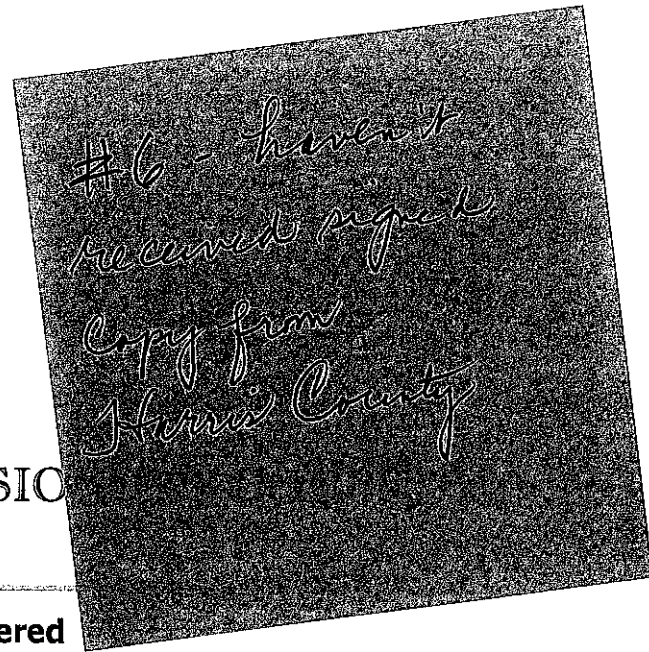
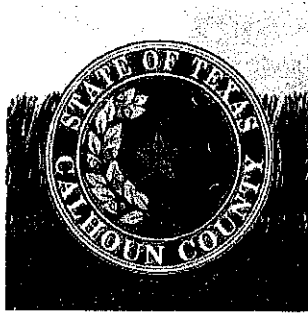




CALHOUN COUNTY COMMISSION

- ☒ All Agenda Items Properly Numbered
- ☒ Contracts Completed and Signed
- ☒ All 1295's Flagged for Acceptance
(number of 1295's 1)
- ☒ All Documents for Clerk Signature Flagged

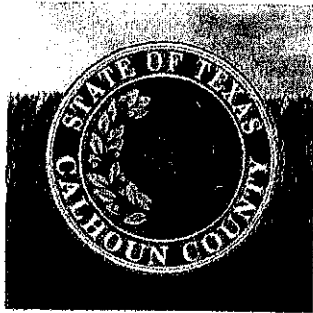
On this 9th day of December 2022 a complete and accurate packet
for 7th of December 2022 Commissioners Court Regular Session
Day Month

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

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

Calhoun County Judge/Assistant

AGENDA



Richard H. Meyer
County Judge

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

NOTICE OF MEETING

The Commissioners' Court of Calhoun County, Texas will meet on Wednesday, December 7, 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:

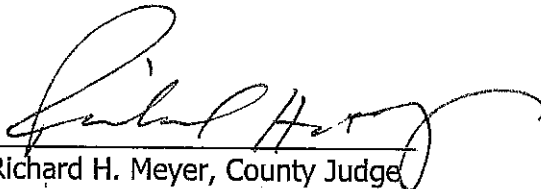
AT 9:35 FILED 9 O'CLOCK A M

DEC 02 2022

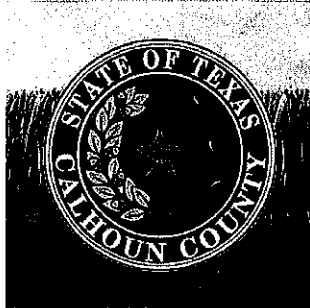
ANNA GOODMAN
COUNTY CLERK, CALHOUN COUNTY, TEXAS
BY: [Signature] DEPUTY

1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Consider and take necessary action to approve the contract between Calhoun County and G&W Engineers for the ARP Combined Dispatch Building and authorize the County Judge to sign the contract agreement and all necessary documents. (DEH)
6. Consider and take necessary action to approve an Interlocal Agreement with Harris County Institute of Forensic Sciences for performing postmortem examinations. (RHM)
7. Consider and take necessary action to declare December 8, 2022 as Dan Heard Day in Calhoun County. (RHM)
8. Consider and take necessary action to approve the renewal to the Health Services Agreement between Calhoun County and Southern Health Partners, Inc., dba SHP Vista Health Management, Inc. for medical care of inmates in the Calhoun County Adult Detention Center and authorize the County Judge to sign all necessary documents. The renewal begins January 1, 2023 and ends December 31, 2023. (RHM)
9. *Pass* Consider and take necessary action to approve the extension for the contract between Calhoun County and Janik Alligators LLC for the Green Lake Project Alligator Management and Nuisance Control for the contract year beginning January 1, 2023 and authorize the County Judge to sign all necessary documents. (GDR)

- ✓ 10. Consider and take necessary action to approve the 2023 Order setting maximum salaries, making various appropriations, setting vacation policy and sick leave policy, setting policy on payment of hospitalization insurance premium, setting holiday schedule and setting other miscellaneous policy matters. (RHM)
- ✓ 11. Consider and take necessary action to authorize the EMS Director to complete a Credit Application for Austin Hardware & Supply. (RHM)
- ✓ 12. Accept Monthly Reports from the following County Offices:
 - ✓ i. Floodplain Administration – November 2022
 - ✓ ii. Justice of the Peace, Precinct 5 – November 2022
- ✓ 13. Consider and take necessary action on any necessary budget adjustments. (RHM)
- ✓ 14. Approval of bills and payroll. (RHM)


Richard H. Meyer, County Judge
Calhoun County, Texas

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



Richard H. Meyer
County Judge

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

CALHOUN COUNTY COMMISSIONERS' COURT

REGULAR TERM 2022

§

DECEMBER 7, 2022

BE IT REMEMBERED THAT ON DECEMBER 7, 2022, THERE WAS BEGUN AND HOLDEN A REGULAR MEETING OF COMMISSIONERS' COURT.

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10 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.

Clarri Atkinson explained Walmart was donating a Christmas tree for the Courthouse display.

5. Consider and take necessary action to approve the contract between Calhoun County and G&W Engineers for the ARP Combined Dispatch Building and authorize the County Judge to sign the contract agreement and all necessary documents. (DEH)

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

6. Consider and take necessary action to approve an Interlocal Agreement with Harris County Institute of Forensic Sciences for performing postmortem examinations. (RHM)

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

7. Consider and take necessary action to declare December 8, 2022 as Dan Heard Day in Calhoun County. (RHM)

Sara Rodriguez read the proclamation.	
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Richard Meyer, County Judge
SECONDER:	Vern Lyssy, Commissioner Pct 2
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

8. Consider and take necessary action to approve the renewal to the Health Services Agreement between Calhoun County and Southern Health Partners, Inc., dba SHP Vista Health Management, Inc. for medical care of inmates in the Calhoun County Adult Detention Center and authorize the County Judge to sign all necessary documents. The renewal begins January 1, 2023 and ends December 31, 2023. (RHM)

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

9. Consider and take necessary action to approve the extension for the contract between Calhoun County and Janik Alligators LLC for the Green Lake Project Alligator Management and Nuisance Control for the contract year beginning January 1, 2023 and authorize the County Judge to sign all necessary documents. (GDR)

PASS

10. Consider and take necessary action to approve the 2023 Order setting maximum salaries, making various appropriations, setting vacation policy and sick leave policy, setting policy on payment of hospitalization insurance premium, setting holiday schedule and setting other miscellaneous policy matters. (RHM)

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 authorize the EMS Director to complete a Credit Application for Austin Hardware & Supply. (RHM)

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

12. Accept Monthly Reports from the following County Offices:

- i. Floodplain Administration – November 2022
- ii. Justice of the Peace, Precinct 5 – November 2022

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

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

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

14. Approval of bills and payroll. (RHM)

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

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

Adjourned: 10:16 a.m.

05

5. Consider and take necessary action to approve the contract between Calhoun County and G&W Engineers for the ARP Combined Dispatch Building and authorize the County Judge to sign the contract agreement and all necessary documents. (DEH)

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

David E. Hall

Calhoun County Commissioner, Precinct #1

202 S. Ann

Port Lavaca, TX 77979



(361)552-9242

Fax (361)553-8734

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

RE: AGENDA ITEM

Dear Judge Meyer,

Please place the following item on the Commissioners' Court Agenda for December 7th, 2022.

Consider and take necessary action to approve the contract agreement between Calhoun County and G&W Engineers for the ARP Combined Dispatch Building and authorize the County Judge to sign the contract agreement and all necessary documents.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Hall", written over the word "Sincerely,".

David E. Hall

DEH/apt

CONTRACT FOR PROFESSIONAL SERVICES

BETWEEN

CALHOUN COUNTY

AND

G&W ENGINEERS, INC.

FOR

Engineering, Architectural and Surveying Services
for the
Combined Dispatch Building

THIS CONTRACT is entered into by and between CALHOUN COUNTY, 211 South Ann Street, Suite 301, Port Lavaca, Texas 77979, hereinafter called the "COUNTY", acting herein by Richard H. Meyer, County Judge, hereunto duly authorized, and G&W ENGINEERS, INC., 205 West Live Oak, Port Lavaca, TX, 77979, hereinafter called "FIRM", acting herein by Brian P. Novian P.E., President, procured in conformance with Texas Government Code Chapter 2254, Subchapter A, "Professional Services" and 2 C.F.R. 200 regulations.

WITNESSETH THAT:

WHEREAS, COUNTY desires to implement an Engineer, Architectural and Surveying Services Contract in conformance with its Request for Qualification 2022.08 of October 19, 2022 for the Combined Dispatch Building; and

WHEREAS, COUNTY desires to engage FIRM to render certain services in connection with the above solicitation in relation to American Rescue Plan project awarded to COUNTY.

NOW THEREFORE, the parties do mutually agree as follows:

1. Scope of Services

Part I, Scope of Services, is hereby incorporated by reference into this Contract.

2. Time of Performance - The services of FIRM shall commence on the date above first given for the execution of this Contract. In any event, all of the services required and performed hereunder shall be completed no later than February 01, 2023.
3. Access to Information - It is agreed that all information, data, reports and records and maps as are existing, available and necessary for the carrying out of the work outlined above shall be furnished to FIRM by COUNTY and its agencies. No charge will be made to FIRM for such information and COUNTY and its agencies will cooperate with FIRM in every way possible to facilitate the performance of the work described in the Contract.
4. Compensation and Method of Payment - The maximum amount of compensation and reimbursement to be paid hereunder shall conform to Part II of this Contract. Payment to FIRM shall be based on satisfactory completion of identified milestones in Part II - Payment Schedule of this Contract.

5. Indemnification

- a. FIRM agrees to indemnify, save and hold harmless COUNTY from and against all claims, demands, suits, judgements, liabilities, costs and reasonable attorney fees, to the extent caused by the negligent errors or omissions in the performance of the services provided hereunder.
- b. COUNTY agrees to indemnify, save and hold harmless FIRM from and against all claims, demands, suits, judgements, liabilities, costs and reasonable attorney fees, to the extent caused by the negligent errors or omissions of the COUNTY, in the performance of their services and obligations under this Contract.

6. Miscellaneous Provisions

- a. This Contract shall be construed under and in accord with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Calhoun County, Texas.
- b. This Contract shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors and assigns where permitted by this Contract.
- c. In any case one or more of the provisions contained in this Contract shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Contract shall not be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.
- d. If any action at law or in equity is necessary to enforce or interpret the terms of this Contract, the prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which such party may be entitled.
- e. This Contract may be amended by mutual agreement of the parties hereto and a writing to be attached to and incorporated into this Contract.

7. Local Program Liaison - For purposes of this Contract, the Precinct 1 Commissioner, David Hall, will serve as the Local Program Liaison and primary point of contact for FIRM. All required progress reports and communication regarding the project shall be directed to this liaison and other local personnel as appropriate.
8. Termination of Contract for Cause. If, through any cause, FIRM shall fail to fulfill in a timely and proper manner its obligations under this Contract, or if FIRM shall violate any of the covenants, agreements, or stipulations of this Contract, COUNTY shall thereupon have the right to terminate this Contract by giving written notice to FIRM of such termination and specifying the effective date thereof, at least five days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs and reports prepared by FIRM under this Contract shall, at the option of COUNTY, become its property and FIRM shall be entitled to receive just and equitable compensation for any work satisfactorily completed hereunder.

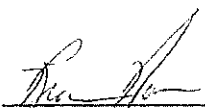
Notwithstanding the above, FIRM shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of the Contract by FIRM, and COUNTY may withhold any payments to FIRM for the purpose of set-off until such time as the exact amount of damages due COUNTY from FIRM is determined.
9. Termination for Convenience of COUNTY. COUNTY may terminate this Contract at any time by giving at least ten (10) days' notice in writing to FIRM. If the Contract is terminated by COUNTY as provided herein, FIRM will be paid for the time provided and expenses incurred up to the termination date. If this Contract is terminated due to the fault of FIRM, Paragraph 8 above relative to termination shall apply.
10. Remedies. In the event of any dispute, claim, question, or disagreement arising from or relating to determining the party responsible for any disallowed costs as a result of non-compliance with federal, state, or program requirements, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties. If they do not reach such solution within a period of 60 days, then, upon notice by either party to the other, all disputes, claims, questions, or differences shall be finally settled by arbitration administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules.
11. Changes. COUNTY may, from time to time, request changes in the scope of the services of FIRM to be performed hereunder. Such changes, including any increase or decrease in the amount of FIRM's compensation, which are mutually agreed upon by and between COUNTY and FIRM, shall be incorporated in written amendments to this Contract.
12. Personnel.
 - a. FIRM represents that he/she has, or will secure at his own expense, all personnel required in performing the services under this Contract. Such personnel shall not be employees of or have any contractual relationship with COUNTY.
 - b. All of the services required hereunder will be performed by FIRM or under his/her supervision and all personnel engaged in the work shall be fully qualified and shall be authorized or permitted under State and Local law to perform such services.
 - c. None of the work or services covered by this Contract shall be subcontracted without the prior written approval of COUNTY. Any work or services subcontracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Contract.
13. Assignability. FIRM shall not assign any interest on this Contract, and shall not transfer any interest in the same (whether by assignment or novation), without the prior written consent of COUNTY thereto: Provided, however, that claims for money by FIRM from COUNTY under this Contract may be assigned to a bank, trust company, or other financial institution without such approval. Written notice of any such assignment or transfer shall be furnished promptly to COUNTY.

14. Reports and Information. FIRM, at such times and in such forms as COUNTY may require, shall furnish COUNTY such periodic reports as it may request pertaining to the work or services undertaken pursuant to this Contract, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Contract.
15. Records and Audits. Access to Records. The following access to records requirements apply to this contract:
 - a. FIRM agrees to provide the State of Texas, the Grant Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of FIRM which are directly pertinent to this Contract for the purposes of making audits, examinations, excerpts, and transcriptions.
 - b. FIRM agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.
 - c. FIRM agrees to provide the Grant Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the Contract.
16. Findings Confidential. All of the reports, information, data, etc., prepared or assembled by FIRM under this Contract are confidential and FIRM agrees that they shall not be made available to any individual or organization without the prior written approval of COUNTY.
17. Copyright. No report, maps, or other documents produced in whole or in part under this Contract shall be the subject of an application for copyright by or on behalf of FIRM.
18. Compliance with Local Laws. FIRM shall comply with all applicable laws, ordinances and codes of the State and local governments, and FIRM shall save COUNTY harmless with respect to any damages arising from any tort done in performing any of the work embraced by this Contract.
19. Compliance with Texas Government Code Provisions.
 - a. Verification of No Boycott Israel. As required by Chapter 2270, Texas Government Code, the FIRM hereby verifies that it does not boycott Israel and will not boycott Israel through the term of this Agreement. For purposes of this verification, "boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.
 - b. Foreign Terrorist Organizations. Pursuant to Chapter 2252, Texas Government Code, The FIRM represents and certifies that, at the time of execution of this Agreement neither the FIRM, nor any wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of the same (i) engages in business with Iran, Sudan, or any foreign terrorist organization as described in Chapter 806 and 807 of the Texas Government Code, of Subchapter F of Chapter 2252 of the Texas Government Code or (ii) is a company listed by the Texas Comptroller of Public Accounts under Sections 806.051, 807.051 or 2252.153 of the Texas Government Code. The term "foreign terrorist organization" in this paragraph has the meaning assigned to such term in Section 2252.151 of the Texas Government Code.
20. Compliance with Federal Law, Regulations, and Executive Orders. FIRM acknowledges that funds from the American Rescue Plan will be used to fund the Contract and FIRM agrees it will comply with all applicable federal law, regulations, executive orders, and federal policies, procedures, and directives.
21. No Obligation by Federal Government. FIRM acknowledges and agrees that the Federal Government is not a party to the Contract and is not subject to any obligations or liabilities to COUNTY, Contractor, or any other party pertaining to any matter resulting from the Contract.

22. Program Fraud and False or Fraudulent Statements or Related Acts. FIRM acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to its actions pertaining to the Contract.
23. Interest of Members of a County. No member of the governing body of COUNTY and no other public official, officer, employee, or agent of COUNTY, who exercises any functions or responsibilities in connection with the planning and carrying out of the program, shall have any personal financial interest, direct or indirect, in this Contract and COUNTY shall take appropriate steps to assure compliance.
24. Interest of FIRM and Employees. FIRM covenants that it presently has no interest and shall not acquire interest, director indirect, in the study area or any parcels therein or any other interest which would conflict in any manner or degree with the performance of its services hereunder. FIRM further covenants that in the performance of this Contract, no person having any such interest shall be employed.
25. Primary Contact. County contact person with FIRM shall be the Principal in Charge, Brian Novian, P.E., President, 205 West Like Oak, Port Lavaca, Texas 77979, (361)552-4509. County Contact shall be David Hall, Commissioner, 202 South Ann Street, Suite B, Port Lavaca, Texas 77979, (361) 552-9242.
26. This Contract represents the entire and integrated Contract between COUNTY and FIRM and supersedes all prior negotiations, representations or agreements, either written or oral. This Contract may be amended only by written instrument signed by authorized representatives of both COUNTY and FIRM.
27. Assurances: FIRM affirms compliance by executing this Contract with Assurances included in the COUNTY Award Letter attached as Attachment A of this Contract.

IN WITNESSETH HEREOF, the parties have hereunto set their hands and seals.

G&W ENGINEERING, INC.

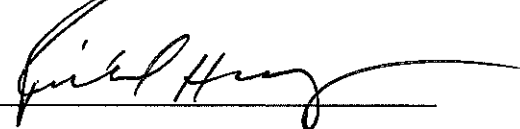
BY: 

NAME: Brian P. Novian, P.E.

TITLE: President

DATE: 11/28/2022

COUNTY OF CALHOUN, TEXAS

BY: 

NAME: Richard H. Meyer

TITLE: County Judge

DATE: _____

PART I SCOPE OF SERVICES

Note, this Scope of Services is for this Contract only and may not reflect all services described in the Request for Qualifications under which these services were procured. As stated in the RFQ, other Contracts may be entered into between COUNTY and FIRM that cover additional services, or other services may be added to this Contract at a later date if amended by both parties.

COUNTY intends that this Contract cover a scope of services in its project implementation of a Combined Dispatch Building. Scope of work will include, but is not limited to, initial engineering and design support, engineering, and final design support, bid and award support, contract management and construction oversight and specialized services. Calhoun County will utilize funds from the American Rescue Plan and/or other local funding sources to support Critical Infrastructure activities in Calhoun County.

FIRM shall perform the following tasks:

All project-related engineering, architectural, and surveying services to Calhoun County under its Combined Dispatch Building project including, but not limited to, the following:

- Initial Engineering and Design Support
- Engineering and Final Design Support
- Bid and Award Support
- Contract Management and Construction Oversight including windstorm inspections and submissions to TDI.
- Specialized Services which may include Geotechnical Investigations, Detailed Surveying, Site Specific Testing, Planning Studies, Feasibility Studies, Legal documentation for property and/or easements, and Phase I and Phase II environmental site assessments.

Standard of Performance

1. All services of FIRM and its independent professional associates, consultants and subcontractors will be performed in a professional, reasonable and prudent manner in accordance with generally accepted professional practice. The Firm represents that it has the required skills and capacity to perform work and services to be provided under this Contract.
2. FIRM represents that services provided under this Contract shall be performed within the limits prescribed by COUNTY in a manner consistent with that level of care and skill ordinarily exercised by other professional consultants under similar circumstances.
3. Any deficiency in FIRM's work and services performed under this Contract shall be subject to the provisions of applicable state and federal law. Any deficiency discovered shall be corrected upon notice from COUNTY and at FIRM's expense if the deficiency is due to FIRM's negligence. COUNTY shall notify FIRM in writing of any such deficiency and provide an opportunity for mutual investigation and resolution of the problem prior to pursuit of any judicial remedy. In any case, this provision shall in no way limit the judicial remedies available to COUNTY under applicable state or federal law.
4. FIRM agrees to and shall hold harmless COUNTY, its officers, employees, and agents from all claims and liability of whatsoever kind or character due to or arising solely out of the negligent acts or omissions of FIRM, its officers, agents, employees, subcontractors, and others acting for or under the direction of FIRM doing the work herein contracted for or by or in consequence of any negligence in the performance of this Contract, or by or on account of any omission in the performance of this Contract.

Exclusions:

- a. Re-bidding of project due to economy, material prices or overbudget project bids in general out of FIRM control are not included within the scope of work.
- b. Re-design services if requested or required as a result of "a" above or at the Counties request are not included within the scope of work.

PART II -- PAYMENT SCHEDULE

The compensation paid to FIRM for the described Scope of Work is \$300,000.00 and will be disbursed according to the following milestones:

Initial Engineering	12.5%	37,500.00
Final Engineering Design	65%	195,000.00
Bid Phase Services	5%	15,000.00
Construction Phase Services	10%	30,000.00
Windstorm Inspections and WPI	5%	15,000.00
Contract Close Out	2.5%	7,500.00
TOTAL	100%	\$300,000.00

ATTACHMENT A
ASSURANCES

OMB Approved No. 1505-0271
Expiration Date: 11/30/2021

U.S. DEPARTMENT OF THE TREASURY
CORONAVIRUS STATE FISCAL RECOVERY FUND

Recipient name and address: Calhoun County 211 S. Ann Port Lavaca, Texas 77979	DUNS Number: 087309324 Taxpayer Identification Number: 746001923 Assistance Listing Number and Title: 21.027
---	--

Sections 602(b)(2) and 603(b) of the Social Security Act (the Act) as added by section 9901 of the American Rescue Plan Act, Pub. L. No. 117-2 (March 11, 2021) authorizes the Department of the Treasury (Treasury) to make payments to certain recipients from the Coronavirus State Fiscal Recovery Fund and the Coronavirus Local Fiscal Recovery Fund.

Recipients hereby agrees, as a condition to receiving such payment from Treasury, agrees to the terms attached hereto.

Recipient:

Authorized Representative Signature (above)

Authorized Representative Name:

Richard Meyer

Authorized Representative Title:

County Judge

Date Signed:

6-23-2021

U.S. Department of the Treasury:

Authorized Representative Signature (above)

Authorized Representative Name:

Authorized Representative Title:

Date Signed:

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

**U.S. DEPARTMENT OF THE TREASURY
CORONAVIRUS STATE FISCAL RECOVERY FUND
AWARD TERMS AND CONDITIONS**

1. Use of Funds.

- a. Recipient understands and agrees that the funds disbursed under this award may only be used in compliance with sections 602(c) and 603(c) of the Social Security Act (the Act) and Treasury's regulations implementing that section and guidance.
- b. Recipient will determine prior to engaging in any project using this assistance that it has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of such project.

2. Period of Performance. The period of performance for this award begins on the date hereof and ends on December 31, 2026. As set forth in Treasury's implementing regulations, Recipient may use award funds to cover eligible costs incurred during the period that begins on March 3, 2021 and ends on December 31, 2024.

3. Reporting. Recipient agrees to comply with any reporting obligations established by Treasury, as it relates to this award.

4. Maintenance of and Access to Records

- a. Recipient shall maintain records and financial documents sufficient to evidence compliance with sections 602(c) and 603(c), Treasury's regulations implementing those sections, and guidance regarding the eligible uses of funds.
- b. The Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of Recipient in order to conduct audits or other investigations.
- c. Records shall be maintained by Recipient for a period of five (5) years after all funds have been expended or returned to Treasury, whichever is later.

5. Pre-award Costs. Pre-award costs, as defined in 2 C.F.R. § 200.458, may not be paid with funding from this award.

6. Administrative Costs. Recipient may use funds provided under this award to cover both direct and indirect costs.

7. Cost Sharing. Cost sharing or matching funds are not required to be provided by Recipient.

8. Conflicts of Interest. Recipient understands and agrees it must maintain a conflict of interest policy consistent with 2 C.F.R. § 200.318(c) and that such conflict of interest policy is applicable to each activity funded under this award. Recipient and subrecipients must disclose in writing to Treasury or the pass-through entity, as appropriate, any potential conflict of interest affecting the awarded funds in accordance with 2 C.F.R. § 200.112.

9. Compliance with Applicable Law and Regulations.

- a. Recipient agrees to comply with the requirements of sections 602 and 603 of the Act, regulations adopted by Treasury pursuant to sections 602(f) and 603(f) of the Act, and guidance issued by Treasury regarding the foregoing. Recipient also agrees to comply with all other applicable federal statutes, regulations, and executive orders, and Recipient shall provide for such compliance by other parties in any agreements it enters into with other parties relating to this award.
- b. Federal regulations applicable to this award include, without limitation, the following:
 - i. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 C.F.R. Part 200, other than such provisions as Treasury may determine are inapplicable to this Award and subject to such exceptions as may be otherwise provided by Treasury. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to this award.
 - ii. Universal Identifier and System for Award Management (SAM), 2 C.F.R. Part 25, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 25 is hereby incorporated by reference.
 - iii. Reporting Subaward and Executive Compensation Information, 2 C.F.R. Part 170, pursuant to which the award term set forth in Appendix A to 2 C.F.R. Part 170 is hereby incorporated by reference.
 - iv. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180, including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 C.F.R. Part 180, subpart B) that the award is subject to 2 C.F.R. Part 180 and Treasury's implementing regulation at 31 C.F.R. Part 19.

- v. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 C.F.R. Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
 - vi. Governmentwide Requirements for Drug-Free Workplace, 31 C.F.R. Part 20.
 - vii. New Restrictions on Lobbying, 31 C.F.R. Part 21.
 - viii. Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. §§ 4601-4655) and implementing regulations.
 - ix. Generally applicable federal environmental laws and regulations.
- c. Statutes and regulations prohibiting discrimination applicable to this award, include, without limitation, the following:
- i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d et seq.) and Treasury's implementing regulations at 31 C.F.R. Part 22, which prohibit discrimination on the basis of race, color, or national origin under programs or activities receiving federal financial assistance;
 - ii. The Fair Housing Act, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), which prohibits discrimination in housing on the basis of race, color, religion, national origin, sex, familial status, or disability;
 - iii. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;
 - iv. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101 et seq.), and Treasury's implementing regulations at 31 C.F.R. Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance; and
 - v. Title II of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. §§ 12101 et seq.), which prohibits discrimination on the basis of disability under programs, activities, and services provided or made available by state and local governments or instrumentalities or agencies thereto.

10. Remedial Actions. In the event of Recipient's noncompliance with sections 602 and 603 of the Act, other applicable laws, Treasury's implementing regulations, guidance, or any reporting or other program requirements, Treasury may impose additional conditions on the receipt of a subsequent tranche of future award funds, if any, or take other available remedies as set forth in 2 C.F.R. § 200.339. In the case of a violation of sections 602(c) or 603(c) of the Act regarding the use of funds, previous payments shall be subject to recoupment as provided in sections 602(e) and 603(e) of the Act.

11. Hatch Act. Recipient agrees to comply, as applicable, with requirements of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328), which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by this federal assistance.

12. False Statements. Recipient understands that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

13. Publications. Any publications produced with funds from this award must display the following language: "This project [is being] [was] supported, in whole or in part, by federal award number [enter project FAIN] awarded to Calhoun County by the U.S. Department of the Treasury."

14. Debts Owed the Federal Government.

- a. Any funds paid to Recipient (1) in excess of the amount to which Recipient is finally determined to be authorized to retain under the terms of this award; (2) that are determined by the Treasury Office of Inspector General to have been misused; or (3) that are determined by Treasury to be subject to a repayment obligation pursuant to sections 602(e) and 603(e) of the Act and have not been repaid by Recipient shall constitute a debt to the federal government.
- b. Any debts determined to be owed the federal government must be paid promptly by Recipient. A debt is delinquent if it has not been paid by the date specified in Treasury's initial written demand for payment, unless other satisfactory arrangements have been made or if the Recipient knowingly or improperly retains funds that are a debt as defined in paragraph 14(a). Treasury will take any actions available to it to collect such a debt.

15. Disclaimer.

- a. The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.
- b. The acceptance of this award by Recipient does not in any way establish an agency relationship between the United States and Recipient.

16. Protections for Whistleblowers.

- a. In accordance with 41 U.S.C. § 4712, Recipient may not discharge, demote, or otherwise discriminate against an employee in reprisal for disclosing to any of the list of persons or entities provided below, information that the employee reasonably believes is evidence of gross mismanagement of a federal contract or grant, a gross waste of federal funds, an abuse of authority relating to a federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal contract (including the competition for or negotiation of a contract) or grant.
- b. The list of persons and entities referenced in the paragraph above includes the following:
 - i. A member of Congress or a representative of a committee of Congress;
 - ii. An Inspector General;
 - iii. The Government Accountability Office;
 - iv. A Treasury employee responsible for contract or grant oversight or management;
 - v. An authorized official of the Department of Justice or other law enforcement agency;
 - vi. A court or grand jury; or
 - vii. A management official or other employee of Recipient, contractor, or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- c. Recipient shall inform its employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.

17. Increasing Seat Belt Use in the United States. Pursuant to Executive Order 13043, 62 FR 19217 (Apr. 18, 1997), Recipient should encourage its contractors to adopt and enforce on-the-job seat belt policies and programs for their employees when operating company-owned, rented or personally owned vehicles.

18. Reducing Text Messaging While Driving. Pursuant to Executive Order 13513, 74 FR 51225 (Oct. 6, 2009), Recipient should encourage its employees, subrecipients, and contractors to adopt and enforce policies that ban text messaging while driving, and Recipient should establish workplace safety policies to decrease accidents caused by distracted drivers.

ASSURANCE OF COMPLIANCE WITH CIVIL RIGHTS REQUIREMENTS

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

As a condition of receipt of federal financial assistance from the Department of the Treasury, the Calhoun County (hereinafter referred to as "the Recipient") provides the assurances stated herein. The federal financial assistance may include federal grants, loans and contracts to provide assistance to the recipient's beneficiaries, the use or rent of Federal land or property at below market value, Federal training, a loan of Federal personnel, subsidies, and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits. This assurance applies to all federal financial assistance from or funds made available through the Department of the Treasury, including any assistance that the Recipient may request in the future.

The Civil Rights Restoration Act of 1987 provides that the provisions of this assurance apply to all of the recipient's programs, services and activities, so long as any portion of the recipient's program(s) is federally assisted in the manner proscribed above.

1. Recipient ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal funds, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166; directives; circulars; policies; memoranda and/or guidance documents.
2. Recipient acknowledges that Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Recipient understands that denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and the Department of the Treasury's implementing regulations. Accordingly, Recipient shall initiate reasonable steps, or comply with the Department of the Treasury's directives, to ensure that LEP persons have meaningful access to its programs, services, and activities. Recipient understands and agrees that meaningful access may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication in the Recipient's programs, services, and activities.
3. Recipient agrees to consider the need for language services for LEP persons during development of applicable budgets and when conducting programs, services and activities. As a resource, the Department of the Treasury has published its LEP guidance at 70 FR 6067. For more information on LEP, please visit <http://www.lep.gov>.
4. Recipient acknowledges and agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance and is binding upon Recipient and Recipient's successors, transferees and assignees for the period in which such assistance is provided.
5. Recipient acknowledges and agrees that it must require any sub-grantees, contractors, subcontractors, successors, transferees, and assignees to comply with assurances 1-4 above, and agrees to incorporate the following language in every contract or agreement subject to Title VI and its regulations between the Recipient and the Recipient's sub-grantees, contractors, subcontractors, successors, transferees, and assignees:

The sub-grantee, contractor, subcontractor, successor, transferee, and assignee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement.

6. Recipient understands and agrees that if any real property or structure is provided or improved with the aid of federal financial assistance by the Department of the Treasury, this assurance obligates the Recipient, or in the case of a subsequent transfer, the transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any

personal property is provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property;

7. Recipient shall cooperate in any enforcement or compliance review activities by the Department of the Treasury of the aforementioned obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. That is, the Recipient shall comply with information requests, on-site compliance reviews, and reporting requirements.
8. Recipient shall maintain a complaint log and inform the Department of the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending or completed, including outcome. Recipient also must inform the Department of the Treasury if Recipient has received no complaints under Title VI.
9. Recipient must provide documentation of an administrative agency's or court's findings of non-compliance of Title VI and efforts to address the non-compliance, including any voluntary compliance or other agreements between the Recipient and the administrative agency that made the finding. If the Recipient settles a case or matter alleging such discrimination, the Recipient must provide documentation of the settlement. If Recipient has not been the subject of any court or administrative agency finding of discrimination, please so state.
10. If the Recipient makes sub-awards to other agencies or other entities, the Recipient is responsible for ensuring that sub-recipients also comply with Title VI and other applicable authorities covered in this document. State agencies that make sub-awards must have in place standard grant assurances and review procedures to demonstrate that they are effectively monitoring the civil rights compliance of sub-recipients.

The United States of America has the right to seek judicial enforcement of the terms of this assurance document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

Under penalty of perjury, the undersigned official(s) certifies that he/she has read and understood its obligations as herein described, that any information submitted in conjunction with this assurance document is accurate and complete, and that the Recipient is in compliance with the aforementioned nondiscrimination requirements.

Calhoun County
Recipient: _____
[Signature]
Signature of Authorized Official: _____

6-23-2021
Date _____

PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 15 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

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.

G&W Engineers, Inc.
Port Lavaca, TX United States

Certificate Number:
2022-958568

Date Filed:
11/28/2022

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

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.

RFQ 2022.08 (G&W # 5310.020)
Technical Services for the Combined Dispatch Building

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Novian, Brian	Port Lavaca, TX United States	X	
	Sappington, Michial	Port Lavaca, TX United States	X	
	Gohlke, Anthony	Port Lavaca, TX United States	X	
	Danysh, Henry	Port Lavaca, TX United States	X	
	Tuch, Elton	Port Lavaca, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Brian Novian, and my date of birth is 1/23/1960.

My address is 205 W. Live Oak St., Port Lavaca, TX, 77979, USA.
(street) (city) (state) (zip code) (country)

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

Executed in CALHOUN County, State of TEXAS, on the 28 day of Nov., 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

06

6. Consider and take necessary action to approve an Interlocal Agreement with Harris County Institute of Forensic Sciences for performing postmortem examinations. (RHM)

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



HARRIS COUNTY
INSTITUTE OF FORENSIC SCIENCES
SCIENCE. SERVICE. INTEGRITY.

Luis A. Sanchez, M.D.
Executive Director &
Chief Medical Examiner

November 21, 2022

The Honorable Richard H. Meyer
211 South Ann Street, Suite 301
Port Lavaca, Texas 77979

Re: Interlocal Agreement of Postmortem Examinations
by the Harris County Institute of Forensic Sciences

Dear Judge Meyer:

The attached interlocal agreement between Harris County and Calhoun County will be presented to the Harris County Commissioners Court for approval on December 13, 2022. This agreement will cover the services to be provided by the Harris County Institute of Forensic Sciences for postmortem examination of decedent cases referred to this office, as well as related court testimony, if any for the period January 1, 2023 – December 31, 2023.

The Harris County Commissioners Court approved fee schedule states the cost of an autopsy is \$2,887 and an external examination cost is \$1,161. This agreement allows our agency to exercise discretion in determining which type of postmortem examination is appropriate. Attached is the approved fee schedule.

We are attaching a copy of the agreement via email. Please sign the agreement and scan it to my email Nick.Turner@ifs.hctx.net and my assistant, Armis.Ejim@ifs.hctx.net. Once approved by the Harris County Commissioners Court, we will return a fully executed agreement to you.

Should you decide not to enter into this interlocal agreement for postmortem examinations, kindly return to my attention.

If you have any questions, please contact me at (832) 927-5211.

Sincerely,

A handwritten signature in black ink that reads "Nick Turner". The signature is fluid and cursive, with the first name "Nick" and last name "Turner" clearly distinguishable.

Nick Turner

Assistant County Attorney
Office of the Chief Medical Examiner
Harris County Institute of Forensic Sciences
1861 Old Spanish Trail
Houston, Texas 77054
Office: 832.927.5211
Mobile: 713.539.3961
Fax: 832.927.0230

Enclosures

INTERLOCAL AGREEMENT
FOR PERFORMANCE OF POSTMORTEM EXAMINATIONS
BY HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

THIS INTERLOCAL AGREEMENT (the "Agreement") is made pursuant to chapter 791 of the Texas Government Code (the Interlocal Cooperation Act) and chapter 49 of the Texas Code of Criminal Procedure, and entered into by and between **Harris County**, acting by and through its governing body, the Harris County Commissioners Court, and **Calhoun County** (the "Requesting County"), acting by and through its governing body, the Polk County Commissioners Court.

RECITALS:

Pursuant to article 49.25 of the Texas Code of Criminal Procedure, Harris County has established and maintains the Harris County Institute of Forensic Sciences which includes the Office of Medical Examiner;

The Requesting County does not have a medical examiner, and a justice of the peace is required to conduct an inquest into the death of a person who dies in the county under certain circumstances;

If the justice of the peace determines that a postmortem examination is necessary, the justice of the peace may order that a postmortem examination of the body be performed by a physician; and

The Requesting County desires to obtain the services of the Harris County Institute of Forensic Sciences (the "Medical Examiner") to perform postmortem examinations on persons who died in the Requesting County and to provide sworn testimony in connection with any inquest by a justice of the peace or any criminal investigation or prosecution conducted by a prosecuting attorney.

NOW, THEREFORE, Harris County and the Requesting County, in consideration of the mutual covenants and agreements herein contained, do mutually agree as follows:

TERMS:

I.
TERM

The term of this Agreement shall begin on January 1, 2023 and end on December 31, 2023, unless terminated in accordance with the provisions contained herein.

II. SERVICES

A. Postmortem Examinations. Postmortem examinations will be performed by the Medical Examiner pursuant to chapter 49 of the Texas Code of Criminal Procedure. In those cases where a complete autopsy is deemed unnecessary by the Medical Examiner to ascertain the cause and manner of death, the Medical Examiner may perform an external examination of the body, which may include taking x-rays of the body and extracting bodily fluids for laboratory analysis.

1. *Written Request.* When a justice of the peace in the Requesting County determines pursuant to article 49.10 of the Code of Criminal Procedure, that a postmortem examination is necessary on the body of a deceased person who died within their jurisdiction, the justice of the peace may request that the Medical Examiner perform an autopsy. Each request for a postmortem examination shall be in writing, accompanied by an order signed by the justice of the peace. However, the Medical Examiner shall have the discretion to perform an autopsy or external examination of the body based on his professional judgment.
2. *Written Records.* The following records shall accompany the body: (1) the completed form titled "Harris County Medical Examiner Out of County Investigator's Report" (attached hereto and incorporated herein); (2) the entire police report, including scene photographs and; (3) all relevant medical records, including hospital admission and emergency room records, if applicable. Failure to provide all necessary records may result in the Medical Examiner refusing to accept the body for a postmortem examination.
3. *Body Bag.* Each body transported to the Medical Examiner for a postmortem examination must be enclosed inside a zippered body bag and sealed in such a way as to insure integrity of evidence between the time of scene investigation and arrival at the Medical Examiner. The body bag shall have the deceased's name affixed to the outside.

B. Laboratory Analyses. The Medical Examiner shall conduct a postmortem toxicological analysis, if appropriate, and any other tests considered necessary to assist in determining the cause and manner of death and identification.

C. Testimony. Medical Examiner personnel performing services pursuant to this agreement shall appear as reasonably necessary to provide testimony in a criminal case before a district court of the Requesting County. The Requesting County agrees to use its best efforts to schedule the testimony of the Medical Examiner's personnel in such a manner to cause the least amount of disruption in their work schedule.

D. Reports. Within a reasonable time after the completion of a postmortem examination, the Medical Examiner will provide a written copy of the autopsy report to the justice of the peace who requested the autopsy.

E. Transportation. The Requesting County shall have the sole responsibility for transporting the deceased to the Medical Examiner. Upon notification by the Medical Examiner that the autopsy has been completed, the Requesting County shall make arrangements for the deceased to be transported immediately to a funeral home.

F. Training. The Medical Examiner will conduct an annual training seminar in Houston for justices of the peace, their court personnel and other criminal justice officials, including investigators.

G. No Interment. Harris County shall have no responsibility for burying the remains of the deceased. Consistent with TEX. HEALTH & SAFETY CODE ANN. § 711.002(e), the Requesting County shall have sole responsibility for interment of the body.

III.

CONSIDERATION FOR SERVICES

A. Autopsy Fees. In consideration for the services provided by the Medical Examiner, the Requesting County agrees to pay Harris County all costs and expenses associated with performing the autopsy in accordance with the following schedule:

- | | |
|----------------------------------|------------------|
| (a) Standard Autopsy Examination | \$2,887 per body |
| (b) External Examination | \$1,161 per body |

B. Ancillary Tests. Ancillary tests (i.e. GSR tests) will be performed as deemed appropriate by the Medical Examiner at no additional cost. If further tests are requested by the Requesting County, but are deemed by the Medical Examiner not germane based on the circumstances of the case, the Medical Examiner may elect to decline the request, or to request that the laboratory of the HCIFS perform those tests with additional charges in accordance with the Fee Schedule, attached hereto and incorporated herein as Exhibit "A."

C. Testimony. The Requesting County shall additionally pay Harris County for the time spent by the Medical Examiner's pathologists, the Chief Toxicologist, or other personnel providing sworn testimony in connection with a postmortem examination requested by the Requesting County. Testimony fee are in accordance with the Harris County Medical Examiner's Fee Schedule, attached hereto and incorporated herein as Exhibit "A." These rates shall apply also to pretrial preparation, attendance at pretrial conferences, travel time and any time spent waiting to provide testimony.

D. Storage of Bodies. The Requesting County shall pay Harris County the additional sum of Forty Five Dollars (\$45) per day for each body that remains at the Medical Examiner beyond three (3) days (including weekends and holidays) beginning the day after notification by the Medical Examiner that the body is ready to be released to the Requesting County. This provision shall survive termination of this Agreement and shall apply to any bodies currently remaining at the Medical Examiner.

E. Invoice. Harris County shall submit an invoice to the Requesting County for post mortem services performed under this Agreement within thirty (30) days after the service is completed.

The Requesting County shall pay the total amount of the invoice within thirty (30) days of the date of receipt of the invoice by the Requesting County. If the Requesting County fails to pay any invoice within sixty (60) days after receipt, the Medical Examiner may refuse to accept any additional bodies for autopsy.

F. Fair Compensation. Harris County and the Requesting County agree and acknowledge that the contractual payments contemplated by this agreement are reasonable and fairly compensate Harris County for the services or functions performed under this Agreement.

G. Death Certificates. The justice of the peace who requested the postmortem examination be performed shall provide the Medical Examiner with a copy of the signed Certificate of Death no later than fourteen (14) days after receipt of the autopsy report. Failure to comply with this provision may result in termination of the contract by Harris County.

IV. FUNDS

A. Current Funds. The Requesting County agrees and acknowledges that the contractual payments in this Agreement shall be made to Harris County from current revenues available to the Requesting County.

B. Certified Availability. The Requesting County has available and has specifically allocated \$8,661.00, as evidenced by a certification of funds by the Requesting County's County Auditor. In the event funds certified available by the Requesting County's County Auditor are no longer sufficient to compensate Harris County for the services provided under this Agreement, Harris County shall have no further obligation to complete the performance of any services until the Requesting County certifies sufficient additional current funds. The Requesting County agrees to immediately notify Harris County regarding any additional certification of funds for this Agreement.

C. Other Statutory Liability. This Agreement is not intended to limit any statutory liability of the Requesting County to pay for services provided by Harris County when the funds certified by the Requesting County are no longer sufficient to compensate Harris County for the services provided under this Agreement.

D. Overdue Payments. It is understood and agreed that chapter 2251 of the Texas Government Code applies to late payments.

V. TERMINATION

A. Without Notice. If the Requesting County defaults in the payment of any obligation in this Agreement, Harris County is authorized to terminate this Agreement immediately without notice.

B. With Notice. It is understood and agreed that either party may terminate this Agreement prior to the expiration of the term set forth above, with or without cause, upon thirty (30) days prior written notice to the other party. By the next business day following the first ten (10) days of the

subsequent calendar month after the effective date of such termination, Harris County will submit an invoice showing the amounts due for the month in which termination occurs in the manner set out above for submitting monthly invoices.

VI.
NOTICE

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

To Harris County: Harris County
 Harris County Administration Building
 1001 Preston, Suite 911
 Houston, Texas 77002-1896
 Attn: County Judge

with a copy to: Harris County Institute of Forensic Sciences
 1861 Old Spanish Trail
 Houston, Texas 77054
 Attn: Chief Medical Examiner

To Calhoun County: Calhoun County
 211 South Ann Street
 Port Lavaca, Texas 77979
 Attn: County Judge

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

VII.
MERGER

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

VIII.
VENUE

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

IX.
MISCELLANEOUS

This instrument contains the entire Agreement between the parties relating to the rights granted and the obligations assumed. Any oral or written representations or modifications concerning this

instrument shall be of no force and effect excepting a subsequent modification in writing signed by both parties. This Agreement may be executed in duplicate counterparts, each having equal force and effect of an original. This Agreement shall become binding and effective only after it has been authorized and approved by both counties, as evidenced by the signature of the appropriate authority pursuant to an order of the Commissioners Court of the respective County authorizing such execution.

APPROVED AS TO FORM:
CHRISTIAN D. MENEFEE
County Attorney

HARRIS COUNTY

By _____
NICK TURNER
Assistant County Attorney

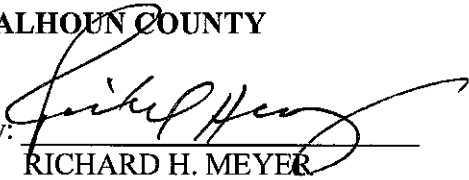
By _____
LINA HIDALGO
County Judge

Date Signed: _____

APPROVED:

By _____
LUIS A. SANCHEZ, M.D.
Harris County Institute of Forensic Sciences
Executive Director & Chief Medical Examiner

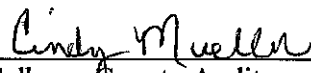
CALHOEN COUNTY

By: 
RICHARD H. MEYER
County Judge

Date Signed: 12-7-2022

CERTIFICATION OF FUNDS

Pursuant to section 111.093 of the Texas Local Government Code, I certify that the county budget contains an ample provision for the obligations of **Calhoun County** under this Agreement and that funds are or will be available in the amount of \$8,661.00 to pay the obligations when due.


Calhoun County Auditor
Date Signed: 12-7-22



HARRIS COUNTY
INSTITUTE OF FORENSIC SCIENCES
SCIENCE. SERVICE. INTEGRITY.

EXHIBIT "A"

Luis A. Sanchez, M.D.
Executive Director &
Chief Medical Examiner

HCIFS Fee Schedule – Medical Examiner Services

Effective January 1, 2015

Service Description	Unit Pricing	Fees
<i>Post Mortem Examinations</i>		
Full Autopsy	Case	\$2,887
External Examination	Case	\$1,161
<i>Decedent Storage</i>	Day	\$45
<i>Records: Reports, Permits, & Photo Reprints</i>		
Copy Charge per Open Records	Page	\$0.10
Images on CD (Plus copy charge)	Each	\$11
Notarization of Document (plus copy charge)	Document	\$7
Photo Reprints (3 ½ x 5)	Print	\$3
Photo Reprints (8 x 10)	Print	\$5
X-Ray Copy (per film)	Film	\$6
Subpoena/Court Order Documents (plus copy charge)	Hour	\$55
<i>Professional Services</i>		
<i>Medical Examiner Expert Witness Testimony / Consultation</i>		
Preparation Fees	Fixed Fee	\$179
Medical Examiner, Travel & Witness /Consultation	Hourly	\$139
<i>Anthropology Expert Witness Testimony / Consultation</i>		
Preparation Fees	Fixed Fee	\$81
Anthropology Travel & Witness /Consultation	Hourly	\$70
<i>Investigation Expert Witness Testimony / Consultation</i>		
Preparation Fees	Fixed Fee	\$39
Investigator /Entomologist, Travel & Witness /Consultation	Hourly	\$37
<i>Crime Laboratory Expert Witness Testimony / Consultation</i>		
Preparation Fees	Fixed Fee	\$78
Laboratory personnel, Travel & Witness /Consultation	Hourly	\$49

Prepared by HCIFS
Approved 08/26/2014

07

7. Consider and take necessary action to declare December 8, 2022 as Dan Heard Day in Calhoun County. (RHM)

Sara Rodriguez read the proclamation.

RESULT: **APPROVED [UNANIMOUS]**

MOVER: Richard Meyer, County Judge

SECONDER: Vern Lyssy, Commissioner Pct 2

AYES: Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

PROCLAMATION

Dan W. Heard Day

December 8, 2022

WHEREAS, Dan W. Heard was elected and has served Calhoun County and its citizens for approximately thirty years; and

WHEREAS, in 1979 Dan W. Heard was appointed as special County Judge; and

WHEREAS, in 1980 Dan W. Heard was appointed as Criminal District Attorney of Calhoun County by Republican Governor, Bill Clements. Subsequently, he was elected to the unexpired term of Criminal District Attorney in 1980 and then was elected to a full four-year term in 1984; and

WHEREAS, after many years in private practice, the citizens of Calhoun County, Texas again elected Dan W. Heard as the Criminal District Attorney of Calhoun County in 1998 and he has been reelected in 2002, 2006, 2010, 2014, and 2018; and

WHEREAS, Dan W. Heard has worked for Calhoun County and its citizens for 30 years, and has decided to retire from public service at the end of his term; and

WHEREAS, in addition to holding the office of Criminal District Attorney of Calhoun County, Texas, Dan W. Heard has dedicated his private time to the betterment of Calhoun County as he helped establish and support The Harbor Children's Alliance & Victim Center, was a member and President of the Chamber of Commerce, was a baseball coach and officer in Little League and The Babe Ruth League, helped organize the first Seafest, and was named "Man of the Year" by the Chamber of Commerce; and

WHEREAS, this Court acknowledges the significant contributions of Dan W. Heard to the betterment of the citizens of Calhoun County, Texas over the course of his public service career and we are thankful for his service.

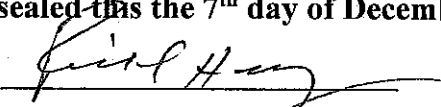
NOW, THEREFORE, WE, THE COMMISSIONERS COURT OF CALHOUN COUNTY, TEXAS, DO HEREBY PROCLAIM and declare December 8, 2022 as

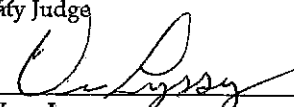
DAN W. HEARD DAY

In Calhoun County, Texas. We extend our best wishes to Dan W. Heard and also give our thanks and appreciation to him for his many years of service and dedication to the citizens of this community.

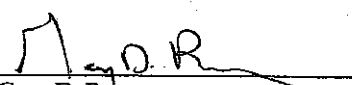
Signed and sealed this the 7th day of December, 2022

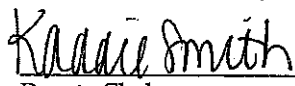

David E. Hall
Commissioner, Precinct 1

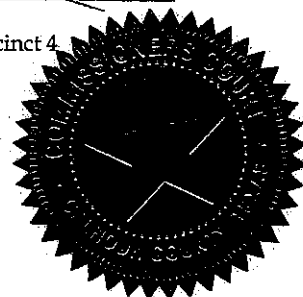

Richard H. Meyer, County Judge


Vern Lyssy
Commissioner, Precinct 2


Joel M. Behrens
Commissioner, Precinct 3


Gary D. Repse
Commissioner, Precinct 4

Attest: Anna Goodman, County Clerk

Deputy Clerk



08

8. Consider and take necessary action to approve the renewal to the Health Services Agreement between Calhoun County and Southern Health Partners, Inc., dba SHP Vista Health Management, Inc. for medical care of inmates in the Calhoun County Adult Detention Center and authorize the County Judge to sign all necessary documents. The renewal begins January 1, 2023 and ends December 31, 2023. (RHM)

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

Consider and take necessary action to approve the contract renewal between Calhoun County Adult Detention Center and Southern Health Partners with the amended increased cost pool as presented. The amendment will increase the cost pool from \$30k per year to \$50k per year to aid in the increased cost of medical care for inmates.

November 8, 2022

To: Judge Meyer

From: County Auditor
Submitted for the Calhoun County Adult Detention Center

Please place the following item on the Commissioners Court Agenda for November 16, 2022:

Consider and take necessary action to approve the renewal to the Health Services Agreement between Calhoun County and Southern Health Partners, Inc., dba SHP Vista Health Management, Inc. for medical care of inmates in the Calhoun County Adult Detention Center and authorize the County Judge to sign all necessary documents. The renewal begins January 1, 2023 and ends December 31, 2023.



Southern Health Partners

September 29, 2022

Sheriff Bobbie Vickery
Calhoun County Sheriff's Office
211 South Ann Street
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Sheriff Vickery:

As we look toward beginning a new contract year, SHP would like to thank Calhoun County and the Sheriff's Office for the privilege of working together to provide inmate health services at the Jail.

We have reviewed the contract carefully and determined a 3% annual increase on the base fee and per diem rate will be needed for the 2023 period, to account for higher operating expenses that continue to increase significantly from year to year, far-outpacing the minimal annual increases we've received historically (ex: supplies, core business insurance-not just employee health insurance, but also the professional liability, general liability, etc.—some lines by as much as 50%) and for staffing, to help us maintain high-quality nursing staff. Unfortunately, we continue to face considerable challenges in the area of staffing, even more so since the pandemic. There are many contributing factors, to name only a few, the need for more competitive pay/compensation package in a competitive market, site location, increased patient acuity leading to additional workload, increased costs of keeping the harder to staff night and weekend shifts filled, availability of attractive home-work options for nurses, current climate in the health care field and national nursing shortage.

We must be prepared for the much higher costs associated with operations and keeping the facility well-staffed in the year ahead. I have outlined the new fee description for you below, to become effective in line with the January anniversary. The difference on the base rate is \$354.81 more per month.

Contract Period: January 1, 2023, through December 31, 2023	
Base annualized fee:	\$146,180.64 (\$12,181.72 per month)
Per diem greater than 80 inmates:	\$1.29
Annual outside cost pool limit:	\$30,000.00 (includes 80% pool refund provision)

If you have any questions or concerns about the pricing, or would like to discuss the contract, don't hesitate to call or email me. I can be reached directly in the office at 803-802-1492. This letter is yours to keep for the contract file, and I will ask you to please return a signed copy at your earliest convenience, or by October 31, 2022. A scan to email will be fine (email carmen.hamilton@southernhealthpartners.com). Except as stated herein, or as may be amended or modified in writing by mutual agreement of the parties, all provisions of the contract will remain in full force and effect.

September 29, 2022
Page two

We appreciate your continued business and investment in working with SHP to deliver an outstanding program of high-quality patient care services.

Sincerely,

C. Hamilton

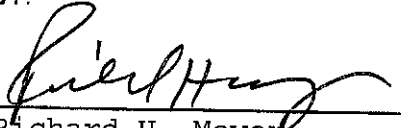
Carmen Hamilton
Contracts Manager

/cph

cc: Rachel Martinez

CALHOUN COUNTY, TX

BY:

A handwritten signature in black ink, appearing to read "Richard H. Meyer", written over a horizontal line.

Richard H. Meyer

Calhoun County Judge

Date: December 7, 2022

1 of 1

Version V3.5.1.d1b92728

RE: Renewal
Health Services Agreement
January 1, 2023 through December 31, 2023

If approved Wednesday, November 16, 2022 by Commissioners Court,
all documents behind this page make up the Renewal for the period
January 1, 2023 through December 31, 2023.



**RENEWAL OF THE
HEALTH SERVICES AGREEMENT
FOR THE
CALHOUN COUNTY ADULT DETENTION CENTER**

**Renewal Period
January 1, 2023 through December 31, 2023**

Approved by Commissioners Court Wednesday, November 16, 2022



Southern Health Partners

September 29, 2022

Sheriff Bobbie Vickery
Calhoun County Sheriff's Office
211 South Ann Street
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Sheriff Vickery:

As we look toward beginning a new contract year, SHP would like to thank Calhoun County and the Sheriff's Office for the privilege of working together to provide inmate health services at the Jail.

We have reviewed the contract carefully and determined a 3% annual increase on the base fee and per diem rate will be needed for the 2023 period, to account for higher operating expenses that continue to increase significantly from year to year, far-outpacing the minimal annual increases we've received historically (ex: supplies, core business insurance-not just employee health insurance, but also the professional liability, general liability, etc.—some lines by as much as 50%) and for staffing, to help us maintain high-quality nursing staff. Unfortunately, we continue to face considerable challenges in the area of staffing, even more so since the pandemic. There are many contributing factors, to name only a few, the need for more competitive pay/compensation package in a competitive market, site location, increased patient acuity leading to additional workload, increased costs of keeping the harder to staff night and weekend shifts filled, availability of attractive home-work options for nurses, current climate in the health care field and national nursing shortage.

We must be prepared for the much higher costs associated with operations and keeping the facility well-staffed in the year ahead. I have outlined the new fee description for you below, to become effective in line with the January anniversary. The difference on the base rate is \$354.81 more per month.

Contract Period: January 1, 2023, through December 31, 2023	
Base annualized fee:	\$146,180.64 (\$12,181.72 per month)
Per diem greater than 80 inmates:	\$1.29
Annual outside cost pool limit:	\$30,000.00 (Includes 80% pool refund provision)

If you have any questions or concerns about the pricing, or would like to discuss the contract, don't hesitate to call or email me. I can be reached directly in the office at 803-802-1492. This letter is yours to keep for the contract file, and I will ask you to please return a signed copy at your earliest convenience, or by October 31, 2022. A scan to email will be fine (email carmen.hamilton@southernhealthpartners.com). Except as stated herein, or as may be amended or modified in writing by mutual agreement of the parties, all provisions of the contract will remain in full force and effect.

September 29, 2022

Page two

We appreciate your continued business and investment in working with SHP to deliver an outstanding program of high-quality patient care services.

Sincerely,

C. Hamilton

Carmen Hamilton
Contracts Manager

/cph

cc: Rachel Martinez

CALHOUN COUNTY, TX

BY:

Richard H. Meyer

Calhoun County Judge

Date: November 16, 2022

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

RENEWAL

**Beginning January 1, 2022
and
Ending December 31, 2022**



Southern Health Partners

December 1, 2021

Sheriff Bobbie Vickery
Calhoun County Sheriff's Office
211 South Ann Street
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Sheriff Vickery:

This letter is for your file and reference to acknowledge renewal of the Health Services Agreement with a 1% annual increase for the 2022 period (rather than a 2% increase as previously requested).

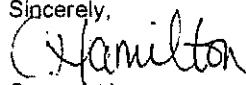
A summary of the pricing terms is provided below based on continuation of the program at the current level of staffing and services with a 1% increase on the base fee effective January 1, 2022. Also note, as agreed, the per diem rate will be reduced to the new amount of \$1.25 going forward.

Contract Period: January 1, 2022, through December 31, 2022
Base contract fee: \$141,922.92 (\$11,826.91 per month)
Per diem greater than 80 inmates: \$1.25
Annual outside cost pool limit: \$30,000.00 (includes 80% pool refund provision)

Please return a signed copy of this letter to me at your earliest convenience, either scanned to email (carmen.hamilton@southernhealthpartners.com) or by fax (803-802-1495 direct fax). Except as noted above, or as may be amended or modified by mutual written agreement between the parties, all provisions of the contract will remain in full force and effect.

Feel free to reach out should you have any questions or need anything further for your records. I'll be more than happy to assist. My direct number in our NC/SC Regional Office is 803-802-1492. Again, we truly appreciate your business and look forward to continued partnership with you and Calhoun County in the year ahead.

Sincerely,

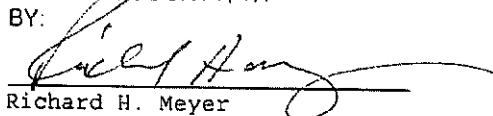

Carmen Hamilton
Contracts Manager

/cph

cc: Rachel Martinez

CALHOUN COUNTY, TX

BY:



Richard H. Meyer

Calhoun County Judge

Date: December 15, 2021

2080 Hamilton Place Boulevard, Suite 140
Chattanooga, TN 37421
423-558-5635 (phone) 423-558-5645 (fax)

Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.

Health Services Agreement

CURRENT YEAR AND PAST YEARS INFORMATION

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

RENEWAL

**Beginning January 1, 2021
and
Ending December 31, 2021**

**Southern Health
Partners**

Your Partner In Affordable Inmate Healthcare

September 30, 2020

Sheriff Bobbie Vickery
Calhoun County Sheriff's Office
211 South Ann Street
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Sheriff Vickery:

SHP values the relationship we have with Calhoun County and the Sheriff's Office. With each new contract year, we look forward to a renewed commitment of partnering to provide excellent medical care for your inmates.

We want to continue to grow and offer the service and results you've come to expect of us. In order to remain competitive while still retaining our quality, it will be necessary to increase our service rates for the 2021 period, effective in line with the renewal anniversary.

Below is a new rate description to keep on file. The pricing reflects a 3% annual increase as well as our increased experience, quality service and reputation within the industry.

Contract Period: January 1, 2021, through December 31, 2021	
Base annualized fee:	\$140,517.72 (\$11,709.81 per month)
Per diem greater than 80:	\$1.70
Annual outside cost pool limit:	\$30,000.00 (includes 80% pool refund provision)

Rate increases are an unavoidable part of doing business, and we thank you for understanding and supporting a superior standard for continuation of our program and services in the coming year. If you have any questions or need clarification, please don't hesitate to contact me. I'll be happy to assist.

For the historical contract record, I will ask you to keep this letter and return a signed copy to me at your earliest convenience, or by October 31, 2020. A scan to email or faxed copy will be fine (803-802-1495 direct fax or email carmen.hamilton@southernhealthpartners.com). Except as stated herein, or as may be amended or modified in writing by mutual agreement of the parties, all provisions of the contract will remain in full force and effect.

Thank you for your continued trust and confidence in SHP. Again, please feel free to reach out if there is anything you need.

Sincerely,

C. Hamilton

Carmen Hamilton
Contracts Manager

/cph

cc: Rachel Martinez

CALHOUN COUNTY, TX
BY:

[Signature]
Calhoun County Judge
12/16/20

2000 Hamilton Place Boulevard Suite 100
Chattanooga, TN 37424
423-553-5635 (phone) 423-553-5635 (fax)

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

**AMENDMENT #4
to
HEALTH SERVICES AGREEMENT**

**Amendment #4
Beginning January 1, 2020
and
Ending December 31, 2020**

AMENDMENT #4
TO
HEALTH SERVICES AGREEMENT

This AMENDMENT #4 to Health Services Agreement dated November 19, 2013, between Calhoun County, Texas (hereinafter referred to as "County"), and Southern Health Partners, Inc., d/b/a SHP Vista Health Management, Inc., a Delaware Corporation, (hereinafter referred to as "SHP"), with services commencing on January 1, 2014, is entered into as of this 27 day of Nov., 2019.

WITNESSETH:

WHEREAS, County and SHP desire to amend the Health Services Agreement dated November 19, 2013, between County and SHP.

NOW THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

Section 1.2 is hereby amended and replaced in its entirety by the following:

1.2 Scope of General Services. The responsibility of SHP for medical care of an inmate commences with the booking and physical placement of said inmate into the Jail. The health care services provided by SHP shall be for all persons committed to the custody of the Jail, except those identified in Section 1.7. SHP shall provide and/or arrange for all professional medical, dental, mental health and related health care and administrative services for the inmates, regularly scheduled sick call, nursing care, regular physician care, medical specialty services, emergency medical care, emergency ambulance services when medically necessary, medical records management, pharmacy services management, administrative support services, and other services, all as more specifically described herein.

SHP shall be financially responsible for the costs of all physician and nurse staffing, over-the-counter medications, medical supplies, on-site clinical lab procedures, medical hazardous waste disposal, office supplies, forms, folders, files, travel expenses, publications, administrative services and nursing time to train officers in the Jail on various medical matters. SHP's financial responsibility for the costs of all emergency kits and restocking of emergency kit supplies, all necessary license and permit fees, all prescription pharmaceuticals, all biological products used to prevent, diagnose or treat diseases and medical conditions (including, but not limited to the costs of PPD solution for inmate Tuberculosis testing), all x-ray procedures (inside and outside the Jail), all off-site lab procedures, all dental services (inside and outside the Jail) and all medical and mental health services rendered outside the Jail shall be limited by the annual cost pool described in Section 1.5 of this Agreement. All pool costs in excess of the annual cost pool limit shall be the financial responsibility of the County, or shall not otherwise be the financial responsibility of SHP.

Should new legislation require substantial or new medical directives to SHP in the provision of services under this Agreement, SHP will not be financially responsible for changes to its program, rather SHP would have the ability to seek from the County any additional monies to fund such directives.

Effective on or about January 1, 2020, the services of Faspsych, for 24/7 video mental health consultations on demand, shall be made available to County through SHP. Should County elect to utilize Faspsych, the cost of the services shall be in addition to SHP's base contract fee, incurred on a per-use basis at a flat rate of \$150.00 per incident, with the costs going into the pool accounting and subject to the annual pool limit as set forth in Section No. 1.5.

Section 1.5 is hereby amended and replaced in its entirety by the following:

1.5 Limitations On Costs - Cost Pool. SHP shall, at its own cost, arrange for medical services for any inmate who, in the opinion of the Medical Director (hereinafter meaning a licensed SHP physician), requires such care. SHP's maximum liability for costs associated with all emergency kits and restocking of emergency kit supplies, all necessary license and permit fees, all prescription pharmaceuticals, all biological products used to prevent, diagnose or treat diseases and medical conditions (including, but not limited to the costs of PPD solution for inmate Tuberculosis testing), all x-ray procedures (inside and outside the Jail), all off-site lab procedures, all dental services (inside and outside the Jail) and all medical and mental health services for inmates rendered outside of the Jail will be limited by a pool established in the amount of \$30,000.00 in the aggregate for all inmates in each year (defined as a twelve-month contract period) of this Agreement. If the costs of all care as described in this Section 1.5 exceed the amount of \$30,000.00 in any year, SHP will either pay for the additional services and submit invoices supporting the payments to the County along with an SHP invoice for one hundred percent (100%) of the costs in excess of \$30,000.00 or, in the alternative, will refer all additional qualifying invoices to County for payment directly to the provider of care. For all invoices payable to SHP as reimbursement for pool excess costs, such amounts shall be payable by County within thirty days of the SHP invoice date. SHP will allow a grace period of up to sixty days from the date of invoice, and will thereafter apply a late fee of two percent (2%) on the balance each month until SHP has been reimbursed in full. For purposes of this Section 1.5, the pool amount will be prorated for any contract period of less or more than twelve months.

If the costs of all care as described in this Section 1.5 are less than \$30,000.00 in any year (defined as a twelve-month contract period), SHP will repay to County eighty percent (80%) of the balance of unused cost pool funds up to the \$30,000.00 annual limit. County acknowledges that, at the end of each contract period, the cost pool billing will remain open for approximately sixty days in order to allow reasonable time for processing of additional claims received after the new contract period begins and prior to issuing any such refund to County for unused cost pool funds. Specifically, the cost pool cut-off will be mid-February based on a contract period schedule ending in mid-December each year. SHP will continue to process cost pool payments applicable to the prior contract period through mid-February and apply those amounts toward the prior year's cost pool limit. Any additional cost pool charges received subsequent to the cut-off date which are applicable to the prior contract period will either be rolled over into the pool for the current contract period or be referred to County for payment directly to the provider of care.

The intent of this Section 1.5 is to define SHP's maximum financial liability and limitation of costs for all emergency kits and restocking of emergency kit supplies, all necessary license and permit fees, all prescription pharmaceuticals, all biological products used to prevent, diagnose or treat diseases and medical conditions (including, but not limited to the costs of PPD solution for

Inmate Tuberculosis testing), all x-ray procedures (inside and outside the Jail), all off-site lab procedures, all hospitalizations, all dental services (inside and outside the Jail) and all other medical and mental health services rendered outside the Jail.

Effective on or about January 1, 2020, the services of Faspsych, for 24/7 video mental health consultations on demand, shall be made available to County through SHP. Should County elect to utilize Faspsych, the cost of the services shall be in addition to SHP's base contract fee, incurred on a per-use basis at a flat rate of \$150.00 per incident, with the costs going into the pool accounting and subject to the annual pool limit as set forth in Section No. 1.5.

Section 2.1 is hereby replaced in its entirety by the following:

2.1 Staffing. SHP shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the Jail as described in and required by this Agreement. County acknowledges that SHP will provide on-site staffing coverage averaging thirty (30) nursing hours per week, according to a regular schedule of six (6) hours per weekday. Staffing hours worked in excess of this contracted staffing plan, not to include SHP training hours, may be billed back to the County on a monthly basis, at the actual wage and benefit rate, for staffing services performed on-site at the facility. Further, County acknowledges that SHP will not provide medical staff on SHP-designated holidays, and there will be an allowance for a reasonable number of absences for medical staff vacation and sick days. If any such absences exceed five (5) consecutive days, not to include vacation time or SHP-designated holidays, SHP will refund the County the cost of the staffing hours on the next month's base fee billing.

It is understood the Professional Provider may be filled by a Physician, or Mid-Level Practitioner. Either will be duly licensed to practice medicine in the State of Texas, and will be available to our nursing staff for resource, consultation and direction twenty-four (24) hours per day, seven (7) days per week.

The scheduling of staff shifts may be flexible and adjusted by SHP in order to maintain stability of the program and consistency with staff. Any adjustments or changes to fixed schedules would be made after discussions with the Jail Administrator and other involved County officials. Professional Provider visit times and dates will be coordinated with Jail Management, and may include the use of telehealth services. Some of the Professional Provider time may be used for phone consults with medical staff and for other administrative duties.

Section 6.1 is hereby replaced in its entirety by the following:

6.1 Term. This Agreement shall commence on January 1, 2014. The renewal period of this Agreement beginning on January 1, 2020, shall run for twelve (12) months ending on December 31, 2020. This Agreement shall thereafter be automatically extended for additional renewal periods of one-year each, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate, or non-renew, in accordance with the provisions of Section No. 6.2 of this Agreement.

Section 7.1 is hereby replaced in its entirety by the following:

7.1 Base Compensation. Effective January 1, 2020, County will compensate SHP based on the twelve-month, annualized price of \$136,425.00 during the term of this Agreement, payable in monthly installments. Monthly installments based on the twelve-month, annualized price of \$136,425.00 will be in the amount of \$11,368.75 each. SHP will bill County approximately thirty days prior to the month in which services are to be rendered. County agrees to pay SHP prior to the tenth day of the month in which services are rendered. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to SHP will be prorated accordingly for the shortened month.

Section 7.2 is hereby replaced in its entirety by the following:

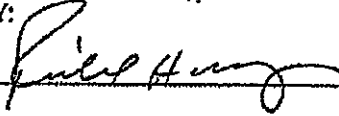
7.2 Increases in Inmate Population. County and SHP agree that the annual base price is calculated based upon an average daily inmate population of up to 80. Effective January 1, 2020, if the average daily inmate population exceeds 80 inmates, the compensation payable to SHP by County shall be increased by a per diem rate of \$1.65 for each inmate over 80. The average daily inmate resident population shall be calculated by adding the population or head count totals taken at a consistent time each day and dividing by the number of counts taken. The excess over an average of 80, if any, will be multiplied by the per diem rate and by the number of days in the month to arrive at the increase in compensation payable to SHP for that month. In all cases where adjustments become necessary, the invoice adjustment will be made on the invoice for a subsequent month's services. For example, if there is an average population for any given month of 85 inmates, resulting in an excess of five (5) inmates, then SHP shall receive additional compensation of five (5) times the per diem rate times the number of days in that month. The resulting amount will be an addition to the regular base fee and will be billed on a subsequent monthly invoice.

This per diem is intended to cover additional cost in those instances where minor, short-term changes in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new fixed staffing positions that might prove necessary if the inmate population grows significantly and if the population increase is sustained. In such cases, SHP reserves the right to negotiate for an increase to its staffing complement and its contract price in order to continue to provide services to the increased number of inmates and maintain the quality of care. This would be done with the full knowledge and agreement of the Jail Administrator, Sheriff and other involved County officials, and following appropriate notification to County.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

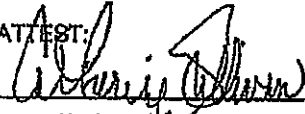
CALHOUN COUNTY, TX

BY:



Date: 11-27-19

ATTEST:



Date: 11-27-19

SOUTHERN HEALTH PARTNERS, INC.
d/b/a SHIP VISTA HEALTH MANAGEMENT, INC.

BY:



Jennifer Haskins, President and CEO

Date: 11/28/19

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

RENEWAL

**Beginning January 1, 2019
and
Ending December 31, 2019**



**Southern Health
Partners**

Your Partner In Affordable Inmate Healthcare

September 25, 2018

Ms. Michelle Velasquez
Jail Administrator
Calhoun County Adult Detention Center
302 West Live Oak St.
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Michelle:

SHP appreciates the opportunity to work with Calhoun County and the Sheriff's Office in managing the inmate medical needs at the Jail. I am writing this letter to acknowledge renewal of the Health Services Agreement for the 2019 period.

Beginning in January, we will need an adjustment on our service rates to help keep pace with the current market in attracting and retaining strong, well-qualified staff in corrections and the growing costs of providing medical services. Staffing is just one area where we are experiencing increased costs with industry-wide nursing shortages heavily impacting our site budgets, in terms of keeping consistent coverage in place and offering competitive local-area pay. Increased patient acuity has also increased our resource needs. Plus, we must account for other operating expenses which unfortunately do continue to go up each year (such as insurance/benefits, administration and travel). We are committed to keeping the contract priced reasonably while providing the highest level of quality care for the inmates.

A 3% annual increase has been figured on the contract based on continuation of the program at the current level of staffing and services. This will give us a new per diem and base contract amount as follows:

Contract Period:	January 1, 2019, through December 31, 2019
Base annualized fee:	\$134,408.88 (\$11,200.74 per month)
Per diem greater than 80:	\$1.63
Annual outside cost pool limit:	\$30,000.00 (includes 80% OCP refund provision)

Of course, if you have any questions, concerns or needs, please feel free to call me direct in our NC/SC Regional Office at 803-802-1492. I'll be glad to assist. For the historical record, I will ask you to keep this letter with your contract and return a signed copy to me by on or before October 31, 2018. A scan to email or faxed copy will be fine (803-802-1495 direct fax or email carmen.hamilton@southernhealthpartners.com). Except as stated herein, or as may be amended or modified in writing by mutual agreement of the parties, all provisions of the contract will remain in full force and effect.

Thank you in advance. We look forward to continuing a successful partnership in the new contract year.

Sincerely,

Carmen Hamilton
Contracts Manager

/cph

CALHOUN COUNTY, TX
BY:

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

RENEWAL

**Beginning January 1, 2018
and
Ending December 31, 2018**



**Southern Health
Partners**

Your Partner In Affordable Inmate Healthcare

September 27, 2017

Ms. Michelle Velasquez
Jail Administrator
Calhoun County Adult Detention Center
302 West Live Oak St.
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Michelle:

SHP continues to be a proud partner with Calhoun County and the Sheriff's Office in providing for the delivery of inmate health services. Our Health Services Agreement is coming up soon for renewal, and I am writing this letter to acknowledge a change in pricing terms for the 2018 period.

Remember there have been a couple years in the contract history when we were able to let go without an inflationary increase. Over time, however, many of our operating expenses have continued to go up, including those related to insurance, administration and travel, plus we must allow for higher fixed costs for items such as employee benefits and nurse wages. With nurse wage rates having risen considerably, and also taking into account the aspect of nurse shortages, offering competitive local area pay is essential to attracting and keeping well-qualified nurses working for us in corrections. We want to assure the County of our commitment to provide an exemplary program of care.

The pricing outlined below includes a 3% annual adjustment for the 2018 period. Keep in mind this is less than CPI increase. This will give us a new per diem and base contract amount as follows:

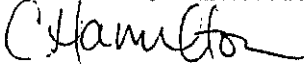
Contract period:	January 1, 2018, through December 31, 2018
Base annualized fee:	\$130,494.00 (\$10,874.50 per month)
Per diem greater than 80:	\$1.58
Annual outside cost pool limit:	\$30,000.00 (includes 80% OCP refund provision)

As always, you are welcome to give me a call with any questions. I'll be happy to assist. You can reach me direct in our NC/SC Regional Office at 803-802-1492. I will ask you to please keep this letter on file and return a signed copy to me by on or before October 31, 2017. A scanned email copy or faxed copy will be fine (803-802-1495 direct fax or email carmen.hamilton@southernhealthpartners.com). Except as noted above, or as may be modified or amended by mutual written agreement between the parties, all provisions of the contract will remain in full force and effect.

Thank you in advance. We look forward to continued business with an excellent customer.

Sincerely,

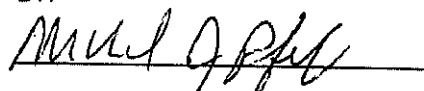
SOUTHERN HEALTH PARTNERS, INC.


Carmen Hamilton
Contracts Manager

/cph

CALHOUN COUNTY, TX

BY:



**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

RENEWAL

**Beginning January 1, 2017
and
Ending December 31, 2017**



**Southern Health
Partners**

Your Partner in Affordable Inmate Healthcare

September 27, 2016

Ms. Michelle Velasquez
Jail Administrator
Calhoun County Adult Detention Center
302 West Live Oak St.
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Michelle:

We, at SHP, are proud to be working in partnership with the Sheriff's Office as the on-site provider of inmate medical care. The Health Services Agreement is coming up soon to rollover in January, and we look forward to beginning a new year of services.

SHP remains committed to providing a cost-efficient quality program. Remember for the past two years, with approval for increasing the nurse staffing plan, we let the contract go without an annual price increase for renewal. For the new period beginning in January, however, we will need an adjustment to help us keep up with the costs of doing business and providing medical services, which continue to rise each year. We must allow for higher fixed costs for items such as employee wages and benefits, plus many of our other operating costs have increased over time, including those related to insurance, administration and travel.

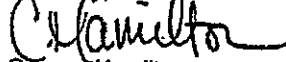
We have planned on a 2% inflationary increase for the 2017 contract year. This is a difference of \$207.02 more per month on the base rate. Please look for the monthly billings to adjust accordingly, effective January 1, 2017. The new per diem and base contract amount are noted below for your records.

Contract period:	January 1, 2017, through December 31, 2017
Base annualized fee:	\$126,693.24 (\$10,557.77 per month)
Per diem greater than 80:	\$1.53
Annual outside cost pool limit:	\$30,000.00 (includes 80% OCP refund provision)

Of course, should you have any questions or wish to discuss the contract, feel free to give me a call. I can be reached directly in our NC/SC Regional Office at 803-802-1492. I'll be happy to assist with anything you may need. Otherwise, please keep this letter for your file and return a signed copy to me at your earliest convenience. A scanned email copy or faxed copy will be fine (803-802-1495 direct fax or email carmen.hamilton@southernhealthpartners.com). Except as modified above, or as may be further amended or modified by mutual written agreement between the parties, all provisions of the contract will remain in full force and effect.

Thank you in advance. Calhoun County is a valued customer. We hope to have the privilege of doing business together for many years to come.

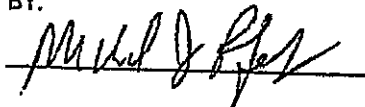
Sincerely,


Carmen Hamilton
Contracts Manager

/cph

CALHOUN COUNTY, TX

BY:



2030 Hamilton Place Boulevard, Suite 140
Chattanooga, TN 37421
423.553.5635 (phone) 423.553.5645 (fax)

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

**AMENDMENT #2
to
HEALTH SERVICES AGREEMENT**

**Amendment #2
Beginning January 1, 2016
and
Ending December 31, 2016**



**Southern Health
Partners**

Your Partner In Affordable Inmate Healthcare

October 8, 2015

Rachel Martinez
Jail Administrator
Calhoun County Adult Detention Center
302 West Live Oak
Port Lavaca, TX 77979

Re: Health Services Agreement

Dear Rachel:

This letter serves to acknowledge SHP's request for a change in the contract staffing provided under the Health Services Agreement. We are asking for the County's support in adjusting the base price to account for an increase in the contract staffing plan at the facility to a new average schedule of thirty hours each week (covering weekdays).

Again, it is our full expectation that, going forward, a full-time status 30-hour a week position will be essential to keeping a consistent staff member in place at the facility and improving the overall stability of the program. We are requesting an increase in base contract compensation to account for the additional nursing hours. The cost we initially offered to incorporate 10 hours into the regular staffing plan, bringing the MTA position up from 20 hours to a new average of 30 hours per week, was \$19,326.00 annualized. We have now agreed to reduce this amount by \$3,000.00 to \$16,326.00 (\$1,360.50 per month) with approval of the enclosed Amendment making the rate adjustment effective January 1, 2016. The change will increase the County's annualized contract price to the new amount of \$124,209.00 (\$10,350.75 per month).

Please review the Amendment at your earliest opportunity and contact me if you have any questions. Notice the Amendment includes several other sections with recent updates we have made in our standard contract language. We would like to take the opportunity while amending the contract to incorporate these updates.

As a part of our offer, with the County's approval of the Amendment, we will agree to continue under the same terms and pricing for another year, under the increased staffing plan, without an overall annual or inflationary price increase for the 2016 renewal period. You'll find this covered in Section No. 7.3. Please be advised, however, without the approved change for the staffing increase, SHP will need at a minimum a 10% fee increase for 2016 to help us with operating costs over this next contract year. Otherwise, we would need to discuss the contract options with the County further, and make a determination whether it will be feasible to continue services. We hope to avoid such a circumstance and want to continue working with the County to provide a quality, efficient program of care for the inmates.

Please do feel free to give me a call with any questions or concerns. I can be reached directly in our NC/SC Regional Office at 803-802-1492. Thank you in advance. We appreciate your time and assistance.

Sincerely,

Carmen Hamilton
Contracts Manager

/cph
Enclosure

12030 Hamilton Place, Boulevard, Suite 110
Chattanooga, TN 37421
423-553-5635 (phone) 423-553-5645 (fax)

AMENDMENT #2
TO
HEALTH SERVICES AGREEMENT

This AMENDMENT #2 to Health Services Agreement dated November 19, 2013, between Calhoun County, Texas (hereinafter referred to as "County"), and Southern Health Partners, Inc., d/b/a SHP Vista Health Management, Inc., a Delaware Corporation, (hereinafter referred to as "SHP"), with services commencing on January 1, 2014, is entered into as of this 12 day of October, 2015.

WITNESSETH:

WHEREAS, County and SHP desire to amend the Health Services Agreement dated November 19, 2013, between County and SHP.

NOW THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

Section 2.1 is hereby replaced in its entirety by the following:

2.1 Staffing. SHP shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the Jail as described in and required by this Agreement. County acknowledges that SHP will not provide medical staff on SHP-designated holidays, and there will be an allowance for a reasonable number of absences for medical staff vacation and sick days. County and SHP agree that, effective January 1, 2016, the amount of base contract compensation to SHP shall be adjusted to account for an increase in the on-site nurse staffing plan at the facility, to a new average schedule of thirty hours per week (covering weekdays).

Section 4.1 is hereby replaced in its entirety by the following:

4.1 General. SHP and County understand that adequate security services are essential and necessary for the safety of the agents, employees and subcontractors of SHP as well as for the security of inmates and County's staff, consistent with the correctional setting. County will take all reasonable steps to provide sufficient security to enable SHP to safely and adequately provide the health care services described in this Agreement. It is expressly understood by County and SHP that the provision of security and safety for the SHP personnel is a continuing precondition of SHP's obligation to provide its services in a routine, timely, and proper fashion, to the extent that if, in SHP's sole discretion, the safety and security of SHP personnel are compromised, SHP may exercise its right to immediately terminate services, in accordance with the provisions of Section No. 6.2(b) of this Agreement.

Section 6.1 is hereby replaced in its entirety by the following:

6.1 Term. This Agreement shall commence on January 1, ²⁰¹⁶2014. The term of this Agreement shall end on December 31, 2016, and shall be automatically extended for

additional one-year terms, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate at the end of the period.

Section 6.2 is hereby replaced in its entirety by the following:

6.2 Termination. This Agreement, or any extension thereof, may be terminated as otherwise provided in this Agreement or as follows:

- (a) Termination by agreement. In the event that each party mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
- (b) Termination for Cause. SHP shall have the right to terminate this Agreement at any time for Cause, which may be effected immediately after establishing the facts warranting the termination, and without any further obligation to County, by giving written notice and a statement of reasons to County in the event:
 - (i) the safety and security of SHP personnel is determined by SHP, in its sole discretion, to be compromised, either as a direct or indirect result of County's failure to provide adequate security services, the provision of which is a continuing precondition of SHP's obligation to perform work under this Agreement, or
 - (ii) County fails to compensate SHP for charges or fees due, either in whole, or in part, under this Agreement, according to the terms and provisions as stated herein.

Cause shall not, however, include any actions or circumstances constituting Cause under (i) or (ii) above if County cures such actions or circumstances within a specified period following delivery of written notice by SHP setting forth the actions or circumstances constituting Cause, during which period SHP may permit County, solely by express agreement, time to provide sufficient remedy to SHP's satisfaction. In all cases, this Agreement may be terminated immediately by SHP, without notice, if, in SHP's sole discretion, such immediate termination of services is necessary to preserve the safety and well-being of SHP personnel.

Upon such a termination for Cause, County acknowledges that, SHP shall be entitled to all compensation fees and charges due for services rendered hereunder, without penalty or liability to SHP, up through and including the last day of services, and further that, County shall be obligated to compensate SHP accordingly for such services rendered up

through and including the last day of services, consistent with the terms and provisions of this Agreement. If any costs relating to the period subsequent to such termination date have been paid by County in the case of (i) above, SHP shall promptly refund to County any such prepayment.

- (c) Termination by Cancellation. This Agreement may be canceled without cause by either party upon sixty (60) days prior written notice in accordance with Section 9.3 of this Agreement.
- (d) Annual Appropriations and Funding. This Agreement shall be subject to the annual appropriation of funds by the Calhoun County Commissioners' Court. Notwithstanding any provision herein to the contrary, in the event funds are not appropriated for this Agreement, County shall be entitled to immediately terminate this Agreement, without penalty or liability, except the payment of all contract fees due under this Agreement through and including the last day of service.

Section 7.1 is hereby replaced in its entirety by the following:

7.1 Base Compensation. Effective January 1, 2016, County will compensate SHP based on the twelve-month annualized price of \$124,209.00 during the term of this Agreement, payable in monthly installments. Monthly installments during the term of this Agreement based on the twelve-month annualized price of \$124,209.00 will be in the amount of \$10,350.75 each. SHP will bill County approximately thirty days prior to the month in which services are to be rendered. County agrees to pay SHP prior to the tenth day of the month in which services are rendered. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to SHP will be prorated accordingly for the shortened month.

Section 7.3 is hereby re-inserted and replaced in its entirety by the following:

7.3 Future Years' Compensation. The amount of compensation (i.e., annual base price and per diem rate as defined in Sections 7.1 and 7.2, respectively) to SHP shall be subject to annual price increase at the beginning of each contract year. County does hereby acknowledge that the amount of base compensation to SHP shall increase effective January 1, 2016, to account for additional nursing hours incorporated as a part of the on-site staffing plan, and that, for the twelve-month renewal period effective January 1, 2016, the parties have agreed to continue the terms of this Agreement, under the increased staffing plan of an average of 30 hours each week, at the same price as stated in Section No. 7.1, without any further overall annual or inflationary price increase on the base contract compensation or per diem rate. SHP shall provide written notice to County, within 90 days of renewal, of the amount of annual compensation increase requested for subsequent renewal periods effective on or after January 1, 2017, or shall otherwise negotiate mutually agreeable terms with County prior to the beginning of each annual renewal period.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

CALHOUN COUNTY, TX

BY:

Michael J. Ryle

Date: 10-12-15

ATTEST:

Jessie Sampson
BY: Jessie Sampson, Deputy
Anna Goodman,
Calhoun County Clerk
Date: 10/12/2015



SOUTHERN HEALTH PARTNERS, INC.
d/b/a SHP VISTA HEALTH MANAGEMENT, INC.
BY:

Jennifer Hairsine
Jennifer Hairsine, President and CEO

Date: 10-19-15

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

**AMENDMENT #1
to
HEALTH SERVICES AGREEMENT**

**Amendment #1
Beginning January 1, 2015
and
Ending December 31, 2015**

OPTION A

AMENDMENT #1
TO
HEALTH SERVICES AGREEMENT

This AMENDMENT #1 to Health Services Agreement dated November 19, 2013, between Calhoun County, Texas (hereinafter referred to as "County"), and Southern Health Partners, Inc., d/b/a SHP Vista Health Management, Inc., a Delaware Corporation, (hereinafter referred to as "SHP"), with services commencing on January 1, 2014, is entered into as of this ___ day of _____, 2014.

WITNESSETH:

WHEREAS, County and SHP desire to amend the Health Services Agreement dated November 19, 2013, between County and SHP.

NOW THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree as follows:

Section 2.1 is hereby replaced in its entirety by the following:

2.1 Staffing. SHP shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the Jail as described in and required by this Agreement. County acknowledges that SHP will not provide medical staff on SHP-designated holidays, and there will be an allowance for a reasonable number of absences for medical staff vacation and sick days. County and SHP agree that, effective January 1, 2015, the on-site nurse staffing plan will increase to a new average schedule of twenty hours per week (covering weekdays).

Section 6.1 is hereby replaced in its entirety by the following:

6.1 Term. This Agreement shall commence on January 1, 2014. The term of this Agreement shall end on December 31, 2015, and shall be automatically extended for additional one-year terms, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate at the end of the period.

Section 7.1 is hereby replaced in its entirety by the following:

7.1 Base Compensation. Effective January 1, 2015, County will compensate SHP based on the twelve-month annualized price of \$107,883.00 during the term of this Agreement, payable in monthly installments. Monthly installments during the term of this Agreement based on the twelve-month annualized price of \$107,883.00 will be in the amount of \$8,990.25 each. SHP will bill County approximately thirty days prior to the month in which services are to be rendered. County agrees to pay SHP prior to the tenth day of the month in which services are rendered. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to SHP will be prorated accordingly for the shortened month.

Section 7.3 is hereby re-inserted and replaced in its entirety by the following:

7.3 Future Years' Compensation. The amount of compensation (i.e., annual base price and per diem rate as defined in Sections 7.1 and 7.2, respectively) to SHP shall be subject to annual price increase at the beginning of each contract year, with the exception of the first renewal period effective January 1, 2015, through December 31, 2015, for which there shall be no overall renewal percentage increase on the contract. County does hereby acknowledge that the amount of base compensation to SHP shall increase effective January 1, 2015, coinciding with an increase in the number of nurse staffing hours provided by SHP, to the new twelve-month annualized amount of \$107,883.00. SHP shall provide written notice to County, within 90 days of renewal, of the amount of annual compensation increase requested for subsequent renewal periods effective on or after January 1, 2016, or shall otherwise negotiate mutually agreeable terms with County prior to the beginning of each annual renewal period.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

CALHOUN COUNTY, TX

BY: Michael J. Pfeifer

Michael J. Pfeifer

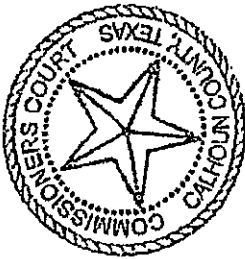
Calhoun County Judge

Date: 11-14-14

ATTEST:

Ann Leigh Sutton

Date: 11/05/2014



SOUTHERN HEALTH PARTNERS, INC.
d/b/a-SHP VISTA HEALTH MANAGEMENT, INC.

BY: Jeffrey A. Reasons

Jeffrey A. Reasons, Chief Executive Officer

Date: 11/17/14

**Southern Health Partners, Inc.
d/b/a SHP Vista Health Management, Inc.**

Health Services Agreement

**Beginning January 1, 2014
and
Ending December 31, 2014**

HEALTH SERVICES AGREEMENT

THIS AGREEMENT between Calhoun County, Texas (hereinafter referred to as "County"), and Southern Health Partners, Inc., d/b/a SHP Vista Health Management, Inc., a Delaware corporation, (hereinafter referred to as "SHP"), is entered into as of the ___ day of ___, 201_. Services under this Agreement shall commence on ~~December 16, 2014~~ ^{January 1, 2014} 2014, and shall continue through ~~December 15, 2014~~ ^{December 31, 2014}, in accordance with Section 6.1. *MP 12-19-13*

WITNESSETH:

WHEREAS, County is charged by law with the responsibility for obtaining and providing reasonably necessary medical care for inmates or detainees of the Calhoun County Adult Detention Center facility (hereinafter called "Jail") and,

WHEREAS, County and Sheriff desire to provide for health care to inmates in accordance with applicable law; and,

WHEREAS, the County, which provides funding as approved by the Calhoun County Commissioners' Court for the Jail, desires to enter into this Agreement with SHP to promote this objective; and,

WHEREAS, SHP is in the business of providing correctional health care services under contract and desires to provide such services for County under the express terms and conditions hereof.

NOW THEREFORE, in consideration of the mutual covenants and promises hereinafter made, the parties hereto agree as follows:

ARTICLE I: HEALTH CARE SERVICES.

1.1 General Engagement. County hereby contracts with SHP to provide for the delivery of all medical, dental and mental health services to inmates of Jail. This care is to be delivered to individuals under the custody and control of County at the Jail, and SHP enters into this Agreement according to the terms and provisions hereof.

1.2 Scope of General Services. The responsibility of SHP for medical care of an inmate commences with the booking and physical placement of said inmate into the Jail. The health care services provided by SHP shall be for all persons committed to the custody of the Jail, except those identified in Section 1.7. SHP shall provide and/or arrange for all professional medical, dental, mental health and related health care and administrative services for the inmates, regularly scheduled sick call, nursing care, regular physician care, medical specialty services, emergency medical care, emergency ambulance services when medically necessary, medical records management, pharmacy services management, administrative support services, and other services, all as more specifically described herein.

SHP shall be financially responsible for the costs of all physician and nurse staffing, over-the-counter medications, medical supplies, on-site clinical lab procedures, medical hazardous waste disposal, office supplies, forms, folders, files, travel expenses, publications, administrative services and nursing time to train officers in the Jail on various medical matters. SHP's financial responsibility for the costs of all prescription pharmaceuticals, all x-ray procedures (inside and outside the Jail), all dental services (inside and outside the Jail) and all medical and mental health services rendered outside the Jail will be limited by an annual cost pool described in Section 1.5 of this Agreement. Costs for all prescription pharmaceuticals, all x-ray procedures (inside and outside the Jail), all dental services (inside and outside the Jail) and all medical and mental health services rendered outside the Jail in excess of the annual cost pool limit shall be the financial responsibility of the County, or shall not otherwise be the financial responsibility of SHP.

1.3 Specialty Services. In addition to providing the general services described above, SHP by and through its licensed health care providers shall arrange and/or provide to inmates at the Jail specialty medical services to the extent such are determined to be medically necessary by SHP. In the event non-emergency specialty care is required and cannot be rendered at the Jail, SHP shall make arrangements with County for the transportation of the inmates in accordance with Section 1.9 of this Agreement.

1.4 Emergency Services. SHP shall arrange and/or provide emergency medical care, as medically necessary, to inmates through arrangements to be made by SHP.

1.5 Limitations On Costs - Cost Pool. SHP shall, at its own cost, arrange for medical services for any inmate who, in the opinion of the Medical Director (hereinafter meaning a licensed SHP physician), requires such care. SHP's maximum liability for costs associated with all prescription pharmaceuticals, all x-ray procedures (inside and outside the Jail), all dental services (inside and outside the Jail) and all medical and mental health services for inmates rendered outside of the Jail will be limited by a pool established in the amount of \$30,000.00 in the aggregate for all inmates in each year (defined as a twelve-month contract period) of this Agreement. If the costs of all care as described in this Section 1.5 exceed the amount of \$30,000.00 in any year, SHP will either pay for the additional services and submit invoices supporting the payments to the County along with an SHP invoice for one hundred percent (100%) of the costs in excess of \$30,000.00 or, in the alternative, will refer all additional qualifying invoices to County for payment directly to the provider of care. For all invoices payable to SHP as reimbursement for pool excess costs, such amounts shall be payable by County within thirty days of the SHP invoice date. For purposes of this Section 1.5, the pool amount will be prorated for any contract period of less or more than twelve months.

If the costs of all care as described in this Section 1.5 are less than \$30,000.00 in any year (defined as a twelve-month contract period), SHP will repay to County eighty percent (80%) of the balance of unused cost pool funds up to the \$30,000.00 annual limit. County acknowledges that, at the end of each contract period, the cost pool billing will remain open for approximately sixty days in order to allow reasonable time for processing of additional claims received after the new contract period begins and prior to issuing any such refund to County for unused cost pool funds. Specifically, the cost pool cut-off will be mid-February based on a contract period schedule ending in mid-December each year. SHP will continue to process cost pool payments applicable to the prior contract period through mid-February and apply those amounts toward the prior year's cost pool limit. Any additional cost pool charges received subsequent to the cut-off date which are applicable to the prior contract period will either be rolled over into the pool for the current contract period or be referred to County for payment directly to the provider of care.

The intent of this Section 1.5 is to define SHP's maximum financial liability and limitation of costs for all prescription pharmaceuticals, all x-ray procedures (inside and outside the Jail), all hospitalizations, all dental services (inside and outside the Jail) and all other medical and mental health services rendered outside the Jail.

1.6 Injuries Incurred Prior to Incarceration; Pregnancy. SHP shall not be financially responsible for the cost of any medical treatment or health care services provided to any inmate prior to the inmate's formal booking and commitment into the Jail.

Furthermore, SHP shall not be financially responsible for the cost of medical treatment or health care services provided outside the Jail to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care.

Once an inmate has been medically stabilized and committed to the Jail, SHP will, commencing at that point, then become responsible for providing and/or arranging for all medical treatment and health care services regardless of the nature of the illness or injury or whether or not the illness or injury occurred prior or subsequent to the individual's incarceration at the Jail. An inmate shall be considered medically stabilized when the patient's medical condition no longer requires immediate emergency medical care or outside hospitalization so that the inmate can reasonably be housed inside the Jail. SHP's financial responsibility for such medical treatment and health care services shall be in accordance with, and as limited by, Sections 1.2 and 1.5 of this Agreement.

It is expressly understood that SHP shall not be responsible for medical costs associated with the medical care of any infants born to inmates. SHP shall provide

and/or arrange for health care services to inmates up to, through, and after the birth process, but health care services provided to an infant following birth, other than those services that may be delivered in the Jail prior to transport to a hospital, shall not be the financial responsibility of SHP. In any event, SHP shall not be responsible for the costs associated with performing or furnishing of abortions of any kind.

1.7 Inmates Outside the Facilities. The health care services contracted in the Agreement are intended only for those inmates in the actual physical custody of the Jail and for inmates held under guard in outside hospitals or other medical facilities who remain in official custody of the Jail. Inmates held under guard in outside hospitals or other medical facilities are to be included in the Jail's daily population count. No other person(s), including those who are in any outside hospital who are not under guard, shall be the financial responsibility of SHP, nor shall such person(s) be included in the daily population count.

Inmates on any sort of temporary release or escape, including, but not limited to inmates temporarily released for the purpose of attending funerals or other family emergencies, inmates on escape status, inmates on pass, parole or supervised custody who do not sleep in the Jail at night, shall not be included in the daily population count, and shall not be the responsibility of SHP with respect to the payment or the furnishing of their health care services.

The costs of medical services rendered to inmates who become ill or who are injured while on such temporary release or work-release shall not then become the financial responsibility of SHP after their return to the Jail. This relates solely to the costs associated with treatment of a particular illness or injury incurred by an inmate while on such temporary release. In all cases, SHP shall be responsible for providing medical care for any inmate who, after return to the Jail, presents to SHP medical staff on-site at the Jail to the extent such care can be reasonably provided on-site, or SHP shall assist with arrangements to obtain outside medical care as necessary. The costs of medical services associated with a particular illness or injury incurred by an inmate while on temporary release or work-release may be the personal responsibility of the inmate, or covered by workers' compensation, medical insurance, accident insurance, or any other policy of insurance which may provide payment for medical and hospital expenses. In the absence of adequate insurance coverage, such costs may, at the election of the County, be applied toward the annual cost pool described in Section 1.5, but shall not otherwise be the financial responsibility of SHP.

Persons in the physical custody of other police or other penal jurisdictions at the request of County, by Court order or otherwise, are likewise excluded from the Jail's population count and shall not be the responsibility of SHP for the furnishing or payment of health care services.

1.8 Elective Medical Care. SHP shall not be responsible for providing elective medical care to inmates, unless expressly contracted for by the County. For purposes of this Agreement, "elective medical care" means medical care which, if not provided, would not, in the opinion of SHP's Medical Director, cause the inmate's health to deteriorate or cause definite harm to the inmate's well-being. Any referral of inmates for elective medical care must be reviewed by County prior to provision of such services.

1.9 Transportation Services. To the extent any inmate requires off-site non-emergency health care treatment including, but not limited to, hospitalization care and specialty services, for which care and services SHP is obligated to arrange under this Agreement, County shall, upon prior request by SHP, its agents, employees or contractors, provide transportation as reasonably available provided that such transportation is scheduled in advance. When medically necessary, SHP shall arrange all emergency ambulance transportation of inmates in accordance with Section 1.4 of this Agreement.

ARTICLE II: PERSONNEL.

2.1 Staffing. SHP shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the Jail as described in and required by this Agreement. County acknowledges that SHP will not provide medical staff on SHP-designated holidays, and there will be an allowance for a reasonable number of absences for medical staff vacation and sick days.

2.2 Licensure, Certification and Registration of Personnel. All personnel provided or made available by SHP to render services hereunder shall be licensed, certified or registered, as appropriate, in their respective areas of expertise as required by applicable Texas law.

2.3 County's Satisfaction with Health Care Personnel. If County becomes dissatisfied with any health care personnel provided by SHP hereunder, or by any independent contractor, subcontractors or assignee, SHP, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from County of the grounds for such dissatisfaction and in consideration of the reasons therefor, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to County, SHP shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom County has expressed dissatisfaction. Should removal of an individual become necessary, SHP will be allowed reasonable time, prior to removal, to find an acceptable replacement, without penalty or any prejudice to the interests of SHP.

2.4 Use of Inmates in the Provision of Health Care Services. Inmates shall not be employed or otherwise engaged by either SHP or County in the direct rendering of any health care services.

2.5 Subcontracting and Delegation. In order to discharge its obligations hereunder, SHP shall engage certain health care professionals as independent contractors rather than as employees. County consents to such subcontracting or delegation. As the relationship between SHP and these health care professionals will be that of independent contractor, SHP shall not be considered or deemed to be engaged in the practice of medicine or other professions practiced by these professionals. SHP shall not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, SHP shall exercise administrative supervision over such professionals necessary to insure the strict fulfillment of the obligations contained in this Agreement. For each agent and subcontractor, including all medical professionals, physicians, dentists and nurses performing duties as agents or independent contractors of SHP under this Agreement, SHP shall provide County proof, if requested, that there is in effect a professional liability or medical malpractice insurance policy, as the case may be, in an amount of at least one million dollars (\$1,000,000.00) coverage per occurrence and five million dollars (\$5,000,000.00) aggregate.

2.6 Discrimination. During the performance of this Agreement, SHP, its employees, agents, subcontractors, and assignees agree as follows:

- a. None will discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.
- b. In all solicitations or advertisements for employees, each will state that it is an equal opportunity employer.
- c. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

ARTICLE III REPORTS AND RECORDS

3.1 Medical Records. SHP shall cause and require to be maintained a complete and accurate medical record for each inmate who has received health care services. Each medical record will be maintained in accordance with applicable laws

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and County's policies and procedures. The medical records shall be kept separate from the inmate's confinement record. A complete legible copy of the applicable medical record shall be available, at all times, to County as custodian of the person of the patient. Medical records shall be kept confidential. Subject to applicable law regarding confidentiality of such records, SHP shall comply with Texas law and County's policy with regard to access by inmates and Jail staff to medical records. No information contained in the medical records shall be released by SHP except as provided by County's policy, by a court order, or otherwise in accordance with the applicable law. SHP shall, at its own cost, provide all medical records, forms, jackets, and other materials necessary to maintain the medical records. At the termination of this Agreement, all medical records shall be delivered to and remain with County. However, County shall provide SHP with reasonable ongoing access to all medical records even after the termination of this Agreement for the purposes of defending litigation.

3.2 Regular Reports by SHP to County. SHP shall provide to County, on a date and in a form mutually acceptable to SHP and County, monthly statistical reports relating to services rendered under this Agreement.

3.3 Inmate Information. Subject to the applicable Texas law, in order to assist SHP in providing the best possible health care services to inmates, County shall provide SHP with information pertaining to inmates that SHP and County mutually identify as reasonable and necessary for SHP to adequately perform its obligations hereunder.

3.4 SHP Records Available to County with Limitations on Disclosure. SHP shall make available to County, at County's request, records, documents and other papers relating to the direct delivery of health care services to inmates hereunder. County understands that written operating policies and procedures employed by SHP in the performance of its obligations hereunder are proprietary in nature and shall remain the property of SHP and shall not be disclosed without written consent. Information concerning such may not, at any time, be used, distributed, copied or otherwise utilized by County, except in connection with the delivery of health care services hereunder, or as permitted or required by law, unless such disclosure is approved in advance writing by SHP. Proprietary information developed by SHP shall remain the property of SHP.

3.5 County Records Available to SHP with Limitations on Disclosure. During the term of this Agreement and for a reasonable time thereafter, County shall provide SHP, at SHP's request, County's records relating to the provision of health care services to inmates as may be reasonably requested by SHP or as are pertinent to the investigation or defense of any claim related to SHP's conduct. Consistent with applicable law, County shall make available to SHP such inmate medical records as are

maintained by County, hospitals and other outside health care providers involved in the care or treatment of inmates (to the extent County has any control over those records) as SHP may reasonably request. Any such information provided by County to SHP that County considers confidential shall be kept confidential by SHP and shall not, except as may be required by law, be distributed to any third party without the prior written approval of County.

ARTICLE IV: SECURITY

4.1 General. SHP and County understand that adequate security services are essential and necessary for the safety of the agents, employees and subcontractors of SHP as well as for the security of inmates and County's staff, consistent with the correctional setting. County shall take all reasonable steps to provide sufficient security to enable SHP to safely and adequately provide the health care services described in this Agreement. It is expressly understood by County and SHP that the provision of security and safety for the SHP personnel is a continuing precondition of SHP's obligation to provide its services in a routine, timely, and proper fashion.

4.2 Loss of Equipment and Supplies. County shall not be liable for loss of or damage to equipment and supplies of SHP, its agents, employees or subcontractors unless such loss or damage was caused by the negligence of County or its employees.

4.3 Security During Transportation Off-Site. County shall provide prompt and timely security as medically necessary and appropriate in connection with the transportation of any inmate between the Jail and any other location for off-site services as contemplated herein.

ARTICLE V: OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

5.1 General. County agrees to provide SHP with reasonable and adequate office and medical space, facilities, equipment, local telephone and telephone line and utilities and County will provide necessary maintenance and housekeeping of the office space and facilities.

5.2 Delivery of Possession. County will provide to SHP, beginning on the date of commencement of this Agreement, possession and control of all County medical and office equipment and supplies in place at the Jail's health care unit. At the termination of this or any subsequent Agreement, SHP will return to County's possession and control all supplies, medical and office equipment, in working order, reasonable wear and tear excepted, which were in place at the Jail's health care unit prior to the commencement of services under this Agreement.

5.3 Maintenance and Replenishment of Equipment. Except for the equipment and instruments owned by County at the inception of this Agreement, any equipment or instruments required by SHP during the term of this Agreement shall be purchased by SHP at its own cost. At the end of this Agreement, or upon termination, County shall be entitled to purchase SHP's equipment and instruments at an amount determined by a mutually agreed depreciation schedule.

5.4 General Maintenance Services. County agrees that it is proper for SHP to provide each and every inmate receiving health care services the same services and facilities available to, and/or provided to, other inmates at the Jail.

ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

6.1 Term. This Agreement shall commence on ~~December 16, 2013~~ ^{January 1, 2014}. The initial term of this Agreement shall end on December 15, 2014, and shall be automatically extended for additional one-year terms, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate at the end of the period.

6.2 Termination. This Agreement, or any extension thereof, may be terminated as otherwise provided in this Agreement or as follows:

- a. Termination by agreement. In the event that each party mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
- b. Termination by Cancellation. This Agreement may be canceled without cause by either party upon sixty (60) days prior written notice in accordance with Section 9.3 of this Agreement.
- c. Annual Appropriations and Funding. This Agreement shall be subject to the annual appropriation of funds by the Calhoun County Commissioners' Court. Notwithstanding any provision herein to the contrary, in the event funds are not appropriated for this Agreement, County shall be entitled to immediately terminate this Agreement, without penalty or liability, except the payment of all contract fees due under this Agreement through and including the last day of service.

6.3 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the Jail, shall be transferred from SHP to County.

ARTICLE VII. COMPENSATION.

7.1 Base Compensation. County will pay to SHP the annualized price of \$98,220.00 during the initial term of this Agreement, payable in monthly installments. Monthly installments during the initial term of this Agreement will be in the amount of \$8,185.00 each. SHP will bill County approximately thirty days prior to the month in which services are to be rendered. County agrees to pay SHP prior to the tenth day of the month in which services are rendered. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to SHP will be prorated accordingly for the shortened month.

7.2 Increases in Inmate Population. County and SHP agree that the annual base price is calculated based upon an average daily inmate population of up to 80. If the average daily inmate population exceeds 80 inmates for any given month, the compensation payable to SHP by County shall be increased by a per diem rate of \$1.50 for each inmate over 80. The average daily inmate resident population shall be calculated by adding the population or head count totals taken at a consistent time each day and dividing by the number of counts taken. The excess over an average of 80, if any, will be multiplied by the per diem rate and by the number of days in the month to arrive at the increase in compensation payable to SHP for that month. In all cases where adjustments become necessary, the invoice adjustment will be made on the invoice for a subsequent month's services. For example, if there is an average population for any given month of 85 inmates, resulting in an excess of five (5) inmates, then SHP shall receive additional compensation of five (5) times the per diem rate times the number of days in that month. The resulting amount will be an addition to the regular base fee and will be billed on a subsequent monthly invoice.

This per diem is intended to cover additional cost in those instances where minor, short-term changes in the inmate population result in the higher utilization of routine supplies and services. However, the per diem is not intended to provide for any additional fixed costs, such as new fixed staffing positions that might prove necessary if the inmate population grows significantly and if the population increase is sustained. In such cases, SHP reserves the right to negotiate for an increase to its staffing complement and its contract price in order to continue to provide services to the increased number of inmates and maintain the quality of care. This would be done with the full knowledge and agreement of the Jail Administrator, Sheriff and other involved County officials, and following appropriate notification to County.

7.3 Future Years' Compensation. *MF to 11-19-13*
~~The amount of compensation (i.e., annual base price and per diem rate as defined in Sections 7.1 and 7.2, respectively) to SHP shall increase at the beginning of each contract year. The amount of compensation shall increase by two percent (2%) for the renewal period effective December 16, 2014,~~

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and by two percent (2%) for the renewal period effective December 16, 2015. SHP shall provide written notice to County of the amount of compensation increase requested for renewal periods effective on or after December 16, 2016, or shall otherwise negotiate mutually agreeable terms with County prior to the beginning of each annual renewal period.

7.4 Inmates From Other Jurisdictions. Medical care rendered within the Jail to inmates from jurisdictions outside Calhoun County, and housed in the Jail pursuant to written contracts between County and such other jurisdictions will be the responsibility of SHP, but as limited by Section 1.7. Medical care that cannot be rendered within the Jail will be arranged by SHP, but SHP shall have no financial responsibility for such services to those inmates.

7.5 Responsibility For Work Release Inmates. SHP and County agree that SHP will be responsible for providing on-site medical services as reasonable and appropriate to County inmates assigned to work release and/or release for community service work for government or nonprofit agencies upon an inmate's presentation to SHP medical staff at the Jail. Notwithstanding any other provisions of this Agreement to the contrary, SHP and County agree that County inmates assigned to work release, including work for County agencies, are themselves personally responsible for the costs of any medical services performed by providers other than SHP, when the illness or injury is caused by and results directly or indirectly from the work being performed, or when such illness or injury is treated while the inmate is on work release. The costs of medical services associated with a particular illness or injury incurred by an inmate while on work-release may be covered by workers' compensation, medical insurance, accident insurance, or any other policy of insurance which may provide payment for medical and hospital expenses but shall not otherwise be the financial responsibility of SHP. In all cases, SHP shall be responsible for providing medical care for any inmate who, after return to the Jail, presents to SHP medical staff on-site at the Jail, including any inmate injured or infirmed while on work release or release for community service, to the extent such care can be reasonably provided on-site, or SHP shall assist with arrangements to obtain outside medical care as necessary.

ARTICLE VIII: LIABILITY AND RISK MANAGEMENT.

8.1 Insurance. At all times during this Agreement, SHP shall maintain professional liability insurance covering SHP for its work at County, its employees and its officers in the minimum amount of at least one million dollars (\$1,000,000.00) per occurrence and five million dollars (\$5,000,000.00) in the aggregate. SHP shall provide County with a Certificate of Insurance evidencing such coverage and shall have County named as an additional insured. In the event of any expiration, termination or modification of coverage, SHP will notify County in writing.

8.2 Lawsuits Against County. In the event that any lawsuit (whether frivolous or otherwise) is filed against County, its elected officials, employees and agents based on or containing any allegations concerning SHP's medical care of inmates and the performance of SHP's employees, agents, subcontractors or assignees, the parties agree that SHP, its employees, agents, subcontractors, assignees or independent contractors, as the case may be, may be joined as parties defendant in any such lawsuit and shall be responsible for their own defense and any judgments rendered against them in a court of law.

Nothing herein shall prohibit any of the parties to this Agreement from joining the remaining parties hereto as defendants in lawsuits filed by third parties.

8.3 Hold Harmless. SHP agrees to indemnify and hold harmless the County, its agents and employees from and against any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind arising solely out of the aforementioned program of health care services provided by SHP. This duty to indemnify shall include all attorneys' fees and litigation costs and expenses of any kind whatsoever. County or Sheriff shall promptly notify SHP of any incident, claim, or lawsuit of which County or Sheriff becomes aware and shall fully cooperate in the defense of such claim, but SHP shall retain sole control of the defense while the action is pending, to the extent allowed by law. In no event shall this agreement to indemnify be construed to require SHP to indemnify the County, its agents and/or employees from the County's, its agents' and/or employees' own negligence and/or their own actions or inactions.

SHP shall not be responsible for any claims, actions, lawsuits, damages, judgments or liabilities of any kind arising solely out of the operation of the facility and the negligence and/or action or inaction of the Sheriff, County or their employees or agents. SHP shall promptly notify the County of any incident, claim, or lawsuit of which SHP becomes aware and shall fully cooperate in the defense of such claim, but the County shall retain sole control of the defense while the action is pending, to the extent allowed by law. In no event shall this agreement be construed to require the County to indemnify SHP, its agents and/or employees from SHP's, its agents' and/or employees' own negligence and/or their own actions or inactions.

ARTICLE IX: MISCELLANEOUS.

9.1 Independent Contractor Status. The parties acknowledge that SHP is an independent contractor engaged to provide medical care to inmates at the Jail under the direction of SHP management. Nothing in this Agreement is intended nor shall be construed to create an agency relationship, an employer/employee relationship, or a joint venture relationship between the parties.

9.2 Assignment and Subcontracting. SHP shall not assign this Agreement to any other corporation without the express written consent of County which consent shall not be unreasonably withheld. Any such assignment or subcontract shall include the obligations contained in this Agreement. Any assignment or subcontract shall not relieve SHP of its independent obligation to provide the services and be bound by the requirements of this Agreement.

9.3 Notice. Unless otherwise provided herein, all notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand or sent by certified mail, return receipt requested, postage prepaid, and addressed to the appropriate party(s) at the following address or to any other person at any other address as may be designated in writing by the parties:

- a. County: Calhoun County Commissioners' Court
211 South Ann Street, Suite 301
Port Lavaca, Texas 77979
- b. SHP: Southern Health Partners, Inc.
2030 Hamilton Place Boulevard, Suite 140
Chattanooga, Tennessee 37421
Attn: President

Notices shall be effective upon receipt regardless of the form used.

9.4 Governing Law and Disputes. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Texas, except as specifically noted. Disputes between the Parties shall, first, be formally mediated by a third party or entity agreeable to the Parties, in which case the Parties shall engage in good faith attempts to resolve any such dispute with the Mediator before any claim or suit arising out of this Agreement may be filed in a court of competent jurisdiction.

9.5 Entire Agreement. This Agreement constitutes the entire agreement of the parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions and agreements that have been made in connection with the subject matter hereof. No modifications or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto. All prior negotiations, agreements and understandings with respect to the subject matter of this Agreement are superseded hereby.

9.6 Amendment. This Agreement may be amended or revised only in writing and signed by all parties.

9.7 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

9.8 Other Contracts and Third-Party Beneficiaries. The parties acknowledge that SHP is neither bound by nor aware of any other existing contracts to which County is a party and which relate to the providing of medical care to inmates at the Jail. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of others who might otherwise be deemed to constitute third-party beneficiaries hereof.

9.9 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement which shall remain in full force and effect and enforceable in accordance with its terms.

9.10 Liaison. The Calhoun County Sheriff or his designee shall serve as the liaison with SHP.

9.11 Cooperation. On and after the date of this Agreement, each party shall, at the request of the other, make, execute and deliver or obtain and deliver all instruments and documents and shall do or cause to be done all such other things which either party may reasonably require to effectuate the provisions and intentions of this Agreement.

9.12 Time of Essence. Time is and shall be of the essence of this Agreement.

9.13 Authority. The parties signing this Agreement hereby state that they have the authority to bind the entity on whose behalf they are signing.

9.14 Binding Effect. This Agreement shall be binding upon the parties hereto, their heirs, administrators, executors, successors and assigns.

9.15 Cumulative Powers. Except as expressly limited by the terms of this Agreement, all rights, powers and privileges conferred hereunder shall be cumulative and not restrictive of those provided at law or in equity.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

CALHOUN COUNTY, TX

BY:

Michael J. Pfeiffer

Michael J. Pfeiffer

County Judge

Date: 11-19-13

ATTEST:

Clavita Fricks

Date: 11-19-2013

SOUTHERN HEALTH PARTNERS, INC.
d/b/a SHP VISTA HEALTH MANAGEMENT, INC.
BY:

Jeffrey A. Reasons
Jeffrey A. Reasons, Chief Executive Officer

Date: 11/7/13

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passed
12/7/22

9. Consider and take necessary action to approve the extension for the contract between Calhoun County and Janik Alligators LLC for the Green Lake Project Alligator Management and Nuisance Control for the contract year beginning January 1, 2023 and authorize the County Judge to sign all necessary documents. (GDR)

PASS

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10. Consider and take necessary action to approve the 2023 Order setting maximum salaries, making various appropriations, setting vacation policy and sick leave policy, setting policy on payment of hospitalization insurance premium, setting holiday schedule and setting other miscellaneous policy matters. (RHM)

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Vern Lyssy, Commissioner Pct 2
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: Wednesday, November 30, 2022 12:34 PM
To: MaeBelle.Cassel@calhouncotx.org
Cc: clarri atkinson; Richard Meyer
Subject: Agenda Item Request-Annual Salary Order
Attachments: SALARY ORDER-2023.pdf

Please place the following item on the agenda for December 7, 2022:

- Consider and take necessary action to approve 2023 Order setting maximum salaries, making various appropriations, setting vacation policy and sick leave policy, setting policy on payment of hospitalization insurance premium, setting holiday schedule and setting other miscellaneous policy matters.

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

2023 ORDER PASSING MAXIMUM SALARIES, MAKING MONTHLY APPROPRIATIONS, AND PASSING HOLIDAY SCHEDULE

WHEREUPON, on motion by Commissioner Lyssy, seconded by Commissioner Reese, and unanimously carried, on the 7th day of December, 2022, the Court ordered the following Order be adopted and entered:

The various officials, supervisors, and permanent employees will be compensated for the Calendar Year 2023 not to exceed the following amounts:

SEE SALARY SCHEDULE ATTACHED

(Salary Schedule contains salaries for the Juvenile Probation Department. This department is administered by the Juvenile Board and is not included in the County's Budget or Financial Statements; however, the State Statutes indicate that these are employees of the County. These salaries are included for informational purposes only.)

All County employees shall be paid on a bi-weekly basis (annual salary divided by the number of bi-weekly pay periods in the year).

Each of the officials named herein shall fix the compensation of the employee(s) authorized for his department within the maximum amounts authorized by this Order. Each of said officials will complete and deliver the payroll forms to the County Treasurer to indicate the pertinent information for all employees covered by the Fair Labor Standards Act who were employed during the pay period; he will also see that the necessary exemption certificates and other information are furnished to the County Treasurer so that proper deductions may be made and records compiled for Federal Withholding Tax, Social Security Tax, Group Insurance, and Retirement Plan.

EMERGENCY MEDICAL SERVICE

SEE SALARY SCHEDULE ATTACHED

In addition, employees are paid an overtime rate of one and one-half times the above rates. An administrative employee on call is paid an hourly rate of \$1.00. A non-administrative employee on call is paid an hourly rate of minimum wage. Amounts shown in the attached Salary Schedule are for budgeting purposes only.

PART-TIME OR TEMPORARY HELP

The various officials/supervisors will be allowed to employ extra help at the following hourly rates:

➤ Minimum - Federal Minimum Wage	\$ 7.25
➤ Maximum - Skilled Help	\$ 15.00
➤ License Differentials (per certification and if applicable):	
➤ Pesticide/Herbicide	\$ 0.12
➤ EMT Intermediate Certification	\$ 0.14
➤ Vector	\$ 0.58
➤ CDL	\$ 0.17
➤ CDL-X (Hazmat endorsement)	\$ 0.26
➤ K-9	\$ 0.58
➤ Paramedic License	\$ 0.58
➤ Pesticide/Herbicide plus Vector	\$ 0.69

Payments may be made up to the amount authorized in each department budget, approved by the Commissioners Court in the 2023 Budget. The officials/supervisors affected by this Order will not obligate the County for the payment of any compensation in excess of the extra help allowance without prior authorization of Commissioners Court. These employees will be considered part-time or temporary employees of the County and will be subject to Federal Withholding Tax and Social Security Tax deductions.

APPROPRIATIONS FOR CELL PHONE ALLOWANCE

County Commissioners will be paid a bi-weekly set allowance as follows:

Commissioner, Precinct No. 1	\$69.23 Bi-Weekly
Commissioner, Precinct No. 2	\$69.23 Bi-Weekly

2023 ORDER PASSING MAXIMUM SALARIES, MAKING MONTHLY APPROPRIATIONS, AND PASSING HOLIDAY SCHEDULE

Commissioner, Precinct No. 3
Commissioner, Precinct No. 4

\$69.23 Bi-Weekly
\$69.23 Bi-Weekly

APPROPRIATIONS FOR TRAVEL ALLOWANCE

Officers, agents or employees of the County will be reimbursed for actual traveling expenses while out of the County on official County business or in attendance at conferences relating to County government up to the amount authorized in the 2023 budget for this purpose in accordance with the County's purchasing manual. Reimbursement will be requested on the travel form available in the office of the County Treasurer and will be filed, with supporting documentation, in the County Treasurer's Office within one month after the trip has been made.

Certain personnel will be reimbursed for actual traveling expenses in the County in amounts not to exceed the appropriations authorized in the 2023 budget.

Mileage reimbursement for the use of personal automobiles, which have been authorized, will be computed at the current rate set by the Internal Revenue Service for tax purposes with the following exceptions which will be paid a bi-weekly set allowance as follows:

County Judge	\$296.15 Bi-Weekly
Constables	\$296.15 Bi-Weekly
IT Coordinator	\$296.15 Bi-Weekly
Justices of Peace	\$296.15 Bi-Weekly
Library Director	\$296.15 Bi-Weekly
Nuisance Enforcement Officer	\$296.15 Bi-Weekly

APPROPRIATIONS FOR CALHOUN COUNTY APPRAISAL DISTRICT

Payable in quarterly installments from the General Fund to the Calhoun County Tax Appraisal District:

Appraisal Services	\$82,651.00 Quarterly
Collection Services	\$31,918.50 Quarterly

HOLIDAY SCHEDULE

The Court set the following holiday schedule for the calendar year 2023:

Presidents' Day	Monday, February 20
Good Friday	Friday, April 7
Memorial Day	Monday, May 29
Independence Day	Tuesday, July 4
Labor Day	Monday, September 4
Veterans' Day	Friday, November 10
Thanksgiving Day	Thursday, November 23 & Friday, November 24
Christmas Day	Monday, December 25 & Tuesday, December 26
New Year's Eve	Friday, December 29
New Year's Day	Monday, January 1, 2024

However, it was agreed that if any of the above holidays should fall on a non-working day, the employees should be allowed to observe the nearest working day preceding or following the holiday, as shown above.

POLICIES PERTAINING TO SICK LEAVE, JOB RELATED ACCIDENTS, AND VACATION WILL BE FOLLOWED AS PER EMPLOYEE POLICY AND PROCEDURES MANUAL.

2023 SALARY SCHEDULE

DEPARTMENT: BUILDING MAINTENANCE

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$65,273	\$0	SUPERINTENDENT	\$65,273	\$14,040	\$79,314
3-EMPLOYEE-FULL TIME	\$51,365	\$0	FOREMAN	\$51,365	\$11,049	\$62,414
3-EMPLOYEE-FULL TIME	\$48,456	\$0	TECHNICIAN	\$48,456	\$10,423	\$58,879
3-EMPLOYEE-FULL TIME	\$48,456	\$0	TECHNICIAN	\$48,456	\$10,423	\$58,879
3-EMPLOYEE-FULL TIME	\$44,390	\$0	CUSTODIAN	\$44,390	\$9,548	\$53,938
3-EMPLOYEE-FULL TIME	\$44,390	\$0	CUSTODIAN	\$44,390	\$9,548	\$53,938
3-EMPLOYEE-FULL TIME	\$44,390	\$0	CUSTODIAN	\$44,390	\$9,548	\$53,938
3-EMPLOYEE-FULL TIME	\$44,390	\$0	CUSTODIAN	\$44,390	\$9,548	\$53,938
5-EMPLOYEE-TEMPORARY	\$2,240	\$0	EMPLOYEE	\$2,240	\$222	\$2,462
99-OTHER	\$4,223	\$0	COMPENSATORY TIME PAY	\$4,223	\$908	\$5,131
99-OTHER	\$4,183	\$0	VACATION PAY ON TERMINATION	\$4,183	\$900	\$5,083
99-OTHER	\$562	\$0	OVERTIME-PREMIUM PAY	\$562	\$110	\$672
99-OTHER	\$29	\$0	OVERTIME-BASE PAY	\$29	\$6	\$35
Sum	\$402,347	\$0		\$402,347	\$86,273	\$488,621

DEPARTMENT: COMMISSIONERS COURT

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
6-EMPLOYEE-PART TIME-P	\$26,000	\$0	GRANT ADMINISTRATOR	\$26,000	\$5,112	\$31,112
Sum	\$26,000	\$0		\$26,000	\$5,112	\$31,112

DEPARTMENT: CONSTABLE-PRECINCT #1

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$18,178	\$0	CONSTABLE	\$18,178	\$3,759	\$21,937
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,592	\$9,292
Sum	\$25,878	\$0		\$25,878	\$5,351	\$31,229

2023 SALARY SCHEDULE

DEPARTMENT: CONSTABLE-PRECINCT #2

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$18,178	\$0	CONSTABLE	\$18,178	\$3,759	\$21,937
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,592	\$9,292
Sum	\$25,878	\$0		\$25,878	\$5,351	\$31,229

DEPARTMENT: CONSTABLE-PRECINCT #3

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$18,178	\$0	CONSTABLE	\$18,178	\$3,759	\$21,937
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,592	\$9,292
Sum	\$25,878	\$0		\$25,878	\$5,351	\$31,229

DEPARTMENT: CONSTABLE-PRECINCT #4

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$18,178	\$0	CONSTABLE	\$18,178	\$3,759	\$21,937
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,592	\$9,292
Sum	\$25,878	\$0		\$25,878	\$5,351	\$31,229

DEPARTMENT: CONSTABLE-PRECINCT #5

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$18,178	\$0	CONSTABLE	\$18,178	\$3,759	\$21,937
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,592	\$9,292
Sum	\$25,878	\$0		\$25,878	\$5,351	\$31,229

2023 SALARY SCHEDULE

DEPARTMENT: COUNTY AUDITOR

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$79,373	\$0	AUDITOR	\$79,373	\$15,605	\$94,977
3-EMPLOYEE-FULL TIME	\$62,037	\$0	AUDITOR-FIRST ASSISTANT	\$62,037	\$12,197	\$74,234
3-EMPLOYEE-FULL TIME	\$49,248	\$0	AUDITOR ASSISTANT-COMPLIANCE	\$49,248	\$9,682	\$58,930
3-EMPLOYEE-FULL TIME	\$49,248	\$0	AUDITOR ASSISTANT-COMPLIANCE	\$49,248	\$9,682	\$58,930
3-EMPLOYEE-FULL TIME	\$49,248	\$0	AUDITOR ASSISTANT-COMPLIANCE	\$49,248	\$9,682	\$58,930
3-EMPLOYEE-FULL TIME	\$49,248	\$0	AUDITOR ASSISTANT-PAYROLL/PURCHASING	\$49,248	\$9,682	\$58,930
99-OTHER	\$1	\$0	VACATION PAY ON TERMINATION	\$1	\$0	\$1
Sum	\$338,403	\$0		\$338,403	\$66,530	\$404,934

DEPARTMENT: COUNTY CLERK

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$76,468	\$0	COUNTY CLERK	\$76,468	\$14,858	\$91,326
3-EMPLOYEE-FULL TIME	\$49,208	\$0	DEPUTY-CHIEF	\$49,208	\$9,674	\$58,883
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DEPUTY 1	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DEPUTY 1	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DEPUTY 1	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$43,248	\$0	DEPUTY 2	\$43,248	\$8,503	\$51,751
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
99-OTHER	\$920	\$0	VACATION PAY ON TERMINATION	\$920	\$181	\$1,101
99-OTHER	\$132	\$0	COMPENSATORY TIME PAY	\$132	\$26	\$158
99-OTHER	\$104	\$0	OVERTIME-BASE PAY	\$104	\$20	\$124
99-OTHER	\$61	\$0	OVERTIME-PREMIUM PAY	\$61	\$12	\$73
99-OTHER	\$21	\$0	MEAL ALLOWANCE	\$21	\$4	\$25
Sum	\$305,746	\$0		\$305,746	\$59,934	\$365,680

DEPARTMENT: COUNTY COURT-AT-LAW

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				

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NOTE: EMPLOYEE MEDICAL BENEFITS ARE NOT INCLUDED ABOVE

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2023 SALARY SCHEDULE

DEPARTMENT: COUNTY COURT-AT-LAW

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$195,530	\$0	JUDGE	\$195,530	\$32,918	\$228,448
3-EMPLOYEE-FULL TIME	\$49,208	\$0	COURT COORDINATOR/ADMIN ASST	\$49,208	\$9,674	\$58,883
4-EMPLOYEE-PART TIME	\$7,500	\$0	JURORS-PETT	\$7,500	\$1,475	\$8,975
4-EMPLOYEE-PART TIME	\$2,102	\$0	BALIFF-PART-TIME	\$2,102	\$440	\$2,542
4-EMPLOYEE-PART TIME	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
Sum	\$254,341	\$0		\$254,341	\$44,507	\$298,848

DEPARTMENT: COUNTY JUDGE

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$87,213	\$0	JUDGE	\$87,213	\$16,945	\$104,158
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
99-OTHER	\$1	\$0	MEAL ALLOWANCE	\$1	\$0	\$1
Sum	\$144,123	\$0		\$144,123	\$28,116	\$172,239

DEPARTMENT: COUNTY TAX COLLECTOR

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$77,501	\$0	TAX COLLECTOR	\$77,501	\$15,058	\$92,559
3-EMPLOYEE-FULL TIME	\$49,237	\$0	DEPUTY-CHIEF	\$49,237	\$9,680	\$58,917
3-EMPLOYEE-FULL TIME	\$45,194	\$0	ADMINISTRATIVE DEPUTY	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	ADMINISTRATIVE DEPUTY	\$45,194	\$8,885	\$54,079
4-EMPLOYEE-PART TIME	\$7,146	\$0	EMPLOYEE	\$7,146	\$1,405	\$8,551
5-EMPLOYEE-TEMPORARY	\$553	\$0	EMPLOYEE	\$553	\$45	\$598
99-OTHER	\$1	\$0	MEAL ALLOWANCE	\$1	\$0	\$1
Sum	\$224,825	\$0		\$224,825	\$43,958	\$268,783

2023 SALARY SCHEDULE

DEPARTMENT: COUNTY TREASURER

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$76,468	\$0	TREASURER	\$76,468	\$14,858	\$91,326
3-EMPLOYEE-FULL TIME	\$48,435	\$0	DEPUTY-CHIEF	\$48,435	\$9,522	\$57,958
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DEPUTY	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$43,303	\$0	DEPUTY	\$43,303	\$8,513	\$51,816
Sum	\$213,401	\$0		\$213,401	\$41,779	\$255,180

DEPARTMENT: CRIMINAL DISTRICT ATTORNEY

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$11,356	\$0	DISTRICT ATTORNEY	\$11,356	\$2,206	\$13,562
3-EMPLOYEE-FULL TIME	\$108,320	\$0	ATTORNEY-FIRST ASSISTANT	\$108,320	\$21,296	\$129,616
3-EMPLOYEE-FULL TIME	\$90,997	\$0	ATTORNEY	\$90,997	\$17,890	\$108,887
3-EMPLOYEE-FULL TIME	\$89,086	\$0	ATTORNEY	\$89,086	\$17,514	\$106,601
3-EMPLOYEE-FULL TIME	\$66,188	\$0	INVESTIGATOR	\$66,188	\$13,840	\$80,028
3-EMPLOYEE-FULL TIME	\$55,733	\$0	VICTIMS ASSISTANCE COORDINATOR	\$55,733	\$10,957	\$66,690
3-EMPLOYEE-FULL TIME	\$48,432	\$0	SECRETARY LEGAL	\$48,432	\$9,522	\$57,954
3-EMPLOYEE-FULL TIME	\$47,169	\$0	SECRETARY LEGAL	\$47,169	\$9,273	\$56,443
3-EMPLOYEE-FULL TIME	\$47,169	\$0	SECRETARY LEGAL	\$47,169	\$9,273	\$56,443
3-EMPLOYEE-FULL TIME	\$47,169	\$0	SECRETARY LEGAL	\$47,169	\$9,273	\$56,443
3-EMPLOYEE-FULL TIME	\$47,169	\$0	SECRETARY LEGAL	\$47,169	\$9,273	\$56,443
99-OTHER	\$9,120	\$0	LONGEVITY PAY (PAID BY STATE)	\$9,120	\$1,793	\$10,913
99-OTHER	\$1,763	\$0	VACATION PAY ON TERMINATION	\$1,763	\$347	\$2,110
99-OTHER	\$607	\$0	OVERTIME-BASE PAY	\$607	\$119	\$726
99-OTHER	\$400	\$0	MEAL ALLOWANCE	\$400	\$79	\$479
99-OTHER	\$28	\$0	COMPENSATORY TIME PAY	\$28	\$6	\$34
99-OTHER	\$1	\$0	ADDITIONAL PAY-REGULAR RATE	\$1	\$0	\$1
99-OTHER	\$1	\$0	OVERTIME-PREMIUM PAY	\$1	\$0	\$1
Sum	\$670,709	\$0		\$670,709	\$132,663	\$803,371

2023 SALARY SCHEDULE

DEPARTMENT: DISTRICT CLERK

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$76,468	\$0	DISTRICT CLERK	\$76,468	\$14,858	\$91,326
3-EMPLOYEE-FULL TIME	\$49,208	\$0	DEPUTY-CHIEF	\$49,208	\$9,674	\$58,883
3-EMPLOYEE-FULL TIME	\$45,238	\$0	DEPUTY - CHILD SUPPORT	\$45,238	\$8,894	\$54,132
3-EMPLOYEE-FULL TIME	\$39,964	\$0	DEPUTY - CHILD SUPPORT	\$39,964	\$7,857	\$47,821
3-EMPLOYEE-FULL TIME	\$38,369	\$0	DEPUTY	\$38,369	\$7,543	\$45,912
3-EMPLOYEE-FULL TIME	\$38,369	\$0	DEPUTY	\$38,369	\$7,543	\$45,912
5-EMPLOYEE-TEMPORARY	\$5,204	\$0	EMPLOYEE	\$5,204	\$419	\$5,623
99-OTHER	\$1,784	\$0	VACATION PAY ON TERMINATION	\$1,784	\$351	\$2,135
Sum	\$294,605	\$0		\$294,605	\$57,139	\$351,744

DEPARTMENT: DISTRICT COURT

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
4-EMPLOYEE-PART TIME	\$12,524	\$0	BALIFF-PART-TIME	\$12,524	\$2,619	\$15,143
4-EMPLOYEE-PART TIME	\$12,500	\$0	JURORS-PETTIT	\$12,500	\$2,458	\$14,958
4-EMPLOYEE-PART TIME	\$3,750	\$0	JURORS-GRAND	\$3,750	\$737	\$4,487
4-EMPLOYEE-PART TIME	\$180	\$0	JURY COMMISSIONERS	\$180	\$35	\$215
5-EMPLOYEE-TEMPORARY	\$1	\$0	BALIFF	\$1	\$0	\$1
99-OTHER	\$500	\$0	MEAL ALLOWANCE	\$500	\$98	\$598
Sum	\$29,455	\$0		\$29,455	\$5,947	\$35,402

DEPARTMENT: ELECTIONS

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$58,760	\$0	ADMINSTRATOR	\$58,760	\$11,552	\$70,312
3-EMPLOYEE-FULL TIME	\$42,259	\$0	ELECTIONS-ASSISTANT	\$42,259	\$8,308	\$50,568
4-EMPLOYEE-PART TIME	\$54,250	\$0	EMPLOYEE	\$54,250	\$10,666	\$64,916
4-EMPLOYEE-PART TIME	\$11,614	\$0	JUDGES/CLERKS-ELECTION	\$11,614	\$2,283	\$13,897
5-EMPLOYEE-TEMPORARY	\$7,153	\$0	EMPLOYEE	\$7,153	\$576	\$7,729

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NOTE: EMPLOYEE MEDICAL BENEFITS ARE NOT INCLUDED ABOVE

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2023 SALARY SCHEDULE

DEPARTMENT: *ELECTIONS*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
99-OTHER	\$814	\$0	OVERTIME-BASE PAY	\$814	\$160	\$974
99-OTHER	\$435	\$0	OVERTIME-PREMIUM PAY	\$435	\$85	\$520
99-OTHER	\$12	\$0	MEAL ALLOWANCE	\$12	\$2	\$14
Sum	\$175,297	\$0		\$175,297	\$33,632	\$208,930

DEPARTMENT: *EMERGENCY MANAGEMENT*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$57,282	\$0	ADMINISTRATOR	\$57,282	\$11,416	\$68,698
3-EMPLOYEE-FULL TIME	\$45,480	\$0	OFFICE MANAGER	\$45,480	\$8,941	\$54,421
Sum	\$102,761	\$0		\$102,761	\$20,358	\$123,119

DEPARTMENT: *EMERGENCY MEDICAL SERVICES*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$87,785	\$0	DIRECTOR	\$87,785	\$18,128	\$105,913
3-EMPLOYEE-FULL TIME	\$83,049	\$0	DIRECTOR-ASSISTANT	\$83,049	\$17,150	\$100,198
3-EMPLOYEE-FULL TIME	\$49,918	\$1,500	SUPERVISOR	\$51,418	\$10,618	\$62,036
3-EMPLOYEE-FULL TIME	\$49,918	\$1,500	SUPERVISOR	\$51,418	\$10,618	\$62,036
3-EMPLOYEE-FULL TIME	\$49,918	\$1,500	SUPERVISOR	\$51,418	\$10,618	\$62,036
3-EMPLOYEE-FULL TIME	\$46,814	\$0	ADMINISTRATIVE ASSISTANT	\$46,814	\$9,204	\$56,018
3-EMPLOYEE-FULL TIME	\$45,016	\$1,500	CREW LEADER	\$46,516	\$9,605	\$56,121
3-EMPLOYEE-FULL TIME	\$45,016	\$1,500	CREW LEADER	\$46,516	\$9,605	\$56,121
3-EMPLOYEE-FULL TIME	\$45,016	\$1,500	CREW LEADER	\$46,516	\$9,605	\$56,121
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484

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NOTE: EMPLOYEE MEDICAL BENEFITS ARE NOT INCLUDED ABOVE

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DEPARTMENT: *EMERGENCY MEDICAL SERVICES*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$43,659	\$300	PARAMEDIC	\$43,959	\$9,078	\$53,037
3-EMPLOYEE-FULL TIME	\$43,659	\$1,500	PARAMEDIC	\$45,159	\$9,325	\$54,484
3-EMPLOYEE-FULL TIME	\$1	\$0	EMERGENCY MEDICAL TECHNICIAN	\$1	\$0	\$1
4-EMPLOYEE-PART TIME	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
5-EMPLOYEE-TEMPORARY	\$137,943	\$0	EMPLOYEE	\$137,943	\$10,967	\$148,910
99-OTHER	\$689,199	\$0	OVERTIME-BASE PAY	\$689,199	\$142,320	\$831,519
99-OTHER	\$344,597	\$0	OVERTIME-PREMIUM PAY	\$344,597	\$67,162	\$411,759
99-OTHER	\$75,000	\$0	EMS LONG-DISTANCE TRANSFER STIPEND	\$75,000	\$15,488	\$90,488
99-OTHER	\$63,510	\$0	SALARY ON CALL	\$63,510	\$13,115	\$76,625
99-OTHER	\$45,238	\$0	ADDITIONAL PAY-REGULAR RATE	\$45,238	\$9,342	\$54,580
99-OTHER	\$8,760	\$0	SALARY ON CALL-ADMINISTRATION	\$8,760	\$1,809	\$10,569
99-OTHER	\$1	\$0	MEAL ALLOWANCE	\$1	\$0	\$1
99-OTHER	\$1	\$0	VACATION PAY ON TERMINATION	\$1	\$0	\$1
Sum	\$2,783,539	\$34,500		\$2,818,039	\$559,946	\$3,377,985

2023 SALARY SCHEDULE

DEPARTMENT: *EXTENSION SERVICE*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$26,411	\$0	4-H/YOUTH AGENT	\$26,411	\$5,147	\$31,558
2-APPOINTED OFFICIAL	\$26,411	\$0	CEAFCS AGENT	\$26,411	\$5,147	\$31,558
2-APPOINTED OFFICIAL	\$26,411	\$0	COUNTY AGENT	\$26,411	\$5,147	\$31,558
2-APPOINTED OFFICIAL	\$26,411	\$0	MARINE AGENT	\$26,411	\$5,147	\$31,558
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
99-OTHER	\$184	\$0	MEAL ALLOWANCE	\$184	\$36	\$220
Sum	\$155,036	\$0		\$155,036	\$30,300	\$185,336

DEPARTMENT: *HUMAN RESOURCES*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$56,322	\$0	HUMAN RELATIONS OFFICER	\$56,322	\$11,073	\$67,395
Sum	\$56,322	\$0		\$56,322	\$11,073	\$67,395

DEPARTMENT: *INFORMATION TECHNOLOGY*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$74,190	\$0	IT COORDINATOR	\$74,190	\$14,593	\$88,783
3-EMPLOYEE-FULL TIME	\$45,926	\$0	DATABASE ADMINISTRATOR	\$45,926	\$9,034	\$54,960
3-EMPLOYEE-FULL TIME	\$45,926	\$0	NETWORK TECHNICIAN	\$45,926	\$9,034	\$54,960
3-EMPLOYEE-FULL TIME	\$41,638	\$0	TECHNICIAN	\$41,638	\$8,190	\$49,828
4-EMPLOYEE-PART TIME	\$19,483	\$0	EMPLOYEE	\$19,483	\$3,832	\$23,315
99-OTHER	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,515	\$9,215
Sum	\$234,863	\$0		\$234,863	\$46,197	\$281,060

2023 SALARY SCHEDULE

DEPARTMENT: JAIL

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$60,828	\$0	ADMINISTRATOR	\$60,828	\$12,719	\$73,547
3-EMPLOYEE-FULL TIME	\$54,121	\$0	DEPUTY JAILER	\$54,121	\$11,317	\$65,438
3-EMPLOYEE-FULL TIME	\$54,121	\$0	DEPUTY JAILER	\$54,121	\$11,317	\$65,438
3-EMPLOYEE-FULL TIME	\$54,121	\$0	DEPUTY JAILER	\$54,121	\$11,317	\$65,438
3-EMPLOYEE-FULL TIME	\$54,121	\$0	DEPUTY JAILER	\$54,121	\$11,317	\$65,438
3-EMPLOYEE-FULL TIME	\$54,121	\$0	DEPUTY JAILER	\$54,121	\$11,317	\$65,438
3-EMPLOYEE-FULL TIME	\$54,073	\$0	ASSISTANT JAIL ADMINISTRATOR	\$54,073	\$11,307	\$65,380
3-EMPLOYEE-FULL TIME	\$52,960	\$0	SERGEANT	\$52,960	\$11,074	\$64,034
3-EMPLOYEE-FULL TIME	\$52,960	\$0	SERGEANT	\$52,960	\$11,074	\$64,034
3-EMPLOYEE-FULL TIME	\$52,960	\$0	SERGEANT	\$52,960	\$11,074	\$64,034
3-EMPLOYEE-FULL TIME	\$52,960	\$0	SERGEANT	\$52,960	\$11,074	\$64,034
3-EMPLOYEE-FULL TIME	\$51,400	\$0	COOK-JAILER LICENSE	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	COOK-JAILER LICENSE	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147

2023 SALARY SCHEDULE

DEPARTMENT: *JAIL*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$51,400	\$0	JAILER	\$51,400	\$10,748	\$62,147
3-EMPLOYEE-FULL TIME	\$1	\$0	JAILER	\$1	\$0	\$1
4-EMPLOYEE-PART TIME	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
99-OTHER	\$46,683	\$0	ADDITIONAL PAY-REGULAR RATE	\$46,683	\$9,761	\$56,444
99-OTHER	\$9,234	\$0	OVERTIME-BASE PAY	\$9,234	\$1,931	\$11,165
99-OTHER	\$4,079	\$0	OVERTIME-PREMIUM PAY	\$4,079	\$795	\$4,874
99-OTHER	\$900	\$0	VACATION PAY ON TERMINATION	\$900	\$188	\$1,088
99-OTHER	\$559	\$0	COMPENSATORY TIME PAY	\$559	\$117	\$676
99-OTHER	\$81	\$0	MEAL ALLOWANCE	\$81	\$17	\$98
Sum	\$1,892,476	\$0		\$1,892,476	\$395,659	\$2,288,134

DEPARTMENT: *JUSTICE OF PEACE-GENERAL*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
4-EMPLOYEE-PART TIME	\$1,000	\$0	JURORS-PETIT	\$1,000	\$197	\$1,197
Sum	\$1,000	\$0		\$1,000	\$197	\$1,197

DEPARTMENT: *JUSTICE OF PEACE-PRECINCT #1*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$46,501	\$0	JUSTICE OF PEACE	\$46,501	\$9,035	\$55,537
3-EMPLOYEE-FULL TIME	\$41,638	\$0	CLERK-JP COURT	\$41,638	\$8,186	\$49,824
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
6-EMPLOYEE-PART TIME-P	\$12,785	\$0	CLERK-JP COURT-PART-TIME	\$12,785	\$2,514	\$15,299

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NOTE: EMPLOYEE MEDICAL BENEFITS ARE NOT INCLUDED ABOVE

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2023 SALARY SCHEDULE

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #1

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
99-OTHER	\$36	\$0	MEAL ALLOWANCE	\$36	\$7	\$43
99-OTHER	\$5	\$0	OVERTIME-BASE PAY	\$5	\$1	\$6
99-OTHER	\$3	\$0	OVERTIME-PREMIUM PAY	\$3	\$1	\$4
Sum	\$108,669	\$0		\$108,669	\$21,240	\$129,909

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #2

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$46,501	\$0	JUSTICE OF PEACE	\$46,501	\$9,035	\$55,537
3-EMPLOYEE-FULL TIME	\$41,638	\$0	CLERK-JP COURT	\$41,638	\$8,186	\$49,824
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
6-EMPLOYEE-PART TIME-P	\$12,785	\$0	CLERK-JP COURT-PART-TIME	\$12,785	\$2,514	\$15,299
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
Sum	\$108,625	\$0		\$108,625	\$21,231	\$129,856

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #3

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$46,501	\$0	JUSTICE OF PEACE	\$46,501	\$9,035	\$55,537
3-EMPLOYEE-FULL TIME	\$41,638	\$0	CLERK-JP COURT	\$41,638	\$8,186	\$49,824
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
Sum	\$95,839	\$0		\$95,839	\$18,717	\$114,556

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #4

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$46,501	\$0	JUSTICE OF PEACE	\$46,501	\$9,035	\$55,537

2023 SALARY SCHEDULE

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #4

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
5-EMPLOYEE-TEMPORARY	\$4,608	\$0	EMPLOYEE	\$4,608	\$371	\$4,979
6-EMPLOYEE-PART TIME-P	\$20,956	\$0	CLERK-JP COURT-PART-TIME	\$20,956	\$4,120	\$25,076
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
Sum	\$79,765	\$0		\$79,765	\$15,022	\$94,788

DEPARTMENT: JUSTICE OF PEACE-PRECINCT #5

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$46,501	\$0	JUSTICE OF PEACE	\$46,501	\$9,035	\$55,537
6-EMPLOYEE-PART TIME-P	\$16,063	\$0	CLERK-JP COURT-PART-TIME	\$16,063	\$3,158	\$19,221
98-OTHER-ELECTED	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,496	\$9,196
Sum	\$70,264	\$0		\$70,264	\$13,689	\$83,954

DEPARTMENT: JUVENILE CASE MANAGER FUND

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$4,001	\$0	JUVENILE CASE MANAGER	\$4,001	\$786	\$4,787
Sum	\$4,001	\$0		\$4,001	\$786	\$4,787

DEPARTMENT: JUVENILE COURT

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$5,206	\$0	COUNTY COURT-AT-LAW JUDGE	\$5,206	\$1,012	\$6,217
1-ELECTED OFFICIAL	\$5,206	\$0	COUNTY JUDGE	\$5,206	\$1,012	\$6,217
1-ELECTED OFFICIAL	\$2,298	\$0	COUNTY CLERK	\$2,298	\$447	\$2,745
Sum	\$12,710	\$0		\$12,710	\$2,470	\$15,180

2023 SALARY SCHEDULE

DEPARTMENT: JUVENILE PROBATION

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$69,605	\$0	PROBATION OFFICER-CHIEF	\$69,605	\$13,872	\$83,477
3-EMPLOYEE-FULL TIME	\$57,929	\$0	PROBATION OFFICER	\$57,929	\$11,545	\$69,474
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
3-EMPLOYEE-FULL TIME	\$49,208	\$0	PROBATION OFFICER 1	\$49,208	\$9,807	\$59,015
4-EMPLOYEE-PART TIME	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
99-OTHER	\$1,524	\$0	VACATION PAY ON TERMINATION	\$1,524	\$304	\$1,828
Sum	\$227,476	\$0		\$227,476	\$45,203	\$272,678

DEPARTMENT: LIBRARY

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$55,944	\$0	DIRECTOR	\$55,944	\$10,954	\$66,898
3-EMPLOYEE-FULL TIME	\$49,208	\$0	DIRECTOR-ASSISTANT	\$49,208	\$9,635	\$58,843
3-EMPLOYEE-FULL TIME	\$48,432	\$0	LIBRARIAN-YOUTH REFERENCE	\$48,432	\$9,483	\$57,915
3-EMPLOYEE-FULL TIME	\$43,393	\$0	LIBRARIAN - CIRCULATION	\$43,393	\$8,496	\$51,890
4-EMPLOYEE-PART TIME	\$63,653	\$0	EMPLOYEE	\$63,653	\$12,463	\$76,116
5-EMPLOYEE-TEMPORARY	\$30,454	\$0	EMPLOYEE	\$30,454	\$2,427	\$32,881
6-EMPLOYEE-PART TIME-P	\$22,024	\$0	LIBRARIAN-BRANCH	\$22,024	\$4,312	\$26,336
6-EMPLOYEE-PART TIME-P	\$22,024	\$0	LIBRARIAN-BRANCH	\$22,024	\$4,312	\$26,336
6-EMPLOYEE-PART TIME-P	\$22,024	\$0	LIBRARIAN-BRANCH	\$22,024	\$4,312	\$26,336
6-EMPLOYEE-PART TIME-P	\$1,040	\$0	LIBRARIAN/CUSTODIAN-TEMPORARY	\$1,040	\$204	\$1,244
6-EMPLOYEE-PART TIME-P	\$1,040	\$0	LIBRARIAN/CUSTODIAN-TEMPORARY	\$1,040	\$204	\$1,244
6-EMPLOYEE-PART TIME-P	\$1,040	\$0	LIBRARIAN/CUSTODIAN-TEMPORARY	\$1,040	\$204	\$1,244
99-OTHER	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,508	\$9,208
99-OTHER	\$787	\$0	VACATION PAY ON TERMINATION	\$787	\$154	\$941
99-OTHER	\$100	\$0	MEAL ALLOWANCE	\$100	\$20	\$120
99-OTHER	\$1	\$0	OVERTIME-BASE PAY	\$1	\$0	\$1
99-OTHER	\$1	\$0	OVERTIME-PREMIUM PAY	\$1	\$0	\$1

2023 SALARY SCHEDULE

DEPARTMENT: *LIBRARY*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
Sum	\$368,866	\$0		\$368,866	\$68,688	\$437,554

DEPARTMENT: *MUSEUM*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$45,206	\$0	DIRECTOR	\$45,206	\$8,851	\$54,057
4-EMPLOYEE-PART TIME	\$22,620	\$0	EMPLOYEE	\$22,620	\$4,429	\$27,049
5-EMPLOYEE-TEMPORARY	\$1,108	\$0	EMPLOYEE	\$1,108	\$88	\$1,196
99-OTHER	\$4	\$0	OVERTIME-BASE PAY	\$4	\$1	\$5
99-OTHER	\$2	\$0	OVERTIME-PREMIUM PAY	\$2	\$0	\$2
Sum	\$68,940	\$0		\$68,940	\$13,370	\$82,309

DEPARTMENT: *NUISANCE ENFORCEMENT*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
2-APPOINTED OFFICIAL	\$61,841	\$0	NUISANCE ENFORCEMENT OFFICER	\$61,841	\$12,931	\$74,772
99-OTHER	\$7,700	\$0	AUTOMOBILE ALLOWANCE	\$7,700	\$1,610	\$9,310
99-OTHER	\$100	\$0	MEAL ALLOWANCE	\$100	\$21	\$121
Sum	\$69,641	\$0		\$69,641	\$14,562	\$84,203

DEPARTMENT: *PORT O'CONNOR COMMUNITY CENTER FUND*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$1,650	\$0	ADMINISTRATIVE ASSISTANT	\$1,650	\$324	\$1,974
4-EMPLOYEE-PART TIME	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
5-EMPLOYEE-TEMPORARY	\$1	\$0	EMPLOYEE	\$1	\$0	\$1
Sum	\$1,652	\$0		\$1,652	\$325	\$1,976

2023 SALARY SCHEDULE

DEPARTMENT: RECORDS MANAGEMENT FUND COUNTY CLERK

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
4-EMPLOYEE-PART TIME	\$1,935	\$0	EMPLOYEE	\$1,935	\$380	\$2,315
5-EMPLOYEE-TEMPORARY	\$2,126	\$0	EMPLOYEE	\$2,126	\$171	\$2,297
Sum	\$4,061	\$0		\$4,061	\$552	\$4,613

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #1

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$74,431	\$0	COMMISSIONER	\$74,431	\$14,365	\$88,797
3-EMPLOYEE-FULL TIME	\$56,892	\$360	FOREMAN	\$57,252	\$12,012	\$69,264
3-EMPLOYEE-FULL TIME	\$53,888	\$0	FOREMAN-ASSISTANT	\$53,888	\$11,306	\$65,194
3-EMPLOYEE-FULL TIME	\$52,184	\$1,740	EQUIPMENT OPERATOR-HEAVY	\$53,924	\$11,313	\$65,237
3-EMPLOYEE-FULL TIME	\$50,889	\$0	EQUIPMENT OPERATOR-HEAVY	\$50,889	\$10,677	\$61,566
3-EMPLOYEE-FULL TIME	\$50,889	\$0	EQUIPMENT OPERATOR-HEAVY	\$50,889	\$10,677	\$61,566
3-EMPLOYEE-FULL TIME	\$50,686	\$0	EQUIPMENT OPERATOR-LIGHT	\$50,686	\$10,634	\$61,319
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
4-EMPLOYEE-PART TIME	\$12,949	\$0	EMPLOYEE	\$12,949	\$2,717	\$15,666
5-EMPLOYEE-TEMPORARY	\$30,747	\$0	EMPLOYEE	\$30,747	\$2,881	\$33,628
98-OTHER-ELECTED	\$1,800	\$0	CELL PHONE ALLOWANCE	\$1,800	\$347	\$2,147
99-OTHER	\$1	\$0	COMPENSATORY TIME PAY	\$1	\$0	\$1
99-OTHER	\$1	\$0	MEAL ALLOWANCE	\$1	\$0	\$1
99-OTHER	\$1	\$0	OVERTIME-BASE PAY	\$1	\$0	\$1
99-OTHER	\$1	\$0	OVERTIME-PREMIUM PAY	\$1	\$0	\$1
Sum	\$484,568	\$2,100		\$486,668	\$96,603	\$583,271

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #2

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$74,431	\$0	COMMISSIONER	\$74,431	\$14,365	\$88,797
3-EMPLOYEE-FULL TIME	\$57,386	\$240	FOREMAN	\$57,626	\$12,090	\$69,716

Monday, August 22, 2022

NOTE: EMPLOYEE MEDICAL BENEFITS ARE NOT INCLUDED ABOVE

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2023 SALARY SCHEDULE

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #2

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$53,888	\$360	EQUIPMENT OPERATOR-HEAVY	\$54,248	\$11,381	\$65,629
3-EMPLOYEE-FULL TIME	\$53,888	\$360	EQUIPMENT OPERATOR-HEAVY/ASSISTANT FOREMAN	\$54,248	\$11,381	\$65,629
3-EMPLOYEE-FULL TIME	\$51,290	\$240	EQUIPMENT OPERATOR-HEAVY	\$51,530	\$10,811	\$62,341
3-EMPLOYEE-FULL TIME	\$50,686	\$1,500	EQUIPMENT OPERATOR-HEAVY	\$52,186	\$10,949	\$63,134
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
4-EMPLOYEE-PART TIME	\$13,275	\$0	EMPLOYEE	\$13,275	\$2,785	\$16,060
5-EMPLOYEE-TEMPORARY	\$17,072	\$0	EMPLOYEE	\$17,072	\$1,600	\$18,672
98-OTHER-ELECTED	\$1,800	\$0	CELL PHONE ALLOWANCE	\$1,800	\$347	\$2,147
99-OTHER	\$979	\$0	COMPENSATORY TIME PAY	\$979	\$205	\$1,184
99-OTHER	\$423	\$0	VACATION PAY ON TERMINATION	\$423	\$89	\$512
99-OTHER	\$261	\$0	OVERTIME-BASE PAY	\$261	\$55	\$316
99-OTHER	\$131	\$0	OVERTIME-PREMIUM PAY	\$131	\$27	\$158
Sum	\$424,718	\$2,700		\$427,418	\$85,760	\$513,179

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #3

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$74,431	\$0	COMMISSIONER	\$74,431	\$14,365	\$88,797
3-EMPLOYEE-FULL TIME	\$57,747	\$1,440	FOREMAN	\$59,187	\$12,417	\$71,604
3-EMPLOYEE-FULL TIME	\$53,888	\$1,740	EQUIPMENT OPERATOR-HEAVY/ASSISTANT FOREMAN	\$55,628	\$11,671	\$67,299
3-EMPLOYEE-FULL TIME	\$50,686	\$540	EQUIPMENT OPERATOR-HEAVY	\$51,226	\$10,747	\$61,973
3-EMPLOYEE-FULL TIME	\$50,686	\$540	EQUIPMENT OPERATOR-HEAVY	\$51,226	\$10,747	\$61,973
3-EMPLOYEE-FULL TIME	\$50,686	\$540	EQUIPMENT OPERATOR-HEAVY	\$51,226	\$10,747	\$61,973
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
4-EMPLOYEE-PART TIME	\$11,064	\$0	EMPLOYEE	\$11,064	\$2,321	\$13,385
5-EMPLOYEE-TEMPORARY	\$20,354	\$0	EMPLOYEE	\$20,354	\$1,907	\$22,261
98-OTHER-ELECTED	\$1,800	\$0	CELL PHONE ALLOWANCE	\$1,800	\$347	\$2,147
99-OTHER	\$466	\$0	OVERTIME-BASE PAY	\$466	\$98	\$564
99-OTHER	\$243	\$0	COMPENSATORY TIME PAY	\$243	\$51	\$294

2023 SALARY SCHEDULE

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #3

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
99-OTHER	\$233	\$0	OVERTIME-PREMIUM PAY	\$233	\$45	\$278
99-OTHER	\$50	\$0	MEAL ALLOWANCE	\$50	\$10	\$60
Sum	\$421,541	\$4,800		\$426,341	\$85,150	\$511,491

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #4

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$74,431	\$0	COMMISSIONER	\$74,431	\$14,365	\$88,797
3-EMPLOYEE-FULL TIME	\$57,386	\$360	FOREMAN	\$57,746	\$12,115	\$69,861
3-EMPLOYEE-FULL TIME	\$52,633	\$360	EQUIPMENT OPERATOR-HEAVY	\$52,993	\$11,118	\$64,111
3-EMPLOYEE-FULL TIME	\$52,633	\$360	EQUIPMENT OPERATOR-HEAVY/ASSISTANT FOREMAN	\$52,993	\$11,118	\$64,111
3-EMPLOYEE-FULL TIME	\$50,686	\$360	EQUIPMENT OPERATOR-HEAVY	\$51,046	\$10,709	\$61,755
3-EMPLOYEE-FULL TIME	\$50,686	\$360	EQUIPMENT OPERATOR-HEAVY	\$51,046	\$10,709	\$61,755
3-EMPLOYEE-FULL TIME	\$50,686	\$360	EQUIPMENT OPERATOR-HEAVY	\$51,046	\$10,709	\$61,755
3-EMPLOYEE-FULL TIME	\$49,382	\$360	EQUIPMENT OPERATOR-LIGHT	\$49,742	\$10,436	\$60,177
3-EMPLOYEE-FULL TIME	\$49,382	\$360	EQUIPMENT OPERATOR-LIGHT	\$49,742	\$10,436	\$60,177
3-EMPLOYEE-FULL TIME	\$49,382	\$360	EQUIPMENT OPERATOR-LIGHT	\$49,742	\$10,436	\$60,177
3-EMPLOYEE-FULL TIME	\$49,382	\$1,800	EQUIPMENT OPERATOR-LIGHT	\$51,182	\$10,738	\$61,919
3-EMPLOYEE-FULL TIME	\$49,382	\$360	EQUIPMENT OPERATOR-LIGHT	\$49,742	\$10,436	\$60,177
3-EMPLOYEE-FULL TIME	\$49,382	\$360	EQUIPMENT OPERATOR-LIGHT	\$49,742	\$10,436	\$60,177
3-EMPLOYEE-FULL TIME	\$49,382	\$360	MECHANIC	\$49,742	\$10,361	\$60,103
3-EMPLOYEE-FULL TIME	\$49,208	\$0	OFFICE MANAGER	\$49,208	\$9,674	\$58,883
4-EMPLOYEE-PART TIME	\$19,532	\$0	EMPLOYEE	\$19,532	\$4,098	\$23,630
5-EMPLOYEE-TEMPORARY	\$33,185	\$0	EMPLOYEE	\$33,185	\$3,109	\$36,294
98-OTHER-ELECTED	\$1,800	\$0	CELL PHONE ALLOWANCE	\$1,800	\$347	\$2,147
99-OTHER	\$1,053	\$0	VACATION PAY ON TERMINATION	\$1,053	\$221	\$1,274
99-OTHER	\$376	\$0	COMPENSATORY TIME PAY	\$376	\$79	\$455
99-OTHER	\$40	\$0	OVERTIME-BASE PAY	\$40	\$8	\$48
99-OTHER	\$20	\$0	OVERTIME-PREMIUM PAY	\$20	\$4	\$24

2023 SALARY SCHEDULE

DEPARTMENT: ROAD AND BRIDGE-PRECINCT #4

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
Sum	\$840,025	\$6,120		\$846,145	\$171,663	\$1,017,809

DEPARTMENT: SHERIFF

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
1-ELECTED OFFICIAL	\$76,468	\$0	SHERIFF	\$76,468	\$15,814	\$92,282
3-EMPLOYEE-FULL TIME	\$72,762	\$0	DEPUTY-CHIEF	\$72,762	\$15,215	\$87,976
3-EMPLOYEE-FULL TIME	\$63,736	\$0	LIEUTENANT	\$63,736	\$13,327	\$77,063
3-EMPLOYEE-FULL TIME	\$58,393	\$0	INVESTIGATOR	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	INVESTIGATOR	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	INVESTIGATOR	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	INVESTIGATOR	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	INVESTIGATOR	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	SERGEANT	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$1,200	SERGEANT	\$59,593	\$12,461	\$72,053
3-EMPLOYEE-FULL TIME	\$58,393	\$0	SERGEANT	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$58,393	\$0	SERGEANT	\$58,393	\$12,210	\$70,602
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$1,200	DEPUTY	\$58,296	\$12,190	\$70,486
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035

2023 SALARY SCHEDULE

DEPARTMENT: *SHERIFF*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$57,096	\$0	DEPUTY	\$57,096	\$11,939	\$69,035
3-EMPLOYEE-FULL TIME	\$46,814	\$0	ADMINISTRATIVE ASSISTANT	\$46,814	\$9,204	\$56,018
3-EMPLOYEE-FULL TIME	\$46,814	\$0	ADMINISTRATIVE ASSISTANT	\$46,814	\$9,204	\$56,018
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$45,194	\$0	DISPATCHER	\$45,194	\$8,885	\$54,079
3-EMPLOYEE-FULL TIME	\$38,731	\$0	ADMINISTRATIVE CLERK	\$38,731	\$7,615	\$46,346
4-EMPLOYEE-PART TIME	\$9,796	\$0	EMPLOYEE	\$9,796	\$2,048	\$11,844
5-EMPLOYEE-TEMPORARY	\$8,748	\$0	EMPLOYEE	\$8,748	\$814	\$9,562
99-OTHER	\$67,229	\$0	ADDITIONAL PAY-REGULAR RATE	\$67,229	\$14,058	\$81,287
99-OTHER	\$31,266	\$0	OVERTIME-BASE PAY	\$31,266	\$6,538	\$37,804
99-OTHER	\$14,541	\$0	OVERTIME-PREMIUM PAY	\$14,541	\$2,834	\$17,375
99-OTHER	\$4,538	\$0	VACATION PAY ON TERMINATION	\$4,538	\$949	\$5,487
99-OTHER	\$4,487	\$0	COMPENSATORY TIME PAY	\$4,487	\$938	\$5,425
99-OTHER	\$78	\$0	MEAL ALLOWANCE	\$78	\$16	\$94
99-OTHER	\$1	\$0	WORKERS COMP ADJUSTMENTS	\$1	\$0	\$1
Sum	\$2,343,726	\$2,400		\$2,346,126	\$483,003	\$2,829,129

2023 SALARY SCHEDULE

DEPARTMENT: *VETERANS SERVICE*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
7-APPOINTED OFFICIAL-PA	\$18,000	\$0	VETERANS SERVICE OFFICER/PART-TIME	\$18,000	\$3,539	\$21,539
Sum	\$18,000	\$0		\$18,000	\$3,539	\$21,539

DEPARTMENT: *WASTE MANAGEMENT*

EMPLOYEE TYPE	<u>SALARIES</u>		POSITION	TOTAL SALARIES	TOTAL BENEFITS	<u>TOTAL SALARY AND BENEFITS</u>
	SALARY	LICENSES				
4-EMPLOYEE-PART TIME	\$19,718	\$0	EMPLOYEE	\$19,718	\$4,135	\$23,853
5-EMPLOYEE-TEMPORARY	\$2,649	\$0	EMPLOYEE	\$2,649	\$248	\$2,897
Sum	\$22,367	\$0		\$22,367	\$4,383	\$26,750
Grand Total	\$14,210,093	\$52,620		\$14,262,713	\$2,862,032	\$17,124,744

11

11. Consider and take necessary action to authorize the EMS Director to complete a Credit Application for Austin Hardware & Supply. (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, November 30, 2022 2:34 PM
To: Mae Belle Cassel
Cc: Donna Hall; Lori McDowell
Subject: Fwd: Austin Hardware
Attachments: Credit App.pdf; W9 Form.pdf

Mae Belle,

Please place the Credit App approval for Austin Hardware & Supply (attached below with the W9) on the next Commissioners Court agenda for approval to sign. I have been assured they will get me the 1295 Form tomorrow... I have been trying to get a 1295 Form from them since 10/11/2022 when I sent the directions on how to complete it. So hopefully they will have it.

Thanks,

Dustin

From: "Donna.Hall@calhouncotx.org (Donna Hall)" <Donna.Hall@calhouncotx.org>
To: "Dustin Jenkins" <Dustin.Jenkins@calhouncotx.org>
Date: Mon, 28 Nov 2022 10:08:16 -0600
Subject: Austin Hardware

Dustin,

Attached is W-9 and Credit App for Austin Hardware. I have not received a 1295 form from them. I'm not sure if you have or not.

Donna

Donna Hall
Admin Asst
Calhoun Co EMS

Calhoun County Texas

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



AUSTIN HARDWARE AND SUPPLY, INC.
P.O. Box 887, Lee's Summit, Mo. 64063
Toll Free # 866-256-9611 / 816-246-2800

CREDIT APPLICATION

(Please include additional documentation with the required AHS COMPLETED Application)

***AHS TERMS ARE N30

RETURN TO FAX NUMBER: 1-816-434-3108 or EMAIL: Creditapp@Austinhardware.com

Billing Information (Please print legible)

Name of Business: Calhoun County EMS Other names (dba or aka)

Street Address: 705 Henry Barber Way City: Port Lavaca, Texas 77979 State/zip code

Billing Address: 705 Henry Barber Way City: Port Lavaca, Texas 77979 State/zip code

Business Information

Telephone Number: 361-552-1140 Fax Number: 361-552-6552 E-Mail: donna.hall@calhouncotx.org

Accounts Payable Contact: Donna Hall Title: Admin Assistant

Owner: Years in Business: Products Manufactured:

Taxpayer ID Number: 74-6001923 Sole proprietorship, partnership, corporation: Government Date/State of Inc.:

Owners or Corporate Officers

Name and Title	Address	City, State, Zip
Dustin Jenkins Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Lori McDowell Asst Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Donna Hall Admin Assistant	705 Henry Barber Way	Port Lavaca, Texas 77979

DO YOU REQUIRE? PO# Invoices ☒ Statements ☒

Credit References (MUST HAVE AT LEAST 3 REFERENCES)

Name	Address	City, State, Zip	Phone#	Fax#
Bound Tree Medical, LLC	5000 Tuttle Crossing Blvd	Dublin, OH 43016	800-533-0523	800-257-5713
Gulf Coast Paper	3705 Houston Hwy	Victoria, TX 77901	361-575-6348	
Stryker Medical	1901 Romence Rd Parkway	Portage, MI 49002	800-327-0770	866-551-2618

Bank Reference

Bank	Address	City, State, Zip	Phone#	Fax#
Prosperity Bank	1107 TX-35	Port Lavaca, Texas 77979	361-552-7411	

Credit Request Information

Credit Limit Requested per Month: \$
Name of Person Requesting Credit: Dustin Jenkins Title: Director

We fully understand the credit terms extended by AHS, and agree to the proper payment in consideration of extended credit.

We have read and agree to AHS Terms and Condition of Sale.

We agree to pay reasonable costs and expenses, including any collection/attorney's fees, incurred by Austin Hardware & Supply, Inc. in collecting any past due amount.

**ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL FOR CREDIT DEPARTMENT USE ONLY.

Signature: Date:

☒ Check here if you agree to COD Company Check sales until AHS has completed application process.
PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR APPLICATION.



AUSTIN HARDWARE AND SUPPLY, INC.
P.O. Box 887, Lee's Summit, Mo. 64063
Toll Free # 866-256-9611 / 816-246-2800

CREDIT APPLICATION

(Please include additional documentation with the required AHS COMPLETED Application)

***AHS TERMS ARE N30

RETURN TO FAX NUMBER: 1-816-434-3108 or EMAIL: Creditapp@Austinhardware.com

Billing Information (Please print legible)

Name of Business: **Calhoun County EMS** Other names (dba or aka)

Street Address: **705 Henry Barber Way** City: **Port Lavaca, Texas** State/zip code: **77979**

Billing Address: **705 Henry Barber Way** City: **Port Lavaca, Texas** State/zip code: **77979**

Business Information

Telephone Number: **361-552-1140** Fax Number: **361-552-6552** E-Mail: **donna.hall@calhouncotx.org**

Accounts Payable Contact: **Donna Hall** Title: **Admin Assistant**

Owner: _____ Years in Business: _____ Products Manufactured: _____

Taxpayer ID Number: **74-6001923** Sole proprietorship, partnership, corporation: **Government** Date/State of Inc.: _____

Owners or Corporate Officers

Name and Title	Address	City, State, Zip
Dustin Jenkins Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Lori McDowell Asst Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Donna Hall Admin Assistant	705 Henry Barber Way	Port Lavaca, Texas 77979

DO YOU REQUIRE? PO# ☐ Invoices ☒ Statements ☒

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Name	Address	City, State, Zip	Phone#	Fax#
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Gulf Coast Paper	3705 Houston Hwy	Victoria, TX 77901	361-575-6348	
Stryker Medical	1901 Romence Rd Parkway	Portage, MI 49002	800-327-0770	866-551-2618

Bank Reference

Bank	Address	City, State, Zip	Phone#	Fax#
Prosperity Bank	1107 TX-35	Port Lavaca, Texas 77979	361-552-7411	

Credit Request Information

Credit Limit Requested per Month: \$ _____
Name of Person Requesting Credit: **Dustin Jenkins** Title: **Director**

We fully understand the credit terms extended by AHS, and agree to the proper payment in consideration of extended credit.

We have read and agree to AHS Terms and Condition of Sale.

We agree to pay reasonable costs and expenses, including any collection/attorney's fees, incurred by Austin Hardware & Supply, Inc. in collecting any past due amount.

**ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL FOR CREDIT DEPARTMENT USE ONLY.

Signature: _____ Date: _____

☒ Check here if you agree to COD Company Check sales until AHS has completed application process.
PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR APPLICATION.

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name Austin Hardware & Supply, Inc	
Business name, if different from above	
Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶	☐ Exempt from backup withholding
Address (number, street, and apt. or suite no.) P.O. Box 887	Requester's name and address (optional)
City, state, and ZIP code Lee's Summit, MO 64063	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
4	3	0	8	8	7	5	6	3

Part II Certification

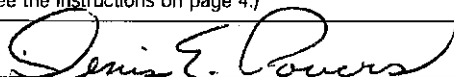
Under penalties of perjury, I certify that:

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. person (including a U.S. resident alien).

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 on page 4.)

Sign
Here

Signature of
U.S. person ▶



Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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:
2022-960489

Date Filed:
12/01/2022

Date Acknowledged:

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

Austin Hardware & Supply, Inc.
Lees Summit, MO 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.

Quote 92328/Customer 750960
Ambulance cabinets

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Austin, Donald	Lees Summit, MO United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Vicki Taylor, and my date of birth is private information

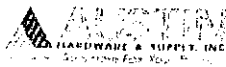
My address is 950 NW Technology Dr, Lees Summit, MO, 64086, USA
(street) (city) (state) (zip code) (country)

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

Executed in Jackson County, State of Missouri, on the 1st day of December, 2022
(month) (year)

Vicki Taylor, CFO

Signature of authorized agent of contracting business entity
(Declarant)



AUSTIN HARDWARE AND SUPPLY, INC.
P.O. Box 887, Lee's Summit, Mo. 64063
Toll Free # 866-256-9611 / 816-246-2800

CREDIT APPLICATION

(Please include additional documentation with the required AHS COMPLETED Application)

***AHS TERMS ARE N30

RETURN TO FAX NUMBER: 1-816-434-3108 or EMAIL: Creditapp@Austinhardware.com

Billing Information (Please print legible)

Name of Business: Calhoun County EMS Other names (dba or aka) _____

Street Address: 705 Henry Barber Way City: Port Lavaca, Texas State/zip code: 77979

Billing Address: 705 Henry Barber Way City: Port Lavaca, Texas State/zip code: 77979

Business Information

Telephone Number: 361-552-1140 Fax Number: 361-552-6552 E-Mail: donna.hall@calhouncotx.org

Accounts Payable Contact: Donna Hall Title: Admin Assistant

Owner: _____ Years in Business: _____ Products Manufactured: _____

Taxpayer ID Number: 74-6001923 Sole proprietorship, partnership, corporation: Government Date/State of Inc.: _____

Owners or Corporate Officers

Name and Title	Address	City, State, Zip
Dustin Jenkins Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Lori McDowell Asst Director	705 Henry Barber Way	Port Lavaca, Texas 77979
Donna Hall Admin Assistant	705 Henry Barber Way	Port Lavaca, Texas 77979

DO YOU REQUIRE? PO# ☐ Invoices ☒ Statements ☒

Credit References (MUST HAVE AT LEAST 3 REFERENCES)

Name	Address	City, State, Zip	Phone#	Fax#
Bound Tree Medical, LLC	5000 Tuttle Crossing Blvd	Dublin, OH 43016	800-533-0523	800-257-5713
Gulf Coast Paper	3705 Houston Hwy	Victoria, TX 77901	361-575-6348	
Stryker Medical	1901 Romence Rd Parkway	Portage, MI 49002	800-327-0770	866-551-2618

Bank Reference

Bank	Address	City, State, Zip	Phone#	Fax#
Prosperity Bank	1107 TX-35	Port Lavaca, Texas 77979	361-552-7411	

Credit Request Information

Credit Limit Requested per Month: \$ _____
Name of Person Requesting Credit: Dustin Jenkins Title: Director

We fully understand the credit terms extended by AHS, and agree to the proper payment in consideration of extended credit.
We have read and agree to AHS Terms and Condition of Sale.

We agree to pay reasonable costs and expenses, including any collection/attorney's fees, incurred by Austin Hardware & Supply, Inc. in collecting any past due amount.

**ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL FOR CREDIT DEPARTMENT USE ONLY.

Signature: _____ Date: 12/07/2022
☒ Check here if you agree to COD Company Check sales until AHS has completed application process.
PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR APPLICATION.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

OFFICE USE ONLY CERTIFICATION OF FILING

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

Austin Hardware & Supply, Inc.
 Lees Summit, MO United States

Certificate Number:
 2022-050459

Date Filed:
 12/01/2022

Date Acknowledged:

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

Danbury 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.

Quote 20223 Customer 750550
 Ambulance contracts

4. Name of interested party

City, State, Country (place of business)

Nature of interest
 (check applicable)

Controlling Intermediary

Austin, Donald

Lees Summit, MO United States

5. Check only if there is NO interested party.

6. UNSWORN DECLARATION

I, Donald Austin, declare that the information provided on this form is true and correct to the best of my knowledge.

I am a resident of Lees Summit, MO and I am a resident of USA.

I am not a resident of Lees Summit, MO and I am not a resident of USA.

I am not a resident of Lees Summit, MO and I am not a resident of USA.

Donald Austin
 CFO

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name Austin Hardware & Supply, Inc	
Business name, if different from above	
Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶	
☐ Exempt from backup withholding	
Address (number, street, and apt. or suite no.) P.O. Box 887	Requester's name and address (optional)
City, state, and ZIP code Lee's Summit, MO 64063	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).
However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
OR								
Employer identification number								
4	3	0	8	8	7	5	6	3

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

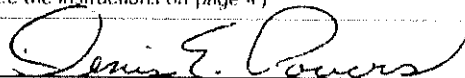
Under penalties of perjury, I certify that:

- 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. person (including a U.S. resident alien).

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 on page 4.)

Sign
Here

Signature of
U.S. person ▶



Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

January							April							July							October						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	2	3	4	5	6	7	8	2	3	4	5	6	7	8	1	2	3	4	5	6	7
8	9	10	11	12	13	14	9	10	11	12	13	14	15	9	10	11	12	13	14	15	8	9	10	11	12	13	14
15	16	17	18	19	20	21	16	17	18	19	20	21	22	16	17	18	19	20	21	22	15	16	17	18	19	20	21
22	23	24	25	26	27	28	23	24	25	26	27	28	29	23	24	25	26	27	28	29	22	23	24	25	26	27	28
29	30	31					30							30	31						29	30	31				

February							May							August							November						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
5	6	7	8	9	10	11	7	8	9	10	11	12	13	6	7	8	9	10	11	12	5	6	7	8	9	10	11
12	13	14	15	16	17	18	14	15	16	17	18	19	20	13	14	15	16	17	18	19	12	13	14	15	16	17	18
19	20	21	22	23	24	25	21	22	23	24	25	26	27	20	21	22	23	24	25	26	19	20	21	22	23	24	25
26	27	28					28	29	30	31				27	28	29	30	31			26	27	28	29	30		

March							June							September							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
5	6	7	8	9	10	11	4	5	6	7	8	9	10	3	4	5	6	7	8	9	3	4	5	6	7	8	9
12	13	14	15	16	17	18	11	12	13	14	15	16	17	10	11	12	13	14	15	16	10	11	12	13	14	15	16
19	20	21	22	23	24	25	18	19	20	21	22	23	24	17	18	19	20	21	22	23	17	18	19	20	21	22	23
26	27	28	29	30	31		24	25	26	27	28	29	30	24	25	26	27	28	29	30	24	25	26	27	28	29	30

COMMISSIONERS' COURT
8 HOUR HOLIDAY

PAY DAYS

BILLS DUE NO LATER THAN 11 AM

PAYROLL DUE BEFORE 11 AM

****DATES SUBJECT TO CHANGE SO PLEASE CHECK EMAILS DAILY****

12

12. Accept Monthly Reports from the following County Offices:

- i. Floodplain Administration – November 2022
- ii. Justice of the Peace, Precinct 5 – November 2022

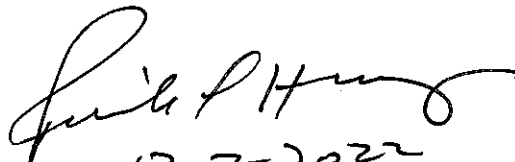
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Vern Lyssy, Commissioner Pct 2
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Meyer, Commissioner Hall, Lyssy, Behrens, Reese

Calhoun County Floodplain Administration

211 South Ann Street, Suite 301
Port Lavaca, TX 77979-4249
Phone: 361-553-4455/Fax: 361-553-4444
e-mail: Debbie.Vickery@calhouncotx.org

November 2022 Development Permits

New Homes – 12
Renovations/Additions – 0
Mobile Homes – 2
Boat Barns/Storage Buildings/Garages - 6
Commercial Buildings/RV Site - 1
Tower Addition – 0
Fence – 0
Pool- 0
Drainage- 0


12-7-2022

Total Fees Collected: \$1260.00

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: DECEMBER 1, 2022PAGES: 8 Including this cover

TO: JUDGE RICHARD MEYER & COUNTY COMMISSIONERS
ATT: MaeBelle

FAX NUMBER(S) 361-553-4444**SUBJECT: NOVEMBER, 2022 ~ MONEY DISTRIBUTION REPORT**

NOTE: MaeBelle, I am faxing the above report for NOVEMBER, 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 COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

Receipt Cause/Defendant	Codes\Amounts	Total
377775 2022-0327 11-01-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 164.00 OSBORN, BRONSON LEE Credit Card		245.00
377777 2022-0167 11-01-2022 FINE 35.20 LTFC 0.84 STF1 13.96 PUSCHMAN, MASON HUNTER Credit Card		50.00
377778 2022-0273 11-02-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 FINE 239.00 PINKARD, TINA JANELL JOY Jail Credit		370.00
377779 2022-0192 11-02-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 OMNR 10.00 SKIRVIN, FRANCISCA LYDIA Jail Credit	FINE 104.00 CSRV 73.50	318.50
377780 1611-0362 11-02-2022 TIME 25.00 OMNC 4.00 OMND 20.00 OMNO 6.00 FINE 80.00 RODRIGUEZ, LUIS RENE II Jail Credit	CSRV 40.50	175.50
377781 09-06-0286 11-02-2022 JSF 4.00 CCC 40.00 CHS 3.00 LAF 5.00 WRNT 50.00 RODRIGUEZ, LUIS RENE II Jail Credit	TF 4.00 JCSP 1.00 JPAY 6.00 IDF 2.00 TPDF 2.00 OMNC 4.00 OMND 20.00 OMNO 6.00 DPSP 160.00 CSRV 92.00	399.10
377782 2022-0324 11-09-2022 PWF 5.00 WSP 69.00 CCC 62.00 LCCC 14.00 CRUMLEY, TROY E Credit Card		150.00
377784 2022-0125 11-14-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STF1 50.00 BELL, KEEYON HARMON Credit Card	DDC 10.00	144.00
377785 2022-0321 11-15-2022 CCC 62.00 LCCC 14.00 PWF 104.00 PWF 5.00 BECERRA, JUAN Personal Check CK # 5099		185.00
377786 2022-0126 11-15-2022 FINE 72.61 CSRV 23.24 BARRERA, EMILY KATHERINE Credit Card		95.85
377787 2020-0228 11-15-2022 CSRV 76.50 HILL, HAYLEIGH Jail Credit		76.50
377788 1812-01060 11-15-2022 JSF 4.00 CCC 40.00 CHS 3.00 PWF 5.00 WRNT 100.00 MORALES, JEFFREY KEITH Jail Credit	TF 4.00 JCSP 1.00 JPAY 6.00 IDF 2.00 TPDF 2.00 OMNC 4.00 OMND 20.00 OMNO 6.00 PWF 303.00 CSRV 151.50 JCMP 5.00	656.50
377789 1812-01073 11-15-2022 JSF 4.00 CCC 40.00 CHS 3.00 PWF 5.00 WRNT 100.00 MORALES, JEFFREY KEITH Jail Credit	TF 4.00 JCSP 1.00 JPAY 6.00 IDF 2.00 TPDF 2.00 OMNC 4.00 OMND 20.00 OMNO 6.00 PWF 353.00 CSRV 166.50 JCMP 5.00	721.50
377790 2022-0151 11-15-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 OMNR 10.00 EMERY, JALYN NORDEL Jail Credit	FINE 104.00 CSRV 73.50	318.50
377791 2022-0152 11-15-2022 CCC 62.00 LAF 5.00 WRNT 50.00 LCCC 14.00 OMNR 10.00 EMERY, JALYN NORDEL Jail Credit	FINE 264.00 CSRV 121.50	526.50
377792 2022-0311 11-16-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 169.00 RANGEL, DAYNE KERNAN Credit Card		250.00
377793 2022-0312 11-16-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 169.00 RANGEL, DAYNE KERNAN Credit Card		250.00
377794 2022-0238 11-16-2022 CCC 62.00 LAF 5.00 LCCC 14.00 FINE 264.00 KREBS, NICOLE JOHANA Jail Credit		345.00
377795 2022-0293 11-21-2022 FINE 50.00 SKALAK, KARIE LEIGH Credit Card		50.00
377796 2022-0333 11-21-2022 CCC 62.00 LCCC 14.00 PWF 119.00 PWF 5.00 OWENS, BRIAN K Personal Check # 1065		200.00
377797 2022-0328 11-25-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STF1 50.00 CLINTON, PATSY H Credit Card	DDC 10.00	144.00
377798 2022-0331 11-28-2022 CCC 62.00 LAF 5.00 LCCC 14.00 LTFC 3.00 STF1 50.00 HOPPER, DEBORAH ANN Cash	DDC 10.00	144.00
377799 2022-0332 11-29-2022 CPLD 20.00 Cash		20.00

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

Receipt Cause/Defendant	Code	Amounts	Total
CHATHAM, JOSEPH EDWARD			
Cash			
377800 2022-0190 11-30-2022 TPRF	15.00	FINE 5.55 LTFC 0.25 STF1 4.20 CSRV 25.00	50.00
PLAZINICH, BELINDA LEA			
Credit Card			

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

Type Code Description	Count	Retained	Disbursed	Money-Totals
The following totals represent - Cash and Checks Collected				
COST CCC CONSOLIDATED COURT COSTS	3	18.60	167.40	186.00
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	1	5.00	0.00	5.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	3	42.00	0.00	42.00
COST OMNC DPS OMNI FEE - COUNTY	0	0.00	0.00	0.00
COST OMND DPS OMNI FEE - DPS	0	0.00	0.00	0.00
COST OMNO DPS OMNI FEE - OMNIBASE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	0	0.00	0.00	0.00
COST PWF TEXAS PARKS & WILDLIFE	2	8.00	2.00	10.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TIME TIME PAYMENT FEE 02-20	0	0.00	0.00	0.00
COST TPDP TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	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	1	10.00	0.00	10.00
FEEs JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FINE CPLD COMPLIANCE DISMISSAL FINE	1	20.00	0.00	20.00
FINE DPSP DPS FTA FINE	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)	1	3.00	0.00	3.00
FINE PWF PARKS & WILDLIFE FINE	2	33.45	189.55	223.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	1	2.00	48.00	50.00
FINE WSF WATER SAFETY FINE	0	0.00	0.00	0.00
Money Totals	4	142.05	406.95	549.00

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 OMNC DPS OMNI FEE - COUNTY	0	0.00	0.00	0.00
COST OMND DPS OMNI FEE - DPS	0	0.00	0.00	0.00
COST OMNO DPS OMNI FEE - OMNIBASE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	0	0.00	0.00	0.00
COST PWF TEXAS PARKS & WILDLIFE	0	0.00	0.00	0.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TIME TIME PAYMENT FEE 02-20	0	0.00	0.00	0.00
COST TPDP TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	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 JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FINE CPLD COMPLIANCE DISMISSAL FINE	0	0.00	0.00	0.00
FINE DPSP DPS FTA FINE	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 PWF PARKS & WILDLIFE FINE	0	0.00	0.00	0.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
FINE WSF WATER SAFETY FINE	0	0.00	0.00	0.00
Transfer Totals	0	0.00	0.00	0.00

The following totals represent - Jail Credit and Community Service

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

Type Code Description	Count	Retained	Disbursed	Money-Totals
COST CCC CONSOLIDATED COURT COSTS	5	31.00	279.00	310.00
COST CCC CONSOLIDATED COURT COSTS	3	12.00	108.00	120.00
COST CHS COURTHOUSE SECURITY	3	9.00	0.00	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	6	30.00	0.00	30.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	5	70.00	0.00	70.00
COST OMNC DPS OMNI FEE - COUNTY	4	16.00	0.00	16.00
COST OMND DPS OMNI FEE - DPS	4	0.00	80.00	80.00
COST OMNO DPS OMNI FEE - OMNIBASE	4	0.00	24.00	24.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	3	30.00	0.00	30.00
COST PWA TEXAS PARKS & WILDLIFE	2	8.00	2.00	10.00
COST TF TECHNOLOGY FUND	3	12.00	0.00	12.00
COST TIME TIME PAYMENT FEE 02-20	1	25.00	0.00	25.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	3	0.00	6.00	6.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	0	0.00	0.00	0.00
COST WRNT WARRANT FEE	7	450.00	0.00	450.00
FEES CSRV COLLECTION SERVICES FEE	8	795.60	0.00	795.60
FEES DDC DRIVER SAFETY COURSE - 2020	0	0.00	0.00	0.00
FEES JCMF JUVENILE CASE MANAGER FEE	2	10.00	0.00	10.00
FINE CPLD COMPLIANCE DISMISSAL FINE	0	0.00	0.00	0.00
FINE DPSF DPS FTA FINE	1	160.00	0.00	160.00
FINE FINE FINE	6	1,055.00	0.00	1,055.00
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
FINE PWF PARKS & WILDLIFE FINE	2	98.40	567.60	666.00
FINE STFL STATE TRAFFIC FINE (EFF. 9.1.19)	0	0.00	0.00	0.00
FINE WSF WATER SAFETY FINE	0	0.00	0.00	0.00
Credit Totals	10	2,818.60	1,089.00	3,907.60

The following totals represent - Credit Card Payments

COST CCC CONSOLIDATED COURT COSTS	6	37.20	334.80	372.00
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	5	25.00	0.00	25.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	6	84.00	0.00	84.00
COST OMNC DPS OMNI FEE - COUNTY	0	0.00	0.00	0.00
COST OMND DPS OMNI FEE - DPS	0	0.00	0.00	0.00
COST OMNO DPS OMNI FEE - OMNIBASE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	0	0.00	0.00	0.00
COST PWA TEXAS PARKS & WILDLIFE	1	4.00	1.00	5.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TIME TIME PAYMENT FEE 02-20	0	0.00	0.00	0.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	1	15.00	0.00	15.00
COST WRNT WARRANT FEE	0	0.00	0.00	0.00
FEES CSRV COLLECTION SERVICES FEE	2	48.24	0.00	48.24
FEES DDC DRIVER SAFETY COURSE - 2020	2	20.00	0.00	20.00
FEES JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FINE CPLD COMPLIANCE DISMISSAL FINE	0	0.00	0.00	0.00
FINE DPSF DPS FTA FINE	0	0.00	0.00	0.00
FINE FINE FINE	7	665.36	0.00	665.36
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	4	7.09	0.00	7.09
FINE PWF PARKS & WILDLIFE FINE	0	0.00	0.00	0.00
FINE STFL STATE TRAFFIC FINE (EFF. 9.1.19)	4	4.73	113.43	118.16
FINE WSF WATER SAFETY FINE	1	10.35	58.65	69.00
Credit Card Totals	10	920.97	507.88	1,428.85

The following totals represent - Combined Money

COST CCC CONSOLIDATED COURT COSTS	9	55.80	502.20	558.00
COST CCC CONSOLIDATED COURT COSTS	0	0.00	0.00	0.00
COST CHS COURTHOUSE SECURITY	0	0.00	0.00	0.00

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

Type Code Description	Count	Retained	Disbursed	Money-Totals
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	6	30.00	0.00	30.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	9	126.00	0.00	126.00
COST OMNC DPS OMNI FEE - COUNTY	0	0.00	0.00	0.00
COST OMND DPS OMNI FEE - DPS	0	0.00	0.00	0.00
COST OMNO DPS OMNI FEE - OMNIBASE	0	0.00	0.00	0.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	0	0.00	0.00	0.00
COST PWAFF TEXAS PARKS & WILDLIFE	3	12.00	3.00	15.00
COST TF TECHNOLOGY FUND	0	0.00	0.00	0.00
COST TIME TIME PAYMENT FEE 02-20	0	0.00	0.00	0.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	0	0.00	0.00	0.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	1	15.00	0.00	15.00
COST WRNT WARRANT FEE	0	0.00	0.00	0.00
FEECS CSRV COLLECTION SERVICES FEE	2	48.24	0.00	48.24
FEECS DDC DRIVER SAFETY COURSE - 2020	3	30.00	0.00	30.00
FEECS JCMF JUVENILE CASE MANAGER FEE	0	0.00	0.00	0.00
FINE CPLD COMPLIANCE DISMISSAL FINE	1	20.00	0.00	20.00
FINE DPSF DPS FTA FINE	0	0.00	0.00	0.00
FINE FINE FINE	7	665.36	0.00	665.36
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	5	10.09	0.00	10.09
FINE PWF PARKS & WILDLIFE FINE	2	33.45	109.55	223.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	5	6.73	161.43	168.16
FINE WSF WATER SAFETY FINE	1	10.35	58.65	69.00
Money Totals	14	1,063.02	914.83	1,977.85

The following totals represent - Combined Money and Credits

COST CCC CONSOLIDATED COURT COSTS	14	86.80	781.20	868.00
COST CCC CONSOLIDATED COURT COSTS	3	12.00	108.00	120.00
COST CHS COURTHOUSE SECURITY	3	9.00	0.00	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	12	60.00	0.00	60.00
COST LCCC LOCAL CONSOLIDATED COURT COST 1-1-20	14	196.00	0.00	196.00
COST OMNC DPS OMNI FEE - COUNTY	4	16.00	0.00	16.00
COST OMND DPS OMNI FEE - DPS	4	0.00	80.00	80.00
COST OMNO DPS OMNI FEE - OMNIBASE	4	0.00	24.00	24.00
COST OMNR OMNI REIMBURSEMENT FEE (EFF. 1.1.20)	3	30.00	0.00	30.00
COST PWAFF TEXAS PARKS & WILDLIFE	5	20.00	5.00	25.00
COST TF TECHNOLOGY FUND	3	12.00	0.00	12.00
COST TIME TIME PAYMENT FEE 02-20	1	25.00	0.00	25.00
COST TPDF TRUANCY PREVENTION & DIVERSION FUND	3	0.00	6.00	6.00
COST TPRF TIME PAYMENT REIMBURSEMENT FEE	1	15.00	0.00	15.00
COST WRNT WARRANT FEE	7	450.00	0.00	450.00
FEECS CSRV COLLECTION SERVICES FEE	10	843.84	0.00	843.84
FEECS DDC DRIVER SAFETY COURSE - 2020	3	30.00	0.00	30.00
FEECS JCMF JUVENILE CASE MANAGER FEE	2	10.00	0.00	10.00
FINE CPLD COMPLIANCE DISMISSAL FINE	1	20.00	0.00	20.00
FINE DPSF DPS FTA FINE	1	160.00	0.00	160.00
FINE FINE FINE	13	1,720.36	0.00	1,720.36
FINE LTFC LOCAL TRAFFIC FINE (EFF. 9.1.19)	5	10.09	0.00	10.09
FINE PWF PARKS & WILDLIFE FINE	4	131.85	747.15	879.00
FINE STF1 STATE TRAFFIC FINE (EFF. 9.1.19)	5	6.73	161.43	168.16
FINE WSF WATER SAFETY FINE	1	10.35	58.65	69.00
Report Totals	24	3,881.62	2,003.83	5,885.45

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

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	0.00	0.00
	Jail Credits & Comm Service	896.00	596.00	460.60	0.00	0.00	0.00	1,952.60
	Credit Cards & Transfers	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total of all Collections	896.00	596.00	460.60	0.00	0.00	0.00	1,952.60
01-01-2020	Cash & Checks Collected	296.00	243.00	10.00	0.00	0.00	0.00	549.00
	Jail Credits & Comm Service	975.00	635.00	345.00	0.00	0.00	0.00	1,955.00
	Credit Cards & Transfers	859.61	501.00	68.24	0.00	0.00	0.00	1,428.85
	Total of all Collections	2,130.61	1,379.00	423.24	0.00	0.00	0.00	3,932.85
TOTALS	Cash & Checks Collected	296.00	243.00	10.00	0.00	0.00	0.00	549.00
	Jail Credits & Comm Service	1,871.00	1,231.00	805.60	0.00	0.00	0.00	3,907.60
	Credit Cards & Transfers	859.61	501.00	68.24	0.00	0.00	0.00	1,428.85
	Total of all Collections	3,026.61	1,975.00	883.84	0.00	0.00	0.00	5,885.45

Money Distribution Report

CALHOUN COUNTY PCT 5 MONTHLY REPORT NOVEMBER 2022

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	9	558.00	55.80	502.20
01-01-04 - 12-31-19	0	0.00	0.00	0.00
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)	0	0.00	0.00	0.00
State Traffic Fine (prior 09-01-19)	5	168.16	6.73	161.43
Intoxicated Driver Fine	0	0.00	0.00	0.00
Prior Mandatory Costs (JRF, IDFS, JS)	0	0.00	0.00	0.00
Moving Violation Fees	0	0.00	0.00	0.00
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
	0	0.00	0.00	0.00
Section II: As Applicable				
Peace Officer Fees	3	15.00	12.00	3.00
Motor Carrier Weight Violations	0	0.00	0.00	0.00
Driving Record Fee	0	0.00	0.00	0.00
Report Sub Total	17	741.16	74.53	666.63
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: Juror Donations	0	0.00	0.00	0.00
CF: JP Consolidated Civil Fee	0	0.00	0.00	0.00
CF: Stat Prob Court Consol Civil Fee	0	0.00	0.00	0.00
CF: Stat Prob Court Filing Fee Other	0	0.00	0.00	0.00
CF: Stat Cnty Court Consol Civil Fee	0	0.00	0.00	0.00
CF: Stat Cnty Court Filing Fee Other	0	0.00	0.00	0.00
CF: Cnst Cnty Court Consol Civil Fee	0	0.00	0.00	0.00
CF: Cnst Cnty Court Filing Fee Other	0	0.00	0.00	0.00
CF: Dist Court Consol Civil Fee	0	0.00	0.00	0.00
CF: Dist Court Filing Fee Other	0	0.00	0.00	0.00
CF: Cnty Alt Dispute Resolution Fund	0	0.00	0.00	0.00
CF: Nondisclosure Fees	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	17	741.16	74.53	666.63

THE STATE OF TEXAS
County of Calhoun County

Before me, the undersigned authority, this day 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 15th day of December, A.D. 2022.

Nancy Pomykal
Justice of the Peace, Precinct No 5
Calhoun County, Texas

[Signature]
12-7-2022

13

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: BUILDING MAINTENANCE

DEPARTMENT NO: 170

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
65454	REPAIRS-COURTHOUSE AND JAIL	999	NO GRANT	\$0	\$0	\$545	\$0	(\$545)
65455	REPAIRS-COURTHOUSE ANNEX II	999	NO GRANT	\$0	\$0	\$1,269	\$0	(\$1,269)
66192	TELEPHONE SERVICES	999	NO GRANT	\$0	\$0	\$353	\$0	(\$353)
73400	MACHINERY AND EQUIPMENT	999	NO GRANT	\$0	\$0	\$0	\$2,167	\$2,167
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$2,167	\$2,167	\$0

BUILDING MAINTENANCE TOTAL

\$0

\$2,167

\$2,167

\$0

DEPARTMENT NAME: COMMISSIONERS COURT

DEPARTMENT NO: 230

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$9,122	\$0	(\$9,122)
64520	PATHOLOGIST FEES	999	NO GRANT	\$0	\$0	\$0	\$9,237	\$9,237
66607	UTILITIES-EMERG. COMMUNICATIO	999	NO GRANT	\$0	\$0	\$115	\$0	(\$115)
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$9,237	\$9,237	\$0

COMMISSIONERS COURT TOTAL

\$0

\$0

\$9,237

\$9,237

\$0

DEPARTMENT NAME: CONSTABLE-PRECINCT #1

DEPARTMENT NO: 580

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: CONSTABLE-PRECINCT #1

DEPARTMENT NO: 580

AMENDMENT NO: 6210 REQUESTOR: CONSTABLE PRECINCT #1

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
53430	LAW ENFORCEMENT SUPPLIES	999	NO GRANT	\$0	\$0	\$2,339	\$0	(\$2,339)
62955	INTERNET SERVICES	999	NO GRANT	\$0	\$0	\$0	\$113	\$113
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$330	\$330
64850	PRINTING SERVICES	999	NO GRANT	\$0	\$0	\$0	\$199	\$199
65180	RADIO MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$399	\$399
65835	SOFTWARE MAINTENANCE (ANNUA	999	NO GRANT	\$0	\$0	\$0	\$799	\$799
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$0	\$499	\$499
AMENDMENT NO 6210 TOTAL				\$0	\$0	\$2,339	\$2,339	\$0

CONSTABLE-PRECINCT #1 TOTAL

\$0 \$2,339 \$2,339 \$0

DEPARTMENT NAME: COUNTY AUDITOR

DEPARTMENT NO: 190

AMENDMENT NO: 6206 REQUESTOR: COUNTY AUDITOR

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER EXPENSE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE/DECREASE
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$295	\$0	(\$295)
66310	TRAINING REGISTRATION FEES/TR	999	NO GRANT	\$0	\$0	\$0	\$295	\$295
AMENDMENT NO 6206 TOTAL				\$0	\$0	\$295	\$295	\$0

COUNTY AUDITOR TOTAL

\$0 \$0 \$295 \$295 \$0

DEPARTMENT NAME: COUNTY CLERK

DEPARTMENT NO: 250

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: COUNTY CLERK

DEPARTMENT NO: 250

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
66316	TRAINING TRAVEL OUT OF COUNTY	999	NO GRANT	\$0	\$0	\$149	\$0	(\$149)
71650	EQUIPMENT	999	NO GRANT	\$0	\$0	\$0	\$149	\$149
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$149	\$149	\$0

COUNTY CLERK TOTAL \$0 \$149 \$149 \$0

DEPARTMENT NAME: COUNTY TREASURER

DEPARTMENT NO: 210

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$500	\$0	(\$500)
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	\$0	\$0	\$0	\$500	\$500
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$500	\$500	\$0

COUNTY TREASURER TOTAL \$0 \$0 \$500 \$500 \$0

DEPARTMENT NAME: ELECTIONS

DEPARTMENT NO: 270

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
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COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: ELECTIONS

DEPARTMENT NO: 270

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$21	\$21
53110	COMPUTER SUPPLIES	999	NO GRANT	\$0	\$0	\$21	\$0	(\$21)
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$21	\$21	\$0
ELECTIONS TOTAL				\$0	\$0	\$21	\$21	\$0

DEPARTMENT NAME: EMERGENCY MANAGEMENT

DEPARTMENT NO: 630

AMENDMENT NO: 6211 REQUESTOR: EMERGENCY MANAGEMENT

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)
53110	COMPUTER SUPPLIES	999	NO GRANT	\$0	\$0	\$100	\$0	(\$100)
60332	AUTO ALLOWANCES	999	NO GRANT	\$0	\$0	\$0	\$100	\$100
65180	RADIO MAINTENANCE	999	NO GRANT	\$0	\$0	\$1,000	\$0	(\$1,000)
66920	WEATHER SERVICE	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
AMENDMENT NO 6211 TOTAL				\$0	\$0	\$1,100	\$1,100	\$0
EMERGENCY MANAGEMENT TOTAL				\$0	\$0	\$1,100	\$1,100	\$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES

DEPARTMENT NO: 345

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
50395	DIRECTOR OF EMS	999	NO GRANT	\$0	\$0	\$1	\$0	(\$1)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$0	\$19,342	\$19,342
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$1,250	\$0	(\$1,250)
53610	BUILDING SUPPLIES/PARTS	999	NO GRANT	\$0	\$0	\$213	\$0	(\$213)
61080	CONTINUING EDUCATION	999	NO GRANT	\$0	\$0	\$7,712	\$0	(\$7,712)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$5,887	\$0	(\$5,887)
66505	TRAVEL/DUES/SUBSCRIPTIONS	999	NO GRANT	\$0	\$0	\$1,295	\$0	(\$1,295)
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$2,984	\$0	(\$2,984)
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$19,342	\$19,342	\$0

EMERGENCY MEDICAL SERVICES TOTAL

\$0

\$19,342

\$0

DEPARTMENT NAME: INFORMATION TECHNOLOGY DEPARTMENT NO: 275

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$318	\$0	(\$318)
66310	TRAINING REGISTRATION FEES/TRA	999	NO GRANT	\$0	\$0	\$0	\$318	\$318
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$318	\$318	\$0

INFORMATION TECHNOLOGY TOTAL

\$0

\$318

\$318

\$0

DEPARTMENT NAME: JAIL DEPARTMENT NO: 180

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

AMENDMENT NO: 6205

REQUESTOR: JAIL

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER OVERDRAWN

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53420	JAIL MAINTENANCE/SUPPLIES	999	NO GRANT	\$0	\$0	\$107	\$0	(\$107)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$1,108	\$0	(\$1,108)
64910	PRISONER MEDICAL SERVICES	999	NO GRANT	\$0	\$0	\$147	\$0	(\$147)
65835	SOFTWARE MAINTENANCE (ANNUA	999	NO GRANT	\$0	\$0	\$12,106	\$0	(\$12,106)
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$13,468	\$13,468
AMENDMENT NO 6205 TOTAL				\$0	\$0	\$13,468	\$13,468	\$0

JAIL TOTAL

\$0

\$13,468

\$0

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #1

DEPARTMENT NO: 450

AMENDMENT NO: 6207

REQUESTOR: JUSTICE OF THE PEACE PRECINCT #1 & #2

AMENDMENT REASON: TRANSFER TO COVER PART-TIME SALARY THROUGH YEAR END

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
50275	COURT CLERK (JP) PART-TIME	999	NO GRANT	\$0	\$0	\$1,632	\$0	(\$1,632)
AMENDMENT NO 6207 TOTAL				\$0	\$0	\$1,632	\$0	(\$1,632)

JUSTICE OF PEACE-PRECINCT #1 TOTAL

\$0

\$1,632

\$0

(\$1,632)

DEPARTMENT NAME: JUSTICE OF PEACE-PRECINCT #2

DEPARTMENT NO: 460

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6207 REQUESTOR: JUSTICE OF THE PEACE PRECINCT #1 & #2

AMENDMENT REASON: TRANSFER TO COVER PART-TIME SALARY THROUGH YEAR END

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51920	GROUP INSURANCE	999	NO GRANT	\$0	\$0	\$0	\$1,632	\$1,632
AMENDMENT NO 6207 TOTAL				\$0	\$0	\$0	\$1,632	\$1,632

JUSTICE OF PEACE-PRECINCT #2 TOTAL \$0 \$0 \$1,632 \$1,632

DEPARTMENT NAME: LIBRARY

DEPARTMENT NO: 140

AMENDMENT NO: 6203 REQUESTOR: LIBRARY

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER EXPENSE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
63920	MISCELLANEOUS	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
66620	UTILITIES-PORT O'CONNOR LIBRAR	999	NO GRANT	\$0	\$0	\$0	\$500	\$500
70456	AUDIO/DVD-LIBRARY	999	NO GRANT	\$0	\$0	\$0	\$1,300	\$1,300
70550	BOOKS-LIBRARY	999	NO GRANT	\$0	\$0	\$2,300	\$0	(\$2,300)
71146	E-MATERIALS-LIBRARY	999	NO GRANT	\$0	\$0	\$500	\$0	(\$500)
AMENDMENT NO 6203 TOTAL				\$0	\$0	\$2,800	\$2,800	\$0

LIBRARY TOTAL \$0 \$0 \$2,800 \$2,800 \$0

DEPARTMENT NAME: MUSEUM

DEPARTMENT NO: 150

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: MUSEUM

DEPARTMENT NO: 150

AMENDMENT NO: 6204

REQUESTOR: MUSEUM

AMENDMENT REASON: LINE ITEM TRANSFER TO COVER EXPENSE

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53020	OFFICE SUPPLIES	999	NO GRANT	\$0	\$0	\$825	\$0	(\$825)
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$0	\$825	\$825
AMENDMENT NO 6204 TOTAL				\$0	\$0	\$825	\$825	\$0
MUSEUM TOTAL				\$0	\$0	\$825	\$825	\$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #1

DEPARTMENT NO: 540

AMENDMENT NO: 6208

REQUESTOR: COMMISSIONER PRECINCT #1

AMENDMENT REASON: LINE ITEM ADJUSTMENT TO PAY BILLS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
66600	UTILITIES	999	NO GRANT	\$0	\$0	\$600	\$0	(\$600)
66614	UTILITIES-PARKS	999	NO GRANT	\$0	\$0	\$400	\$0	(\$400)
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$1,000	\$1,000
AMENDMENT NO 6208 TOTAL				\$0	\$0	\$1,000	\$1,000	\$0
ROAD AND BRIDGE-PRECINCT #1 TOTAL				\$0	\$0	\$1,000	\$1,000	\$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2

DEPARTMENT NO: 550

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$4,607	\$4,607
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$4,607	\$0	(\$4,607)
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$4,607	\$4,607	\$0

ROAD AND BRIDGE-PRECINCT #2 TOTAL \$0 \$4,607 \$4,607 \$0

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

AMENDMENT NO: 6209 REQUESTOR: COMMISSIONER PRECINCT #3

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
50900	SPECIAL LICENSE	999	NO GRANT	\$0	\$0	\$0	\$3,000	\$3,000
51540	TEMPORARY	999	NO GRANT	\$0	\$0	\$0	\$688	\$688
51613	OVERTIME BASE PAY	999	NO GRANT	\$0	\$0	\$0	\$465	\$465
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$0	\$232	\$232
51910	SOCIAL SECURITY	999	NO GRANT	\$0	\$0	\$0	\$903	\$903
51920	GROUP INSURANCE	999	NO GRANT	\$0	\$0	\$0	\$900	\$900
51930	RETIREMENT	999	NO GRANT	\$0	\$0	\$0	\$1,800	\$1,800
51940	WORKMENS COMPENSATION	999	NO GRANT	\$0	\$0	\$0	\$900	\$900
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$5,985	\$5,985
53550	LUMBER	999	NO GRANT	\$0	\$0	\$337	\$0	(\$337)
53580	PIPE	999	NO GRANT	\$0	\$0	\$8,888	\$0	(\$8,888)
62510	EQUIPMENT RENTAL	999	NO GRANT	\$0	\$0	\$0	\$1,706	\$1,706
63500	MACHINE MAINTENANCE	999	NO GRANT	\$0	\$0	\$284	\$0	(\$284)
63530	MACHINERY/EQUIPMENT REPAIRS	999	NO GRANT	\$0	\$0	\$1,085	\$0	(\$1,085)
72400	EQUIPMENT-PARKS	999	NO GRANT	\$0	\$0	\$5,985	\$0	(\$5,985)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6209 REQUESTOR: COMMISSIONER PRECINCT #3

AMENDMENT REASON: LINE ITEM TRANSFER

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
			AMENDMENT NO 6209 TOTAL	\$0	\$0	\$16,579	\$16,579	\$0
			ROAD AND BRIDGE-PRECINCT #3 TOTAL	\$0	\$0	\$16,579	\$16,579	\$0

DEPARTMENT NAME: SHERIFF DEPARTMENT NO: 760

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53520	TIRES AND TUBES	999	NO GRANT	\$0	\$0	\$686	\$0	(\$686)
60360	AUTOMOTIVE REPAIRS	999	NO GRANT	\$0	\$0	\$885	\$0	(\$885)
61310	COPIER RENTALS	999	NO GRANT	\$0	\$0	\$0	\$1,571	\$1,571
			AMENDMENT NO 6214 TOTAL	\$0	\$0	\$1,571	\$1,571	\$0

SHERIFF TOTAL	\$0	\$0	\$1,571	\$1,571	\$0
GENERAL FUND TOTAL	\$0	\$0	\$77,950	\$77,950	\$0

FUND NAME AIRPORT FUND

FUND NO: 2610

DEPARTMENT NAME: NO DEPARTMENT DEPARTMENT NO: 999

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME AIRPORT FUND

FUND NO: 2610

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6214 REQUESTOR: COUNTY AUDITOR / OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
64320	OTHER SERVICES/PROGRAMS	999	NO GRANT	\$0	\$0	\$0	\$570	\$570
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$570	\$0	(\$570)
AMENDMENT NO 6214 TOTAL				\$0	\$0	\$570	\$570	\$0

NO DEPARTMENT TOTAL \$0 \$0 \$570 \$570 \$0

AIRPORT FUND TOTAL \$0 \$0 \$570 \$570 \$0

FUND NAME CAPITAL PROJECT HATERIUS PARK/BOAT RAMP

FUND NO: 5230

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6212 REQUESTOR: CAP PROJ - HATERIUS PARK/BOAT RAMP

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)
62085	DREDGING-HATERIUS PARK BOAT	999	NO GRANT	\$0	\$0	\$0	\$1	\$1
62457	ENGINEERING/PERMITS	999	NO GRANT	\$0	\$0	\$0	\$2	\$2
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$1	\$1
72400	EQUIPMENT-PARKS	999	NO GRANT	\$0	\$0	\$4	\$0	(\$4)
AMENDMENT NO 6212 TOTAL				\$0	\$0	\$4	\$4	\$0

NO DEPARTMENT TOTAL \$0 \$0 \$4 \$4 \$0

CAPITAL PROJECT HATERIUS PARK/BOAT RAMP TOTAL \$0 \$0 \$4 \$4 \$0

FUND NAME CAPITAL IMPROVEMENT PROJECTS

FUND NO: 5260

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, December 7, 2022 HEARING TYPE: REGULAR BUDGET YEAR: 2022

FUND NAME CAPITAL IMPROVEMENT PROJECTS

FUND NO: 5260

DEPARTMENT NAME: NO DEPARTMENT

DEPARTMENT NO: 999

AMENDMENT NO: 6213

REQUESTOR: CAP PROJ - HATERIUS PARK/BOAT RAMP

AMENDMENT REASON:

TRANSFER FOR REMAINING NEEDED FOR MAG BEACH & INDIANOLA FISHING PIERS-HURRICANE NICHOLAS REPAIRS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE		EXPENDITURE		FUND BAL	
				INCREASE	DECREASE	INCREASE	DECREASE	INCREASE	DECREASE
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$0	\$47,600	\$47,600	
73442	PIER/BULKHEAD	999	NO GRANT	\$0	\$0	\$47,600	\$0		(\$47,600)
AMENDMENT NO 6213 TOTAL				\$0	\$0	\$47,600	\$47,600	\$0	\$0
NO DEPARTMENT TOTAL				\$0	\$0	\$47,600	\$47,600	\$0	\$0
CAPITAL IMPROVEMENT PROJECTS TOTAL				\$0	\$0	\$47,600	\$47,600	\$0	\$0
Grand Total				\$0	\$0	\$126,124	\$126,124	\$0	\$0

14

14. Approval of bills and payroll. (RHM)

MMC

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

County Bills

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

Adjourned: 10:16 a.m.

December 7, 2022

2022 APPROVAL LIST - 2022 BUDGET

COMMISSIONERS COURT MEETING OF

12/07/22

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 19

\$119,952.27

AFLAC
PRINCIPAL FINANCIAL GROUP
VICTORIA ELECTRIC COOPERATIVE
VICTORIA ELECTRIC COOPERATIVE
KELLEY ASHLEY

DECEMBER 2022 PREMIUMS
DECEMBER 2022 PREMIUMS
RB4 NOVEMBER 2022 ELECTRIC BILL
POC COM CTR NOVEMBER 2022 ELECTRIC BILL
EMP REIMBURSEMENT - MILEAGE

P/R \$ 2,453.99
P/R \$ 1,732.92
A/P \$ 886.73
A/P \$ 819.80
A/P \$ 380.00

TOTAL VENDOR DISBURSEMENTS: \$ 126,225.71 ✓

PAYROLL FOR DECEMBER 09, 2022

P/R \$ 352,912.95

TOTAL PAYROLL AMOUNT:

\$ 352,912.95 ✓

TOTAL AMOUNT FOR APPROVAL: \$ 479,138.66 ✓

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---December 07, 2022

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 843,757.36	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 175,635.86	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,252,236.99	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -	
GRAND TOTAL DISBURSEMENTS APPROVED December 07, 2022	\$ 2,271,630.21	✓

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ---December 07, 2022

PAYABLES AND PAYROLL

12/1/2022 Weekly Payables	318,825.83
12/5/2022 Capital One-supplies	367.67
12/5/2022 Sam's Club Direct-dietary supplies	751.51
12/5/2022 McKesson-340B Prescription Expense	7,283.16
12/5/2022 Amerisource Bergen-340B Prescription Expense	2,893.80
12/5/2022 Payroll Liabilities -Payroll Taxes	125,547.79
12/5/2022 Payroll	384,207.92
12/5/2022 Health Equity-Wage works employee FSA	5,363.53

Prosperity Electronic Bank Payments

11/28-12/22 Pay Plus-Patient Claims Processing Fee	480.65
12/2/2022 Authnet Gateway Billing-3rd Party Payor Fee	35.50

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **843,757.36**

TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

12/1/2022 MMC Operating to Solera-correction of NH insurance payment deposited into MMC Operating	6,121.23
12/1/2022 MMC Operating to Fort bend-correction of NH insurance payment deposited into MMC Operating	4,084.50
12/1/2022 MMC Operating to Broadmoor-correction of NH insurance payment deposited into MMC Operating	4,954.30
12/1/2022 MMC Operating to Crescent-correction of NH insurance payment deposited into MMC Operating in error	17,318.56
12/1/2022 MMC Operating to Golden Creek-correction of NH insurance payment deposited into MMC Operating in error	44,731.56
12/1/2022 MMC Operating to Gulf Pointe Plaza -correction of NH insurance payment deposited into MMC Operating	4,577.68
12/1/2022 MMC Operating to Tuscany Village-correction of NH insurance payment deposited into MMC Operating	9,924.07
12/1/2022 MMC Operating to Bethany-correction of NH insurance payment deposited into MMC Operating in error	82,521.95

TRANSFER OF FUNDS BETWEEN NURSING HOMES/MMC

12/5/2022 Crescent to Tuscany-correction of Tuscany insurance payment deposited into Crescent in error	1,402.00
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TOTAL TRANSFERS BETWEEN FUNDS \$ **175,635.86**

NURSING HOME UPL EXPENSES

12/5/2022 Nursing Home UPL-Cantex Transfer	538,704.47
12/5/2022 Nursing Home UPL-Nexion Transfer	88,479.06
12/5/2022 Nursing Home UPL-HMG Transfer	73,056.04
12/5/2022 Nursing Home UPL-Tuscany Transfer	180,519.20
12/5/2022 Nursing Home UPL-HSL Transfer	371,478.22

TOTAL NURSING HOME UPL EXPENSES \$ **1,252,236.99**

TOTAL INTER-GOVERNMENT TRANSFERS

\$ -

GRAND TOTAL DISBURSEMENTS APPROVED December 07, 2022	\$ 2,271,630.21
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RECEIVED BY THE
COUNTY AUDITOR ON

DECEMBER 22, 2022

11:53

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 12/22/2022

Class Pay Code

14088 AZALEA HEALTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
81439 ✓		11/29/20	12/01/20	12/01/20		550.00	0.00	0.00	550.00 ✓

MONTHLY PROCESSING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
14088	AZALEA HEALTH	550.00	0.00	0.00	550.00	

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
76891280 ✓		11/30/20	10/21/20	11/15/20		629.50	0.00	0.00	629.50 ✓

SPECTRUM

76891221 ✓		11/30/20	10/21/20	11/15/20		2,367.50	0.00	0.00	2,367.50 ✓
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SPECTRUM LEASE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1150	BAXTER HEALTHCARE	2,997.00	0.00	0.00	2,997.00	

Vendor# Vendor Name Class Pay Code

B1220 BECKMAN COULTER INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
58395810 ✓		11/30/20	11/16/20	12/11/20		1,415.16	0.00	0.00	1,415.16 ✓

LAB SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	1,415.16	0.00	0.00	1,415.16	

Vendor# Vendor Name Class Pay Code

B1320 BEEKLEY CORPORATION ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1549994 ✓		11/30/20	08/10/20	09/10/20		305.95	0.00	0.00	305.95 ✓

SURGERY SUPPLY

INV1550763 ✓		11/30/20	08/12/20	09/12/20		431.95	0.00	0.00	431.95 ✓
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SURGERY SUPPLY

INV1560365 ✓		11/30/20	09/21/20	10/21/20		131.95	0.00	0.00	131.95 ✓
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RADIOLOGY MED SUPPLY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1320	BEEKLEY CORPORATION	869.85	0.00	0.00	869.85	

Vendor# Vendor Name Class Pay Code

12324 BLUE CROSS BLUE SHIELD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
111722		11/29/20	11/17/20	12/01/20		211,142.77	0.00	0.00	211,142.77 ✓

INSURANCE (12/1-11/23)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
12324	BLUE CROSS BLUE SHIELD	211,142.77	0.00	0.00	211,142.77	

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
8003008022 ✓		11/29/20	11/05/20	11/30/20		167.46	0.00	0.00	167.46 ✓

MEDICAL SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1325	CARDINAL HEALTH 414, INC.	167.46	0.00	0.00	167.46	

Vendor#	Vendor Name	Class	Pay Code							
14260	CAREFUSION SOLUTIONS, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1001983356 ✓	MAINTENANCE	11/29/20	11/10/20	12/01/20		1,788.00	0.00	0.00	1,788.00 ✓	
1001983357 ✓	CODONICS	11/29/20	11/10/20	12/01/20		2.00	0.00	0.00	2.00 ✓	
Vendor Totals:						Gross	Discount	No-Pay	Net	
14260	CAREFUSION SOLUTIONS, LLC					1,790.00	0.00	0.00	1,790.00	
13028	CAVALLO ENERGY TEXAS LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
18653259 ✓	ENERGY (10/17-11/15/22)	11/29/20	11/15/20	12/19/20		17.14	0.00	0.00	17.14 ✓	
18653258 ✓	ENERGY (10/17-11/15/22)	11/29/20	11/15/20	12/19/20		452.25	0.00	0.00	452.25 ✓	
18652553 ✓	ENERGY (10/17-11/15/22)	11/29/20	11/15/20	12/19/20		1,249.28	0.00	0.00	1,249.28 ✓	
Vendor Totals:						Gross	Discount	No-Pay	Net	
13028	CAVALLO ENERGY TEXAS LLC					1,718.67	0.00	0.00	1,718.67	
11029	COASTAL REFRIGERATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5114219 ✓	IT ROOFTOP AC System	11/29/20	10/25/20	11/25/20		255.00	0.00	0.00	255.00 ✓	
Vendor Totals:						Gross	Discount	No-Pay	Net	
11029	COASTAL REFRIGERATION					255.00	0.00	0.00	255.00	
13932	COVIDIEN SALES LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5867536354 ✓	CLINIC SUPPLY	11/30/20	11/14/20	11/30/20		1,130.00	0.00	0.00	1,130.00 ✓	
Vendor Totals:						Gross	Discount	No-Pay	Net	
13932	COVIDIEN SALES LLC					1,130.00	0.00	0.00	1,130.00	
10368	DEWITT POTH & SON ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6998181 ✓	SUPPLIES	11/22/20	11/08/20	12/03/20		24.81	0.00	0.00	24.81 ✓	
6998180 ✓	OFFICE SUPPLIES	11/30/20	11/07/20	12/02/20		453.93	0.00	0.00	453.93 ✓	
7003840 ✓	OFFICE SUPPLIES	11/30/20	11/11/20	12/06/20		11.82	0.00	0.00	11.82 ✓	
7005800 ✓	OFFICE SUPPLIES	11/30/20	11/14/20	12/09/20		257.13	0.00	0.00	257.13 ✓	
Vendor Totals:						Gross	Discount	No-Pay	Net	
10368	DEWITT POTH & SON					747.69	0.00	0.00	747.69	
E1090	EDWARDS LIFESCIENCES ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
11691143 ✓		11/15/20	11/02/20	11/15/20		133.20	0.00	0.00	133.20 ✓	

SUPPLIES

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				E1090	EDWARDS LIFESCIENCES		133.20	0.00	0.00	133.20
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
41737 ✓		11/30/20	11/30/20	12/10/20			40,062.50	0.00	0.00	40,062.50
PHYSICIAN SERVICES (16-EDM)										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11284	EMERGENCY STAFFING SOLUTIONS		40,062.50	0.00	0.00	40,062.50
Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T2211161378 ✓		11/30/20	11/16/20	12/11/20			7,681.31	0.00	0.00	7,681.31
BUSINESS SERV										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				C2510	EVIDENT		7,681.31	0.00	0.00	7,681.31
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
8102355 ✓		11/30/20	11/10/20	12/05/20			112.64	0.00	0.00	112.64
LAB SUPPLIES										
8138862 ✓		11/30/20	11/11/20	12/06/20			52.50	0.00	0.00	52.50
LAB SUPPLIES										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				F1400	FISHER HEALTHCARE		165.14	0.00	0.00	165.14
Vendor#	Vendor Name				Class	Pay Code				
12636	FUSION CLOUD SERVICES, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
28716286 ✓		11/30/20	11/16/20	12/16/20			1,620.76	0.00	0.00	1,620.76
TELEPHONE										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				12636	FUSION CLOUD SERVICES, LLC		1,620.76	0.00	0.00	1,620.76
Vendor#	Vendor Name				Class	Pay Code				
10901	GENESIS DIAGNOSTICS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
53439 ✓		11/01/20	10/26/20	11/15/20			121.93	0.00	0.00	121.93
SUPPLIES										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10901	GENESIS DIAGNOSTICS		121.93	0.00	0.00	121.93
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
2313505 ✓		11/30/20	11/08/20	12/08/20			724.12	0.00	0.00	724.12
SUPPLIES										
2313517 ✓		11/30/20	11/08/20	12/08/20			111.30	0.00	0.00	111.30
SUPPLIES										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				G1210	GULF COAST PAPER COMPANY		835.42	0.00	0.00	835.42
Vendor#	Vendor Name				Class	Pay Code				
13876	INQUISEEK, LLC ✓									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1117 ✓		11/29/20	06/15/20	06/15/20		450.00	0.00	0.00	450.00 ✓
2ND/3RD QTR 2022									
Vendor Totals						Gross	Discount	No-Pay	Net
13876 INQUISEEK, LLC						450.00	0.00	0.00	450.00
Vendor#	Vendor Name			Class	Pay Code				
14296	J & K SERVICES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
004134		11/29/20	08/23/20	09/23/20		935.00	0.00	0.00	935.00 ✓
VENT CLEANING									
Vendor Totals						Gross	Discount	No-Pay	Net
14296 J & K SERVICES						935.00	0.00	0.00	935.00
Vendor#	Vendor Name			Class	Pay Code				
14316	JUNXION MED STAFFING ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCWEO60722 ✓		11/29/20	05/15/20	05/30/20		1,821.25	0.00	0.00	1,821.25 ✓
DESHOTEL									
Vendor Totals						Gross	Discount	No-Pay	Net
14316 JUNXION MED STAFFING						1,821.25	0.00	0.00	1,821.25
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
101063906 ✓		11/30/20	11/17/20	12/17/20		1,055.10	0.00	0.00	1,055.10 ✓
RADIOLOGY SERV									
Vendor Totals						Gross	Discount	No-Pay	Net
L1001 LANDAUER INC						1,055.10	0.00	0.00	1,055.10
Vendor#	Vendor Name			Class	Pay Code				
13268	LONE STAR COMMUNICATIONS, INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120615 ✓		11/30/20	11/16/20	11/30/20		983.00	0.00	0.00	983.00 ✓
RM 204 CL RMA REPAIR									
Vendor Totals						Gross	Discount	No-Pay	Net
13268 LONE STAR COMMUNICATIONS, INC						983.00	0.00	0.00	983.00
Vendor#	Vendor Name			Class	Pay Code				
11612	MEDICAL AIR SERVICES ASSOC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1392643 ✓		11/29/20	11/15/20	12/01/20		1,535.00	0.00	0.00	1,535.00 ✓
INSURANCE									
Vendor Totals						Gross	Discount	No-Pay	Net
11612 MEDICAL AIR SERVICES ASSOC.						1,535.00	0.00	0.00	1,535.00
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
2232020204 ✓		11/01/20	10/05/20	10/30/20		160.44	0.00	0.00	160.44 ✓
MEDICAL SUPPLIES									
2232967388 ✓		11/01/20	10/11/20	11/05/20		1,816.01	0.00	0.00	1,816.01 ✓
SUPPLIES									
2233458851 ✓		11/01/20	10/13/20	11/07/20		189.50	0.00	0.00	189.50 ✓
MEDICAL SUPPLIES									
2234640503 ✓		11/30/20	10/20/20	11/14/20		-22.89	0.00	0.00	-22.89 ✓
CREDIT									

2234841037 ✓	11/30/20 10/21/20 11/15/20	64.36	0.00	0.00	64.36 ✓
CS SUPPLY					
2235253055 ✓	11/30/20 10/24/20 11/18/20	127.14	0.00	0.00	127.14 ✓
CLINIC SUPPLY					
2235420348 ✓	11/30/20 10/25/20 11/19/20	13.82	0.00	0.00	13.82 ✓
LAB SUPPLY					
2235340812 ✓	11/30/20 10/25/20 11/19/20	54.37	0.00	0.00	54.37 ✓
CLINIC SUPPLY					
2235420347 ✓	11/30/20 10/25/20 11/19/20	1,022.20	0.00	0.00	1,022.20 ✓
LAB SUPPLY					
2238637748 ✓	11/30/20 11/11/20 12/06/20	12.86	0.00	0.00	12.86 ✓
CS SUPPLY					
2238637745 ✓	11/30/20 11/11/20 12/06/20	119.52	0.00	0.00	119.52 ✓
CLINIC SUPPLIES					
2238637747 ✓	11/30/20 11/11/20 12/06/20	358.56	0.00	0.00	358.56 ✓
CS SUPPLY					
2238665291 ✓	11/30/20 11/11/20 12/06/20	-410.03	0.00	0.00	-410.03 ✓
CREDIT					
2238637746 ✓	11/30/20 11/11/20 12/06/20	35.42	0.00	0.00	35.42 ✓
CS SUPPLY					
2238986659 ✓	11/30/20 11/12/20 12/07/20	61.77	0.00	0.00	61.77 ✓
CLINIC SUPPLY					
2239247185 ✓	11/30/20 11/15/20 12/10/20	188.40	0.00	0.00	188.40 ✓
CLINIC SUPPLY					
2239267108 ✓	11/30/20 11/15/20 12/10/20	2,801.73	0.00	0.00	2,801.73 ✓
LAB SUPPLY					
2239267107 ✓	11/30/20 11/15/20 12/10/20	191.16	0.00	0.00	191.16 ✓
CLINIC SUPPLY					
2239247186 ✓	11/30/20 11/15/20 12/10/20	216.28	0.00	0.00	216.28 ✓
MS SUPPLY					
Vendor Total:	Number Name	Gross	Discount	No-Pay	Net
	M2470 MEDLINE INDUSTRIES INC	7,000.62	0.00	0.00	7,000.62
Vendor#	Vendor Name	Class	Pay Code		
10536	MORRIS & DICKSON CO, LLC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
8893274 ✓		11/29/20	11/16/20	11/26/20	1,211.74
INVENTORY					
8893273 ✓		11/29/20	11/16/20	11/26/20	400.70
INVENTORY					
8890620 ✓		11/29/20	11/16/20	11/26/20	5,621.77
INVENTORY					
8899172 ✓		11/29/20	11/17/20	11/27/20	121.41
INVENTORY					
8899171 ✓		11/29/20	11/17/20	11/27/20	36.51
INVENTORY					
8897666 ✓		11/29/20	11/17/20	11/27/20	74.69
INVENTORY					
8897665 ✓		11/29/20	11/17/20	11/27/20	1.56
INVENTORY					
CM82417 ✓		11/29/20	11/18/20	11/28/20	-1,610.62
CREDIT					

CM82419	CREDIT	11/29/20	11/18/20	11/28/20				-9.51	0.00	0.00	-9.51		
CM82416	CREDIT	11/29/20	11/18/20	11/28/20				-44.39	0.00	0.00	-44.39		
CM82418	CREDIT	11/29/20	11/18/20	11/28/20				-1,025.94	0.00	0.00	-1,025.94		
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								10536	MORRIS & DICKSON CO, LLC	4,777.92	0.00	0.00	4,777.92
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			
3822751		11/30/20	11/15/20	12/01/20			3,633.48	0.00	0.00	3,633.48			
								INSURANCE					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								12388	NATIONAL FARM LIFE INSURANCE	3,633.48	0.00	0.00	3,633.48
Vendor#	Vendor Name			Class		Pay Code							
O1500	OLYMPUS AMERICA INC			M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
10636479		11/30/20	11/14/20	12/09/20			599.98	0.00	0.00	599.98			
								22572105					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								O1500	OLYMPUS AMERICA INC	599.98	0.00	0.00	599.98
Vendor#	Vendor Name			Class		Pay Code							
R1401	REFUGIO COUNTY MEM. HOSPITAL			W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
111722		11/30/20	11/17/20	12/17/20			2,778.28	0.00	0.00	2,778.28			
								INVENTORY PHARM					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								R1401	REFUGIO COUNTY MEM. HOSPITAL	2,778.28	0.00	0.00	2,778.28
Vendor#	Vendor Name			Class		Pay Code							
S1405	SERVICE SUPPLY OF VICTORIA INC			W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
701159564		11/30/20	11/17/20	12/17/20			103.25	0.00	0.00	103.25			
								MAINT SUPPLIES					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								S1405	SERVICE SUPPLY OF VICTORIA INC	103.25	0.00	0.00	103.25
Vendor#	Vendor Name			Class		Pay Code							
S2001	SIEMENS MEDICAL SOLUTIONS INC			M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
116293626		11/30/20	11/17/20	12/12/20			2,375.92	0.00	0.00	2,375.92			
								CONTRACT					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								S2001	SIEMENS MEDICAL SOLUTIONS INC	2,375.92	0.00	0.00	2,375.92
Vendor#	Vendor Name			Class		Pay Code							
12472	SOMETHING MORE MEDIA, INC.												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
1901		11/30/20	11/30/20	12/15/20			2,525.00	0.00	0.00	2,525.00			
								ADVERTISING					
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net
								12472	SOMETHING MORE MEDIA, INC.	2,525.00	0.00	0.00	2,525.00
Vendor#	Vendor Name			Class		Pay Code							

12288	SPBS CLINICAL EQUIPMENT SRVC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
FCHRG013214 ✓		11/29/20	11/17/20	11/18/20		200.77	0.00	0.00	200.77	✓	
	FINCANCE FEE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	12288 SPBS CLINICAL EQUIPMENT SRVC					200.77	0.00	0.00	200.77		
Vendor#	Vendor Name				Class	Pay Code					
S2694	STANFORD VACUUM SERVICE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
593607 ✓		11/29/20	11/22/20	12/01/20		550.00	0.00	0.00	550.00	✓	
	GREASE TRAP										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	S2694 STANFORD VACUUM SERVICE					550.00	0.00	0.00	550.00		
Vendor#	Vendor Name				Class	Pay Code					
10845	STAPLES ADVANTAGE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3522095357 ✓		11/15/20	10/31/20	11/15/20		60.06	0.00	0.00	60.06	✓	
	SUPPLIES										
3522095349 ✓		11/15/20	10/31/20	11/15/20		69.35	0.00	0.00	69.35	✓	
	SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	10845 STAPLES ADVANTAGE					129.41	0.00	0.00	129.41		
Vendor#	Vendor Name				Class	Pay Code					
S3940	STERIS CORPORATION ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10581797 ✓		11/30/20	11/08/20	12/03/20		34.00	0.00	0.00	34.00	✓	
	SURG SUPPLIES										
10598095 ✓		11/30/20	11/14/20	12/09/20		420.69	0.00	0.00	420.69	✓	
	SURGERY SUPPLIES										
10602392 ✓		11/30/20	11/15/20	12/10/20		285.15	0.00	0.00	285.15	✓	
	SURGERY MED SUPPLIES										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	S3940 STERIS CORPORATION					739.84	0.00	0.00	739.84		
Vendor#	Vendor Name				Class	Pay Code					
12476	SUN LIFE FINANCIAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
112322		11/29/20	11/23/20	10/10/20		8,587.16	0.00	0.00	8,587.16	✓	
	INSURANCE										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	12476 SUN LIFE FINANCIAL					8,587.16	0.00	0.00	8,587.16		
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		
TRI134124 ✓		11/29/20	10/06/20	10/21/20		207.48	0.00	0.00	207.48	✓	
	FREIGHT										
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net		
	13616 TRIOSE, INC					207.48	0.00	0.00	207.48		
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		
9111240392 ✓		11/30/20	11/08/20	12/03/20		136.73	0.00	0.00	136.73	✓	

LAB SUPPLIES					
9111244366	11/30/20 11/15/20 12/10/20	2,296.78	0.00	0.00	2,296.78
LAB SUPPLIES					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net
	11110 WERFEN USA LLC	2,433.51	0.00	0.00	2,433.51

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	316,825.83	0.00	0.00	316,825.83

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 05 2022

12/05/2022
CALHOUN COUNTY, TEXAS
10:11

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

Class Pay Code

Vendor# Vendor Name

14064 CAPITAL ONE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1645363188		11/30/20	11/19/20	12/14/20		367.67	0.00	0.00	367.67 ✓

SUPPLIES

Vendor Totals Number Name

14064 CAPITAL ONE

Gross	Discount	No-Pay	Net
367.67	0.00	0.00	367.67

Report Summary

Grand Totals:

Gross
367.67

Discount
0.00

No-Pay
0.00

Net
367.67

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 05 2022

12/05/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Dates Through:

Vendor# Vendor Name

Class Pay Code

S0900 SAM'S CLUB DIRECT ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112022		11/30/20	11/20/20	12/08/20		751.51	0.00	0.00	751.51 ✓

DIETARY SUPPLIES- FOOD

Vendor Totals Number Name

Gross

Discount

No-Pay

Net

S0900 SAM'S CLUB DIRECT

751.51

0.00

0.00

751.51

Report Summary

Grand Totals:

Gross

Discount

No-Pay

Net

751.51

0.00

0.00

751.51

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 12/02/2022

Page: 002

Company: 8000

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory:

Customer: 632536
Date: 12/03/2022

As of: 12/02/2022 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 12/03/2022 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	
-----------------	-------------	----------------------	-------------------------------------	-------------	------------------	-------------------	--------	-----------------	--------	----------------------	--

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 7,431.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 12/06/2022,
Pay This Amount:

7,283.16 USD

If Paid After 12/06/2022,
Pay this Amount:

7,431.82 USD

Due If Paid On Time:

USD 7,283.16

Disc lost if paid late:

148.66

Due If Paid Late:

USD 7,431.82

6 * 53.0 * 38 +

744 * 17 +

8 * 61 +

003

7,283.16

Andrew - Enfoad Santos
12/5/22

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/02/2022

Page: 001

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

Company: 8000

DC: 8115

As of: 12/02/2022 Page: 001
Mail to: Comp: 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

Territory: 400

Customer: 256342
Date: 12/03/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/03/2022 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											
11/28/2022	12/06/2022	7380857778	54627678	115Invoice	16.82	841.08		824.26 ✓		7380857778	
11/28/2022	12/06/2022	7380857781	54627678	115Invoice	0.46	23.01		22.55 ✓		7380857781	
11/28/2022	12/06/2022	7380857782	54757518	115Invoice	1.00	49.96		48.95 ✓		7380857782	
11/28/2022	12/06/2022	7380857783	54799234	115Invoice	0.46	23.01		22.55 ✓		7380857783	
11/28/2022	12/06/2022	7380872082	54931366	115Invoice	0.01	0.26		0.25 ✓		7380872082	
11/28/2022	12/06/2022	7381088138	54805535	195Invoice	0.92	46.00		45.08 ✓		7381088138	
11/28/2022	12/06/2022	7381088139	54633756	195Invoice	0.92	46.00		45.08 ✓		7381088139	
11/29/2022	12/06/2022	7381265649	54970285	115Invoice	0.92	46.00		45.08 ✓		7381265649	
11/29/2022	12/06/2022	7381265651	55039580	115Invoice	4.40	219.96		215.56 ✓		7381265651	
11/29/2022	12/06/2022	7381411581	55008269	195Invoice	2.76	138.00		135.24 ✓		7381411581	
11/29/2022	12/06/2022	7381411582	54976801	195Invoice	3.38	168.91		165.53 ✓		7381411582	
11/29/2022	12/06/2022	7381411583	54809256	115Invoice	0.03	1.27		1.24 ✓		7381411583	
11/29/2022	12/06/2022	7381411584	54731205	115Invoice	3.68	184.00		180.32 ✓		7381411584	
11/29/2022	12/06/2022	7381620300	55145914	115Invoice	24.13	1,206.51		1,182.38 ✓		7381620300	
11/30/2022	12/06/2022	7381545450	55133167	115Invoice	1.83	91.64		89.81 ✓		7381545450	
11/30/2022	12/06/2022	7381545451	55133167	115Invoice	0.03	1.27		1.24 ✓		7381545451	
11/30/2022	12/06/2022	7381545452	55203752	115Invoice	18.17	908.69		890.52 ✓		7381545452	
11/30/2022	12/06/2022	7381545453	55203752	115Invoice	16.65	832.37		815.72 ✓		7381545453	
12/01/2022	12/06/2022	7381841842	55275180	115Invoice	22.70	1,135.15		1,112.45 ✓		7381841842	
12/01/2022	12/06/2022	7381841846	55275180	115Invoice	1.10	55.11		54.01 ✓		7381841846	
12/01/2022	12/06/2022	7381841848	55346645	115Invoice	2.20	109.98		107.78 ✓		7381841848	
12/01/2022	12/06/2022	7381998108	55281994	195Invoice	0.04	1.78		1.74 ✓		7381998108	
12/02/2022	12/06/2022	7382113881	55400455	115Invoice	1.83	91.64		89.81 ✓		7382113881	
12/02/2022	12/06/2022	7382113882	55400455	115Invoice	8.81	440.49		431.68 ✓		7382113882	
12/02/2022	12/06/2022	7382113883	55472316	115Invoice	0.01	0.32		0.31 ✓		7382113883	
12/02/2022	12/06/2022	7382271509	55414347	115Invoice	0.03	1.27		1.24 ✓		7382271509	

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/02/2022

Page: 002

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

Company: 8000

DC: 8115

As of: 12/02/2022 Page: 002
Mail to: Comp: 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

Territory: 400

Customer: 256342
Date: 12/03/2022

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/03/2022 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
--------------	----------	-------------------	----------------------------------	-------------	---------------	----------------	-----	--------------	-----	-------------------

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotal: 6,663.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/28/2022 2,773.73 ✓

If Paid By 12/06/2022,
Pay This Amount:

6,530.38 USD

If Paid After 12/06/2022,
Pay this Amount:

6,663.67 USD

Due If Paid On Time:

USD 6,530.38 ✓

Disc lost if paid late:

133.29

Due If Paid Late:

USD 6,663.67

Indra S. Kishore
12/5/22

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/02/2022

Page: 001

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

Company: 8000

DC: 8115

Territory: 400

Customer: 835434
Date: 12/03/2022

As of: 12/02/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 PLEASE CHECK ANY
Date: 12/03/2022 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 835434 CVS PHCY 8923/MEM MC PHS											
11/30/2022	12/06/2022	7381580760	2013067	115Invoice	6.06	302.79		296.73✓		7381580760	
11/30/2022	12/06/2022	7381580761	2013067	115Invoice	9.13	456.57		447.44✓		7381580761	

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

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

Subtotals: 759.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 7,233.38
11/07/2022

If Paid By 12/06/2022,
Pay This Amount:

744.17 USD

If Paid After 12/06/2022,
Pay this Amount:

759.36 USD

Due If Paid On Time:

USD 744.17✓

Disc lost if paid late:

15.19

Due If Paid Late:

USD 759.38

Andrew Salas-Sentia
12/5/22

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 12/02/2022

Page: 001

Company: 8000

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

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 835438
Date: 12/03/2022

As of: 12/02/2022 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 PLEASE CHECK ANY
Date: 12/03/2022 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										
11/30/2022	12/06/2022	7381761727	2013828	115Invoice	0.18	8.79		8.61 ✓		7381761727	

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

Subtotal:

8.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2.773.73
11/28/2022

If Paid By 12/06/2022,
Pay This Amount:

8.61 USD

If Paid After 12/06/2022,
Pay this Amount:

8.79 USD

Due If Paid On Time:

USD 8.61 ✓

Disc lost if paid late:

0.18

Due If Paid Late:

USD 8.79

Andrew D. Santos
12/5/22

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 64202121
Date: 12-02-2022

1 of 1

Served By: AMERISOURCEBERGEN DRUG CORP
12727 W. AIRPORT BLVD.
SUGAR LAND TX 77478-6101DEA: RA0289276
866-451-9655Customer: WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509Remit To: AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number

100135284 / 037028186

Terms

Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	2,893.80
Past Due:	0.00
Total Due:	2,893.80
Account Balance:	2,893.80

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
11-28-2022	12-09-2022	3113954147	168548	Invoice	102.22		0.00	102.22
11-28-2022	12-09-2022	3113954148	168552	Invoice	83.49		0.00	83.49
11-28-2022	12-09-2022	3113954149	168554	Invoice	22.74		0.00	22.74
11-28-2022	12-09-2022	3113955330	168549	Invoice	1.31		0.00	1.31
11-28-2022	12-09-2022	3114001687	168601	Invoice	27.83		0.00	27.83
11-28-2022	12-09-2022	349688365	167981	Invoice	(3.63)		0.00	(3.63)
11-28-2022	12-09-2022	349688366	167981	Invoice	3.78		0.00	3.78
11-29-2022	12-09-2022	3114148380	168608	Invoice	400.88		0.00	400.88
11-30-2022	12-09-2022	3114313318	168618	Invoice	120.27		0.00	120.27
12-01-2022	12-09-2022	3114497025	168634	Invoice	170.71		0.00	170.71
12-01-2022	12-09-2022	3114497026	168635	Invoice	5.03		0.00	5.03
12-02-2022	12-09-2022	3114662535	168650	Invoice	1,947.53		0.00	1,947.53
12-02-2022	12-09-2022	3114662536	168651	Invoice	11.64		0.00	11.64

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
2,893.80	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
12-02-2022	(1,073.92)

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
12-09-2022	2,893.80
Total Due:	2,893.80

Andrew J. Foster
12/5/22

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" 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	★ 12
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	★ \$ 125,547.79 # 1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 63,213.90 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 14,955.20 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 47,378.69 #
☐ "6-DIGIT SETTLEMENT DATE" "1 TO CONFIRM"	CHECK ★ 1
☐ ACKNOWLEDGEMENT NUMBER	

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

PAY PERIOD: BEGIN 11/18/2022
 PAY PERIOD: END 12/1/2022
 PAY DATE: 12/9/2022

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
GROSS PAY:	\$ 548,856.03			\$ -		\$ 548,856.03
DEDUCTIONS:						
A/R	\$ 550.00					\$ 550.00
ADVANC						
BOOTS						
SUNLIFE CRITICAL ILLNESS	\$ 1,173.73					\$ 1,173.73
SUNLIFE ACCIDENT	\$ 733.10					\$ 733.10
SUNLIFE VISION						
SUNLIFE SHORT TERM DIS	\$ 2,037.47					\$ 2,037.47
BCBS VISION	\$ 961.22					\$ 961.22
CAFÉ-D	\$ 1,508.71					\$ 1,508.71
CAFÉ-H	\$ 22,530.32					\$ 22,530.32
	\$ -					\$ -
CAFÉ-P						
CANCER						
CHILD	\$ 602.77					\$ 602.77
CLINIC	\$ 325.00					\$ 325.00
COMBIN	\$ 280.87					\$ 280.87
CREDUN						
DENTAL						
DEP-LF						
SUNLIFE TERM LIFE	\$ 947.87					\$ 947.87
SUNLIFE HOSP INDEM	\$ 618.50					\$ 618.50
FED TAX	\$ 47,378.69					\$ 47,378.69
FICA-M	\$ 7,477.60					\$ 7,477.60
FICA-O	\$ 31,606.95					\$ 31,606.95
FIRST C						
FLEX S	\$ 3,577.63					\$ 3,577.63
FLX-FE						
GIFT S	\$ 215.69					\$ 215.69
GRP-IN						
GTL						
HOSP-I						
LEGAL	\$ 1,054.06					\$ 1,054.06
OTHER	\$ 296.10					\$ 296.10
NATIONAL FARM LIFE	\$ 1,700.95					\$ 1,700.95
MED SURCHARGE						
PR FIN						
RELAY						
REPAY						
STONEDF	\$ 640.86					\$ 640.86
STONE						
STONE 2						
STUDEN						
TSA-R	\$ 38,420.02					\$ 38,420.02
UWIHOS						
TOTAL DEDUCTIONS:	\$ 154,548.11	\$ -	\$ -	\$ -	\$ -	\$ 154,548.11
NET PAY:	\$ 384,207.92	\$ -	\$ -	\$ -	\$ -	\$ 384,207.92

TOTAL CAFÉ 125 PLAN: \$ 33,163.04 Less Exempt:
 TAXABLE PAY: \$ 515,692.99 \$ 509,788.22

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 7,477.55		
FICA - MED (EE)	1.45%	\$ 7,477.55	\$ 7,477.60	\$ (0.05)
FICA - SOC SEC (ER)	6.20%	\$ 31,606.87		
FICA - SOC SEC (EE)	6.20%	\$ 31,606.87	\$ 31,606.95	\$ (0.08)
FED WITHHOLDING		\$ 47,378.69	\$ 47,378.69	

Employees over FICA-SS Cap:
 Shanna Odonnell \$ 5,684.23
 Roshanda Thomas \$ 220.54

Paycode S - Employee Reimb.:

TOTAL: \$ 5,904.77

TAX DEPOSIT:	\$ 125,547.53	\$ 125,547.79
FICA - MEDICARE	2.90%	\$ 14,955.10 \$14,955.20
FICA - SOCIAL SECURITY	12.40%	\$ 63,213.74 \$63,213.90
FED WITHHOLDING		\$ 47,378.69 \$47,378.69
TOTAL TAX:	\$ 125,547.53	\$125,547.79 \$ (0.26)

PREPARED BY:

Caitlin Clevenger

PREPARED DATE:

12/5/2022

Run Date: 11 02 22
Time: 15:09

MEMORIAL MEDICAL CENTER
Payroll Register - Bi-Weekly
Pay Period 11 14 22 - 11 21 22 Run: 1

Page 111
P1823

Final Summary

Pay Code Summary						Deductions Summary			
PayCd	Description	Hrs	OT	SH	XZ	HC	CB	Gross	Code Amount
1	REGULAR PAY-S1	8349.00	N	N	N			141843.54	A/R
1	REGULAR PAY-S1	1580.00	N	N	N			71315.70	ADVANC
1	REGULAR PAY-S1	164.50	N	N	Y			6714.48	BOOTS
1	REGULAR PAY-S1	224.50	Y	N	N			7523.74	CAFE-1
2	REGULAR PAY-S2	2549.25	N	N	N			62522.76	CAFE-2
2	REGULAR PAY-S2	133.75	N	N	Y			5734.51	CAFE-3
2	REGULAR PAY-S2	121.75	Y	N	N			5403.75	CAFE-4
3	REGULAR PAY-S3	1495.25	N	N	N			45553.91	CAFE-5
3	REGULAR PAY-S3	117.75	N	N	Y			5734.51	CAFE-6
3	REGULAR PAY-S3	77.50	Y	N	N			3244.17	CAFE-7
4	CALL BACK PAY	95.50	N	1	N	N	Y	3155.74	CHLD
4	CALL BACK PAY	34.50	N	2	N	N	Y	1277.41	CLINIC
4	CALL BACK PAY	4.00	N	3	N	N	Y	182.01	DC ADV
4	CALL PAY	2032.75	N	1	N	N		4045.50	DEP-1F
5	DOUBLE TIME	41.75	N	1	N	N		1185.70	EATCSH
5	DOUBLE TIME	7.25	N	1	N	Y		305.55	FEETAX
5	DOUBLE TIME	11.25	N	2	N	N		361.44	FICA-C
5	DOUBLE TIME	4.75	N	2	N	Y		235.41	FICA-O
5	DOUBLE TIME	.50	N	3	N	N		14.77	FLY FE
5	DOUBLE TIME	7.00	N	3	N	Y		311.10	GIFT S
5	DOUBLE TIME	9.00	Y	1	N	N		243.40	GRANT
5	DOUBLE TIME	9.75	Y	2	N	N		413.60	HOSP-1
5	DOUBLE TIME	14.00	Y	3	N	N		704.24	LEAF
5	EXTRA WAGES		N	N	N	N		15034.34	LEAF
5	EXTRA WAGES		N	1	N	N		55230.25	MEALS
5	INSEWICE	5.00	N	1	N	N		143.01	MISC/
5	EXTENDED-ILLNESS-BANK	480.00	N	1	N	N		11165.60	MYCSHR
5	PAID-TIME-OFF	219.29	N	N	N	N		4585.84	OTHER
5	PAID-TIME-OFF	2039.00	N	1	N	N		5071.69	PR FIK
5	CALL PAY 2	144.00	N	1	N	N		244.00	SAYS
5	CALL PAY 3	48.00	N	1	N	N		144.00	ST-TX
5	PAID TIME OFF - PROBATION	5.00	N	N	N	N		106.90	STONES
5	PAID TIME OFF - PROBATION	116.00	N	1	N	N		2164.55	STONER
5	PHONE & DATA		N	N	N	N		895.00	STUDENT
Grand Totals: 20111.54								Gross: 646556.03	Deductions: 164498.31
Checks Count: PT 136 FT 4 Other 54 Female 230 Male 24 Credit								OverAmt 15 ZeroOut	Term
								Net: 344257.52	Total: 254

12-5-2022

Run Date: 12/05/02
Time: 10:55

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 11/05/02--12/01/02 Run: 1
Type=NET 1000000 OPERATIONS - BENEVOLENCE

Page 1
PDI16TP

Num.	Name	Amount	CHECK NUM	DATE
01240	MINDY KACE	130.53	00043265	12/09/02
01521	KEYLA DE LA CALLEJA	368.72	00043269	12/09/02
01251	SARA YEABO	013.02	00043270	12/09/02
00041	CARL LEE KING	750.87	DD	12/09/02
00093	SYLVIA A VARGAS	999.08	DD	12/09/02
00194	SYLVIA A MENEZES	929.00	DD	12/09/02
00113	JACLYN CARREON	1121.32	DD	12/09/02
00132	SANDRA A BRAUN	855.16	DD	12/09/02
00192	BRENDA D PENA	2209.49	DD	12/09/02
00370	ANGELA M BURGON	930.03	DD	12/09/02
00344	SANDRA LEE RUDOLPH	2920.46	DD	12/09/02
00347	ELLIE F DUCKWORTH	1485.22	DD	12/09/02
00352	MONICA T DARR	1921.09	DD	12/09/02
00359	LINDA J TIJERINA	1665.04	DD	12/09/02
00401	YELMA J PENA	2290.15	DD	12/09/02
00417	SHERRY L KING	4101.55	DD	12/09/02
00423	DOAN V STRINGS	2123.10	DD	12/09/02
00482	PAM FLECK	1345.77	DD	12/09/02
00581	CYNTHIA L RUSHING	1561.53	DD	12/09/02
00676	SHEILA KAY HEATHCOCK	1146.33	DD	12/09/02
00681	KILLA REBER WOOD	1677.33	DD	12/09/02
00692	DEBORAH E WITTMERBY	21.46	DD	12/09/02
00697	MARIA C FARIAS	2433.21	DD	12/09/02
00707	KIMBERLY R BLINKA	1738.64	DD	12/09/02
00895	EMILIE DIANE WILKEY	1794.17	DD	12/09/02
00115	SUSAN B SWALLEY	1804.11	DD	12/09/02
01191	SHARON M SPARKS	613.81	DD	12/09/02
01214	JENISE N SVETLYI	1970.00	DD	12/09/02
01367	MARILYN A SANDERS	1658.36	DD	12/09/02
01543	JACKIE E WILLIAMS	456.16	DD	12/09/02
01791	RAUSHANAH J MONDAY	2177.14	DD	12/09/02
02011	ERIN F CLEVELAND	3696.61	DD	12/09/02
02021	ERINA OSORNIA-SANCHEZ	2630.16	DD	12/09/02
02022	AMANDA J GRIGGS	2462.90	DD	12/09/02
02044	ANNA LAURA GARCIA	1351.34	DD	12/09/02
02097	KYLIE M GAINES	1810.47	DD	12/09/02
02099	TRACI M SHEPCK	2916.04	DD	12/09/02
02112	LESLIE THOMAS	1356.81	DD	12/09/02
02122	DARIN LUNA	2459.40	DD	12/09/02
02145	BING VALDEZ	3173.64	DD	12/09/02
02184	JUSTINE STEFLOVY	301.45	DD	12/09/02
02162	MIRIAM PALUYA	1867.14	DD	12/09/02
02169	JENISKA KNIGHT	3421.90	DD	12/09/02
02193	TIKI VENGAR	1445.43	DD	12/09/02
02271	DANU I SUBENIK	2059.11	DD	12/09/02
02301	NICOLAS TIJERINA	1851.06	DD	12/09/02
02302	CATHERINE MARIE DECLOS	139.79	DD	12/09/02
02313	CONNIE M LUNA	2239.09	DD	12/09/02
02315	NINA M GREEN	1596.87	DD	12/09/02
02320	RICK OSORNIA	833.34	DD	12/09/02
02332	JESSICA B RIFFLE	1603.34	DD	12/09/02
02346	JEANETTE L FALCON	1754.84	DD	12/09/02
02356	CHALEY HAMILTON	2804.07	DD	12/09/02

Run Date: 12 15 02
Time: 10:55

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 12 15 02--12/11/02 Run: 1
Type:NET 1000000 OPERATING - PROSPERITY

Page 1
PCHISTP

Num.	Name	Amount	CHECK	NUM.	DATE
10416	JANELLE SCOTT	1597.01	DD	12/09/02	
10511	MARGALENA SEPULVEDA	2119.70	DD	12/09/02	
10525	AUDREY I GARCIA	215.07	DD	12/09/02	
10535	STEPHANIE M SOLIZ	541.14	DD	12/09/02	
10552	VERONICA RAGUSIN	2470.58	DD	12/09/02	
10632	JESUSA MARIS VILLARREAL	2090.76	DD	12/09/02	
10646	MELISSA HESLINEY	2097.49	DD	12/09/02	
10701	KONDA DAWNELLE SCHLKE	2455.75	DD	12/09/02	
10719	DAWN M MCCLELLAND	1492.31	DD	12/09/02	
10735	SANDRA A GARCIA	1870.92	DD	12/09/02	
10763	JESSICA MARQUEZ	1517.61	DD	12/09/02	
10794	HEATHER L MITCHER	1852.31	DD	12/09/02	
10810	BRITTANY M RUDDICK	2247.40	DD	12/09/02	
10807	MARIA F LONGORIA	2315.01	DD	12/09/02	
10827	MICHAEL L GAINES	3001.94	DD	12/09/02	
10863	DOROTHY C RENDON	2001.50	DD	12/09/02	
10870	DIANNE C ATKINSON	1955.55	DD	12/09/02	
10864	JACQUELINE R HERRERA	1265.13	DD	12/09/02	
10903	COURTNE D THURMILL	2577.76	DD	12/09/02	
10904	REGINA A MARTINEZ	1278.37	DD	12/09/02	
10935	KIMBERLY HALL	351.73	DD	12/09/02	
10945	ERICA NGUYEN	2527.32	DD	12/09/02	
10941	AMANDA R KEY	1729.45	DD	12/09/02	
10957	SHARON T HOLDER	2152.47	DD	12/09/02	
10923	CYNTHIA GUERRA	1497.37	DD	12/09/02	
10947	CHAD A WORCE	1964.35	DD	12/09/02	
10975	DIANA C SAUCEDA	1048.51	DD	12/09/02	
11197	CATHERINE A SAENE	895.59	DD	12/09/02	
11412	COURTNEY L WROKOWSKY	2594.93	DD	12/09/02	
12011	KIMBERLY J REYNA	1675.41	DD	12/09/02	
12115	LISA J KENDRICK	904.51	DD	12/09/02	
12133	JULIA MONTES	2044.33	DD	12/09/02	
12392	BIANCA CADY	557.55	DD	12/09/02	
12597	KYLE L DANIEL	2125.14	DD	12/09/02	
12631	SAYANNAH HARLEY	1367.69	DD	12/09/02	
12639	KRISTEN NICOLE BALLARD	1538.02	DD	12/09/02	
12671	JESSICA HARRIN	2807.59	DD	12/09/02	
12826	COURTNEY A SALAZAR	1402.96	DD	12/09/02	
12866	DAWN M NAREK	1796.36	DD	12/09/02	
13555	STEPHANIE MARTIN	840.81	DD	12/09/02	
13515	BRIANNE C KEY	1912.47	DD	12/09/02	
20102	MAYA HAWKINS	1265.50	DD	12/09/02	
20112	YULMA PATRICIA RODRIGUEZ	1655.10	DD	12/09/02	
20145	NATALIE BOTO	661.25	DD	12/09/02	
20156	BRUN AGHLEY WISDOM	2811.69	DD	12/09/02	
20178	AMY GARCIA	445.53	DD	12/09/02	
20184	MELISSA ZIMORANO	964.34	DD	12/09/02	
20204	KELLI B COFF	1994.45	DD	12/09/02	
20207	SHAWNA G HARTL	2916.26	DD	12/09/02	
20243	MELANEE CORTEZ	1400.50	DD	12/09/02	
20294	JERSEICH J WALCHER	741.11	DD	12/09/02	
20484	BRIANNA S PARMORE	777.82	DD	12/09/02	
20742	CYNTHIA LOPEZ	101.56	DD	12/09/02	
20753	JAMIE CADLER	629.24	DD	12/09/02	

Run Date: 12-18-02
Time: 10:55

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 12/18/02--12/21/02 Run: 1
Type-NET 10011001 OPERATING - PROSPERITY

Page 1
PENDING

Num.	Name	Amount	CHECK	NUM	DATE
21725	JAWLIN SANCHEZ	159.75	DD	12/09/02	
21797	BETHANN M BIGGS	1154.74	DD	12/09/02	
20816	JOIE L PENA	961.19	DD	12/09/02	
20837	DAISY MADRIGAL	2197.57	DD	12/09/02	
20859	JALYNN GREEN	101.56	DD	12/09/02	
20977	CHERYL L TESCH	2782.94	DD	12/09/02	
21450	DIANA S LEAL	1405.06	DD	12/09/02	
21639	JACOB R CRAWFORD	1461.54	DD	12/09/02	
22413	HENRY L SMITH	157.53	DD	12/09/02	
24146	JANET BRUNO	2862.14	DD	12/09/02	
28034	KRISTINA A BUENGER	1015.53	DD	12/09/02	
28120	JESSICA V SELVIERA	2169.88	DD	12/09/02	
29199	KELLY A SCHOTT	2196.97	DD	12/09/02	
31035	STACIS L EMLEY	1506.12	DD	12/09/02	
31054	LORA L LAWREN	932.49	DD	12/09/02	
31095	ARACELY T GARCIA	2157.49	DD	12/09/02	
31113	LAUREN PHILLIPS	1205.62	DD	12/09/02	
31251	CYNTHIA L BIAS	2221.66	DD	12/09/02	
31313	KATHERINE LYNN JIMENEZ	1446.73	DD	12/09/02	
31319	STACY L FARMER	1731.50	DD	12/09/02	
31443	EDWARD E MATULA	2430.61	DD	12/09/02	
31504	RACHEL A HOFFNER	2025.36	DD	12/09/02	
31601	KAYLA M ALVAREZ	1967.50	DD	12/09/02	
31632	SHANE D KRISTA	1217.12	DD	12/09/02	
31649	CODY L JUREK	893.03	DD	12/09/02	
32113	KRYSTELLA F KISIAH	675.59	DD	12/09/02	
32149	MEDAN M CASI	1146.02	DD	12/09/02	
32702	ANNA VANESSA PENNELL	677.72	DD	12/09/02	
41012	MARIA SANDOVAL	554.24	DD	12/09/02	
41112	ANASTASIA L PEREZ	667.18	DD	12/09/02	
41171	TOMMIE M TREVIN	563.23	DD	12/09/02	
41205	JERANETTE ALVARADO	767.65	DD	12/09/02	
41225	LESLIE A CRAIGEN	1299.73	DD	12/09/02	
41236	PAMELA K VANCEY	1155.74	DD	12/09/02	
41274	KAREN GANN	880.72	DD	12/09/02	
41279	PAMELA R HARMON	726.93	DD	12/09/02	
41347	ADRIANA D STRANOS	641.27	DD	12/09/02	
41369	LORETTA A LEAL	614.78	DD	12/09/02	
41419	ANGEL M CASSEL	971.06	DD	12/09/02	
41506	JOSEPH LUGO TORRES	742.97	DD	12/09/02	
41507	OLEN I BETANCOURT	635.13	DD	12/09/02	
41512	SOMMA A GUJARDO	675.31	DD	12/09/02	
41617	JACQUELINE M MARTINEZ	791.41	DD	12/09/02	
41696	RENAE MICHELLE EMERY	571.14	DD	12/09/02	
41697	REXANNA MUNCE	773.73	DD	12/09/02	
41901	JUANITA R MILLER	1014.16	DD	12/09/02	
42106	CHRISTY SILVAS	975.79	DD	12/09/02	
42112	SOCORRO J GONZALES	637.29	DD	12/09/02	
42121	LEE ANN THAWANA	1330.37	DD	12/09/02	
42125	LUCY CALLEDA	792.14	DD	12/09/02	
42304	NIMI T NGUYEN	1526.44	DD	12/09/02	
42320	MARLA D CRAVER	815.31	DD	12/09/02	
42342	SHANNA S J DONNELL	12749.27	DD	12/09/02	
42660	JESSICA BUSH	227.46	DD	12/09/02	

Run Date: 12/09/12
Time: 10:55

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 12/09/12-12/11/12 Run: 1
Type: NET 11111111 OPERATING - PROSPERITY

Page 4
ENDLIST

Num.	Name	Amount	CHECK NUM	DATE
50019	MICHELLE M MORALES	1451.77	DD	12/09/12
50022	REGINA A JOHNSON	532.58	DD	12/09/12
50145	PENNY GOULDEN	3151.24	DD	12/09/12
50146	BRITTNEY MICHELLE ZAVORA	1457.97	DD	12/09/12
50248	MCKENNA COLLEGAS	440.63	DD	12/09/12
50282	JACOB W HAMILTON	2461.50	DD	12/09/12
50310	JASMINE BRIGGS	747.77	DD	12/09/12
50345	MELANIE R SAWAYCA	1947.69	DD	12/09/12
50573	DEANA R DAVIS	713.34	DD	12/09/12
50594	BETTY S DAVIS	1878.69	DD	12/09/12
50719	DEBRA K MUSTERED	2245.67	DD	12/09/12
50938	ADINA RODRIGUEZ	640.69	DD	12/09/12
51341	JACLYN E HASTL	1552.01	DD	12/09/12
54104	WENDY A ESCALANTE	1033.57	DD	12/09/12
55025	LEA C RESENDEZ	483.39	DD	12/09/12
55026	TRENE E PEREZ	483.49	DD	12/09/12
55107	APRIL N HUBALA	4704.50	DD	12/09/12
55380	SHANNON JACOBSON	1600.30	DD	12/09/12
55658	LAJUAN MILKE	707.00	DD	12/09/12
55815	BECKY MARIE SALINAS	651.95	DD	12/09/12
55910	KITA L POLENSKY	749.37	DD	12/09/12
56112	ROBERT A RODRIGUEZ	1963.91	DD	12/09/12
56121	NORA GUALLE	498.61	DD	12/09/12
56135	DANIELLE M TADLE	969.01	DD	12/09/12
56161	MICOMALIA OLAR	484.23	DD	12/09/12
56165	TERESA A BENITEZ	1517.23	DD	12/09/12
56412	CHRISTOPHER GALINDO	973.42	DD	12/09/12
56615	DOROTHY A LONGORIA	944.41	DD	12/09/12
56867	RUDOLPHO VASQUEZ	1402.97	DD	12/09/12
56922	ALAN KNIGHT	1170.93	DD	12/09/12
56924	SAMANTHA W GARCIA	501.09	DD	12/09/12
56959	JASON RUBIO	1166.44	DD	12/09/12
56960	FELICITA BOWE	570.89	DD	12/09/12
56925	MARTHA JUMPER	769.19	DD	12/09/12
56936	TINA NORMER	1098.77	DD	12/09/12
56951	ELIA OLACHIA	940.05	DD	12/09/12
56962	CLAUDIA RUIZ	617.05	DD	12/09/12
56965	NORA MIRELES	733.79	DD	12/09/12
56969	ELVIRA SANCHEZ	620.02	DD	12/09/12
56973	LEE SIMERLY	963.27	DD	12/09/12
56969	MICHELLE BASEFIELD	918.13	DD	12/09/12
56991	RAMONA A PEREZ	1020.89	DD	12/09/12
56993	ANALIA L FLORES	769.52	DD	12/09/12
56993	MARTA I VELAZ	752.51	DD	12/09/12
56996	ROSA RODRIGUEZ	609.11	DD	12/09/12
56999	MARIA MORALES	801.41	DD	12/09/12
56999	DOMITILA HERRERA	318.55	DD	12/09/12
56999	MARIA R GOMEZ	900.44	DD	12/09/12
56999	MARIA F LEDEZMA	658.95	DD	12/09/12
56999	DOMITILA GARCIA	175.21	DD	12/09/12
56999	CHRISTOPHER RUTHERFORD	1024.55	DD	12/09/12
56999	MICHELLE BLAS RODRIGUEZ	1708.89	DD	12/09/12
56999	SARA M BLEDSOE	3201.65	DD	12/09/12
56999	CHRISTOPHER LYNN KUMAR	34.14	DD	12/09/12

Run Date: 12 18 02
Time: 14:45

MEMORIAL MEDICAL CENTER
***** Check Register *****
Pay Period 11 18 01--12 02/02 Run: 1
Type=NET 10000001 OPERATING - PROSPERITY

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EC01STP

Num.	Name	Amount	CHECK NUM	DATE
74749	GLORIA W REID	2200.32	DD	12/09/02
74159	CAROL VILLARREAL	1079.02	DD	12/09/02
75160	RIKA MILLER	1939.16	DD	12/09/02
76003	IRMA DELEON	694.97	DD	12/09/02
76067	PAIGE GEORGIA CHATHAM	516.75	DD	12/09/02
76110	TARAN SUBLETT	661.42	DD	12/09/02
76116	JENNIFER R CARLOCK	676.72	DD	12/09/02
76120	RACHEL CAMALES	1147.36	DD	12/09/02
76139	KAREN D GARCIA	696.86	DD	12/09/02
76210	JOE VILLARREAL	659.02	DD	12/09/02
76310	AIDA JIMENEZ	917.57	DD	12/09/02
76313	PAMELA L BARTON	712.32	DD	12/09/02
76403	KACIYNA A FOKUDA	1161.54	DD	12/09/02
76647	CHERYL A SEE	995.77	DD	12/09/02
76706	GREGORY B MORALES	646.36	DD	12/09/02
76935	WATERESA TRISTAN	472.27	DD	12/09/02
77646	FAREN A GONZALES	1027.59	DD	12/09/02
78121	MISTY B BASMORE	1039.09	DD	12/09/02
78355	KYANN J POWER	350.03	DD	12/09/02
78370	DONNA W RAWLINGS	1111.66	DD	12/09/02
78186	ANDREA F COOK	490.97	DD	12/09/02
78191	JAMIE J GRASSE	609.41	DD	12/09/02
78287	MARISSA D ALMANZAR	1606.14	DD	12/09/02
78316	JESSICA L GLOVER	3006.19	DD	12/09/02
78566	MELISSA K GSE	813.16	DD	12/09/02
78761	ASHLEY D WARLEY	1644.76	DD	12/09/02
78776	SARA M RUBIO	2186.92	DD	12/09/02
78781	KRISTEN R KACHICK	3099.74	DD	12/09/02
78787	FARAH I JANAK	2527.37	DD	12/09/02
78897	LAYLE J ROBINSON	543.74	DD	12/09/02
80006	ADAM D BESIO	2566.65	DD	12/09/02
80141	JEROME CRIZ	1646.03	DD	12/09/02
82227	CAITLIN A CLEVINGER	1117.66	DD	12/09/02
86440	MEGAN W HARPER	819.24	DD	12/09/02
88125	LISA M TREVINO	1095.36	DD	12/09/02
88321	ANDREW DE LOS SANTOS	2041.47	DD	12/09/02
88809	WARLEY B O'DONNELL	1953.74	DD	12/09/02
88904	MAURA K MARTINEZ	1501.11	DD	12/09/02
89320	ROSHANDA S THOMAS	5762.51	DD	12/09/02
90231	ANDRIE M FLORES	1061.54	DD	12/09/02
93756	ADRIANNA M GALVAN	1513.34	DD	12/09/02

584207.92

Memorial Medical Center
ACH Payment Request

APPROVED ON

DEC 05 2022

Amount: 5,363.53

From Account: Operating- *4357

To Account: MUFG Union Bank

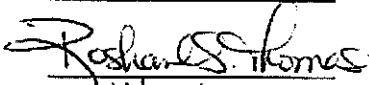
Account Number: 3120004394

Routing Number: 122000496

Explanation: Wage Works Employee FSA Payment Invoices 4413906, 4392110, 4373271, 4338631, 4315029, 4292553, 4271507

Requested by: Caitlin Clevenger

Date: 11/28/2022

Authorized by: 
11/29/22

Date: 11/28/2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- November 28, 2022 - December 04, 2022**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>
11/28/2022	PAY PLUS ACHTRANS 452579291 101000695851909	- 3rd Party Payor Fee
11/28/2022	IRS USATAXPYMT 270273253446981 6103601003900	- Payroll Taxes
11/28/2022	IRS USATAXPYMT 270273203290906 6103601003893	- Payroll Taxes
11/29/2022	PAY PLUS ACHTRANS 452579291 101000697062405	- 3rd Party Payor Fee
11/29/2022	MCKESSON DRUG AUTO ACH ACH05275856 910000151	- 340B Drug Program Expense
11/30/2022	STATE COMPTLR TEXNET 07380167/21129 2100002	- RAPPIS IGT
11/30/2022	PAY PLUS ACHTRANS 452579291 101000698229335	- 3rd Party Payor Fee
12/1/2022	PAY PLUS ACHTRANS 452579291 101000699222993	- 3rd Party Payor Fee
12/2/2022	STATE COMPTLR TEXNET 07411200/21201 2100002	- QIPP IGT
12/2/2022	PAY PLUS ACHTRANS 452579291 101000690224216	- 3rd Party Payor Fee
12/2/2022	AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense
12/2/2022	AUTHNET GATEWAY BILLING 126135463 1040000158	

<u>Amount</u>	<u>CPS</u>	<u>Pay Plus</u>
5.38		5.38
129,183.33		118.43
921.76		235.14
118.43		8.97
2,773.73		112.73
117,013.39		480.65
235.14		35.50
8.97		35.50
2,026,476.81		516.15
112.73		
1,073.92		
35.50		
<u>2,277,959.09</u>		

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center
 December 5, 2022
 PROSPERITY BANK
 ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTIMATED ACHS
 * Approved CC 11-30-22
 ** Approved CC 11-23-22
 *** Approved CC 11-16-22

2,277,959.09	
129,183.33	
921.76	
2,773.73	
117,013.39	
2,026,476.81	
1,073.92	
516.15	
516.15	
516.15	
0.00	

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>
12/05/2022		

Andrew De Los Santos
 ANDREW DE LOS SANTOS
 Memorial Medical Center
 December 5, 2022

APPROVED ON
DEC 05 2022
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ONDEC 01 2022
12/01/2022

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

11:04
CALHOUN COUNTY, TEXAS

Dates Through:

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11828 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112222		11/30/20	11/22/20	12/23/20		2,221.23	0.00	0.00	2,221.23 ✓
	TRANSFER	NH insurance pymt deposited into bank operating							
112222A		11/30/20	11/22/20	12/23/20		3,900.00	0.00	0.00	3,900.00
	TRANSFER	h							

Vendor Totals: Number Name

Gross	Discount	No-Pay	Net
6,121.23	0.00	0.00	6,121.23

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	6,121.23	0.00	0.00	6,121.23

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 01 2022

11:06
CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

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Dates Through:

Class Pay Code

11820 FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112922		11/30/20	11/29/20	12/29/20		4,084.50	0.00	0.00	4,084.50

TRANSFER

NH insurance pymt deposited into mme open

Vendor Totals: Number Name

Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	4,084.50	0.00	0.00	4,084.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,084.50	0.00	0.00	4,084.50

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 01 2022

12/01/2022
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11832 BROADMOOR AT CREEKSIDE PARK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112322		11/30/20	11/23/20	12/23/20		2,620.30	0.00	0.00	2,620.30 ✓
	TRANSFER								
112922		11/30/20	11/29/20	12/29/20		2,334.00	0.00	0.00	2,334.00 ✓
	TRANSFER								

Vendor Totals Number Name

Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	4,954.30	0.00	0.00	4,954.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,954.30	0.00	0.00	4,954.30

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ONDEC 01 2022
11:05

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Dates Through:

ap_open_invoice.template

CALHOUN COUNTY, TEXAS
Vendor# Vendor Name

Class Pay Code

11824 THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112322		11/30/20	11/23/20	12/23/20		14,618.56	0.00	0.00	14,618.56 ✓
	TRANSFER								
112922		11/30/20	11/29/20	12/29/20		2,700.00	0.00	0.00	2,700.00 ✓
	TRANSFER								

Vendor Total#	Number	Name	Gross	Discount	No-Pay	Net
11824		THE CRESCENT	17,318.56	0.00	0.00	17,318.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	17,318.56	0.00	0.00	17,318.56

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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COUNTY AUDITOR ONDEC 01 2022
12/01/202211:05
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112222		11/30/20	11/22/20	12/23/20		712.16	0.00	0.00	712.16 ✓
	TRANSFER	N/A insurance pymt deposited into mmc operating							
112222A		11/30/20	11/22/20	12/23/20		812.46	0.00	0.00	812.46 ✓
	TRANSFER	"							
112222B		11/30/20	11/22/20	12/23/20		449.48	0.00	0.00	449.48 ✓
	TRANSFER	"							
112222C		11/30/20	11/22/20	12/23/20		0.72	0.00	0.00	0.72 ✓
	TRANSFER	"							
112322A		11/30/20	11/23/20	12/23/20		0.31	0.00	0.00	0.31 ✓
	TRANSFER	"							
112322		11/30/20	11/23/20	12/23/20		378.75	0.00	0.00	378.75 ✓
	TRANSFER	"							
112922		11/30/20	11/29/20	12/29/20		8,360.21	0.00	0.00	8,360.21 ✓
	TRANSFER	"							
113022		11/30/20	11/30/20	12/30/20		203.87	0.00	0.00	203.87 ✓
	TRANSFER	"							
113022A		11/30/20	11/30/20	12/30/20		33,813.60	0.00	0.00	33,813.60 ✓
	TRANSFER	"							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	44,731.56	0.00	0.00	44,731.56

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	44,731.56	0.00	0.00	44,731.56

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 01 2022

11:07
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Dates Through:

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
112122B		11/30/20	11/21/20	12/23/20		2,657.68	0.00	0.00	2,657.68 ✓
	TRANSFER								
112322		11/30/20	11/23/20	12/23/20		1,920.00	0.00	0.00	1,920.00 ✓
	TRANSFER								

Vendor Totals Number Name

Gross	Discount	No-Pay	Net
4,577.68	0.00	0.00	4,577.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,577.68	0.00	0.00	4,577.68

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ONDEC 01 2022
12/01/2022

CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112222		11/30/20	11/22/20	12/23/20		96.90	0.00	0.00	96.90
112322A	TRANSFER	11/30/20	11/23/20	12/23/20		30.17	0.00	0.00	30.17
112322	TRANSFER	11/30/20	11/23/20	12/23/20		2,334.00	0.00	0.00	2,334.00
112922	TRANSFER	11/30/20	11/29/20	12/29/20		1,317.00	0.00	0.00	1,317.00
112922A	TRANSFER	11/30/20	11/29/20	12/29/20		6,146.00	0.00	0.00	6,146.00
Vendor Totals						Gross	Discount	No-Pay	Net
13004 TUSCANY VILLAGE						9,924.07	0.00	0.00	9,924.07

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,924.07	0.00	0.00	9,924.07

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

DEC 01 2022

11:07

CALHOUN COUNTY, TEXAS

Vendor# Vendor Name

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Dates Through:

0

ap_open_invoice.template

Class Pay Code

12792 BETHANY SENIOR LIVING

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
112222		11/30/20	11/22/20	12/23/20		245.38	0.00	0.00	245.38 ✓
112322	TRANSFER	11/30/20	11/23/20	12/23/20		507.60	0.00	0.00	507.60 ✓
112922A	TRANSFER	11/30/20	11/29/20	12/29/20		417.13	0.00	0.00	417.13 ✓
112922	TRANSFER	11/30/20	11/29/20	12/29/20		138.57	0.00	0.00	138.57 ✓
112922B	TRANSFER	11/30/20	11/29/20	12/29/20		16,306.84	0.00	0.00	16,306.84 ✓
113022	TRANSFER	11/30/20	11/30/20	12/30/20		1,039.02	0.00	0.00	1,039.02 ✓
113022A	TRANSFER	11/30/20	11/30/20	12/30/20		63,867.42	0.00	0.00	63,867.42 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12792	BETHANY SENIOR LIVING	82,521.96	0.00	0.00	82,521.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82,521.96	0.00	0.00	82,521.96

APPROVED ON

DEC 01 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST - *Crescent*

P TUSCANY

Date Requested: 12/05/22

A

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APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

☐ Imprest Cash

☐ A/P Check

☐ Mail Check to Vendor

☐ Return Check to Dept

AMOUNT \$1,402.00

G/L NUMBER:

EXPLANATION: DEVOTED PAYMENTS THAT BELONG TO TUSCANY

REQUESTED BY: Mayra Martinez

AUTHORIZED BY: *Andrew DeFosdanto*

12/5/2022

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
12/5/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~Shirley Gaudin~~		126,240.85 ✓	131,849.06 ✓	98,726.56 ✓		153,118.35 ✓	98,688.99 ✓
	Bank Balance					153,118.35 ✓	
	Variance						
	Leave In Balance					100.00	
	AMERIGROUP Q4					25,866.34 O/S	
	AMERIGROUP SEPTEMBER					28,401.04 O/S	
	October Interest					28.41 ✓	
	November Interest					37.57 ✓	
	December Interest						
	Adjust Balance/Transfer Amt					98,688.99 ✓	
~~Broadmoor~~		132,258.90 ✓	113,548.34 ✓	108,712.04 ✓		127,422.60 ✓	108,685.16 ✓
	Bank Balance					127,422.60 ✓	
	Variance						
	Leave In Balance					100.00	
	AMERIGROUP Q4					8,867.44 O/S	
	AMERIGROUP SEPTEMBER					9,719.90 O/S	
	October Interest					23.22 ✓	
	November Interest					26.88 ✓	
	December Interest						
	Adjust Balance/Transfer Amt					108,685.16 ✓	
~~Crescent~~		190,100.28 ✓	166,544.66 ✓	118,408.00 ✓		141,963.62 ✓	116,975.20 ✓
	Bank Balance					141,963.62 ✓	
	Variance						
	Leave In Balance					100.00	
	AMERIGROUP Q4					5,829.22 O/S	
	AMERIGROUP SEPTEMBER					7,249.23 O/S	
	DEVOTED PAYMENTS TO TUSCANY					10,351.00 O/S	
	DEVOTED PAYMENTS TO TUSCANY					1,402.00 ✓	
	October Interest					26.17 ✓	
	November Interest					30.80 ✓	
	December Interest						
	Adjust Balance/Transfer Amt					116,975.20 ✓	
~~Fort Bend~~		26,015.52 ✓	6,355.76 ✓	71,318.55 ✓		90,978.31 ✓	71,303.59 ✓
	Bank Balance					90,978.31 ✓	
	Variance						
	Leave In Balance					100.00	
	AMERIGROUP Q4					10,680.45 O/S	
	AMERIGROUP SEPTEMBER					8,868.24 O/S	
	October Interest					11.07 ✓	
	November Interest					14.96 ✓	
	December Interest						
	Adjust Balance/Transfer Amt					71,303.59 ✓	
~~Fort Worth~~		379,128.78 ✓	358,423.70 ✓	141,095.41 ✓		163,800.49 ✓	143,051.53 ✓
	Bank Balance					163,800.49 ✓	
	Variance						
	Leave In Balance					100.00	
	AMERIGROUP Q4					12,061.91 O/S	
	AMERIGROUP SEPTEMBER					8,502.00 O/S	
	October Interest					41.17 ✓	
	November Interest					43.88 ✓	
	December Interest						
	Adjust Balance/Transfer Amt					143,051.53 ✓	

98,688.99 +
108,685.16 +
116,975.20 + Fort Bend / Broadmoor
71,303.59 +
143,051.53 +
538,704.47 =

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 538,704.47 ✓

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS

12/5/2022

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.

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 44000025508	257.31	-	-	-	-	-	257.31
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	41,948.80	-	-	-	-	-	41,948.80
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,931.44	-	-	-	-	-	8,931.44
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	8,172.00	-	-	-	-	-	8,172.00
11/29/2022 Deposit	6,040.32	-	-	-	-	-	6,040.32
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	22,405.99	-	-	-	-	-	22,405.99
11/29/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	66.80	-	-	-	-	-	66.80
11/30/2022 Added to Account	37.57	-	-	-	-	-	37.57
11/30/2022 WIRE OUT ASHFORD HEALTH CARE CENTER LTD	131,849.06	-	-	-	-	-	-
12/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250478	103.90	-	-	-	-	-	103.90
11/30/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	591.69	-	-	-	-	-	591.69
11/30/2022 CIGNA HCCLAIMPMT 1376436189 91000011981687	1,556.00	-	-	-	-	-	1,556.00
12/1/2022 MANAGEDHEALTH1718 MHS PMNT 00000000000093 41	4,396.50	-	-	-	-	-	4,396.50
12/1/2022 MANAGEDHEALTH1718 MHS PMNT 00000000000093 41	1,944.00	-	-	-	-	-	1,944.00
12/2/2022 Amelgroup TKSC HCCLAIMPMT 3196207188 111000	389.76	-	-	-	-	-	389.76
12/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2	1,884.48	-	-	-	-	-	1,884.48
	131,849.06	96,726.56	-	-	-	-	96,726.56

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255091	147.01	-	-	-	-	-	147.01
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	29,719.64	-	-	-	-	-	29,719.64
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,816.24	-	-	-	-	-	9,816.24
11/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000182	4,068.82	-	-	-	-	-	4,068.82
11/29/2022 Deposit	3,466.26	-	-	-	-	-	3,466.26
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	7,609.71	-	-	-	-	-	7,609.71
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	5,343.65	-	-	-	-	-	5,343.65
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	11,322.22	-	-	-	-	-	11,322.22
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000204642	5,445.04	-	-	-	-	-	5,445.04
11/29/2022 UNITEDHEALTHCARE HCCLAIMPMT 746003411 324184	3,890.00	-	-	-	-	-	3,890.00
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	2,065.20	-	-	-	-	-	2,065.20
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	4,482.96	-	-	-	-	-	4,482.96
11/29/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000184	1,422.07	-	-	-	-	-	1,422.07
11/30/2022 Added to Account	26.88	-	-	-	-	-	26.88
11/30/2022 WIRE OUT CANTER HEALTH CARE CENTERS III	113,548.34	-	-	-	-	-	-
11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250490	10,650.08	-	-	-	-	-	10,650.08
11/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676357 420000111	166.14	-	-	-	-	-	166.14
12/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	419.18	-	-	-	-	-	419.18
12/2/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,208.00	-	-	-	-	-	1,208.00
12/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2	7,442.94	-	-	-	-	-	7,442.94
	113,548.34	108,712.04	-	-	-	-	108,712.04

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255088	6,903.02	-	-	-	-	-	6,903.02
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	19,126.87	-	-	-	-	-	19,126.87
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	14,167.06	-	-	-	-	-	14,167.06
11/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000182	5,178.54	-	-	-	-	-	5,178.54
11/28/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001607	399.97	-	-	-	-	-	399.97
11/28/2022 DEVOTED HEALTH P HCCLAIMPMT 12114039814014	454.00	-	-	-	-	-	454.00
11/28/2022 DEVOTED HEALTH P HCCLAIMPMT 121140398139638	6,800.00	-	-	-	-	-	6,800.00
11/29/2022 Deposit	2,954.67	-	-	-	-	-	2,954.67
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	11,133.39	-	-	-	-	-	11,133.39
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000204642	1,087.91	-	-	-	-	-	1,087.91
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,326.44	-	-	-	-	-	1,326.44
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	3,858.47	-	-	-	-	-	3,858.47
11/29/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000194	569.10	-	-	-	-	-	569.10
11/29/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2	340.20	-	-	-	-	-	340.20
11/29/2022 DEVOTED HEALTH P HCCLAIMPMT 121140399911811	4,000.00	-	-	-	-	-	4,000.00
11/29/2022 DEVOTED HEALTH P HCCLAIMPMT 121140399911809	5,600.00	-	-	-	-	-	5,600.00
11/30/2022 Added to Account	30.80	-	-	-	-	-	30.80
11/30/2022 WIRE OUT CANTER HEALTH CARE CENTERS III	166,544.66	-	-	-	-	-	-
11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250640	6,953.40	-	-	-	-	-	6,953.40
11/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676323 420000111	405.28	-	-	-	-	-	405.28
11/30/2022 HUMANA INS CO HCCLAIMPMT 390864 830000500172	75.51	-	-	-	-	-	75.51
12/1/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001164	52.01	-	-	-	-	-	52.01
12/2/2022 KS PLAN ADMINIST HCCLAIMPMT 14995 1110000208	24,800.00	-	-	-	-	-	24,800.00
12/2/2022 HUMANA CHA DISB HCCLAIMPMT 390864 4200001616	2,190.36	-	-	-	-	-	2,190.36
	166,544.66	118,408.00	-	-	-	-	118,408.00

Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
		QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255088	1,054.86	-	-	-	-	-	1,054.86
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	26,033.30	-	-	-	-	-	26,033.30
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	1,712.15	-	-	-	-	-	1,712.15
11/28/2022 NOVITAS SOLUTION HCCLAIMPMT 675663 420000182	13,468.95	-	-	-	-	-	13,468.95
11/29/2022 Deposit	6,159.32	-	-	-	-	-	6,159.32
11/29/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	7,740.00	-	-	-	-	-	7,740.00
11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771	4,295.43	-	-	-	-	-	4,295.43
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	9,807.71	-	-	-	-	-	9,807.71
11/29/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2	101.87	-	-	-	-	-	101.87
11/30/2022 Added to Account	14.36	-	-	-	-	-	14.36
11/30/2022 WIRE OUT CANTER HEALTH CARE CENTERS III	6,355.76	-	-	-	-	-	-
12/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 124384	930.00	-	-	-	-	-	930.00
	6,355.76	71,318.55	-	-	-	-	71,318.55

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lapse	QIPP TI	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255088	-	8,895.92	-	-	-	-	-	8,895.92
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	20,110.05	-	-	-	-	-	20,110.05
11/28/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	1,949.40	-	-	-	-	-	1,949.40
11/28/2022 HUMANA INS CO HCCLAIMPMT 390862 830000503303	-	829.43	-	-	-	-	-	829.43
11/28/2022 HUMANA INS CO HCCLAIMPMT 390862 830000503714	-	395.00	-	-	-	-	-	395.00
11/28/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001806	-	1,395.00	-	-	-	-	-	1,395.00
11/28/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001607	-	3,580.00	-	-	-	-	-	3,580.00
11/29/2022 Deposit	-	8,807.14	-	-	-	-	-	8,807.14
11/29/2022 Deposit	-	30,295.26	-	-	-	-	-	30,295.26
11/29/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	7,308.32	-	-	-	-	-	7,308.32
11/29/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001698	-	930.00	-	-	-	-	-	930.00
11/29/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001698	-	43.88	-	-	-	-	-	43.88
11/30/2022 WIRE OUT CANTEX HEALTH CARE CENTERS III	358,423.70	-	-	-	-	-	-	-
12/30/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	1,296.00	-	-	-	-	-	1,296.00
11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250454	-	2,924.03	-	-	-	-	-	2,924.03
11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000249937	-	3,037.54	-	-	-	-	-	3,037.54
11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250490	-	4,496.32	-	-	-	-	-	4,496.32
11/30/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	1,945.00	-	-	-	-	-	1,945.00
12/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 124884	-	1,740.00	-	-	-	-	-	1,740.00
12/1/2022 MANAGEANDNET1718 MNS PMNT 000000000002482 41	-	6,304.59	-	-	-	-	-	6,304.59
12/1/2022 UnitedHealthcare HCCLAIMPMT 746003411 910000	-	2,250.00	-	-	-	-	-	2,250.00
12/1/2022 UHC COMMUNITY PL HCCLAIMPMT 746003411 910000	-	3,011.60	-	-	-	-	-	3,011.60
12/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000230873	-	15,887.52	-	-	-	-	-	15,887.52
12/2/2022 HUMANA INS CO HCCLAIMPMT 390862 830000583902	-	6,715.00	-	-	-	-	-	6,715.00
12/2/2022 HUMANA CHA DISB HCCLAIMPMT 390862 4200001615	-	8,370.00	-	-	-	-	-	8,370.00
12/2/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2	-	583.50	-	-	-	-	-	583.50
TOTALS	358,423.70	143,095.41	-	-	-	-	-	143,095.41
	775,721.52	540,260.56	-	-	-	-	-	540,260.56

12/5/2022

Treasury Center

Data reported as of: 12/05/2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$7,483,653.24	\$7,677,263.45	\$7,483,653.24	\$9,298,510.4
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.90	\$5,499.90	\$5,499.90	\$5,573.2
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$113,564.94	\$117,487.96	\$113,564.94	\$112,761.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,704,299.87	\$5,775,866.20	\$5,704,299.87	\$7,618,308.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.2
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$153,118.35 ✓	\$153,118.35	\$153,118.35	\$148,900.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$127,422.60 ✓	\$145,198.33	\$127,422.60	\$118,771.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,963.62 ✓	\$166,983.36	\$141,963.62	\$114,973.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$90,978.31 ✓	\$94,929.61	\$90,978.31	\$90,978.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,800.49 ✓	\$183,330.49	\$163,800.49	\$132,244.4
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.6
*5506 MMC -NH BETHANY SENIOR LIVING	\$371,642.18	\$373,559.96	\$371,642.18	\$366,840.2
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,195.55	\$113,473.12	\$73,195.55	\$71,988.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,268.73	\$21,614.47	\$20,268.73	\$20,072.2
*3407 MMC -NH TUSCANY VILLAGE	\$220,184.97	\$228,487.97	\$220,184.97	\$199,384.5

* indicate:

Page generated on 12/05/2022 :

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
12/5/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
<u>Golden Creek</u>		126,005.11 ✓	100,945.57 ✓	88,505.40 ✓		113,564.94 ✓	88,479.06 ✓
					Bank Balance Variance	113,564.94 ✓	
					Leave in Balance	100.00	
					SUPERIOR SEPTEMBER	24,941.58 D/K	
					October Interest	17.96 ✓	
					November Interest	26.34 ✓	
					December Interest		
						~~-84.90~~	
					Adjust Balance/Transfer Amt	88,479.06	

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

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS

12/5/2022

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



11/28/2022 CIGNA HCCLAIMPMT 1588075964 91000010632675
11/29/2022 Deposit
11/29/2022 HEALTH HUMAN SVC HCCLAIMPMT 17460034113011 2
11/30/2022 Added to Account
11/30/2022 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
11/30/2022 TSVS/TRANSFIRST CR CD DEP 543684555876917 91
11/30/2022 TSVS/TRANSFIRST CR CD DEP 543684555876917 91
11/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000111
11/30/2022 AETNA ASGI HCCLAIMPMT 1588075964 91000015098
12/1/2022 TSVS/TRANSFIRST CR CD DEP 543684555876917 91
12/1/2022 TSVS/TRANSFIRST CR CD DEP 543684555876917 91
12/1/2022 GOLDEN CREEK HEALTH MERC DEP 1220356 9100001046
12/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676097 420000119
12/2/2022 TSVS/TRANSFIRST CR CD DEP 543684555876917 91

MMC PORTION						NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 &Lapse	
-	363.42	-	-	-	-	363.42
-	68,362.36	-	-	-	-	68,362.36
-	105.21	-	-	-	-	105.21
-	26.34	-	-	-	-	26.34
100,945.57	-	-	-	-	-	-
-	1,540.58	-	-	-	-	1,540.58
-	276.25	-	-	-	-	276.25
-	10,543.54	-	-	-	-	10,543.54
-	1,300.00	-	-	-	-	1,300.00
-	146.00	-	-	-	-	146.00
-	2,928.41	-	-	-	-	2,928.41
-	867.00	-	-	-	-	867.00
-	1,242.58	-	-	-	-	1,242.58
-	803.71	-	-	-	-	803.71
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
100,945.57	88,505.40	-	-	-	-	88,505.40

12/5/2022

Treasury Center

Data reported as of 12/05/2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$7,483,653.24	\$7,677,263.45	\$7,483,653.24	\$9,298,510.4
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.90	\$5,499.90	\$5,499.90	\$5,573.3
*3860 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$113,564.94 ✓	\$117,487.96	\$113,564.94	\$112,761.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,704,299.87	\$5,775,866.20	\$5,704,299.87	\$7,618,308.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.2
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$153,118.35	\$153,118.35	\$153,118.35	\$148,900.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$127,422.60	\$145,198.33	\$127,422.60	\$118,771.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,963.62	\$166,983.36	\$141,963.62	\$114,973.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$90,978.31	\$94,929.61	\$90,978.31	\$90,978.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,800.49	\$183,330.49	\$163,800.49	\$132,244.4
*2988 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.6
*5506 MMC -NH BETHANY SENIOR LIVING	\$371,642.18	\$373,559.96	\$371,642.18	\$366,840.2
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,195.55	\$113,473.12	\$73,195.55	\$71,988.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,268.73	\$21,614.47	\$20,268.73	\$20,072.2
*3407 MMC -NH TUSCANY VILLAGE	\$220,184.97	\$228,487.97	\$220,184.97	\$199,384.9

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Page generated on 12/05/2022

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
12/5/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~Gulf Point Plaza - Prosperity~~	1	19,727.44		941.29			20,268.73	no transfer
						Bank Balance	20,268.73	
						Variance		
						Leave in Balance	100.00	

SUPERIOR SEPTEMBER 18,912.98 015

October Interest 2.96 ✓
November Interest 7.41 ✓
December Interest
Adjust Balance/Transfer Amt 1,245.36 ✓

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
~~Gulf Point Plaza - Prosperity~~	117,194.48	117,073.75	73,074.82				73,195.55	73,056.04 ✓
						Bank Balance	73,195.55	
						Variance		
						Leave in Balance	100.00	
						October Interest	20.73 ✓	
						November Interest	18.78 ✓	
						December Interest		
						Adjust Balance/Transfer Amt	73,056.04 ✓	

Routing Information for Gulf Point Plaza:

TOTAL TRANSFERS 74,301.40

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

Approved: *Andrew De Los Santos*
ANDREW DE LOS SANTOS 12/5/2022

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Sub Point 1: 11/28/2022 AETNA ASD1 HCCLAIMPMT 1922092790 51000019611

11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000202771
 11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000204642
 11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000204642
 11/30/2022 Added to Account
 12/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000230873
 12/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000230873

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	155.28	-	-	-	-	-	155.28
-	26.72	-	-	-	-	-	26.72
-	67.23	-	-	-	-	-	67.23
-	88.21	-	-	-	-	-	88.21
-	7.41	-	-	-	-	-	7.41
-	69.59	-	-	-	-	-	69.59
-	126.85	-	-	-	-	-	126.85
-	-	-	-	-	-	-	-
-	541.29	-	-	-	-	-	541.29

Sub Point 2: 11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255091

11/29/2022 Deposit
 11/29/2022 WPS-TMEP CONTRAC HCCLAIMPMT 2401026730 21000
 11/29/2022 HEALTHHUMAN SVC HCCLAIMPMT 17460034113013 2
 11/30/2022 Added to Account
 11/30/2022 WIRE OUT HMG SERVICES, LLC
 11/30/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/2/2022 MERCHANT BANKCD DEPOSIT 496478518889 9100001
 12/2/2022 NORIDIAN J3A HCCLAIMPMT 675892 4200001437578

		MMC PORTION					NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	14,867.12	-	-	-	-	-	14,867.12
-	48,649.07	-	-	-	-	-	48,649.07
-	254.58	-	-	-	-	-	254.58
-	7,090.92	-	-	-	-	-	7,090.92
-	18.78	-	-	-	-	-	18.78
117,073.75	-	-	-	-	-	-	-
-	987.17	-	-	-	-	-	987.17
-	1,141.00	-	-	-	-	-	1,141.00
-	66.18	-	-	-	-	-	66.18
117,073.75	73,074.82	-	-	-	-	-	73,074.82
117,073.75	73,616.11	-	-	-	-	-	73,616.11

12/5/2022

Treasury Center

Data reported as of: Dec 5, 2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$7,483,653.24	\$7,677,263.45	\$7,483,653.24	\$9,298,510.4
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.90	\$5,499.90	\$5,499.90	\$5,573.3
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$113,564.94	\$117,487.96	\$113,564.94	\$112,761.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,704,299.87	\$5,775,866.20	\$5,704,299.87	\$7,618,308.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.2
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$153,118.35	\$153,118.35	\$153,118.35	\$148,900.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$127,422.60	\$145,198.33	\$127,422.60	\$118,771.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,963.62	\$166,983.36	\$141,963.62	\$114,973.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$90,978.31	\$94,929.61	\$90,978.31	\$90,978.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,800.49	\$183,330.49	\$163,800.49	\$132,244.4
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.6
*5506 MMC -NH BETHANY SENIOR LIVING	\$371,642.18	\$373,559.96	\$371,642.18	\$366,840.2
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,195.55 ✓	\$113,473.12	\$73,195.55	\$71,988.3
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,268.73 ✓	\$21,614.47	\$20,268.73	\$20,072.2
*3407 MMC -NH TUSCANY VILLAGE	\$220,184.97	\$228,487.97	\$220,184.97	\$199,384.9

* indicate:

Page generated on 12/05/2022

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
12/5/2022

Nursing Home	Account	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
TUSCANY		301,481.44	263,815.67	180,519.20			220,184.97	180,519.20
						Bank Balance	220,184.97	
						Variance	220,184.97	
						Leave In Balance	100.00	
						AMERIGROUP Q4	22,762.33	
						AMERIGROUP SEPTEMBER	16,893.44	
						Adjust Balance/Transfer Amt	180,519.20	
						Approved: Andrew De Los Santos		12/5/2022
						ANDREW DE LOS SANTOS		

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

APPROVED ON

DEC 05 2022

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Tuscan Valley

11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255090
 11/29/2022 Deposit
 11/29/2022 HNB - ECHO HCCLAIMPMT 746003411 440000204642
 11/29/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000194
 11/30/2022 Added to Account
 11/30/2022 WIRE OUT LINBAR ENTERPRISES, LLC
 11/30/2022 HNB - ECHO HCCLAIMPMT 746003411 440000250454
 11/30/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000111
 12/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676201 420000164
 12/2/2022 KS PLAN ADMINIST HCCLAIMPMT 179 111000020834

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	
	-	283.00					-	283.00
	-	116,830.07					-	116,830.07
	-	1,721.06					-	1,721.06
	-	32,682.55					-	32,682.55
		34.78					-	34.78
	261,815.67						-	
	-	528.38					-	528.38
	-	7,639.33					-	7,639.33
	-	2,820.03					-	2,820.03
	-	17,980.00					-	17,980.00
	261,815.67	180,519.20	-	-	-	-	-	180,519.20

12/5/2022

Treasury Center

Data reported as of: 12/05/2022

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$7,483,653.24	\$7,677,263.45	\$7,483,653.24	\$9,298,510.4
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.90	\$5,499.90	\$5,499.90	\$5,573.3
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$113,564.94	\$117,487.96	\$113,564.94	\$112,761.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.6
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,704,299.87	\$5,775,866.20	\$5,704,299.87	\$7,618,308.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.2
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$153,118.35	\$153,118.35	\$153,118.35	\$148,900.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$127,422.60	\$145,198.33	\$127,422.60	\$118,771.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,963.62	\$166,983.36	\$141,963.62	\$114,973.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$90,978.31	\$94,929.61	\$90,978.31	\$90,978.3
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$163,800.49	\$183,330.49	\$163,800.49	\$132,244.4
*2998 MMC -MONEY MARKET FUND	\$296,644.60	\$296,644.60	\$296,644.60	\$296,644.6
*5506 MMC -NH BETHANY SENIOR LIVING	\$371,642.18	\$373,559.96	\$371,642.18	\$366,840.2
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$73,195.55	\$113,473.12	\$73,195.55	\$71,988.5
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$20,268.73	\$21,614.47	\$20,268.73	\$20,072.2
*3407 MMC -NH TUSCANY VILLAGE	\$220,184.97 ✓	\$228,487.97	\$220,184.97	\$199,384.5

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Page generated on 12/05/2022

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Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 12/5/2022

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Bethany Senior Living		122,692.10	122,558.26	371,605.34			371,642.18	371,478.22
						Bank Balance	371,642.18	
						Variance	371,642.18	
						Leave in Balance	100.00	
						October Interest	36.84	
						November Interest	27.12	
						December Interest		
						Adjust Balance/Transfer Amt	371,478.22	
Approved: <i>Andrew De Los Santos</i>								
ANDREW DE LOS SANTOS								12/5/2022

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

DEC 05 2022

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

NOVITAS SOLUTIONS

	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4&Lease	QIPP TR	
11/28/2022 HNB - ECHO HCCLAIMPMT 746003411 440000255088	-	946.56	-	-	-	-	-	946.56
11/28/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000182	-	73,944.61	-	-	-	-	-	73,944.61
11/29/2022 Deposit	-	8,971.91	-	-	-	-	-	8,971.91
11/29/2022 Deposit	-	82,925.45	-	-	-	-	-	82,925.45
11/29/2022 Deposit	-	2,407.92	-	-	-	-	-	2,407.92
11/29/2022 Deposit	-	180,441.30	-	-	-	-	-	180,441.30
11/29/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000194	-	14,934.55	-	-	-	-	-	14,934.55
11/30/2022 Added to Account	-	27.12	-	-	-	-	-	27.12
11/30/2022 WIRE OUT PORT LAVACA NH, LLC	122,555.26	-	-	-	-	-	-	-
12/1/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000119	-	2,103.97	-	-	-	-	-	2,103.97
12/2/2022 HNB - ECHO HCCLAIMPMT 746003411 440000230873	-	310.98	-	-	-	-	-	310.98
12/2/2022 NOVITAS SOLUTION HCCLAIMPMT 676481 420000164	-	4,490.97	-	-	-	-	-	4,490.97
			-	-	-	-	-	-
	122,555.26	371,505.34	-	-	-	-	-	371,505.34

12/5/2022

Treasury Center

Data reported as of 12/05/2022

PDF

Account Number	Current Balance	Available Balance	Collected Balance	Prior Day Balance
Number of Accounts: 16	\$7,483,653.24	\$7,677,263.45	\$7,483,653.24	\$9,298,510.4
*4551 CAL CO INDIGENT HEALTHCARE	\$5,499.90	\$5,499.90	\$5,499.90	\$5,573.3
*3660 GULF POINTE PLAZA - DACA	\$100.00	\$100.00	\$100.00	\$100.0
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$113,564.94	\$117,487.96	\$113,564.94	\$112,761.2
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$536.90	\$536.90	\$536.90	\$536.9
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$5,704,299.87	\$5,775,866.20	\$5,704,299.87	\$7,618,308.5
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$432.23	\$432.23	\$432.23	\$432.2
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$153,118.35	\$153,118.35	\$153,118.35	\$148,900.1
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$127,422.60	\$145,198.33	\$127,422.60	\$118,771.6
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$141,963.62	\$166,983.36	\$141,963.62	\$114,973.2
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$90,978.31	\$94,929.61	\$90,978.31	\$90,978.3
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December 7, 2022

2022 APPROVAL LIST - 2022 BUDGET
COMMISSIONERS COURT MEETING OF

12/07/22

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 19

\$119,952.27

AFLAC
PRINCIPAL FINANCIAL GROUP
VICTORIA ELECTRIC COOPERATIVE
VICTORIA ELECTRIC COOPERATIVE
KELLEY ASHLEY

DECEMBER 2022 PREMIUMS
DECEMBER 2022 PREMIUMS
RB4 NOVEMBER 2022 ELECTRIC BILL
POC COM CTR NOVEMBER 2022 ELECTRIC BILL
EMP REIMBURSEMENT - MILEAGE

P/R \$ 2,453.99
P/R \$ 1,732.92
A/P \$ 886.73
A/P \$ 819.80
A/P \$ 380.00

TOTAL VENDOR DISBURSEMENTS: \$ 126,225.71

PAYROLL FOR DECEMBER 09, 2022

TOTAL PAYROLL AMOUNT:

P/R \$ 352,912.95
\$ 352,912.95

TOTAL AMOUNT FOR APPROVAL: \$ 479,138.66

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
BUILDING MAINTENANCE	170	BUILDING SUPPLIES/PARTS	53610	TOTAL MAINTENANCE SOLUTIONS	3620	INV65660	MISC PARTS - DIAPHRAGM	205.29	
			53610	AGUIRRE SHAWN	92020	QB4159	MAINT- MISC PARTS & SUPP	12.13	
			53640	GULF COAST PAPER CO INC	2619	2308044	CREDIT FOR AEROSOL CLEANER		76.88
		JANITOR SUPPLIES	53640	GULF COAST PAPER CO INC	2619	2308991	AEROSOL CLEANER	76.88	
			53640	GULF COAST PAPER CO INC	2619	2316934	VACUUM, TOWELS	767.79	
			65454	RAIN SEAL MASTER ROOFING	6846	11302022	ROOF REPAIRS	1,595.05	
		REPAIRS-COURTHOU... AND JAIL	65454	TOUNGATE WORTH HYDROCHEM	88670	26383	WATER TREATMENT	300.00	
			65455	POWER ELECTRIC LLC	2927	1640	ELECTRICAL WORK - ANNEX II	1,269.50	
			66192	AT&T MOBILITY	5209	3615502...	MAINT 11/12 ACCT# 287022659855 TELEPHONE SVC	287.78	
		UTILITIES-AG BLDG/FAIRGROUNDS	66602	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	4,039.11	
			66602	REPUBLIC SERVICES #847	8897	0847001...	FAIRGROUNDS 11/26 ACCT# 3-0847- 0004638 TRASH SVC	214.29	
			66604	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	5,440.18	
		UTILITIES-COURTHO... AND JAIL	66604	REPUBLIC SERVICES #847	8897	0847001...	COURTHOUSE 11/26 ACCT# 3-0847- 0004639 TRASH SVC	349.96	
			66605	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	4,940.76	
			66605	REPUBLIC SERVICES #847	8897	0847001...	JAIL 11/26 ACCT# 3-0847- 0004640 TRASH SVC	349.96	
		UTILITIES-COURTHO... ANNEX	66606	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	1,095.89	
			66621	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	334.19	
BUILDING MAINTENANCE	Total ...							21,278.76	76.88

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
COMMISSIONERS COURT	230	MISCELLANEOUS	63920	VALLEY VIEW CONSULTING LLC	8144	3512	INVESTMENT ADVISORY SVCS - QTRS 1 & 2 2022	15,086.41	
		UTILITIES-EMERG. COMMUNICATION NETWORK	66607	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	181.02	
COMMISSIONERS COURT	Total ...							15,267.43	0.00
COUNTY AUDITOR	190	DUES	54020	TEXAS ASSOCIATION OF COUNTIES	2924	77824	AUDITOR - 2022 TACA DUES FOR (5)	415.00	
		MACHINE MAINTENANCE	63500	ABILA INC	95	1050100...	AUDITOR 11/22 MIP MAINT & SUPPORT	9,921.39	
COUNTY AUDITOR	Total ...							10,336.39	0.00
COUNTY COURT-AT-LAW	410	COURT REPORTER-SUBSTITU...	61490	HILL & ROMERO	7087	141557	CRT AT LAW #1 - CRT REPORTING SVC	470.00	
		MACHINE MAINTENANCE	63500	XEROX CORPORATION	9001	0175780...	COPIER LEASE	72.49	
		TRAINING-REGISTRA... FEES	66322	TEXAS ASSOCIATION OF COUNTIES	2924	330711	REG - CRT ASSIST CONF - SAN MARCOS 2/15-17/23 - K. KARTCHNER	125.00	
COUNTY COURT-AT-LAW	Total ...							667.49	0.00
COUNTY TREASURER	210	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	28949913	TREASURER - TONER, MISC OFF SUPP	500.01	
		MACHINE MAINTENANCE	63500	DEWITT POTH & SON LLC	3379	7002590	TREASURER - COPIER COUNT	69.22	
			63500	PITNEY BOWES GLOBAL FIN. SERV.	6268	3316644...	POSTAGE METER LEASE - 1ST QTR 2023	372.00	
COUNTY TREASURER	Total ...							941.23	0.00
DISTRICT CLERK	420	GENERAL OFFICE SUPPLIES	53020	COASTAL OFFICE SOLUTIONS, INC	9063	OE378621	DIST CLK - COMPUTER MOUSE, MOUSE PADS	102.83	
		EQUIPMENT-STAMP/... MACHINE	72700	PITNEY BOWES GLOBAL FIN. SERV.	6268	3316623...	LEASING & VALUE MAX CHARGES	383.25	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
DISTRICT CLERK	Total ...							486.08	0.00
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	DOWNING GILLIAM LAW PLLC	4062	2022264	DIST CRT - CAUSE# 22-PF-0079-DC M. REYNA	75.00	
DISTRICT COURT	Total ...							75.00	0.00
EMERGENCY MEDICAL SERVICES	345	SUPPLIES/OPERATING EXPENSES	53980	CREATIVE PRODUCT SOURCE INC	223	CP10972...	EMS - CALCO EMS PENS - CREW MEMBERS	418.70	
			53980	BOUND TREE MEDICAL, LLC	412	84762738	EMS - O2 REGULATOR	39.59	
			53980	BOUND TREE MEDICAL, LLC	412	84762739	EMS - IV SODIUM CHLORIDE	880.40	
			53980	BOUND TREE MEDICAL, LLC	412	84762740	EMS - IV DEXTROSE, FLUSH SYRINGES	408.06	
			53980	BOUND TREE MEDICAL, LLC	412	84764193	EMS - PEDI & ADULT NIBP CUFFS	446.32	
			53980	BOUND TREE MEDICAL, LLC	412	84767522	EMS - COMBAT TOURNIQUETS	273.50	
			61080	ADVANCED HEALTH EDUCATION	3686	AHEC43...	TRAINING ON ULTRASOUND EQUIP	7,650.00	
			63530	LIMITLESS OFF-ROAD	40000	6896	EMS - TURBO ACTUATOR - M5	1,371.00	
			66505	MATTHEW HINDS	EMI137	PO3451...	REIMB - TX EMS CONF - 11/20-23/2022	190.00	
			66505	WERLAND MICHAEL	EMI143	PO3451...	REIMB- TX EMS CONF- 11/18-19/2022	131.25	
			66505	ABLES BEVERLIE	EM916	PO3451...	REIMB - TX EMS CONF - 11/20-23/2022	215.00	
			66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	1,346.28	
			66600	VICTORIA ELECTRIC COOP	8205	9870170...	EMS 11/22 ACCT# 987017-001 KWH 3100- SOUTH STATION	386.46	
			66600	REPUBLIC SERVICES #847	8897	0847001...	EMS 11/26 ACCT# 3-0847- 0004637 TRASH SVC	174.53	
			67120	ALLAN'S WRECKER SERVICE INC	86	144462	EMS - TOW M5 - ROCKPORT TO CNTRL STATION	557.00	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MEDICAL SERVICES	Total ...							17,472.30	0.00
		CAPITAL OUTLAY	70750	COMPEX SECURITY PRODUCTS INC	178	INV3006...	M3 NARCOTICS, WIFI NETWORK CABINET/ FRIDGE LOCK KIT	2,984.21	
EXTENSION SERVICE	110	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	29050236	EXT SVC - POST-ITS, COFFEE, PENS, CALENDARS, MISC OFF SUPP	204.38	
		PROGRAM SUPPLIES	53020	QUILL LLC	6602	29060414	EXT SVC - HEATER	89.99	
		TELEPHONE SERVICES	53310	LYSSY KAREN	cm109	PO11011...	EXT SVC - REIMB - PROGRAM SUPP - 4H, FCH	35.96	
			66192	MCI MEGA PREFERRED	5035	POMCH...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	3.27	
EXTENSION SERVICE	Total ...							333.60	0.00
FIRE PROTECTION-SIX MILE	695	UTILITIES	66600	VICTORIA ELECTRIC COOP	8205	9812700...	6 MILE VFED 11/22 ACCT# 981270-022 KWH 882	129.99	
FIRE PROTECTION-SIX MILE	Total ...							129.99	0.00
INFORMATION TECHNOLOGY	275	UTILITIES-117 W. ASH ST. BUILDING	66609	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	196.87	
			66609	REPUBLIC SERVICES #847	8897	0847001...	IT 11/26 ACCT# 3-0847-0004634 TRASH SVC	36.13	
INFORMATION TECHNOLOGY	Total ...							233.00	0.00
JAIL OPERATIONS	180	JAIL MAINTENANCE/SUPP...	53420	BEN E KEITH-SAN ANTONIO	527	76723108	SANITIZER, DETERGENT, INMATE GROCERIES	108.17	
		GROCERIES	53955	BEN E KEITH-SAN ANTONIO	527	76723108	SANITIZER, DETERGENT, INMATE GROCERIES	2,918.31	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
JAIL OPERATIONS	Total ...							5,717.06	0.00
JUSTICE OF PEACE-PRECINCT #1	450	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	28814411	JP1 - TONER, PARTITION FOLDERS	498.93	
JUSTICE OF PEACE-PRECINCT #1	Total ...							498.93	0.00
JUSTICE OF PEACE-PRECINCT #3	470	TELEPHONE SERVICES	66192	MCI COMM SERVICE	3181	5P82989...	JP3 11/19 ACCT# 5P829898 LONG DIST SVC	28.94	
		UTILITIES	66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	40.42	
JUSTICE OF PEACE-PRECINCT #3	Total ...							69.36	0.00
JUSTICE OF PEACE-PRECINCT #4	480	TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMC11...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	0.33	
JUSTICE OF PEACE-PRECINCT #4	Total ...							0.33	0.00
JUSTICE OF PEACE-PRECINCT #5	490	TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMC11...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	3.35	
		TRAVEL IN COUNTY	66476	GREGORY JANA	EM142	PO717	JP5 - REIMB - IN COUNTY TRAVEL	187.50	
		UTILITIES	66600	VICTORIA ELECTRIC COOP	8205	5292700...	JP5 11/22 ACCT# 52927-001 KWH 365	70.21	
JUSTICE OF PEACE-PRECINCT #5	Total ...							261.06	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
JUVENILE COURT	500	JUVENILE ASSIGNED-ATTORNEY FEES	63070	SMITH JAMES	72500	20222222	JUV CRT - CAUSE# 2021-JUV-0022-CC	225.00	
			63070	SMITH JAMES	72500	20222223	JUV CRT - CAUSE# 2022-JUV-0007-CC	225.00	
			63070	SMITH JAMES	72500	20222224	JUV CRT - CAUSE# 2022-JUV-0030-CC	225.00	
JUVENILE COURT	Total ...							675.00	0.00
LIBRARY	140	PHOTO COPIES/SUPPLIES	53030	XEROX CORPORATION	9001	0175780...	PT LAVACA LOC-COPIER LEASE	99.69	
			53030	XEROX CORPORATION	9001	0175780...	POINT COMFORT LOC-COPIER LEASE	71.71	
		TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMCII...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	9.00	
		UTILITIES-MAIN LIBRARY	66610	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# KWH 247149	1,408.76	
		UTILITIES-SEADRIFT LIBRARY	66622	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# KWH 247149	564.10	
			66622	CITY OF SEADRIFT	862	1253/1122	SEA LIBRARY 11/30 ACCT# 1253 WATER	97.25	
		BOOKS & PRINT MATL-LIBRARY	70550	CENGAGE LEARNING, INC.	26020	79657736	LIBRARY - (2) BOOKS	61.58	
			70550	CENGAGE LEARNING, INC.	26020	79664009	LIBRARY - (3) BOOKS	62.97	
			70550	CENGAGE LEARNING, INC.	26020	79664055	LIBRARY - (4) BOOKS	83.96	
			70550	CENGAGE LEARNING, INC.	26020	79664506	LIBRARY - (3) BOOKS	62.22	
			70550	CENGAGE LEARNING, INC.	26020	79670297	LIBRARY - (2) BOOKS	51.73	
			70550	CENGAGE LEARNING, INC.	26020	79670578	LIBRARY - (3) BOOKS	72.72	
			70550	CENGAGE LEARNING, INC.	26020	79671021	LIBRARY - (2) BOOKS	38.92	
			70550	CENGAGE LEARNING, INC.	26020	79671102	LIBRARY - (2) BOOKS	46.48	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
LIBRARY	Total ...							2,731.09	0.00
MISCELLANEOUS	280	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615536...	MUSEUM 11/22 ACCT# 361-553-6868 - 083005-5 TELEPHONE SVC	56.62	
			66192	MCI MEGA PREFERRED	5035	POMC11...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	243.51	
MISCELLANEOUS	Total ...							300.13	0.00
MUSEUM	150	UTILITIES-MUSEUM	66612	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH247149	351.22	
MUSEUM	Total ...							351.22	0.00
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO120522	CALCO - DECEMBER 2022 PREMIUMS	1,766.54	
		ACCRUED INSURANCE-LIFE/LO... TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO1205...	CALCO - DECEMBER 2022 PREMIUMS	1,292.31	
		DUE TO JP COLLECTIONS ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	260852	JP1 - OCTOBER 2022 COLLECTION FEES	67.50	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	262028	JP1 - NOVEMBER 2022 COLLECTION FEES	1,016.14	
NO DEPARTMENT	Total ...							4,142.49	0.00
ROAD AND BRIDGE-PRECINCT #1	540	GASOLINE/OIL/DIESE...	53540	NEW DISTRIBUTING CO INC	3638	4155422...	FUEL - 1592 GAL- DIESEL, 992 GAL- UNLEADED	8,968.65	
		INSECTICIDES/PESTI...	53630	SIMPLLOT GROWER SOLUTIONS	8197	9540017...	ENVY - 30 GALS	840.00	
		SUPPLIES-MISCELLA...	53992	AIRGAS USA, LLC	136	9131977...	RB1 - WELDING STRAP HEADGEAR, PIPELINER	35.63	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4138347...	RB1 - UNIFORMS	111.15	
		BLDG REPAIRS-PARKS	60370	POWER ELECTRIC LLC	2927	1635	CHOC BAYOU PARK - RELOCATE POWER - NEW WATER WELL	1,266.00	

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 12.07.22
1000 - GENERAL FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
		BUILDING REPAIRS	60520	POWER ELECTRIC LLC	2927	1634	INSTALL - NEW WATER HEATER FOR OFFICE	746.00	
		GARBAGE COLL-MAGNOLIA BEACH	62660	REPUBLIC SERVICES #847	8897	0847001...	RB1 11/26 ACCT# 3-0847-0010464 TRASH SVC	569.72	
		MISCELLANEOUS	63920	KERRI BOYD, TAX ASSESSOR	4041	1437554...	RB1 - 2022 REGISTRATION - LP1437554	7.50	
		OUTSIDE MAINTENANCE	64370	DIAMOND INSPECTIONS #2	1422	23030	RB1 - #0247 STATE INSPECTION	7.00	
		UTILITIES	66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	196.93	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-020 MARGIE TEWMEY RD KWH 1839	252.66	
	UTILITIES-PARKS		66614	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	22.17	
			66614	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-002 INDIANOLA 002 KWH 165	47.08	
			66614	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-003 INDIANOLA 003 KWH 0	32.91	
			66614	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-016 OCEAN DR 1300 KWH 517	87.78	
			66614	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-019 OCEAN DR 200 KWH 0	10.97	
			66614	VICTORIA ELECTRIC COOP	8205	9812700...	RB1 11/22 ACCT# 981270-025 CHOC BAYOU BOAT RAMP KWH 402	108.56	
ROAD AND BRIDGE-PRECINCT #1	Total ...							13,310.71	0.00
ROAD AND BRIDGE-PRECINCT #2	550	SUPPLIES-MISCELLA...	53992	GULF COAST HARDWARE LLC	63192	171098	RB2 - ACETONE, TUBING	29.16	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4138005...	RB2 - UNIFORMS	65.83	

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Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
ROAD AND BRIDGE-PRECINCT #2	Total ...	MACHINERY/EQUIPM... REPAIRS	63530	ANDERSON MACHINERY CO., INC.	13	11900V	RB2 - RUBBER TIRE ROLLER - FILTER, GASKET, SOCKET	5,147.79	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	23032	RB2 - STATE INSPECTION - LP# 1346044	7.00	
		UTILITIES	63920	DIAMOND INSPECTIONS #2	1422	23033	RB2 - STATE INSPECTION - LP# 1317806	7.00	
			66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	14.14	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB2 11/22 ACCT# 981270-007 KWH 0- HWY 87 & KLINK	10.97	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB2 11/22 ACCT# 981270-010 KWH 0- SCHOOL & HOLLOMAN	10.97	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB2 11/22 ACCT# 981270-013 KWH 677- PARK ST	168.77	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB2 11/22 ACCT# 981270-017 KWH 1703- FM 1090 5812	259.93	
			66600	VICTORIA ELECTRIC COOP	8205	9812700...	RB2 11/22 ACCT# 981270-027 KWH 973- FM 1090 5812	140.51	
								5,862.07	0.00
ROAD AND BRIDGE-PRECINCT #3	560	SUPPLIES-MISCELLA...	53992	GULF COAST HARDWARE, LLC	63193	171255	RB3 - SPRAYER, SIPHON PUMP	73.98	
		TRAVEL OUT OF COUNTY	53992	AGUIRRE SHAWN	92020	QB4284	RB3- FLANGE & BOLTS	19.45	
			66498	ZARATE RUBEN	2977	POS601...	REIMB- GAS TO PICK UP BRUSH TRUCK FROM SAN ANTONIO	60.00	
		UTILITIES	66600	JACKSON ELECTRIC COOP, INC.	3802	3098001...	RB3 11/18 ACCT# 3098001 KWH 2019 BLDG# 2	289.13	
			66600	JACKSON ELECTRIC COOP, INC.	3802	3098002...	RB3 11/18 ACCT# 3098002 KWH 877 BLDG# 3	182.23	

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ROAD AND BRIDGE-PRECINCT #3	Total ...							785.42	0.00
ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	GULF INTERNATIONAL LLC	2952	X501053...	RB4 - WATER TRUCK - PUMP, COOLER, GASKET	2,466.10	
		SUPPLIES-MISCELLA...	53992	CINTAS CORPORATION LOC. 083	958	4137856...	RB4 - MISC SUPP	16.44	
		TELEPHONE SERVICES	66192	MCI MEGA PREFERRED	5035	POMCII...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	3.38	
		UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4137856...	RB4 - UNIFORMS	91.99	
		UTILITIES	66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	803.11	
		UTILITIES-PARKS	66614	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	16.24	
ROAD AND BRIDGE-PRECINCT #4	Total ...							3,397.26	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	GULF COAST HARDWARE, LLC	63195	170984	SO - BATTERIES	15.98	
		LAW ENFORCEMENT SUPPLIES	53430	GALLS LLC	2614	0226470...	FLASHLIGHT CONES, 2- VESTS, 2- RAINCOATS, SHIPPING	445.28	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0080066	SO - TIRES - U45, U47	1,056.00	
		UNIFORMS	53995	GALLS LLC	2614	0226120...	UNIFORMS	166.32	
			53995	GALLS LLC	2614	0226470...	FLASHLIGHT CONES, 2- VESTS, 2- RAINCOATS, SHIPPING	232.00	

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Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
AUTOMOTIVE REPAIRS			60360	KNEUPPER CARROLL	3678	30428	SO - OIL CHANGE #01	110.06	
			60360	O'REILLY AUTO PARTS	5803	0575276...	WIPER BLADES - U01	25.58	
			60360	O'REILLY AUTO PARTS	5803	0575276...	WIPER BLADES - OSC11	66.48	
			60360	AUTO ZONE	6	3512389...	SO - RED LENS REPAIR - U45	4.51	
MISCELLANEOUS			63920	GALLS LLC	2614	0226470...	FLASHLIGHT CONES, 2-VESTS, 2- RAINCOATS, SHIPPING	32.92	
TELEPHONE SERVICES			66192	MCI MEGA PREFERRED	5035	POMC11...	CALCO 11/19 ACCT# 08615304863 - LONG DISTANCE SVC	5.96	
SHERIFF	Total ...							2,161.09	0.00
WASTE MANAGEMENT	380	UTILITIES	66600	VICTORIA ELECTRIC COOP	8205	9814860...	WASTE MGMT 11/22 ACCT# 981486-002 KWH 144	79.88	
			66600	VICTORIA ELECTRIC COOP	8205	9814860...	WASTE MGMT 11/22 ACCT# 981486-003 KWH 248	56.68	
			66830	LIBERTY TIRE RECYCLING LLC	4720	2390332	WASTE MGMT - (219) TIRES OFF THE RIM	662.48	
WASTE MANAGEMENT	Total ...							799.04	0.00

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 2610 - AIRPORT FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	UTILITIES	66600	CAVALLO ENERGY TEXAS LLC	2112	2233300...	CALCO 11/29 ACCT# 155279 KWH 247149	269.28	
NO DEPARTMENT	Total ...							269.28	0.00

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 2670 - COURTHOUSE SECURITY FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	EQUIPMENT SECURITY	72545	BOSART LOCK & KEY INC	486	125161	COURTHOUSE SEC- 4- KEY CORES, 50- KEYS (MIN ORDER), FREIGHT	835.00	
		72545		VCS SECURITY SYSTEMS, INC.	8244	250503	COURTHOUSE SEC- REMOTE LOCK- RECORDS ROOM	2,109.13	
NO DEPARTMENT	Total ...							2,944.13	0.00

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2716 - GRANTS FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO120522	CALCO - DECEMBER 2022 PREMIUMS	11.14	
		ACCRUED INSURANCE-LIFE/O... TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO1205...	CALCO - DECEMBER 2022 PREMIUMS	12.57	
NO DEPARTMENT	Total ...							23.71	0.00

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 2736 - POC COMMUNITY CENTER

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2 RENTAL DEPOSITS	20537 20820	MASA RESENDIZ ADELITA	5569 RF252	PO120522 0958	CALCO - DECEMBER 2022 PREMIUMS POC CC - REFUND DEPOSIT	1.32 350.00	
NO DEPARTMENT	Total ...							351.32	0.00

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 2738 - RECORDS MANAGEMENT FUND COUNTY CLERK

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	EQUIPMENT-SOFTWA...	72660	TYLER TECHNOLOGIES INC	5950	0254005...	SAAS - FLIP W/ ADDONS - 10/26-31/2022	1,462.50	
			72660	TYLER TECHNOLOGIES INC	5950	0254012...	SAAS - FLIP W/ ADDONS - 10/24-31/2022	1,837.50	
NO DEPARTMENT	Total ...							3,300.00	0.00

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 5150 - CAPITAL PROJECTS ROAD BRIDGE INFRASTRUCT

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	EMERGENCY ROAD RECONSTRUCTION	71235	ANDERSON MACHINERY CO., INC.	13	R50010	CAP PROJ - RB INFRAST RENT-TANDEM ROLLER - 11/21-12/18/2022	4,058.19	
NO DEPARTMENT	Total ...							4,058.19	0.00

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 7750 - MISCELLANEOUS CLEARING FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO OTHER GOVERNMENTS	20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2022...	TAX A/C 11/22 TAX COLLECTIONS - NOVEMBER 2022	207.19	
			20749	CALHOUN CO. WATER CONTROL	895	PO2022...	TAX A/C 11/22 TAX COLLECTIONS - NOVEMBER 2022	164.58	
NO DEPARTMENT	Total ...							371.77	0.00

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9200 - JUVENILE PROBATION FUND

Dept Title	Dept ...	GL Title	GL Code	Vendor Name	Vendor ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS2	20537	MASA	5569	PO120522	CALCO - DECEMBER 2022 PREMIUMS	23.00	
		ACCRUED INSURANCE-LIFE/O... TERM CARE	20568	COMBINED INSURANCE, A CHUBB	542	PO1205...	CALCO - DECEMBER 2022 PREMIUMS	45.74	
		TELEPHONE SERVICES	66192	AT&T MOBILITY	5209	3615539...	JUV PROB 11/22 ACCT# 287295876979 - TELEPHONE SVC	358.48	
NO DEPARTMENT	Total ...							427.22	0.00
Report Total								120,029.15	76.88