.00
CF: Cnst Cnty Court Judic Filing Fees	0	0.00	0.00	0.00
CF: Dist Court Divorce & Family Law	0	0.00	0.00	0.00
CF: Dist Court Other Divorce/Family Law	0	0.00	0.00	0.00
CF: Dist Court Indig Legal Services	0	0.00	0.00	0.00
CF: Judicial Support Fee	0	0.00	0.00	0.00
CF: Judicial & Court Pers. Training Fee	0	0.00	0.00	0.00
Report Sub Total	0	0.00	0.00	0.00
Total Due For This Period	31	1,319.39	115.46	1,203.93

THE STATE OF TEXAS Before me, the undersigned authority, this day
County of Calhoun County personally appeared Nancy Pomykal, Justice of the
Peace, Precinct No 5, Calhoun County, Texas, who
being duly sworn, deposes and says that the above
and foregoing report is true and correct.

Witness my hand this

8th day of June A.D. 2022
Justice of the Peace, Precinct No 5
Calhoun County, Texas

Paul H. My
6-22-2022

SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
REVISED JUNE 2021

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	669	\$ 8,892.00	
Title Fees Paid TXDOT			\$ 5,547.00
Title Fees Paid County Treasurer Salary Fund			\$ 3,345.00
 Motor Vehicle Registration Collections		 \$ 203,236.31	
Disabled Person Fees		\$ 50.00	
Postage		\$ -	
Global Additional Collections		\$ -	
Paid TXDOT			\$ 166,617.75
Paid TXDOT SP			\$ 27,135.50
Paid County Treasurer			\$ -
Paid County Treasurer Salary Fund			\$ 6,966.25
DMV CCARDTRNSFEE	\$ 2,566.81		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,745.36
GLOBAL Fees In Excess of Collections			\$ 821.45
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ -	
Paid County Treasurer - Additional Postage			\$ -
 Motor Vehicle Sales & Use Tax Collections		 \$ 622,445.65	
Paid State Treasurer			\$ 622,445.65
 Special Road/Bridge Fees Collected		 \$ 28,150.00	
Paid County Treasurer - R/B Fees			\$ 28,150.00
 Texas Parks & Wildlife Collections		 \$ 5,663.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 78.93	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 5,096.70
Paid County Treasurer Salary Fund			\$ 566.30
P&W CCARDTRNSFEE	\$ 78.93		
GLOBAL Additional Collections	\$ -		
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 94.82
GLOBAL In Excess/Shortage of Collections			\$ (15.89)
 Boat/Motor Sales & Use Tax Collections		 \$ 34,376.41	
Paid State Treasurer			\$ 32,657.59
Paid County Treasurer, Salary Fund			\$ 1,718.82
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF MAY 2021		\$ 53.00	
Paid County Treasurer, Salary Fund			\$ 53.00
 County Park & Wildlife Collections		 \$ 505.00	

Business Personal Property - Misc. Fees	\$	53.14		
Paid County Treasurer			\$	53.14
Excess Funds	\$	-		
Paid County Treasurer			\$	-
Overpayments	\$	2.94		
Current Tax Collections	\$	80,838.92		
Penalty and Interest - Current Roll	\$	11,608.46		
Discount for early payment of taxes			\$	-
Delinquent Tax Collections	\$	6,056.28		
Penalty & Interest - Delinquent Roll	\$	2,237.04		
Collections for Delinquent Tax Attorney	\$	3,135.49		
Advance - FM & L Taxes				
Advance - County AdValorem Taxes			\$	97,987.15
Paid County Treasurer - Nav. East			\$	69.12
Paid County Treasurer - all other Districts			\$	2,687.37
Paid County Treasurer - Delinq Tax Atty. Fee			\$	3,135.49
Payment in Lieu of Taxes	\$	-		
Paid County Treasurer - Navig. East			\$	-
Paid County Treasurer - All other Districts			\$	-
Special Farmers Fees Collected	\$	45.00		
Paid State Treasurer, Farmers Fees			\$	45.00
Hot Check Collection Charges	\$	-		
Paid County Treasurers, Hot Check Charge			\$	-
Overage on Collection/Assessing Fees	\$	-		
Paid County Treasurer, overage refunded			\$	-
Escheats	\$	-		
Paid County Treasurer-escheats			\$	-

TOTAL COLLECTIONS \$ 1,007,504.96

TOTAL DISBURSEMENTS

\$ 1,007,504.96

TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY

\$ 1,007,504.96

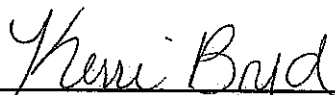
Kerri Boyd

KERRI BOYD
Tax Assessor-Collector

SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
REVISED JULY 2021

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	483	\$ 6,409.00	
Title Fees Paid TXDOT			\$ 3,994.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,415.00
 Motor Vehicle Registration Collections		 \$ 133,102.12	
Disabled Person Fees:		\$ 40.00	
Postage:		\$ -	
Global Additional Collections		\$ 6.04	
Paid TXDOT			\$ 108,957.99
Paid TXDOT SP			\$ 17,833.55
Paid County Treasurer			\$ -
Paid County Treasurer Salary Fund			\$ 4,753.70
DMV CCARDTRNSFEE	\$ 1,596.88		\$ -
GL Additional Collections	\$ 6.02		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,756.95
GLOBAL Fees In shortage of Collections			\$ (154.03)
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ 33.85	
Paid County Treasurer - Additional Postage			\$ 33.85
 Motor Vehicle Sales & Use Tax Collections		 \$ 576,058.88	
Paid State Treasurer			\$ 576,058.88
 Special Road/Bridge Fees Collected		 \$ 18,440.00	
Paid County Treasurer - R/B Fees			\$ 18,440.00
 Texas Parks & Wildlife Collections		 \$ 3,368.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 73.60	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 3,031.20
Paid County Treasurer Salary Fund			\$ 336.80
P&W CCARDTRNSFEE	\$ 73.60		
GLOBAL Additional Collections	\$ -		
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 102.47
GLOBAL In Excess/Shortage of Collections			\$ (28.87)
 Boat/Motor Sales & Use Tax Collections		 \$ 45,525.87	
Paid State Treasurer			\$ 43,249.58
Paid County Treasurer, Salary Fund			\$ 2,276.29
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF DECEMBER 2020		\$ 50.00	
Paid County Treasurer, Salary Fund			\$ 50.00
 County Beer & Wine Collections		 \$ 350.00	

Business Personal Property - Misc. Fees	\$	222.08		
Paid County Treasurer			\$	222.08
Excess Funds	\$	-		
Paid County Treasurer			\$	-
Overpayments	\$	2.33		
Current Tax Collections	\$	58,838.88		
Penalty and Interest - Current Roll	\$	5,428.58		
Discount for early payment of taxes			\$	-
Delinquent Tax Collections	\$	12,724.74		
Penalty & Interest - Delinquent Roll	\$	6,776.10		
Collections for Delinquent Tax Attorney	\$	9,581.90		
Advance - FM & L Taxes			\$	-
Advance - County AdValorem Taxes			\$	82,297.72
Paid County Treasurer - Nav. East			\$	62.34
Paid County Treasurer - all other Districts			\$	1,410.57
Paid County Treasurer - Delinq Tax Atty. Fee			\$	9,581.90
Payment in Lieu of Taxes	\$	-		
Paid County Treasurer - Navig. East			\$	-
Paid County Treasurer - All other Districts			\$	-
Special Farmers Fees Collected	\$	105.00		
Paid State Treasurer, Farmers Fees			\$	105.00
Hot Check Collection Charges	\$	-		
Paid County Treasurers, Hot Check Charge			\$	-
Overage on Collection/Assessing Fees	\$	-		
Paid County Treasurer, overage refunded			\$	-
Escheats	\$	-		
Paid County Treasurer-escheats			\$	-
TOTAL COLLECTIONS	\$	877,216.72		
TOTAL DISBURSEMENTS			\$	877,216.72
TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY			\$	877,216.72



 KERRI BOYD

Tax Assessor-Collector

SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
REVISED DECEMBER 2021

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	535	\$ 7,085.00	
Title Fees Paid TXDOT			\$ 4,410.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,675.00
 Motor Vehicle Registration Collections		 \$ 152,260.09	
Disabled Person Fees		\$ 75.00	
Postage		\$ -	
Global Additional Collections		\$ -	
Paid TXDOT			\$ 124,460.57
Paid TXDOT SP			\$ 20,503.98
Paid County Treasurer			\$ -
Paid County Treasurer Salary Fund			\$ 5,422.10
DMV CCARDTRNSFEE	\$ 1,948.44		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,462.77
GLOBAL Fees in Excess of Collections			\$ 485.67
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ -	
Paid County Treasurer - Additional Postage			\$ -
 Motor Vehicle Sales & Use Tax Collections		 \$ 560,202.55	
Paid State Treasurer			\$ 560,202.55
 Special Road/Bridge Fees Collected		 \$ 20,390.00	
Paid County Treasurer - R/B Fees			\$ 20,390.00
 Texas Parks & Wildlife Collections		 \$ 2,725.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 31.64	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 2,452.50
Paid County Treasurer Salary Fund			\$ 272.50
P&W CCARDTRNSFEE	\$ 31.64		
GLOBAL Additional Collections	\$ -		
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 87.81
GLOBAL In Excess/Shortage of Collections			\$ (56.17)
 Boat/Motor Sales & Use Tax Collections		 \$ 33,496.24	
Paid State Treasurer			\$ 31,821.43
Paid County Treasurer, Salary Fund			\$ 1,674.81
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF		\$ -	
Paid County Treasurer, Salary Fund			\$ -

Business Personal Property - Misc. Fees	\$ 6,920.75	
Paid County Treasurer		\$ 6,920.75
Excess Funds	\$ -	
Paid County Treasurer		\$ -
Overpayments	\$ 118.31	
Current Tax Collections	\$ 1,803,875.16	
Penalty and Interest - Current Roll	\$ -	
Discount for early payment of taxes		\$ 19,020.72
Delinquent Tax Collections	\$ 27,599.52	
Penalty & Interest - Delinquent Roll	\$ 10,992.17	
Collections for Delinquent Tax Attorney	\$ 8,188.71	
Advance - FM & L Taxes		\$ -
Advance - County AdValorem Taxes		\$ 1,786,987.53
Paid County Treasurer - Nav. East		\$ 1,276.18
Paid County Treasurer - all other Districts		\$ 35,300.73
Paid County Treasurer - Delinq Tax Atty. Fee		\$ 8,188.71
Payment in Lieu of Taxes	\$ -	
Paid County Treasurer - Navig. East		\$ -
Paid County Treasurer - All other Districts		\$ -
Special Farmers Fees Collected	\$ 65.00	
Paid State Treasurer, Farmers Fees		\$ 65.00
Hot Check Collection Charges	\$ 15.00	
Paid County Treasurers, Hot Check Charge		\$ 15.00
Overage on Collection/Assessing Fees	\$ -	
Paid County Treasurer, overage refunded		\$ -
Escheats	\$ -	
Paid County Treasurer-escheats		\$ -

TOTAL COLLECTIONS \$ 2,634,636.49

TOTAL DISBURSEMENTS \$ 2,634,636.49

TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY \$ 2,634,636.49


KERRI BOYD

Tax Assessor-Collector

**SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
MARCH 2022**

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	546	\$ 7,228.00	
Title Fees Paid TXDMV			\$ 4,498.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,730.00
 Motor Vehicle Registration Collections		 \$ 195,061.11	
Disabled Person Fees		\$ 40.00	
Global Additional Collections		\$ 13.61	
Paid TXDMV			\$ 83,412.93
Paid TXDMV SP			\$ 23,980.19
Paid County Treasurer			\$ 78,470.18
Paid County Treasurer Salary Fund			\$ 6,737.15
DMV CCARDTRNSFEE	\$ 2,514.27		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,770.58
GLOBAL Fees In Excess of Collections			\$ 743.69
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ 17.90	
Paid County Treasurer - Additional Postage			\$ 17.90
 Motor Vehicle Sales & Use Tax Collections		 \$ 437,521.82	
Paid State Treasurer			\$ 437,521.82
 Special Road/Bridge Fees Collected		 \$ 25,460.00	
Special Road/Bridge Fees Collected out of County Coll.		\$ 220.00	
Paid County Treasurer - R/B Fees			\$ 25,680.00
 Texas Parks & Wildlife Collections		 \$ 3,597.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 83.49	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 3,237.30
Paid County Treasurer Salary Fund			\$ 359.70
P&W CCARDTRNSFEE	\$ 83.49		\$ -
GLOBAL Additional Collections	\$ -		\$ 111.76
GLOBAL (IBC) Credit/Debit Card Fee's			\$ (28.27)
GLOBAL In Excess/Shortage of Collections			\$ -
 Boat/Motor Sales & Use Tax Collections		 \$ 44,203.51	
Paid State Treasurer			\$ 41,993.33
Paid County Treasurer, Salary Fund			\$ 2,210.18
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF Feb 2022		\$ 55.00	
Paid County Treasurer, Salary Fund			\$ 55.00
 County Beer & Wine Collections		 \$ 1,070.00	
Paid County Treasurer, County Beer & Wine			\$ 1,016.50
Paid County Treasurer, Salary Fund			\$ 53.50
 INTEREST EARNED ON OFFICE ACCOUNT		 \$ 26.13	
Paid County Treasurer, Nav. East			\$ 26.13
Paid County Treasurer, all other districts			\$ -

Business Personal Property - Misc. Fees	\$	346.63	
Paid County Treasurer			\$ 346.63
Excess Funds	\$	-	
Paid County Treasurer			\$ -
Overpayments	\$	2.48	
Current Tax Collections	\$	245,642.97	
Penalty and Interest - Current Roll	\$	21,134.09	
Discount for early payment of taxes			\$ 41.78
Delinquent Tax Collections	\$	6,192.33	
Penalty & Interest - Delinquent Roll	\$	3,880.03	
Collections for Delinquent Tax Attorney	\$	2,943.58	
Advance - FM & L Taxes			\$ -
Advance - County AdValorem Taxes			\$ 267,145.58
Paid County Treasurer - Nav. East			\$ 218.72
Paid County Treasurer - all other Districts			\$ 9,445.82
Paid County Treasurer - Delinq Tax Atty. Fee			\$ 2,943.58
Payment In Lieu of Taxes	\$	-	
Paid County Treasurer - Navig. East			\$ -
Paid County Treasurer - All other Districts			\$ -
Special Farmers Fees Collected	\$	70.00	
Paid State Treasurer, Farmers Fees			\$ 70.00
Hot Check Collection Charges	\$	45.00	
Paid County Treasurers, Hot Check Charge			\$ 45.00
Overage on Collection/Assessing Fees	\$	-	
Paid County Treasurer, overage refunded			\$ -
Escheats	\$	-	
Paid County Treasurer-escheats			\$ -
TOTAL COLLECTIONS	\$	994,857.55	
TOTAL DISBURSEMENTS			\$ 994,857.55
TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY			\$ 994,857.55



 KERRI BOYD
 Tax Assessor-Collector



 RICHARD H MEYER
 County Judge

SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
APRIL 2022

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	461	\$ 6,188.00	
Title Fees Paid TXDMV			\$ 3,883.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,305.00
 Motor Vehicle Registration Collections		 \$ 150,133.04	
Disabled Person Fees		\$ 25.00	
Rd & Bridge OUT OF COUNTY COLLS.			
Global Additional Collections		\$ -	
Paid TXDMV			\$ 113,382.24
Paid TXDMV SP			\$ 17,129.71
Paid County Treasurer			\$ 12,834.25
Paid County Treasurer Salary Fund			\$ 5,093.20
DMV CCARDTRNSFEE	\$ 1,718.64		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,515.46
GLOBAL Fees In Excess of Collections			\$ 203.18
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ -	
Paid County Treasurer - Additional Postage			\$ -
 Motor Vehicle Sales & Use Tax Collections		 \$ 540,398.43	
Paid State Treasurer			\$ 540,398.43
 Special Road/Bridge Fees Collected		 \$ 19,000.00	
Special Road/Bridge Fees Collected out of County Coll.		\$ 280.00	
Paid County Treasurer - R/B Fees			\$ 19,280.00
 Texas Parks & Wildlife Collections		 \$ 4,425.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 265.20	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 3,982.50
Paid County Treasurer Salary Fund			\$ 442.50
P&W CCARDTRNSFEE	\$ 265.20		
GLOBAL Additional Collections	\$ -		
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 137.71
GLOBAL In Excess/Shortage of Collections			\$ 127.49
 Boat/Motor Sales & Use Tax Collections		 \$ 69,548.32	
Paid State Treasurer			\$ 66,070.90
Paid County Treasurer, Salary Fund			\$ 3,477.42
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF		\$ -	
Paid County Treasurer, Salary Fund			\$ -
 County Beer & Wine Collections		 \$ 120.00	
Paid County Treasurer, County Beer & Wine			\$ 114.00
Paid County Treasurer, Salary Fund			\$ 6.00

Business Personal Property - Misc. Fees	\$	188.85		
Paid County Treasurer			\$	188.85
Excess Funds	\$	-		
Paid County Treasurer			\$	-
Overpayments	\$	0.93		
Current Tax Collections	\$	105,387.55		
Penalty and Interest - Current Roll	\$	10,906.08		
Discount for early payment of taxes			\$	-
Delinquent Tax Collections	\$	9,316.62		
Penalty & Interest - Delinquent Roll	\$	3,811.70		
Collections for Delinquent Tax Attorney	\$	4,794.06		
Advance - FM & L Taxes			\$	1.54
Advance - County AdValorem Taxes			\$	127,904.54
Paid County Treasurer - Nav. East			\$	117.85
Paid County Treasurer - all other Districts			\$	1,398.95
Paid County Treasurer - Delinq Tax Atty. Fee			\$	4,794.06
Payment in Lieu of Taxes	\$	-		
Paid County Treasurer - Navig. East			\$	-
Paid County Treasurer - All other Districts			\$	-
Special Farmers Fees Collected	\$	35.00		
Paid State Treasurer, Farmers Fees			\$	35.00
Hot Check Collection Charges	\$	-		
Paid County Treasurers, Hot Check Charge			\$	-
Overage on Collection/Assessing Fees	\$	-		
Paid County Treasurer, overage refunded			\$	-
Escheats	\$	-		
Paid County Treasurer-escheats			\$	-
TOTAL COLLECTIONS	\$	924,850.47		

TOTAL DISBURSEMENTS	\$	924,850.47
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TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY	\$	924,850.47
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Kerri Boyd

KERRI BOYD
Tax Assessor-Collector

Richard H. Meyer

RICHARD H. MEYER
County Judge

**SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
APRIL 2022**

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	461	\$ 6,188.00	
Title Fees Paid TXDMV			\$ 3,883.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,305.00
 Motor Vehicle Registration Collections		 \$ 150,133.04	
Disabled Person Fees		\$ 25.00	
Rd & Bridge OUT OF COUNTY COLLS.			
Global Additional Collections		\$ -	
Paid TXDMV			\$ 113,382.24
Paid TXDMV SP			\$ 17,129.71
Paid County Treasurer			\$ 12,834.25
Paid County Treasurer Salary Fund			\$ 5,093.20
DMV CCARDTRNSFEE	\$ 1,718.64		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,515.46
GLOBAL Fees In Excess of Collections			\$ 203.18
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		 \$ -	
Paid County Treasurer - Additional Postage			\$ -
 Motor Vehicle Sales & Use Tax Collections		 \$ 540,398.43	
Paid State Treasurer			\$ 540,398.43
 Special Road/Bridge Fees Collected		 \$ 19,000.00	
Special Road/Bridge Fees Collected out of County Coll.		\$ 280.00	
Paid County Treasurer - R/B Fees			\$ 19,280.00
 Texas Parks & Wildlife Collections		 \$ 4,425.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 265.20	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 3,982.50
Paid County Treasurer Salary Fund			\$ 442.50
P&W CCARDTRNSFEE	\$ 265.20		
GLOBAL Additional Collections	\$ -		
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 137.71
GLOBAL In Excess/Shortage of Collections			\$ 127.49
 Boat/Motor Sales & Use Tax Collections		 \$ 69,548.32	
Paid State Treasurer			\$ 66,070.90
Paid County Treasurer, Salary Fund			\$ 3,477.42
 TABC 5% CO COMMS FOR MONTH OF		 \$ -	
TABC 5% CO COMMS FOR MONTH OF		\$ -	
Paid County Treasurer, Salary Fund			\$ -
 County Beer & Wine Collections		 \$ 120.00	
Paid County Treasurer, County Beer & Wine			\$ 114.00
Paid County Treasurer, Salary Fund			\$ 6.00

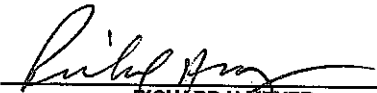
Business Personal Property - Misc. Fees	\$	188.85		
Paid County Treasurer			\$	188.85
Excess Funds	\$	-		
Paid County Treasurer			\$	-
Overpayments	\$	0.93		
Current Tax Collections	\$	105,387.55		
Penalty and Interest - Current Roll	\$	10,906.08		
Discount for early payment of taxes			\$	-
Delinquent Tax Collections	\$	9,316.62		
Penalty & Interest - Delinquent Roll	\$	3,811.70		
Collections for Delinquent Tax Attorney	\$	4,794.06		
Advance - FM & L Taxes			\$	1.54
Advance - County AdValorem Taxes			\$	127,904.54
Paid County Treasurer - Nav. East			\$	117.85
Paid County Treasurer - all other Districts			\$	1,398.95
Paid County Treasurer - Delinq Tax Atty. Fee			\$	4,794.06
Payment In Lieu of Taxes	\$	-		
Paid County Treasurer - Navig. East			\$	-
Paid County Treasurer - All other Districts			\$	-
Special Farmers Fees Collected	\$	35.00		
Paid State Treasurer, Farmers Fees			\$	35.00
Hot Check Collection Charges	\$	-		
Paid County Treasurers, Hot Check Charge			\$	-
Overage on Collection/Assessing Fees	\$	-		
Paid County Treasurer, overage refunded			\$	-
Escheats	\$	-		
Paid County Treasurer-escheats			\$	-
TOTAL COLLECTIONS	\$	924,850.47		

TOTAL DISBURSEMENTS	\$	924,850.47
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TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY	\$	924,850.47
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 KERRI BOYD
 Tax Assessor-Collector



 RICHARD H. MEYER
 County Judge

SUMMARY
TAX ASSESSOR-COLLECTOR'S MONTHLY REPORT
APRIL 2022

		COLLECTIONS	DISBURSEMENTS
Title Certificate Fees	461	\$ 6,188.00	
Title Fees Paid TXDMV			\$ 3,883.00
Title Fees Paid County Treasurer Salary Fund			\$ 2,305.00
 Motor Vehicle Registration Collections		 \$ 150,133.04	
Disabled Person Fees		\$ 25.00	
Rd & Bridge OUT OF COUNTY COLLS.			
Global Additional Collections		\$ -	
Paid TXDMV			\$ 113,382.24
Paid TXDMV SP			\$ 17,129.71
Paid County Treasurer			\$ 12,834.25
Paid County Treasurer Salary Fund			\$ 5,093.20
DMV CCARDTRNSFEE	\$ 1,718.64		\$ -
GL Additional Collections	\$ -		\$ -
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 1,515.46
GLOBAL Fees In Excess of Collections			\$ 203.18
MERCH SERVICES STATEMENT			\$ -
 Additional Postage - Vehicle Registration		\$ -	
Paid County Treasurer - Additional Postage			\$ -
 Motor Vehicle Sales & Use Tax Collections		\$ 540,398.43	
Paid State Treasurer			\$ 540,398.43
 Special Road/Bridge Fees Collected		\$ 19,000.00	
Special Road/Bridge Fees Collected out of County Coll.		\$ 280.00	
Paid County Treasurer - R/B Fees			\$ 19,280.00
 Texas Parks & Wildlife Collections		\$ 4,425.00	
TPW GLOBAL CC TRANSACTION FEES		\$ 265.20	
GLOBAL ADDITIONAL COLLECTIONS		\$ -	
Paid Texas Parks & Wildlife			\$ 3,982.50
Paid County Treasurer Salary Fund			\$ 442.50
P&W CCARDTRNSFEE	\$ 265.20		\$ -
GLOBAL Additional Collections	\$ -		\$ 137.71
GLOBAL (IBC) Credit/Debit Card Fee's			\$ 127.49
GLOBAL In Excess/Shortage of Collections			\$ -
 Boat/Motor Sales & Use Tax Collections		\$ 69,548.32	
Paid State Treasurer			\$ 66,070.90
Paid County Treasurer, Salary Fund			\$ 3,477.42
 TABC 5% CO COMMS FOR MONTH OF		\$ -	
TABC 5% CO COMMS FOR MONTH OF		\$ -	
Paid County Treasurer, Salary Fund			\$ -
 County Beer & Wine Collections		\$ 120.00	
Paid County Treasurer, County Beer & Wine			\$ 114.00
Paid County Treasurer, Salary Fund			\$ 6.00

Business Personal Property - Misc. Fees	\$	188.85		
Paid County Treasurer			\$	188.85
Excess Funds	\$	-		
Paid County Treasurer			\$	-
Overpayments	\$	0.93		
Current Tax Collections	\$	105,387.55		
Penalty and Interest - Current Roll	\$	10,906.08		
Discount for early payment of taxes			\$	-
Delinquent Tax Collections	\$	9,316.62		
Penalty & Interest - Delinquent Roll	\$	3,811.70		
Collections for Delinquent Tax Attorney	\$	4,794.06		
Advance - FM & L Taxes			\$	1.54
Advance - County AdValorem Taxes			\$	127,904.54
Paid County Treasurer - Nav. East			\$	117.85
Paid County Treasurer - all other Districts			\$	1,398.95
Paid County Treasurer - Delinq Tax Atty. Fee			\$	4,794.06
Payment in Lieu of Taxes	\$	-		
Paid County Treasurer - Navig. East			\$	-
Paid County Treasurer - All other Districts			\$	-
Special Farmers Fees Collected	\$	35.00		
Paid State Treasurer, Farmers Fees			\$	35.00
Hot Check Collection Charges	\$	-		
Paid County Treasurers, Hot Check Charge			\$	-
Overage on Collection/Assessing Fees	\$	-		
Paid County Treasurer, overage refunded			\$	-
Escheats	\$	-		
Paid County Treasurer-escheats			\$	-
TOTAL COLLECTIONS	\$	924,850.47		

TOTAL DISBURSEMENTS	\$	924,850.47
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TOTAL OF ABOVE RECEIPTS PAID TO STATE AND COUNTY	\$	924,850.47
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 KERRI BOYD
 Tax Assessor-Collector



 RICHARD H MEYER
 County Judge

19

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, June 22, 2022

HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6033 REQUESTOR: LINE ITEM ADJUSTMENT TO PAY BILLS

AMENDMENT REASON: LINE ITEM ADJUSTMENT TO PAY BILLS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
60520	BUILDING REPAIRS	999	NO GRANT	\$0	\$0	\$2,000	\$0	(\$2,000)
70650	BUILDING	999	NO GRANT	\$0	\$0	\$0	\$2,000	\$2,000
AMENDMENT NO 6033 TOTAL				\$0	\$0	\$2,000	\$2,000	\$0
ROAD AND BRIDGE-PRECINCT #1 TOTAL				\$0	\$0	\$2,000	\$2,000	\$0

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

AMENDMENT NO: 6032 REQUESTOR: COMMISSIONER PRECINCT #2

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$5,000	\$5,000
53992	SUPPLIES-MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$5,000	\$0	(\$5,000)
AMENDMENT NO 6032 TOTAL				\$0	\$0	\$5,000	\$5,000	\$0

AMENDMENT NO: 6035 REQUESTOR: COUNTY AUDITOR / OVERDRAWN ACCOUNTS

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	\$1,000	\$0	(\$1,000)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
AMENDMENT NO 6035 TOTAL				\$0	\$0	\$1,000	\$1,000	\$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, June 22, 2022

HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2

DEPARTMENT NO: 550

	ROAD AND BRIDGE-PRECINCT #2 TOTAL	\$0	\$0	\$6,000	\$6,000	\$0

DEPARTMENT NAME: SHERIFF

DEPARTMENT NO: 760

AMENDMENT NO: 6035 REQUESTOR: COUNTY AUDITOR / OVERDRAWN ACCOUNTS

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53992	SUPPLIES-MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
60360	AUTOMOTIVE REPAIRS	999	NO GRANT	\$0	\$0	\$1,000	\$0	(\$1,000)
AMENDMENT NO 6035 TOTAL				\$0	\$0	\$1,000	\$1,000	\$0

SHERIFF TOTAL \$0 \$0 \$1,000 \$1,000 \$0

DEPARTMENT NAME: WASTE MANAGEMENT

DEPARTMENT NO: 380

AMENDMENT NO: 6031 REQUESTOR: RECYCLE CENTER

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$145	\$145
53210	MACHINERY PARTS/SUPPLIES	999	NO GRANT	\$0	\$0	\$1,000	\$0	(\$1,000)
60520	BUILDING REPAIRS	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
64190	OIL FILTER RECYCLING	999	NO GRANT	\$0	\$0	\$145	\$0	(\$145)
AMENDMENT NO 6031 TOTAL				\$0	\$0	\$1,145	\$1,145	\$0

WASTE MANAGEMENT TOTAL \$0 \$0 \$1,145 \$1,145 \$0

GENERAL FUND TOTAL \$0 \$0 \$10,145 \$10,145 \$0

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, June 22, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME AIRPORT FUND

FUND NO: 2610

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6034

REQUESTOR: AIRPORT

AMENDMENT REASON: LINE ITEM ADJUSTMENT

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL	
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE	DECREASE
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$0	\$1,630	\$1,630	\$0
64320	OTHER SERVICES/PROGRAMS	999	NO GRANT	\$0	\$0	\$1,630	\$0	(\$1,630)	\$0
AMENDMENT NO 6034 TOTAL				\$0	\$0	\$1,630	\$1,630	\$0	\$0
NO DEPARTMENT TOTAL				\$0	\$0	\$1,630	\$1,630	\$0	\$0
AIRPORT FUND TOTAL				\$0	\$0	\$1,630	\$1,630	\$0	\$0
Grand Total				\$0	\$0	\$11,775	\$11,775	\$0	\$0

20

20. Approval of bills and payroll. (RHM)

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

COUNTY BILLS 2022:	
RESULT:	APPROVED [UNANIMOUS]
MOVER:	David Hall, Commissioner Pct 1
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

Adjourned: 10:20 a.m.

June 22, 2022

2022 APPROVAL LIST - 2022 BUDGET
COMMISSIONERS COURT MEETING OF

06/22/22

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 26

\$261,548.15

AFLAC
CITIBANK
PRINCIPAL FINANCIAL GROUP
TEXAS ASSOCIATION OF COUNTIES HEBP

JUNE 2022 PREMIUMS
DEPT CREDIT CARD CHARGES
JUNE 2022 PREMIUMS
JUNE 2022 PREMIUMS

P/R \$ 2,578.21
A/P \$ 38,755.45
P/R \$ 1,519.77
P/R \$ 211,520.23

TOTAL VENDOR DISBURSEMENTS: \$ 515,921.81 ✓

PAYROLL FOR JUNE 24, 2022

TOTAL PAYROLL AMOUNT:

P/R \$ 343,939.45
\$ 343,939.45 ✓

CALHOUN COUNTY OPERATING ACCOUNT

TRANSFER FOR PAYROLL & A/P

\$ 2,000,000.00 ✓

TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS:

\$ 2,000,000.00 ✓

TOTAL AMOUNT FOR APPROVAL: \$ 2,859,861.26 ✓

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR --June 22, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 1,069,175.66	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 270,208.31	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,060,354.39	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 533,060.69	✓
GRAND TOTAL DISBURSEMENTS APPROVED June 22, 2022	\$ 2,932,799.05	✓

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---June 22, 2022

PAYABLES AND PAYROLL

6/16/2022 Weekly Payables	535,378.18
6/16/2022 Citibank Credit Card-see attached	5,102.50
6/20/2022 McKesson-340B Prescription Expense	7,232.73
6/20/2022 McKesson-340B Prescription Expense	2,833.14
6/20/2022 Amerisource Bergen-340B Prescription Expense	865.43
6/20/2022 Amerisource Bergen-340B Prescription Expense	2,895.04
6/20/2022 Payroll Liabilities -Payroll Taxes	126,818.55
6/20/2022 Payroll	379,078.22

Prosperity Electronic Bank Payments

6/10-6/15/22 Credit Card & Lease Fees	6,745.52
6/10/2022 Cleargage-Patient Financing Service	78.02
6/10-6/17/22 Pay Plus-Patient Claims Processing Fee	321.36
6/10/2022 ExpertPay- child support	1,826.97

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ 1,069,175.66

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

6/16/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	5,346.00
6/16/2022 MMC Operating to Golden Creek-correction of NH insurance and medicare payment deposited into MMC Operating in error	29,958.86
6/16/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance and payment deposited into MMC Operating	8,479.89
6/16/2022 MMC Operating to Tuscany Village-correction of NH insurance and medicare payment deposited into MMC Operating	27,015.36
6/16/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	199,408.20

TOTAL TRANSFERS BETWEEN FUNDS \$ 270,208.31

NURSING HOME UPL EXPENSES

6/20/2022 Nursing Home UPL-Cantex Transfer	467,081.07
6/20/2022 Nursing Home UPL-Nexion Transfer	129,652.40
6/20/2022 Nursing Home UPL-HMG Transfer	78,953.25
6/20/2022 Nursing Home UPL-Tuscany Transfer	183,436.34
6/20/2022 Nursing Home UPL-HSL Transfer	201,231.33

TOTAL NURSING HOME UPL EXPENSES \$ 1,060,354.39

INTER-GOVERNMENT TRANSFERS

6/20/2022 IGT DSH 2022 Pass 1 and Pass 2 to be paid July 1, 2022	98,092.00
6/20/2022 IGT DSRIP DY11 to be paid July 6, 2022	434,968.69

TOTAL INTER-GOVERNMENT TRANSFERS \$ 533,060.69

GRAND TOTAL DISBURSEMENTS APPROVED June 22, 2022	\$ 2,932,799.05
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RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 07/07/2022

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code						
T2900	3M COMPANY ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC00049449 ✓		06/14/20	06/01/20	06/26/20		16,175.71	0.00	0.00	16,175.71 ✓
SOFTWARE									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	T2900	3M COMPANY			16,175.71	0.00	0.00	16,175.71	
Vendor#	Vendor Name	Class	Pay Code						
A1100	ABBOTT LABORATORIES ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
615403214 ✓		05/31/20	06/02/20	07/02/20		11.58	0.00	0.00	11.58 ✓
SUPPLIES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	A1100	ABBOTT LABORATORIES			11.58	0.00	0.00	11.58	
Vendor#	Vendor Name	Class	Pay Code						
10995	ABILITY NETWORK (SHIFTHOUND) ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22M0082842 ✓		06/07/20	06/06/20	07/06/20		647.28	0.00	0.00	647.28 ✓
SCHEDULING SERVICES									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	10995	ABILITY NETWORK (SHIFTHOUND)			647.28	0.00	0.00	647.28	
Vendor#	Vendor Name	Class	Pay Code						
A1680	AIRGAS USA, LLC - CENTRAL DIV ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9988952246 ✓		06/14/20	05/31/20	06/25/20		545.72	0.00	0.00	545.72 ✓
RENTAL									
9126362164 ✓		06/14/20	05/31/20	06/25/20		2,385.72	0.00	0.00	2,385.72 ✓
RENTAL									
9988952247 ✓		06/14/20	05/31/20	06/25/20		903.08	0.00	0.00	903.08 ✓
RENTAL									
9988954908 ✓		06/14/20	05/31/20	06/25/20		192.09	0.00	0.00	192.09 ✓
OXYGEN									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	A1680	AIRGAS USA, LLC - CENTRAL DIV			4,026.61	0.00	0.00	4,026.61	
Vendor#	Vendor Name	Class	Pay Code						
A2218	AQUA BEVERAGE COMPANY ✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
202677 ✓		06/14/20	05/31/20	06/25/20		45.96	0.00	0.00	45.96 ✓
WATER									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	A2218	AQUA BEVERAGE COMPANY			45.96	0.00	0.00	45.96	
Vendor#	Vendor Name	Class	Pay Code						
12800	AUTHORITYRX ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1402 ✓		06/16/20	06/02/20	06/03/20		10,264.00	0.00	0.00	10,264.00 ✓
340B									
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
	12800	AUTHORITYRX			10,264.00	0.00	0.00	10,264.00	

Vendor#	Vendor Name	Class	Pay Code							
A2600	AUTO PARTS & MACHINE CO. ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
~~050922~~ 494022		06/16/20	05/09/20	05/24/20		39.49	0.00	0.00	39.49	✓
	SUPPLIES									
~~051222~~ 484311		06/16/20	05/09/20	05/24/20		16.99	0.00	0.00	16.99	✓
	SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
A2600 AUTO PARTS & MACHINE CO.						56.48	0.00	0.00	56.48	

Vendor#	Vendor Name	Class	Pay Code							
B1150	BAXTER HEALTHCARE ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
75186808 ✓		06/14/20	05/23/20	06/17/20		2,367.50	0.00	0.00	2,367.50	✓
75186999 ✓		06/14/20	05/23/20	06/17/20		629.50	0.00	0.00	629.50	✓
	LEASE									
75152288 ✓		06/15/20	05/19/20	06/13/20		55.46	0.00	0.00	55.46	✓
	SUPPLIES									
75184957 ✓		06/15/20	05/23/20	06/17/20		63.24	0.00	0.00	63.24	✓
	SUPPLIES									
75364999 ✓		06/15/20	05/27/20	06/21/20		507.47	0.00	0.00	507.47	✓
	SUPPLIES									
75247745 ✓		06/15/20	05/27/20	06/21/20		42.67	0.00	0.00	42.67	✓
	SUPPLIES									
75267545 ✓		06/15/20	05/31/20	06/25/20		110.91	0.00	0.00	110.91	✓
	SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
B1150 BAXTER HEALTHCARE						3,776.74	0.00	0.00	3,776.74	

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	
7318520 ✓		06/14/20	06/03/20	06/28/20		6,990.69	0.00	0.00	6,990.69	✓
	SUPPLIES									
109930335 ✓		06/14/20	06/03/20	06/28/20		2,661.79	0.00	0.00	2,661.79	✓
	SUPPLIES									
5458619 ✓		06/14/20	06/05/20	06/30/20		6,249.42	0.00	0.00	6,249.42	✓
	CONTRACT									
109931393 ✓		06/14/20	06/05/20	06/30/20		2,621.27	0.00	0.00	2,621.27	✓
	SUPPLIES									
109934418 ✓		06/14/20	06/06/20	07/01/20		82.48	0.00	0.00	82.48	✓
	SUPPLIES									
109935267 ✓		06/14/20	06/06/20	07/01/20		11,812.94	0.00	0.00	11,812.94	✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
B1220 BECKMAN COULTER INC						30,418.59	0.00	0.00	30,418.59	

Vendor#	Vendor Name	Class	Pay Code							
14753	BIOMERIEUX, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1212777185 ✓		06/15/20	04/12/20	05/12/20		20,616.07	0.00	0.00	20,616.07	✓
	SUPPLIES									
1212782546 ✓		06/15/20	04/20/20	05/20/20		20,585.81	0.00	0.00	20,585.81	✓

SUPPLIES									
1212783375 ✓		06/15/20	04/21/20	05/21/20		11,863.12	0.00	0.00	11,863.12 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
14753	BIOMERIEUX, INC					53,065.00	0.00	0.00	53,065.00
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
124315 ✓		06/14/20	06/01/20	07/01/20		31.75	0.00	0.00	31.75 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
B1650	BOSART LOCK & KEY INC					31.75	0.00	0.00	31.75
Vendor#	Vendor Name				Class	Pay Code			
12740	BUILDING KID STEPS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MAY2022A		06/16/20	05/31/20	06/15/20		974.00	0.00	0.00	974.00 ✓
SPEECH THERAPY									
MAY2022		06/16/20	05/31/20	06/15/20		1,174.00	0.00	0.00	1,174.00 ✓
SPEECH THERAPY									
MAY2022B		06/16/20	05/31/20	06/15/20		1,261.00	0.00	0.00	1,261.00 ✓
SPEECH THERAPY									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12740	BUILDING KID STEPS					3,409.00	0.00	0.00	3,409.00
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
8002858449 ✓		06/16/20	05/21/20	06/25/20		253.20	0.00	0.00	253.20 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.					253.20	0.00	0.00	253.20
Vendor#	Vendor Name				Class	Pay Code			
C1992	CDW GOVERNMENT, INC. ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
W035850 ✓		06/14/20	04/18/20	05/18/20		62.54	0.00	0.00	62.54 ✓
PHONE CORD									
W077189 ✓		06/14/20	04/18/20	05/18/20		-30.60	0.00	0.00	-30.60 ✓
CREDIT									
X116112 ✓		06/14/20	05/11/20	06/10/20		300.46	0.00	0.00	300.46 ✓
RAM UPGRADE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
C1992	CDW GOVERNMENT, INC.					332.40	0.00	0.00	332.40
Vendor#	Vendor Name				Class	Pay Code			
L1629	CHRISTINA ZAPATA-ARROYO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061322		06/16/20	06/13/20	06/30/20		330.00	0.00	0.00	330.00 ✓
SLP SERVICES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
L1629	CHRISTINA ZAPATA-ARROYO					330.00	0.00	0.00	330.00
Vendor#	Vendor Name				Class	Pay Code			
14400	CULINARY CONCESSIONS LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

INV00005784	06/14/20	05/31/20	06/30/20	29,655.72	0.00	0.00	29,655.72		
SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				14400	CULINARY CONCESSIONS LLC	29,655.72	0.00	0.00	29,655.72
Vendor#	Vendor Name				Class	Pay Code			
11368	CYRACOM LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2022020219		06/14/20	05/31/20	06/30/20		402.68	0.00	0.00	402.68
INTERPRETATION SERVICES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				11368	CYRACOM LLC	402.68	0.00	0.00	402.68
Vendor#	Vendor Name				Class	Pay Code			
D1145	DEPT OF STATE HEALTH SERVICES				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4500005385		06/16/20	05/26/20	06/25/20		664.66	0.00	0.00	664.66
MAMMO INSPECTION									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				D1145	DEPT OF STATE HEALTH SERVICES	664.66	0.00	0.00	664.66
Vendor#	Vendor Name				Class	Pay Code			
10060	DETAR HOSPITAL				ICP				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
DTR2205021		06/14/20	06/07/20	06/30/20		188.48	0.00	0.00	188.48
LAB SERVICES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				10060	DETAR HOSPITAL	188.48	0.00	0.00	188.48
Vendor#	Vendor Name				Class	Pay Code			
10368	DEWITT POTH & SON								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6841170		06/15/20	06/08/20	07/01/20		76.00	0.00	0.00	76.00
SUPPLIES									
6840960		06/15/20	06/08/20	07/01/20		338.43	0.00	0.00	338.43
SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				10368	DEWITT POTH & SON	414.43	0.00	0.00	414.43
Vendor#	Vendor Name				Class	Pay Code			
11011	DIAMOND HEALTHCARE CORP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20055252		06/14/20	04/01/20	04/26/20		19,166.67	0.00	0.00	19,166.67
CPR SERV									
IN20055251		06/14/20	04/01/20	04/26/20		31,144.58	0.00	0.00	31,144.58
BEHAV HEALTH SERV									
IN20055291		06/14/20	05/01/20	05/26/20		19,166.67	0.00	0.00	19,166.67
CPR SERV									
IN20055290		06/14/20	05/01/20	05/26/20		31,144.58	0.00	0.00	31,144.58
BEHAV HEALTH SERV									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				11011	DIAMOND HEALTHCARE CORP	100,622.50	0.00	0.00	100,622.50
Vendor#	Vendor Name				Class	Pay Code			
11291	DOWELL PEST CONTROL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10035		06/14/20	06/11/20	07/06/20		260.00	0.00	0.00	260.00

10043	PEST CONTROL	06/14/20	06/11/20	07/06/20		505.00	0.00	0.00	505.00	
	PEST CONTROL									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		11291	DOWELL PEST CONTROL			765.00	0.00	0.00	765.00	
Vendor#	Vendor Name			Class	Pay Code					
12788	DUDE SOLUTIONS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV116098		06/07/20	06/01/20	07/01/20		5,057.52	0.00	0.00	5,057.52
	WORXHUB									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		12788	DUDE SOLUTIONS, INC			5,057.52	0.00	0.00	5,057.52	
Vendor#	Vendor Name			Class	Pay Code					
W1167	ELITECH GROUP INC (WESCOR)			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	787224		06/15/20	06/08/20	06/15/20		282.24	0.00	0.00	282.24
	SUPPLIES									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		W1167	ELITECH GROUP INC (WESCOR)			282.24	0.00	0.00	282.24	
Vendor#	Vendor Name			Class	Pay Code					
11284	EMERGENCY STAFFING SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	41266		06/14/20	05/31/20	06/10/20		2,220.00	0.00	0.00	2,220.00
	ER PHYSICIAN STAFFING									
	41284		06/14/20	06/15/20	06/25/20		40,062.50	0.00	0.00	40,062.50
	ER PHYSICIAN STAFFING (1-15+L)									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		11284	EMERGENCY STAFFING SOLUTIONS			42,282.50	0.00	0.00	42,282.50	
Vendor#	Vendor Name			Class	Pay Code					
12808	ESUTURES.COM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	450690		06/14/20	05/31/20	06/30/20		10.50	0.00	0.00	10.50
	SUPPLIES									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net	
		12808	ESUTURES.COM			10.50	0.00	0.00	10.50	
Vendor#	Vendor Name			Class	Pay Code					
F1400	FISHER HEALTHCARE			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2893255		06/01/20	05/17/20	06/11/20		166.23	0.00	0.00	166.23
	SUPPLIES									
	3027503		06/01/20	05/20/20	06/14/20		122.48	0.00	0.00	122.48
	SUPPLIES									
	3027504		06/01/20	05/20/20	06/14/20		81.28	0.00	0.00	81.28
	SUPPLIES									
	3157672		06/14/20	05/25/20	06/19/20		150.10	0.00	0.00	150.10
	SUPPLIES									
	3202417		06/14/20	05/26/20	06/20/20		1,371.11	0.00	0.00	1,371.11
	SUPPLIES									
	3284527		06/14/20	05/31/20	06/25/20		35.88	0.00	0.00	35.88
	SUPPLIES									
	3328583		06/15/20	06/01/20	06/26/20		758.16	0.00	0.00	758.16

SUPPLIES												
3373913	✓		06/15/20	06/02/20	06/27/20		341.10	0.00	0.00	341.10	✓	
SUPPLIES												
3507460	✓		06/15/20	06/07/20	07/02/20		121.37	0.00	0.00	121.37	✓	
SUPPLIES												
3507458	✓		06/15/20	06/07/20	07/02/20		116.08	0.00	0.00	116.08	✓	
SUPPLIES												
3552464	✓		06/15/20	06/08/20	07/03/20		557.33	0.00	0.00	557.33	✓	
SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							F1400	FISHER HEALTHCARE	3,821.12	0.00	0.00	3,821.12
Vendor#	Vendor Name					Class	Pay Code					
13960	G & S MANAGEMENT GROUP LLC					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
340385299	✓		06/14/20	06/08/20	06/18/20		1,651.50	0.00	0.00	1,651.50	✓	
DISPOSAL												
340385301	✓		06/14/20	06/08/20	06/18/20		377.13	0.00	0.00	377.13	✓	
WASTE DISPOSAL												
340385300	✓		06/14/20	06/08/20	06/18/20		260.55	0.00	0.00	260.55	✓	
WASTE MAY 22												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							13960	G & S MANAGEMENT GROUP LLC	2,289.18	0.00	0.00	2,289.18
Vendor#	Vendor Name					Class	Pay Code					
12404	GE PRECISION HEALTHCARE, LLC					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
6002138788	✓		06/16/20	06/01/20	07/01/20		3,588.58	0.00	0.00	3,588.58	✓	
CONTRACT												
6002138746	✓		06/16/20	06/01/20	07/01/20		680.00	0.00	0.00	680.00	✓	
CONTRACT												
6002138810	✓		06/16/20	06/01/20	07/01/20		5,665.83	0.00	0.00	5,665.83	✓	
CONTRACT												
6002138970	✓		06/16/20	06/01/20	07/01/20		868.16	0.00	0.00	868.16	✓	
CONTRACT												
6002138789	✓		06/16/20	06/01/20	07/01/20		86.67	0.00	0.00	86.67	✓	
CONTRACT												
6002152622	✓		06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50	✓	
CONTRACT												
6002152623	✓		06/16/20	06/08/20	07/07/20		1,816.88	0.00	0.00	1,816.88	✓	
CONTRACT												
6002152619	✓		06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50	✓	
CONTRACT												
6002152620	✓		06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50	✓	
CONTRACT												
6002152621	✓		06/16/20	06/08/20	07/07/20		2,422.50	0.00	0.00	2,422.50	✓	
CONTRACT												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							12404	GE PRECISION HEALTHCARE, LLC	22,396.12	0.00	0.00	22,396.12
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		
9335963139	✓		06/15/20	06/07/20	07/02/20		532.92	0.00	0.00	532.92	✓	

SUPPLIES

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		W1300	GRAINGER			532.92	0.00	0.00	532.92
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
2242255 ✓		06/15/20	05/31/20	06/30/20		88.26	0.00	0.00	88.26 ✓
	SUPPLIES								
2242078 ✓		06/15/20	05/31/20	06/30/20		717.32	0.00	0.00	717.32 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			805.58	0.00	0.00	805.58
Vendor#	Vendor Name			Class	Pay Code				
11095	GULF COAST SCIENTIFIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74833 ✓		06/15/20	05/10/20	06/15/20		299.86	0.00	0.00	299.86 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11095	GULF COAST SCIENTIFIC			299.86	0.00	0.00	299.86
Vendor#	Vendor Name			Class	Pay Code				
11552	HEALTHCARE FINANCIAL SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100625294 ✓		06/16/20	06/07/20	07/01/20		4,919.41	0.00	0.00	4,919.41 ✓
	LEASE JULY 22								
100625296 ✓		06/16/20	06/07/20	07/01/20		7,447.86	0.00	0.00	7,447.86 ✓
	LEASE JULY 22								
100625297 ✓		06/16/20	06/07/20	07/01/20		1,797.44	0.00	0.00	1,797.44 ✓
	LEASE JULY 22								
100619828 ✓		06/16/20	06/07/20	07/01/20		4,610.52	0.00	0.00	4,610.52 ✓
	LEASE JULY 22								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11552	HEALTHCARE FINANCIAL SERVICES			18,775.23	0.00	0.00	18,775.23
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
1492194 ✓		06/15/20	06/07/20	06/15/20		73.97	0.00	0.00	73.97 ✓
	SUPPLIES								
1492193 ✓		06/15/20	06/07/20	06/15/20		76.57	0.00	0.00	76.57 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC			150.54	0.00	0.00	150.54
Vendor#	Vendor Name			Class	Pay Code				
10922	HUNTER PHARMACY SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4941 ✓		06/16/20	05/31/20	06/20/20		14,890.40	0.00	0.00	14,890.40 ✓
	PHARM SRVS- ADOLPH								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES			14,890.40	0.00	0.00	14,890.40
Vendor#	Vendor Name			Class	Pay Code				
12228	INNOVATIVE STERILIZATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

25293	✓	06/15/20	06/01/20	06/15/20	847.32	0.00	0.00	847.32	✓
SUPPLIES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
12228 INNOVATIVE STERILIZATION					847.32	0.00	0.00	847.32	
Vendor#	Vendor Name		Class	Pay Code					
11264	ITA RESOURCES, INC	✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC082022	✓	06/14/20	06/13/20	06/20/20		25,894.07	0.00	0.00	25,894.07
RESPIRATORY SVCS									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11264 ITA RESOURCES, INC					25,894.07	0.00	0.00	25,894.07	
Vendor#	Vendor Name		Class	Pay Code					
11108	ITERSOURCE CORPORATION	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV429941	✓	06/14/20	06/01/20	06/15/20		1,194.79	0.00	0.00	1,194.79
SUPPORT SERVICES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
11108 ITERSOURCE CORPORATION					1,194.79	0.00	0.00	1,194.79	
Vendor#	Vendor Name		Class	Pay Code					
L0700	LABCORP OF AMERICA HOLDINGS	✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
73127534	✓	06/14/20	05/28/20	06/22/20		26.29	0.00	0.00	26.29
LAB SERVICES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
L0700 LABCORP OF AMERICA HOLDINGS					26.29	0.00	0.00	26.29	
Vendor#	Vendor Name		Class	Pay Code					
L1001	LANDAUER INC	✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101010875		06/16/20	05/20/20	06/20/20		954.18	0.00	0.00	954.18
DOSE BADGES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
L1001 LANDAUER INC					954.18	0.00	0.00	954.18	
Vendor#	Vendor Name		Class	Pay Code					
L1640	LOWE'S BUSINESS ACCT/SYNCB	✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060222		06/16/20	06/02/20	06/28/20		465.29	0.00	0.00	465.29
SUPPLIES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
L1640 LOWE'S BUSINESS ACCT/SYNCB					465.29	0.00	0.00	465.29	
Vendor#	Vendor Name		Class	Pay Code					
M2178	MCKESSON MEDICAL SURGICAL INC	✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19461686	✓	06/07/20	06/06/20	06/21/20		170.23	0.00	0.00	170.23
SUPPLIES									
19451217	✓	06/14/20	06/03/20	06/18/20		2,111.37	0.00	0.00	2,111.37
SUPPLIES									
19478690	✓	06/15/20	06/10/20	06/25/20		49.13	0.00	0.00	49.13
SUPPLIES									
Vendor Totals Number Name					Gross	Discount	No-Pay	Net	
M2178 MCKESSON MEDICAL SURGICAL INC					2,330.73	0.00	0.00	2,330.73	
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		
30450799		06/16/20	06/01/20	06/30/20		36.54	0.00	0.00	36.54	✓	
	INDIGENT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10613	MEDIMPACT HEALTHCARE SYS, INC.				36.54	0.00	0.00	36.54		
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		
2208854612	✓	06/01/20	04/27/20	05/22/20		5,304.32	0.00	0.00	5,304.32	✓	
	SUPPLIES										
2210839879	✓	06/01/20	05/11/20	06/05/20		1,945.32	0.00	0.00	1,945.32	✓	
	SUPPLIES										
2211779101	✓	06/01/20	05/18/20	06/12/20		144.94	0.00	0.00	144.94	✓	
	SUPPLIES										
2211779104	✓	06/01/20	05/18/20	06/12/20		22.82	0.00	0.00	22.82	✓	
	SUPPLIES										
2211779103	✓	06/01/20	05/18/20	06/12/20		93.84	0.00	0.00	93.84	✓	
	SUPPLIES										
2212609163	✓	06/09/20	05/25/20	06/19/20		4.19	0.00	0.00	4.19	✓	
	SUPPLIES										
2212671144	✓	06/14/20	05/25/20	06/19/20		541.36	0.00	0.00	541.36	✓	
	SUPPLIES										
2213359100	✓	06/15/20	05/03/20	05/28/20		388.48	0.00	0.00	388.48	✓	
	SUPPLIES										
2211955567	✓	06/15/20	05/19/20	06/13/20		443.82	0.00	0.00	443.82	✓	
	SUPPLIES										
2212496607	✓	06/15/20	05/24/20	06/18/20		113.60	0.00	0.00	113.60	✓	
	SUPPLIES										
2212496609	✓	06/15/20	05/24/20	06/18/20		1,685.21	0.00	0.00	1,685.21	✓	
	SUPPLIES										
2212496606	✓	06/15/20	05/24/20	06/18/20		113.60	0.00	0.00	113.60	✓	
	SUPPLIES										
2212671145	✓	06/15/20	05/25/20	06/19/20		297.60	0.00	0.00	297.60	✓	
	SUPPLIES										
2212986186	✓	06/15/20	05/26/20	06/20/20		137.77	0.00	0.00	137.77	✓	
	SUPPLIES										
2213358499	✓	06/15/20	05/30/20	06/24/20		827.32	0.00	0.00	827.32	✓	
	SUPPLIES										
2213329757	✓	06/15/20	05/30/20	06/24/20		433.22	0.00	0.00	433.22	✓	
	SUPPLIES										
2213468649	✓	06/15/20	06/01/20	06/26/20		4.19	0.00	0.00	4.19	✓	
	SUPPLIES										
2213468647	✓	06/15/20	06/01/20	06/26/20		205.46	0.00	0.00	205.46	✓	
	SUPPLIES										
2213503833	✓	06/15/20	06/01/20	06/26/20		757.33	0.00	0.00	757.33	✓	
	SUPPLIES										
2213468648	✓	06/15/20	06/01/20	06/26/20		93.84	0.00	0.00	93.84	✓	
	SUPPLIES										
2213468646	✓	06/15/20	06/01/20	06/26/20		2,086.79	0.00	0.00	2,086.79	✓	
	SUPPLIES										

2213664940		06/15/20 06/02/20 06/27/20		89.71	0.00	0.00	89.71		
SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				M2470	MEDLINE INDUSTRIES INC	15,734.73	0.00	0.00	15,734.73
Vendor#	Vendor Name				Class	Pay Code			
M2499	MEDTRONIC USA, INC.				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5866232551		06/14/20	05/31/20	06/30/20		5,424.00	0.00	0.00	5,424.00
SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				M2499	MEDTRONIC USA, INC.	5,424.00	0.00	0.00	5,424.00
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
8268858		06/14/20	06/01/20	06/11/20		1,080.78	0.00	0.00	1,080.78
INVENTORY									
8271686		06/14/20	06/01/20	06/11/20		1,233.39	0.00	0.00	1,233.39
INVENTORY									
8268863		06/14/20	06/01/20	06/11/20		40.75	0.00	0.00	40.75
INVENTORY									
8268862		06/14/20	06/01/20	06/11/20		95.73	0.00	0.00	95.73
INVENTORY									
8268864		06/14/20	06/01/20	06/11/20		27.21	0.00	0.00	27.21
INVENTORY									
8271687		06/14/20	06/01/20	06/11/20		143.40	0.00	0.00	143.40
INVENTORY									
8268860		06/14/20	06/01/20	06/11/20		4.67	0.00	0.00	4.67
INVENTORY									
8268859		06/14/20	06/01/20	06/11/20		11.52	0.00	0.00	11.52
INVENTORY									
8271397		06/14/20	06/01/20	06/11/20		16.89	0.00	0.00	16.89
INVENTORY									
8271396		06/14/20	06/01/20	06/11/20		18.14	0.00	0.00	18.14
INVENTORY									
8268398		06/14/20	06/01/20	06/11/20		1,418.11	0.00	0.00	1,418.11
INVENTORY									
8268861		06/14/20	06/01/20	06/11/20		138.29	0.00	0.00	138.29
INVENTORY									
8273995		06/14/20	06/02/20	06/12/20		138.29	0.00	0.00	138.29
INVENTORY									
7388		06/14/20	06/02/20	06/12/20		-15.27	0.00	0.00	-15.27
CREDIT									
CM43866		06/14/20	06/02/20	06/12/20		-0.79	0.00	0.00	-0.79
CREDIT									
8273994		06/14/20	06/02/20	06/12/20		5,621.51	0.00	0.00	5,621.51
INVENTORY									
8263994		06/14/20	06/05/20	06/15/20		198.44	0.00	0.00	198.44
INVENTORY									
8281840		06/14/20	06/05/20	06/15/20		666.82	0.00	0.00	666.82
INVENTORY									
8283995		06/14/20	06/05/20	06/15/20		1,187.74	0.00	0.00	1,187.74

8281842 ✓	INVENTORY	06/14/20 06/05/20 06/15/20	164.26	0.00	0.00	164.26 ✓
8285372 ✓	INVENTORY	06/14/20 06/06/20 06/16/20	122.86	0.00	0.00	122.86 ✓
8285371 ✓	INVENTORY	06/14/20 06/06/20 06/16/20	102.01	0.00	0.00	102.01 ✓
8287339 ✓	INVENTORY	06/14/20 06/06/20 06/16/20	87.35	0.00	0.00	87.35 ✓
8293979 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	460.86	0.00	0.00	460.86 ✓
8290560 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	1,615.80	0.00	0.00	1,615.80 ✓
8290561 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	4,472.78	0.00	0.00	4,472.78 ✓
8290559 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	102.01	0.00	0.00	102.01 ✓
8293141 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	3,589.59	0.00	0.00	3,589.59 ✓
8293977 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	349.76	0.00	0.00	349.76 ✓
CM44967 ✓	INVENTORY	06/14/20 06/07/20 06/17/20	-9.13	0.00	0.00	-9.13 ✓
8290027 ✓	CREDIT	06/14/20 06/07/20 06/17/20	3,997.18	0.00	0.00	3,997.18 ✓
8295843 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	1.30	0.00	0.00	1.30 ✓
8298347 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	241.25	0.00	0.00	241.25 ✓
8297052 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	24.90	0.00	0.00	24.90 ✓
8298348 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	835.90	0.00	0.00	835.90 ✓
8297051 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	49.79	0.00	0.00	49.79 ✓
CM45261 ✓	INVENTORY	06/14/20 06/08/20 06/18/20	-41.18	0.00	0.00	-41.18 ✓
CM45622 ✓	CREDIT	06/14/20 06/09/20 06/19/20	-276.58	0.00	0.00	-276.58 ✓
CM45624 ✓	CREDIT	06/14/20 06/09/20 06/19/20	-283.67	0.00	0.00	-283.67 ✓
8300958 ✓	CREDIT	06/14/20 06/09/20 06/19/20	49.70	0.00	0.00	49.70 ✓
CM45623 ✓	INVENTORY	06/14/20 06/09/20 06/19/20	-46.08	0.00	0.00	-46.08 ✓
8308347 ✓	CREDIT	06/14/20 06/12/20 06/22/20	3,106.27	0.00	0.00	3,106.27 ✓
8308349 ✓	INVENTORY	06/14/20 06/12/20 06/22/20	640.84	0.00	0.00	640.84 ✓
8310459 ✓	INVENTORY	06/14/20 06/12/20 06/22/20	1,796.24	0.00	0.00	1,796.24 ✓

8310458	✓	INVENTORY	06/14/20	06/12/20	06/22/20	1,223.55	0.00	0.00	1,223.55	✓
8308348	✓	INVENTORY	06/14/20	06/12/20	06/22/20	29.14	0.00	0.00	29.14	✓
8308350	✓	INVENTORY	06/14/20	06/12/20	06/22/20	74.69	0.00	0.00	74.69	✓
8314731	✓	INVENTORY	06/14/20	06/13/20	06/23/20	3,144.35	0.00	0.00	3,144.35	✓
8314732	✓	INVENTORY	06/14/20	06/13/20	06/23/20	476.77	0.00	0.00	476.77	✓
8318828	✓	INVENTORY	06/16/20	06/14/20	06/24/20	877.67	0.00	0.00	877.67	✓
8318827	✓	INVENTORY	06/16/20	06/14/20	06/24/20	91.27	0.00	0.00	91.27	✓
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10536 MORRIS & DICKSON CO, LLC						39,097.07	0.00	0.00	39,097.07	
Vendor#	Vendor Name		Class		Pay Code					
13548	NACOGDOCHES TRANSCRIPTION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
7715	✓		06/14/20	05/19/20	05/29/20	322.00	0.00	0.00	322.00	✓
TRANSCRIPTION SERVICES										
7731	✓		06/14/20	06/13/20	06/23/20	316.40	0.00	0.00	316.40	✓
TRANSCRIP SERV										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
13548 NACOGDOCHES TRANSCRIPTION						638.40	0.00	0.00	638.40	
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	
3692910	✓		06/14/20	06/01/20	06/01/20	3,874.25	0.00	0.00	3,874.25	✓
PAYROLL DEDUCT										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
12388 NATIONAL FARM LIFE INSURANCE						3,874.25	0.00	0.00	3,874.25	
Vendor#	Vendor Name		Class		Pay Code					
12096	NEOGENOMICS LABORATORIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
5413438	✓		06/14/20	05/31/20	06/30/20	540.00	0.00	0.00	540.00	✓
LAB SERVICES										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
12096 NEOGENOMICS LABORATORIES						540.00	0.00	0.00	540.00	
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	
TELEMED20220602			06/14/20	06/01/20	06/15/20	1,000.00	0.00	0.00	1,000.00	✓
TELEMED REIMBURSEMENT										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
13624 NEXION HEALTH AT NAVASOTA INC						1,000.00	0.00	0.00	1,000.00	
Vendor#	Vendor Name		Class		Pay Code					
01500	OLYMPUS AMERICA INC				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
32770808			06/15/20	06/07/20	07/02/20	194.03	0.00	0.00	194.03	✓
SUPPLIES										

32770807	✓	SUPPLIES	06/15/20	06/07/20	07/02/20	447.03	0.00	0.00	447.03	✓
32776838	✓	SERVICE CONTRACT	06/16/20	06/07/20	07/02/20	1,137.51	0.00	0.00	1,137.51	✓
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	O1500 OLYMPUS AMERICA INC						1,778.57	0.00	0.00	1,778.57
Vendor#	Vendor Name		Class		Pay Code					
11155	PARA									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11254	✓		06/07/20	06/01/20	07/01/20	3,084.00	0.00	0.00	3,084.00	✓
REV INTEGRITY PROGRAM										
11332	✓		06/07/20	06/01/20	07/01/20	950.00	0.00	0.00	950.00	✓
TRANS QTR PROCESSING										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	11155 PARA						4,034.00	0.00	0.00	4,034.00
Vendor#	Vendor Name		Class		Pay Code					
10570	PROFESSIONAL MEDIA RESOURCES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2206005	✓		06/14/20	06/03/20	06/30/20	118.60	0.00	0.00	118.60	✓
TX ADVANCE BOOK										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	10570 PROFESSIONAL MEDIA RESOURCES						118.60	0.00	0.00	118.60
Vendor#	Vendor Name		Class		Pay Code					
11080	RADSOURCE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SC32090722	✓		06/16/20	06/12/20	07/01/20	1,791.67	0.00	0.00	1,791.67	✓
SAMSUNG GC80										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	11080 RADSOURCE						1,791.67	0.00	0.00	1,791.67
Vendor#	Vendor Name		Class		Pay Code					
11251	RAPID PRINTING LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
14015	✓		06/14/20	06/07/20	06/17/20	1,489.25	0.00	0.00	1,489.25	✓
T SHIRTS										
13719	✓		06/16/20	05/09/20	05/19/20	22.00	0.00	0.00	22.00	✓
FOAM BOARD										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	11251 RAPID PRINTING LLC						1,511.25	0.00	0.00	1,511.25
Vendor#	Vendor Name		Class		Pay Code					
11764	ROBERT RODRIQUEZ									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
061522			06/16/20	06/15/20	06/25/20	20.00	0.00	0.00	20.00	✓
FOOD HANDLER PERMIT REIM										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net
	11764 ROBERT RODRIQUEZ						20.00	0.00	0.00	20.00
Vendor#	Vendor Name		Class		Pay Code					
11252	RX WASTE SYSTEMS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3704	✓		06/16/20	06/01/20	06/26/20	60.00	0.00	0.00	60.00	✓
WASTE										
Vendor Totals										
Vendor#	Vendor Name		Class		Pay Code		Gross	Discount	No-Pay	Net

	11252	RX WASTE SYSTEMS LLC				60.00	0.00	0.00	60.00	
Vendor#	Vendor Name			Class	Pay Code					
10936	SIEMENS FINANCIAL SERVICES ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56382200040573 ✓		06/16/20	06/02/20	06/22/20		4,038.24	0.00	0.00	4,038.24 ✓
	LEASE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				4,038.24	0.00	0.00	4,038.24
Vendor#	Vendor Name			Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO ✓			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1003734701 ✓		06/14/20	06/02/20	06/22/20		4,310.00	0.00	0.00	4,310.00 ✓
	PAYROLL DED									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				4,310.00	0.00	0.00	4,310.00
Vendor#	Vendor Name			Class	Pay Code					
11908	TMS SOUTH ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV49443 ✓		06/14/20	06/03/20	07/03/20		284.58	0.00	0.00	284.58 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11908	TMS SOUTH				284.58	0.00	0.00	284.58
Vendor#	Vendor Name			Class	Pay Code					
T3130	TRI-ANIM HEALTH SERVICES INC. ✓			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	65061567 ✓		06/01/20	05/25/20	06/19/20		304.70	0.00	0.00	304.70 ✓
	SUPPLIES									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				304.70	0.00	0.00	304.70
Vendor#	Vendor Name			Class	Pay Code					
14372	TRIAGE, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV1796469799 ✓		06/16/20	04/01/20	05/01/20		4,674.00	0.00	0.00	4,674.00 ✓
	RADIOLOGY STAFFING									
	INV1796508594 ✓		06/16/20	05/20/20	06/19/20		4,239.00	0.00	0.00	4,239.00 ✓
	RADIOLOGY STAFFING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		14372	TRIAGE, LLC				8,913.00	0.00	0.00	8,913.00
Vendor#	Vendor Name			Class	Pay Code					
13616	TRIOSE, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	TRI105108 ✓		06/14/20	06/03/20	06/18/20		487.13	0.00	0.00	487.13 ✓
	FREIGHT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		13616	TRIOSE, INC				487.13	0.00	0.00	487.13
Vendor#	Vendor Name			Class	Pay Code					
11067	TRIZETTO PROVIDER SOLUTIONS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	35FK062200 ✓		06/16/20	06/01/20	06/26/20		1,108.40	0.00	0.00	1,108.40 ✓
	PATIENT STATMENTS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11067	TRIZETTO PROVIDER SOLUTIONS					1,108.40	0.00	0.00	1,108.40
Vendor#	Vendor Name	Class	Pay Code						
14208	TRUSTED HEALTH, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV10276 ✓		06/14/20	05/28/20	06/27/20		5,618.75	0.00	0.00	5,618.75 ✓
	TRAVEL NURSE STAFFING (5/14-5/22/22) ✓								
INV10424 ✓		06/14/20	06/04/20	06/24/20		5,580.00	0.00	0.00	5,580.00 ✓
	TRAVEL NURSE STAFFING (5/31-6/2/22) ✓								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
14208	TRUSTED HEALTH, INC					11,198.75	0.00	0.00	11,198.75
Vendor#	Vendor Name	Class	Pay Code						
11001	ULINE ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
149640862 ✓		06/15/20	06/01/20	07/01/20		5,401.32	0.00	0.00	5,401.32 ✓
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
11001	ULINE					5,401.32	0.00	0.00	5,401.32
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
8400396728 ✓		06/14/20	06/09/20	07/04/20		2,151.44	0.00	0.00	2,151.44 ✓
	INVENTORY								
8400396703 ✓		06/14/20	06/09/20	07/04/20		34.78	0.00	0.00	34.78 ✓
	LAUNDRY								
8400396706 ✓		06/14/20	06/09/20	07/04/20		188.56	0.00	0.00	188.56 ✓
	LAUNDRY								
8400396707 ✓		06/14/20	06/09/20	07/04/20		211.12	0.00	0.00	211.12 ✓
	LAUNDRY								
8400396720 ✓		06/14/20	06/09/20	07/04/20		85.11	0.00	0.00	85.11 ✓
	LAUNDRY								
8400396704 ✓		06/14/20	06/09/20	07/04/20		201.59	0.00	0.00	201.59 ✓
	LAUNDRY								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
U1064	UNIFIRST HOLDINGS INC					2,872.60	0.00	0.00	2,872.60
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
9111108526 ✓		06/09/20	02/02/20	07/01/20		506.00	0.00	0.00	506.00 ✓
	SUPPLIES								
9111113231 ✓		06/09/20	02/12/20	07/01/20		434.50	0.00	0.00	434.50 ✓
	SUPPLIES								
9111119848 ✓		06/09/20	02/23/20	07/01/20		1,309.08	0.00	0.00	1,309.08 ✓
	SUPPLIES								
9111125027 ✓		06/09/20	03/07/20	07/01/20		83.87	0.00	0.00	83.87 ✓
	SUPPLIES								
9111169191 ✓		06/15/20	06/07/20	07/02/20		1,027.78	0.00	0.00	1,027.78 ✓
	SUPPLIES								
9111169921 ✓		06/15/20	06/08/20	07/03/20		9,900.00	0.00	0.00	9,900.00 ✓
	SUPPLIES								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
I1110	WERFEN USA LLC					13,261.23	0.00	0.00	13,261.23

Vendor#	Vendor Name	Class	Pay Code						
10556	WOUND CARE SPECIALISTS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
WCS00005281		06/16/20	06/01/20	06/30/20		8,675.00	0.00	0.00	8,675.00
	WOUND CARE SERV								
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net
	10556 WOUND CARE SPECIALISTS					8,675.00	0.00	0.00	8,675.00
Report Summary									
Grand Totals:		Gross		Discount		No-Pay		Net	
		535,378.18		0.00		0.00		535,378.18	

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

CALHOUN COUNTY, TEXAS
CITIBANK CORPORATE CARD

Account Statement

Commercial Card Account
ROSHANDA S THOMAS



Account Inquiries:

Toll Free: 1-(800)-248-4553
International: 1-(804)-954-7314
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX

Summary of Account Activity

Total Activity \$5,102.50

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your records only.

Credit Limit	\$10,000
Cash Advance Limit	\$0
Statement Closing Date	06/03/2022
Days in Billing Period	31

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
05/10	05/09	5999	75337002130300001883304	1 Kings Events And Tents 3515737230 TX 58484PT1	77901 USA ✓ 49.50 ✓
05/13	05/12	4899	55417342132281326625132	2 SPARKLIGHT 877-6922253 AZ 28132682718	65012 USA ✓ 337.54 ✓
05/13	05/12	7379	78456672132900018007921	3 CPSI 251-6624185 AL Deposit for TSHA Interfac	36895 USA ✓ 500.00 ✓
05/16	05/13	5599	02305372134000650090608	4 TRACTOR SUPPLY # 1369 PORT LAVACA TX	77979 USA ✓ 119.96 ✓
05/18	05/16	8052	55457372137200873800079	5 TEXAS HOSPITAL ASSOC 5124651000 TX	78701 USA ✓ 2,550.00 ✓
05/20	05/19	7399	55125032139700481519607	6 DIGICERT INC 8017010684 UT	84043 USA ✓ 624.00 ✓
05/23	05/20	9399	05134372141600037438999	7 NPDB NPDB.HRSA.GOV 800-767-6732 VA N84011785	22033 USA ✓ 2.50 ✓
05/23	05/20	9399	05134372141600037439070	8 NPDB NPDB.HRSA.GOV 800-767-6732 VA N84011987	22033 USA ✓ 2.50 ✓
05/30	05/27	8396	55429502147894382035287	9 APIC 2024542641 VA 36203528	22202 USA ✓ 374.00 ✓
05/30	05/27	8899	82711162147000014592331	10 TSICP.ORG BLANCO TX	78606 USA ✓ 100.00 ✓
05/30	05/27	8299	05438842147300270584754	11 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 25.00 ✓
05/31	05/30	8299	05438842150300248070153	12 FSP*EMR SAFETY & HEALT 972-235-8330 TX	75243 USA ✓ 12.50 ✓
06/01	06/01	7399	55432852152200398045731	13 NNA SERVICES LLC 800-876-6827 CA	91311 USA ✓ 408.85 ✓
06/03	06/03	5964	55432852154200113057090	14 NNA SERVICES LLC 800-876-6827 CA	91311 USA ✓ 6.65 CR ✓
***** TOTAL AMOUNT OF MEMO ITEM(S): \$5,102.50 *****					

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

6/14/22

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

Account Number XXXX-XXXX-XXXX
Statement Closing Date June 03, 2022

APPROVED ON

JUN 16 2022

Not an invoice.
For your records only.

ROSHANDA S THOMAS
202 S ANN ST
PORT LAVACA TX 77979-4204

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

00007905040

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement to report a lost or stolen Citi Corporate Card.
- **Cardholder Credit Line:** Each Cardholder has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardholder can charge at any time. The size of each Cardholder's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardholder Credit Line:** The Company may request changes to credit lines by contacting Citi Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardholders:** The Company may request applications for additional Cardholders by contacting Citi Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citi Corporate Card per Cardholder.
- **CitiManager® Online Tool:** You can easily manage your Citi Corporate Card online using the CitiManager online tool. CitiManager enables you to manage business expenses from anywhere around the globe from your computer or mobile device; you can view statements online as well as confirm account balances. To register for CitiManager, please log on to www.citimanager.com/login and click on the 'Self registration for Cardholders' link. From there, follow the prompts to establish your account.
- **Payments:** You may make a payment to your individually billed card account online using CitiManager. Please note that some organizations do not have the CitiManager online payment feature enabled for cardholders. If paying by mail, please allow sufficient mailing time. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardholder balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardholders to whom Cards are issued.
- **Special Information on Cash Advances:** Cardholders may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardholder's Cash Advance Limit is a part of the Cardholder's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.
- **In Case of Errors or Questions About Your Bill:** You are responsible for initiating the dispute resolution process if your Account Statement lists charges that you believe are unauthorized, incorrect, for merchandise that has not been received, or for returned merchandise. You should also initiate the process if your Account Statement incorrectly lists a credit as a charge or if a credit, for which you have been issued a credit slip, is not shown. To begin the dispute resolution process, visit citimanager.com/login.
- You may also dispute a transaction by writing to Citi. You may write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared. In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardholder was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citi Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
- In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, and must be signed by the individual Cardholder. We will notify you of the results of our efforts.
- If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardholder) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
- On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardholder the fee specified in the Corporate Card Agreement for each copy of any document, the Company or Cardholder requests, such as duplicate periodic statements, transaction slips, and the like.
- Please save your charge receipts.

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

①

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 6/14/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Kings * Events + Tents			49.50
2			Popcorn machine for			
3			Health Fair			
4	—		Sparklight - Cable prmt.			337.54
5			for Sleep Study			
6	—		CPSI - Interface mgmt			500.00
7			System - 10% deposit			
8	—		Texas Hospital Association			2,550.00
9			Registration for Admin +			
10			Board members - AMO to			

Est. Freight

Reimburse prmt - Thomas, little, why
Est. Total Cost Thomas, adeky

TOTAL COST

624.00

NOTES:

Digicert - SSL cert for email server

Charges made to Roshanda Thomas MC

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

Dept. Director	_____
Dir. Nursing	_____
Dir. Clinical Services	_____
CFO	_____
Administrator	<u>Roshanda Thomas 6/14/22</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

2

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 6/14/2022

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Date Required		Expense #	Department	Deliver To		Form # 9401	
Line No.	Qty	Unit	Description	Unit Cost	Unit Meas.	Extended Cost	
1	1		NPDB - 1 provider			2.50	
2	1		NPDB - 1 provider			2.50	
3	2		FSP-EMR Safety-2			25.00	
4	1		ACLS cards				
5	1		FSP-EMR Safety - 1			12.50	
6	1		PALS card				
7	1		NNA Services - Renewal			408.65	
8	1		National Notary - Pam Fikac				
9	1		NNA Services Credit			(3.65)	
10	1		Taxes				

Est. Freight Tractor Supply - Caster Swivel (4) @ 29.99 119.96
Est. Total Cost APIC - Diane Atkinson - membership 374.00
TOTAL COST 119.96

NOTES:

charges made to Roshanda Thomas MC
TSICP - Diane Atkinson membership 100.00
Overall Total: \$5,102.50

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

Dept. Director
Dir. Nursing
Dir. Clinical Services
CFO
Administrator <u>Roshanda Thomas 6/14/22</u>

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/10/2022

Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/11/2022

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

As of: 06/10/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 332536 Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
-----------------	-------------	----------------------	--	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotal: 7,380.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
06/07/2017

If Paid By 06/14/2022,
Pay This Amount:

7,232.73 USD

If Paid After 06/14/2022,
Pay this Amount:

7,380.35 USD

Due If Paid On Time:
USD 7,232.73
Disc lost if paid late:
147.62
Due If Paid Late:
USD 7,380.35

24 * 85 +
6 * 826 * 20 +
347 * 60 +
34 * 00 +
7 * 232 * 12 =

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

As of: 06/10/2022

Page: 001

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

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 7790

Customer: 190813
Date: 06/11/2022As of: 06/10/2022 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/08/2022	08/14/2022	7346843431	2017053421	115Invoice	0.48	23.77		23.29 ✓		7346843431	
06/10/2022	06/14/2022	7347338501	2017053839	115Invoice	0.03	1.59		1.56 ✓		7347338501	

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

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

Subtotals: 25.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,386.94
06/06/2022If Paid By 06/14/2022,
Pay This Amount:

24.85 USD

If Paid After 06/14/2022,
Pay this Amount:

25.36 USD

Due If Paid On Time:
USD

24.85 ✓

Disc lost if paid late:

0.51

Due If Paid Late:
USD

25.36

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/10/2022

Page: 001

Company: 8000

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342
Date: 06/11/2022

As of: 06/10/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	632536 Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/06/2022	06/14/2022	7346282978		35814815	115Invoice	5.80	289.91		284.11 ✓		7346282978
06/06/2022	06/14/2022	7346282980		35948042	115Invoice	6.92	346.13		339.21 ✓		7346282980
06/06/2022	06/14/2022	7346282982		35948042	115Invoice	0.01	0.32		0.31 ✓		7346282982
06/06/2022	06/14/2022	7346448835		0603221006	115Invoice		0.24		0.24 ✓		7346448835
06/07/2022	06/14/2022	7346606782		35992073	115Invoice	0.03	1.27		1.24 ✓		7346606782
06/07/2022	06/14/2022	7346606784		36061008	115Invoice	8.44	422.08		413.64 ✓		7346606784
06/07/2022	06/14/2022	7346732195		0608220902	115Invoice	32.89	1,644.31		1,611.42 ✓		7346732195
06/08/2022	06/14/2022	7346868947		36187045	115Invoice	31.26	1,563.09		1,531.83 ✓		7346868947
06/08/2022	06/14/2022	7347009982		0607220730	195Invoice	7.92	395.77		387.85 ✓		7347009982
06/09/2022	06/14/2022	7347117422		36251691	115Invoice	5.80	290.00		284.20 ✓		7347117422
06/09/2022	06/14/2022	7347117426		36312683	115Invoice	20.21	1,010.32		990.11 ✓		7347117426
06/09/2022	06/14/2022	7347247479		0608221044	115Invoice	0.02	0.95		0.93 ✓		7347247479
06/10/2022	06/14/2022	7347354610		36372434	115Invoice		0.16		0.16 ✓		7347354610
06/10/2022	06/14/2022	7347354612		36372434	115Invoice	8.46	422.89		414.43 ✓		7347354612
06/10/2022	06/14/2022	7347354613		36432938	115Invoice	11.54	577.21		565.67 ✓		7347354613
06/10/2022	06/14/2022	7347516232		0609220905	195Invoice	0.02	0.95		0.93 ✓		7347516232

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 6,965.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/06/2022 8,386.94

If Paid By 06/14/2022,
Pay This Amount:

8,826.28 USD

If Paid After 06/14/2022,
Pay this Amount:

6,965.60 USD

Due If Paid On Time:

USD 6,826.28 ✓

Disc lost if paid late: 139.32

Due If Paid Late:
USD 6,965.60

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Aa of: 06/10/2022

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 464450

Date: 06/11/2022

Aa of: 06/10/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
06/07/2022	06/14/2022	7346559866	55x538548	115Invoice	6.66	333.88		327.20✓		7346559866	
06/09/2022	06/14/2022	7347078337	55x543967	115Invoice	0.13	6.47		6.34✓		7347078337	
06/10/2022	06/14/2022	7347334237	55x546377	115Invoice	0.29	14.35		14.06✓		7347334237	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals:

354.70 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8.386.94
06/06/2022

If Paid By 06/14/2022,
Pay This Amount:

347.60 USD

If Paid After 06/14/2022,
Pay this Amount:

354.70 USD

Due If Paid On Time:

USD 347.60 ✓

Disc lost if paid late:

7.10

Due If Paid Late:

USD 354.70

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON**STATEMENT**

Company: 8000

As of: 06/10/2022

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceCVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 06/11/2022As of: 06/10/2022 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 835438 PLEASE CHECK ANY
Date: 06/11/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
06/08/2022	06/14/2022	7347020579	1728106	115Invoice	0.69	34.69		34.00	✓	7347020579	

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

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

Subtotals: 34.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,386.94
06/06/2022If Paid By 06/14/2022,
Pay This Amount:

34.00 USD

If Paid After 06/14/2022,
Pay this Amount:

34.69 USD

Due If Paid On Time:

USD 34.00 ✓

Disc lost if paid late:

0.69

Due If Paid Late:

USD 34.69

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/17/2022

Page: 002

DC: 8115

Territory:

Customer: 632536

Date: 06/18/2022

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

As of: 06/17/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/18/2022 ITEMS NOT PAID (✓)

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,901.06 USD

Future Due: 0.00

Past Due: 493.84

Last Payment 08/07/2017 2,451.97

If Paid By 06/21/2022,
Pay This Amount:

2,833.14 USD

If Paid After 06/21/2022,
Pay this Amount:

2,901.06 USD

Due If Paid On Time:
USD 2,833.14

Disc lost if paid late: 67.92

Due If Paid Late:
USD 2,901.06

11-19 +

2,775.47 +

115.11 +

68.00 +

2,853.14 +

APPROVED FOR

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/17/2022

Page: 001

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

Company: 8000

DC: 8115

Territory: 7790

Customer: 190813

Date: 06/18/2022

As of: 06/17/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/18/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813	HEB PHCY 0434/MEM MED PHS										
06/15/2022	06/21/2022	7348240659	2017053953	115Invoice	0.23	11.42		11.19 ✓		7348240659	

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

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

Subtotals: 11.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,232.73
06/13/2022

If Paid By 06/21/2022,
Pay This Amount:

11.19 USD

If Paid After 06/21/2022,
Pay this Amount:

11.42 USD

Due If Paid On Time:
USD

11.19 ✓

Disc lost if paid late:

0.23

Due If Paid Late:
USD

11.42

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/17/2022

Page: 001

DC: 8115

Territory: 400

Customer: 256342

Date: 06/18/2022

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

As of: 06/17/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/18/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
06/13/2022	06/21/2022	7347658411	36489552	115Invoice	7.89	394.50		386.61	✓	7347658411	
06/13/2022	06/21/2022	7347658412	36523350	115Invoice		0.16		0.16	✓	7347658412	
06/13/2022	06/21/2022	7347658413	36591704	115Invoice		0.02		0.02	✓	7347658413	
06/13/2022	06/21/2022	7347658414	36681201	115Invoice	4.62	230.76		226.14	✓	7347658414	
06/13/2022	06/21/2022	7347841052	0610220733	195Invoice		0.04		1.86	✓	7347841052	
06/14/2022	06/21/2022	7348016062	36772766	115Invoice	5.80	289.92		284.12	✓	7348016062	
06/14/2022	06/21/2022	7348156347	0613220948	115Invoice	2.53	126.72		124.19	✓	7348156347	
06/15/2022	06/21/2022	7348260967	36909043	115Invoice	5.80	289.92		284.12	✓	7348260967	
06/15/2022	06/21/2022	7348396483	0614220843	195Invoice		0.02		0.75	✓	7348396483	
06/15/2022	06/21/2022	7348396484	0614220953	115Invoice		0.02		0.93	✓	7348396484	
06/16/2022	06/21/2022	7348545914	36968750	115Invoice		0.03		1.24	✓	7348545914	
06/16/2022	06/21/2022	7348708187	0615221042	115Invoice		0.03		1.24	✓	7348708187	
06/17/2022	06/21/2022	7348842074	37072238	115Invoice	5.80	289.91		284.11	✓	7348842074	
06/17/2022	06/21/2022	7348842075	37072238	115Invoice	28.30	1,415.08		1,386.78	✓	7348842075	
06/17/2022	06/21/2022	7348842076	37134136	115Invoice		0.02		0.02	✓	7348842076	
06/17/2022	06/21/2022	7349010698	0616220805	115Invoice		0.02		0.93	✓	7349010698	
06/17/2022	06/17/2022	7349079547	MFC PR CORR CR	Pricing Cor		370.38	P	370.38	P	7349079547	
06/17/2022	06/21/2022	7349079548	MFC PR CORR IN	Pricing Cor	3.32	165.95		162.63	✓	7349079548	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,839.69 USD

Future Due: 0.00

Past Due: 370.38-

Last Payment 7,232.73

06/13/2022 APPROVED ON

If Paid By 06/21/2022,

Pay This Amount: 2,775.47 USD

If Paid After 06/21/2022,

Pay this Amount: 2,839.69 USD

Due If Paid On Time:

USD 2,775.47 ✓

Disc lost if paid late:

64.22

Due If Paid Late:

USD 2,839.69

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

Company 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/17/2022

Page: 001

DC: 8115

Territory: 400

Customer: 464450

Date: 06/18/2022

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

As of: 06/17/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 06/18/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
06/14/2022	06/21/2022	7347978960	55x551349	115Invoice	0.53	28.56		26.03✓		7347978960	
06/14/2022	06/21/2022	7347978961	55x551428	115Invoice	0.18	9.06		8.88✓		7347978961	
06/14/2022	06/21/2022	7347978962	55x551506	115Invoice	0.32	15.92		15.60✓		7347978962	
06/16/2022	06/21/2022	7348538028	55x557375	115Invoice	0.12	6.15		6.03✓		7348538028	
06/17/2022	06/21/2022	7348816190	55x559699	115Invoice	1.20	59.77		58.57✓		7348816190	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 117.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,232.73
06/13/2022

If Paid By 06/21/2022,
Pay This Amount:

115.11 USD

If Paid After 06/21/2022,
Pay this Amount:

117.46 USD

Due If Paid On Time:

USD 115.11 ✓

Disc lost if paid late: 2.35

Due If Paid Late:
USD 117.46

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 06/17/2022

Page: 001

Company 8000

DC: 8115

Territory: 400

Customer: 835438

Date: 06/18/2022

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

As of: 06/17/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 06/18/2022 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 835438 CVS PHCY 7475/MEM MC PHS											
06/15/2022	06/21/2022	7348414222	1738110	115Invoice	0.01	0.63		0.62 ✓		7348414222	
06/17/2022	06/17/2022	7349077574	MFC PR CORR CR	Pricing Cor		123.46- P		123.46- P ✓		7349077574	
06/17/2022	06/21/2022	7349077575	MFC PR CORR IN	Pricing Cor	1.11	55.32		54.21 ✓		7349077575	

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

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

Subtotals:

67.51- USD

Future Due: 0.00

Past Due: 123.46-

Last Payment 06/13/2022 7,232.73

If Paid By 06/21/2022,
Pay This Amount:

68.63- USD

If Paid After 06/21/2022,
Pay this Amount:

67.51- USD

Due If Paid On Time:
USD

68.63- ✓

Disc lost if paid late:

1.12

Due If Paid Late:
USD

67.51-

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 63176384
Date: 06-10-2022

1 of 1

Serviced By:
AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655**Customer:**
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2609**Remit To:**
AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223**Customer Number**

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	865.43
Past Due:	0.00
Total Due:	865.43
Account Balance:	865.43

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-06-2022	06-17-2022	3095130011	166174	Invoice	89.16		0.00	89.16
06-06-2022	06-17-2022	3095130012	166175	Invoice	2.34		0.00	2.34
06-07-2022	06-17-2022	3095297090	166232	Invoice	178.19		0.00	178.19
06-09-2022	06-17-2022	3095610309	166250	Invoice	321.05		0.00	321.05
06-10-2022	06-17-2022	3095744351	166259	Invoice	273.17		0.00	273.17
06-10-2022	06-17-2022	3095744352	166261	Invoice	0.09		0.00	0.09
06-10-2022	06-17-2022	3095744353	166260	Invoice	1.43		0.00	1.43

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
865.43	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-10-2022	(349.56)

Reminders

Due Date	Amount
06-17-2022	865.43
Total Due:	865.43

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



STATEMENT

Statement Number: 63221107
Date: 06-17-2022

1 of 1

Served By: AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655Customer: WALGREENS #12404 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509Remit To: AMERISOURCEBERGEN
P.O. Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	2,895.04
Past Due:	0.00
Total Due:	2,895.04
Account Balance:	2,895.04

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
06-13-2022	06-24-2022	3095891406	168289	Invoice	43.86		0.00	43.86
06-13-2022	06-24-2022	3095891407	168270	Invoice	102.18		0.00	102.18
06-13-2022	06-24-2022	3095939789	165317	Invoice	1.63		0.00	1.63
06-14-2022	06-24-2022	3096082178	166325	Invoice	45.27		0.00	45.27
06-14-2022	06-24-2022	3096082179	166326	Invoice	0.29		0.00	0.29
06-15-2022	06-24-2022	3096231518	166334	Invoice	106.26		0.00	106.26
06-16-2022	06-24-2022	3096391045	166345	Invoice	15.39		0.00	15.39
06-17-2022	06-24-2022	3096534462	168355	Invoice	2,580.16		0.00	2,580.16

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,895.04	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
06-17-2022	(865.43)

Reminders

Due Date	Amount
06-24-2022	2,895.04
Total Due:	2,895.04

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FREE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "ENTER YOUR 4-DIGIT PIN"	
☐ "MAKE A PAYMENT, PRESS 1"	1
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941 #
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"	1
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★ 22
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 03
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ \$ 126,818.55 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 63,622.40 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 14,879.36 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 48,316.79 #
	CHECK \$
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	

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

***** Grand Totals: 20871.88 *****										Gross:	544733.70	Deductions:	165555.48	Net:	379078.22
Checks Count:- FT 194 FT 9 Other 51 Female 229 Male 23 Credit										OverAmt	24	ZeroNet	Term	Total:	252

Run Date: 06/18/22
Time: 16:33

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
P2DISTP

Num.	Name	Amount	CHECK NUM	DATE
21960	DEBORAH LYNN BLACH	5484.58	00063168	06/24/22
38169	MEGAN M CANO	119.70	00063169	06/24/22
60652	JESSICA M CALZADO	115.22	00063170	06/24/22
60156	DANIELLE M TAGLE	118.71	00063171	06/24/22
65110	KARINA MARTINEZ	66.08	00063172	06/24/22
00041	CARL LEE KING	775.01	DD	06/24/22
00083	SYLVIA A VARGAS	853.23	DD	06/24/22
00094	SYLVIA A MENDOZA	831.68	DD	06/24/22
00113	JACLYN CARBON	1098.60	DD	06/24/22
00132	SANDRA A BRAUN	966.97	DD	06/24/22
00192	BRENDA D PENA	3964.63	DD	06/24/22
00270	ANGELA M BURGON	1558.46	DD	06/24/22
00344	SANDRA LEE RUDDICK	2695.24	DD	06/24/22
00387	BILLIE F DUCKNORTH	4145.39	DD	06/24/22
00392	MONICA T CARR	981.15	DD	06/24/22
00399	LINDA J TEJERINA	1787.00	DD	06/24/22
00401	VELMA J PENA	2648.20	DD	06/24/22
00417	SHERREY L KING	3908.82	DD	06/24/22
00423	DONN V STRINGO	3206.32	DD	06/24/22
00482	RAM FIVAC	1323.82	DD	06/24/22
00577	DIANA GARCIA	2976.89	DD	06/24/22
00581	CYNTHIA L RUSHING	1869.31	DD	06/24/22
00676	SHELLA KAY HEATHCOCK	1201.21	DD	06/24/22
00681	A RENEE WOOD	1639.63	DD	06/24/22
00692	DEBORAH E WITTEBERT	860.03	DD	06/24/22
00697	MARIA C FARIAS	1085.60	DD	06/24/22
00717	KIMBERLY R BLINKA	1333.75	DD	06/24/22
00895	EMILIE DIANE WILKEY	1672.66	DD	06/24/22
01015	SUSAN B SMALLEY	1855.57	DD	06/24/22
01191	SHARON N SPARKS	2311.51	DD	06/24/22
01234	JENNIFER N SVETLIK	2030.48	DD	06/24/22
01367	MARILYN A SANDERS	3651.68	DD	06/24/22
01543	JACKIE E WILLIAMS	3927.21	DD	06/24/22
01781	RAUSHANAH J MONDAY	1568.66	DD	06/24/22
02011	ERIN R CLEVELAND	3463.92	DD	06/24/22
02014	AGAPITA C CANTU	867.91	DD	06/24/22
02022	AMANDA J GRIGGS	2488.15	DD	06/24/22
02064	ANNA LAURA GARCIA	632.13	DD	06/24/22
02097	NYLIE M GAINES	1951.32	DD	06/24/22
02099	TRACI W SHEPPEK	2913.71	DD	06/24/22
02112	LESLIE THOMAS	4090.60	DD	06/24/22
02122	DARIN LUNA	1656.75	DD	06/24/22
02165	CAYDENCE N CAUDILL	20.48	DD	06/24/22
02193	TIKI VENGAR	3662.17	DD	06/24/22
02271	DANN J BUBENIK	3009.26	DD	06/24/22
02301	NICOLAS TEJERINA	1674.05	DD	06/24/22
02302	CATHERINE MARIE DECILLOS	375.27	DD	06/24/22
02301	CONNIE M LUNA	2140.03	DD	06/24/22
02315	NINA M GREEN	2482.53	DD	06/24/22
02322	RICK OSORIMA	337.77	DD	06/24/22
02331	JESSICA B BIFFLE	2203.67	DD	06/24/22
02344	JEANNETTE L FALCON	707.71	DD	06/24/22
02356	CHALEY HAMILTON	862.46	DD	06/24/22

Run Date: 06/16/22
Time: 16:33

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 06/03/22--06/16/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 1
PDIISTP

Num.	Name	Amount	CHECK NUM	DATE
02416	JANELLE SCOTT	1439.97	DD	06/24/22
02511	MAGDALENA SEPULVEDA	1275.76	DD	06/24/22
02525	AUDREY D GARCIA	927.34	DD	06/24/22
02535	STEFANIE M SOLIZ	800.41	DD	06/24/22
02552	VERONICA FAGUSIN	1700.61	DD	06/24/22
02584	BEATRICE MAGU	3073.76	DD	06/24/22
02678	MELISSA NESLONEY	2489.22	DD	06/24/22
02701	RONDA DAWNELLE GOHLKE	3023.14	DD	06/24/22
02719	DAWN K MCCLELLAND	1652.51	DD	06/24/22
02735	ZANDRA A GARCIA	2197.96	DD	06/24/22
02763	JESSICA COPPIN	2212.38	DD	06/24/22
02794	HEATHER L MITCHLER	1763.39	DD	06/24/22
02812	BRITTANY N RUDDICK	1620.27	DD	06/24/22
02907	MARIA F LONGORIA	1114.04	DD	06/24/22
02927	MICHAEL L GAINES	3041.39	DD	06/24/22
02943	DOROTHY J REMON	390.51	DD	06/24/22
02970	DIANNE G ATKINSON	1996.41	DD	06/24/22
03864	JACQUELINE R HERRERA	1283.44	DD	06/24/22
05003	COURTNE D THURLKILL	2892.57	DD	06/24/22
05006	REGINA A MARTINEZ	4092.93	DD	06/24/22
05007	JAMIE K NEYLAND	342.33	DD	06/24/22
05122	MARISSA RANGEL	1674.75	DD	06/24/22
05145	ERICA NGUYEN	4159.88	DD	06/24/22
05441	AMANDA R KEY	1729.62	DD	06/24/22
05757	SHARON T HOLDER	1754.92	DD	06/24/22
07007	URSULA S BRYAN	773.21	DD	06/24/22
07066	DELPHINE PADRON	1522.34	DD	06/24/22
07123	CYNTHIA GUERRA	1615.13	DD	06/24/22
07147	CHAD A VORCE	2458.05	DD	06/24/22
07476	DIANA C SAUCEDA	1311.02	DD	06/24/22
10519	MARISSA LYNN HUNT	1135.96	DD	06/24/22
11197	CATHERINE A SAENZ	4641.29	DD	06/24/22
11412	COURTNEY L NORKOVSKY	1586.22	DD	06/24/22
12115	LISA J HENDRYOSA	916.53	DD	06/24/22
12153	JULIA MONTES	1921.44	DD	06/24/22
15097	KYLE L DANIEL	3140.21	DD	06/24/22
15101	SAVANNAH HARLEY	1529.46	DD	06/24/22
15171	JESSICA BARON	862.55	DD	06/24/22
15286	DAWN M KAREK	2307.37	DD	06/24/22
15555	STEPHANIE MARTIN	2455.21	DD	06/24/22
15909	JULIE NGUYEN	3584.24	DD	06/24/22
15915	BRIANNE J KEY	3572.44	DD	06/24/22
20102	MAYA HANKINS	1381.52	DD	06/24/22
20112	YULMA PATRICIA RODRIGUEZ	830.71	DD	06/24/22
20144	SOPHIE M PECENA	734.72	DD	06/24/22
20145	NATALIE SOTO	734.26	DD	06/24/22
20156	ERIN ASHLEY WISDOM	2257.85	DD	06/24/22
20154	MELISSA ZAMORANO	506.05	DD	06/24/22
20206	KELLI E GOFF	2417.09	DD	06/24/22
20207	SHAWNA G HARTL	2777.21	DD	06/24/22
20243	MELANIE CORTEZ	1620.36	DD	06/24/22
20294	JESSICA D WALTHER	939.63	DD	06/24/22
20456	SAYDI A ST CLAIR	376.13	DD	06/24/22
20759	JAMIE SADLER	1508.16	DD	06/24/22

Run Date: 06/19/22
Time: 16:11

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 06/01/22--06/15/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 3
F2DISTP

Num.	Name	Amount	CHECK NUM	DATE
20769	JAYLIN RAMIREZ	685.59	DD	06/24/22
20797	BETHANN M DIGGS	1320.94	DD	06/24/22
20816	JOIE L PENA	812.16	DD	06/24/22
20827	DAISY MADRIGAL	1086.87	DD	06/24/22
20854	JALYNN GREEN	311.58	DD	06/24/22
20896	DANIELA CAYACHO	55.60	DD	06/24/22
20977	CHERYL L TESCH	1604.10	DD	06/24/22
21450	DIANA E LEAL	2204.92	DD	06/24/22
21529	JACOB R CRAWFORD	2965.49	DD	06/24/22
21736	ALLISON SOULDER	937.23	DD	06/24/22
22616	HEATHER L SMITH	2321.74	DD	06/24/22
22769	LORRAINE V GARZA	151.92	DD	06/24/22
23159	KELLY A SCHOTT	1510.19	DD	06/24/22
30491	ARLEEN JUDD	211.42	DD	06/24/22
31035	STACIE L REPLEY	1686.79	DD	06/24/22
31054	LORA L LAMBDEN	844.39	DD	06/24/22
31099	ARACELY Z GARCIA	2249.51	DD	06/24/22
31219	LAUREN PHILLIPS	564.59	DD	06/24/22
31313	KATHERINE LYNN JIMENEZ	1829.97	DD	06/24/22
31319	STACY L FARMER	1718.13	DD	06/24/22
31461	EDWARD E MATULA	2396.97	DD	06/24/22
31508	RACHEL A HEFFKER	3087.24	DD	06/24/22
31821	KAYLA M ALVAREZ	1921.84	DD	06/24/22
31832	SHANE D KRESTA	1249.89	DD	06/24/22
31849	CODY L JUREK	163.03	DD	06/24/22
32119	KRYSTELLA F KESIAN	974.09	DD	06/24/22
32413	DEVAN ORTA	1119.30	DD	06/24/22
32702	ANNA VANESSA PENNELL	1126.48	DD	06/24/22
41112	ANASTASIA L PEREZ	641.15	DD	06/24/22
41171	TOMMIE M TREVINO	537.50	DD	06/24/22
41205	JENNETTE ALVARADO	846.32	DD	06/24/22
41225	LESLIE A CRAIGEN	1343.79	DD	06/24/22
41236	PAMELA K VANKOY	1352.97	DD	06/24/22
41274	KAREN GANN	1006.35	DD	06/24/22
41279	PAMELA R HARKON	613.34	DD	06/24/22
41347	ADRIANNA D STRAKOS	760.39	DD	06/24/22
41369	LORETTA A LEAL	685.79	DD	06/24/22
41418	ANGEL M CASSEL	1148.62	DD	06/24/22
41507	OLGA I BETANCOURT	846.06	DD	06/24/22
41612	SONJA A GUJARDO	851.13	DD	06/24/22
41617	JACQUELINE M MARTINEZ	987.94	DD	06/24/22
41705	KELSEY R TAYLOR	848.51	DD	06/24/22
41896	RENAE MICHELLE EMERY	693.71	DD	06/24/22
41897	ROXANNA MARTINEZ	739.12	DD	06/24/22
41901	JUANITA R MILLER	1206.85	DD	06/24/22
41924	BRITTNEY V STRICKLIN	775.82	DD	06/24/22
42106	CHRISTY SILVA	966.90	DD	06/24/22
42112	SOCORRO C GONZALES	890.53	DD	06/24/22
42122	LEI ANA CHAVANA	1527.97	DD	06/24/22
42125	LUCY CALZADA	746.77	DD	06/24/22
42304	MIMI T NGUYEN	2041.39	DD	06/24/22
42320	MICHAEL A PFEIL	3004.34	DD	06/24/22
42821	MARIA D CHAVEZ	701.46	DD	06/24/22
42842	SHERRIA S G BUNNELL	3214.08	DD	06/24/22

Run Date: 06/16/20
Time: 16:31

MEMORIAL MEDICAL CENTER
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

Page 4
P2DISUP

Net.	Name	Amount	CHECK NUM	DATE
50818	MICHELLE M MORALES	1421.17	DD	06/24/22
50134	LORNA VALDEZ	594.46	DD	06/24/22
50148	PENNY GOULDEN	1058.50	DD	06/24/22
50161	BRITNEY MICHELLE ZAMORA	1410.95	DD	06/24/22
50248	MCKENNA WILSGAS	605.81	DD	06/24/22
50282	JACOB W HAMILTON	3542.15	DD	06/24/22
50310	JASMINE GRIGSBY	702.12	DD	06/24/22
50546	MELANIE K SAMANCA	1791.76	DD	06/24/22
50573	DEANA R DAVIS	1553.17	DD	06/24/22
50596	BETTY S DAVIS	1995.45	DD	06/24/22
50719	DEBRA K MUSTERED	2221.26	DD	06/24/22
50828	ADINA RODRIGUEZ	641.32	DD	06/24/22
51541	JACLYN E HARTL	1518.54	DD	06/24/22
55025	LEA C RESENDEZ	547.99	DD	06/24/22
55035	IRENE E PEREZ	371.09	DD	06/24/22
55106	CRYSTAL M CHAVEZ	694.92	DD	06/24/22
55127	APRIL N KUBALA	2374.68	DD	06/24/22
55371	BLANCA HERNANDEZ	844.59	DD	06/24/22
55382	SHANNON JACILDO	1609.93	DD	06/24/22
55655	LATUAN WILKE	716.32	DD	06/24/22
58510	RITA L POLENSKY	804.57	DD	06/24/22
60112	ROBERT A RODRIGUEZ	1993.71	DD	06/24/22
60131	NORA OVALLE	319.90	DD	06/24/22
60163	MIGDALIA CLARO	605.52	DD	06/24/22
60165	TERESA A BENITEZ	1761.43	DD	06/24/22
60271	REBEKAH GERNY	658.97	DD	06/24/22
60412	CHRISTOPHER GALINDO	916.59	DD	06/24/22
60616	DOROTHY A LONGORIA	680.70	DD	06/24/22
60715	ANGA C GONZALEZ	590.55	DD	06/24/22
60934	CONSUELO ZAMORA	864.35	DD	06/24/22
61124	SANTUAN M GARCIA	1055.46	DD	06/24/22
61289	JASON RUBIO	1404.40	DD	06/24/22
65100	FELICITA BONUZ	547.16	DD	06/24/22
65121	VIVIANA P MEDINA	375.02	DD	06/24/22
65147	BLANCA ROSA VILLARREAL	359.74	DD	06/24/22
65151	ELIA OLACHIA	555.06	DD	06/24/22
65213	LEE SIMERLY	1032.59	DD	06/24/22
65243	LUCILA LOPEZ DE GUZMAN	1156.61	DD	06/24/22
65366	CYNTHIA GARCIA	602.52	DD	06/24/22
65393	FAYONA A PEREZ	1421.57	DD	06/24/22
65453	AMALIA L FLORES	846.36	DD	06/24/22
65463	MARIA I VELOZ	689.50	DD	06/24/22
65484	ROSA RODRIGUEZ	883.42	DD	06/24/22
65513	MARIA MORALES	995.60	DD	06/24/22
65581	RACQUEL MORALES	569.69	DD	06/24/22
65705	DOMITILA HERRERA	952.21	DD	06/24/22
65854	ALEJANDRO R VELASQUEZ	286.78	DD	06/24/22
65865	MARIA F LEDEZMA	676.19	DD	06/24/22
66161	CRYSTAL MARTINEZ	1648.18	DD	06/24/22
68361	DOMITILA GARCIA	267.75	DD	06/24/22
68568	CHRISTOPHER RUTHERFORD	914.64	DD	06/24/22
68782	MAZARIO DIAZ HERNANDEZ	1639.56	DD	06/24/22
70119	SARA N BLEDSOE	2118.63	DD	06/24/22
73749	GLORIA W REID	2557.71	DD	06/24/22

Run Date: 06/16/22
Time: 16:33

MEMORIAL MEDICAL CENTER BI-WEEKLY
**** Check Register ****
Pay Period 06/03/22--06/16/22 Run: 1
Type-NET 10000001 OPERATING - PROSPERITY

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PEDISTR

Num.	Name	Amount	CHECK NUM	DATE
75190	RIKA MILLER	1902.46	DD	06/24/22
76003	IRMA DELEON	699.81	DD	06/24/22
76110	TARAH SUBLETT	727.90	DD	06/24/22
76115	JENNIFER R CARLOCK	712.26	DD	06/24/22
76120	RACHEL CANALES	1431.77	DD	06/24/22
76136	KAREN D GARCIA	651.91	DD	06/24/22
76210	ZOE VILLARREAL	932.01	DD	06/24/22
76300	AIDA JIMENEZ	925.75	DD	06/24/22
76313	PAMELA L BARTON	739.69	DD	06/24/22
76403	KATHINA A POKLUDA	1342.27	DD	06/24/22
76447	CHERYL A SEE	1077.90	DD	06/24/22
76706	GREGORY E MORALES	666.41	DD	06/24/22
76761	LAURA F PESINA	1212.64	DD	06/24/22
76854	MARY PATTERSON	745.05	DD	06/24/22
76995	VANESSA TRISTAN	217.44	DD	06/24/22
77446	FAREN A GONZALES	1042.39	DD	06/24/22
78020	KISTY R PASSMORE	1212.34	DD	06/24/22
78388	KYANN J POWER	433.49	DD	06/24/22
78392	DONNA M RAWLINGS	1362.19	DD	06/24/22
78191	JAMIE J GRASSE	909.46	DD	06/24/22
78287	MARISSA D ALMUNIZAR	1611.07	DD	06/24/22
78336	JESSICA L GLOVER	2233.24	DD	06/24/22
78566	MELISSA K GEE	821.12	DD	06/24/22
78764	ASHLEY D HADLEY	1956.16	DD	06/24/22
78778	SARA M RUBIO	2090.92	DD	06/24/22
78781	KRISTEN R WACHNICK	2917.61	DD	06/24/22
78797	SARAH I CANAK	2467.51	DD	06/24/22
78897	DAYLE J McLAUGHLIN	591.29	DD	06/24/22
80008	ADAM D BESIO	2425.43	DD	06/24/22
80141	JEANNIE ORTA	1756.52	DD	06/24/22
82227	CAITLIN A CLEVENGER	1041.90	DD	06/24/22
86482	MEGAN M HARPER	749.74	DD	06/24/22
88126	LISA R TREVINO	1059.23	DD	06/24/22
88808	MARLEY B O'DONNELL	1900.75	DD	06/24/22
88804	MAYRA K MARTINEZ	1507.15	DD	06/24/22
90159	WILLIAM T LITTLE	3792.09	DD	06/24/22
90120	ROSHANDA S THOMAS	3366.30	DD	06/24/22
93231	MADRIE M FLORES	1134.24	DD	06/24/22
98756	ADRIANA M GALVAN	1459.79	DD	06/24/22

375078.22

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN
 PAY PERIOD: END
 PAY DATE:

6/3/2022
 6/18/2022
 6/24/2022

ENTER VOID CK# AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$	544,733.70		\$	-	\$ 544,733.70
DEDUCTIONS:						
A/R	\$	435.94				\$ 435.94
ADVANC						\$ -
BOOTS						\$ -
SUNLIFE CRITICAL ILLNESS	\$	849.63				\$ 849.63
SUNLIFE ACCIDENT	\$	760.28				\$ 760.28
SUNLIFE VISION						\$ -
SUNLIFE SHORT TERM DIS	\$	1,261.68				\$ 1,261.68
BCBS VISION	\$	989.86				\$ 989.86
CAFÉ-D	\$	1,559.75				\$ 1,559.75
CAFÉ-H	\$	22,205.15				\$ 22,205.15
	\$	-				\$ -
CAFÉ-P						\$ -
CANCER						\$ -
CHILD	\$	2,281.01				\$ 2,281.01
CLINIC	\$	155.00				\$ 155.00
COMBIN	\$	306.09				\$ 306.09
CREDUN	\$	-				\$ -
DENTAL	\$	-				\$ -
DEP-LF						\$ -
SUNLIFE TERM LIFE	\$	851.71				\$ 851.71
SUNLIFE HOSP INDEM	\$	537.74				\$ 537.74
FED TAX	\$	48,316.79				\$ 48,316.79
FICA-M	\$	7,439.68				\$ 7,439.68
FICA-O	\$	31,811.20				\$ 31,811.20
FIRST C	\$	-				\$ -
FLEX S	\$	3,382.90				\$ 3,382.90
FLX-FE	\$	-				\$ -
GIFT S	\$	219.23				\$ 219.23
GRP-IN						\$ -
GTL						\$ -
HOSP-I						\$ -
LEGAL	\$	977.44				\$ 977.44
OTHER	\$	303.10				\$ 303.10
NATIONAL FARM LIFE	\$	1,854.02				\$ 1,854.02
MED SURCHARGE	\$	385.00				\$ 385.00
PR FIN	\$	-				\$ -
RELAY						\$ -
REPAY						\$ -
STONEDF	\$	640.86				\$ 640.86
STONE						\$ -
STONE 2						\$ -
STUDEN						\$ -
TSA-R	\$	38,131.42				\$ 38,131.42
UW/HOS	\$	-				\$ -
TOTAL DEDUCTIONS:	\$	166,655.48	\$ -	\$ -	\$ -	\$ 166,655.48
NET PAY:	\$	379,078.22	\$ -	\$ -	\$ -	\$ 379,078.22

TOTAL CAFÉ 125 PLAN:

\$ 31,650.11

Less Exempt:

TAXABLE PAY:

\$ 513,083.59

\$ 513,083.59

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,439.71		
FICA - MED (EE)	1.45%	\$ 7,439.71	\$ 7,439.68	\$ 0.03
FICA - SOC SEC (ER)	6.20%	\$ 31,811.18		
FICA - SOC SEC (EE)	6.20%	\$ 31,811.18	\$ 31,811.20	\$ (0.02)
FED WITHHOLDING		\$ 48,316.79	\$ 48,316.79	

Employees over FICA-SS Cap:

Exempt Amt:

\$ -
 \$ -
 \$ -

Paycode S - Employee Reimb.:

TOTAL: \$ -

TAX DEPOSIT:	\$	126,818.57	\$	126,818.55
FICA - MEDICARE	2.90%	\$ 14,879.42	\$ 14,879.36	
FICA - SOCIAL SECURITY	12.40%	\$ 63,622.36	\$ 63,622.40	
FED WITHHOLDING		\$ 48,316.79	\$ 48,316.79	
TOTAL TAX:	\$	126,818.57	\$ 126,818.55	\$ 0.02

PREPARED BY:

PREPARED DATE:

Caitlin Clevenger

6/18/2022

MEMORIAL MEDICAL CENTER
PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — JUNE 10, 2022 - June 19, 2022

Date	Bank Description
6/10/2022	PAY PLUS ACHTRANS 452579291 101000693538372
6/10/2022	EXPERTPAY EXPERTPAY 746003411 91000012731975
6/10/2022	CLEARCARE LLC CLEARCARE, IQSRZPV53CD6250 242
6/10/2022	AME RESOURCE BERG PAYMENTS 0100007768 2100002
6/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 39300982589946 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332393 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332385 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332401 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801332419 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801368397 6110
6/10/2022	TSYS/TRANSFIRST DISCOUNT 41399801391837 6110
6/10/2022	MEMORIAL MEDICAL PAYROLL 746003411 113122650
6/13/2022	PAY PLUS ACHTRANS 452579291 101000694330642
6/13/2022	IRS USATAXPYMT 220256550593378 6103601000610
6/14/2022	PAY PLUS ACHTRANS 452579291 101000695347996
6/14/2022	MECKESSON DRUG AUTO ACH ACH05062059 910000128
6/14/2022	FDMs ANNUAL FEE 052-1601830-000 410001217916
6/15/2022	PAY PLUS ACHTRANS 452579291 101000696268928
6/15/2022	TEXAS COUNTY DRG RECEIVABLE 0419 21000077414
6/15/2022	FDMs FDMs PYMT 052-1743548-000 4100012558446
6/15/2022	FDMs FDMs PYMT 052-1743547-000 4100012558446
6/15/2022	FDMs FDMs PYMT 052-1737276-000 4100012558355
6/16/2022	STATE COMPTROL TENNEI 06294277/20615 2100002
6/16/2022	PAY PLUS ACHTRANS 452579291 101000697247395
6/17/2022	PAY PLUS ACHTRANS 452579291 101000698267170
6/17/2022	AME RESOURCE BERG PAYMENTS 0100007768 2100002

William Little, CFO
Memorial Medical Center

ELECTRONIC TRANSFERS FOR OPERATING

Date	Descr
7/6/2022	DSHIP IGT
6/29/2022	ACH Payment WDBNCC TAX PYMT DB
6/23/2022	RAPPS-IGT
7/1/2022	DSH Pass 1 and Pass 2 IGT

William Little, CFO
Memorial Medical Center

759,198.07	June 20, 2022
358,007.18	* Approved 06-13-22 cc
110,454.57	** To be approved separately this court
7,232.10	** Approved 06-08-22
220.40	Approved 06-01-22
180,916.00	IGT PYMT
86,097.10	Sales Tax
865.43	RAPPS-IGT (on last court)
865.43	IGT PYMT
8,971.87	June 20, 2022

APPROVED ONE

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Pay Plus

Amount	1,332	1,332
	202,247	24,227
	30,477	3,707
	59,441	202,247
	1140.28	30,477
	2848.13	59,441
	205.2	321,336
	739.11	Export Pay
	509.59	1,826.97
	874	78,002
	35807.18	78,002
	2422	78,002
	11845.47	CC fees
	7232.73	129,000
	236.48	1,140.28
	30.2	2,848.13
	202.24	205.20
	180918.66	739.11
	80.06	509.59
	40.02	874
	120.08	35807.18
	84097.10	2422
	30.47	11845.47
	589.41	7232.73
	865.43	236.48
	759,198.07	30.2
		202.24
		180918.66
		80.06
		40.02
		120.08
		84097.10
		30.47
		589.41
		865.43
		759,198.07



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	\$434,968.69
Bank Routing and Account Number	
Settlement Date	7/6/2022
DSRIP Amount	\$434,968.69
Entered By	Marley Moehrig

**Transaction Summary***Revised*Trace Number: 000000006424718 has been deleted successfully.**Texas Health and Human Services Commission
Memorial Medical Center Operating County
746003411**

Payment Total	\$428,172.31
Bank Routing and Account Number	113122655 *****4357
Settlement Date	7/6/2022
DSRIP Amount	\$428,172.31
Entered By	Marley Moehrig

Marley ODonnell

From: HHSC Texas Healthcare Transformation and Quality Improvement Program
<TXHealthcareTransformation@hhsc.state.tx.us>
Sent: Friday, June 17, 2022 1:05 PM
To: Jason Anglin; dmoore@mmcportlavaca.com; Roshanda S. Thomas; Marley ODonnell; czafero@cmcvtx.org; duane.woods@cmcvtx.org; pstrauss@cmcvtx.org; dherolt@cmcvtx.org; mike.olson@cmcvtx.org; skennedy@vcvtx.org; CFO - Beatriz Trejo - 102595; mariluna@ttbh.org; plopez@ttbh.org; jonny.hipp@chdcc.org
Cc: HHSC PFD DSRIP Payments; HHSC Texas Healthcare Transformation and Quality Improvement Program; Jason Anglin; cbrzozowski@cmcvtx.org; pstrauss@cmcvtx.org; dherolt@cmcvtx.org; Duane.Woods@cmcvtx.org; Cynthia.Martinez2@dchstx.org; eric.hamon@dchstx.org; Michelle Ramirez; steve.king@dchstx.org; mtaylor@ttbh.org; setexasrhp@harrishealth.org; Victoria.Nikitin@harrishealth.org; Michael.Norby@harrishealth.org; sarah_schauman@premierinc.com; jamie_marshall@premierinc.com; Kristoffer_Hammarstrom@premierinc.com; joseph.dygert@harrishealth.org; amanda.callaway@harrishealth.org; kevin.lin@harrishealth.org; Catie Hilbelink; donna.littlefield@nchdcc.org; Belinda Chism; Linda Wertz; Jonny Hipp; eddie.olivarez@hchd.org; DAIREN SARMIENTO; Lourdes Acevedo
Subject: UPDATE to DSRIP DY11 IGT Notification
Attachments: Affiliation Summary 06.17.22.xlsx; IGT Summary 06.17.22.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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

Good Afternoon IGT Entities Nueces County Hospital District LPPF, Calhoun County dba Memorial Medical Center, Citizens Medical Center, and Tropical Texas Behavioral Health,

We identified errors in the DSRIP Category C achievement that impacted DSRIP payments and IGT. The IGT for the following were updated and included in the attached updated files. Please let us know if you have any questions and we apologize for the error.

RHP	IGT Entity	Provider TPI	Provider Name	Updated IGT Due	Reasons for Changes
4	Nueces County Hospital District LPPF	132812205	Driscoll Children's Hospital	\$9,817,344.67	Provider notified HHSC that D3-333 was incorrectly reported. D3-333 AM-10.1 was changed to NMI. Previous IGT due was \$9,985,428.68

3	Calhoun County dba Memorial Medical Center	137909111	Memorial Medical Center	\$434,968.69	C1-147 AM-10.1 was incorrectly calculated so achievement changed from 75% to 100%. Previous IGT due was \$428,172.31
4	Citizens Medical Center	137907508	County of Victoria dba Citizens Medical Center	\$1,448,973.90	C1-147 AM-9.1 and AM-10.1 were incorrectly calculated so both changed from 75% to 100% achievement. Previous IGT due was \$1,408,203.04
5	Tropical Texas Behavioral Health	138708601	Tropical Texas Behavioral Health	\$8,287,126.21	M1-211 AM-10.3 was incorrectly calculated so achievement changed from 75% to 100%. Previous IGT due was \$8,261,389.79

Thank you,

Linda Huynh
Healthcare Transformation Waiver
HHS Medicaid and CHIP Services

From: HHSC PFD DSRIP Payments <PFD_DSRIP_Payments@hhs.texas.gov>
Sent: Thursday, June 16, 2022 8:15 AM
Subject: DSRIP DY11 IGT Notification
Importance: High

Anchors/Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY11 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY11 Round 1 July 2022 Affiliation Summary and DY11 Round 1 July 2022 IGT Summary workbooks. These workbooks include DY10 and DY9 DSRIP payments.

The DY11 Round 1 July 2022 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY10 and DY9 Round 1 DSRIP payments.

The DY11 Round 1 July 2022 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for DY10 and DY9 Round 1 DSRIP payments.

Providers can determine their estimated payment amount by dividing Column M of the DY11 Round 1 July 2022 Affiliation Summary by the state share of the current FMAP. The current FMAP is 67.00%/33.00%.

The Transformation Waiver Team will email the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, June 17, 2022. Health and Human Services Commission (HHSC) Provider Finance Department is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket is used for DSRIP Reporting IGTs. The DSRIP Reporting IGT should be placed in DSRIP.

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to PFD_DSRIP_Payments@hhs.texas.gov. We are requesting that all government entities enter their IGT transactions into TexNet no later than July 5th with a Settlement Date of July 6th. **No IGT's submitted after July 5th will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Tuesday, July 05, 2022	Last date for Public entities to enter TexNet and submit Trace Sheet
Wednesday, July 06, 2022	TexNet Sweeps (Settlement date of funds)
Wednesday, July 20, 2022	Payment issue date for Transferring Hospitals "Big 6"
Friday, July 29, 2022	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at
<https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf>

Thank you,

HHSC Provider Finance Payments

Texas Health and Human Services Commission
North Austin Complex
P.O. Box 149030, Mail Code H-400
4601 Guadalupe St
Austin, TX 78751



Confidential: This transmission is confidential and intended solely for the use of the individual or entity to which it is addressed. If you receive this transmission in error please notify sender and remove all copies from your computer.

DSRIP Payment Summary Report by Affiliation Number for Demo Year 11

IGT Affiliation Number	BHP	Provider TPA	Provider Name	IGT TPA	IGT Name	DY20 Round 1 Approved NET	DY20 Previous Round Total Approved NET	DY20 OIGER Approved NET (Short NET)	DY20 OIGER Round 1 Approved NET	DY20 Previous Round Total Approved NET	DY20 OIGER Approved NET (Short NET)	Total Approved IGT for Round 1 DSRIP
100-13-0000-00132	BHP 3	137909111	Memorial Medical Center	137909111	Catoosa County dba Memorial Medical Center	\$434,968.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$434,968.69

DSRIP Payment Summary by IGT TIN for Demo Year 11			Payment						
RHP	IGT TIN	IGT Name	DY10 Round 1 Approved IGT	DY10 Previous Round RMI Approved IGT	DY10 Other Approved IGT (short IGT)	DY9 Carry forward Round 1 Approved IGT	DY9 Previous Round RMI Approved IGT	DY9 Other Approved IGT (short IGT)	Total Approved IGT for Round 1 DSRIP
RHP 3	137809111	Calhoun County dba Memorial Medical Center	\$434,968.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$434,968.69



Transaction Summary

Transaction Complete

**Texas Health and Human Services Commission
Memorial Medical Center Operating County**

Payment Total	\$98,092.00
Bank Routing and Account Number	
Settlement Date	7/1/2022
DSH Amount	\$98,092.00
Entered By	Marley Moehrig

To: jguliur@rchd.care; jsmith@medicalartshospital.org; diana.strupp@tenethealth.com; scarruth@obmc.org; brichards@oceanshealthcare.com; megan@pm-hs.com
Cc: Hodges,Jandi (HHSC); Quintanilla,Sarah (HHSC); Guzman,Kenneth (HHSC); HHSC PFD Uncompensated Care Tools; Wolfe,Megan (HHSC); Michalik,Ed W (HHSC); Grady,Victoria C (HHSC); Cantu,Rene (HHSC); Regmi,Asha (HHSC); Heinemann,David (HHSC); Dovalina,Jose (HHSC); Heinemann,David (HHSC); Jacques,Robert (HHSC); Brown,Adam (HHSC); Rios,Mariana (HHSC); HHSC PFD DSH Payments
Subject: DSH 2022 Final Payment IGT Notification 2 of 4
Attachments: 2022 Final DSH Payment Calculation.xlsx

[WARNING-Remote attachments, VERIFY SENDER]

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.

DSH Providers:

The Texas Health and Human Services Commission (HHSC) Provider Finance Department is adopting a new communication process. As of September 1, 2022, stakeholder announcements will be sent via GovDelivery, a free email subscription service used by HHSC. To receive future GovDelivery announcements and IGT Notifications, click the following link and subscribe to the Disproportionate Share Hospitals (DSH) topic. ([Click Here to Subscribe](#)).

Attached is the finalized 2022 Final Disproportionate Share Hospital (DSH) Payment Calculation Workbook.

The DSH payments and intergovernmental transfer (IGT) amounts are based on the calculations in the Model Scenario Analysis (see tabs labeled " Non-State" and "State" for non-state-owned and state-owned hospitals respectively).

Payment amounts/transfer amounts for state hospitals can be found in column V of the "State" tab. Payment amounts for non-state hospitals can be found in column AZ of the "Non-State" tab and the corresponding IGT amounts in column BE of the same tab.

To ensure that all government entities receive this notification, HHSC strongly encourages providers to send this information to any government entity who is IGT'ing on their behalf.

Below are the pertinent dates associated with the DSH Pass 1 and Pass 2 payment:

- June 30, 2022 Last date to schedule transfer in TexNet
- July 1, 2022 Pass 1 and Pass 2 IGT Settlement Date
- July 12, 2022 State Owned Hospitals submit Journal Entry
- July 29, 2022 Latest DSH Pass 1 and Pass 2 Payment Date

****Late IGTs will not be accepted. Pass 3 payment amounts cannot be calculated until HHSC is in receipt of the IGT for the Pass 1 and Pass 2 Payments.**

Please ensure you select the DSH bucket in TexNet when you enter your IGT. It is imperative that you send a screen shot/PDF copy of the confirmation/trace sheet from TexNet or an email with the confirmation number, settlement date and IGT amount if the TexNet is submitted over the phone, to DSHPayments@hhs.texas.gov. Additional information regarding the TexNet process is available here. State owned hospitals must send a copy of their Journal Entry to DSHPayments@hhs.texas.gov.

If you have questions regarding the DSH payment process, please send an email to DSHPayments@hhs.texas.gov

Thank you,
HHSC Provider Finance Payments
North Austin Complex
Mail Code H-400
4601 Guadalupe St
Austin, TX 78751
Texas Health and Human Services Commission



TEXAS
Health and Human
Services

Proposed Method for State-Owned Hospitals

5 Non-State Owned Urban Public Hospital Class 1

3 Non-State Owned Urban Public Hospital Class 2

143 Non-State Owned All Other Hospitals

151 Non-State Owned Totals

2022 TPI	Hospital Name
137909111	Memorial Medical Center

DBA	County	Urban Public Hospital	Ownership
		(UPH) Class	1=Public
		1=Class 1 (TH)	2=Private
		2=Class 2	3=State
		3=All Others	
	Calhoun	3	1

322,149	949,083	738,597	1,060,746
68,467	372,408	130,776	199,243
1,455,348	7,258,446	1,846,349	3,301,697
1,845,964	8,580,937	2,715,722	4,561,686

Rural 1=Yes 2=No	Children 1=Yes 2=No	IMD 1=Yes 2=No	3rd Pass 1 = Yes 0 = No	Total Hospital Medicaid Days (Includes OOS Days, Excludes Dual Eligible Days)	Total IP Census Days	LIUR Percentage	Low-Income Days	Total Days
1	2	2	1	380	3,536	40.75%	1,441	1,821

1,060,746	-	225,579,101	225,579,101	2,042,991,475	979,509,786	1,230,969,552
199,243	-	42,371,163	42,371,163	264,233,136	119,949,481	214,094,433
3,374,858	-	717,700,147	717,700,147	2,263,831,292	998,607,773	1,209,645,130
4,634,847	100.00%	985,650,412	985,650,412	4,571,055,903	2,098,067,040	2,654,709,115

Adjusted Total Days for Non- Transferring Public Hospitals	PCT Total Adjusted Days	Total Days State GR Payment (All Funds) Pool 1 (Pass 1) Calculation	Total Days Non- GR Federal Payment Pool 2 (Pass 1) Calculation	Total Payment before State Payment Cap Cap and IGT Return	State Payment Cap	YTD Advance UC Payments	Schedule 1 & 2 costs + Adjustments + UC-Only Charity Costs
2,422	0.05%	\$0	\$515,044	\$515,044	\$3,490,128	\$909,056	\$480,775

76,934,514	1,966,056,961	225,579,101	-	1,740,477,859	23,877,632
2,685,041	261,548,095	42,371,163	-	219,178,932	3,006,890
106,430,940	2,157,400,351	670,415,668	47,284,480	1,486,984,683	20,399,957
186,050,496	4,385,005,407	938,365,932	47,284,480	3,446,639,475	47,284,480

Amount of UC Advance Payment Attributable to State Payment Cap	Analysis State Payment Cap less UC Advance Payments Charged to State Payment Cap	Capped Payment at State Payment Cap less 2022 UC Advance Payments Charged to State Payment Cap	Leftover Payment due to State Payment Cap	Remaining State Payment Cap	Leftover DSH Amount Paid
\$428,281	\$3,061,847	\$515,044	\$0	\$2,546,803	\$34,940

249,456,734	122,866,749	309,222,683	681,546,166	681,546,166	-	1,284,510,794
45,378,054	22,350,385	-	67,728,438	67,728,438	-	193,819,657
690,815,625	31,029,788	-	721,845,413	718,446,067	3,399,346	1,438,954,284
985,650,412	176,246,922	309,222,683	1,471,120,018	1,467,720,672	3,399,346	2,917,284,735

Pool 2 (Pass 2) Payment before IGT Return	IGT from Self (Trans and Publics Only)	TH IGT Other Than Self	Pool 3 Total Payment w/IGT Return before State Payment Cap Cap #2	Capped Payment at State Payment Cap	Leftover Payment due to State Payment Cap Cap	Remaining State Payment Cap
\$549,983	\$270,887	\$0	\$820,871	\$820,871	\$0	\$2,240,976

IMD CHECK
\$20,102,034

1,496,767	683,042,934	-	493,933	501,900	433,085,266	1,283,014,027	249,957,888
225,847	67,954,285	-	74,530	-	22,424,914	193,593,810	45,529,371
1,676,731	720,122,799	(1,121,784)	51,422	-	29,959,426	1,437,277,552	690,163,373
3,399,346	1,471,120,018	(1,121,784)	619,884	501,900	485,469,606	2,913,885,389	985,650,412

Leftover DSH Amount Paid	Pool 3 (Pass 2) Total Payment (Including IGT repayment)	IGT Reduction For Pool 3 Pass 2 Overage	Additional IGT For Pool 3 Pass 2 Redistribution (Urban Public Class 1, 2, and Non- Urban Public Hospitals)	Additional IGT For Pool 3 Pass 2 Redistribution from Private Hospitals (Urban Public Class 1 Hospitals)	Total IGT Paid	Remaining State Payment Cap	DSH Payment Net of IGT
\$2,611	\$823,482	\$0	\$862	\$0.00	\$271,749	\$2,238,365	\$551,733

(5.189710)	
------------	--

452,860,883	293,778,300	-	452,860,883	230,182,051
40,636,711	13,410,114	-	40,636,711	27,317,574
439,476,497	16,114,407	-	439,476,497	280,646,302
932,974,091	323,302,821	-	932,974,091	538,145,927

2022 YTD DSH Payments	2022 Advance DSH Payments IGTs	2022 Advance DSH Payments from Pool 1	2022 Advance DSH Payments from Pools 2 and 3	2022 DSH Final Payment	IGT check
\$489,316	\$161,475	\$0	\$489,316	\$334,166	\$110,275

549,851,244

Variance: Final Pmt

Variance: Final IGT 0.005098
\$15,421,371.04

Recoupments Not Collected	-	18,626,624	157,933,590		
60,744,356	-	-	9,014,800		
Available Funds	3,205,253	-	13,845,019		
489,106,887.69	3,205,252.7	18,626,624	180,793,409	161,405,273	161,405,273

	Calculation of Private Hospital IGT to Redistribute to Urban Public Class 1 Hospitals	Redistribution of Excess Private IGT To Urban Public Class 1 Hospitals	2022 DSH Final IGT	IGT from Reduced DSH Payment based recoup not collected	
\$297,249	\$0	\$0	\$110,274	\$98,092	(\$98,092)

\$18,626,623.75 \$180,793,408.79
\$180,926,839.36

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

12:04

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060722		06/15/20	06/07/20	07/08/20		5,346.00	0.00	0.00	5,346.00

TRANSFER N/A insurance pymt deposited into mmc operating

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT		5,346.00	0.00	0.00	5,346.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,346.00	0.00	0.00	5,346.00

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

12:02

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

Class Pay Code

0

ap_open_invoice.template

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060222A		06/15/20	06/02/20	07/08/20		2,772.96	0.00	0.00	2,772.96 ✓
060322	TRANSFER	06/15/20	06/03/20	07/08/20		44.08	0.00	0.00	44.08 ✓
	TRANSFER								
060822		06/15/20	06/08/20	07/08/20		20,937.70	0.00	0.00	20,937.70 ✓
	TRANSFER								
061422		06/15/20	06/14/20	07/08/20		6,204.12	0.00	0.00	6,204.12 ✓
	MEDICARE REPAYMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	29,958.86	0.00	0.00	29,958.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	29,958.86	0.00	0.00	29,958.86

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

12696 GULF POINTE PLAZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060222C		06/15/20	06/02/20	07/08/20		696.47	0.00	0.00	696.47 ✓
	TRANSFER								
060222A	NH insurance pymt deposited into MMC entity	06/15/20	06/02/20	07/08/20		5,263.42	0.00	0.00	5,263.42 ✓
	TRANSFER								
060222B	"	06/15/20	06/02/20	07/08/20		2,520.00	0.00	0.00	2,520.00 ✓
	TRANSFER								
Vendor Totals						Gross	Discount	No-Pay	Net
12696	GULF POINTE PLAZA					8,479.89	0.00	0.00	8,479.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	8,479.89	0.00	0.00	8,479.89

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ONJUN 16 2022
06/16/202212:00
CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060222B		06/15/20	06/02/20	07/08/20		7,463.00	0.00	0.00	7,463.00 ✓
	TRANSFER	N/H insurance pymt deposited into mmc operating							
060222D		06/15/20	06/02/20	07/08/20		306.29	0.00	0.00	306.29 ✓
	TRANSFER	"							
060222A		06/15/20	06/02/20	07/08/20		4,668.00	0.00	0.00	4,668.00 ✓
	TRANSFER	"							
060222C		06/15/20	06/02/20	07/08/20		3,951.00	0.00	0.00	3,951.00 ✓
	TRANSFER	"							
060322B		06/15/20	06/03/20	07/08/20		86.82	0.00	0.00	86.82 ✓
	TRANSFER	"							
060322		06/15/20	06/03/20	07/08/20		1,092.00	0.00	0.00	1,092.00 ✓
	TRANSFER	"							
060322A		06/15/20	06/03/20	07/08/20		1,839.91	0.00	0.00	1,839.91 ✓
	TRANSFER	"							
060822		06/15/20	06/08/20	07/08/20		389.00	0.00	0.00	389.00 ✓
	TRANSFER	"							
061422		06/15/20	06/14/20	07/08/20		7,219.34	0.00	0.00	7,219.34 ✓
	MEDICARE REPAYMENT								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						27,015.36	0.00	0.00	27,015.36

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	27,015.36	0.00	0.00	27,015.36

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

JUN 16 2022

06/16/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

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
060622A		06/15/20	06/06/20	07/08/20		13,837.44	0.00	0.00	13,837.44 ✓
	TRANSFER	NH insurance pymt deposited into MHC County							
060722		06/15/20	06/07/20	07/08/20		30,962.26	0.00	0.00	30,962.26 ✓
	TRASFER	"							
060822		06/15/20	06/08/20	07/08/20		5,736.90	0.00	0.00	5,736.90 ✓
	TRANSFER	"							
061422		06/15/20	06/14/20	07/08/20		148,871.60	0.00	0.00	148,871.60 ✓
	MEDICARE REPAYMENT								

Vendor Totals: Number Name

Gross	Discount	No-Pay	Net
199,408.20	0.00	0.00	199,408.20

12792 BETHANY SENIOR LIVING

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	199,408.20	0.00	0.00	199,408.20

APPROVED ON

JUN 16 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/20/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		83,970.33	✓ 35,972.03	✓ 159,466.65		207,464.99	159,371.78
						Bank Balance 207,464.99 ✓	
						Variance	
						Leave in Balance 100.00	
						MOLINA QIPP 015 16,245.35	
						AMERIGROUP QIPP 015 31,707.81	
						April Interest 15.02 ✓	
						May Interest 25.03 ✓	
						June Interest	
						Adjust Balance/Transfer Amt 159,371.78 ✓	
Broadmoor		95,821.60	✓ 77,010.45	✓ 63,210.93	✓	81,992.08	63,210.93
						Bank Balance 81,992.08 ✓	
						Variance	
						Leave in Balance 100.00	
						MOLINA QIPP 015 6,309.77	
						AMERIGROUP QIPP 015 12,342.62	
						April Interest 11.66 ✓	
						May Interest 17.10 ✓	
						June Interest	
						Adjust Balance/Transfer Amt 63,210.93 ✓	
Crescent		61,323.80	✓ 45,210.84	✓ 110,838.23	✓	126,941.19	110,838.23
						Bank Balance 126,941.19 ✓	
						Variance	
						Leave in Balance 100.00	
						MOLINA QIPP 015 5,411.21	
						AMERIGROUP QIPP 015 10,561.08	
						April Interest 12.07 ✓	
						May Interest 18.50 ✓	
						June Interest	
						Adjust Balance/Transfer Amt 110,838.23 ✓	
Fort Bend		66,158.30	✓ 46,747.54	✓ 51,082.06	✓	70,490.82	51,082.06
						Bank Balance 70,490.82 ✓	
						Variance	
						Leave in Balance 100.00	
						MOLINA QIPP 015 6,534.75	
						AMERIGROUP QIPP 015 12,758.30	
						April Interest 5.19 ✓	
						May Interest 10.52 ✓	
						June Interest	
						Adjust Balance/Transfer Amt 51,082.06 ✓	
Solera at W Houston		95,191.78	✓ 76,292.54	✓ 82,578.07	✓	101,476.79	82,578.07
						Bank Balance 101,476.79 ✓	
						Variance	
						Leave in Balance 100.00	
						Molins QIPP 015 6,356.84	
						Amerigroup QIPP 015 17,408.90	
						April Interest 13.90 ✓	
						May Interest 19.08 ✓	
						June Interest	
						Adjust Balance/Transfer Amt 82,578.07 ✓	
159,371.78 + 63,210.93 + 110,838.23 + <u>on Fort Bend / Broadmoor</u> 51,082.06 + 82,578.07 + 467,081.07 =							
TOTAL TRANSFERS							467,081.07

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved:
WILLIAM LITTLE, CFO

6/20/2022

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 AMMC deposited to open account

		NMIC PORTION						
Ashford Services	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	NM PORTION
6/17/2022 MANAGELANDNET1718 MMS PMT 00000000000091 41	-	2,245.32	-	-	-	-	-	3,231.97
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,231.97	-	-	-	-	-	3,231.97
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,311.76	-	-	-	-	-	5,311.76
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,201.51	-	-	-	-	-	4,201.51
6/17/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,712.95	-	-	-	-	-	3,712.95
6/17/2022 NOVITAS SOLUTION HCCLAIMPMT 675421 420000168	-	6,310.66	-	-	-	-	-	6,310.66
6/16/2022 Deposit	-	6,391.95	-	-	-	-	-	6,391.95
6/15/2022 Enhanced Analysis Ch	94.91	-	-	-	-	-	-	-
6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,432.05	-	-	-	-	-	1,432.05
6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	4,661.02	-	-	-	-	-	4,661.02
6/14/2022 Amerigroup TRSC HCCLAIMPMT 3181967828 111000	-	57.99	-	-	-	-	-	57.99
6/14/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	2,543.60	-	-	-	-	-	2,543.60
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 390860 4200001384	-	41.09	-	-	-	-	-	41.09
6/13/2022 WIRE CLU ASHFORD HEALTH CARE CENTER LTD	15,877.12	-	-	-	-	-	-	-
6/13/2022 Amerigroup TRSC HCCLAIMPMT 3181818282 111000	-	2,475.48	-	-	-	-	-	2,475.48
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	43,848.56	-	-	-	-	-	43,848.56
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	9,846.19	-	-	-	-	-	9,846.19
6/10/2022 MANAGELANDNET1718 MMS PMT 00000000000091 41	-	1,597.50	-	-	-	-	-	1,597.50
6/10/2022 Amerigroup TRSC HCCLAIMPMT 3181731894 111000	-	16,092.48	-	-	-	-	-	16,092.48
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	757.09	-	-	-	-	-	757.09
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	22,431.08	-	-	-	-	-	22,431.08
6/10/2022 CIGNA HCCLAIMPMT 1976436189 91000012908587	-	276.25	-	-	-	-	-	276.25
	31,972.03	159,666.69	-	-	-	-	-	157,221.37

		MMC PORTION					HH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP T1	
6/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000220985	-	63.71					63.71
6/17/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004.2	-	3,411.48					3,411.48
6/16/2022 Denout	-	1,817.19					1,817.19
6/16/2022 MANAGEANDMET3788 NYS PMT 00000000000281.41	-	5,336.10					5,336.10
6/16/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	-	2,580.00					2,580.00
6/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248782	-	3,792.99					3,792.99
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 190812 4200001384	-	12,605.44					12,605.44
6/14/2022 AAP Supplementa HCCLAIMPMT 746034111 124384	-	263.34					263.34
6/13/2022 WIRE OUT CENTER HEALTH CARE CENTERS IN	77,040.45						-
6/13/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384	-	972.50					972.50
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 310000	-	2,544.22					2,544.22
6/10/2022 HNB - ECHO HCCLAIMPMT 746002411 440000234391	-	2,107.21					2,107.21
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 310000	-	4,673.43					4,673.43
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 310000	-	21,309.35					21,309.35
6/10/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034111004.2	-	1,733.97					1,733.97
77,040.45	63,210.93						63,210.93

Account	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Camp1	QIPP/Camp 2	QIPP/Camp3	QIPP/Camp4&Lapse	QIPP TI	
6/17/2022 HUMANA INS CO HCCCLAIMPMT 190864 4300054056A	-	7,905.00						7,905.00
6/17/2022 HUMANA CMA DSH HCCCLAIMPMT 190864 4200001601	-	3,255.00						3,255.00
6/17/2022 DEVOTED HEALTH P HCCCLAIMPMT 121140197927964	-	13,200.00						13,200.00
6/16/2022 Deposit	-	2,152.47						2,152.47
6/16/2022 MANAGEANDNET1718 MNS PMNT 000600000003268 41	-	14,546.00						14,546.00
6/13/2022 WIRE OUT CANTER HEALTH CARE CENTERS III	45,230.84	-						-
6/13/2022 Deposit	-	16,867.19						16,867.19
6/13/2022 HNB - ECHO HCCCLAIMPMT 746003411 44000285049	-	2,552.02						2,552.02
6/13/2022 UHC COMMUNITY PL HCCCLAIMPMT 746003411 910000	-	3,777.40						3,777.40
6/13/2022 NOVITAS SOLUTION HCCCLAIMPMT 678321 420000130	-	5,934.78						5,934.78
6/13/2022 DEVOTED HEALTH P HCCCLAIMPMT 12114039996512	-	18,800.00						18,800.00
6/10/2022 Molina HC of TX HCCCLAIMPMT PN1669860425 4200	-	3,593.92						3,593.92
6/10/2022 HNB - ECHO HCCCLAIMPMT 746003411 44000234387	-	362.64						362.64
6/10/2022 UHC COMMUNITY PL HCCCLAIMPMT 746003411 910000	-	4,991.81						4,991.81
6/10/2022 DEVOTED HEALTH P HCCCLAIMPMT 121140397927966	-	4,400.00						4,400.00
6/10/2022 DEVOTED HEALTH P HCCCLAIMPMT 121140397927964	-	4,300.00						4,300.00
6/10/2022 DEVOTED HEALTH P HCCCLAIMPMT 121140397927962	-	5,200.00						5,200.00
	45,230.84	110,838.23						110,838.23

Curt Desc	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			Q1PP/Comp1	Q1PP/Comp 2	Q1PP/Comp3	Q1PP/Comp4&Lapse	Q1PP T1	
6/17/2022 UMC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	248.75	-	-	-	-	-	248.75
6/17/2022 UMC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	848.76	-	-	-	-	-	848.76
6/16/2022 Deposit	-	2,484.90	-	-	-	-	-	2,484.90
5/16/2022 MANAGEANDNET1718MINS PMNT 0000000000064294 41	-	5,211.00	-	-	-	-	-	5,211.00
6/15/2022 Molina HC of TX HCLCLAIMPMT 17130577503 4200	-	2,262.04	-	-	-	-	-	2,262.04
6/15/2022 UMC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	2,109.90	-	-	-	-	-	2,109.90
6/15/2022 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113006 2	-	424.28	-	-	-	-	-	424.28
6/14/2022 UMC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	3,944.48	-	-	-	-	-	3,944.48
6/14/2022 NOVITAS SOLUTION HCLCLAIMPMT 675663 420000149	-	7,774.74	-	-	-	-	-	7,774.74
6/14/2022 AARP Supplementa HCLCLAIMPMT 746003411 124384	-	3,306.50	-	-	-	-	-	3,306.50
6/13/2022 WIRE OUT CANTEN HEALTH CARE CENTERS III	46,747.54	-	-	-	-	-	-	-
6/13/2022 HEALTH HUMAN SVC HCLCLAIMPMT 17460034113006 2	-	2,889.42	-	-	-	-	-	2,889.42
6/13/2022 UMC COMMUNITY PL HCLCLAIMPMT 746003411 910000	-	20,577.29	-	-	-	-	-	20,577.29
	46,747.54	53,042.06	-	-	-	-	-	53,042.06

		MMC PORTION					
		QIPP/Camp1	QIPP/Camp 2	QIPP/Camp3	QIPP/Camp4&Lapse	QIPP T1	NH PORTION
6/17/2021	HMB - ICHO HCCCLAIMPMT 746003411 440000220585	-	5,287.64	-	-	-	5,287.64
6/17/2021	Amerigroup TRSG HCCCLAIMPMT 3182305211 911000	-	94.67	-	-	-	94.67
6/17/2021	UMC COMMUNITY PL HCCCLAIMPMT 746001411 910000	-	326.44	-	-	-	326.44
6/17/2021	MUTUALSA CHA DISB HCCCLAIMPMT 390462 4200001605	-	9,593.00	-	-	-	9,593.00
6/16/2021	HMB - ICHO HCCCLAIMPMT 746003411 440000212135	-	11,021.93	-	-	-	11,021.93
6/16/2021	Daphn	-	8,465.00	-	-	-	8,465.00
6/16-2021	KANAGACIAINONEHT1718 NH1 PAINT 000000000002482 41	-	6,133.50	-	-	-	6,133.50
6/16/2022	UnitedHealthcare HCCCLAIMPMT 746003411 124384	-	3,372.64	-	-	-	3,372.64

6/15/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	389.95	-	389.95
6/14/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	153.96	-	153.96
6/14/2022 HUMANA PH CO HCCLAIMPMT 390862 8300005156%	-	5,925.00	-	5,925.00
6/14/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001385	-	63.16	-	63.16
6/14/2022 AARP Supplemental HCCLAIMPMT 746003411 124344	-	441.97	-	441.97
6/13/2022 WIRE OUT CANTEK HEALTH CARE CENTERS IN	76,292.54	-	-	-
6/13/2022 Deposits	-	1,137.81	-	1,137.81
6/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265049	-	11,569.10	-	11,569.10
6/13/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,920.14	-	1,920.14
6/10/2022 Mohna HC of TX HCCLAIMPMT PN1497143259 4200	-	6,183.53	-	6,183.53
6/10/2022 Mohna HC of TX HCCLAIMPMT PN1497143259 4200	-	4,679.64	-	4,679.64
6/10/2022 MANAGEANBNET1718 AINS PMNT 000000000002482 41	-	639.00	-	639.00
6/10/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	5,179.99	-	5,179.99
	76,292.54	82,578.07	-	82,578.07
TOTALS	281,283.40	467,178.98	-	464,930.65

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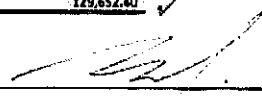
Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
*2998 MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/20/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		88,528.23 ✓	88,389.92 ✓	129,652.40 ✓		129,790.71	129,652.40
					Bank Balance	129,790.71 ✓	
					Variance	-	
					Leave in Balance	100.00	
					Superior QIPP April		
					April Interest	17.56 ✓	
					May Interest	20.75 ✓	
					June Interest		
					Adjust Balance/Transfer Amt	<u>129,652.40</u> ✓	

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: 
WILLIAM LITTLE, CFO 6/20/2022

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek

6/17/2022 TSYS/TRANSFIRST BKCD STMT 543684555876917 9
 6/17/2022 HNB - ECHO HCCLAIMPMT 746003411 440000220595
 6/16/2022 HNB - ECHO HCCLAIMPMT 746003411 440000212386
 6/16/2022 Deposit
 6/16/2022 ACH SETTLEMENT SERVICE 4105528439 9601693905
 6/15/2022 TSYS/TRANSFIRST BKCD STMT 543684555876917 9
 6/13/2022 CK 163
 6/13/2022 WIRE OUT NEXION HEALTH AT GOLDEN CREEK
 6/13/2022 Deposit
 6/10/2022 TSYS/TRANSFIRST BKCD STMT 543684555876917 9
 6/10/2022 HNB - ECHO HCCLAIMPMT 746003411 440000234130

		MMCPORION					NH PORTION
Transfer Out	Transfer In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 Elapse	QIPP TI	
-	1,910.00					-	1,910.00
-	2,948.57				2,948.57	1,474.29	1,474.29
-	610.90					-	610.90
-	5,239.99					-	5,239.99
-	4,800.00					-	4,800.00
-	5,796.90					-	5,796.90
34,213.45	-					-	-
54,176.47	-					-	-
-	107,107.30					-	107,107.30
-	899.10					-	899.10
-	299.64					-	299.64
-	-					-	-
-	-					-	-
-	-					-	-
-	-					-	-
-	-					-	-
88,389.92	129,652.40	-	-	-	2,948.57	1,474.29	128,178.12

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Account Number / Name

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Account Type

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Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.89
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71 ✓	\$129,790.71	\$129,790.71	\$124,912.14
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
*2998 MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
*5506 MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

* indicates re

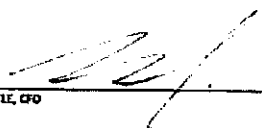
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Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/20/2022

Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Chs Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Gulf Pointe Plaza-Private Pay	32,363.79	32,257.49	35,712.66			35,818.56	35,712.66
					Bank Balance Variance	35,818.56	
					Leave in Balance	100.00	
					Superior QIPP April Owed to Solera		
					April Interest	2.36	
					May Interest	3.54	
					June Interest		
					Adjust Balance/Transfer Amt	35,712.66	
Nursing Home Gulf Pointe Plaza-Intermediate/Residential	31,955.43	31,835.50	43,240.59			43,360.52	43,240.59
					Bank Balance Variance	43,360.52	
					Leave in Balance	100.00	
					April Interest	8.65	
					May Interest	11.28	
					June Interest		
					Adjust Balance/Transfer Amt	43,240.59	
TOTAL TRANSFERS						79,953.25	

Routing Information for Gulf Pointe Plaza

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

Approved: 
WILLIAM LITTLE, CFO 6/20/2022

APPROVED ON
JUN 20 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Polaris Private Pay

6/17/2022 HUMANA INS CO HCCLAIMPMT 624982 830000540593
 6/17/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001603
 6/15/2022 HNB - ECHO HCCLAIMPMT 746003411 440000248782
 6/14/2022 HNB - ECHO HCCLAIMPMT 746003411 440000211956
 6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000515750
 6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000516203
 6/14/2022 HUMANA INS CO HCCLAIMPMT 624982 830000516686
 6/14/2022 HUMANA CHA DISB HCCLAIMPMT 624982 4200001384
 6/13/2022 CK 1084
 6/13/2022 CK1083
 6/13/2022 WIRE OUT HMG SERVICES, LLC
 6/13/2022 Deposit

		MMC PORTION					
Transfer-Out	Transfer-In	QIPP/Comp		QIPP/Comp4		QIPP TI	NH PORTION
		QIPP/Comp1	2	QIPP/Comp3	&Lapse		
-	909.72					-	909.72
-	1,146.41					-	1,146.41
-	156.82					-	156.82
-	919.86					-	919.86
-	670.35					-	670.35
-	745.73					-	745.73
-	2,220.00					-	2,220.00
-	19,723.72					-	19,723.72
1,137.81	-					-	-
15,133.93	-					-	-
15,986.15	-					-	-
-	9,220.05					-	9,220.05
						-	-
32,257.89	35,712.66	-	-	-	-	-	35,712.66

Gulf Polaris Private Pay/Hand Cash

6/16/2022 Deposit
 6/15/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 6/13/2022 WIRE OUT HMG SERVICES, LLC
 6/13/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP T1	
-	34,930.59	-	-	-	-	-	34,930.59
-	4,950.00	-	-	-	-	-	4,950.00
31,835.50	-	-	-	-	-	-	-
-	3,360.00	-	-	-	-	-	3,360.00
-	-	-	-	-	-	-	-
31,835.50	43,240.59	-	-	-	-	-	43,240.59
64,093.39	78,953.25	-	-	-	-	-	78,953.25

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Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
<u>*4365</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
<u>*2998</u> MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

* indicates re

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Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
6/20/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cts Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Tuscany Village		67,088.78	✓ 10,855.11	✓ 183,436.34	✓		211,670.01	✓ 183,436.34
						Bank Balance Variance	211,670.01	
						Leave in Balance	100.00	
						MCUNA QIPP	013 9,530.94	
						AMERIGROUP QIPP	013 18,602.73	

Adjust Balance/Transfer Amt 183,436.34 ✓

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: [Signature] 6/20/2022
WILLIAM LITTLE, CFO

APPROVED ON

JUN 20 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscany Village

6/16/2022 Deposit
 6/13/2022 WIRE OUT LINBAR ENTERPRISES, LLC
 6/13/2022 Deposit
 6/13/2022 HNB - ECHO HCCLAIMPMT 746003411 440000265049
 6/10/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000028241
 6/10/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000142

Transfer-Out

Transfer-In

MMC PORTION					NH PORTION
QIPP/Camp 1	QIPP/Camp 2	QIPP/Camp 3	QIPP/Camp 4&Lapse	QIPP TI	
-	-	-	-	-	29,078.66
38,855.11	-	-	-	-	-
-	-	-	-	-	143,856.84
-	-	-	-	-	1,525.04
-	-	-	-	-	5,155.00
-	-	-	-	-	3,820.80
38,855.11	183,436.34	-	-	-	183,436.34

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Data reported as of Jun 20, 2022 8

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 14	\$3,501,983.88	\$3,614,279.23	\$3,501,983.88	\$3,252,839.88
<u>*4454</u> MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$129,790.71	\$129,790.71	\$129,790.71	\$124,912.14
<u>*4366</u> MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.40	\$536.40	\$536.40	\$536.40
<u>*4357</u> MEMORIAL MEDICAL CENTER - OPERATING	\$1,530,145.21	\$1,618,271.33	\$1,530,145.21	\$1,367,344.67
<u>*4373</u> MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$431.82	\$431.82	\$431.82	\$431.82
<u>*4381</u> MEMORIAL MEDICAL CENTER / NH ASHFORD	\$207,464.99	\$208,218.05	\$207,464.99	\$182,450.83
<u>*4403</u> MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$81,992.08	\$82,693.93	\$81,992.08	\$78,516.89
<u>*4411</u> MEMORIAL MEDICAL CENTER / NH CRESCENT	\$126,941.19	\$126,941.19	\$126,941.19	\$102,581.19
<u>*4446</u> MEMORIAL MEDICAL CENTER / NH FORT BEND	\$70,490.82	\$77,202.14	\$70,490.82	\$69,393.31
<u>*4438</u> MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$101,476.79	\$113,395.29	\$101,476.79	\$86,175.04
<u>*2998</u> MMC -MONEY MARKET FUND	\$760,479.01	\$760,479.01	\$760,479.01	\$760,479.01
<u>*5506</u> MMC -NH BETHANY SENIOR LIVING	\$201,385.77	\$205,470.27	\$201,385.77	\$191,225.62
<u>*5441</u> MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$43,360.52	\$43,360.52	\$43,360.52	\$43,360.52
<u>*5433</u> MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$35,818.56	\$35,818.56	\$35,818.56	\$33,762.43
<u>*3407</u> MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 6/20/2022

Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Nursing Home Bethany Senior Living	81,891.66	81,737.22	201,231.33			201,165.77	201,231.33
					Bank Balance Variance Leave in Balance	201,165.77 100.00	
					April Interest May Interest June Interest	27.59 26.85	
					Adjust Balance/Transfer Amt	201,231.33	
Approved: <u>WILLIAM LITTLE, CFO</u>							6/20/2022

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

JUN 20 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

RECOVERY STATUS LOG

6/17/2022 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000166
 6/16/2022 Deposit
 6/15/2022 Deposit
 6/15/2022 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000150
 6/13/2022 HIRE OUT BETHANY SENIOR LIVING, LTD
 6/13/2022 Deposit
 6/13/2022 Deposit
 6/11/2022 Deposit
 6/10/2022 Deposit
 6/10/2022 Deposit
 6/10/2022 NOVITAS SOLUTION HCCCLAIMPMT 676481 420000142

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Camp1	QIPP/Camp 2	QIPP/Camp3	QIPP/Camp4&Lapse	QIPP TI	
-	10,160.15	-	-	-	-	-	10,160.15
-	29,286.77	-	-	-	-	-	29,286.77
-	13,796.58	-	-	-	-	-	13,796.58
-	352.39	-	-	-	-	-	352.39
81,737.22	-	-	-	-	-	-	-
-	12,873.85	-	-	-	-	-	12,873.85
-	32,015.09	-	-	-	-	-	32,015.09
-	72,959.73	-	-	-	-	-	72,959.73
-	2,257.63	-	-	-	-	-	2,257.63
-	27,321.30	-	-	-	-	-	27,321.30
-	207.84	-	-	-	-	-	207.84
81,737.22	201,231.33	-	-	-	-	-	201,231.33

Quick View

Select Quick View Accounts
Account Number / Name

Account Type

Select Group
Groups

Add Group

Search

All

DDA

Data reported as of Jun 20, 2022 8

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*3407 MMC -NH TUSCANY VILLAGE	\$211,670.01	\$211,670.01	\$211,670.01	\$211,670.01

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
AMBULANCE OPERATIONS-GENERAL	290	ADVERTISING	60012	THE PORT LAVACA WAVE	62340	3000616...	AMBULANCE OPER. 05/11 PUBLIC NOTICE AD FOR VOL AGENCIES	62.80	
			60012	THE PORT LAVACA WAVE	62340	3000618...	AMBULANCE OPER. 05/25 PUBLIC NOTICE AD FOR VOL AGENCIES	62.80	
AMBULANCE OPERATIONS-GENERAL	Total 290							125.60	0.00
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	TURTLE & HUGHES INC	3635	5537190...	BLDG MAINT 05/31 LIGHTS	200.00	
			53610	BOHLS BEARING & POWER	481	273489	BLDG MAINT 06/07 BELTS	388.48	
			53610	GULF COAST HARDWARE LLC (6046)	63196	164789	BLDG MAINT 05/03 KEYS	7.07	
			53610	GULF COAST HARDWARE LLC (6046)	63196	164864	BLDG MAINT 05/05 PARTS/SUPPLIES	6.99	
			53610	GULF COAST HARDWARE LLC (6046)	63196	164951	BLDG MAINT 05/09 PARTS/SUPPLIES	123.14	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165074	BLDG MAINT 05/12 CREDIT FOR PARTS/SUPPLIES		38.99
			53610	GULF COAST HARDWARE LLC (6046)	63196	165075	BLDG MAINT 05/12 PARTS/SUPPLIES	56.41	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165091	BLDG MAINT 05/13 PARTS/SUPPLIES	12.75	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165190	BLDG MAINT 05/17 PARTS/SUPPLIES	16.97	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165250	BLDG MAINT 05/19 PARTS/SUPPLIES	28.99	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165419	BLDG MAINT 05/25 PARTS/SUPPLIES	123.21	
			53610	GULF COAST HARDWARE LLC (6046)	63196	165489	BLDG MAINT 05/27 PARTS/SUPPLIES	118.84	
			53610	SHERWIN WILLIAMS	7215	10801	MAINT 04/08 PAINT	227.31	
			53610	SHERWIN WILLIAMS	7215	25163	BLDG MAINT 05/17 PAINT	38.78	
			53610	TEMPSET CONROLS INC	7874	13886	BLDG MAINT 03/15 VALVES	1,422.90	
			53610	CERTIFIED LABORATORIES	874	7812297	BLDG MAINT 06/01 FUEL TEST KIT	363.36	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Van... ID	Document Number	Transaction Description	Debit	Credit
JANITOR SUPPLIES			53640	GULF COAST PAPER CO INC	2619	2236143	BLDG MAINT 05/17 SUPPLIES	315.74	
GENERATOR MAINTENANCE			62690	LOFTIN EQUIPMENT CO INC	4342	S203956	BLDG MAINT 05/19 GENERATOR REPAIR	1,266.50	
REPAIRS-BAUER BLDG			65452	EAGLE FIRE & SAFETY, INC.	1841	87612	BLDG MAINT 06/10 BAUER EXB BLDG KITCHEN INSPECTION FIRE SYS	145.75	
REPAIRS-COURTHOUSE AND JAIL			65454	TEMPSET CONTROLS INC	7874	13834	BLDG MAINT 12/29 TOSI BOXES FOR COURTHOUSE AND JAIL	3,611.00	
			65454	TEMPSET CONTROLS INC	7874	13885	BLDG MAINT 03/15 REPLACED JACE	13,400.00	
			65454	TOUNGATE THOMAS WAYNE	8867	25254	BLDG MAINT 06/01 WATER TREATMENT	300.00	
UTILITIES-AG BLDG/FAIRGROUNDS			66602	CENTERPOINT ENERGY	1805	2942974...	BAUER BLDG 06/15 ACCT# 2942974-3 CCF 0	38.35	
			66602	CENTERPOINT ENERGY	1805	2942980...	AG BLDG 06/15 ACCT# 2942980-0 CCF 2	40.33	
UTILITIES-COURTHOUSE AND JAIL			66604	CENTERPOINT ENERGY	1805	6329420...	COURTHOUSE 06/15 ACCT# 6329420-1 CCF 0	38.35	
UTILITIES-JAIL			66605	CENTERPOINT ENERGY	1805	6455891...	JAIL 06/15 ACCT# 6455891-9 CCF 1602.84780	1,588.18	
BUILDING MAINTENANCE	Total 170							23,879.40	38.99
COMMISSIONERS COURT	230	DUES	54020	STATE COMPTROLLER	7932	PO2300...	COMM CRT 06/06 MEMBER FEE FOR STATE OF TEXAS CO-OP PURCHASE	100.00	
		INTERNET SERVICES	62955	SPARKLIGHT	9988	1009388...	COMM CRT 06/17 ACCT# 100938828 INTERNET SERVICE	20.52	
COMMISSIONERS COURT	Total 230							120.52	0.00
CONTINGENCIES	240	GROUP INSURANCE	51920	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS		0.02

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
CONTINGENCIES	Total 240							0.00	0.04
COUNTY COURT-AT-LAW	410	ADULT ASSIGNED-ATTORNEY FEES	60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022116	CALCO 06/16 JUNE 2022 PREMIUMS	37.50	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022117	CRT AT LAW#1 06/08 CAUSE# 2022-CR-0070-CC J BRANCH	137.25	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022118	CRT AT LAW#1 06/08 CAUSE# 2022-PF-0043-CC J CLIFORD	237.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022119	CRT AT LAW#1 06/08 CAUSE# 2021-CR-0315-CC C FOSSATI	156.00	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022120	CRT AT LAW#1 06/08 CAUSE# 2022-CR-0042-CC	37.50	
			60050	ROBERTS ODEFEY WITTE WALL LLP	2606	2022122	CRT AT LAW#1 06/08 CAUSE# 2022-PF-0038-CC C LAVIOLETTE	137.25	
		LEGAL SERVICES-COURT APPOINTED	63380	ROBERTS ODEFEY WITTE WALL LLP	2606	2022123	CRT AT LAW#1 06/08 CAUSE# 2021-FAM-0091-CC CPS	562.50	
			63380	ROBERTS ODEFEY WITTE WALL LLP	2606	2022124	CRT AT LAW#1 06/08 CAUSE# 2020-FAM-0082-CC CPS	456.00	
		MACHINE MAINTENANCE	63500	REL X INC	4625	3093896...	CRT AT LAW#1 05/31 MAY SUBSCRIPTION	45.00	
COUNTY COURT-AT-LAW	Total 410							1,806.00	0.00
COUNTY JUDGE	260	TRAINING TRAVEL OUT OF COUNTY	66316	MEYER RICHARD H	EM...	PO2022...	CO JUDGE 06/16 REIMBURSEMENT FOR TRAVEL JUDGE & COMM CONFER	124.55	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COUNTY JUDGE	Total 260								
COUNTY TAX COLLECTOR	200	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	204435	TAX A/C 05/20 BOTTLED WATER & DELIVERY CHARGE	124.55	0.00
			53020	AQUA BEVERAGE CO	89	206113	TAX A/C 05/31 WATER COOLER RENTAL	12.99	
		COPY MACHINE LEASE	61340	RICOH USA, INC.	34270	1062449...	TAX A/C 06/08 COPY MACHINE LEASE	161.85	
COUNTY TAX COLLECTOR	Total 200							197.84	0.00
COUNTY TREASURER	210	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	209499	TREASURER 06/20 BOTTLED WATER	23.00	
COUNTY TREASURER	Total 210							23.00	0.00
DISTRICT ATTORNEY	510	VEHICLE FUEL/OIL/SERVICE	67120	RANDY R. CRIDER	7802	PO5106...	DA 06/08 REIMBURSEMENT FOR SUPPLIES	39.99	
DISTRICT ATTORNEY	Total 510							39.99	0.00
ELECTIONS	270	COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0163474...	ELECTIONS 06/01 MAY COPY MAINTENANCE LEASE	164.20	
		ELECTION SITE SUPPORT	62375	ELECTION SYSTEMS & SOFTWARE	1810	CD2029...	ELECTIONS 05/27 ELECTION SITE SUPPORT	4,975.00	
		LEGAL NOTICES	63290	THE PORT LAVACA WAVE	62340	3000617...	ELECTIONS 05/18 LEGAL NOTICES ACCT# 00000425 05/24 RUNOFF	181.25	
ELECTIONS	Total 270							5,320.45	0.00
EMERGENCY MEDICAL SERVICES	345	GENERAL OFFICE SUPPLIES	53020	GULF COAST PAPER CO INC	2619	2236055	EMS 05/17 COFFEE	115.23	
		BUILDING SUPPLIES/PARTS	53610	GULF COAST PAPER CO INC	2619	2228146	EMS 05/03 CENT STATION STYRO CUPS, TOILET TISSUE, PAPER TOWELS	459.44	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06/22/2022
1000 - GENERAL FUND

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SUPPLIES/OPERATING EXPENSES			53610	GULF COAST PAPER CO INC	2619	2236146	EMS 05/17 TRASH CAN LINERS	101.30	
			53610	GULF COAST PAPER CO INC	2619	2239515	EMS 05/24 CAR WASH	105.70	
			53610	GULF COAST PAPER CO INC	2619	2242104	EMS 05/31 PAPER TOWELS AND KLEENEX TISSUE	253.56	
			53610	GULF COAST HARDWARE, LLC	63198	165744	EMS 06/06 CENTRAL STATION FRONT DOOR ALARM	19.99	
			53980	BOUND TREE MEDICAL, LLC	412	84546582	EMS 06/02 MORPHINE	87.11	
			53980	BOUND TREE MEDICAL, LLC	412	84548187	EMS 06/03 IV SOLUTION, NG TUBE & IV FLUSH SYRINGE	492.02	
			53980	BOUND TREE MEDICAL, LLC	412	84551628	EMS 06/07 MIDAZOLAM	59.03	
			53980	BOUND TREE MEDICAL, LLC	412	84551629	EMS 06/07 MORPHINE FOR SOUTH STATION	87.11	
COLLECTIONS-ACCOUNTS RECEIVABLE			60890	EMERGICON LLC	2870	13988	EMS 05/31 MAY COLLECTIONS	8,815.87	
			61710	VICTORIA BUILDER SUPPLY CO,INC	8255	INV49186	EMS 06/02 CENTRAL STATION GARAGE DOOR CHAIN NOT DISENGAGING	300.00	
DEPARTMENTAL REPAIRS									
MACHINERY/EQUIPMENT REPAIRS			63530	FRAZER LTD	2266	85134	EMS 06/01 M8 AIR SPRING	764.72	
			63530	O'REILLY AUTO PARTS	5803	0575244...	EMS 05/17 U3 A/C CONDENSER,A/C SEAL KIT,FREON & DYE	253.23	
			63530	O'REILLY AUTO PARTS	5803	0575245...	EMS 05/24 U3 CLIPS & RETAINERS	20.26	
			63530	O'REILLY AUTO PARTS	5803	0575245...	EMS 05/26 U3 BATTERY, BATTERY CORE CHARGE AND FEE	223.56	
			63530	O'REILLY AUTO PARTS	5803	0575245...	EMS 05/26 U3 BATTERY CORE RETURN		22.00
			63530	O'REILLY AUTO PARTS	5803	0575245...	EMS 05/26 U11 REFLEX SHOCKS	188.24	
			63530	O'REILLY AUTO PARTS	5803	0575245...	EMS 05/26 CREDIT FOR U3 A/C CONDENSER		138.08

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

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EMERGENCY MEDICAL SERVICES	Total 345							17,374.89	318.28
		EXTENSION SERVICE	110	COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0163474...	
							EXT SERVICE 06/01 COPIER LEASE	225.99	
		EXTENSION SERVICE	Total 110					225.99	0.00
		FIRE PROTECTION-SIX MILE	695	SUPPLIES-MISCELLANEOUS	53992	GATEWAY FLIGHT CENTER LLC	2953	6743	
							SIX MILE VFD 05/31 AV-GAS, 19.08 @ \$6.65	126.88	
							SIX MILE VFD 05/25 1 K RAIN LOW ANGLE SPRINKLER HEAD	18.55	
							SIX MILE VFD 05/27 INSPECTION OF FIRE EXTINGUISHERS	107.00	
		SERVICES	65740	VICTORIA FIRE & SAFETY	8204	139753			
		OUTSIDE SERVICES	64400	SOUTHERN SOFTWARE INC	8109	251253	EMS 06/02 RETURN DOOR MIRROR MOLDING	885.00	158.20
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3619200...	EMS 06/01 RENEWAL SUPPORT FEE FOR MDIS	491.84	
		UNIFORMS	66590	GALLS LLC	2614	0212288...	EMS 06/01 ADMIN AND AMBULANCE CELL PHONES	403.92	
							EMS 05/23 UNIFORM SHIRTS FOR KAHANEK & KRENEK		
		UTILITIES	66600	SPARKLIGHT	9988	1009808...	EMS 06/08 ACCT# 100980846 CABLE SERVICE	211.86	
		VEHICLE FUEL/OIL/SERVICE	67120	ARNOLD OIL COMPANY - VICTORIA	1472	1021B5205	EMS 05/10 OIL AND OIL FILTER	235.10	
			67120	O'REILLY AUTO PARTS	5803	0575242...	EMS 05/09 OIL & OIL FILTERS FOR AMBULANCES	906.73	
		CAPITAL OUTLAY	70750	MOON ALAN R	52	33085	EMS 06/01 CENTRAL SOUTH STATION NEW STOVES	1,458.00	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
FIRE PROTECTION-SIX MILE	Total 695							252.43	0.00
HEALTH DEPARTMENT	350	ENVIRONMENTAL HEALTH SERVICES	62480	VICTORIA COUNTY PUBLIC	8219	ENV2207	HEALTH DEPT 06/01 ENVIRONMENTAL HEALTH SERVICES JULY 2022	6,708.33	
HEALTH DEPARTMENT	Total 350							6,708.33	0.00
INFORMATION TECHNOLOGY	275	EQUIPMENT-COMPUTER	71648	MOBILE WIRELESS LLC	216	4822	IT 06/07 NETMOTION MOBILITY COMPLETE SUBSCRIPTION	226.80	
INFORMATION TECHNOLOGY	Total 275							226.80	0.00
JAIL OPERATIONS	180	JAIL MAINTENANCE/SUPPLIES	53420	BEN E KEITH-SAN ANTONIO	527	76482189	JAIL 06/03 INMATE GROCERIES AND DETERGENT	81.98	
		GROCERIES	53955	BEN E KEITH-SAN ANTONIO	527	76482189	JAIL 06/03 INMATE GROCERIES AND DETERGENT	1,001.46	
			53955	BEN E KEITH-SAN ANTONIO	527	76492918	JAIL 06/10 INMATE GROCERIES	807.22	
			53955	BEN E KEITH-SAN ANTONIO	527	76495818	JAIL 06/13 FREEZER BAGS, DETERGENT, OVEN MITT, INMATE GROCER	1,788.23	
			53955	BEN E KEITH-SAN ANTONIO	527	76502782	JAIL 06/17 INMATE GROCERIES	1,831.55	
		SUPPLIES-MISCELLANEOUS	53992	BEN E KEITH-SAN ANTONIO	527	76495818	JAIL 06/13 FREEZER BAGS, DETERGENT, OVEN MITT, INMATE GROCER	121.74	
		MAINT.-SECURITY/CAMER... SYSTEMS	63640	CML SECURITY LLC	3679	2214601...	JAIL 06/08 JAIL CAMERA REPLACEMENT E/F VEST	1,785.00	
		POSTAGE	64790	PITNEY BOWES RESERVE ACCOUNT	6770	JUNE2022	JAIL 06/08 POSTAGE RESERVE ACCT 22647937	1,000.00	
			64790	PITNEY BOWES RESERVE ACCOUNT	6770	POT606...	SO/JAIL 06/14 POSTAGE RESERVE	2,000.00	
JAIL OPERATIONS	Total 180							10,417.18	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JUSTICE OF PEACE-PRECINCT #4	480	TELEPHONE SERVICES	66192	TISD INC.	7646	8381220...	JP4 06/08 ACCT# 083812 JULY 2022 INTERNET SERVICE	37.99	
JUSTICE OF PEACE-PRECINCT #4	Total 480							37.99	0.00
JUSTICE OF PEACE-PRECINCT #5	490	COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0163474...	JP5 06/01 MAY MONTHLY COPIER LEASE	22.00	
JUSTICE OF PEACE-PRECINCT #5	Total 490							22.00	0.00
JUVENILE COURT	500	JUVENILE DETENTION SERVICES	63110	NUECES COUNTY	5473	052022	JUV CRT 06/02 DETENTION FEES FOR JUVENILE DURING MAY 2022	11,200.00	
		MEDICAL/DENTAL FEES	63776	IKONOMOPOULOS JAMES PETER	35000	2900019...	JUV CRT 06/08 CLINICAL ASSESSMENT/PSYCHOLO... EVAL	500.00	
			63776	IKONOMOPOULOS JAMES PETER	35000	2900020...	JUV CRT 06/09 CLINICAL ASSESSMENT/PSYCHOLO... EVALUATION	500.00	
JUVENILE COURT	Total 500							12,200.00	0.00
LIBRARY	140	PHOTO COPIES/SUPPLIES	53030	XEROX CORPORATION	9001	0163474...	LIBRARY 06/01 MAY 2022 COPIER LEASE	101.76	
			53030	XEROX CORPORATION	9001	0163474...	LIBRARY 06/01 COPIER LEASE	341.96	
			53030	XEROX CORPORATION	9001	0163474...	LIBRARY 06/01 MAY 2022 COPIER LEASE AGREEMENT POC	62.38	
			53030	XEROX CORPORATION	9001	0163474...	LIBRARY 06/01 MAY 2022 COPIER LEASE AGREEMENT SEADRIFT	71.45	
		PUBLICATIONS	54030	INVESTOR'S BUSINESS DAILY	3404	PO0607...	LIBRARY 06/07 SUBSCRIPTION RENEWAL	349.00	
		FIRE & SECURITY SERVICES	62630	TRIPLE D SECURITY CORPORATION	7649	0411096...	LIBRARY 06/01 ALARM MONITORING AND CELL ALARM BACKUP	50.00	

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		INTERNET SERVICES	62955	TISD INC.	7646	6122022...	LIBRARY 06/08 ACCT# 000612 INTERNET SERVICE	99.99	
			62955	SPARKLIGHT	9988	1009874...	LIBRARY 05/22 ACCT# 100987429 INTERNET SERVICE	168.93	
			62955	SPARKLIGHT	9988	1009874...	LIBRARY 06/17 ACCT# 100987429 INTERNET SERVICE	886.03	
		PROGRAMS: SUMMER/AUTHOR VISITS	64970	CREATIVE PRODUCT SOURCE INC	223	CP10950...	LIBRARY 05/31 DEVOUR BOOKS! COLORING TOTES	253.51	
		UTILITIES-MAIN LIBRARY	66610	CENTERPOINT ENERGY	1805	2981129...	LIBRARY 06/15 ACCT# 2981129-6 CCF 0	37.17	
		BOOKS & PRINT MATL-LIBRARY	70550	CENGAGE LEARNING, INC.	26020	77836072	LIBRARY 05/27 BOOKS	25.49	
			70550	CENGAGE LEARNING, INC.	26020	77836615	LIBRARY 05/27 BOOKS	46.48	
			70550	CENGAGE LEARNING, INC.	26020	77837603	LIBRARY 05/27 BOOKS	30.39	
			70550	MEREDITH BOOKS	3074	1000625...	LIBRARY 06/07 CHRISTMAS COOKING FROM THE HEART	33.91	
		E-FORMAT/DIGITAL MATL-LIBRARY	70550	BAKER & TAYLOR	403	5017753...	LIBRARY 05/17 BOOKS	56.98	
			70550	BAKER & TAYLOR	403	5017753...	LIBRARY 05/17 BOOKS	278.13	
			71146	CYBRARIAN CORPORATION	7070	0883256	LIBRARY 06/09 CYBRARIAN PRINT MGMT SOFTWARE LICENSE	1,849.95	
LIBRARY	Total 140							4,745.51	0.00
MISCELLANEOUS	280	INSURANCE-LIABILITY AND PROPERTY	62872	WRIGHT NATIONAL FLOOD INS CO	2310	PO2800...	CALCO 06/21 POLICY # 42115186656803 FLOOD MBVFD BUILD/MEET	3,454.00	
MISCELLANEOUS	Total 280							3,454.00	0.00
MUSEUM	150	UTILITIES-MUSEUM	66612	CENTERPOINT ENERGY	1805	2860820...	MUSEUM 06/15 ACCT# 2860820-6 CCF 9	47.28	
MUSEUM	Total 150							47.28	0.00

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Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO061622	CALCO 06/16 JUNE 2022 PREMIUMS	1,724.83	
		ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	1,594.50	
		ACCRUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	530.24	
		ACCRUED INSURANCE-LT/ST DISABILITY	20566	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	2,238.55	
		ACCRUED INSURANCE-LIFE/LONG TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	1,295.44	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	954.92	
		ACCRUED INSURANCE-VOLUNTARY TERM LIFE	20572	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	2,436.14	
		ACCRUED INSURANCE-VOLUNTARY ADARND	20573	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	300.91	
		RENTAL DEPOSITS	20820	MOREMAN GIN	RF0...	1810	EXT SERVICE 04/27 BAUER DEPOSIT REFUND	275.00	
			20820	PEREZ FABIOLA	RF1...	1811	EXT SERVICE 04/27 BAUER DEPOSIT REFUND	475.00	
			20820	BRUMFIELD SARAH	RF2...	1809	EXT SERVICE 04/20 BAUER DEPOSIT REFUND	275.00	
NO DEPARTMENT	Total 999							12,100.53	0.00
NUISANCE ORDINANCE ENFORCEMENT	725	POSTAGE	64790	BOYD STEVEN	4261	PO7250...	CODE ENFORCE. 06/14 STAMPS	11.60	
NUISANCE ORDINANCE ENFORCEMENT	Total 725							11.60	0.00

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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
ROAD AND BRIDGE-PRECINCT #1	540	TIRES AND TUBES	53320	CARV'S TIRE & AUTOMOTIVE LLC	89820	26501	RB1 06/03 BLK MOSQUITO TRUCK 4-ATX750195, L17265/70R17	801.95	
		GARBAGE COLL-MAGNOLIA BEACH	62660	CYCLONE RESOURCES LLC	7052	1251	RB1 06/01 MAGNOLIA BEACH MEMORIAL WEEKEND TRASH	350.00	
			62660	CYCLONE RESOURCES LLC	7052	1252	RB1 06/01 MAGNOLIA BEACH MEMORIAL WEEKEND TRASH	350.00	
			62660	VICTORIA LANDFILL - 3430	8228	3430000...	RB1 05/31 MAGNOLIA BEACH - MEMORIAL WEEKEND TRASH	317.08	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615529...	RB1 06/13 ACCT# 361-552-9242-021403-5 TELEPHONE SERVICE	232.48	
		UTILITIES	66600	CENTERPOINT ENERGY	1805	5118678...	PCT 1 06/15 ACCT# 5118678-1 CCF 1	39.34	
ROAD AND BRIDGE-PRECINCT #1	Total 540							2,090.85	0.00
ROAD AND BRIDGE-PRECINCT #2	550	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	25466303	RB2 06/01 TIME CARDS 500/BX	33.99	
			53020	QUILL LLC	6602	25484632	RB2 06/01 TIME CLOCK RIBBON	20.33	
		MACHINERY PARTS/SUPPLIES	53210	AUTO PARTS AND MACHINE CO.	24	985796	RB2 06/02 LIL MAINTAINER-4 HYD HOSE FITTINGS, 6MXT X50FT	72.91	
			53210	SHOPPA'S FARM SUPPLY	7366	1464366	RB2 06/06 JOHN DEERE TRACTOR #1 WINDOW	415.47	
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301998...	RB2 06/01 MOSQUITO 2 BATTERY WARRANTY 06/01/25	119.57	
			53210	TRL-WHOLESALE COMPANY, INC.	7637	9301999...	RB2 06/09 8.1 INFRARED THERMOMETER	58.25	
			53210	TRACTOR SUPPLY CREDIT PLAN	7995	1004635...	RB2 05/23 COMPACTOR - SEAT	329.99	

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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
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	3293922...	RB2 06/02 600 GALS UNL. @ \$4.775240/GAL DIESEL 500 G \$4.2892	5,009.76	
		SIGNS	53590	HARDIN JAMES W	3039	314	RB2 05/31 (4) 18X24 SLOW CHILDREN AT PLAY SIGNS	130.50	
		SUPPLIES-MISCELLANEOUS	53992	FASTENAL COMPANY	2274	TXHOT2...	RB2 05/24 11OZ GRAPEQWICKSTIK	22.50	
			53992	GULF COAST HARDWARE LLC (6327)	63192	165622	RB2 06/02 AUTO SHUTOFF GAS CAN 5 GAL, REGAL TOOLS BLUE	34.96	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301100...	RB2 06/13 FS +4 1 QT FMRMF	24.81	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301996...	RB2 05/26 FUEL FILTERS, GLASS CLEANER, SHOP TOWELS	84.21	
		UNIFORMS	53992	TRI-WHOLESALE COMPANY, INC.	7637	9301998...	RB2 06/02 PAINT MARKER WHITE (2)	10.24	
			53992	ULINE	8067	1493984...	RB2 05/25 3M8210 DUST RESPIRATOR 20/BX	33.00	
			53995	CINTAS CORPORATION LOC. 083	958	4121591...	RB2 06/07 UNIFORM SERVICE 06/06-06/10	85.18	
		OUTSIDE MAINTENANCE	64370	VICTORIA FIRE & SAFETY	8204	139752	RB2 05/27 RECHARGE, INSPECT AND REPAIR FIRE EXTINGUISHER	496.00	
ROAD AND BRIDGE-PRECINCT #2	Total 550							6,981.67	0.00
ROAD AND BRIDGE-PRECINCT #3	560	GASOLINE/OIL/DIESEL/GRE...	53540	TRI-WHOLESALE COMPANY, INC.	7637	9301999...	RB3 06/06 V BELTR134A & SUPPLIES	100.75	
		LUMBER	53550	MELSTAN, INC.	5021	083791	RB3 06/08 T POST	169.60	
		INSECTICIDES/PESTICIDES	53630	MELSTAN, INC.	5021	083744	RB3 06/06 ERASER ROUND UP & INSECTICIDE	187.60	
		SUPPLIES-MISCELLANEOUS	53992	MELSTAN, INC.	5021	083753	RB3 06/07 4 ALWORK SHOVELS	195.20	
			53992	GULF COAST HARDWARE, LLC	63193	165736	RB3 06/06 BATTERY BIN AND SUPPLIES	28.40	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301999...	RB3 06/06 V BELTR134A & SUPPLIES	62.97	

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Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #3	Total 560							1,004.65	0.00
ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	ARNOLD OIL COMPANY - VICTORIA	1472	102IE2099	RB4 06/07 WINDSHIELD WIPERS	28.11	
			53210	HOLT CAT	3048	PIMV01...	RB4 06/07 BELTS	49.94	
			53210	NUECES POWER EQUIPMENT	5449	41562V	RB4 06/07 PARTS	211.84	
			53210	GULF COAST HARDWARE, LLC	63194	165846	RB4 06/09 EXTENSION CORD	54.98	
			53210	TRACTOR SUPPLY CREDIT PLAN	7798	1004612...	RB4 05/03 PARTS	52.98	
			53210	TRACTOR SUPPLY CREDIT PLAN	7798	1004628...	RB4 05/16 PARTS	174.98	
		ROAD & BRIDGE SUPPLIES	53510	CADY WILLIAM R	4233	04385	RB4 06/08 10 LOADS SAND SWAN PT PARK	1,600.00	
		GASOLINE/OIL/DIESEL/GRE...	53540	ARNOLD OIL COMPANY - VICTORIA	1472	102IE2100	RB4 06/07 DRUM OF OIL	921.96	
		SUPPLIES-MISCELLANEOUS	53992	CINTAS CORPORATION LOC. 083	958	4121455...	RB4 06/06 SUPPLIES	12.87	
		GARBAGE COLL-POC PARKS	62664	WHITE TRASH SERVICES	1952	48465	RB4 06/15 ACCT# 01-1622 9 TRASH SERVICE POC	326.00	
		GARBAGE COLL-SEADRIFT	62676	WHITE TRASH SERVICES	1952	48464	RB4 06/15 ACCT# 01-1620 3 TRASH SERVICE	582.80	
		MAINTENANCE-PARKS	63635	LEGACY DISPOSAL & SANITATION	2988	167657	RB4 06/15 ACCT# 01-6081 3 PORTABLE TOILETS BILL SANDERS PARK	680.00	
		OUTSIDE SERVICES	64400	DOUGLAS EVA LEE	3778	JUNE22A	RB4 06/08 JUNE 2022 CLEANING SEADRIFT OFFICE	300.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3617855...	RB4 06/04 ACCT# 361-785-5602-092404-5 TELEPHONE	54.73	

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1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ver... ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #4	Total 570							8,242.88	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES							
			53020	DRIESSEN WATER INC	6245	2695569	SO 05/02 BOTTLED WATER	32.40	
			53020	DRIESSEN WATER INC	6245	2711635	SO 05/16 BOTTLED WATER	25.80	
			53020	DRIESSEN WATER INC	6245	2755699	SO 05/31 BOTTLED WATER	39.00	
			53020	QUILL LLC	6602	25377333	SO 05/25 KEYBOARD AND FOIL	106.58	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0076837	SO 02/18 UNIT 01 TIRE	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0076884	SO 02/28 UNIT 48 TIRE REPAIR AND ROTATION	56.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0077234	SO 03/24 HIDA UNIT TIRE REPAIR	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0078091	SO 06/08 TIRE REAPIR OSGI	28.00	
		TIRES AND TUBES							
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0076837	SO 02/18 UNIT 01 TIRE	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0076884	SO 02/28 UNIT 48 TIRE REPAIR AND ROTATION	56.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0077234	SO 03/24 HIDA UNIT TIRE REPAIR	24.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0078091	SO 06/08 TIRE REAPIR OSGI	28.00	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0078156	SO 06/06 TIRE ROTATION ON UNIT OSG 8	39.75	
			53995	FIKES BERNICE	218	1648	SO 06/09 PATCHES DEP SHIRTS	50.00	
		AUTOMOTIVE REPAIRS							
			60360	KNEUPPER CARROLL	3678	26508	SO 06/09 UNIT 45 OIL	100.82	
			60360	KNEUPPER CARROLL	3678	26527	SO 06/09 UNIT 40 OIL	103.86	
			60360	KEATHLEY BRUCE CLAYTON	4231	1011182	SO 06/07 UNIT 10 WINDSHIELD	371.45	
			60360	KEATHLEY BRUCE CLAYTON	4231	1011183	SO 06/07 UNIT 01 WINDSHIELD	451.51	
			60360	SINGLETERRY BRUCE A	473	23148	SO 06/06 UNIT 42 OIL AND BATTERY	453.55	
			60360	SINGLETERRY BRUCE A	473	23152	SO 06/07 UNIT 39 OIL	76.20	
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0077243	SO 03/28 UNIT 00 WIPER BLADES	39.90	

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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
SHERIFF	Total 760							5,038.78	0.00
			60360	AUTO ZONE	6	3512297...	SO 06/07 UNIT 45 LIGHT BULB	5.20	
			60360	AUTO ZONE	6	3512297...	SO 06/07 OSG 1 HEADLIGHT	10.76	
		POSTAGE	64790	PITNEY BOWES RESERVE ACCOUNT	6770	PO7606...	SO/JAIL 06/14 POSTAGE RESERVE	3,000.00	
WASTE MANAGEMENT	380	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301999...	WASTE MGMT 06/09 MOWER - BELTS	19.46	
			53210	TRACTOR SUPPLY CREDIT PLAN	7995	1004631...	WASTE MGMT 05/19 MOWER-CUB DECK BELT 46 INCH, CUB BLADE SET	106.98	
			53210	TRACTOR SUPPLY CREDIT PLAN	7995	1004631...	WASTE MGMT 05/19 RETURNED CUB DECK BELT 46 INCH		43.99
WASTE MANAGEMENT	Total 380							126.44	43.99

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 2660 - COASTAL PROTECTION FUND (GOMESA)

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	TRANS TO CPRJ-SWAN PT SHORELINE RESTORAT	98566	CAL CO CAP PROJ. - SWAN POINT	9967	PO2660...	CALCO 06/07 TRANSFER LOCAL MATCH FOR CEPRA PROJ 1716	80,392.00	
NO DEPARTMENT	Total 999							80,392.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 2697 - DONATIONS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	PROGRAMS: SUMMER/AUTHOR VISITS	64970	KELLEY ASHLEY	EM...	PO0617...	LIBRARY 06/17 REIMBURSEMENT FOR SUMMER READ. PROGRAM PRIZES	129.10	
NO DEPARTMENT	Total 999							129.10	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 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	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	1.46	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	1.06	
NO DEPARTMENT	Total 999							2.52	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
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	PO061622	CALCO 06/16 JUNE 2022 PREMIUMS	12.69	
		ACCURUED INSURANCE-LT/ST DISABILITY	20566	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	17.63	
		ACCURUED INSURANCE-LIFE/LONG TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	9.44	
		ACCURUED INSURANCE-VOLUNTARY TERM LIFE	20572	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	8.44	
		ACCURUED INSURANCE-VOLUNTARY ADAndD	20573	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	3.19	
		SOFTWARE MAINTENANCE (ANNUAL)	65835	SOUTHERN SOFTWARE INC	8109	251254	OSG 06/01 RENEWAL MDIS AND NCIC MDIS	4,091.00	
NO DEPARTMENT	Total 999							4,142.39	0.00

CALHOUN COUNTY, TEXAS
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2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO061622	CALCO 06/16 JUNE 2022 PREMIUMS	0.48	
		ACCRUED INSURANCE-LT/ST DISABILITY	20566	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	1.36	
		ACCRUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	0.56	
		CLEANING-P.O.C. COMMUNITY CENTER	60870	DOUGLAS EVA LEE	3778	JUNE22	POC COMM CTR 06/08 JUNE 2022 CLEANING	600.00	
		UTILITIES-POC COMMUNITY CENTER	66616	WHITE TRASH SERVICES	1952	48865	POC COMM CTR 06/15 ACCT# 01-4580 6 TRASH SERVICE	326.00	
NO DEPARTMENT	Total 999							928.40	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 2738 - RECORDS MANAGEMENT FUND COUNTY CLERK

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SOFTWARE MAINTENANCE (ANNUAL)	65835	EDOC TEC	1893	19651	CO CLK RECORDS MGMT 06/01 ANNUAL MAINT JUL.22-JUN23 VIEW LIC	1,000.00	
NO DEPARTMENT	Total 999							1,000.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 5101 - CPRJ-BOGGY BAYOU NATURE PARK

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	OTHER	64280	WARD MIKE JR	1823	34497	CAP PROJ BOGGY BAYOU NATURE PK 06/14 TEMPORARY SIGNAGE	425.00	
NO DEPARTMENT	Total 999							425.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 5150 - CAPITAL PROJECTS ROAD BRIDGE INFRASTRUCT

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	EMERGENCY ROAD RECONSTRUCTION	71255	ANDERSON MACHINERY CO., INC.	13	R50090	CAP PROJ RB INFRA. FLOOD 06/06 RENTAL TANDEM ROLLER	4,058.19	
NO DEPARTMENT	Total 999							4,058.19	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 7400 - ELECTION SERVICES CONTRACT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCOUNTS PAYABLE	20050	CALHOUN CO. ELECTION SERVICES	922	PO0615...	CALCO 05/07 ADMIN FEE AND VOTING EQUIP LEASE FOR CCISD	914.07	
			20050	CALHOUN CO. ELECTION SERVICES	922	PO0615...	CALCO 06/15 VOTING EQUIP RENT/LEASE CITY OF PC ELECTION 05/7	798.00	
		DUE TO GENERAL FUND	20610	CALHOUN CO. GENERAL FUND	930	PO0615...	CALCO 06/15 REIMBURSE EXPENSE FOR CCISD ELECTION 05/07	6,214.67	
NO DEPARTMENT	Total 999							7,926.74	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
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	PO20221...	TAX A/C 06/17 MAY 2022 TAX COLLECTIONS	58.08	
			20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2022...	TAX A/C 06/02 APRIL 2022 INTEREST EARNED - DISTRICTS	0.01	
		DUE TO OTHERS	20751	CALHOUN CO. DEBT SERVICE	1186	PO2022...	CALCO 06/14 REFUGE REV SHAR ACT-US FISH & WILDLIFE FY2021	483.31	
			20751	CALHOUN CO. DEBT SERVICE	1190	PO2022...	CALCO 06/14 REFUGE REV SHARE ACT-US FISH & WILDLIFE FY2021	624.85	
			20751	CALHOUN CO. INDEPENDENT	807	PO2022...	CALCO 06/14 REFUGE REV SHARE ACT-US FISH AND WILD FY2021	38,100.97	
NO DEPARTMENT	Total 999							39,267.22	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 06.22.2022
 9200 - JUVENILE PROBATION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
AIRPORT	902	ACCRUED INSURANCE-UNIVERSAL LIFE	20562	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	96.44	
AIRPORT	Total 902							96.44	0.00
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO061622	CALCO 06/16 JUNE 2022 PREMIUMS	23.00	
		ACCURUED INSURANCE-CRITICAL ILLNESS	20564	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	27.64	
		ACCURUED INSURANCE-LIFE/LONG TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	45.74	
		ACCURUED INSURANCE-ACCIDENT	20570	TRUSTMARK	8169	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	11.58	
		ACCURUED INSURANCE-VOLUNTARY TERM LIFE	20572	RELIANCE STANDARD LIFE	6927	PO0616...	CALCO 06/16 JUNE 2022 PREMIUMS	48.00	
		PHOTO COPIES/SUPPLIES	53030	XEROX CORPORATION	9001	0163474...	JUV PROB 06/01 COPIER LEASE AND COPIES	211.11	
		SUPPLIES/OPERATING EXPENSES	53980	DUDLEY ALYSHA A	1491	730	JUV PROB 06/01 1,000 CCJPD RETURN LABELS	174.00	
		ELECTRONIC MONITORING	62380	SATELLITE TRACKING OF	6374	STPINV...	JUV PROB 05/31 ELECTRONIC MONITORING SERVICE	93.00	
		YOUTH SERVICES OPERATING EXP-PACT/REGION	67150	NOBEL SOFTWARE GROUP LLC	6667	1816	JUV PROB 06/06 REMAINING BALANCE DUE FOR ANNUAL HOSTING	0.23	
NO DEPARTMENT	Total 999							634.30	0.00
Report Total								261,949.45	401.30