



SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) BOARD MEETING

AGENDA



*Regular Meeting of the SFRAC Board of Directors
Friday, January 30, 2026, 2:00 p.m. to 4:00 p.m.
Laredo Medical Center, 1700 E. Saunders, 1st Floor,
Community Center Rm. Laredo, Texas, 78041*

AGENDA

26-19 Item 26-19 Call to Order – Chairman, Jorge Delgado
a. Roll Call
b. Introduction of Guests:

26-20 (Tab 1) Item 26-20: Presented to the Board for Review and Possible Action is the Approval of the Minutes to the SFRAC Board meeting held September 24, 2025 - Chairman.

26-21 (Tab 2) Item 26-21: Presented to the Board for Discussion and Possible Action is the Approval of the SFRAC Committees Reports – Chairman.

Trauma/Injury Prevention Committee (Chairman: Letisia Colon; Vice-Chairman: Joe Gonzalez)

EMS/Prehospital Committee: (Chairman: Victor Villarreal; Vice-Chairman: Angel Garcia)

Neonatal/NICU Committee (Chairman: Angelica Perez; Vice-Chairman: Lilly Limas)

Maternal Committee (Chairman: Maria Santillan; Vice-Chairman: Stacey Lopez)

Stroke Committee: (Chairman: Chantelle Molina; Vice-Chairman: Angie Avila)

Cardiac/STEMI Committee: (Chairman: Claudia Amaya; Vice-Chairman: Rosie Tamez)

26-22 (Tab 3) Item 26-22: Presented to the Board for Review and Possible Action is the Approval of the SFRAC Bank Fund Balance/Accounts Statement Report, and Expense Report for the Period of September 11, 2025, thru January 9, 2026 – Chairman.

26-23 (Tab 4) Item 26-23: Presented to the Board for Review and Possible Action is the Ratification to Approve the Submittal of the 1st Quarter Financial Reports as Submitted to the Texas Department of State Health Services Covering the EMS RAC, System Development, and Exceptional Items Programs – Chairman.



26-24 (Tab 5) Item 26-24: Presented to the Board for Review and Possible Action is the Approval and Authorization to Implementation Changes, Additions, Revisions, and Deletions to the Seven Flags Regional Advisory Council (SFRAC) By-Laws in Accordance with S.M.A.R.T. Goals Identified on the RAC Self-Assessment Conducted in Fiscal Year 2025 – Chairman.

26-25 (Tab 6) Item 26-25: Presented to the Board for Review and Possible Action is the Approval and Authorization to Form and Implement the Seven Flags Regional Advisory Council Performance Improvement (P.I.) Committee and Acceptance of its Core Members – Chairman.

26-26 (Tab 7) Item 26-26: Other Business

- a. Report on the FY26 Membership Summary (i.e., Membership Fees and Document Submittals) - SFRAC Administrator.
- b. Report on Activity Carried Out by the Forming Performance Improvement Committee on Delayed Transfer Times – Rhonda Stewart, Health Access.
- c. Report on the Purchase of Additional EMS Wristbands – SFRAC Administrator/Joe Gonzalez.
- d. 2024 EMS/Trauma Registry Reported Data.
- e. Release of the FY26 EMS County Assistance (Deadline: April 31st), System Development (Deadline: May 31st), and Exceptional Item (E.I.) Funds (Deadline: June 30th).
- f. Hospital Preparedness Program Announcement/Reports.
- g. DSHS to Address RAC Performance Criteria Topics

26-27 (Tab 8) Item 26-27: Communication/Correspondence – Chairman.

26-28 Item 26-28: General Announcements

26-29 Item 26-29: Next SFRAC Board meeting – Chairman.

FY25 Meeting Schedule	
Date	Location
Friday, January 30, 2026	Laredo Medical Center, 1700 E. Sauders, Laredo, Tx.
Thursday, April 30, 2026	Laredo Medical Center, 1700 E. Sauders, Laredo, Tx.
Friday, August 28, 2026	Laredo Medical Center, 1700 E. Sauders, Laredo, Tx.



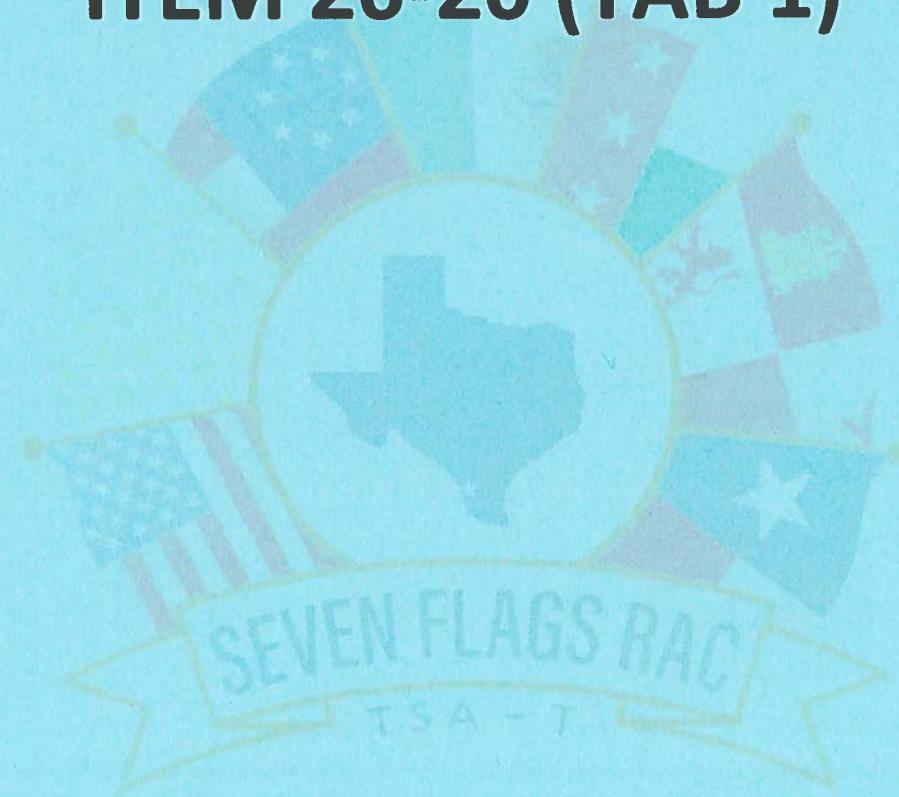
Name	Title/Location	Cell
Jorge Delgado	TSA-T Chairman	(956) 552-8080
John Keiser	TSA-T Administrator	(956) 693-0536

26-30 Item 26-30: PUBLIC COMMENT: Individuals/Organizations providing comments are required to complete a SFRAC Public Comment Sign-In Sheet. The Board asks that each presenter's comments pertain to RAC business. The public comment process and matters resulting from the process shall be directed by the Chairman. The Board will not discuss or take immediate action on any agenda or non-agenda item(s) as a result of comments presented during the meeting. The Board will hear the public comments but will not respond in the form of dialog, except to ask questions, if necessary. All information received is subject to verification. Those requesting to address the Board are granted three (3) minutes to address their topic(s). The Board has requested that no insulting, abusive or profane language be used. As each individual speaker begins his/her testimony, they must state their name for the record and state on whose behalf they are providing comments.

26-31 Item 26-31: Adjournment – Chairman.



ITEM 26-20 (TAB 1)



09-24-2025 Seven Flags Regional Advisory Council Board Meeting

Minutes of the Board Meeting — Seven Flags Regional Advisory Council (SFRAC)

- Date: Wednesday, September 24, 2025
- Start time: 2:15 p.m.
- Modality: Regular Board session
- Location: City of Laredo Health Department, 2600 Cedar Ave, Auditorium Rm., Laredo, TX. 78040
- Convener/Presiding Officer: Mr. Jorge Delgado - Chairman
- Administrator/Presenter: Mr. Keiser

Opening Remarks

Mr. Chair opened the meeting, welcomed Board members. Mr. Keiser apologized for the delay due to last-minute setup adjustments, confirmed the sign-in sheet circulation, and requested focused attention to begin formally. He emphasized that several items are regulatory in nature (quarterly submissions to Texas DSHS) and guided attendees to tabs in the board packet to follow the agenda efficiently.

Attendance Roll Call and Quorum Verification

Item 26-01:

- Entities and representatives (roll call):
 - Angel Care Ambulance: Monica Arredondo – alternate (present)
 - Bronze Star Ambulance: Victor Romano – alternate (present)
 - City of Laredo (Fire Department): Adrian Esparza – Vice-Chairman (present)
 - Doctors Hospital of Laredo: Stacey Lopez - alternate (present)
 - Laredo Medical Center: Joe Gonzalez -Treasurer (present)
 - Priority EMS: Jorge Delgado – Chairman (present)
 - Medpoint Ambulance: Juan Medellín – Director (present)
 - Webb County Volunteer Fire EMS (Absent)
 - Zapata County Fire/EMS: Gabby Gonzalez – alternate (present)
 - Victoria's Care Ambulance Service: Melva Villarreal – alternate (present; new alternate)
 - Laredo Lifeline: Gabriela Santos – alternate (present)
 - Lalitas Ambulance: Ismail Flores – director (present; late)
 - Texas Superior Ambulance: Kimberly De La Cruz – alternate (present)
 - Skyline EMS: Kevin Harris – director (present)
 - Villa Ambulance: Lorenzo Ochoa – director (present)
 - Primary Ambulance: Elisa Parra - alternate (present)

- Digni Care: Manuel Aguilera – alternate (present)
- Gateway Ambulance: (present)
- United Med Ambulance (absent)
- Jason DeLatre (absent)
- John Jones (absent)
- Quorum: Verified.

Agenda Board Action Items and Other Business

Item 26-02: Approval of Previous Minutes

- Document: Minutes of the Seven Flags RAC meeting dated August 27, 2025 (Tab 1).
- Presenter (Mr. Keiser): Invited review; no substantive comments received.
- Motion: Ms. Monica Arredondo.
- Second: Mr. Joe Gonzalez.
- Vote: Approved unanimously.

Item 26-03: Approval of the Committee Reports

- Seven Flags RAC Committee Reports (Tab 2) Committee Reports:
- Neonatal
 - Angelica Perez (Chair / Present) and Lilly Limas (Vice-Chair / Present). Reported no updates; no questions raised.
- EMS/Prehospital
 - Victor Villarreal (Chair / Absent) and Angel Garcia (Vice-Chair / Absent) Presiding Board Chairman, Mr. Jorge Delgado requested a formal email report and a request to replace chair/vice-chair for record-keeping.
 - Status: Administrative pending to formalize leadership changes. No items to report.
- Maternal
 - Maria Santilla (Chair / Present) and Stacy Lopez (Vice-Chair / Present) Reporting that Laredo Medical and Doctors Hospital will be participating in State initiatives regarding sepsis; no official new guidelines yet.
 - Status: Development ongoing; final guidance pending.
- Trauma
 - Letisia Colon (Chair / Absent) and Joe Gonzalez (Vice-Chair / Present) Mr. Gonzalez reported continuity of “Trauma Tuesdays” as informational education in ERs, moving to a quarterly cadence. Content will include real cases from the last 30 days and updates to methods for injury management. He committed to sending the calendar to all participants.
- Cardiac
 - Leadership change noted (Christina Pais no longer chair; Claudia Amaya mentioned in another meeting. Change will be made to be reflected in the January Board meeting). Rosie Tamez (Vice-Chair / Absent. No items to report.
 - Status: Leadership confirmation pending.

- Stroke
 - Chantelle Molina (Chair / Present) and Angie Avila (Vice-Chair / Absent) Ms. Molina reported on guide documents and recommendations in preparation by the GETAC Stroke Committee, including a pediatric stroke algorithm. She committed to sharing documents once ready.
 - Status: Publication and distribution pending.

Consolidated Vote on Committee Reports:

- Motion: Mr. Joe Gonzalez.
- Second: Mr. Manuel Aguilera.
- Vote: Approved unanimously.

Item 26-04: Presentation and Approval of the Financial Portfolio Report

- Document: Seven Flags RAC bank fund balance, account statement report, and expense report (Tab 3). Period: August 11, 2025, to September 10, 2025.
- Presenter (Mr. Keiser):
 - Balances and accounts:
 - EMS County Assistance: 0
 - EMS RAC Closing: 0 (pending checks handled)
 - General Fund: \$46,412.82
 - System Development Fund: 0
 - Holding Account: \$0.50
 - Total in accounts: \$58,413.32
 - Next: FY26 deposits will increase the balance in the next meeting.
 - Activity:
 - EMS County: No movements (fiscal year closed)
 - EMS RAC: 14 checks (Exceptional Item to entities; STDC administration; Health Access for self-assessment tasks completed)
 - General Fund: 1 check (GTAC travel reimbursement to Mr. Keiser)
 - System Development: 10 checks to member entities.
 - Holding Account: No activity
 - FY close:
 - Operations and obligations: Completed
 - Outstanding check #1030 (since March): Stop payment applied; amount of \$200 to be reabsorbed (to reflect in next report) into the General Fund Account.
 - System Development and Exceptional Item: Fully executed (0 remaining)
 - Appreciation: Members were thanked for diligent deposit of checks.
- Vote:
 - Motion: Mr. Ismael Flores.
 - Second: Mr. Kevin Harris.
 - Vote: Approved unanimously.

Item 26-05: Presentation and Approval of the Proposed FY2026 Operating and Grants Program Budget

Proposed FY2026 Budget (Operating and Grants Program) (Tab 4):

- Presenter (Mr. Keiser):
 - Projected revenues:
 - Memberships: \$17,337.50 (collected \$2,200 to date)
 - Fundraisers: \$0
 - EMS County Assistance (FY26): \$92,624
 - System Development (allocation): \$46,021
 - EMS RAC Exceptional Item (EI): \$150,000
 - EMS RAC Administration: \$31,750
 - Contractual expenses:
 - STDC (operational administration; quarterly payment)
 - Health Access (self-assessment implementation; state requirement; no disbursements yet)
 - Operating balance:
 - Projected operating expenses: ~\$17,000
 - Membership revenue: \$17,337 (within budget for operations)
 - Categories: mail, insurance, IRS, accounting software, etc.
 - Grant Award Distributions:
 - System Development: Equitable distribution subject to “good standing”; non-compliant shares are redistributed
 - EMS County Assistance:
 - Webb County: \$4,348.57 per entity
 - Zapata County: \$15,051 (sole provider receives total)
 - Jim Hogg County: \$16,000 (same criterion)
 - Exceptional Item (E.I.): \$4,333.30 per entity/program projected
 - E.I. modality discussion:
 - Option A: Annual distribution
 - Option B: Biennial accumulation
 - Intervention (Mr. Joe Gonzalez): Prefers annual due to varying needs (e.g., stretchers)
 - Consensus: Maintain annual distribution (do not accumulate)
- Vote:
 - Motion: Ms. Monica Arredondo (including the clause to keep E.I. distributions annually)
 - Second: Mr. Joe Gonzalez
 - Vote: Approved unanimously

Item 26-06: Presentation and Approval of Final Financial Reports to be Submitted to the State

- Q4 FY2025 Reports to Texas DSHS (Tab 5)

- Presenter (Mr. Keiser): Introduced item for review and action to approve quarterly financial reports (System Development, Exceptional Item, EMS County Assistance) for submission to DSHS.
- Vote:
 - Motion: Ms. Monica Arredondo
 - Second by Mr. Isamel Flores
 - Approved unanimously.

Item 26-07: Presentation and Approval of Annual Program Report to be Submitted to the State

- Final Annual FY2025 Report to Texas DSHS (Tab 6)
 - Presenter (Mr. Keiser): Introduced item for review and action to approve the FY25 Annual Program for submission to DSHS.
 - Annual program report for FY25 (September–August) presented for approval.
 - Includes RAC overview; changes anticipated due to self-assessment; updated board/executive rosters (e.g., Mr. Jorge Delgado, Adrian Esparza [incoming vice-chair], Mr. Joe Gonzalez [Treasurer], Reynaldo Velez [incoming secretary]); bylaws affidavit.
 - Trauma system plan to be updated in collaboration with Health Access over the next year (last update in 2021).
 - Lists designated hospitals (Laredo Medical Center, Doctors Hospital), EMS providers, first responders.
 - Pre-hospital committee roster updated to include all EMS members.
- Vote:
 - Motion: Ms. Monica Arredondo
 - Second by Mr. Joe Gonzalez
 - Approved unanimously.

Item 26-08: Presentation and Approval of Second Reading of the SFRAC FY25 By-Laws

- Second Reading — Eligibility adjustment (Agenda 26-08; Tab 7)
 - Presenter (Mr. Keiser): Expanded eligibility for officers to include members of the General Assembly (officers, directors, and alternates), validating the nomination of Mr. Esparza (an alternate at nomination time).
 - Mr. Keiser explained that no additional changes other than the eligibility adjustment on Page 11 were made to the by-laws from the first reading during the August 27, 2025, Board meeting.
 - Motion: Mr. Joe Gonzalez
 - Second: Ms. Monica Arredondo
 - Vote: Approved unanimously.

Item 26-09: Presentation and Approval of Adopting the Revised SFRAC By-Laws

- Adoption of By-Laws Changes (Agenda 26-09; Tab 8)
 - Presenter (Mr. Keiser): Presented the formal adoption of changes with signatures and adoption date of September 24, 2025.
 - Motion: Mr. Monica Arredondo.
 - Second: Mr. Ismael Flores.
 - Vote: Approved unanimously.

Item 26-10: Presentation and Approval of the Installation of SFRAC Board Officers

- Installation of Officers (FY2026–FY2027) (Agenda 26-10)
 - Period: Sept 1, 2025 – Aug 31, 2027.
 - Officers:
 - Vice Chairman: Mr. Adrian R. Esparza
 - Secretary: Mr. Reynaldo Velez
 - Motion: Mr. Joe Gonzalez.
 - Second: Mr. Manuel Aguilera.
 - Vote: Approved unanimously.

Item 26-11: Presentation and Approval of New Membership Request

- Texas Ambulance Response Team (Agenda 26-11; Tab 9)
 - Presenter (Mr. Keiser): Presented Texas Ambulance Response Team's request for voting membership; confirmed local operation (no out-of-area affidavit/certification needed). Representative Mr. Soto present.
 - Motion: Mr. Joe Gonzalez.
 - Second: Mr. Manuel Aguilera.
 - Vote: Approved unanimously.

Item 26-12: Presentation and Approval to Procure Texas Wristband for Trauma Systems' Deployment in the SFRAC Region

- Texas Wristbands (Pulsara/DSHS Standards) (Agenda 26-12; Tab 10):
 - Presenter (Mr. Keiser): Current inventory low; new state specs aligned with Pulsara and DSHS (effective September 1). TX suppliers: PDC and Zebra (variants illustrated "top" and "bottom/next-gen").
 - Intervention (Nathan Rubio): Recommended next-gen ("bottom") wristband with detachable barcode to affix to patient records, aiding hospital traceability; confirmed suitability from recent airport exercise.
 - Decision: Adopt next-gen model; continue using original stock until exhausted; urgent purchase due to agencies out of stock.
 - Motion: Ms. Monica Arredondo.
 - Second: Mr. Manuel Aguilera.
 - Amendment: Purchase 58,000 wristbands for the region (unit count, not dollar amount).

- Vote: Amended Motion Approved unanimously.
- Operational message: Agencies with surplus should support those without maintaining minimum reserves for state inspections.

Item 26-13: Other Business

- Membership Dues (information update):
 - Presenter (Mr. Keiser): FY25 closeout shows all members in good standing (no two consecutive absences) except prior removal of Capital Care. FY26 start: Laredo Medical Center, Laredo Lifeline, Skyline, Digni Care, and United Med have submitted required documents and/or dues. Reminder: RAC dues must be paid before March 1.
- FY26 Phase II RAC Self-Assessment Program Implementation (information update):
 - Presenter (Ms. Rhonda Stewart, Health Access).
 - Health Access (Rhonda Stewart and team) will guide implementation of self-assessment SMART goals through August 2026 (end-of-year submission targeted).
 - Establish a Performance Improvement (PI) Committee covering all components; initial focus on EMS and trauma to address Phase I deficiencies.
 - Bylaw edits to define committee roles/responsibilities and reporting requirements; compare with other Texas RACs and DSHS guidance.
 - Robust system plan updates with protocols and documentation; Excel-based internal tracker listing indicators  , SMART goals, measures, notes, recommendations.
 - Engagement in mix of in-person/virtual meetings; Health Access team continuity (Stacy via Zoom; Shawnee involved).
 - Mr. Keiser commented on the self-assessment framed structure akin to GETAC; committees execute tasks and report back to the principal Board/Council.
- Hospital Transfer Time Performance Improvement (Initial Information Sharing):
 - Statewide initiative led by DSHS/GTAC (Dr. Flaherty) to track delayed transfers starting with trauma; may extend to stroke.
 - PI tool provided (spreadsheet with ~15–20 elements) to capture transfer process times.
 - Roles for data compilation (hospital vs. RAC vs. state) not yet defined.
 - Planned engagement with DSHS to clarify expectations, timeline, affected parties, and private EMS inclusion.
 - Goal: Root-cause identification (hospital delays vs. EMS availability) and potential funding justification.
 - Mr. Keiser will meet with hospitals (Joe Gonzalez and Letisia Colón) and DSHS to clarify requirements, timeline, and data compilation responsibilities; aims for update by January board meeting; earlier guidance by early October.
- Hospital Preparedness Program Announcements and Mass Casualty Incident (MCI) After-Action Reporting/ (Airport Exercise)
 - Presenter (Mr. Nathan Rubio, Hospital Preparedness Program, Coastal Bend RAC):
 - Reported on airport disaster exercise (Thursday the 18th of September 2025); emphasized the After-Action Report (AAR) to justify program growth and capability improvements. Hospital prepared a tracking template; evaluators included Fire. Commitment to finalize AAR “next week,” share videos, and co-present with

aeromedical team on October 16 (Coalition meeting held every third Thursday of the month; invites via Mr. Keiser and RAC).

- Lessons and next steps: Strengthen mutual aid protocols (Dispatch vs. RAC), encourage annual MCI drill led by Laredo Fire Dept with private sector support, enable/standardize Pulsara onboarding.

Item 26-14: Communications/Correspondence

- Communications and Correspondence Updates
 - Presenters (Mr. Chair & Mr. Keiser): Reported on communication received by DSHS Registry and Data Section regarding NEMESIS critical patch 5 — use “biological sex” (male/female) rather than “patient gender” in EMS records. Noted via email and kept as an agenda item for confirmation.
 - Laredo Medical Center completed Stroke Level 3 designation and granted certification. Congratulations issued by Mr. Chair.

Item 26-15: General Announcements

- City Ambulance Inspection Ordinance & Annual Fees
 - Commenter (Chief Robert Gonzalez):
 - City considers reactivating an ordinance for annual ambulance inspections and fees (historically active 15–18 years; suspended during pandemic). Inspection scope similar to DSHS checklist; fees would be additional. He will review and send the text to Mr. Keiser for distribution; clarity requested to avoid duplication and surprise charges.
 - Administration/Member responses: Sought details and coordination with state obligations; requested alignment with annual cycles.
 - No enforcement yet; decision to gather ordinance details and disseminate before action.
- State Whole Blood Program
 - Commenter (Mr. Keiser):
 - State (DSHS) consolidated outcomes of a \$10M Whole Blood Program levels of participation; the SFRAC region was the only region in the state not participating. Requirement: 9-1-1 responders (Skyline, Angel Care, Zapata, Laredo EMS). Suggested re-evaluating participation to avoid reputational impact and improve clinical and trauma systems’ outcomes (life-saving). If funding reopens, prepare capabilities and potential partnerships between EMS and hospital.
 - Some entities had expressed interest but did not qualify (must be 911 responders). LMC disqualified without EMS participation in the program within the region. Potential and most viable participants include Skyline, Angel Care, Zapata, Laredo, as 911 responders in the region.

Item 26-16: Next SFRAC Board Meeting

- Next RAC Board meeting: Friday, January 30; location TBD.

Item 26-17: Public Comments

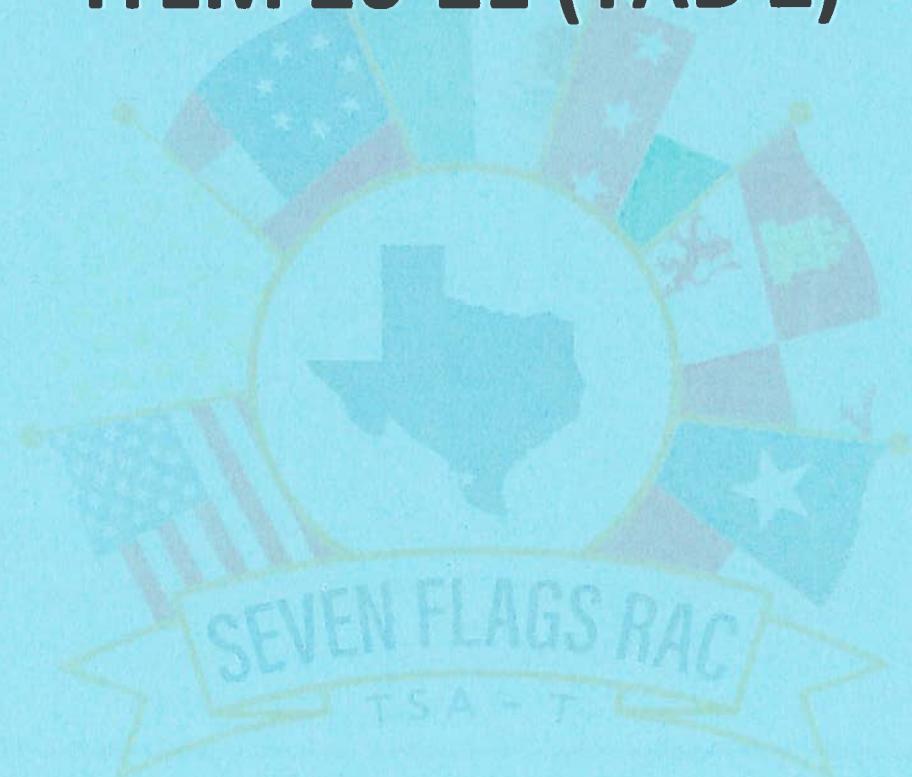
- Public comment: None registered.

Item 26-18: Adjournment

- Motion to adjourn: Monica Arredondo and Joe Gonzalez; second; approved unanimously.
- Closing time: 3:56 p.m.



ITEM 26-21 (TAB 2)



FY26 TRAUMA / INJURY PREVENTION COMMITTEE

CHAIRMAN:

LETICIA COLON
(DOCTORS)

Present: Absent: Present: Absent:

MEETING DATE:

January 30, 2026

VICE-CHAIRMAN:

JOE GONZALEZ
(LMC)

Present Absent

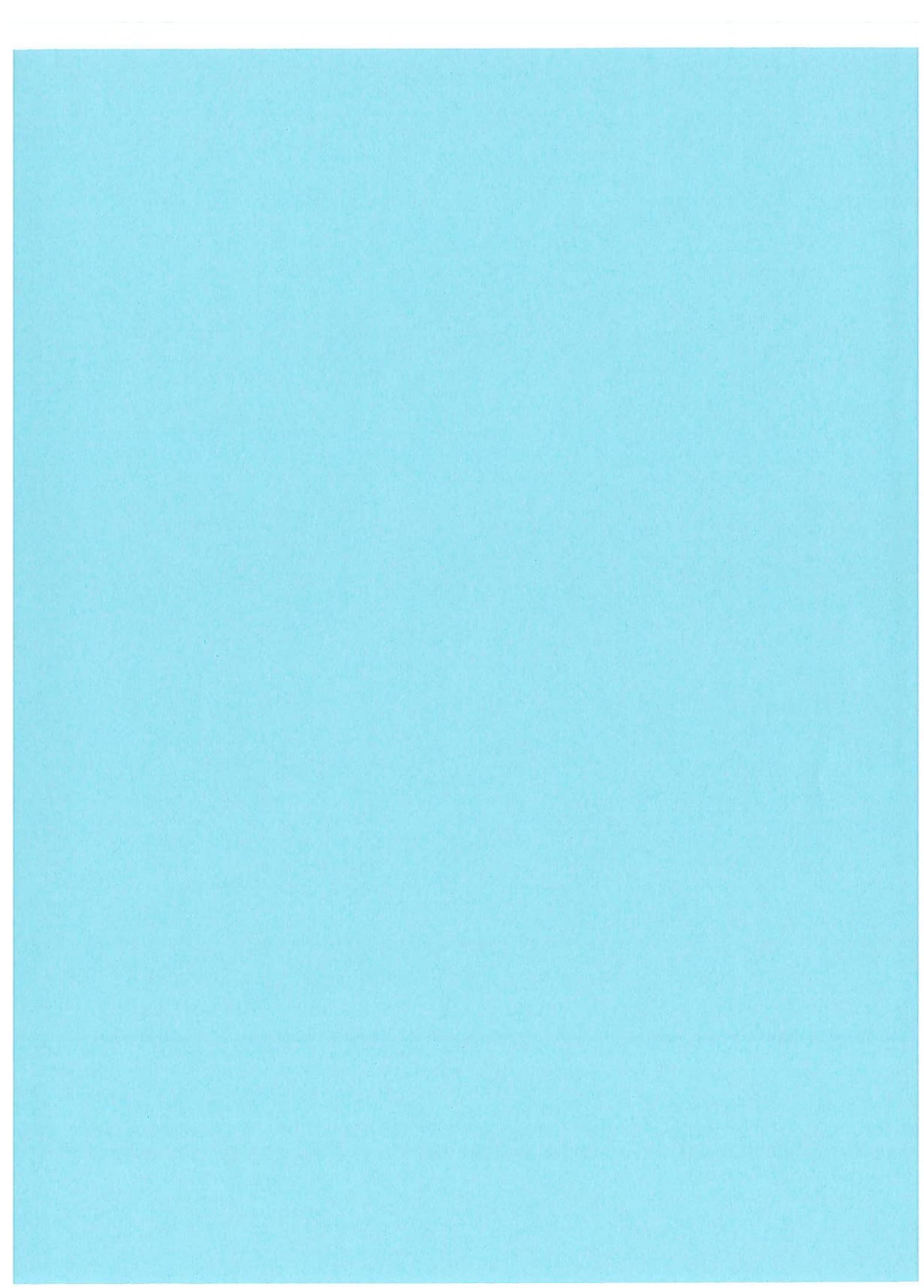
TRAUMA MEDICAL DIRECTOR (LMC): **TRAUMA MEDICAL DIRECTOR (DOCTORS):**

Dr. Roberto Gomez Vasquez

Dr. Adolfo Diaz

Present Absent Present Absent

*Laredo Medical Center
Ave., Laredo Tx.
78040*



FY26 EMS / PRE-HOSPITAL COMMITTEE

CHAIRMAN:

**VICTOR VILLARREAL
(VICTORIOUS CARE)**

Present: Absent

**MEETING DATE:
JANUARY 30, 2026**

VICE-CHAIRMAN:

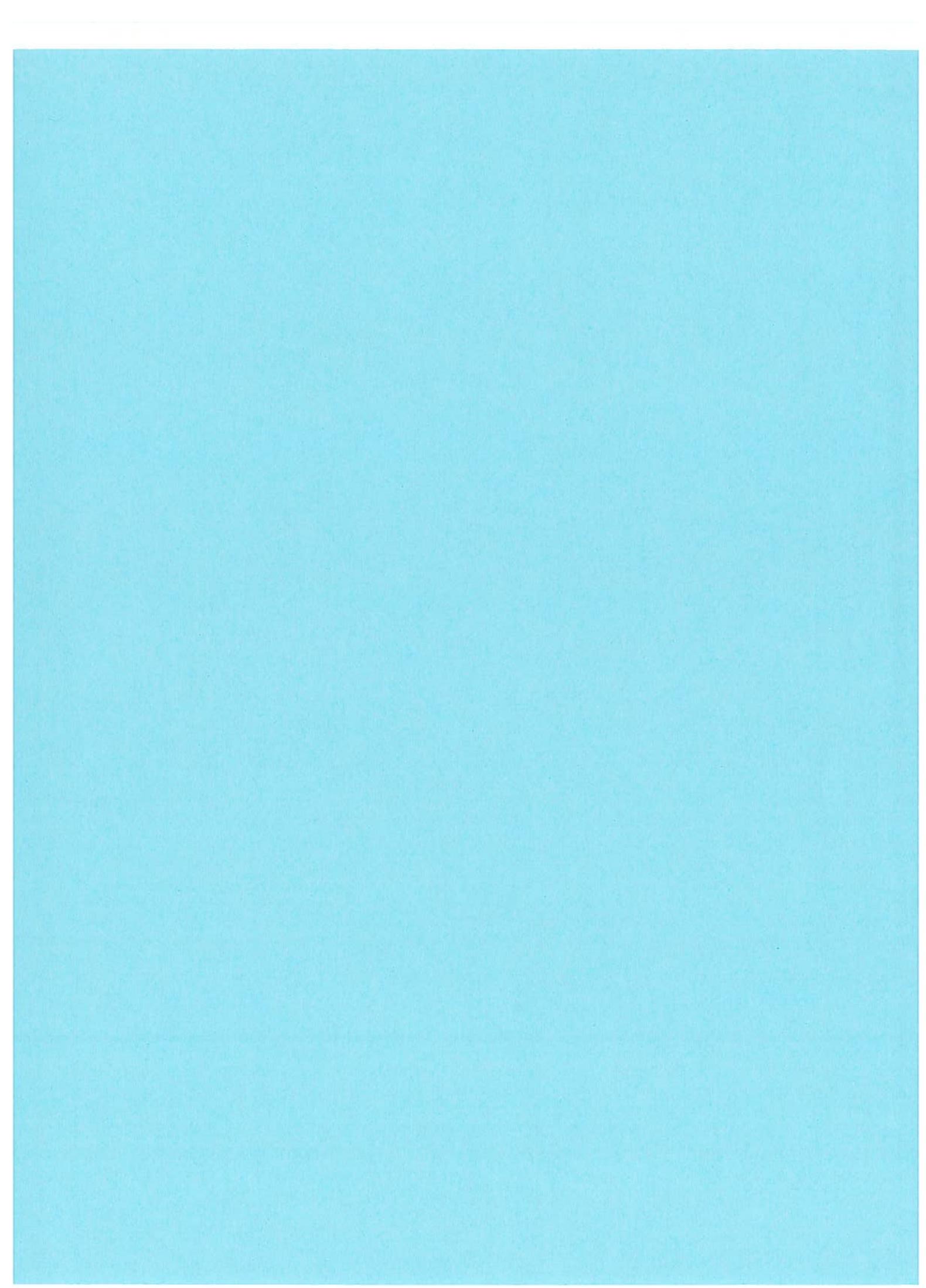
**MONICA ARREDONDO
(ANGEL CARE)**

Present Absent

LAREDO TX. 78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Peter Gonzalez	Board Director	Laredo Lifeline, LLC.	956-251-3787	lifelinepeter@yahoo.com
Reynaldo Veliz	Board Director	Angel Care Ambulance Service	956-725-7484	angelcareambulance@gmail.com
Hector M. Medina Jr.	Board Director	BronzeStar Ambulance Service	956-712-3667	bronzestaramb@yahoo.com
Letisia Colon	Board Director	Doctors Hospital of Laredo	956-523-2193	letisia.colon@uhsinc.com
Jorge Delgado	Board Officer, Chairman	Priority EMS	956-251-5318	admin@PriorityEMSTX.com
Jose "Joe" Gonzalez	Board Officer, Treasurer	Laredo Medical Center	956-796-2309	jose_gonzalez@chs.net
Juan Medellin	Director	Medpoint Ambulance	956-728-7707	ldomed1@yahoo.com
Ramiro Elizondo	Board Director	Webb County Volunteer Fire/EMS	956-523-5700	ramelizondo@webbccountytx.gov
Daniel Arriaga	Board Director	Zapata County Fire/EMS Department	956-765-9942	firepolice114@gmail.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Victor Villarreal	Board Director	Victorious Care Ambulance Service	956-568-1178	victoriuscareambser@hotmail.com
Rene Castillo	Board Director	Lalitas Ambulance Care	956-516-4499	rc.lalitasamb@outlook.com
Gustavo A. Martinez	Board Director	Lonestar Ambulance Service, INC	956-348-0632	gmartinez@lonestarambulance.net
Gilberto Guardiola	Board Director	Texas Superior Ambulance Service	956-568-3380	txsuperioramb@outlook.com
Kevin Harris	Board Director	Skyline EMS	956-682-7222	skyline.ems@gmail.com
Lorenzo A. Ochoa	Board Director	Villa Ambulance Service	956-568-2916	villaambulance@gmail.com
Armando Parra	Board Director	Primary Ambulance	956-462-5390	primaryambulance@yahoo.com
Ramon Rojas	Board Director	Digni Care	956-220-2715	dignicare3@gmail.com
Jose Cavazos	Board Director	United Care Ambulance	956-775-2222	josecavazos1802@yahoo.com
Adrian Esparza	Board Officer, Vice-Chairman	City of Laredo Fire Department	956-781-6022	aresparza@ci.laredo.tx.us



FY26 NEONATAL / NICU COMMITTEE

CHAIRMAN:

ANGELICA PEREZ
(LMC)

Present: Absent:

LILY LIMAS
(DOCTORS)

Present Absent

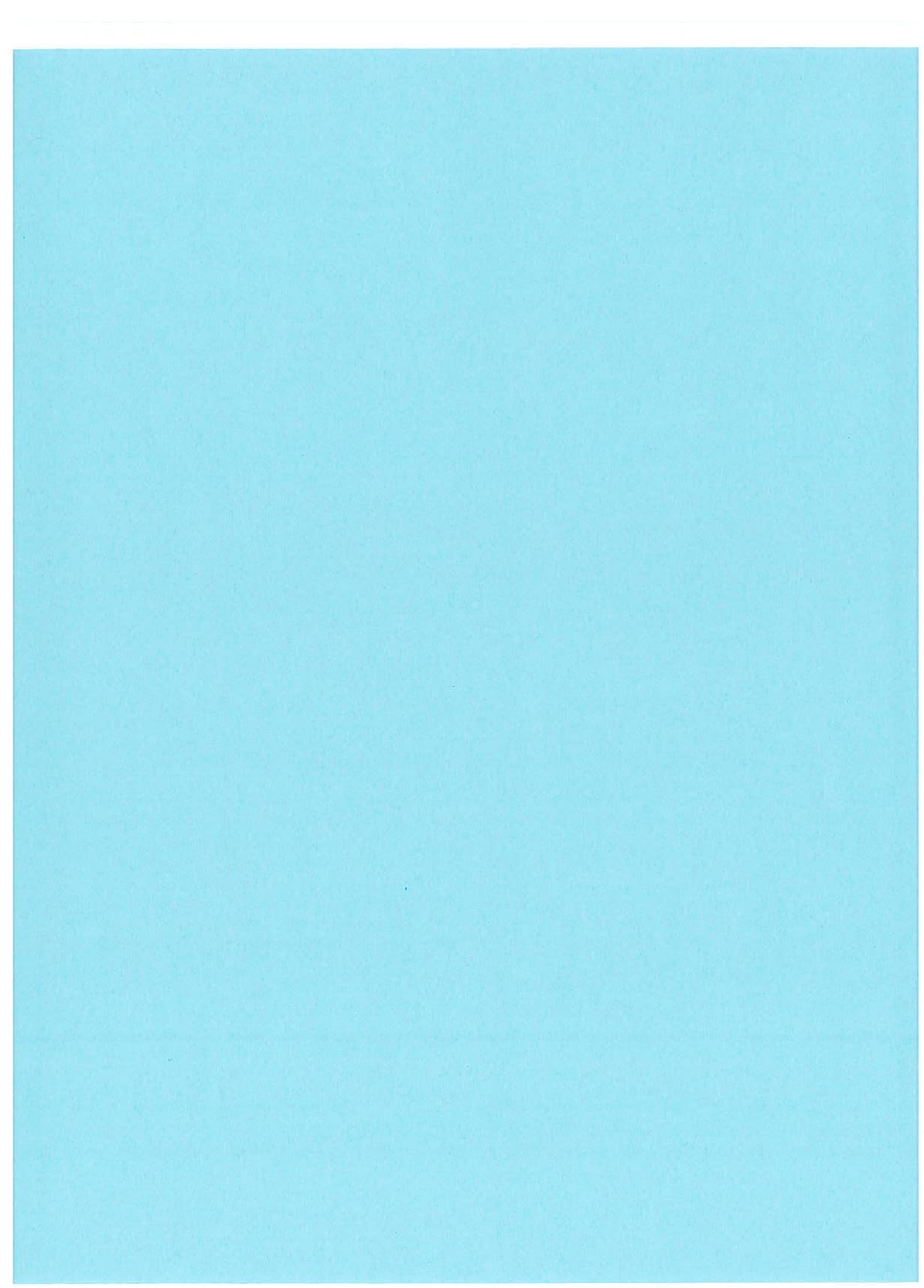
MEETING DATE:

JANUARY 30, 2026

VICE-CHAIRMAN:

LILLY LIMAS (DOCTORS)

Present Absent



FY26 MATERNAL COMMITTEE

CHAIRMAN:

MARIA SANTILLAN
(LMC)

Present: Absent:

STACEY LOPEZ
(DOCTORS)

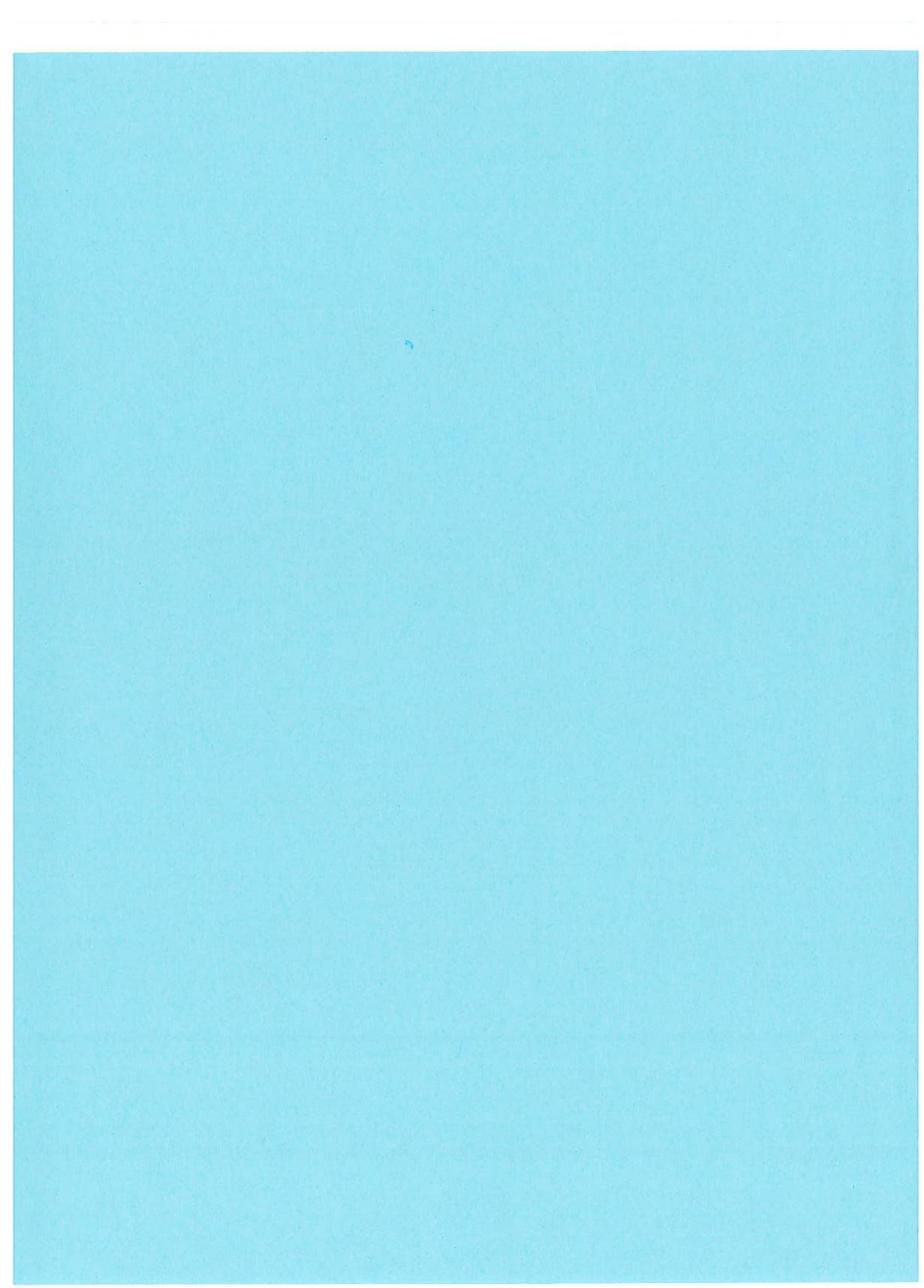
Present _____ Absent _____

MEETING DATE:

JANUARY 30, 2026

LOCATION:

*Laredo Medical
Center, Laredo Tx.
78040*



FY26 STROKE COMMITTEE

CHAIRMAN:

CHANTELLE MOLINA
(LMC)

Present _____ Absent _____

MEETING DATE:
JANUARY 30, 2026

VICE-CHAIRMAN:
ANGIE AVILA
(DOCTORS)

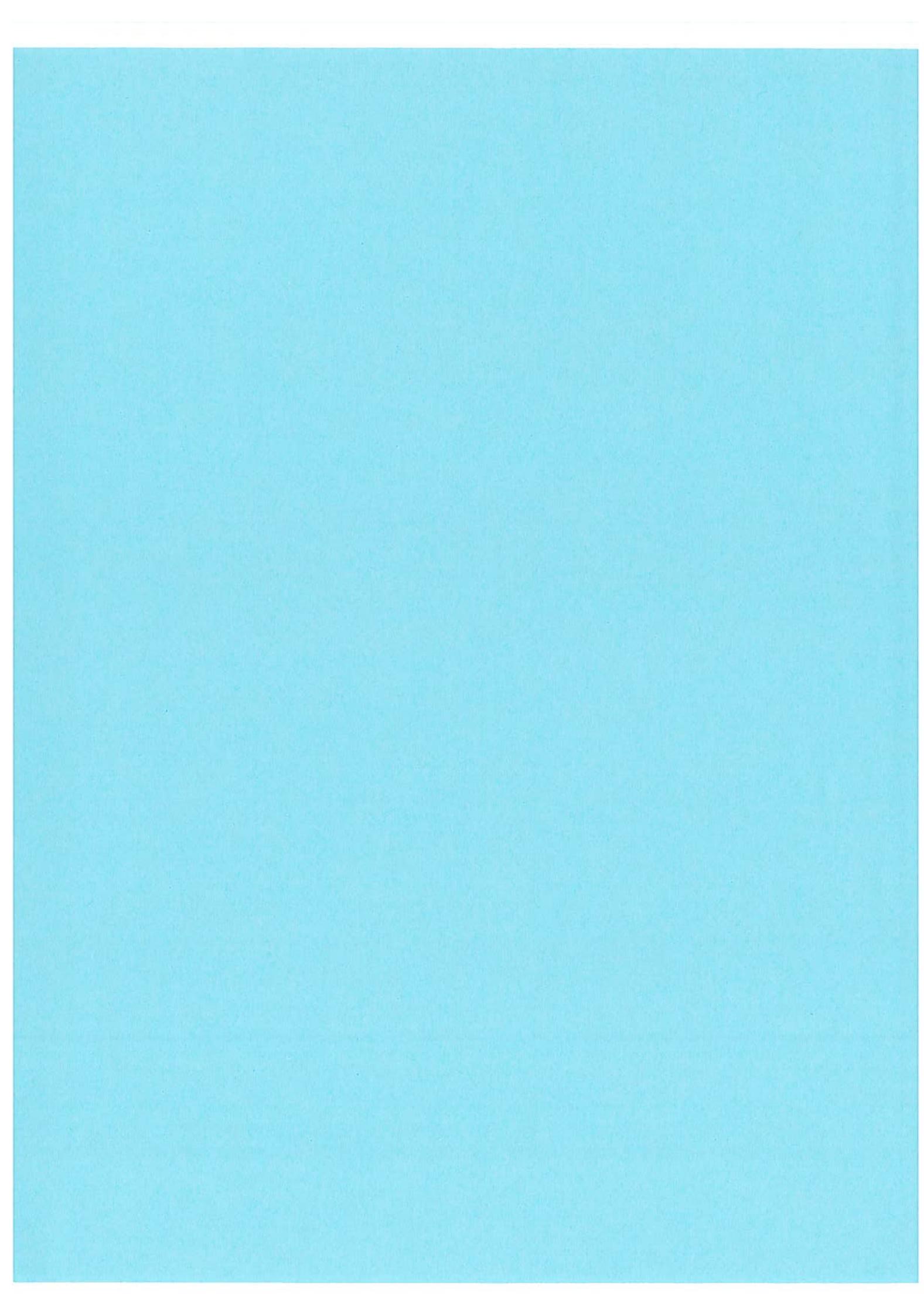
Present _____ Absent _____

LOCATION:

Laredo Medical
Center, Laredo Tx.
78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	Angelica.Salinas@uhsinc.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	Letisia.Colon@uhsinc.com
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	Rosa.Rodriguez@uhsinc.com



FY26 CARDIAC / STEM COMMITTEE

CHAIRMAN:

CLAUDIA AMAYA
(LMC)

Present: Absent
VICE-CHAIRMAN:

ROSlE TAMEZ (DOCTORS)

Present Absent

MEETING DATE:

JANUARY 30, 2026

LOCATION:

Laredo Tx. 78040

NAME	TITLE	COMPANY	PHONE	EMAIL
Cristina Paez, BSN, RN	Chest Pain Coordinator	Laredo Medical Center	Office 956-796-3177	cristina_paez@chs.net
Chantel E. Molina, DNP, RN	Stroke Coordinator	Laredo Medical Center	Office 956-796-3218 Cell 361-231-0207	chantel_molina@chs.net
Vanessa Serna, BSN, RN	Trauma Coordinator	Laredo Medical Center	Office 956-796-4117	vanessa_serna@chs.net
Vanessa Gonzalez, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	vanessa_villarreal@chs.net
Corissa Nino, BSN, RN	ED Clinical Coordinator	Laredo Medical Center	Office 956-796-3912	corissa_nino@chs.net
Ernesto Hernandez, MSN, RN	ED Director	Laredo Medical Center	Office 956-796-4171	ernesto_hernandez@chs.net
Juanita Fernandez, BSN, RN	ICU Clinical Coordinator	Laredo Medical Center	Office 956-796-4746	juanita_fernandez@chs.net
Rosie Tamez, BSN, RN	Chest Pain Coordinator	Doctors Hospital of Laredo	Office 956-523-2738 Cell (956) 771-3446	Rosa.Tamez@uhsinc.com
Angie Avila, RN	Stroke Coordinator	Doctors Hospital of Laredo	Office 956-523-2269 Cell (956) 334-4640	
Letisia Colon, BSN, RN	Trauma Coordinator	Doctors Hospital of Laredo	Office 956-523-2193 Cell (956) 523-9933	letisia.colon@uhsinc.com

NAME	TITLE	COMPANY	PHONE	EMAIL
Rosa Rodriguez, RN	ED Manager	Doctors Hospital of Laredo	Office 956-523-2196 Cell (956) 206-8360	



ITEM 26-22 (TAB 3)



SEVEN FLAGS REGIONAL ADVISORY COUNCIL FY26 ACCOUNTS STATEMENT REPORT

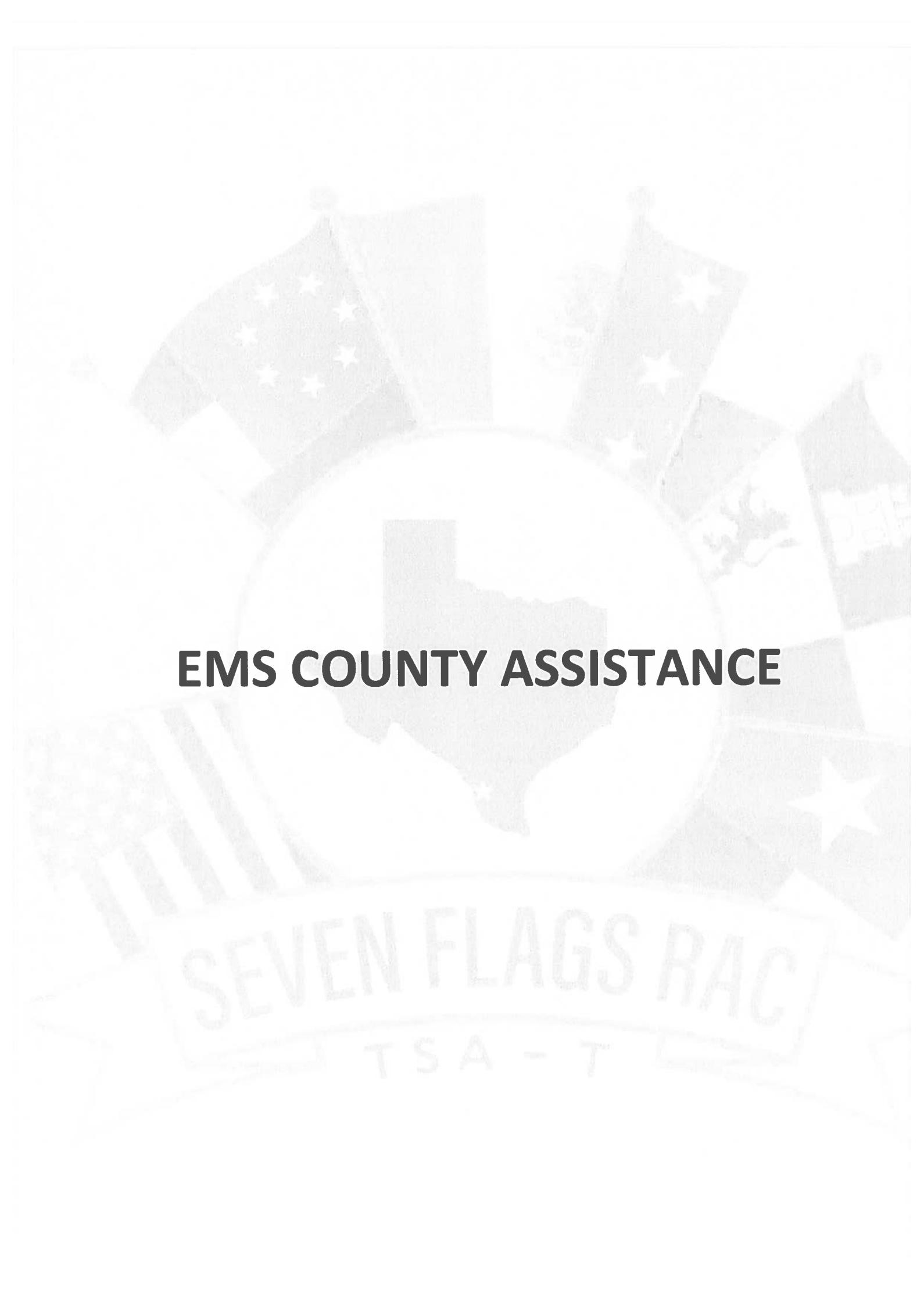
FY26 SFIRAC BANK PROGRAM FUND ACCOUNTS AND ENDING BALANCE REPORT



SEPTEMBER 2025 - JANUARY 2026



SEPTEMBER 2025



EMS COUNTY ASSISTANCE

9/10/25



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

[Texas Community Bank Home](#)

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

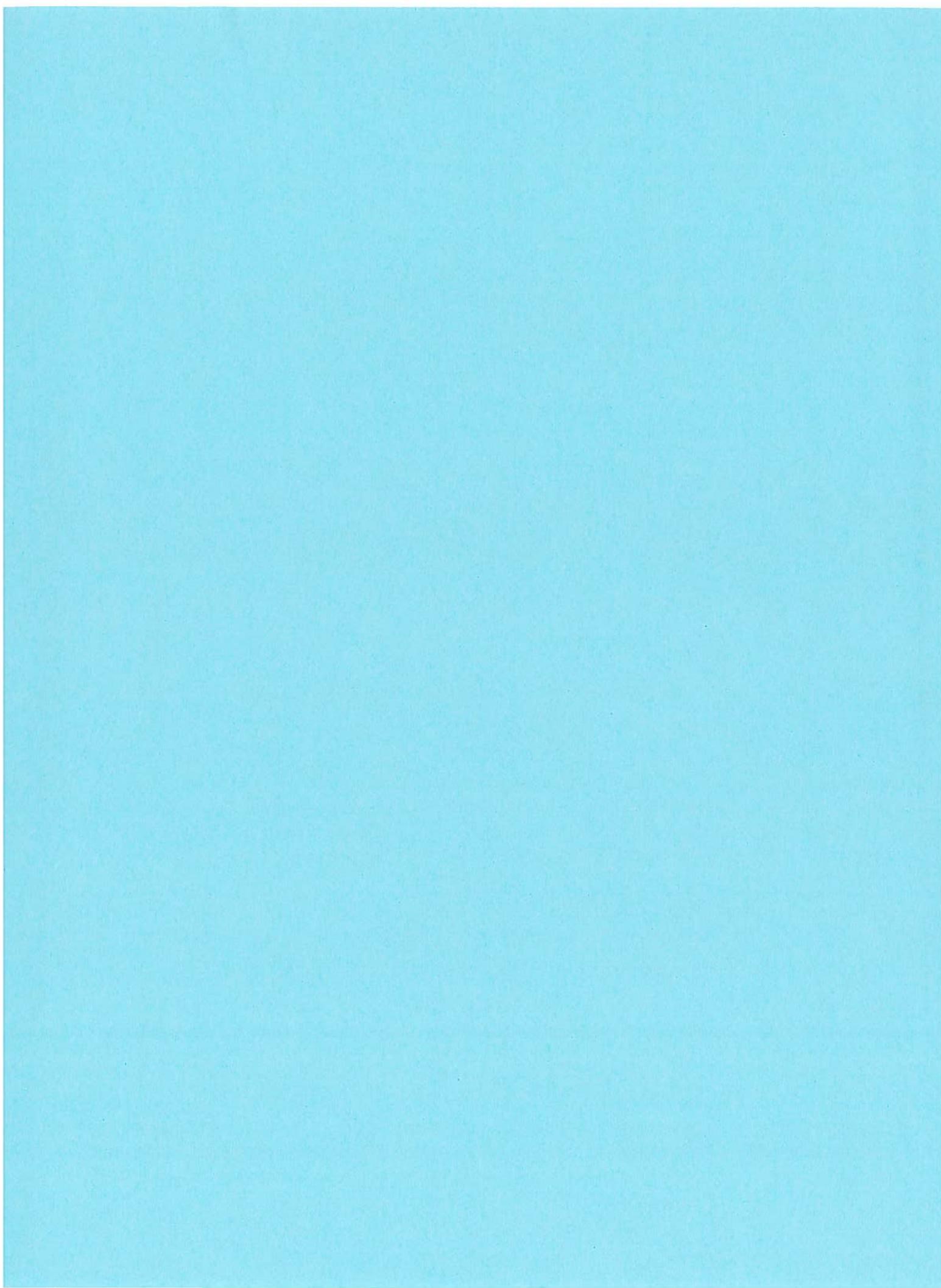
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	Number of Enclosures
Previous Balance	1010591594	Statement Dates 8/11/25 thru 9/10/25
Deposits/Credits	.00	Days in the statement period 31
Checks/Debits	.00	Average Ledger .00
Service Charge	.00	Average Collected .00
Interest Paid	.00	
Current Balance	.00	

DAILY BALANCE INFORMATION

Date	Balance
8/11	.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device





EMS RAC

SEVEN FLAGS RAC

MASS TSA - T LINE



MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591495
14

CHECKING ACCOUNT

TCB COURTESY CHECKING	Number of Enclosures
Account Number	14
Previous Balance	Statement Dates 8/11/25 thru 9/10/25
Deposits/Credits	Days in the statement period 31
14 Checks/Debits	Average Ledger 58,695.22
Service Charge	Average Collected 58,695.22
Interest Paid	
Current Balance	12,000.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
8/21		10,431.25	8/14	1046*	10,431.25
8/18	45*	10,431.25	8/14	1047	10,431.25
8/29	1039*	10,431.25	8/15	1048	10,431.25
8/27	1040	10,431.25	8/15	1049	10,431.25
8/18	1041	10,431.25	8/14	1050	10,431.25
8/25	1042	10,431.25	8/27	1051	6,000.00
8/18	1043	10,431.25	8/22	1052	31,832.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/11	175,007.00	8/18	91,557.00	8/25	38,862.50
8/14	143,713.25	8/21	81,125.75	8/27	22,431.25
8/15	122,850.75	8/22	49,293.75	8/29	12,000.00



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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Texas Community Bank Home

Date 9/10/25 Page 2
Primary Account 1010591495
Enclosures 14

TCB COURTESY CHECKING

1010591495 (Continued)

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1044
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Capacita County Fire/EMS \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011044 # 1010591495#

DDA REGULAR CHECK Date: 08/21 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1039
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Bronze Starr Ambulance \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011039 # 1010591495#

DDA REGULAR CHECK 1039 Date: 08/29 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1041
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Victorious Care Ambulance \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011041 # 1010591495#

DDA REGULAR CHECK 1041 Date: 08/18 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1043
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Laredo Lifeline \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011043 # 1010591495#

DDA REGULAR CHECK 1043 Date: 08/18 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1047
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Lelites Ambulance Care \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011047 # 1010591495#

DDA REGULAR CHECK 1047 Date: 08/14 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1049
88-2481/1149
8/8/2015
@CHECK#8999

Pay to the Order of Skyline EMS \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011049 # 1010591495#

DDA REGULAR CHECK 1049 Date: 08/15 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1045
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Laredo Medical Center \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011045 # 1010591495#

DDA REGULAR CHECK 45 Date: 08/18 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1040
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Webo County Volunteer Fire/EMS \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011040 # 1010591495#

DDA REGULAR CHECK 1040 Date: 08/27 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1042
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Priority EMS \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011042 # 1010591495#

DDA REGULAR CHECK 1042 Date: 08/25 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1046
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Midpoint Ambulance \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011046 # 1010591495#

DDA REGULAR CHECK 1046 Date: 08/14 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1048
88-2481/1149
8/7/2015
@CHECK#8999

Pay to the Order of Priority Care Ambulance \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011048 # 1010591495#

DDA REGULAR CHECK 1048 Date: 08/15 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1050
88-2481/1149
8/8/2015
@CHECK#8999

Pay to the Order of Dignicare Ambulance \$ 10,431.25
Ten thousand four hundred thirty-one 25/100 dollars
For FY 15 E.I. Reallocation
121492481011050 # 1010591495#

DDA REGULAR CHECK 1050 Date: 08/14 Amount: \$10,431.25

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1051
08-1681149

8/15/2025

Pay to the
Order of Heath Access \$ 6,000.00
six thousand 00
00
For 3rd Quart. Assessment (cont'd) AMC
1149248 101051 101059 1495#

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
956-745-6227

1051 1052 1053 1054 1055 1056 1057 1058 1059 1060

DDA REGULAR CHECK 1051 Date: 08/27 Amount: \$6,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1052
08-24817148

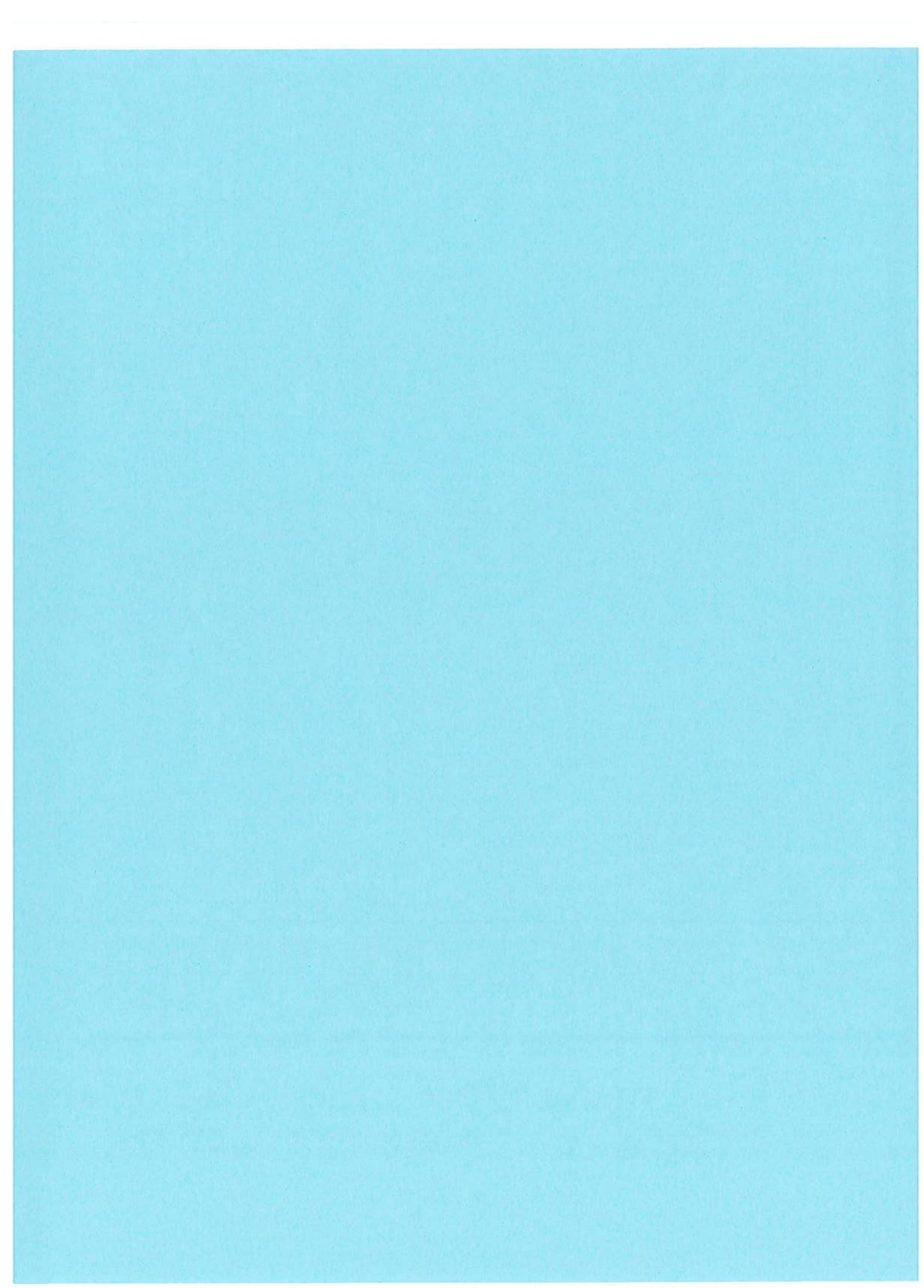
8/18/2025

Pay to the
Order of South Texas Development Council \$ 31,832.00
thirtyone thousand eight hundred and thirty two
00
For F.T.D. Admin Contract Fee AMC
1149248 101052 101059 1495#

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
956-745-6227

1051 1052 1053 1054 1055 1056 1057 1058 1059 1060

DDA REGULAR CHECK 1052 Date: 08/22 Amount: \$31,832.00





Date	Invoice #
08/29/2025	HAINV-00446

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

Bill To

Seven Flags Regional Advisory Council
1216 Santa Maria Street
Laredo, TX 78040

SFRAC: Self Assessment FY2025				Terms
Quantity	Item	Description	Amount	
1	Professional Fees	SFRAC Self-Assessment Activities: Hosted two virtual workgroup sessions to continue review and approval of self-assessment scores and SMART goals associated with measures that scored below "3" on August 1, 2025 and August 8, 2025. Completed notes for both meetings. Edits to SMART goals reviewed in August 1, 2025 meeting were completed and reviewed during the August 8th meeting for approval. Edits to SMART goals completed in August 8th meeting with inclusion of planning discussion with Coastal Bend HPP for additional information. Meeting with SFRAC Administrator, Coastal Bend HPP staff conducted virtually on August 11, 2025 with follow up emails confirming plan and language to include in SMART goal for HPP reporting. Finalized SMART goals, crosswalk, and all meeting notes. Completed SMART goals workbook for SFRAC Administrator to use in upload to DSHS. All finalized documents sent to SFRAC Administrator on August 14, 2025. Attended GETAC Board Meeting on August 21, 2025. Began drafting action items and planning for review with SFRAC Administrator in September.	\$6,000.00	
				Total: \$6,000.00



Account: EMS RAC
Date: 1/14/2026

20250826 000300558851 0700003636

20250826 000300558851 0700003636

CHECK, E-DEBIT, MOBILE DEBIT/DIRECT DEPOSIT

ATM/DEBIT CARD

for payment

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1051

BB-2481/1149

8/15/2025

CHECK MAILED

Photo
Safe
Deposit®
Checks on back

Pay to the
Order of

He 14th Access
Six thousand 00/xx

\$ 6,000.00

Dollars

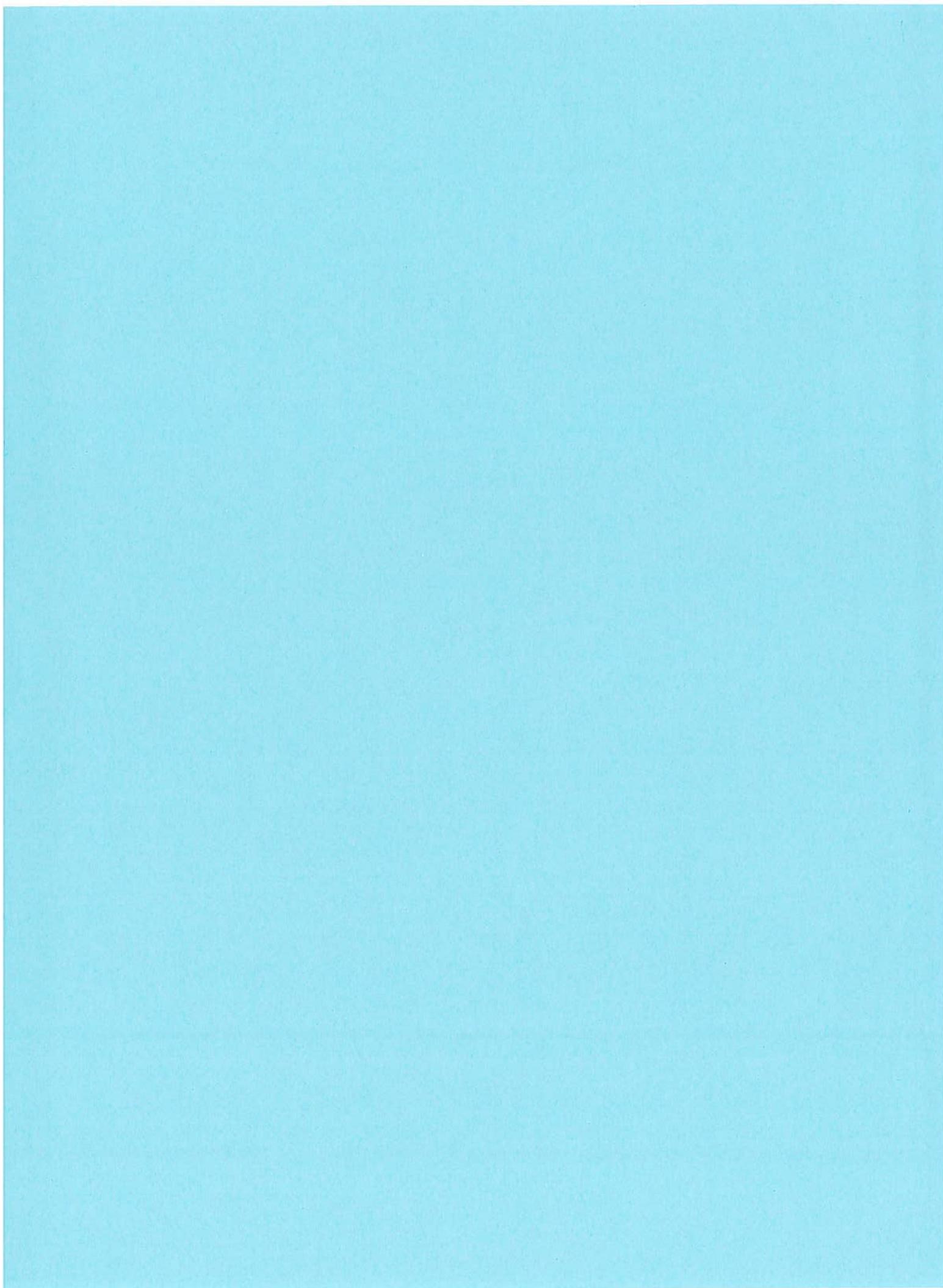


6721 McPherson Rd. Laredo, Texas 78041

356-7223

For 3rd part. Assesment (contd)

111492481011051 10105914951



GENERAL FUND



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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591396
1

CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591396	Number of Enclosures	1
Previous Balance		47,393.93	Statement Dates 8/11/25 thru 9/10/25	
Deposits/Credits		.00	Days in the statement period	31
1 Checks/Debits		981.11	Average Ledger	47,109.09
Service Charge		.00	Average Collected	47,109.09
Interest Paid		.00		
Current Balance		46,412.82		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
9/02	1034	981.11

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
8/11	47,393.93	9/02	46,412.82

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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Mobile Banking: Get the TX Community Bank app for your Android or iOS device

**SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL AUTHORIZATION
(PRIOR APPROVAL)**

SUBMITTED BY:	John R. Keiser	DATE SUBMITTED	8/18/2025
DATE OF TRIP:	August 19, 2025	DEPARTURE TIME:	12:00 p.m.
DESTINATION:	Austin, Texas City	Travis County	TX State
ESTIMATED RETURN DATE:	August 22, 2025	TIME OF ARRIVAL:	6:00 p.m.

Purpose of the Trip:

To attend the quarterly meetings of the GETAC Committees, RAC Chair, and GETAC in Austin, Texas.

FISCAL INFORMATION

CHARGE TO:

Estimated Mileage:	0	miles @	\$ 0.70	per mile		
	2	First Day/Last Day	\$56.25	(7.5% of Per Diem)	\$ 112.50	
	2	Full Travel Day(s)	\$75.00	(B+L+D=Per Diem)	\$ 150.00	
Estimated Lodging:	3	Nights (s) @	\$ 173.00	per night +	\$32.87	tax
Other (Specify):	Do Not Pay, This Is A SFRAC Covered Expense.					
Other (Specify):	Gasoline					\$ 50.00
Other (Specify):	Parking Fee					\$ 51.00
Total Estimated Expenses:						\$ 981.11

VERIFIED FOR

RECOMMENDED APPROVAL:

APPROVED:

MATHEMATICAL ERRORS

**JOHN R. KEISER
PROGRAM DIRECTOR**

**JUAN E. RODRIGUEZ
EXECUTIVE DIRECTOR**

**JOSAFAT SALDIVAR
FISCAL OFFICER**

REQUEST FOR ADVANCE:

No

FOR ACCOUNTING DEPARTMENT USE ONLY

I hereby request that the above travel
expense be advanced:

Date

Need check by _____

(allow 5 working days for processing)

ADVANCE APPROVED:

**Mr. Juan E. Rodriguez
Executive Director**

Date

**SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL EXPENSE CLAIM AND TRIP REPORT**

EXPENSE ACCOUNT OF: John R. Keiser
PAY PERIOD ENDING: 8/22/2025

I certify that the expense account rendered below is true, correct, unpaid, and complete to the best of my knowledge.

		SIGNATURE	DATE
DATE OF DEPARTURE:	8/19/2025	TIME OF DEPARTURE:	12:00 PM
DATE OF RETURN:	8/22/2025	TIME OF RETURN:	5:00 p.m.
CHARGE TO:	N/A (Expense incurred by SFRAC General Fund)		
DATE	EXPENSE REPORT		TOTAL
	Mileage from _____ to _____ miles @ \$ 0.70 per mile	\$ -	
	Mileage from _____ to _____ miles @ \$ 0.70 per mile	\$ -	
Total Actual Mileage.....		\$ -	
2 First Day/Last Day Travel	\$ 56.25	(75% of Per Diem)	\$ 112.50
2 Full Travel Day(s)	\$ 75.00	(B+L+D=Per Diem)	\$ 150.00
Total Actual Meals.....		\$ 262.50	
3 Night(s) @ \$ 173.00 per night + 32.87 tax			
Total Actual Lodging.....		\$ 617.61	
Other Expenses (Specify)	Daily Event Parking		
Other Expenses (Specify)	Gasoline	\$ 34.77	
Other Expenses (Specify)		\$ -	
Total "Other" Expenses.....		\$ 34.77	
TOTAL ACTUAL TRAVEL EXPENSES.....		\$ 914.88	
TOTAL ADVANCE RENDERED TO	John R. Keiser		\$ -
TOTAL OWED TO	John R. Keiser		\$ 914.88
TOTAL OWED TO SFRAC.....			

John R. Keiser _____
Date _____
Director/Administrator

DATE	DESCRIPTION
8/19/2025	Traveled to Austin, Texas in preparation for the GETAC Committee and RAC Chairs meetings.
8/20/2025	On this day I attended the variousl GETAC committee meetings throughout the day.
8/21/2025	Throughout the day I attended the variousl GETAC committee meetings as well as the RAC Chairs meeting.
8/22/2025	On this day I attended the GETAC meeting Friday morning, then traveled back to Laredo, Texas from Austin, Texas.



Embassy Suites by Hilton Austin Central
5901 North IH-35, Austin 78723 US
(512) 454-8004
AUSCL_Embassy@hilton.com

Date Range: 2025-08-19 - 2025-08-22
Tax#/ID# :

EMBASSY
SUITES
by Hilton

Guest Folio
Confirmation Number - 94221555

Primary Guest

Guest Name KEISER, JOHN R.
Address 2411 SUTTON CT, P.O. BOX 450788
City, State, Zip Code LAREDO TX 78045
Country US

ADDN GUESTS

Hilton Honors



Stay Details

Check In Date Aug 19, 2025
Check Out Date Aug 22, 2025
Room NKSQZ - 803
Source OTHER
Guests 1/0

Company Details

Name
Tax#/ID#
PO Number
Account Name

Other Details

Tax Invoice
Tax/Fee NO
Exemption
Tax/Fee
Exempt Date
Travel Agent
IATA
Name

Date	Type	Description	Amount
Aug 19, 2025	Charge	GUEST ROOM	\$173.00
Aug 19, 2025	Tax	STATE OCCUPANCY TAX	\$10.38
Aug 19, 2025	Tax	CITY OCCUPANCY TAX	\$19.03
Aug 19, 2025	Fee	AUSTIN TOURISM PID FEE	\$3.46
Aug 20, 2025	Charge	GUEST ROOM	\$173.00
Aug 20, 2025	Tax	STATE OCCUPANCY TAX	\$10.38
Aug 20, 2025	Tax	CITY OCCUPANCY TAX	\$19.03
Aug 20, 2025	Fee	AUSTIN TOURISM PID FEE	\$3.46
Aug 21, 2025	Charge	GUEST ROOM	\$173.00
Aug 21, 2025	Tax	STATE OCCUPANCY TAX	\$10.38
Aug 21, 2025	Tax	CITY OCCUPANCY TAX	\$19.03
Aug 21, 2025	Fee	AUSTIN TOURISM PID FEE	\$3.46
Aug 22, 2025	Payments	MASTER-8762	(\$617.61)

Summary

Type	Amount
GUEST ROOM	\$519.00
STATE OCCUPANCY TAX	\$31.14
CITY OCCUPANCY TAX	\$57.09
AUSTIN TOURISM PID FEE	\$10.38
CREDIT CARD	(\$617.61)
Folio Balance	\$0.00

**WELCOME TO
CRUNCH N MUNCH**

Crunch N Munch
5816 N IH 35
AUSTIN TX 78723

**WELCOME TO
OUR STORE**

CK 1831
619 Crossroads St
Laredo TX 78045

Description	Qty	Amount
Regular CA #06	7.6076	21.06
SELF @ 2.769/ G		
Subtotal		21.06
TOTAL	21.06	
MOBILE	\$	21.06

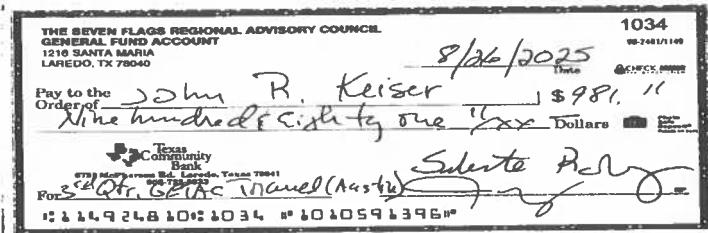
Description	Qty	Amount
UNLD CA #03	5.4876	13.71
SELF @ 2.499/ G		
Subtotal		13.71
TOTAL	13.71	
MOBILE	\$	13.71

MOBILE
ValeroProprietary
CREDIT
*****3297
AUTH #: 827940

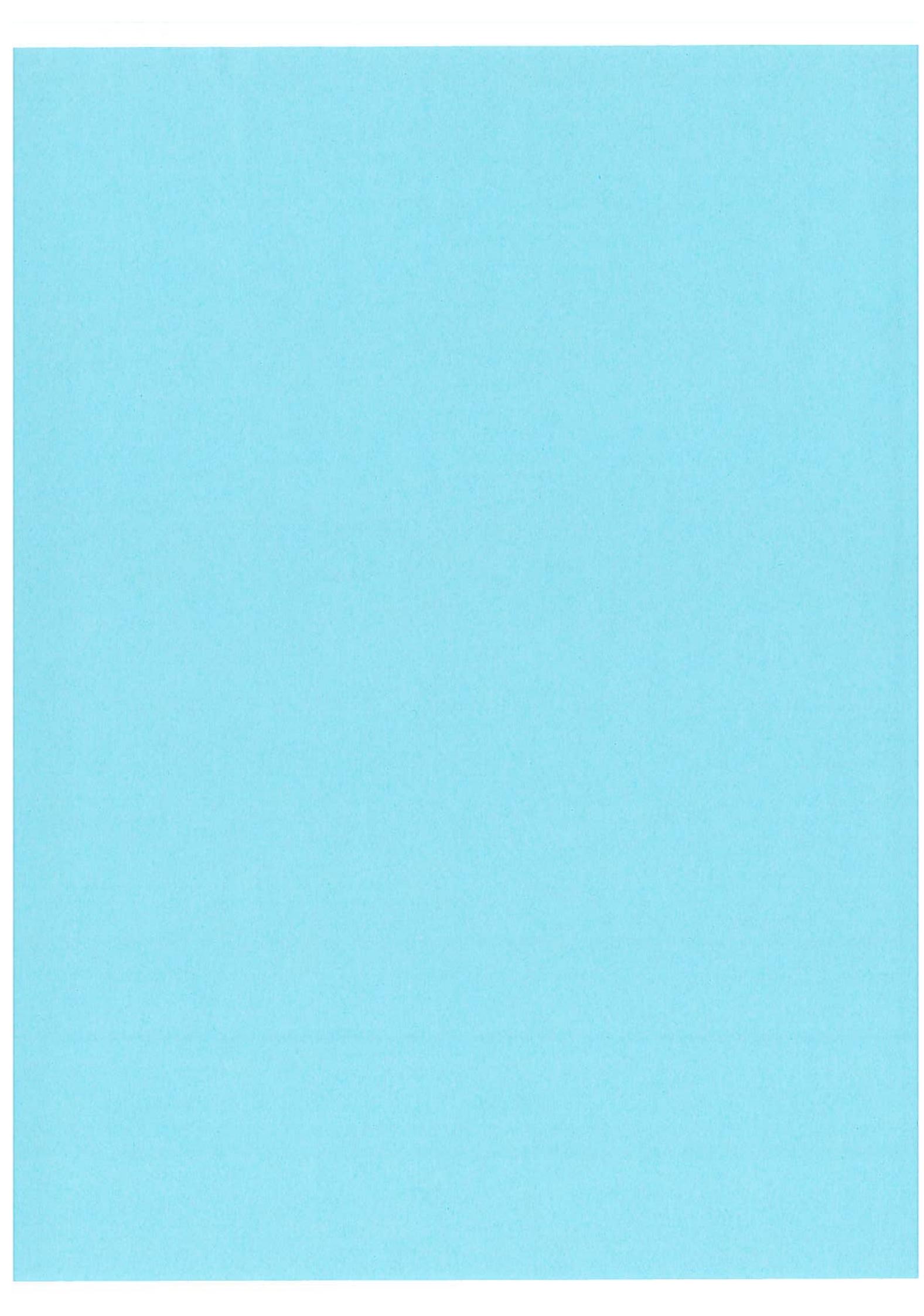
ST#AB123 DR#1 TRAN#9064158
CSH: 0 8/22/25 12:05:50 PM

MOBILE
ValeroProprietary
CREDIT
*****3297
AUTH #: 975966

ST#1831 DR#1 TRAN#9034542
CSH: 0 8/22/25 4:16:14 PM



DDA REGULAR CHECK 1034 Date: 09/02 Amount: \$981.11



SYSTEM DEVELOPMENT



MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591693
10

CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591693	Number of Enclosures	10
Previous Balance		2,789.15	Statement Dates 8/11/25 thru 9/10/25	
Deposits/Credits		.00	Days in the statement period	31
10 Checks/Debits		2,789.15	Average Ledger	935.72
Service Charge		.00	Average Collected	935.72
Interest Paid		.00		
Current Balance		.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
8/18	74	278.94	8/18	1073	278.91
8/29	1068*	278.91	9/05	1075*	278.93
8/27	1070*	278.91	8/14	1076	278.91
8/18	1071	278.91	8/14	1077	278.91
8/25	1072	278.91	8/15	1078	278.91

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
8/11	2,789.15	8/18	1,115.66	8/29	278.93
8/14	2,231.33	8/25	836.75	9/05	.00
8/15	1,952.42	8/27	557.84		

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1074
08-2481/1149

6/16/2025 Date

Pay to the
Order of Laredo Medical Center \$ 278.94
Two hundred Seventy-eight & 94/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101074 # 1010591693#

DDA REGULAR CHECK 74 Date: 08/18 Amount: \$278.94

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1070
08-2481/1149

6/16/2025 Date

Pay to the
Order of La Sabin County Volunteer Firefighters \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101070 # 1010591693#

DDA REGULAR CHECK 1070 Date: 08/27 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1072
08-2481/1149

6/16/2025 Date

Pay to the
Order of Priority EMS \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101072 # 1010591693#

DDA REGULAR CHECK 1072 Date: 08/25 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1075
08-2481/1149

6/16/2025 Date

Pay to the
Order of Doctor's Hospital of Laredo \$ 278.93
Two hundred Seventy-eight & 93/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101075 # 1010591693#

DDA REGULAR CHECK 1075 Date: 09/05 Amount: \$278.93

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1077
08-2481/1149

6/16/2025 Date

Pay to the
Order of Hedpoint Ambulance Inc. \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101077 # 1010591693#

DDA REGULAR CHECK 1077 Date: 08/14 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1074
08-2481/1149

6/16/2025 Date

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1068
08-2481/1149

6/16/2025 Date

Pay to the
Order of Rescue Star Ambulance \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101068 # 1010591693#

DDA REGULAR CHECK 1068 Date: 08/29 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1071
08-2481/1149

6/16/2025 Date

Pay to the
Order of Victories Care Ambulance \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101071 # 1010591693#

DDA REGULAR CHECK 1071 Date: 08/18 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1073
08-2481/1149

6/16/2025 Date

Pay to the
Order of Laredo Lifeline \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101073 # 1010591693#

DDA REGULAR CHECK 1073 Date: 08/18 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1076
08-2481/1149

6/16/2025 Date

Pay to the
Order of Victories Ambulance Care \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101076 # 1010591693#

DDA REGULAR CHECK 1076 Date: 08/14 Amount: \$278.91

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1078
08-2481/1149

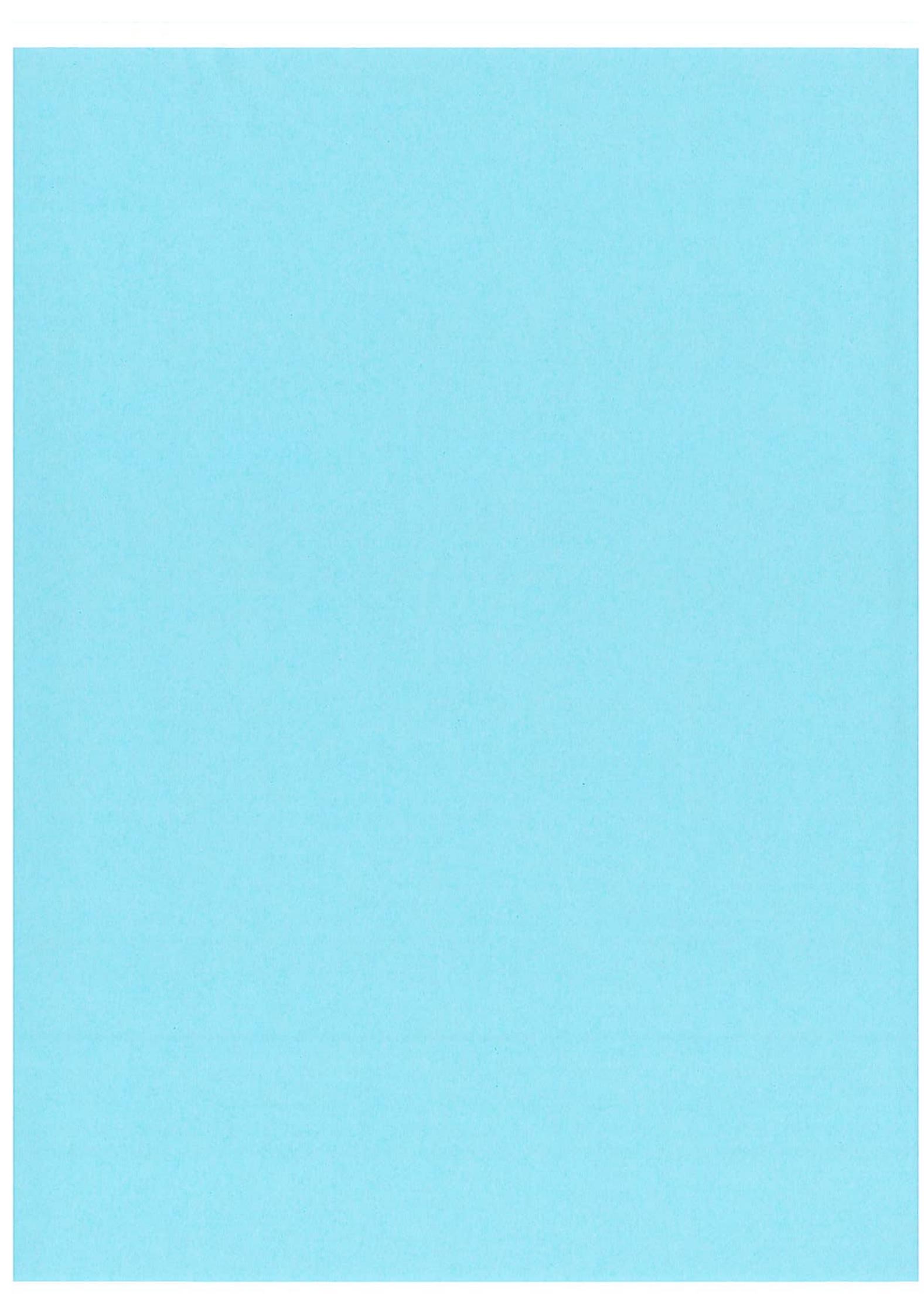
6/16/2025 Date

Pay to the
Order of Priority Ambulance, LLC \$ 278.91
Two hundred Seventy-eight & 91/100 Dollars
ALL

Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
866-722-6323

For Re-distribution Silvana Relyea
101149248101078 # 1010591693#

DDA REGULAR CHECK 1078 Date: 08/15 Amount: \$278.91



HOLDING ACCOUNT



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591792

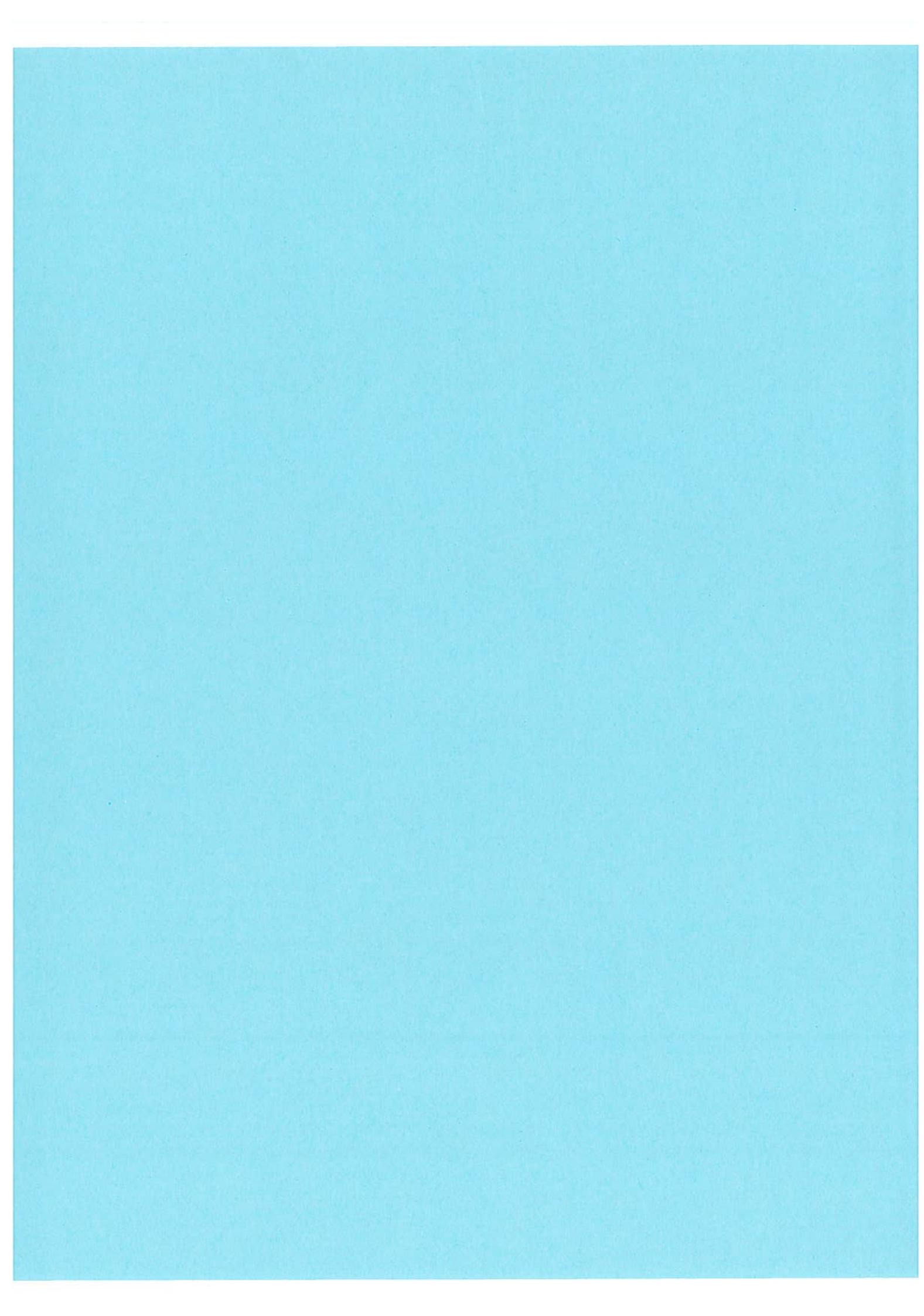
CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates	8/11/25 thru 9/10/25
Previous Balance	.50	Days in the statement period	31
Deposits/Credits	.00	Average Ledger	.50
Checks/Debits	.00	Average Collected	.50
Service Charge	.00		
Interest Paid	.00		
Current Balance	.50		

DAILY BALANCE INFORMATION

Date	Balance
8/11	.50

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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Mobile Banking: Get the TX Community Bank app for your Android or iOS device





OCTOBER 2025

EMS COUNTY ASSISTANCE



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 9/10/25
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

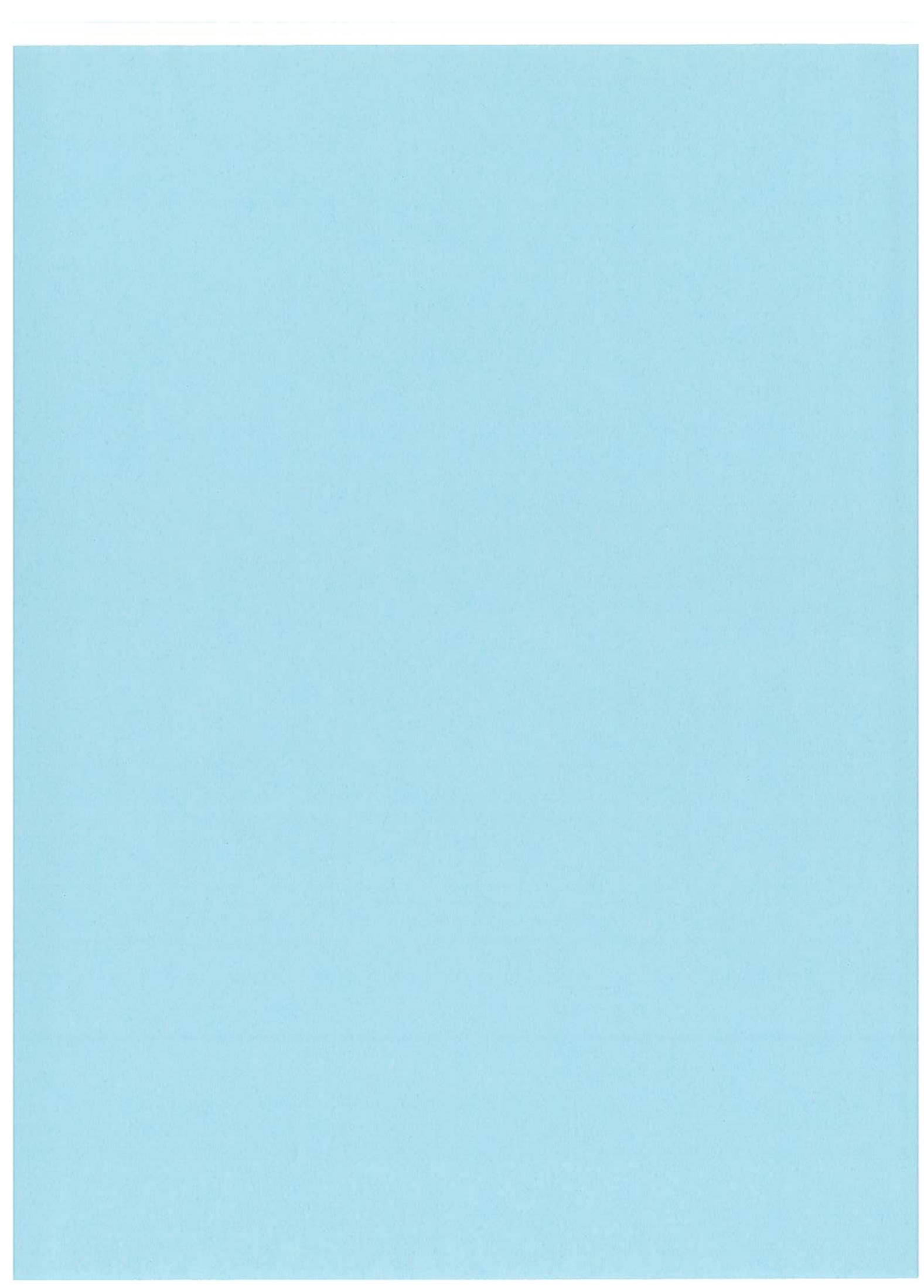
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591594	Number of Enclosures	0
Previous Balance		.00	Statement Dates 8/11/25 thru 9/10/25	31
Deposits/Credits		.00	Days in the statement period	.00
Checks/Debits		.00	Average Ledger	.00
Service Charge		.00	Average Collected	.00
Interest Paid		.00		
Current Balance		.00		

DAILY BALANCE INFORMATION

Date	Balance
8/11	.00

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EMS RAC

SEVEN FLAGS RAC

2017 RACE DAY



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/25
Primary Account
Enclosures

Page 1
1010591495
2

CHECKING ACCOUNT

TCB COURTESY CHECKING	1010591495	Number of Enclosures	2
Account Number		Statement Dates	9/11/25 thru 10/13/25
Previous Balance	12,000.00	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	4,545.45
2 Checks/Debits	12,000.00	Average Collected	4,545.45
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
9/19	1053	6,000.00	9/30	1054	6,000.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	12,000.00	9/19	6,000.00	9/30	.00

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Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1210 SANTA MARIA
LAREDO, TX 78040

1053
8/29/2025
09/28/1149
CHECK #1053

Pay to the
Order of Health Access \$ 6,000.00
Six thousand xx Dollars
xx xx


Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
For Fines FLS5 Self Access pur
1011492481001053 101059149500



THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1210 SANTA MARIA
LAREDO, TX 78040

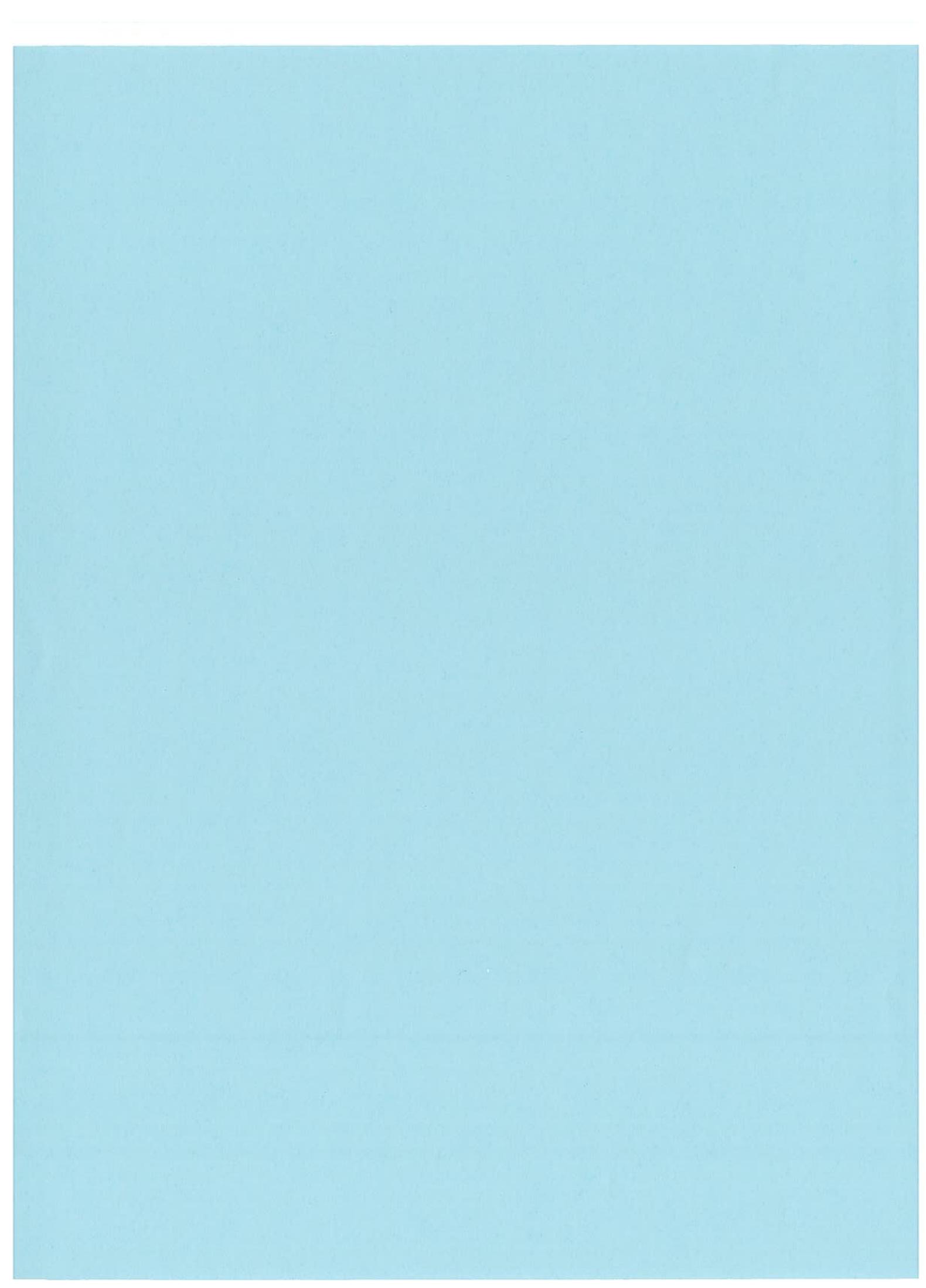
1054
8/31/2025
09/28/1149
CHECK #1054

Pay to the
Order of Health Access \$ 6,000.00
Six thousand xx Dollars
xx xx


Texas
Community
Bank
6721 McPherson Rd. Laredo, Texas 78041
For Fines FLS5 Self Access pur
1011492481001054 101059149500
Re-issuance for May invoice (lost check) 

DDA FORCE PAY DEBIT 1053 Date: 09/18 Amount: \$6,000.00

DDA FORCE PAY DEBIT 1054 Date: 09/29 Amount: \$6,000.00





Date	Invoice #
08/29/2025	HAINV-00446

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

Bill To

Seven Flags Regional Advisory Council
1216 Santa Maria Street
Laredo, TX 78040

SFRAC: Self Assessment FY2025			Terms
			Net 30
Quantity	Item	Description	Amount
1	Professional Fees	SFRAC Self-Assessment Activities: Hosted two virtual workgroup sessions to continue review and approval of self-assessment scores and SMART goals associated with measures that scored below "3" on August 1, 2025 and August 8, 2025. Completed notes for both meetings. Edits to SMART goals reviewed in August 1, 2025 meeting were completed and reviewed during the August 8th meeting for approval. Edits to SMART goals completed in August 8th meeting with inclusion of planning discussion with Coastal Bend HPP for additional information. Meeting with SFRAC Administrator, Coastal Bend HPP staff conducted virtually on August 11, 2025 with follow up emails confirming plan and language to include in SMART goal for HPP reporting. Finalized SMART goals, crosswalk, and all meeting notes. Completed SMART goals workbook for SFRAC Administrator to use in upload to DSHS. All finalized documents sent to SFRAC Administrator on August 14, 2025. Attended GETAC Board Meeting on August 21, 2025. Began drafting action items and planning for review with SFRAC Administrator in September.	\$6,000.00
			Total: \$6,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMB RAC ACCOUNT
1919 VANTA MARIA
PAMELA, TX 78040

1053

3/29/2025

Health Access 6,000.00
Six thousand ~~00~~

6,000. 50

Texas
Community
Bank

6701 FM 1488 Box 100, San Saba, Texas 76571

卷之三

File # E.Y.D.S Self Assess. part.

9. 11. 1982

03 3 14 9 24 8 10 6 10 5 3 11 10 10 5 9 14 9 5 10



Date	Invoice #
05/31/2025	HAINV-00427

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

Bill To

Seven Flags Regional Advisory Council
1216 Santa Maria Street
Laredo, TX 78040

SFRAC: Self Assessment FY2025			Terms
			Net 30
Quantity	Item	Description	Amount
1	Professional Fees	SFRAC Self-Assessment Activities: Discovery and planning for the SFRAC Self-Assessment tool and criteria manual including review of documents on the SFRAC website for consideration in the assessment recommendations. Preparation for ad-hoc workgroup suggestions to provide to RAC Administrator for consideration, development of crosswalk materials to indicate our recommendation for scoring with criteria/justification to present to ad-hoc workgroup in future meetings, and working with the RAC Administrator to set up the ad-hoc workgroups to start in June.	\$6,000.00
			Total: \$6,000.00



Account: EMS RAC
Date: 1/14/2026

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1054
88-2481/1149

8/31/2025

CHECK

Pay to the Order of Health Access \$ 6,000. 00
Six Thousand 00/xx Dollars

Photo
 Safe
 Deposit
 Remote Deposit

Texas Community Bank
6721 McPherson Rd. Laredo, Texas 78011
956-722-8333

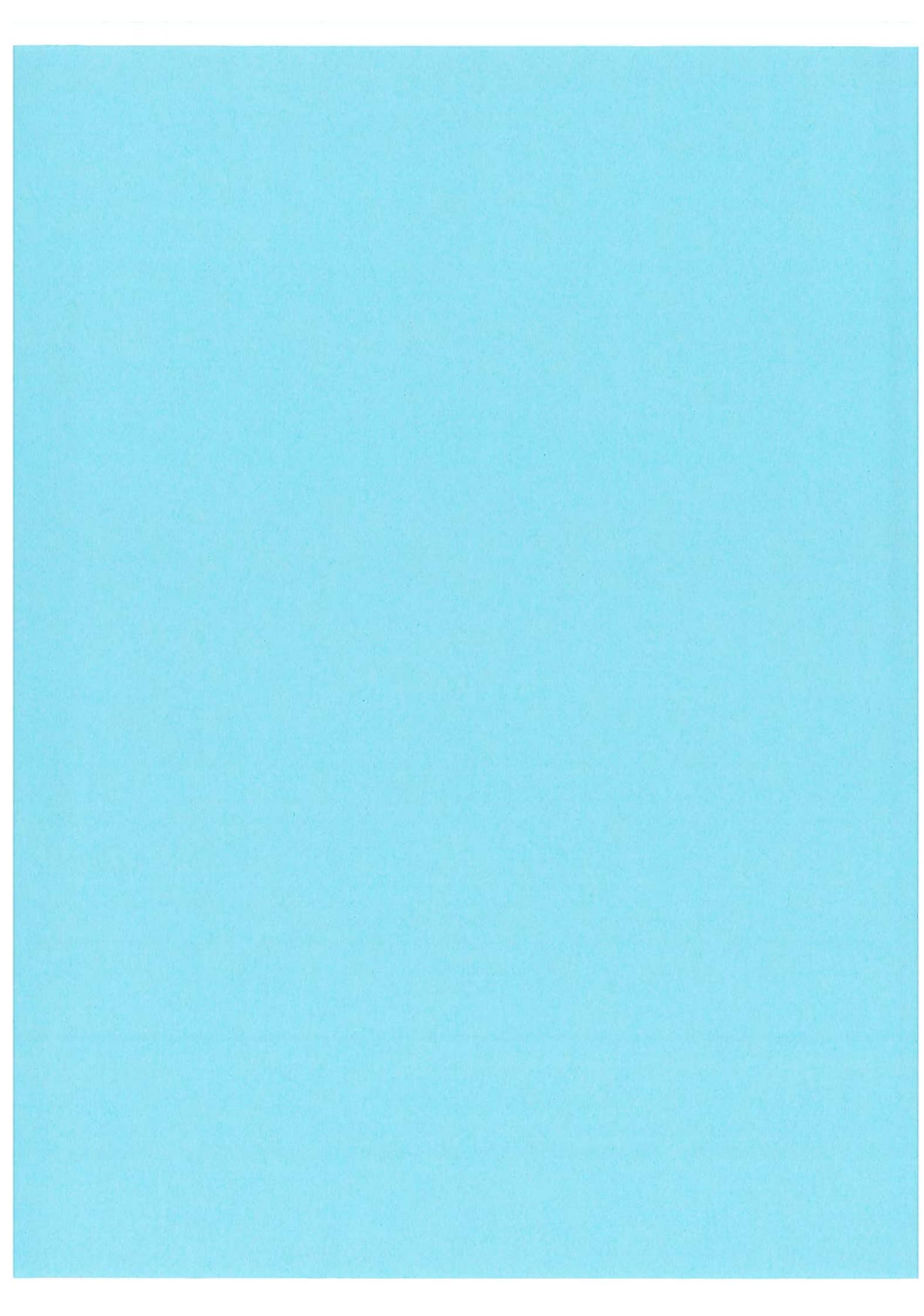
For Re-issuance for May invoice (lost ch.)

111492481011054 1010591495

20250926 000200073811 07000036

CHECK
 MOBILE/REMOTE DEPOSIT
Mobile Deposit is for manual signature only

*for
visit Only*



GENERAL FUND



6721 McPherson Road
P.O. Box 450369
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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[Texas Community Bank Home](#)

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/25
Primary Account
Enclosures

Page 1
1010591396
5

CHECKING ACCOUNT

TCB COURTESY CHECKING	Number of Enclosures
Account Number	1010591396
Previous Balance	46,412.82
5 Deposits/Credits	3,687.50
1 Checks/Debits	509.03
Service Charge	.00
Interest Paid	.00
Current Balance	49,591.29

DEPOSITS AND ADDITIONS

Date	Description	Amount
9/11	DDA REGULAR DEPOSIT	750.00
9/16	DDA REGULAR DEPOSIT	750.00
9/22	DDA REGULAR DEPOSIT	750.00
10/06	DDA REGULAR DEPOSIT	687.50
10/06	DDA REGULAR DEPOSIT	750.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
10/09	POS DEB 1133 10/09/25 00485859 DNH*GODADDY.COM www.godaddy.com TEMPE AZ C#3893	509.03-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
9/11	47,162.82	9/16	47,912.82	9/22	48,662.82



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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Date 10/10/25
Primary Account
Enclosures

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1010591396
5

TCB COURTESY CHECKING

1010591396 (Continued)

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/06	50,100.32	10/09	49,591.29

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Mobile Banking: Get the TX Community Bank app for your Android or iOS device

Texas Community Bank	
Date	9/11/25
Name	<u>Severn Fray - Regional Manager</u> REPORTS MAY NOT BE AS LEGAL FOR IMMEDIATE WITHDRAWAL
ACCOUNT NUMBER	
1010591396	
BORN 11/11/25 OR CASH RECEIVED DECEMBER 1948	

DDA REGULAR DEPOSIT Date: 09/11 Amount: \$750.00

Texas Community Bank	
Date	<u>9/26/25</u>
Name	<u>Seven Flag Regional</u>
DEPOSITS MAY NOT BE AVAILABLE FOR EARLY WITHDRAWAL	
ACCOUNT NUMBER	
<u>1010591396</u>	
SIGN + DATE FOR CASH RECEIVED IF REQUESTED	
10 50 5 7 00 1 10	

DDA REGULAR DEPOSIT Date: 09/22 Amount: \$750.00

Texas Community Bank	
Date	15/6/2025
Name	Seven Flags Regional Advisory DEFITS MAY NOT BE AVAILABLE FOR CASH UNTIL PENDING APPROVAL
Account Number	1010591394
Box here for cash received or require Cr	
15057 1100 1111 950519	

DDA REGULAR DEPOSIT Date: 10/06 Amount: \$687.50

CHECKING DEPOSIT

750.00

DEPOSIT COPY
1
TOTAL FROM
12148.86
5.20 CDTA
1.98 CASH
REFUND
101
DEPOSIT
750.00

Texas Community Bank	
Date	9/15/95
Name	<u>Sherman Fager</u> <u>Recreational</u> <small>DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL</small>
ACCOUNT NUMBER	
1010591396	

DDA REGULAR DEPOSIT Date: 09/16 Amount: \$750.00

Texas Community Bank	
Date	<u>Seven Days D/C</u>
Name	<u>DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL</u>
ACCOUNT NUMBER	
<u>1010591396</u>	
SIGN HERE FOR CASH RECEIPT OF INSURANCE	

DDA REGULAR DEPOSIT Date: 10/06 Amount: \$750.00

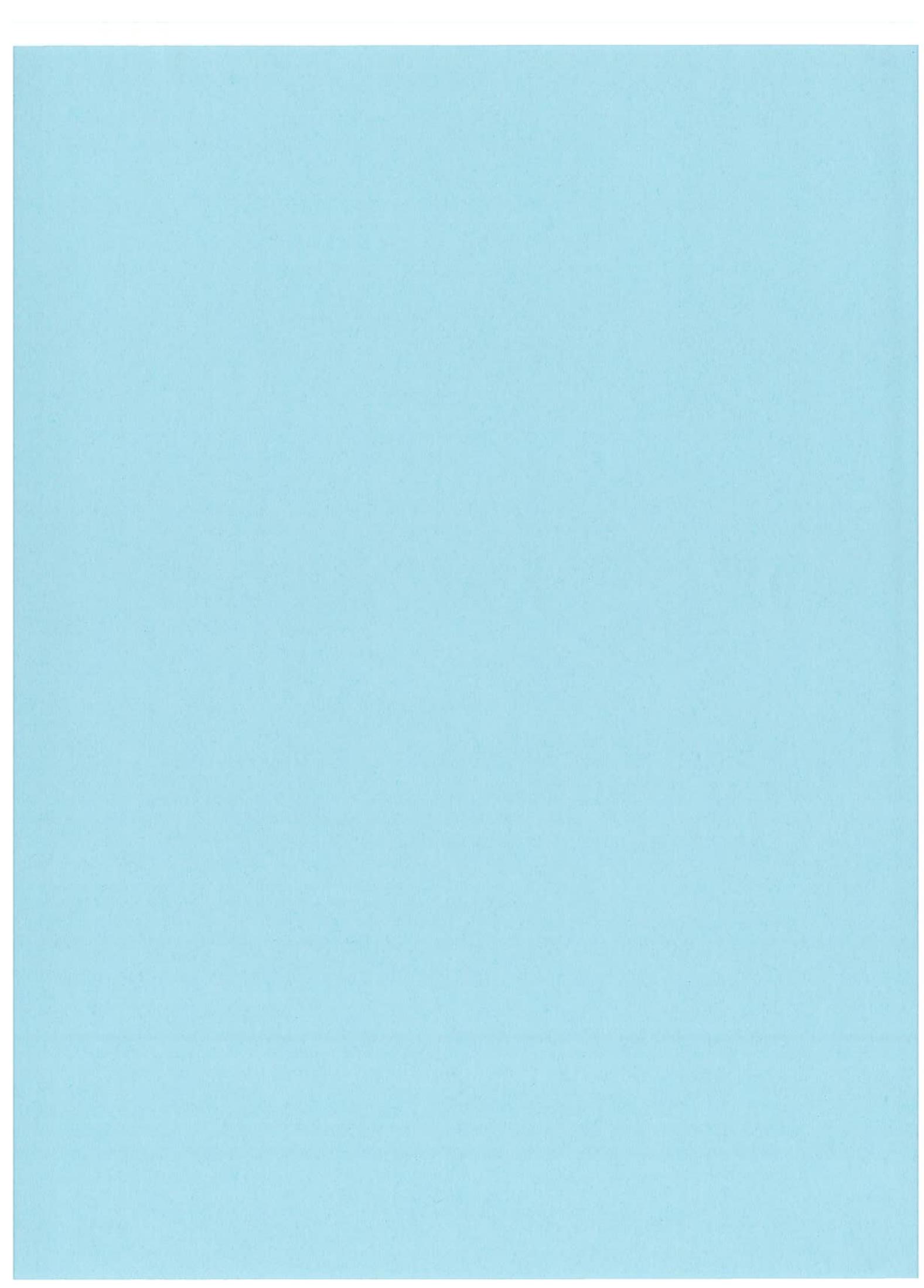
CHECKING DEPOSIT	
100	IN MILLIONS OF DOLLARS
DEPOSIT	
TOTAL FARM	
OTHER \$1.76	
SUB TOTAL	
LESS CASH PAID OUT	
MST OF POSIT	

759.00

759.00

CHECKING DEPOSIT
 CASH DEPOSIT
 INCLUDING CASH
~~20.20~~ 20.20 750.00
 1014 + ROM OTHER SIDE
 SUB TOTAL
 LESS CASH RECEIVED
 Net
 in pocket 750.00

750.00



[Checkout](#)[Back](#)**Billing Information**

John Keiser
PO BOX 450094, Laredo, Texas 78045, United States
Seven Flags Regional Advisory Council

Payment

 Ending with 3893

 **Order Summary**[Edit order](#)

3 items

[View offer disclaimers](#)

Subtotal
\$478.75
Taxes & Fees
\$30.28

Total (USD)
\$509.03

 Nice! You saved \$144.00 on your order.

By clicking "Complete Purchase", you agree to our [Terms & Conditions](#) and [Privacy Policy](#).

 Complete Purchase

Your payment details will be saved as an alternate payment method for future purchases and renewals. Renewal price is subject to change. Renewals are billed to the payment method selected for this order or your other payment methods until cancelled. Your payment is being processed in United States.



TrustedSite

SECURE CHECKOUT

Receipt

A copy of your receipt below has been sent to jrkeiser@stdc.cog.tx.us

Confirmation #:

3895502391

Date:

10/9/2025

Payment:

Visa

Websites + Marketing Premium - Renewal - 1 Year

\$359.88

~~\$479.88~~

25% off

Microsoft 365 Secure Starter Email - Renewal - 1 years

\$95.88

~~\$119.88~~

20% off

\$22.99

sevenflagsrac.org

.ORG Domain Name Renewal - 1 Year (recurring)

Taxes & Fees

\$30.28

Total (USD)

\$509.03

X

CONTACT US 24/7 1-480-505-8877

Receipt

Nº 3895502391

DATE:

10/9/2025

CUSTOMER #:

200994685

BILL TO:

John Keiser
PO BOX 450094,
Laredo, Texas 78045,
United States
Seven Flags Regional Advisory Council
+1.9566930536

PAYMENT:

Visa 3893 \$509.03

Previous Balance \$509.03

Received Payment (\$509.03)

Balance Due (USD) \$0.00

Term	Product	Amount
1 yr	Websites + Marketing Premium Renewal sevenflagsrac.org	A1 \$359.88
1 yr	Microsoft 365 Secure Starter Email - Renewal	A1 \$95.88

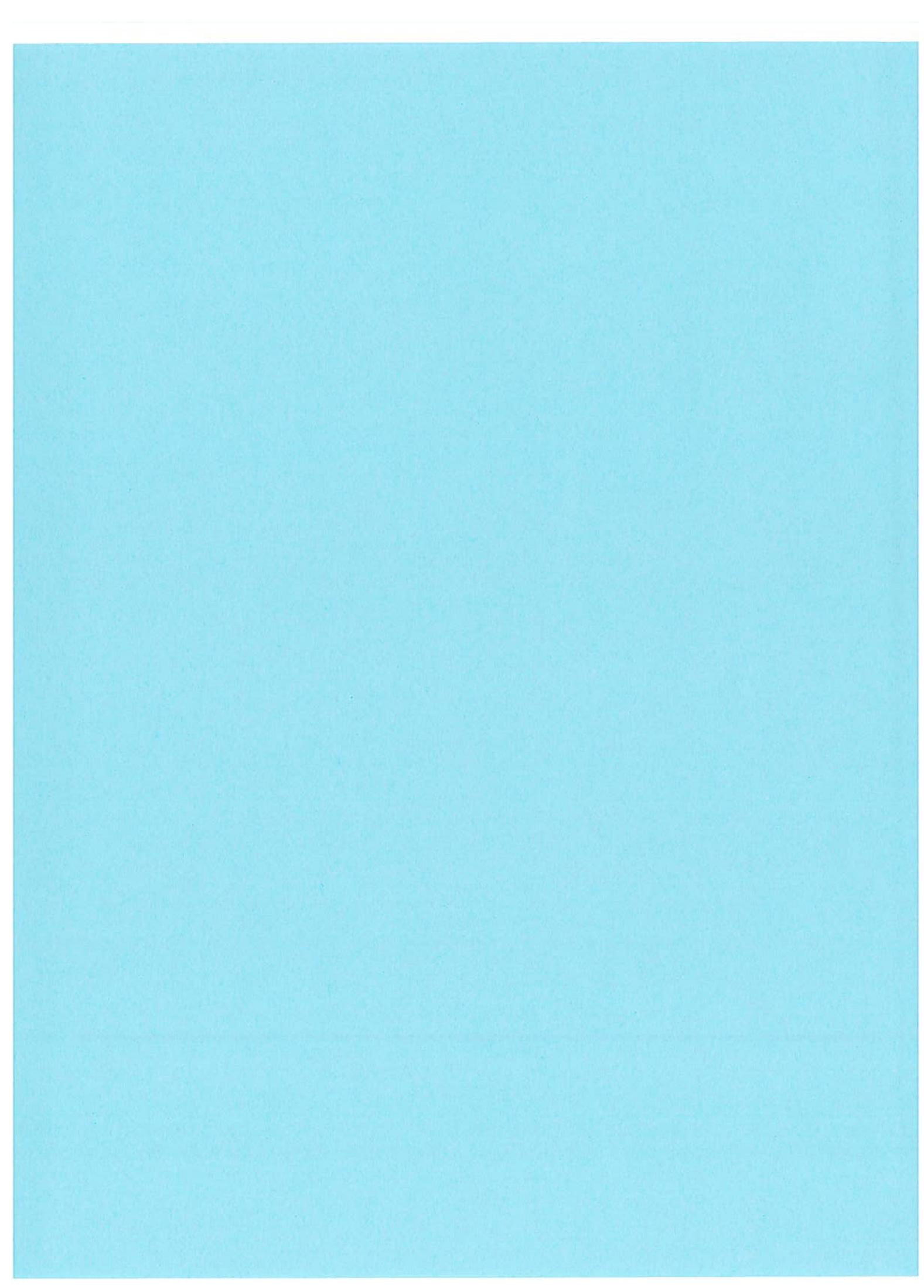
info@sevenflagsrac.org

1 yr	.ORG Domain Renewal SEVENFLAGSRAC.org ¹	A2	\$22.99
	Subtotal		\$478.75
	Taxes		\$30.08
	Fees		\$0.20
	Total (USD)		\$509.03

REFERENCE

	Taxes		\$30.08
A	GoDaddy.com, LLC 100 S Mill Ave, Suite 1600, Tempe, Arizona 85281, United States		\$30.08
A1	Net	\$455.76	General Sales and Use Tax (6.25%)
			General Sales and Use Tax (0.50%)
			General Sales and Use Tax (1.25%)
			General Sales and Use Tax (0.25%)
A2	Net	\$22.99	General Sales and Use Tax (0.00%)
			General Sales and Use Tax (0.00%)
			General Sales and Use Tax (0.00%)
			General Sales and Use Tax (0.00%)
	Fees		\$0.20
1.	ICANN SEVENFLAGSRAC.org		\$0.20

Universal Terms of Service



SYSTEM DEVELOPMENT



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/25
Primary Account
Enclosures

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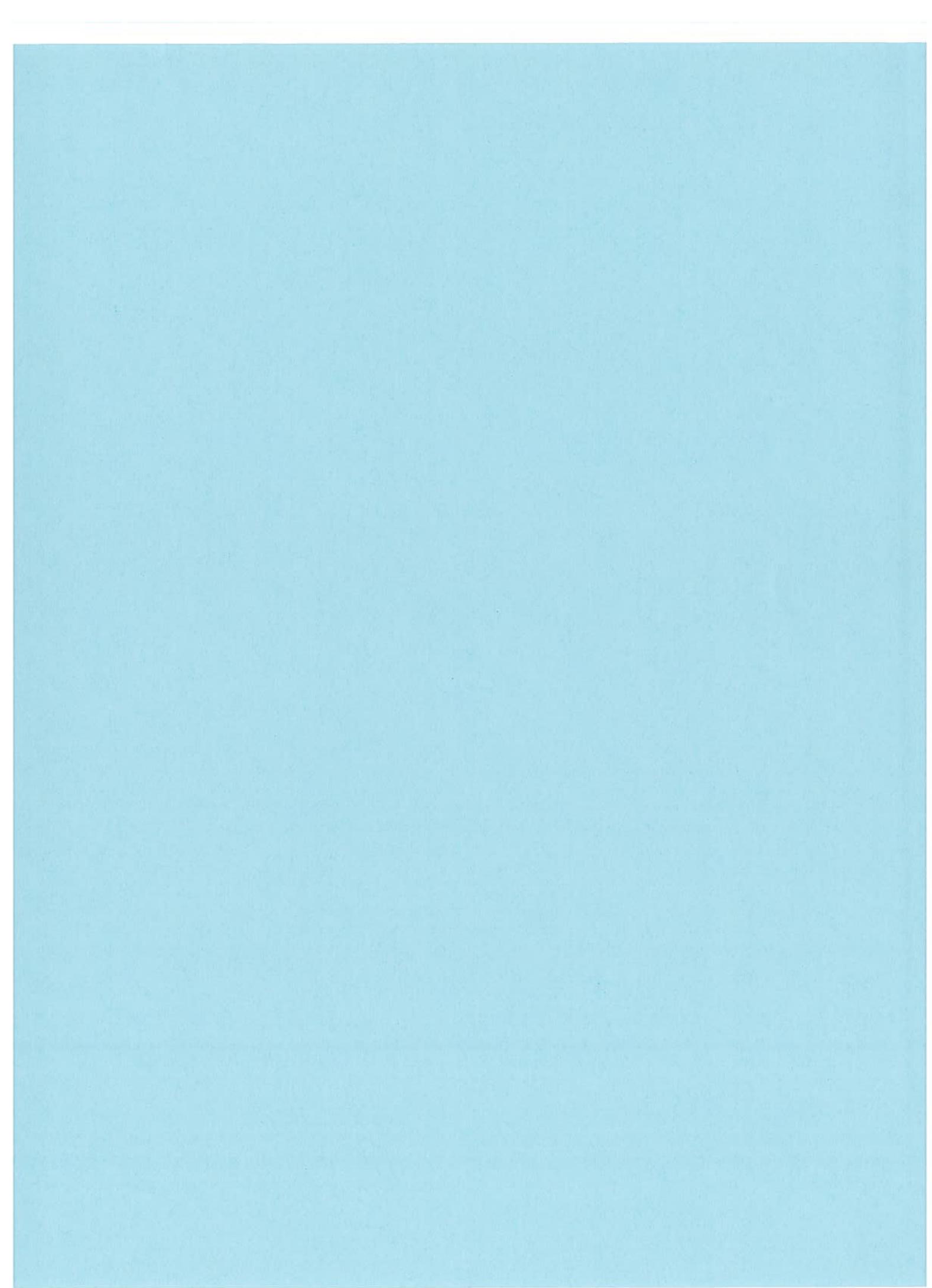
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	Number of Enclosures
Previous Balance	1010591693	Statement Dates 9/11/25 thru 10/13/25
Deposits/Credits	.00	Days in the statement period 33
Checks/Debits	.00	Average Ledger .00
Service Charge	.00	Average Collected .00
Interest Paid	.00	
Current Balance	.00	

DAILY BALANCE INFORMATION

Date	Balance
9/11	.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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HOLDING ACCOUNT



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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 10/10/25
Primary Account
Enclosures

Page 1
1010591792

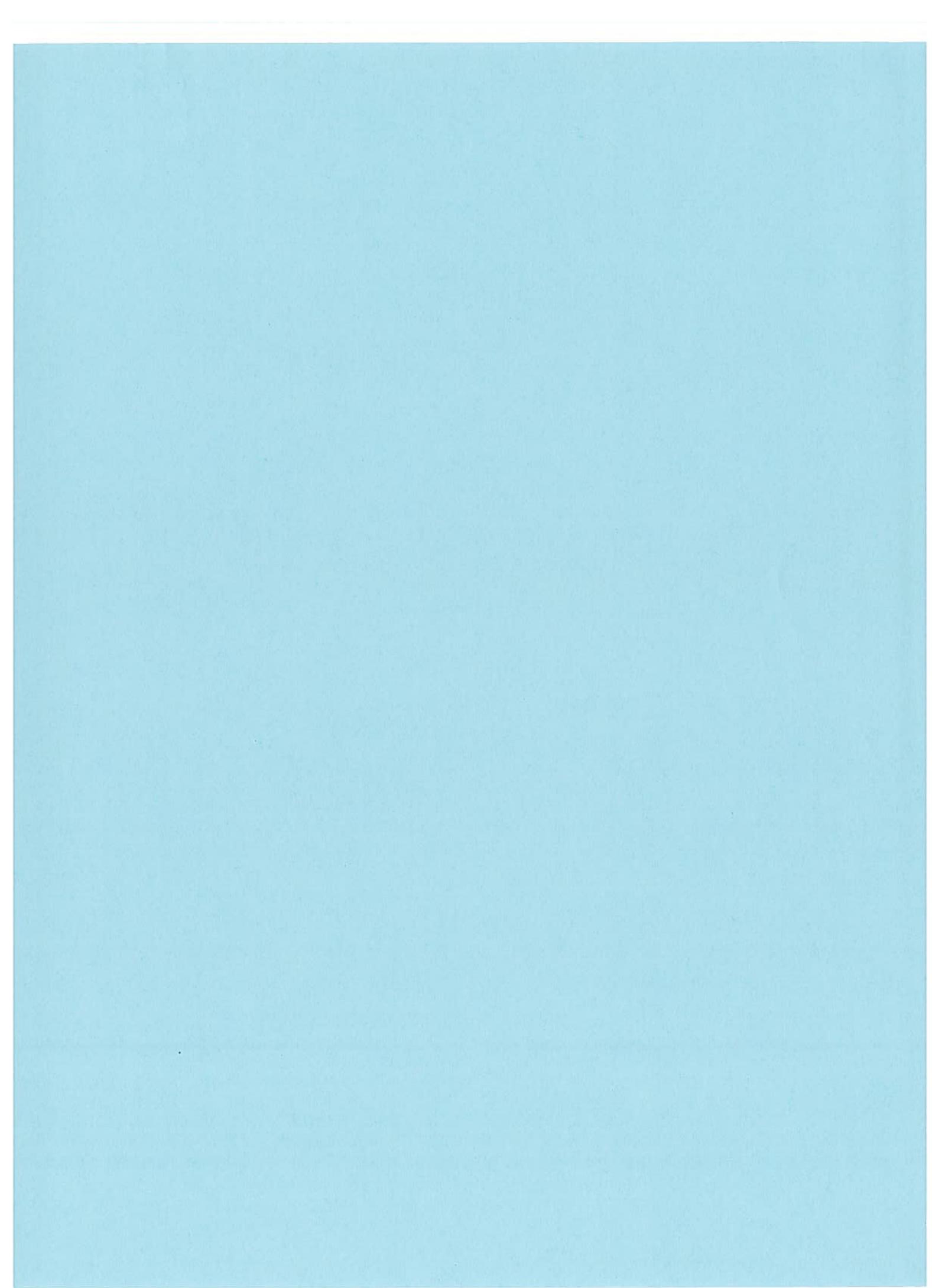
CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591792	Statement Dates	9/11/25 thru 10/13/25
Previous Balance	.50	Days in the statement period	33
Deposits/Credits	.00	Average Ledger	:50
Checks/Debits	.00	Average Collected	:50
Service Charge	.00		
Interest Paid	.00		
Current Balance	.50		

DAILY BALANCE INFORMATION

Date	Balance
9/11	.50

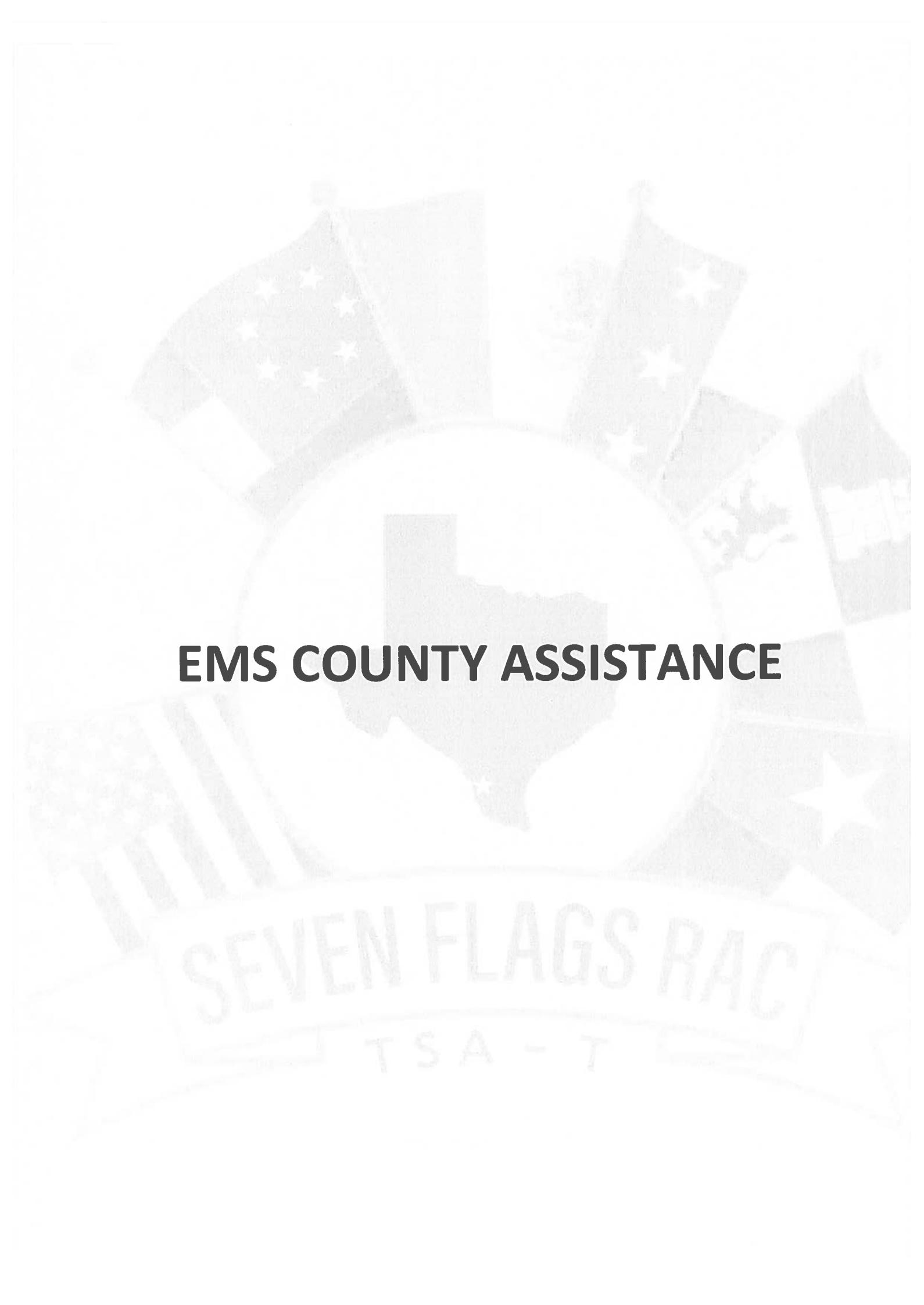
Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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NOVEMBER 2025

SEVEN FLAGS RAC
TS A - IT



EMS COUNTY ASSISTANCE



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(956) 722-8333

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/25
Primary Account
Enclosures

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1010591594

EMS County Assistance

CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591594	Number of Enclosures	0
Previous Balance		:00	Statement Dates	9/11/25 thru 11/11/25
1 Deposits/Credits		92,624.00	Days in the statement period	62
Checks/Debits		:00	Average Ledger	40,336.25
Service Charge		:00	Average Collected	40,336.25
Interest Paid		:00		
Current Balance		92,624.00		

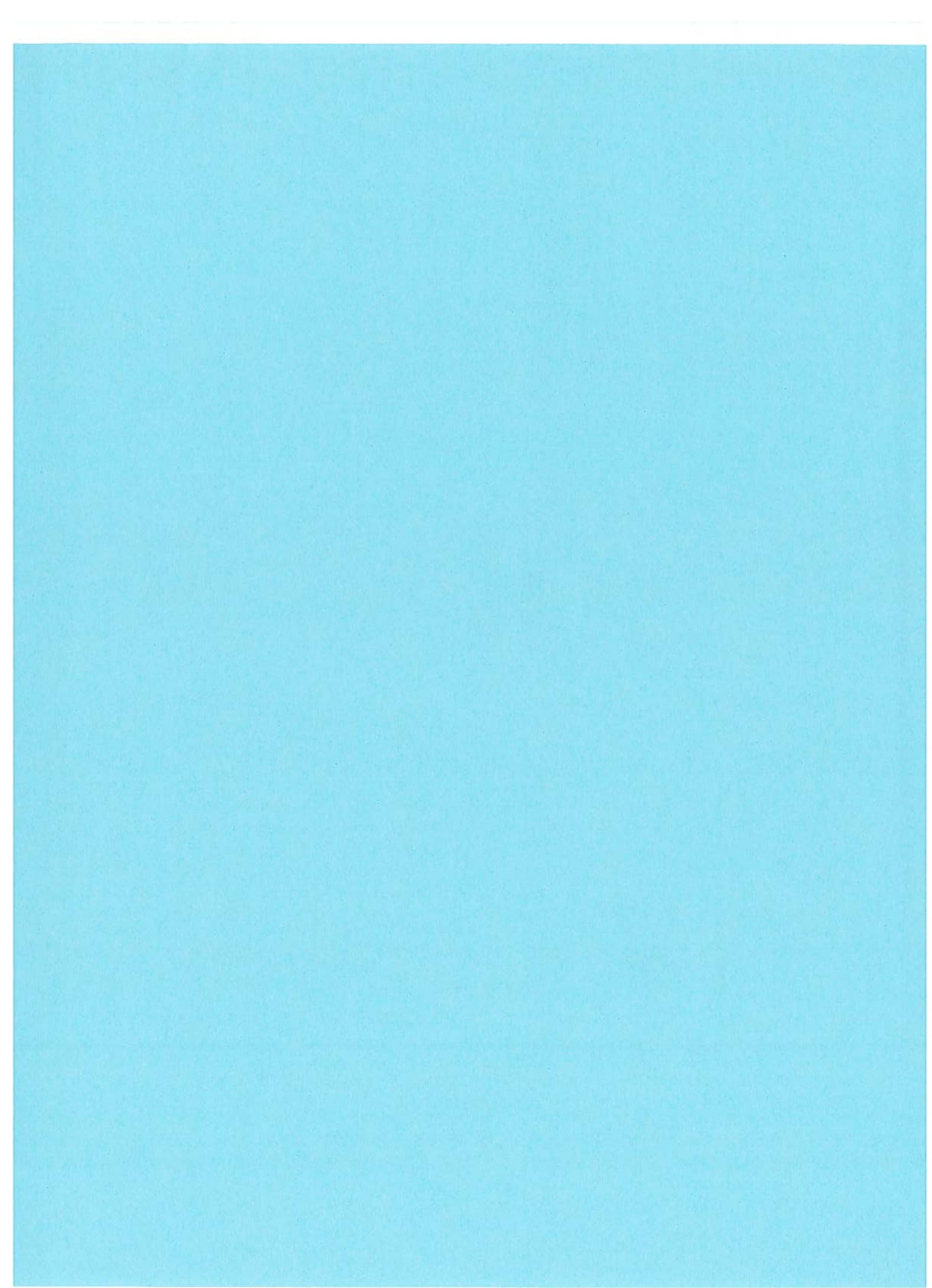
DEPOSITS AND ADDITIONS

Date	Description	Amount
10/16	Transfer from Holding Account to EMS Cnty Assistance	92,624.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
9/11	.00	10/16	92,624.00

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EMS RAC

SEVEN FLAGS RAC

2000 T-SA-T



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COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
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1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/25
Primary Account
Enclosures

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1010591495
1

CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591495	Number of Enclosures	1
Previous Balance		.00	Statement Dates 10/14/25 thru 11/11/25	29
1 Deposits/Credits		181,759.00	Days in the statement period	29
1 Checks/Debits		6,000.00	Average Ledger	167,775.62
Service Charge		.00	Average Collected	167,775.62
Interest Paid		.00		
Current Balance		175,759.00		

DEPOSITS AND ADDITIONS

Date	Description	Amount
10/16	Transfer from Holding Account to EMS RAC	181,759.00

CHECKS IN SERIAL NUMBER ORDER

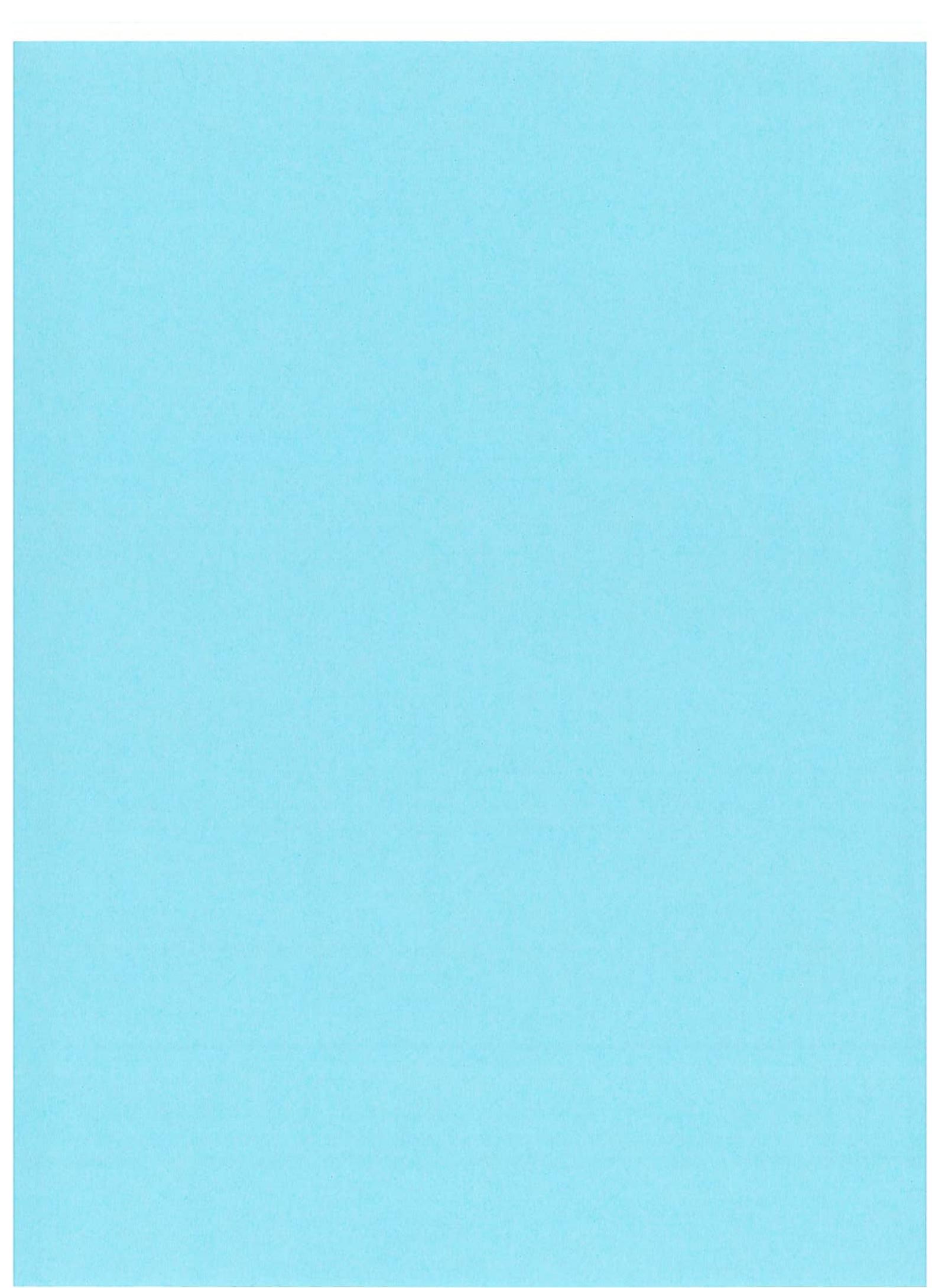
Date	Check No	Amount
11/06	1055	6,000.00

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
10/14	.00	10/16	181,759.00	11/06	175,759.00

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Date	Invoice #
09/30/2025	HAINV-00457

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

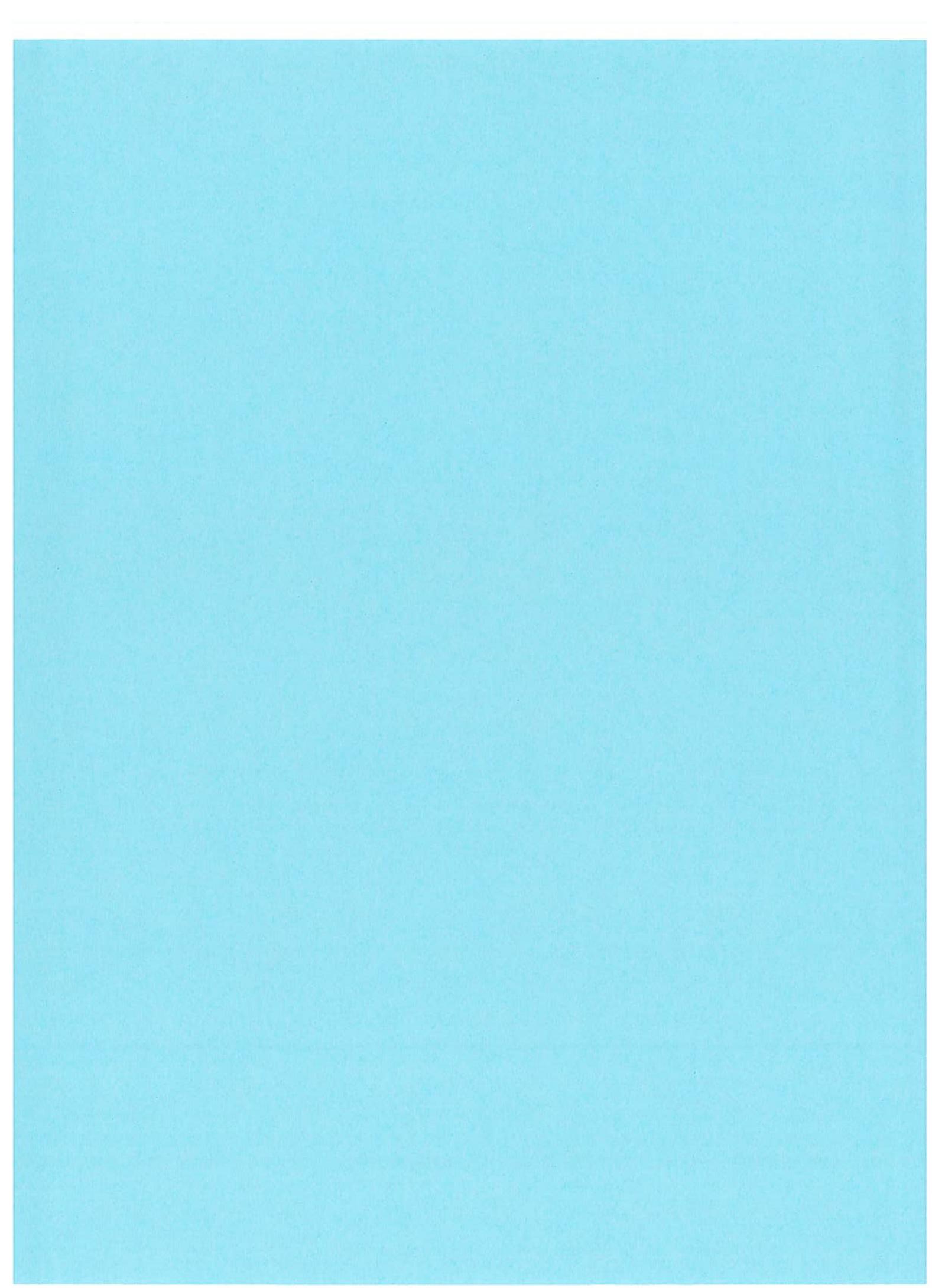
Bill To

Seven Flags Regional Advisory Council
1216 Santa Maria Street
Laredo, TX 78040

SFRAC: Self Assessment FY2025-2026			Terms
			Net 30
Quantity	Item	Description	Amount
1	Professional Fees	SFRAC Implementation Activities: Development of the SFRAC task list tracker for implementation items as written in each SMART goal for all indicators in the self-assessment scoring that scored below a "3". Tracker includes self-assessment measure/indicator, SMART goal submitted, and all tasks required to implement the SMART goal objectives. Hosted virtual meeting with SFRAC Administrator 9/19/2025 to review all tasks and start action plan for implementation items specific to EMS/Trauma results of the self-assessment. Drafted and finalized 'talking points' PowerPoint presentation for the Board meeting and reviewed with SFRAC Administrator. Onsite attendance and presentation of implementation plan for Board meeting on 9/24/2025. Bylaw implementation items included research of additional language to include in the SFRAC Bylaws per the task list items noted with recommendations developed for all Bylaw suggestions that will be presented to the Board during the next Board meeting. Review of recommendations will be made to the SFRAC Administrator in October 2025.	\$6,000.00
			Total: \$6,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL		1055
EMS RAC ACCOUNT		83-2481119
1216 SANTA MARIA		
LAREDO, TX 78040		
<u>9/30/2025</u>		
LAW <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> BANK <input type="checkbox"/>		
Pay to the Order of	Health Access	\$ 6,000.00
Six thousand so et		Dollar <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<i>Mr. L.</i>		
 Texas Community Bank 6721 McPherson Rd., Laredo, Texas 78041 EIN: 75-0289757 (Supt. #726)		<i>A. Ray</i>
011492481055 #1010591495#		

DDA FORCE PAY DEBIT 1055 Date: 11/05 Amount: \$6,000.00



GENERAL FUND



6721 McPherson Road
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COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/25
Primary Account
Enclosures

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1010591396
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CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591396	Number of Enclosures	10
Previous Balance		49,591.29	Statement Dates 10/14/25 thru 11/11/25	
10 Deposits/Credits		9,900.00	Days in the statement period	29
3 Checks/Debits		242.00	Average Ledger	55,543.77
Service Charge		.00	Average Collected	55,098.94
Interest Paid		.00		
Current Balance		59,249.29		

DEPOSITS AND ADDITIONS

Date	Description	Amount
10/14	DDA REGULAR DEPOSIT	750.00
10/14	DDA REGULAR DEPOSIT	1,950.00
10/22	DDA REGULAR DEPOSIT	750.00
10/22	DDA REGULAR DEPOSIT	750.00
10/27	DDA REGULAR DEPOSIT	750.00
10/29	DDA REGULAR DEPOSIT	750.00
10/31	DDA REGULAR DEPOSIT	750.00
10/31	DDA REGULAR DEPOSIT	750.00
11/03	DDA REGULAR DEPOSIT	750.00
11/03	DDA REGULAR DEPOSIT	1,950.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
11/03	POS DEB 1114 11/01/25 00262015 USPS PO 4849510301 2395 E DEL MAR BLV LAREDO TX C#3893	192.00-



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Date 11/10/25
Primary Account 1010591396
Enclosures 10

TCB COURTESY CHECKING

1010591396 (Continued)

CHECKS AND WITHDRAWALS

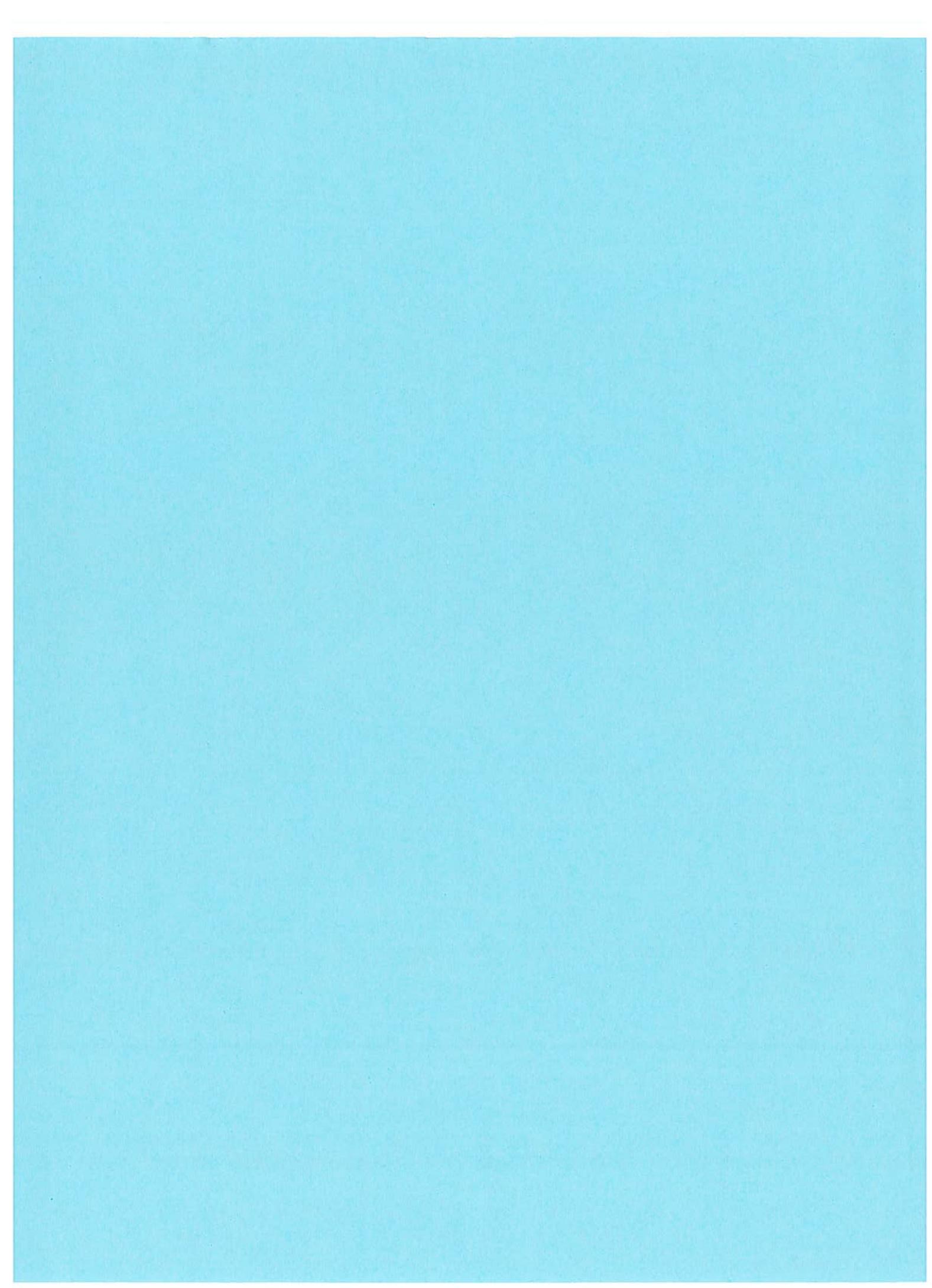
Date	Description	Amount
11/07	DBT CRD 1003 11/05/25 78392204 HCTRA EZ TAG STORE 281-875-3279 TX C#3893	10.00-
11/07	DBT CRD 1042 11/05/25 01783961 HCTRA EZ TAG ONLINE 281-875-3279 TX C#3893	40.00-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance	Date	Balance
10/14	52,291.29	10/29	55,291.29	11/07	59,249.29
10/22	53,791.29	10/31	56,791.29		
10/27	54,541.29	11/03	59,299.29		

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<p>Texas Community Bank</p> <p>Date <u>10/14/25</u> Name <u>Seven Flags</u> Deposits may not be available for immediate withdrawal</p> <p>ACCOUNT NUMBER <u>1010591396</u></p> <p>SIGN HERE FOR CASH RECEIVED IF REQUIRED</p> <p>10 50 57-00 1 10 10 10 59 1 396#</p>	<p>CHECKING DEPOSIT</p> <p><input checked="" type="checkbox"/> CASH & INCLUDING COIN</p> <p>750.00</p> <p>TOTAL FROM OTHER SIDE</p> <p>SUB TOTAL</p> <p>LESS CASH RECEIVED</p> <p>NET DEPOSIT</p> <p>750.00</p>
<p>DDA REGULAR DEPOSIT Date: 10/14 Amount: \$750.00</p>	<p>DDA REGULAR DEPOSIT Date: 10/14 Amount: \$750.00</p>
<p>Texas Community Bank</p> <p>Date <u>10/22/25</u> Name <u>Seven Flags</u> Deposits may not be available for immediate withdrawal</p> <p>ACCOUNT NUMBER <u>1010591396</u></p> <p>SIGN HERE FOR CASH RECEIVED IF REQUIRED</p> <p>10 50 57-00 1 10 10 10 59 1 396#</p>	<p>CHECKING DEPOSIT</p> <p><input checked="" type="checkbox"/> CASH & INCLUDING COIN</p> <p>750.00</p> <p>TOTAL FROM OTHER SIDE</p> <p>SUB TOTAL</p> <p>LESS CASH RECEIVED</p> <p>NET DEPOSIT</p> <p>750.00</p>
<p>DDA REGULAR DEPOSIT Date: 10/22 Amount: \$750.00</p>	<p>DDA REGULAR DEPOSIT Date: 10/22 Amount: \$750.00</p>
<p>Texas Community Bank</p> <p>Date <u>10/29/25</u> Name <u>Seven Flags</u> Deposits may not be available for immediate withdrawal</p> <p>ACCOUNT NUMBER <u>1010591396</u></p> <p>SIGN HERE FOR CASH RECEIVED IF REQUIRED</p> <p>10 50 57-00 1 10 10 10 59 1 396#</p>	<p>CHECKING DEPOSIT</p> <p><input checked="" type="checkbox"/> CASH & INCLUDING COIN</p> <p>750.00</p> <p>TOTAL FROM OTHER SIDE</p> <p>SUB TOTAL</p> <p>LESS CASH RECEIVED</p> <p>NET DEPOSIT</p> <p>750.00</p>
<p>DDA REGULAR DEPOSIT Date: 10/29 Amount: \$750.00</p>	<p>DDA REGULAR DEPOSIT Date: 10/29 Amount: \$750.00</p>
<p>Texas Community Bank</p> <p>Date <u>10/31/25</u> Name <u>Seven Flags</u> Deposits may not be available for immediate withdrawal</p> <p>ACCOUNT NUMBER <u>1010591396</u></p> <p>SIGN HERE FOR CASH RECEIVED IF REQUIRED</p> <p>10 50 57-00 1 10 10 10 59 1 396#</p>	<p>CHECKING DEPOSIT</p> <p><input checked="" type="checkbox"/> CASH & INCLUDING COIN</p> <p>1950.00</p> <p>TOTAL FROM OTHER SIDE</p> <p>SUB TOTAL</p> <p>LESS CASH RECEIVED</p> <p>NET DEPOSIT</p> <p>1950.00</p>
<p>DDA REGULAR DEPOSIT Date: 10/31 Amount: \$750.00</p>	<p>DDA REGULAR DEPOSIT Date: 10/31 Amount: \$750.00</p>
<p>Texas Community Bank</p> <p>Date <u>11/03/25</u> Name <u>Seven Flags</u> Deposits may not be available for immediate withdrawal</p> <p>ACCOUNT NUMBER <u>1010591396</u></p> <p>SIGN HERE FOR CASH RECEIVED IF REQUIRED</p> <p>10 50 57-00 1 10 10 10 59 1 396#</p>	<p>CHECKING DEPOSIT</p> <p><input checked="" type="checkbox"/> CASH & INCLUDING COIN</p> <p>1950.00</p> <p>TOTAL FROM OTHER SIDE</p> <p>SUB TOTAL</p> <p>LESS CASH RECEIVED</p> <p>NET DEPOSIT</p> <p>1950.00</p>
<p>DDA REGULAR DEPOSIT Date: 11/03 Amount: \$1,950.00</p>	<p>DDA REGULAR DEPOSIT Date: 11/03 Amount: \$1,950.00</p>





DEL MAR
2395 E DEL MAR BLVD
LAREDO, TX 78045-9998
WWW.USPS.COM

11/01/2025 11:14 AM

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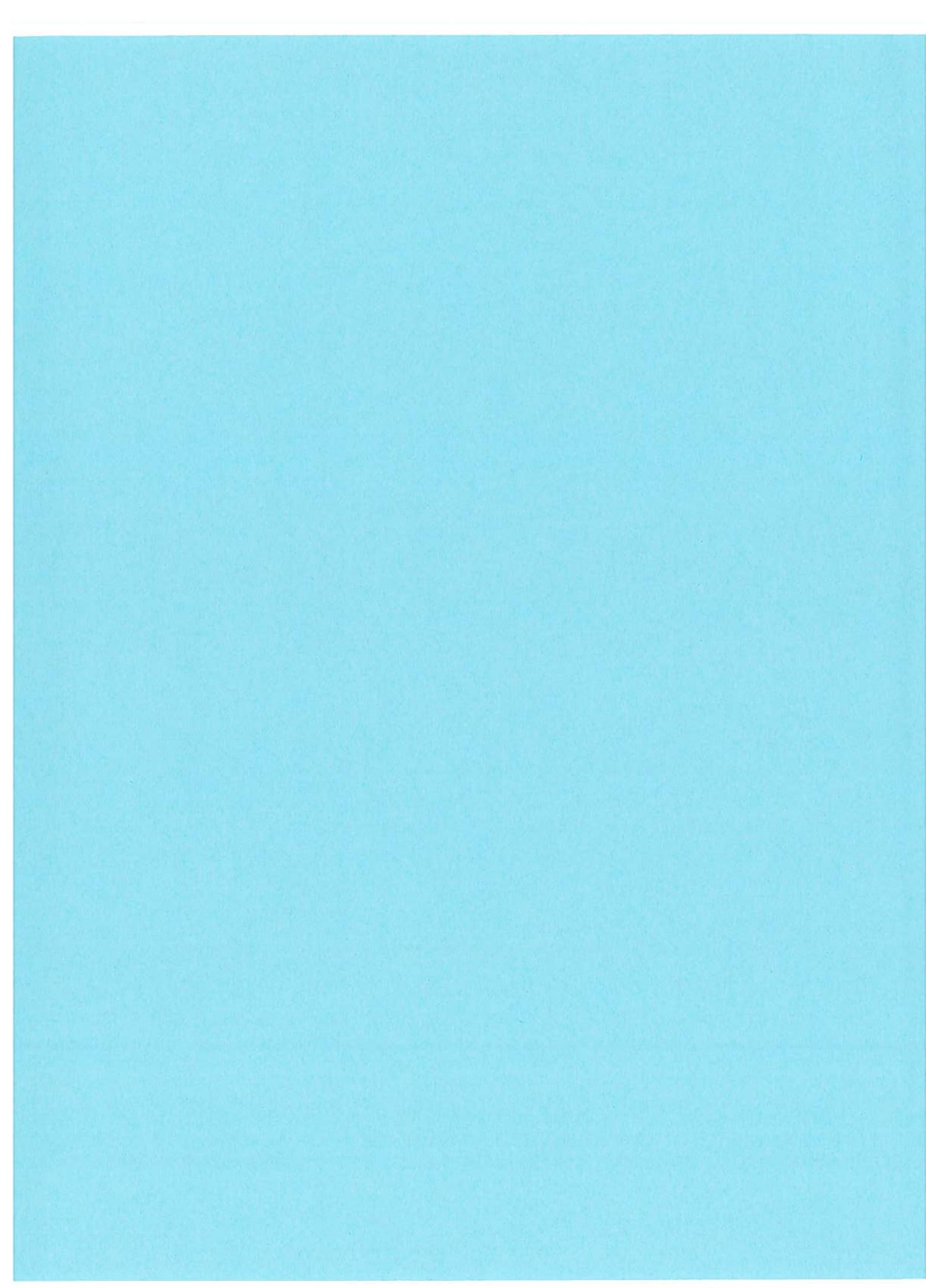
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(1-800-275-8777)

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Transaction details

X

DBT CRD 1003 78392204 HCCTRA EZ TAG STORE 281-875-3279 TX C#3893

11/7/2025

\$10.00

 Add tags

 Add notes

 Add images

+

 Attach to a conversation

Transaction details

X

DBT CRD 1042 01783961 HCTRA EZ TAG ONLINE 281-875-3279 TX C#3893

11/7/2025

\$40.00

 Add tags

 Add notes

 Add images

+

 Attach to a conversation

SYSTEM DEVELOPMENT

SEVEN FLAGS RAC

TSAA - TGA



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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/25
Primary Account
Enclosures

Page 1
1010591693

CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures
Account Number	1010591693	0
Previous Balance	.00	Statement Dates 10/14/25 thru 11/11/25
1 Deposits/Credits	46,021.00	Days in the statement period 29
Checks/Debits	.00	Average Ledger 42,847.13
Service Charge	.00	Average Collected 42,847.13
Interest Paid	.00	
Current Balance	46,021.00	

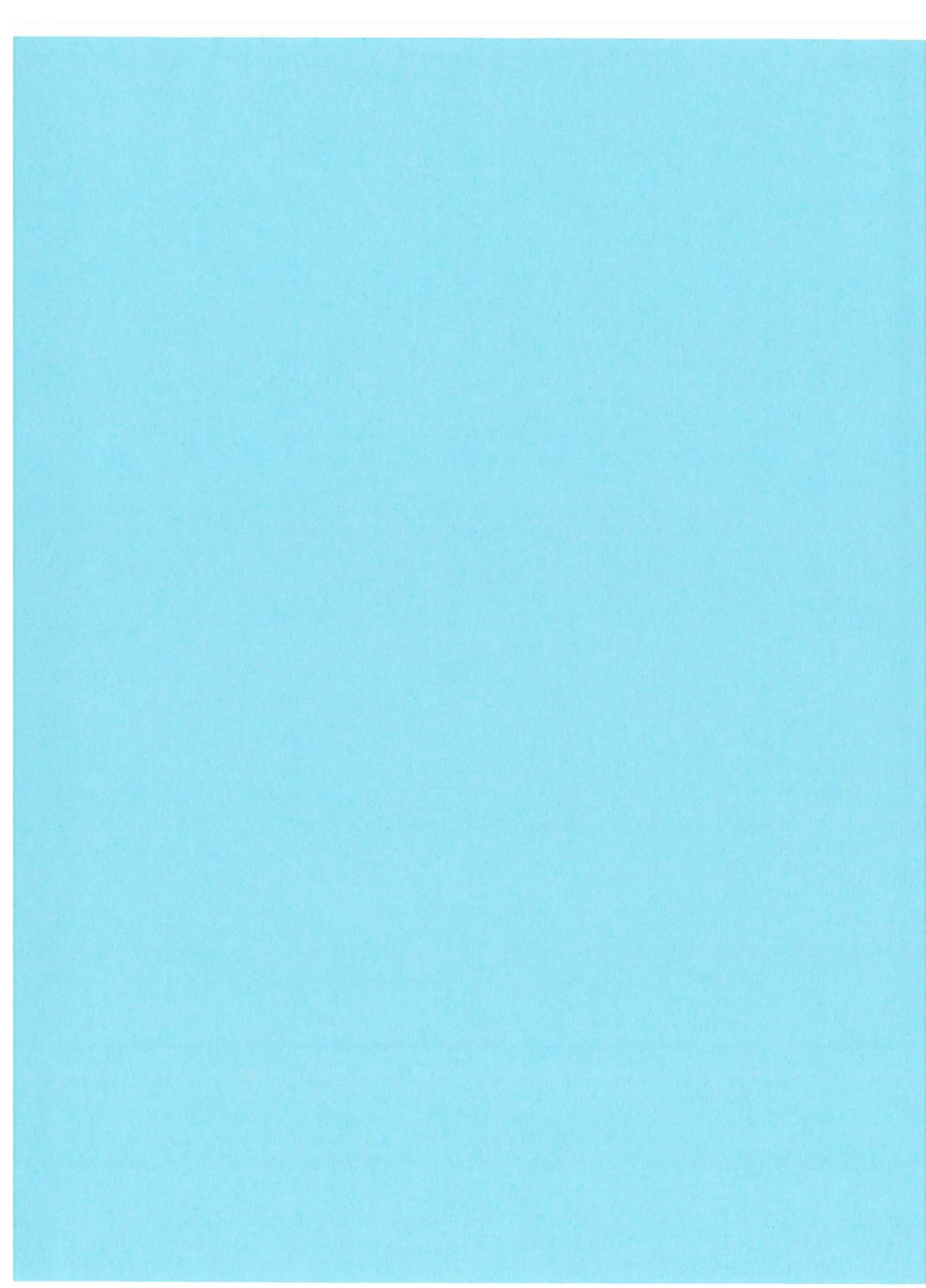
DEPOSITS AND ADDITIONS

Date	Description	Amount
10/16	Transfer from Holding Account to System Development	46,021.00

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/14	.00	10/16	46,021.00

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HOLDING ACCOUNT



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COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 11/10/25
Primary Account
Enclosures

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CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures
Account Number	1010591792	Statement Dates 10/14/25 thru 11/11/25
Previous Balance	.50	Days in the statement period 29
1 Deposits/Credits	320,404.00	Average Ledger .50
3 Checks/Debits	320,404.00	Average Collected 11,047.91-
Service Charge	.00	
Interest Paid	.00	
Current Balance	.50	

DEPOSITS AND ADDITIONS

Date	Description	Amount
10/16	DDA REGULAR DEPOSIT	320,404.00

CHECKS AND WITHDRAWALS

Date	Description	Amount
10/16	Transfer from Holding Account to System Development	46,021.00-
10/16	Transfer from Holding Account to EMS Cnty Assistance	92,624.00-
10/16	Transfer from Holding Account to EMS RAC	181,759.00-

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
10/14	.50	10/16	.50



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Date 11/10/25 Page 2
Primary Account 1010591792
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TCB COURTESY CHECKING

1010591792 (Continued)

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Texas Community Bank

CHECKING DEPOSIT

DATE 10/16/00

Date Oct 16, 25

46

Name The Seven Place

REGISTRATION STATEMENT

REGISTRATION STATEMENT

ACCOUNT NUMBER 1010591792

AMOUNT RECEIVED
TOTAL FROM
OT-OF-REF
SUB TOTAL
LESS CASH
RECEIVED
NET
DEPOSIT

302,758.00

17,646.00

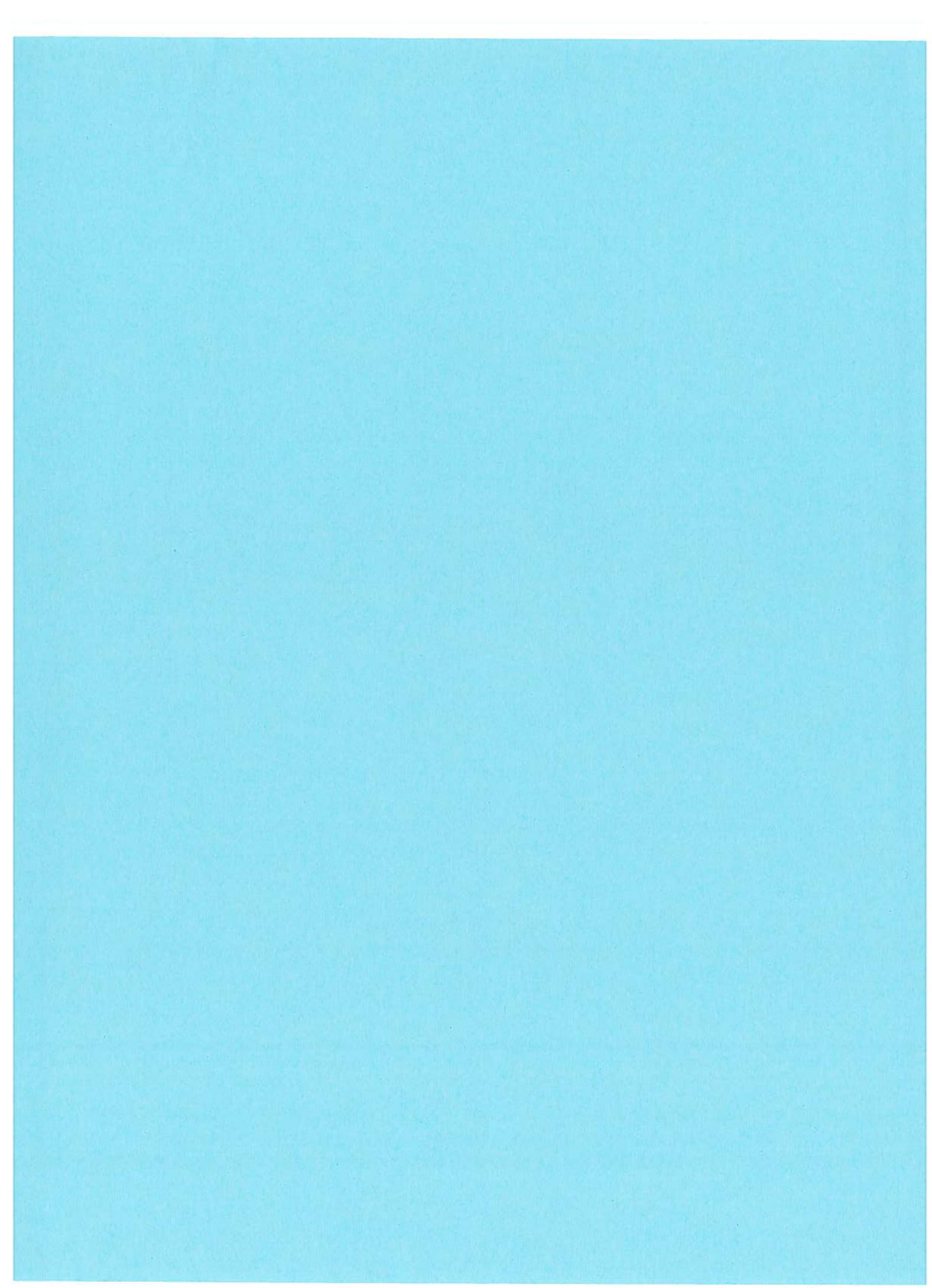
320,404.00

SIGN HERE FOR CASH RECEIVED IF REQUIRED

1010591792

1010591792

DDA REGULAR DEPOSIT Date: 10/16 Amount: \$320,404.00





DECEMBER 2025



EMS COUNTY ASSISTANCE



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Date 12/10/25
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EMS County Assistance

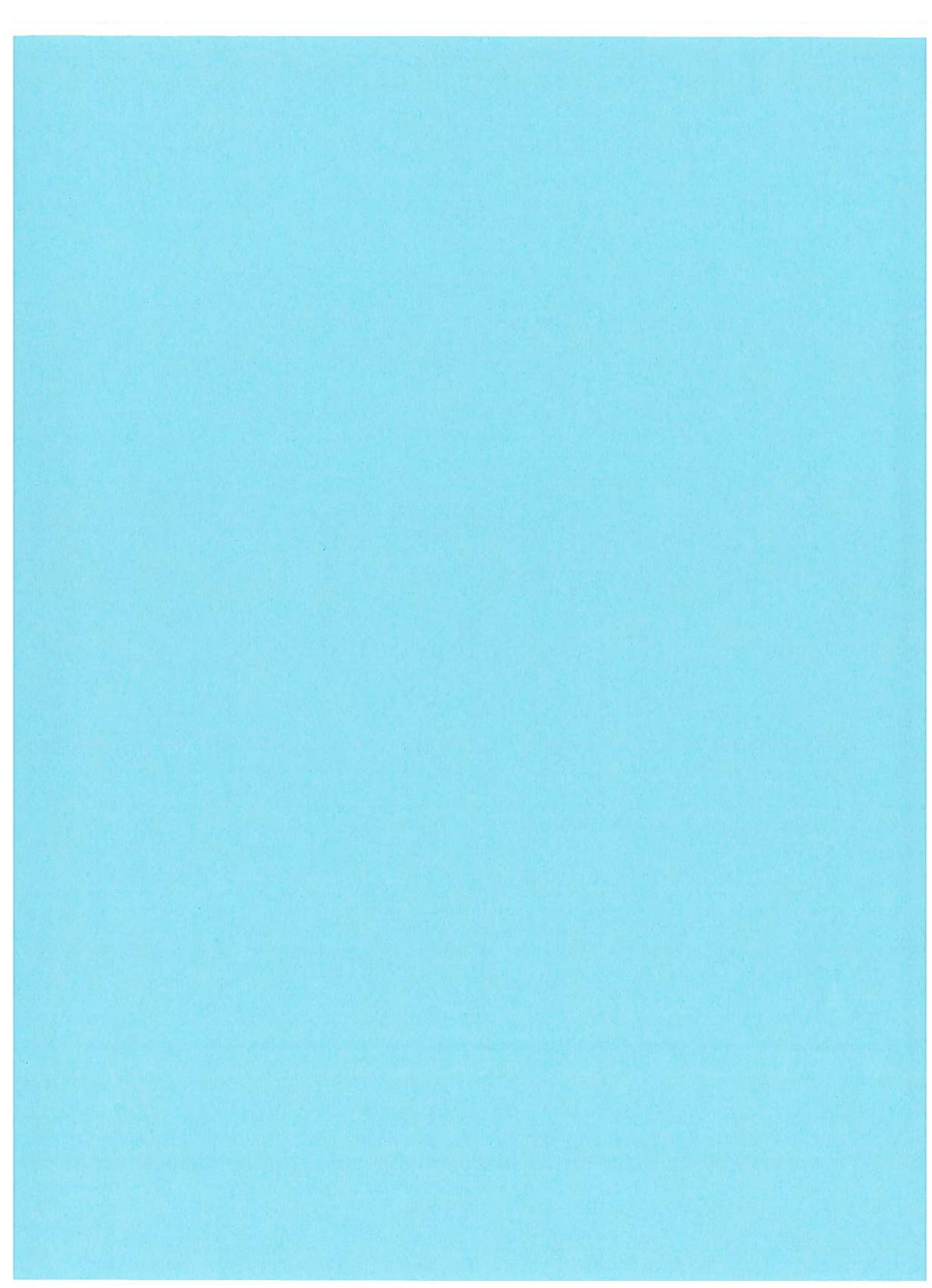
CHECKING ACCOUNT

TCB COURTESY CHECKING	Number of Enclosures
Account Number	0
Previous Balance	Statement Dates 11/12/25 thru 12/10/25
Deposits/Credits	29
Checks/Debits	Average Ledger 92,624.00
Service Charge	Average Collected 92,624.00
Interest Paid	
Current Balance	92,624.00

DAILY BALANCE INFORMATION

Date	Balance
11/12	92,624.00

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EMS RAC

SEVEN FLAGS RAC

TSA - T



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COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
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1216 SANTA MARIA
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Date 12/10/25
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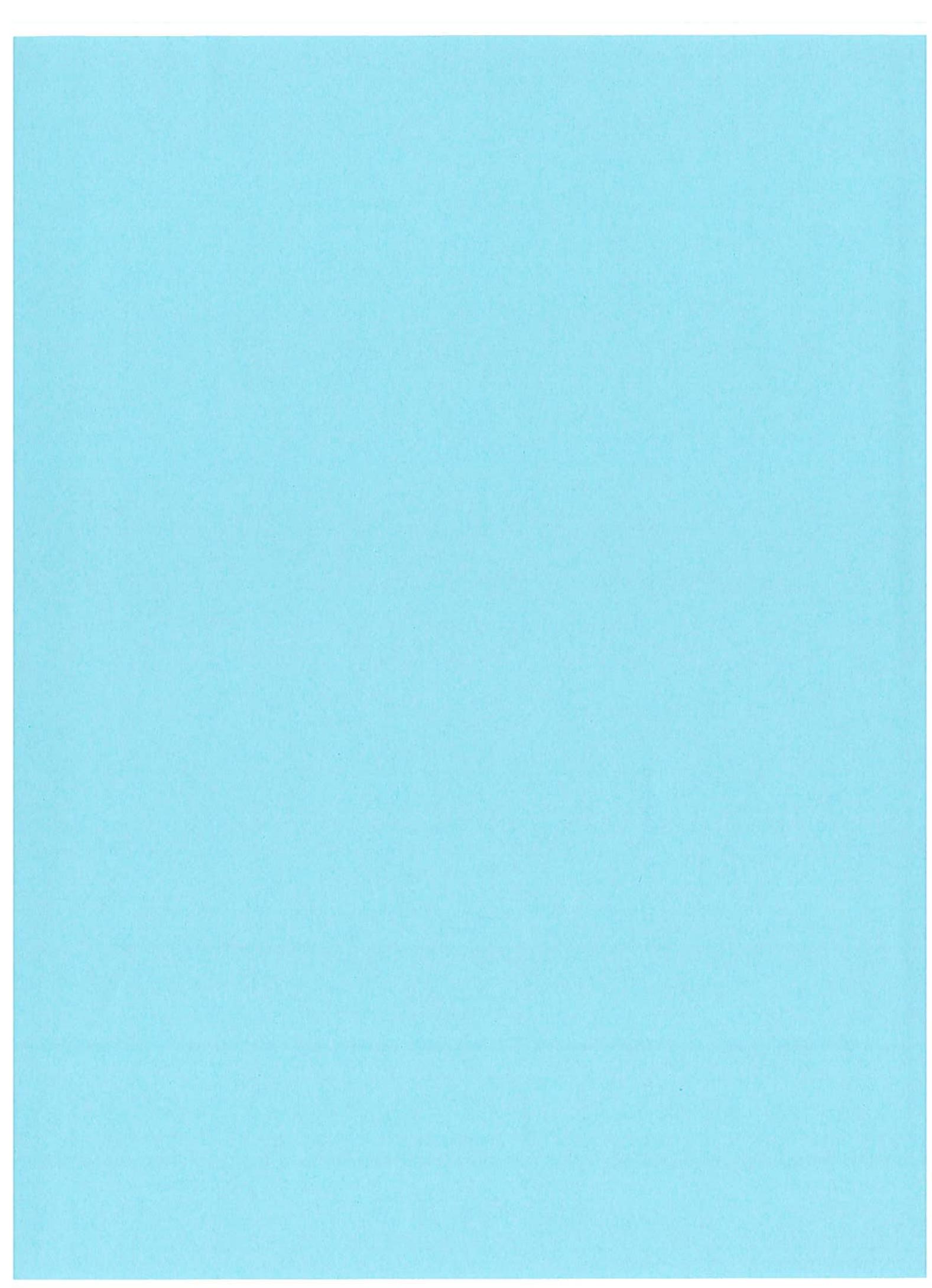
CHECKING ACCOUNT

TCB COURTESY CHECKING	Number of Enclosures
Account Number	0
Previous Balance	Statement Dates 11/12/25 thru 12/10/25
Deposits/Credits	Days in the statement period 29
Checks/Debits	Average Ledger 175,759.00
Service Charge	Average Collected 175,759.00
Interest Paid	
Current Balance	175,759.00

DAILY BALANCE INFORMATION

Date	Balance
11/12	175,759.00

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GENERAL FUND

SEVEN FLAGS RAC

TSAT



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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/10/25
Primary Account
Enclosures

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CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591396	Number of Enclosures	1
Previous Balance		59,249.29	Statement Dates 11/12/25 thru 12/10/25	25
Deposits/Credits		.00	Days in the statement period	29
1 Checks/Debits		1,818.54	Average Ledger	59,061.16
Service Charge		.00	Average Collected	59,061.16
Interest Paid		.00		
Current Balance		57,430.75		

CHECKS IN SERIAL NUMBER ORDER

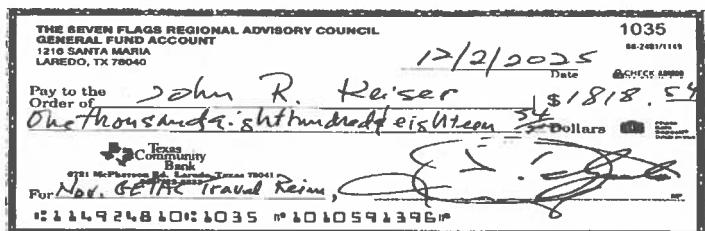
Date	Check No	Amount
12/08	1035	1,818.54

* Denotes missing check numbers

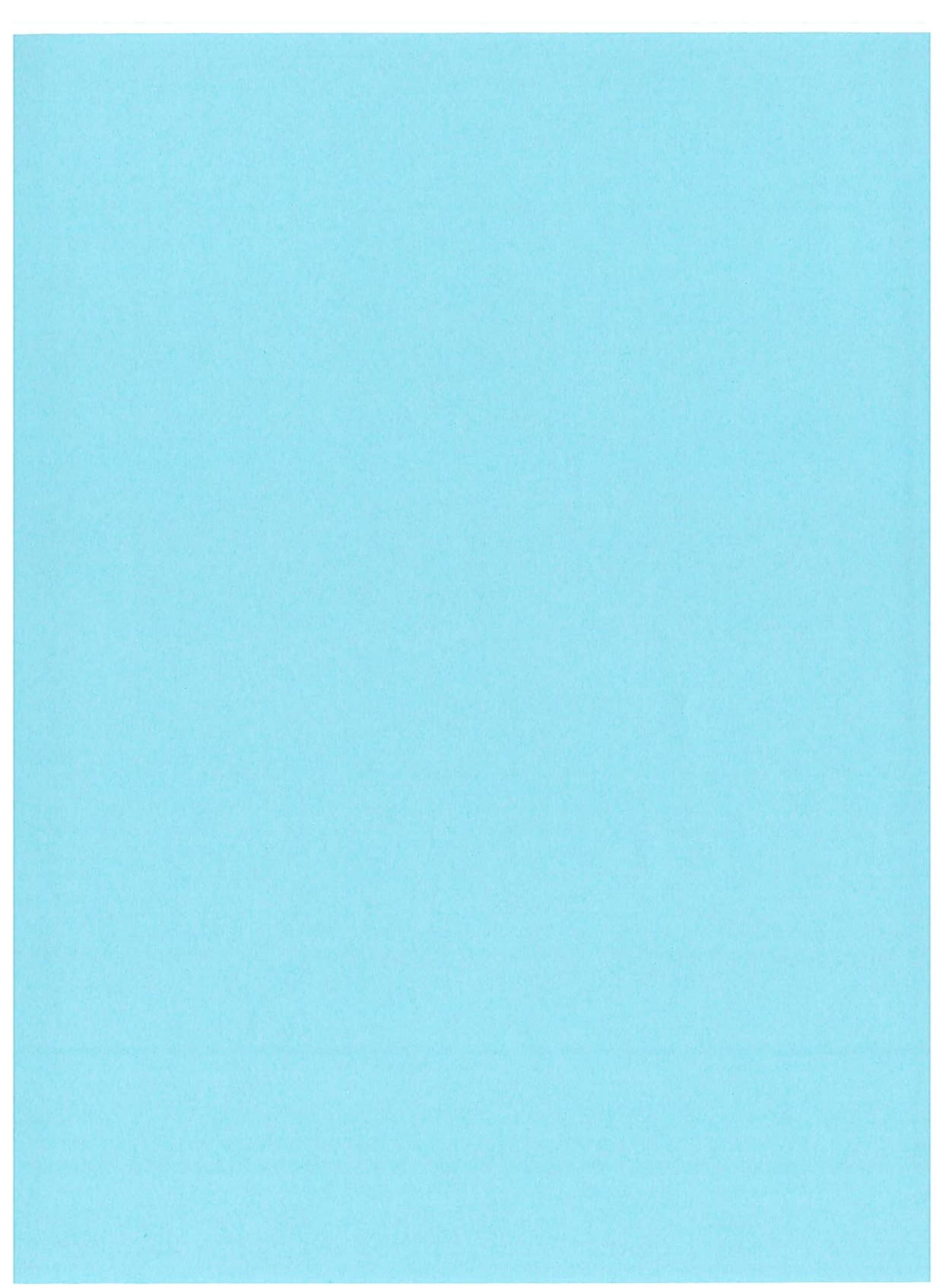
DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
11/12	59,249.29	12/08	57,430.75

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DDA REGULAR CHECK 1035 Date: 12/08 Amount: \$1,818.54



**SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL EXPENSE CLAIM AND TRIP REPORT**

EXPENSE ACCOUNT OF: John R. Keiser

PAY PERIOD ENDING: 11/28/2025

I certify that the expense account rendered below is true, correct, unpaid, and complete to the best of my knowledge.

John R. Keiser
SIGNATURE

12/3/25
DATE

DATE OF DEPARTURE:	<u>11/21/2025</u>	TIME OF DEPARTURE:	<u>8:00: a.m.</u>
DATE OF RETURN:	<u>11/25/2025</u>	TIME OF RETURN:	<u>5:00 p.m.</u>

CHARGE TO: N/A (Expense to be Paid Throuth SFRAC General Fund)

DATE	EXPENSE REPORT					TOTAL
	Mileage from <u>Laredo, TX.</u>	to <u>Fort Worth, TX.</u>				
	<u>426</u>	miles @ <u>\$ 0.70</u>	per mile		\$ <u>298.20</u>	
	Mileage from <u>426</u>	to <u>426</u>	miles @ <u>\$ 0.70</u>	per mile	\$ <u>298.20</u>	
Total Actual Mileage.....					\$ <u>596.40</u>	
2 First Day/Last Day Travel		\$ <u>75.00</u>	(7.5% of Per Diem)		\$ <u>112.50</u>	
3 Full Travel Day(s)		\$ <u>75.00</u>	(B+L+D=Per Diem)		\$ <u>225.00</u>	
Total Actual Meals.....					\$ <u>387.50</u>	
4 Night(s) @ <u>\$ 174.00</u>	per night	+ <u>47.16</u>	tax			
Total Actual Lodging.....					\$ <u>884.64</u>	
Other Expenses (Specify)				\$	<u>-</u>	
Other Expenses (Specify)				\$	<u>-</u>	
Other Expenses (Specify)				\$	<u>-</u>	
Total "Other" Expenses.....						
TOTAL ACTUAL TRAVEL EXPENSES.....					\$ <u>1,818.54</u>	
TOTAL ADVANCE RENDERED TO	<u>John R. Keiser</u>				\$	<u>-</u>
TOTAL OWED TO	<u>John R. Keiser</u>				\$	<u>1,818.54</u>
TOTAL OWED TO SFRAC.....						

John R. Keiser
Director/Administrator

Date
12/3/25

DATE	
11/21/2025	Traveled to Fort Worth, Texas in preparation for the GETAC Committee and RAC Chairs meetings
11/22-23/2025	On these days I attended the various GETAC committee meetings throughout both days.
11/24/2025	On this day attended the the RAC Chairs meeting as well as the GETAC meeting.
11/25/2025	On this day I spent the day traveling in car back to Laredo, Texas from Fort Worth, Texas.

SOUTH TEXAS DEVELOPMENT COUNCIL
TRAVEL AUTHORIZATION
(PRIOR APPROVAL)

SUBMITTED BY:	John R. Keiser	DATE SUBMITTED	11/18/2025
DATE OF TRIP:	November 21, 2025	DEPARTURE TIME:	8:00 a.m.
DESTINATION:	Fort Worth, Texas City	Tarrant County	TX State
ESTIMATED RETURN DATE:	November 25, 2025	TIME OF ARRIVAL:	5:00 p.m.

Purpose of the Trip:

To attend the quarterly meetings of the GETAC Committees, RAC Chair, and GETAC in Fort Worth, Texas.

FISCAL INFORMATION

CHARGE TO:	Do Not Pay, This Is A SFRAC Covered Expense.		
Estimated Mileage:	852	miles @ 0.7 per mile	\$ 596.40
	2	First Day/Last Day \$75.00 (75% of Per Diem)	\$ 112.50
	3	Full Travel Day(s) \$75.00 (B+L+D=Per Diem)	\$ 225.00
Estimated Lodging:	4	Nights (s) @ \$ 174.00 per night + \$34.72 tax	\$ 834.31
Other (Specify):	Parking @ \$50.00/night x 4/nights		
Other (Specify):			
Total Estimated Expenses:	\$ 1,968.21		

VERIFIED FOR
MATHEMATICAL ERRORS


RECOMMENDED APPROVAL: **APPROVED:**

JOHN R. KEISER **JUAN E. RODRIGUEZ** **JOSAFAT SALDIVAR**
PROGRAM DIRECTOR **EXECUTIVE DIRECTOR** **FISCAL OFFICER**

REQUEST FOR ADVANCE: **No** **FOR ACCOUNTING DEPARTMENT USE ONLY**

I hereby request that the above travel expense be advanced:

Date

Need check by _____ (allow 5 working days for processing)

ADVANCE APPROVED:

Mr. Juan E. Rodriguez
Executive Director

Date



Name and Address

KEISER, JOHN R.
2411 SUTTON CT
LAREDO, TX 78045

Hotel Address

600 COMMERCE STREET
FORT WORTH, TX 76102

**EMBASSY SUITES BY HILTON FORT WORTH
DOWNTOWN**

Confirmation # 91700992

11/25/25 PAGE 1

Room 1406/KEXN
Arrival Date 11/21/25
Departure Date 11/25/25
Adult/Child 1/0
Room Rate \$174.00
Rate Plan C-90J
Honors # 747794137
Airline:

Reservations
www.embassysuites.com or
1-800-EMBASSY

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/21/25	1016959676	TOURISM PUBLIC IMPROVEMENT DIS TAX	\$3.48
11/21/25	1126423339	STATE TAX ON TPID	\$0.21
11/21/25	1148558143	GUEST ROOM	\$174.00
11/21/25	1199208086	STATE COST RECOVERY FEE TAX	\$0.91
11/21/25	1658045515	STATE TAX ON SCRF	\$0.05
11/21/25	1916944958	VENUE TAX	\$3.48
11/21/25	2016324347	VENUE TAX ON TPID	\$0.07
11/21/25	257698178	VENUE TAX ON SCRF	\$0.02
11/21/25	408023147	CITY TAX ON SCRF	\$0.08
11/21/25	607883767	RM-STATE TAX	\$10.44
11/21/25	608059984	RM-CITY TAX	\$15.66
11/21/25	852994809	CITY TAX ON TPID	\$0.31
11/22/25	1004570845	CITY TAX ON SCRF	\$0.08
11/22/25	1028624314	CITY TAX ON TPID	\$0.31
11/22/25	15294598	VENUE TAX ON SCRF	\$0.02
11/22/25	1677707678	RM-CITY TAX	\$15.66
11/22/25	1792475690	STATE TAX ON SCRF	\$0.05
11/22/25	1803689145	GUEST ROOM	\$174.00
11/22/25	2021164890	STATE COST RECOVERY FEE TAX	\$0.91
11/22/25	2040327383	VENUE TAX ON TPID	\$0.07
11/22/25	205512863	TOURISM PUBLIC IMPROVEMENT DIS TAX	\$3.48
11/22/25	5682507	RM-STATE TAX	\$10.44
11/22/25	9260063	VENUE TAX	\$3.48
11/22/25	936908936	STATE TAX ON TPID	\$0.21
11/23/25	1211178662	STATE COST RECOVERY FEE TAX	\$0.91
11/23/25	1506440089	CITY TAX ON TPID	\$0.31
11/23/25	1535519017	VENUE TAX	\$3.48
11/23/25	1575885060	VENUE TAX ON SCRF	\$0.02
11/23/25	1649693559	STATE TAX ON TPID	\$0.21
11/23/25	1731251039	TOURISM PUBLIC IMPROVEMENT DIS TAX	\$3.48

The on-line eFolio is a courtesy informational service, subject to [Privacy Policy](#) and [Site Usage](#); actual folio kept in hotel records



Name and Address

KEISER, JOHN R.
2411 SUTTON CT
LAREDO, TX 78045

Hotel Address

600 COMMERCE STREET
FORT WORTH, TX 76102

**EMBASSY SUITES BY HILTON FORT WORTH
DOWNTOWN**

Confirmation # 91700992

11/25/25 PAGE 2

Room 1406/KEXN
Arrival Date 11/21/25
Departure Date 11/25/25

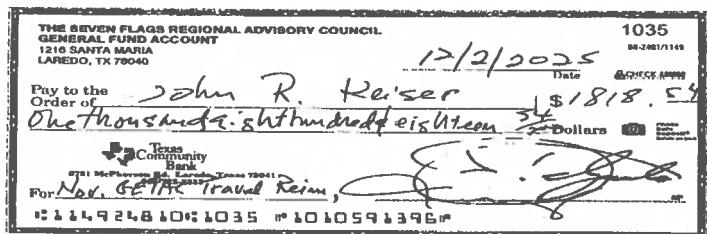
Adult/Child 1/0
Room Rate \$174.00

Rate Plan C-90J
Honors # 747794137
Airline:

Reservations
www.embassysuites.com or
1-800-EMBASSY

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/23/25	1753509368	RM-CITY TAX	\$15.66
11/23/25	1770122171	VENUE TAX ON TPID	\$0.07
11/23/25	1889319980	CITY TAX ON SCRF	\$0.08
11/23/25	1894740197	STATE TAX ON SCRF	\$0.05
11/23/25	356180266	GUEST ROOM	\$174.00
11/23/25	763643116	RM-STATE TAX	\$10.44
11/24/25	1593682800	STATE TAX ON TPID	\$0.21
11/24/25	1604390100	GUEST ROOM	\$174.00
11/24/25	1785829070	STATE TAX ON SCRF	\$0.05
11/24/25	1787218861	VENUE TAX ON TPID	\$0.07
11/24/25	1833285850	RM-STATE TAX	\$10.44
11/24/25	192061481	VENUE TAX ON SCRF	\$0.02
11/24/25	1981818378	CITY TAX ON TPID	\$0.31
11/24/25	235301759	TOURISM PUBLIC IMPROVEMENT DIS TAX	\$3.48
11/24/25	291212851	VALET PARKING SALES TAX	\$3.80
11/24/25	347222654	RM-CITY TAX	\$15.66
11/24/25	414007301	VENUE TAX	\$3.48
11/24/25	414888969	VALET PARKING	\$46.00
11/24/25	688162400	CITY TAX ON SCRF	\$0.08
11/24/25	824624808	STATE COST RECOVERY FEE TAX	\$0.91
11/25/25	453866718	*****8762	(\$884.64)
		** BALANCE **	\$0.00

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DDA REGULAR CHECK 1035 Date: 12/08 Amount: \$1,818.54

SYSTEM DEVELOPMENT



6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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[Texas Community Bank Home](#)

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/10/25
Primary Account
Enclosures

Page 1
1010591693

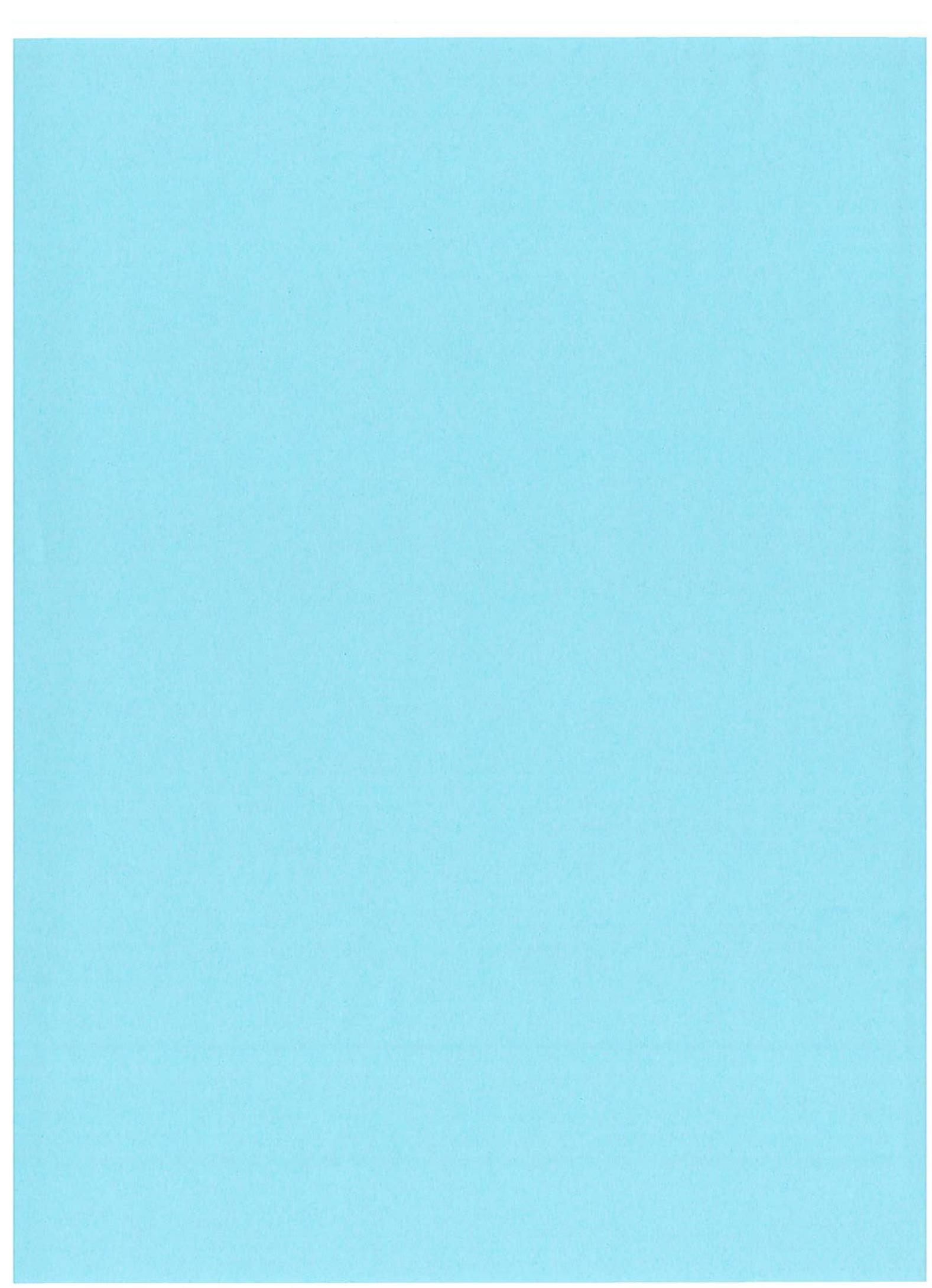
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	Number of Enclosures
Previous Balance	1010591693	Statement Dates 11/12/25 thru 12/10/25
Deposits/Credits	46,021.00	Days in the statement period 29
Checks/Debits	.00	Average Ledger 46,021.00
Service Charge	.00	Average Collected 46,021.00
Interest Paid	.00	
Current Balance	46,021.00	

DAILY BALANCE INFORMATION

Date	Balance
11/12	46,021.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device



HOLDING ACCOUNT



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 12/10/25
Primary Account
Enclosures

Page 1
1010591792

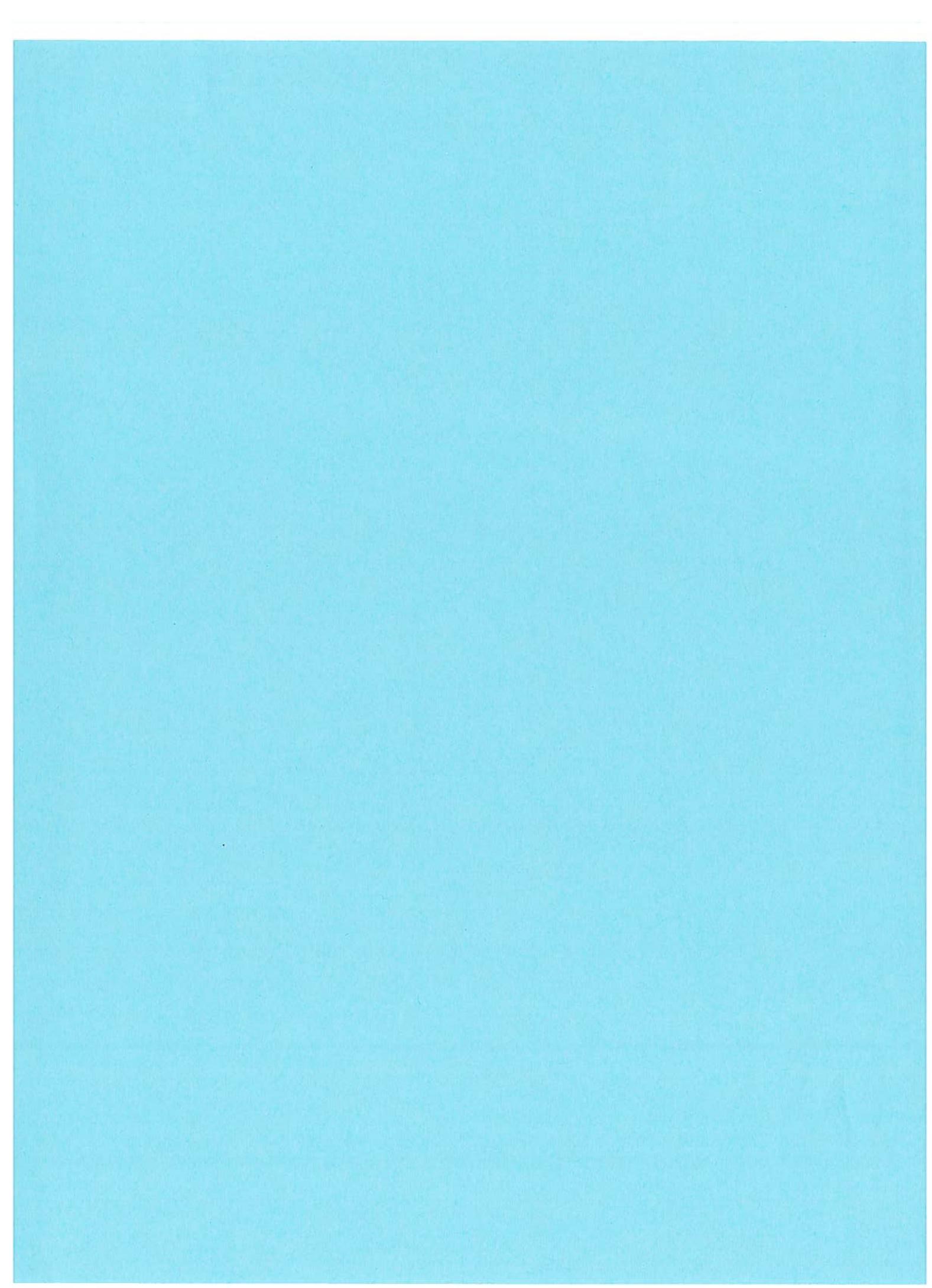
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	Number of Enclosures
	1010591792	Statement Dates 11/12/25 thru 12/10/25
Previous Balance	.50	Days in the statement period 29
Deposits/Credits	.00	Average Ledger .50
Checks/Debits	.00	Average Collected .50
Service Charge	.00	
Interest Paid	.00	
Current Balance	.50	

DAILY BALANCE INFORMATION

Date	Balance
11/12	.50

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JANUARY 2026



EMS COUNTY ASSISTANCE



MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
1216 SANTA MARIA
LAREDO TX 78040

Date 1/09/26
Primary Account
Enclosures

Page 1
1010591594

EMS County Assistance

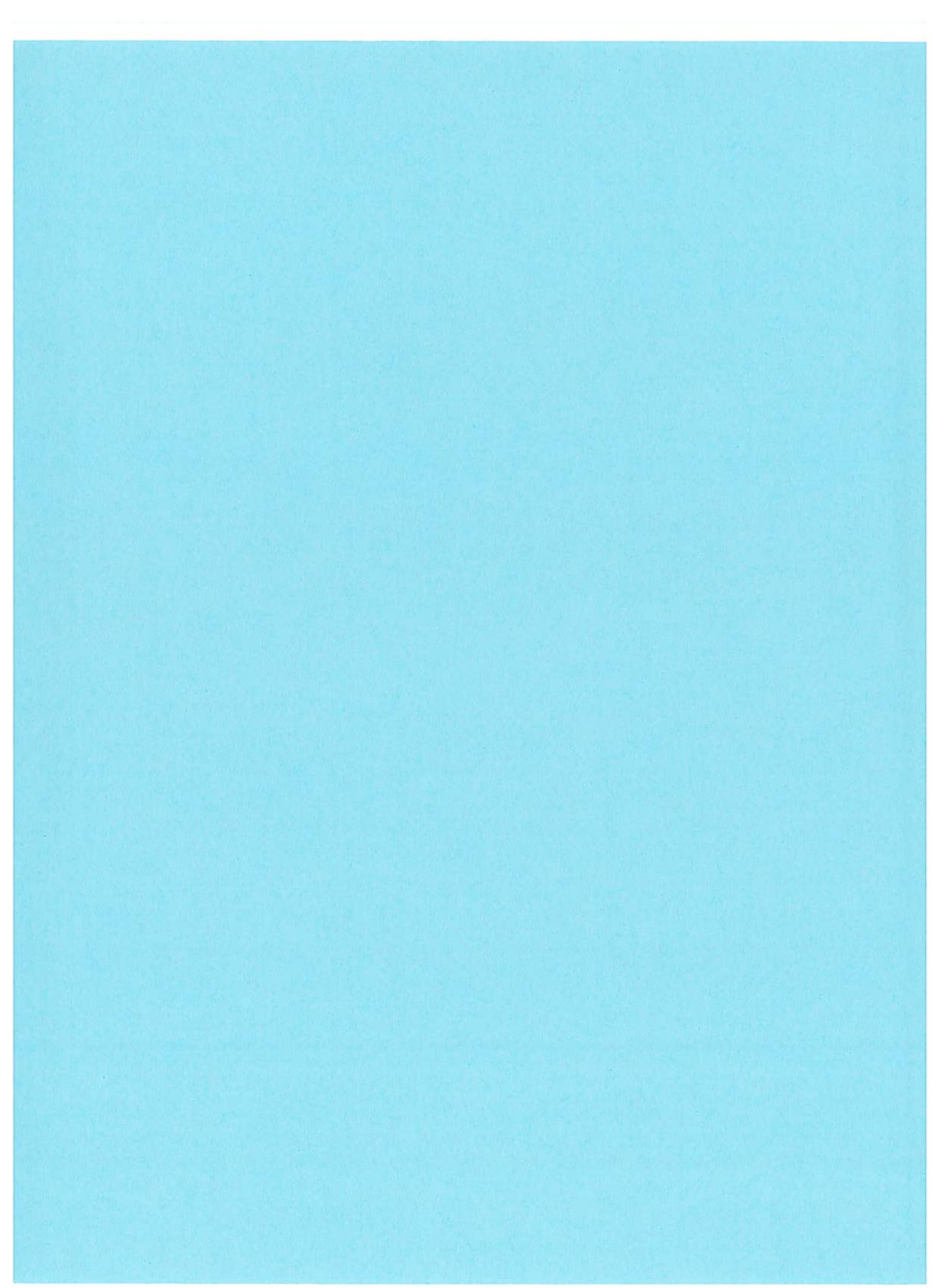
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	Number of Enclosures
Previous Balance	1010591594	Statement Dates 12/11/25 thru 1/11/26
Deposits/Credits	92,624.00	Days in the statement period 32
Checks/Debits	.00	Average Ledger 92,624.00
Service Charge	.00	Average Collected 92,624.00
Interest Paid	.00	
Current Balance	92,624.00	

DAILY BALANCE INFORMATION

Date	Balance
12/11	92,624.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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EMS RAC



6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722-8333

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/09/26
Primary Account
Enclosures

Page 1
1010591495
2

CHECKING ACCOUNT

TCB COURTESY CHECKING	Number of Enclosures
Account Number	2
Previous Balance	Statement Dates 12/11/25 thru 1/11/26
Deposits/Credits	Days in the statement period 32
2 Checks/Debits	Average Ledger 166,009.00
Service Charge	Average Collected 166,009.00
Interest Paid	
Current Balance	163,759.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount	Date	Check No	Amount
12/11	1057	6,000.00	12/24	1058	6,000.00
* Denotes missing check numbers					

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	169,759.00	12/24	163,759.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
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Mobile Banking: Get the TX Community Bank app for your Android or iOS device

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1057
08-2481/1149
12/3/2025
DRAFT PAYMENT
Texas Community Bank
0721 McPherson Road, Laredo, TX 78011
FEDERAL SETT. FEEES PROGR
1011492481057#1010591495#

Pay to the
Order of Health Access \$ 6,000.00
Six thousand 00
Dollars 12/3/2025
For October But Invado YES 12/3/2025
1011492481057#1010591495#

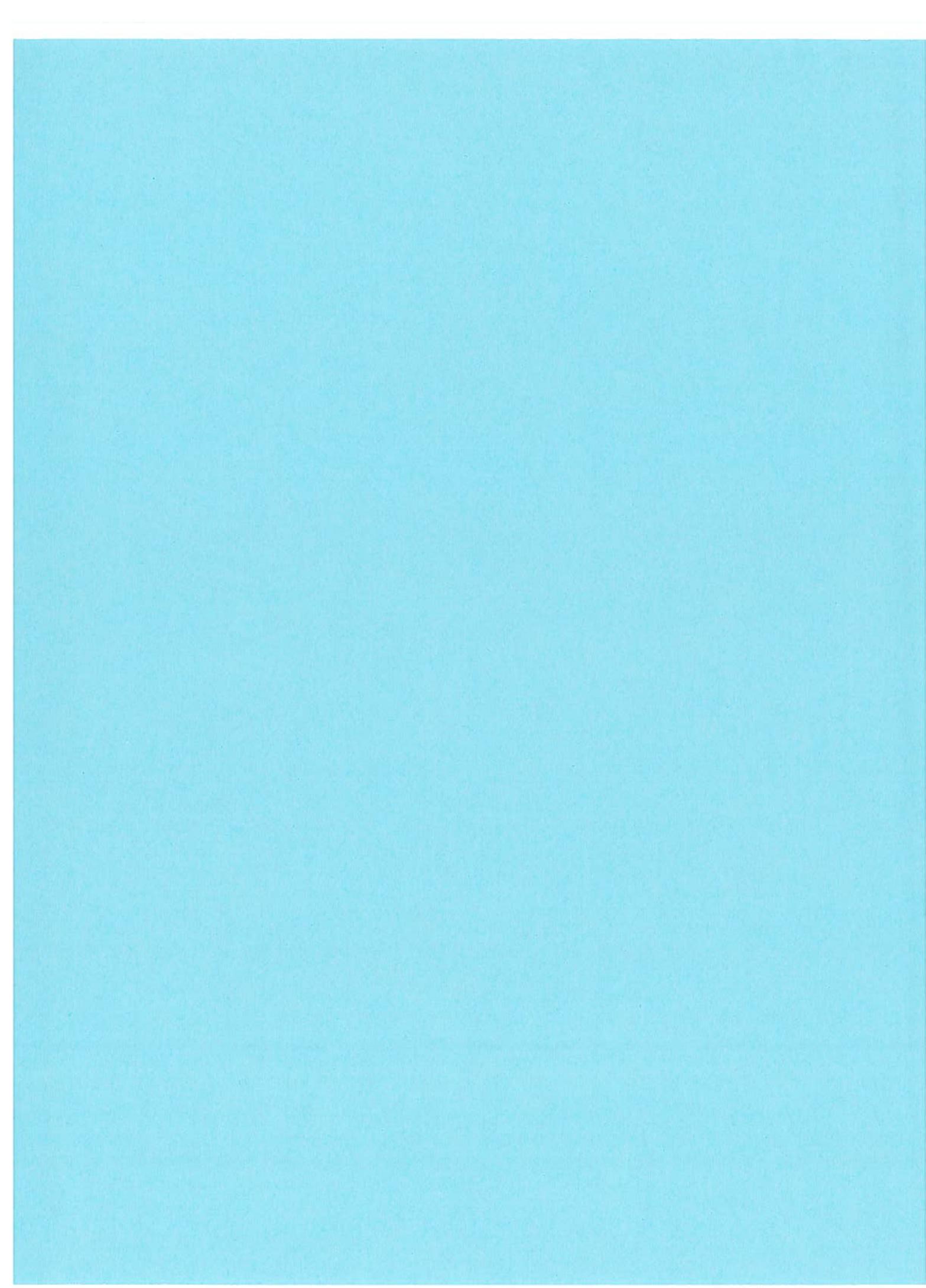
THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1058
08-2481/1149
12/11/2025
DRAFT PAYMENT
Texas Community Bank
0721 McPherson Road, Laredo, TX 78011
FEDERAL SETT. FEEES PROGR
1011492481058#1010591495#

Pay to the
Order of Health Access \$ 6,000.00
Six thousand 00
Dollars 12/11/2025
For Health Access 12/11/2025
1011492481058#1010591495#

DDA FORCE PAY DEBIT 1057 Date: 12/10 Amount: \$6,000.00

DDA FORCE PAY DEBIT 1058 Date: 12/23 Amount: \$6,000.00





Date	Invoice #
10/31/2025	HAINV-00465

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

Bill To

Seven Flags Regional Advisory Council
1216 Santa Maria Street
Laredo, TX 78040

SFRAC Implementation FY2026			Terms
			Net 30
Quantity	Item	Description	Amount
1	Professional Fees	SFRAC Implementation Activities: Development of materials for design and implementation planning for Performance Improvement Committee to be developed with SFRAC Board members. Drafting plan, responsibilities, and agenda topics for consideration. Meeting with SFRAC Administrator on October 20, 2025 to discuss PI committee planning, set date for first planning committee meeting in Laredo, and review Bylaw recommendations Excel tracker designed. Bylaws reviewed in relation to DSHS guidelines, with tracker designed to show Article recommendations to include and language to implement in Bylaws to review with Board during January 2026 meeting. Continued research and work on Bylaw recommendations throughout October 2025.	\$6,000.00
			Total: \$6,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
EMS RAC ACCOUNT
1216 SANTA MARIA
LAREDO, TX 78040

1057

08-2481/1149

12/3/2025

Date

CHECK ARMOR

Pay to the
Order of

Health Access
Six thousand 00/xx

\$ 6,000.00

Dollars



6721 McPherson Rd. Laredo, Texas 78041

196-732-8132

October First Inv#00465

11492481057 1010591495



Date	Invoice #
11/30/2025	HAINV-00474

8163 Old Yankee Street, Suite B
Dayton, OH 45458
(937) 885-5827
jhart@germane-solutions.com

Bill To
Seven Flags Regional Advisory Council 1216 Santa Maria Street Laredo, TX 78040

SFRAC Implementation FY 2026			Terms
			Net 30
Quantity	Item	Description	Amount
1	Professional Fees	SFRAC Implementation Activities: Continued research and recommendations planning for Bylaw changes to present to Board in January on tracker created by team throughout November 2025. Began building tracker for System Plan recommendations work. Attended RAC committee discussion with DSHS virtually on 11/5/2025. Onsite facilitation of Performance Improvement Committee ad-hoc first meeting on 11/12/2025. Drafted meeting minutes and finalized agenda for December PI Committee workgroup meeting for RAC Administrator to send in December invite. Drafted email language for PI Committee invite for RAC Administrator and submitted.	\$6,000.00
			Total: \$6,000.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL

EMS RAC ACCOUNT

1216 SANTA MARIA

LAREDO, TX 78040

1058

88-2481/1149

12/11/2025

DATE

CHECK ARMOR

Paid to the
Order of

Health Access

\$ 6,000.00

Six thousand 00/

Dollars

Photo
Safe
Deposits
Dresser in bank

Mile,



Texas Community Bank

6721 McPherson Rd. Laredo, Texas 78041

956-722-6333

Self Assess Program

11492481058 1010591495

GENERAL FUND

SEVEN FLAGS RAC
TSA - T



6721 McPherson Road
P.O. Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRUMA SERVICES AREA T
GENERAL FUND ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/09/26
Primary Account
Enclosures

Page 1
1010591396
2

CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591396	Number of Enclosures	2
Previous Balance		57,430.75	Statement Dates 12/11/25 thru 1/11/26	
1 Deposits/Credits		750.00	Days in the statement period	32
1 Checks/Debits		752.45	Average Ledger	57,311.11
Service Charge		.00	Average Collected	57,287.67
Interest Paid		.00		
Current Balance		57,428.30		

DEPOSITS AND ADDITIONS

Date	Description	Amount
12/16	DDA REGULAR DEPOSIT	750.00

CHECKS IN SERIAL NUMBER ORDER

Date	Check No	Amount
12/11	1036	752.45

* Denotes missing check numbers

DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
12/11	56,678.30	12/16	57,428.30

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device

Texas Community Bank

Date 12/16/25 Name Susan Flagg Pecos Address Carmona

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

ACCOUNT NUMBER 1010591396

CHECKING DEPOSIT

CASH	750.00
DEPOSITS	750.00
TOTAL DEPOSITS	750.00
MINUS CASH RECEIVED	750.00
NET DEPOSIT	750.00

AMOUNT FOR CASH RECEIVED IN THIS DEPOSIT

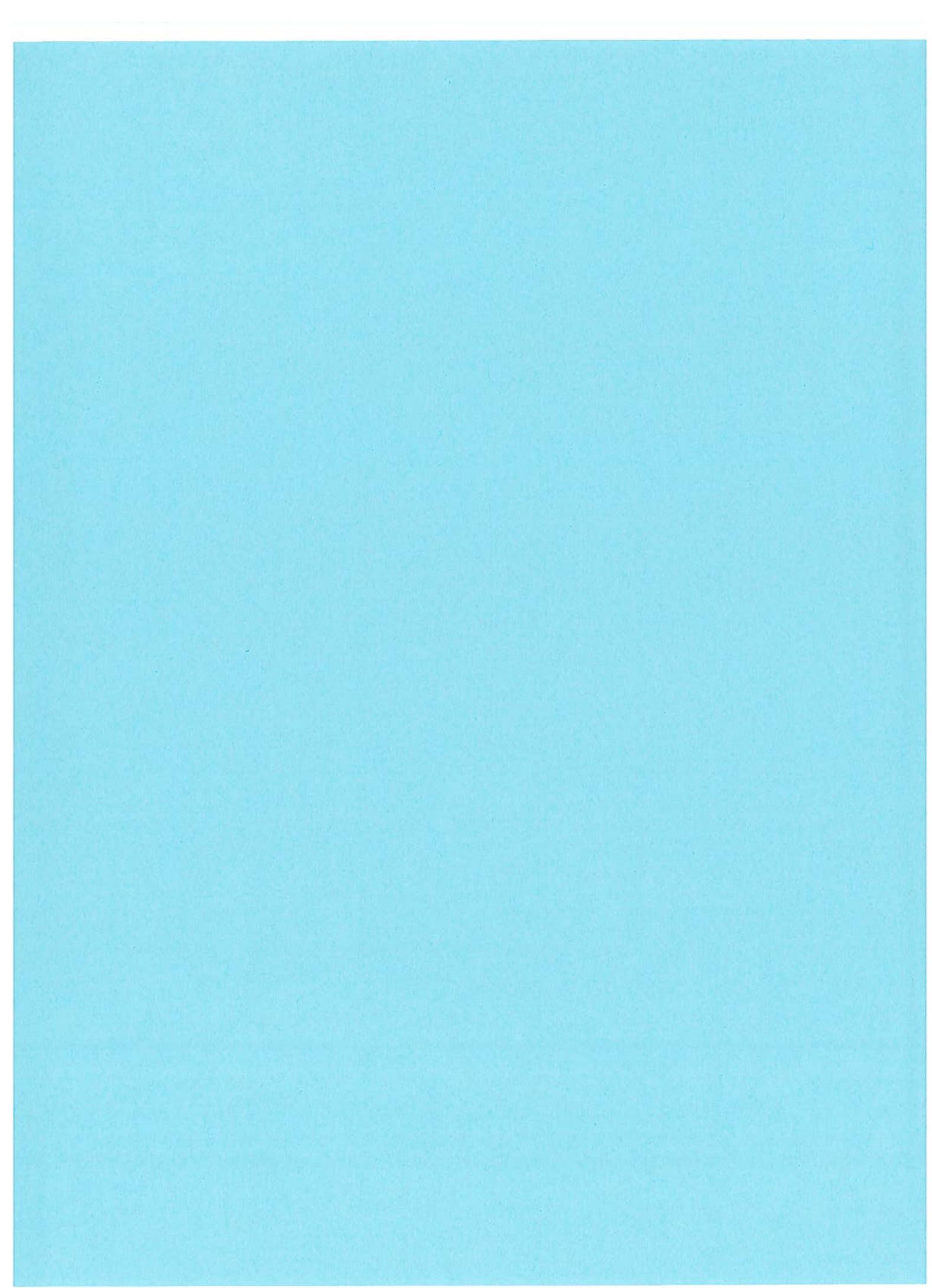
1010591396#

DDA REGULAR DEPOSIT Date: 12/16 Amount: \$750.00

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1210 SANTA MARIA
LAREDO, TX 78040

1036
12/2/2025
Pay to the
Order of NCTTRAC \$ 752.45
Seven hundred and fifty two 45/100 Dollars
Texas
Community
Bank
6731 McPherson Rd., Laredo, Texas 78041
431-1722-9538
FDIC #032 (FDIC MEMBER BANK)
1010591396# 1036 1010591396#

DDA REGULAR CHECK 1036 Date: 12/11 Amount: \$752.45





INVOICE

NCTTRAC

600 Six Flags Drive, Suite 160
Arlington, TX 76011
Phone: 817-608-0390
Email: AccountsReceivable@ncttrac.org

INVOICE #: INV0325
DATE: 11/07/2025
DUE DATE: 12/07/2025

TOTAL AMOUNT: \$752.45
TOTAL DUE: \$752.45

BILL Seven Flags Regional Advisory Council
TO: 1216 Santa Maria Ave
Laredo, TX 78040

DESCRIPTION / MEMO	AMOUNT
Texas EMS Wristbands - 4 boxes x \$185 each	\$740.00
Shipping & Handling	\$12.45
TOTAL AMOUNT:	\$752.45

NCTTRAC
600 Six Flags Drive, Suite 160
Arlington, TX 76011
Phone Fax
KTran@ncttrac.org

TOTAL DUE: \$752.45

AMOUNT ENCLOSED:

Customer ID - Name: C00500 - Seven Flags Regional Advisory Council
Invoice #: INV0325

BILL Seven Flags Regional Advisory Council
TO: 1216 Santa Maria Ave
Laredo, TX 78040

REMIT TO: NCTTRAC
Please make checks payable to NCTTRAC and include a copy of the invoice.
To pay via ACH:
Bank Name: Frost Bank
Bank ABA/Routing #: 114000093
Account #: 850020060
To pay by credit card, please email accountsreceivable@ncttrac.org. A 3.5% surcharge will be added to the total amount due for credit card payments.



Account: General Fund
Date: 1/14/2026

For Deposit only

Custodian: Texas Trauma
NORTH CENTRAL TEXAS TRAUMA
REGIONAL ADVISORY COUNCIL TRAUMA Reg
account 850020052
Deposit ID 3,908,888
Capture Date 12/11/25, 9:51 AM
Posting Date 850020060

Location Code: 1

THE SEVEN FLAGS REGIONAL ADVISORY COUNCIL
GENERAL FUND ACCOUNT
1218 SANTA MARIA
LAREDO, TX 78040

1036

BB-2481/1149

12/2/2025

Date

Check #

Pay to the
Order of

dicttrac

\$ 752.45

Seven hundred, fifty two 45/100

Dollars

Photo
Signature

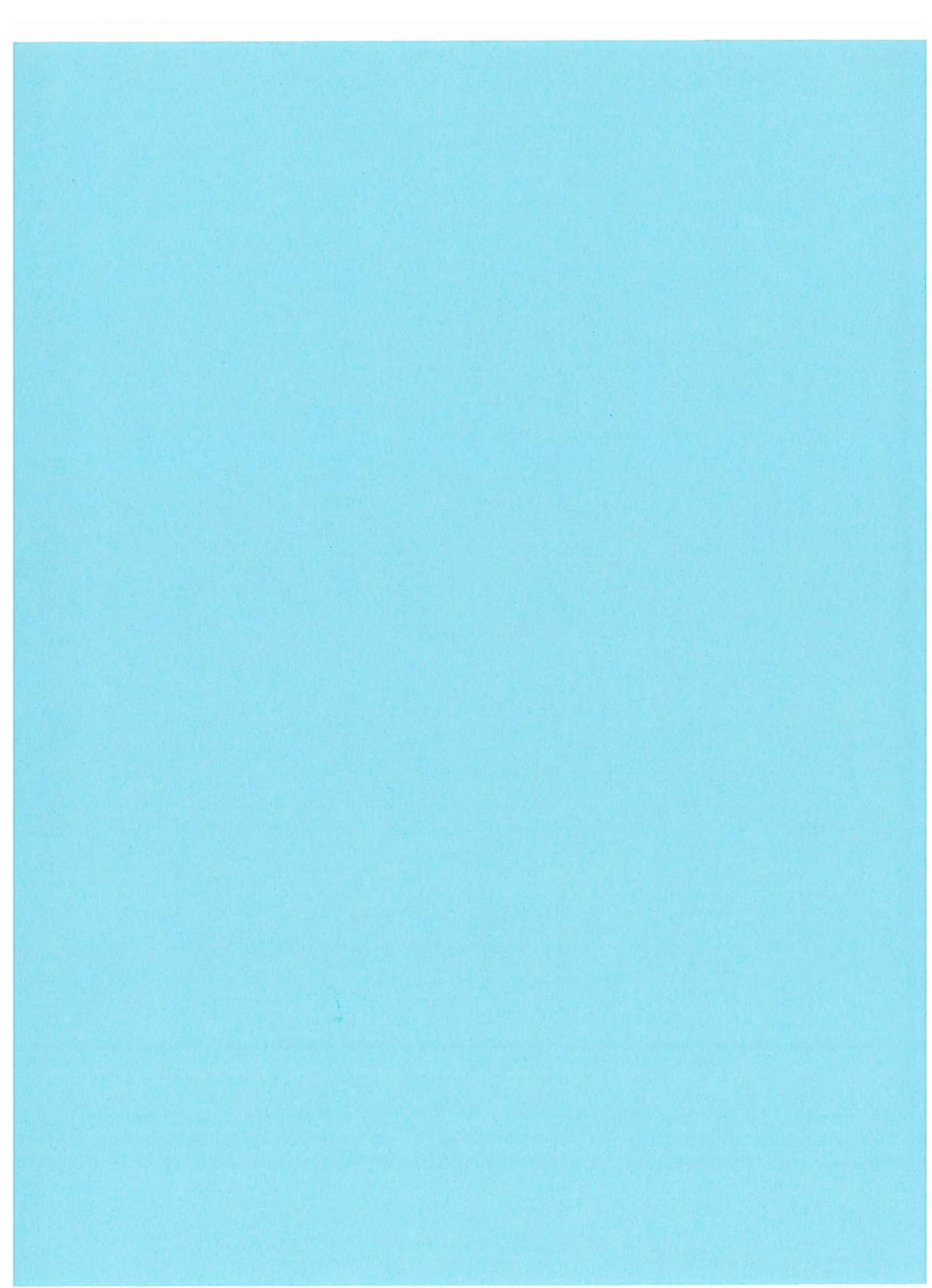


6721 McPherson Rd. Laredo, Texas 78041

806-722-9332

For Inv. #0325 (TX EMS Foundation)

11492481011036 1010591396



SYSTEM DEVELOPMENT

SEVEN FLAGS RAC

TSATSA - T



6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

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THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
SYSTEM DEVELOPMENT ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/09/26
Primary Account
Enclosures

Page 1
1010591693

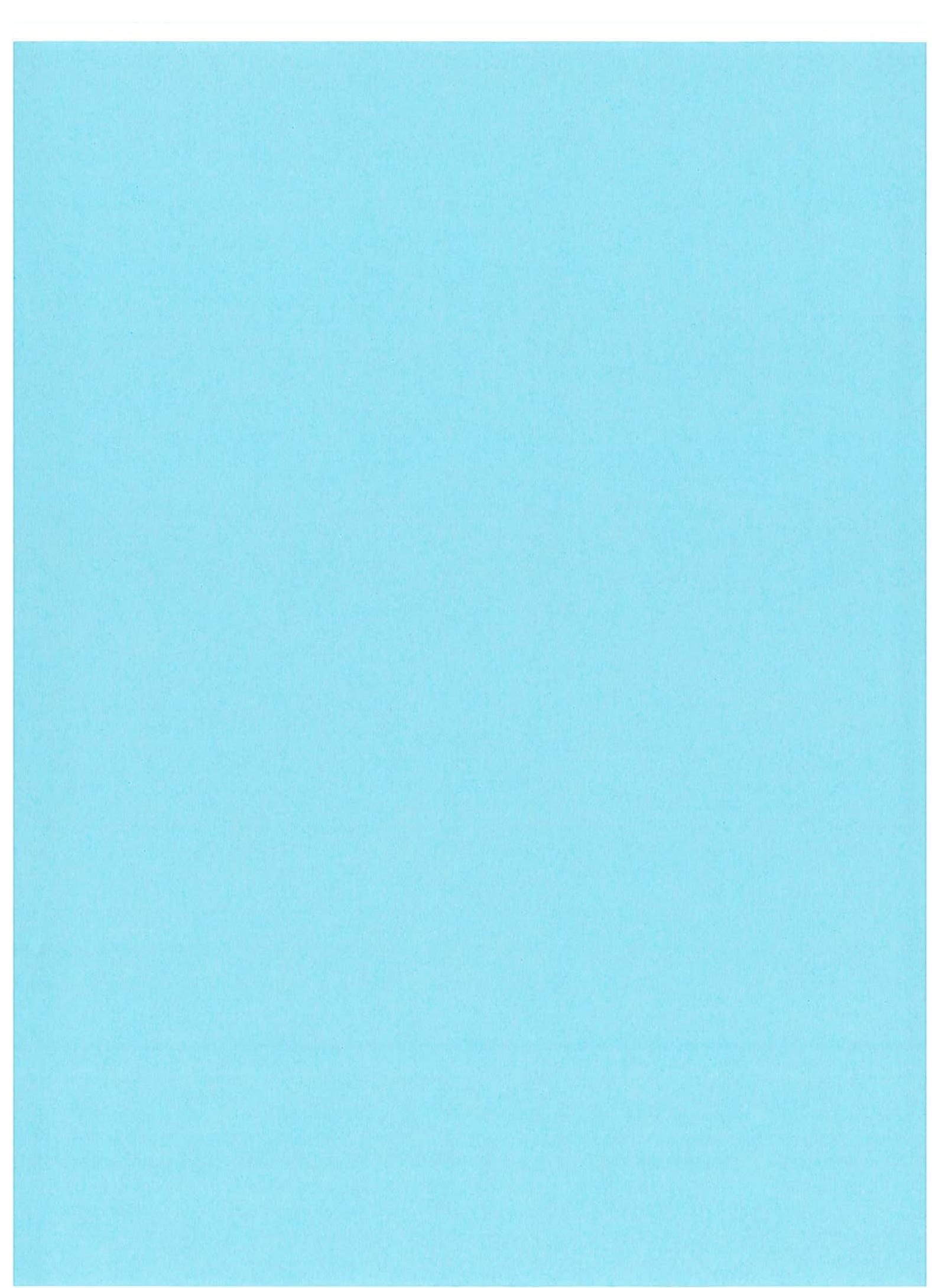
CHECKING ACCOUNT

TCB COURTESY CHECKING		Number of Enclosures	0
Account Number	1010591693	Statement Dates	12/11/25 thru 1/11/26
Previous Balance	46,021.00	Days in the statement period	32
Deposits/Credits	.00	Average Ledger	46,021.00
Checks/Debits	.00	Average Collected	46,021.00
Service Charge	.00		
Interest Paid	.00		
Current Balance	46,021.00		

DAILY BALANCE INFORMATION

Date	Balance
12/11	46,021.00

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device



HOLDING ACCOUNT



6721 McPherson Road
P O Box 450269
Laredo, TX 78045
(956) 722-8333

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

[Texas Community Bank Home](#)

THE SEVEN FLAGS REGIONAL ADVISORY
COUNCIL ON TRAUMA, TRAUMA SERVICES AREA T
HOLDING ACCOUNT
1216 SANTA MARIA
LAREDO TX 78040

Date 1/09/26
Primary Account
Enclosures

Page 1

1010591792

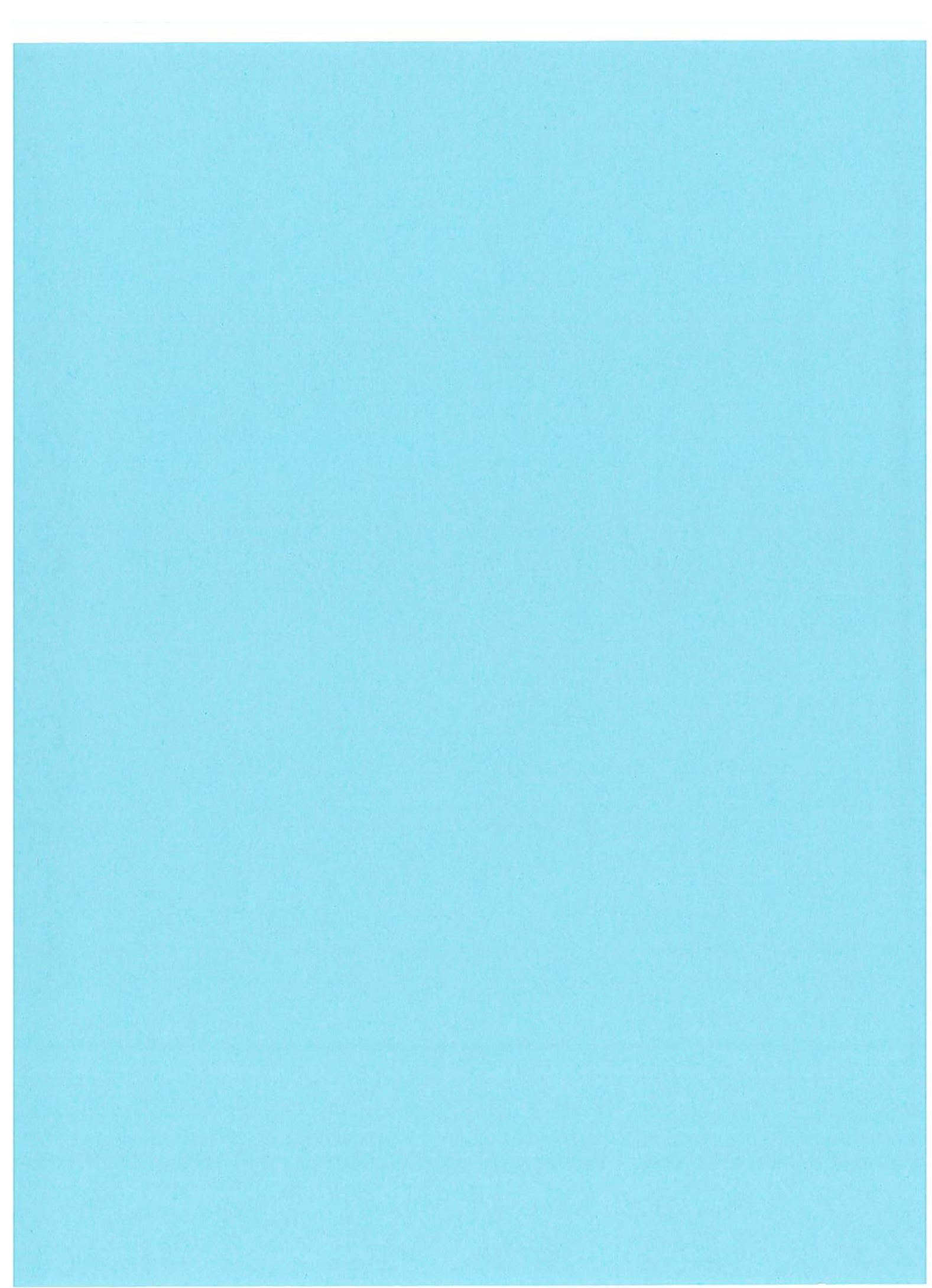
CHECKING ACCOUNT

TCB COURTESY CHECKING	Account Number	1010591792	Number of Enclosures	0
Previous Balance		.50	Statement Dates 12/11/25 thru 1/11/26	
Deposits/Credits		.00	Days in the statement period	32
Checks/Debits		.00	Average Ledger	.50
Service Charge		.00	Average Collected	.50
Interest Paid		.00		
Current Balance		.50		

DAILY BALANCE INFORMATION

Date	Balance
12/11	.50

Main Bank Number: (956) 722-8333 TCB iTalk (24/7): 1-844-842-7211
NetTeller Online Banking: Visit us online at www.tx-communitybank.com
Mobile Banking: Get the TX Community Bank app for your Android or iOS device



Income

Fiscal Year 2026 - January 2026



Income	Estimated	Actual	Difference
Membership Fees	17,337.50	14,037.50	(3,300.00)
Fundraiser	0.00		0.00
EMS County Assistance Grant	92,624.00	92,624.00	0.00
System Development	46,021.00	46,021.00	0.00
EMS RAC / Exceptional Item (E.I.)	150,000.00	150,000.00	0.00
EMS RAC (Administrative)	31,759.00	31,759.00	0.00
			0.00
Total income	337,741.50	334,441.50	(3,300.00)

Contractual Expenses

Fiscal Year 2026 - January 2026)



Expenses	Total Budgeted	Total Remittance	Balance
Contract Between SFRAC & STDC (Program Administration & Management - EMS RAC/Admin)	31,759.00	0.00	31,759.00
Administrative Fee (1st Qtr.)			0.00
Administrative Fee (2nd Qtr.)			0.00
Administrative Fee (3rd Qtr.)			0.00
Administrative Fee (4th Qtr.)			0.00
Contract Between SFRAC & Health Access (Phase II Self-Assessment Program Implementation - EMS RAC/E.I.)	72,000.00	0.00	72,000.00
Professional Service Fee (September 2025)	6,000.00		(6,000.00)
Professional Service Fee (October 2025)	6,000.00		(6,000.00)
Professional Service Fee (November 2025)	6,000.00		(6,000.00)
Professional Service Fee (December 2025)	6,000.00		(6,000.00)
Professional Service Fee (January 2026)			0.00
Professional Service Fee (February 2026)			0.00
Professional Service Fee (March 2026)			0.00
Professional Service Fee (April 2026)			0.00
Professional Service Fee (May 2026)			0.00
Professional Service Fee (June 2026)			0.00
Professional Service Fee (July 2026)			0.00
Professional Service Fee (August 2026)			0.00
Total Contractual Expenses	103,759.00	24,000.00	79,759.00

FY24 Fundraiser Fund Utilization/Expenses (General Fund)

Fiscal Year 2026 - January 2026



Expenses	Funds Generated	Funds Utilized	Balance
Proceeds from FY24 Bowlathon Fundraiser	10,505.00	0.00	10,505.00
Fundraiser Expense Reimbursements to Joe Gonzalez and Jorge Delgado		3,041.26	(3,041.26)
EMS MCI Wristband Purchase (PDC)		6,125.16	(6,125.16)
Ricardo Jaime Fundraiser Contribution <i>Note:</i> <i>(Stop payment for the \$200.00, check #1030, was placed on September 17, 2025 being that check was never cashed/deposited and was outstanding for seven (7) months).</i>			0.00
TX. EMS Wristbands (Zebra Co.)	752.45		(752.45)
			0.00
Total Contractual Expenses	10,505.00	9,918.87	586.13

Operating Expenses (General Fund)

Fiscal Year 2026 - January 2026



Expenses	Projected Cost	Actual Cost	Difference
Post Office Annual Fee	190.00	192.00	(2.00)
Mailing & Shipping Costs	100.00		100.00
VFIS Insurance	1,500.00		1,500.00
TETAF Dues	1,000.00		1,000.00
CPA IRS 1099 Filing	160.00		160.00
CPA IRS 990 Filing/Income Statement	1,100.00		1,100.00
RAC Chair/GETAC Travel (November 2025, Austin, Tx.)	3,800.00	1,818.54	1,981.46
GETAC Travel (March 2026, Austin, Tx.)	1,500.00		1,500.00
GETAC Travel (June 2026 Austin, Tx.)	1,500.00		1,500.00
GETAC Travel (August 2026 Austin, Tx.)	1,500.00		1,500.00
TETAF Annual Workshop/Conference	1,000.00		1,000.00
GoDaddy Web Site Renewal (Debit)	450.00	509.03	(59.03)
Zoom	165.00		165.00
Supplies	150.00		150.00
Advertising/Publication	1,500.00		1,500.00
Bank Fees	100.00		100.00
Accounting Software	2,300.00		2,300.00
Toll Road Fees		50.00	
			0.00
			0.00
Total operating expenses	18,015.00	2,569.57	15,495.43

FY26 System Development Fund Allocations

* Reimbursement Form and Supporting Documentation
Submittal Deadline: May 31, 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	2,556.72		2,556.72
Laredo Fire Department EMS/Fire	2,556.72		2,556.72
Angel Care Ambulance	2,556.72		2,556.72
Webb County Volunteer Fire/EMS	2,556.72		2,556.72
Victorious Care Ambulance	2,556.72		2,556.72
Priority EMS	2,556.72		2,556.72
Laredo Lifeline	2,556.72		2,556.72
Villa Ambulance	2,556.72		2,556.72
Texas Superior Ambulance	2,556.72		2,556.72
Zapata County Fire/EMS	2,556.72		2,556.72
Laredo Medical Center	2,556.74		2,556.74
Doctors Hospital of Laredo	2,556.74		2,556.74
Lalitas Ambulance Care	2,556.72		2,556.72
Medpoint Ambulance	2,556.72		2,556.72
Primary Care Ambulance	2,556.72		2,556.72
Skyline EMS	2,556.72		2,556.72
Digni Care	2,556.72		2,556.72
United Med Ambulance	2,556.72		2,556.72
		0.00	
		0.00	
Total operating expenses	46,021.00	0.00	46,021.00

FY26 EMS County Assistance Allocations

* Reimbursement Form and Supporting Documentation
Submittal Deadline: April 31. 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	4,348.57		4,348.57
Laredo Fire Department EMS/Fire	4,348.57		4,348.57
Angel Care Ambulance	4,348.57		4,348.57
Webb County Volunteer Fire/EMS	4,348.58		4,348.58
Victorious Care Ambulance	4,348.57		4,348.57
Priority EMS	4,348.57		4,348.57
Laredo Lifeline	4,348.58		4,348.58
Villa Ambulance	4,348.57		4,348.57
Texas Superior Ambulance	4,348.57		4,348.57
Zapata County Fire/EMS	15,051.00		15,051.00
Lalitas Ambulance Care	4,348.57		4,348.57
Medpoint Ambulance	4,348.57		4,348.57
Primary Care Ambulance	4,348.57		4,348.57
Skyline EMS	16,693.00		16,693.00
Digni Care	4,348.57		4,348.57
United Med Ambulance	4,348.57		4,348.57
		0.00	
		0.00	
Total operating expenses	92,624.00	0.00	92,624.00

FY26 EMS RAC Exceptional Item (E.I.) Allocations

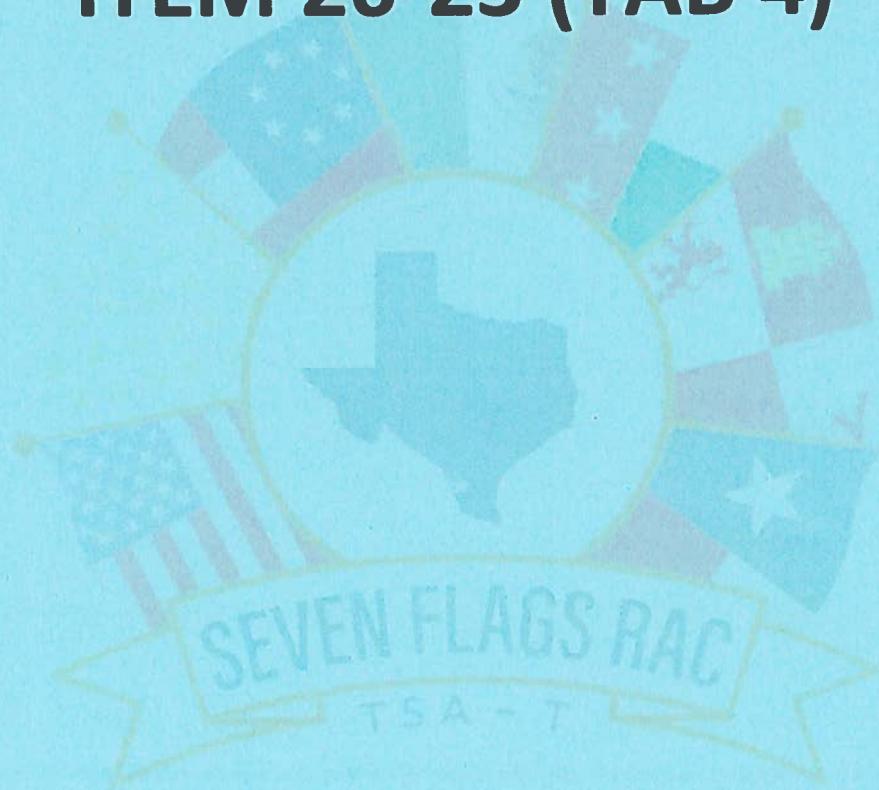
* Reimbursement Form and
Supporting Documentation
Submittal Deadline: June 30, 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	4,333.33		4,333.33
Laredo Fire Department EMS/Fire	4,333.33		4,333.33
Angel Care Ambulance	4,333.33		4,333.33
Webb County Volunteer Fire/EMS	4,333.33		4,333.33
Victorious Care Ambulance	4,333.33		4,333.33
Priority EMS	4,333.33		4,333.33
Laredo Lifeline	4,333.33		4,333.33
Villa Ambulance	4,333.33		4,333.33
Texas Superior Ambulance	4,333.33		4,333.33
Zapata County Fire/EMS	4,333.33		4,333.33
Lalitas Ambulance Care	4,333.33		4,333.33
Medpoint Ambulance	4,333.33		4,333.33
Primary Care Ambulance	4,333.33		4,333.33
Skyline EMS	4,333.33		4,333.33
Digni Care	4,333.33		4,333.33
United Med Ambulance	4,333.33		4,333.33
Laredo Medical Center	4,333.36		4,333.36
Doctors Hospital of Laredo	4,333.36		4,333.36
Total operating expenses	78,000.00	0.00	78,000.00



ITEM 26-23 (TAB 4)





EMS RAC

SUPPORT DOCUMENT revised 12/12/24

EMS/RAC EXPENDITURES

CURRENT FISCAL YEAR (FY)

2026

Prior FY Year EMS/RAC Carryforward	\$ -
Current FY EMS/RAC Allocation Amount	\$ 31,759.00
Current FY EMS/RAC Expenditures	\$ -
Less: Unexpended Prior FY Carryforward (if any)	\$ -
Total Unexpended Funds (Subject to Carryforward)	\$ 31,759.00
Program Income	\$ -

Current FY Activities

PERSONNEL	List employees N/A
FRINGE BENEFITS	Fringe Benefits
TRAVEL	List each individual expense Local Travel N/A
	Report TOTAL costs for each Conference attended on a single line.
EQUIPMENT	List each individual expense N/A
SUPPLIES	List each individual expense N/A
CONTRACTUAL	List each individual expense Contract between or and on behalf of Program's Name and its manager N/A
OTHER	List each individual expense N/A
INDIRECT COSTS	List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum N/A
TOTAL COSTS	All Non-Personnel Indirect Costs

In Support of Reimbursement Requests for		In Support of Reimbursement Requests for	
RAC NAME	Seven Flags Regional Advisory Council	RAC NAME	Seven Flags Regional Advisory Council

Total Funds Available for Current Year		Program Costs	Administrative Costs	Total of P Administra
\$ 31,759.00		\$ -	\$ -	\$ -

Prior Year Carryforward has been Expended. Balance is Now \$0.00.	\$ -
---	------

	1st Quarter				2nd Quarter			
	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
PERSONNEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FRINGE BENEFITS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
TRAVEL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
EQUIPMENT	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
SUPPLIES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
CONTRACTUAL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
OTHER	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
INDIRECT COSTS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ -	\$ -
TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

	September	October	November	1st Quarter Totals	December	January	February	2nd Quarter Totals
Program Costs								
PERSONNEL	\$ -	\$ -	\$ -	\$ -				\$ -
FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -				\$ -
TRAVEL	\$ -	\$ -	\$ -	\$ -				\$ -
EQUIPMENT	\$ -	\$ -	\$ -	\$ -				\$ -
SUPPLIES	\$ -	\$ -	\$ -	\$ -				\$ -
CONTRACTUAL	\$ -	\$ -	\$ -	\$ -				\$ -
OTHER	\$ -	\$ -	\$ -	\$ -				\$ -
TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Costs								
PERSONNEL	\$ -	\$ -	\$ -	\$ -				\$ -
FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -				\$ -
TRAVEL	\$ -	\$ -	\$ -	\$ -				\$ -
EQUIPMENT	\$ -	\$ -	\$ -	\$ -				\$ -
SUPPLIES	\$ -	\$ -	\$ -	\$ -				\$ -
CONTRACTUAL	\$ -	\$ -	\$ -	\$ -				\$ -
OTHER	\$ -	\$ -	\$ -	\$ -				\$ -
INDIRECT	\$ -	\$ -	\$ -	\$ -				\$ -
TOTAL COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Name & phone number of Person Completing
this Form

John R. Keiser / 956-722-3995

SYSTEM DEVELOPMENT

SUPPORT DOCUMENT revised 12/12/24		
RAC SYSTEMS DEVELOPMENT EXPENDITURES		
CURRENT FISCAL YEAR (FY)	2026	
RAC SYSTEMS DEVELOPMENT Allocation Amount	\$	46,021.00
Total RAC SYSTEMS DEVELOPMENT Expenditures	\$	
Total Unexpended Funds	\$	46,021.00
Program Income	\$	

INDIRECT COSTS

List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.
N/A

All Non-Personnel Indirect Costs

TOTAL COSTS

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

Program Costs

PERSONNEL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
FRINGE BENEFITS								
TRAVEL								
EQUIPMENT								
SUPPLIES								
CONTRACTUAL								
OTHER								
TOTAL COSTS								

Administrative Costs

PERSONNEL	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
FRINGE BENEFITS								
TRAVEL								
EQUIPMENT								
SUPPLIES								
CONTRACTUAL								
OTHER								
INDIRECT								
TOTAL COSTS								

\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Name & phone number of Person Completing
this Form

John R. Keiser / 956-722-3995



EMS RAC EXCEPTIONAL ITEM (E.I)

INDIRECT COSTS

List costs by individual, if applicable and report all Non-Personnel indirect costs as one lump sum.

TVA	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
All Non-Personnel Indirect Costs						

TOTAL COSTS

\$ 6,000.00	\$ -	\$ -	\$ 6,000.00	\$ -	\$ -	\$ -
-------------	------	------	-------------	------	------	------

MONTHLY BREAKDOWN OF PROGRAM & ADMINISTRATIVE COSTS

Program Costs	September	October	November	1st Quarter Totals	December	January	February
PERSONNEL	\$ -	\$ -	\$ -	\$ -			
FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -			
TRAVEL	\$ -	\$ -	\$ -	\$ -			
EQUIPMENT	\$ -	\$ -	\$ -	\$ -			
SUPPLIES	\$ -	\$ -	\$ -	\$ -			
CONTRACTUAL	\$ -	\$ -	\$ -	\$ -			
OTHER	\$ -	\$ -	\$ -	\$ -			
TOTAL COSTS	\$ 6,000.00	\$ -	\$ -	\$ 6,000.00			

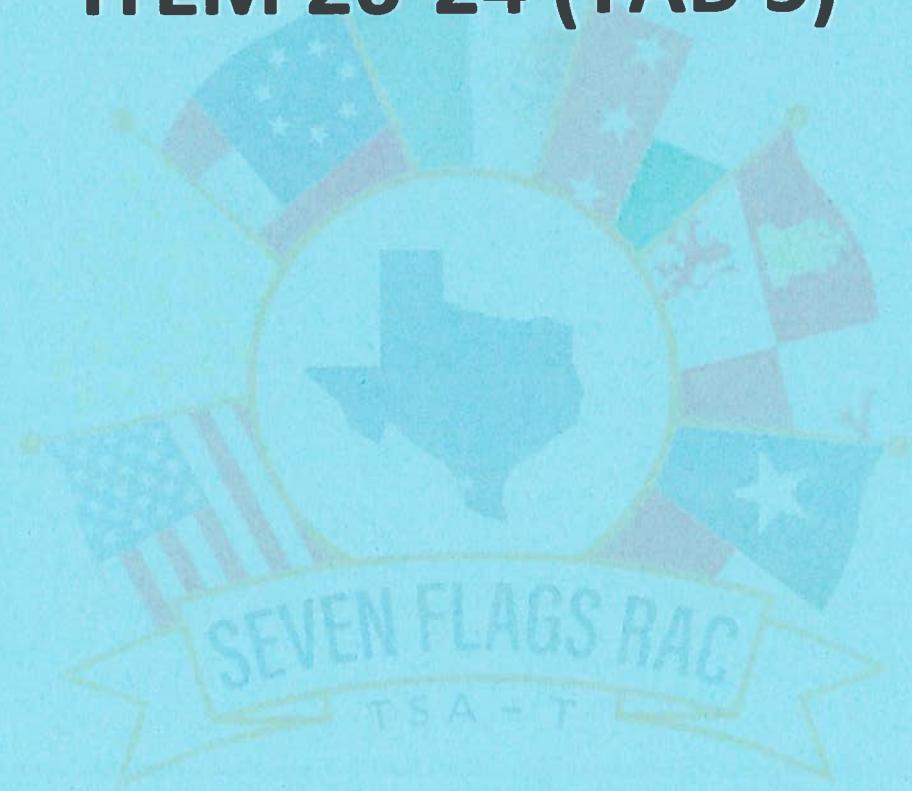
Administrative Costs	September	October	November	1st Quarter Totals	December	January	February
PERSONNEL	\$ -	\$ -	\$ -	\$ -			
FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -			
TRAVEL	\$ -	\$ -	\$ -	\$ -			
EQUIPMENT	\$ -	\$ -	\$ -	\$ -			
SUPPLIES	\$ -	\$ -	\$ -	\$ -			
CONTRACTUAL	\$ -	\$ -	\$ -	\$ -			
OTHER	\$ -	\$ -	\$ -	\$ -			
INDIRECT	\$ -	\$ -	\$ -	\$ -			
TOTAL COSTS	\$ 6,000.00	\$ -	\$ -	\$ 6,000.00	\$ -	\$ -	\$ -

Name & phone number of Person Completing
this Form

John R. Keiser / 956-722-3995



ITEM 26-24 (TAB 5)





Seven Flags Regional Advisory Council
Trauma Service Area "T"

SFRAC Board Request for Action

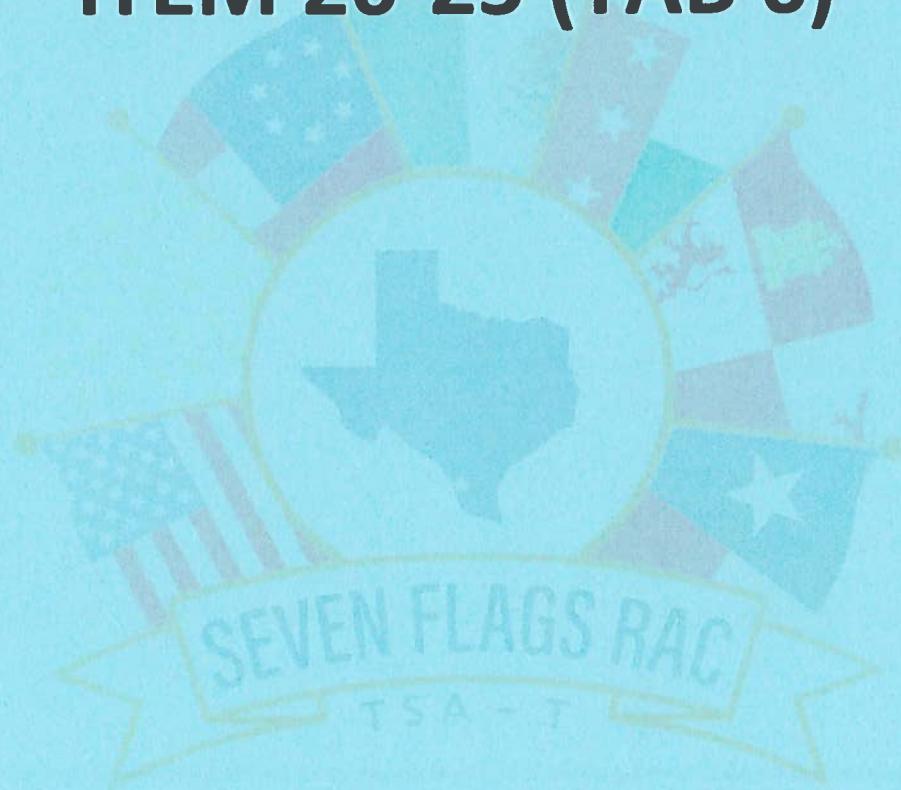
Based on the SMART goals submitted to Texas DSHS in response to the SFRAC Self-Assessment, the following by-laws edits are presented for review and approval. Other recommendations not based on SMART goals will be presented for review and approval in August 2026.

SMART Goal and Action Item	Recommendation
<p>Smart Goal – Epidemiology</p> <p>Action Item: Performance Improvement (PI) committee included as standing committee and integrated into Bylaws</p>	PI Committee added to section 7.03 as standing committee with its function as follows: "PI Committee – The function of the Performance Improvement (PI) Committee is to review data sets related to approved performance measure/targeted performance results and design activities to implement within the system of care to improve outcomes."
<p>SMART Goal – System Plan</p> <p>Action Item: Board Committees will review FY System Plan annually and incorporate revisions based on regional demographics, the completed self-assessment, resources available, and data analyses that align with the RAC performance criteria (performance measures). Use hybrid meeting formats for RAC committees with designated facilitators to promote active participation in the review and revisions of the FY System Plan; revise Bylaws to ensure this responsibility is indoctrinated into the roles/responsibilities of each committee.</p>	Added to Standing (i.e., Permanent) Committees and Responsibilities -- "7.07. All committees will collaborate to review FY System Plan annually and incorporate revisions based on regional demographics, the completed self-assessment, resources available, and data analyses that align with the RAC performance criteria (performance measures). The revisions to the FY System Plan will be completed and documented with demographic data, maps, system utilization trends, resources, and assessments of performance measure outcomes annually. Hybrid meeting formats will be utilized for RAC committees with designated facilitators to promote active participation in the review and revisions of the FY System Plan."

SMART Goal and Action Item	Recommendation
<p>SMART Goal – System Plan</p> <p>Action Item: RAC to define standardized high-level protocol for review and implementation design for new evidence-based guidelines as applicable to the regional EMS and Trauma systems. As new evidence-based guidelines are shared within the Region, RAC will determine which can be achieved and sustained with current systems and will use protocol to implement design and share information with stakeholders for implementation.</p> <p>Protocol development within first 90 days of this self-assessment for EMS/Trauma, incorporate protocol into Bylaws.</p>	<p>Protocol development for new evidence-based guidelines, as applicable, will be assigned to existing RAC committees (EMS/Pre-hospital Committee and Trauma/Injury Prevention Committee) in Committee Responsibilities, section 7.08.</p>
<p>SMART Goal: System Integration –</p> <p>Action Item: Include RAC medical advisory structure in the bylaws.</p>	<p>Under Standing Committees, section 7.03, add/include Medical Advisory Committee that provides medical oversight and clinical guidance for the Regional Emergency Medical and Trauma System.</p>



ITEM 26-25 (TAB 6)



SEVEN FLAGS REGIONAL ADVISORY COUNCIL (SFRAC) PERFORMANCE IMPROVEMENT (P.I.) COMMITTEE

Meeting Date:	Location:	Time:
---------------	-----------	-------

Administration/Collaborators

First Name	Last Name	Email	Phone Number	Board Designation/Role	Agency/Facility	Present/Absent
John	Keiser	jrkeiser@stdc.cog.tx.us	(956) 722-3995	SFRAC Administrator	Seven Flags RAC	
Rhonda	Stewart	rstewart@healthaccess-llc.com	(210) 389-1245	Self-Assessment Program Service Provider	Health Access	

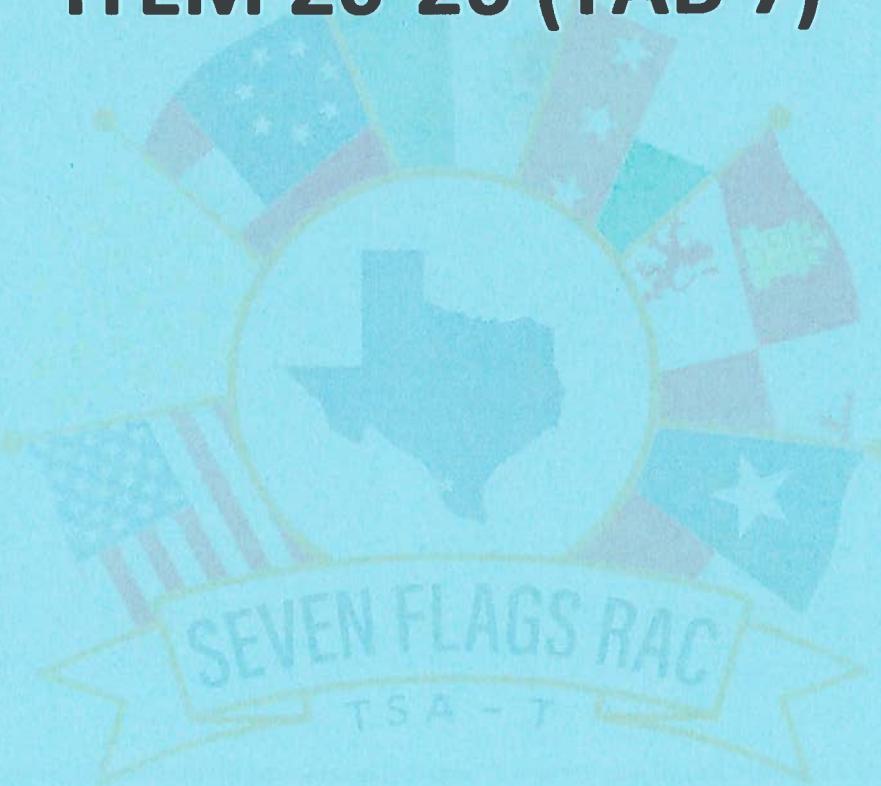
P.I. Committee Core Members

First Name	Last Name	Email	Phone Number	Board Designation/Role	Agency/Facility	Present/Absent
Letisia	Colon	letisia.colon@uhsinc.com	(956) 523-9933	Director	Doctors Hospital	
Joe	Gonzalez	Jose_Gonzalez@chs.net	(956) 251-0841	Officer - Treasurer	Laredo Medical Center	
Monica	Arredondo	emsmoni@yahoo.com	(956) 489-7134	Board Alternate	Angel Care Ambulance	
Jorge	Delgado	admin@priorityemstx.com	(956) 251-5318	Officer - Chairman	Priority EMS	
Adolfo	Diaz, MD.	adolfo_diaz@chs.net		Trauma Medical Director	Laredo Medical Center	
Roberto	Gomez Vasquez, MD.			Trauma Medical Director	Doctors Hospital	

Other Interested Participating Members/Guests

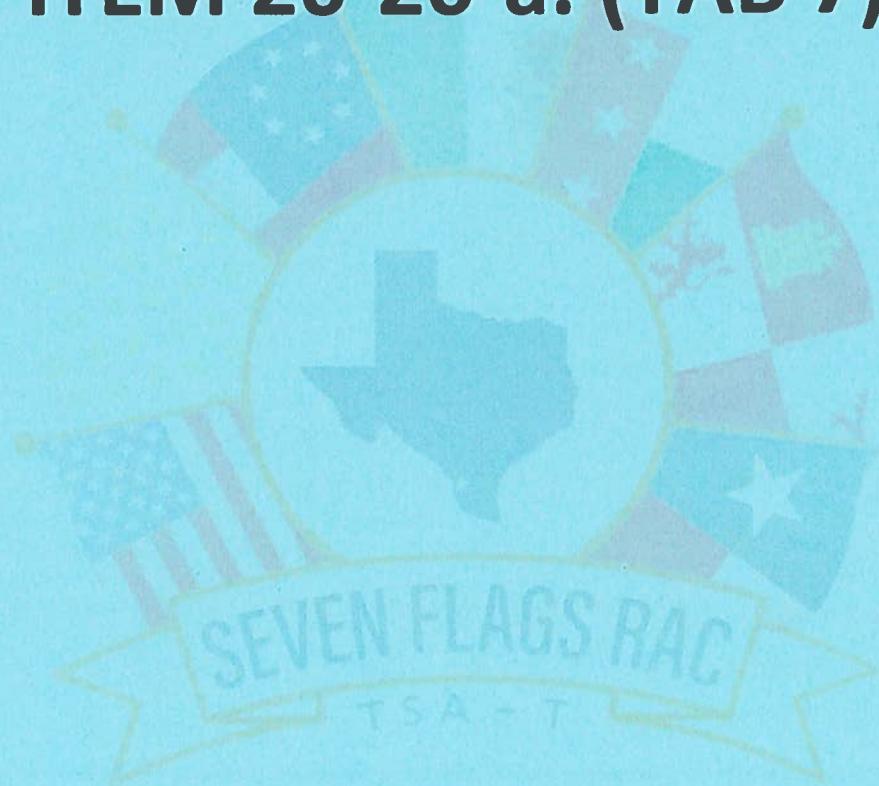


ITEM 26-26 (TAB 7)





ITEM 26-26-a. (TAB 7)



FY26 SFRAC Membership Summary

FY26 SFRAC Membership Summary

T	Victorious Care Ambulance (Fully Vested)	Webb	Yes							FY26 Membership Fees: \$750/Paid: \$0/ Bal. \$750	P	
T	Webb County Volunteer Fire/EMS (Fully Vested)	Webb	Yes	Yes	Yes	10-31-2025/ 11-1-2025	#71294		FY26 Membership Fees: \$750/Paid: \$7500/ Bal. \$0	A		
T	Skyline EMS, (Fully Vested)	Jim Hogg	Yes	Yes	Yes	09-08-2025/ 09-22-2025	#13164		FY26 Membership Fees: \$750/Paid: \$750/ Bal. \$0	P		
T	Zapata County Fire/EMS (Fully Vested)	Zapata				10-8-2025/ 10-27-2025	#14241		FY26 Membership Fees: \$750/Paid: \$0/750 Bal. \$0	P		
T	Villa Ambulance Service (Fully Vested)	Webb	Yes	Yes	Yes	10-30-2025/ 10-31-2025	#2646		FY26 Membership Fees: \$750/Paid: \$750/ Bal. \$0	P		
T	Digni Care Ambulance (Joined: April 30, 2024/Fully Vested May 1, 2025)	Webb	Yes	Yes	Yes	9/11/2025/ 9 11-7-2025	#1270		FY26 Membership Fees: \$750/Paid: \$750/ Bal. \$0	P		
T	United Med Care Ambulance (Joined: September 30, 2024/Fully Vested September 30, 2025)	Webb	Yes	Yes	Yes	09-16-2025/ 9-16-2025			FY26 Membership Fees: \$750/Paid: \$750/ Bal. \$0	A		
T	Texas Ambulance Response Team (Joined: September 24, 2025)	Webb	Yes						FY26 Membership Fees: \$867.50/Paid: \$867.50/ Bal. \$0	P		
T	Gateway Ambulance (Joined as a Non-Participating Entity)	Webb	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	P	

(a) **Payment of Membership Dues:** All members must be current in the payment of their membership dues. Members who remain delinquent in the payment of SFRAC dues by the 1st of March of any given fiscal year will be considered a Member Not in Good Standing and therefore will not be eligible for funding for the following fiscal year.



ITEM 26-26-b. (TAB 7)





Seven Flags Regional Advisory Council
Trauma Service Area "T"

SFRAC Performance Improvement Committee Report for the Board

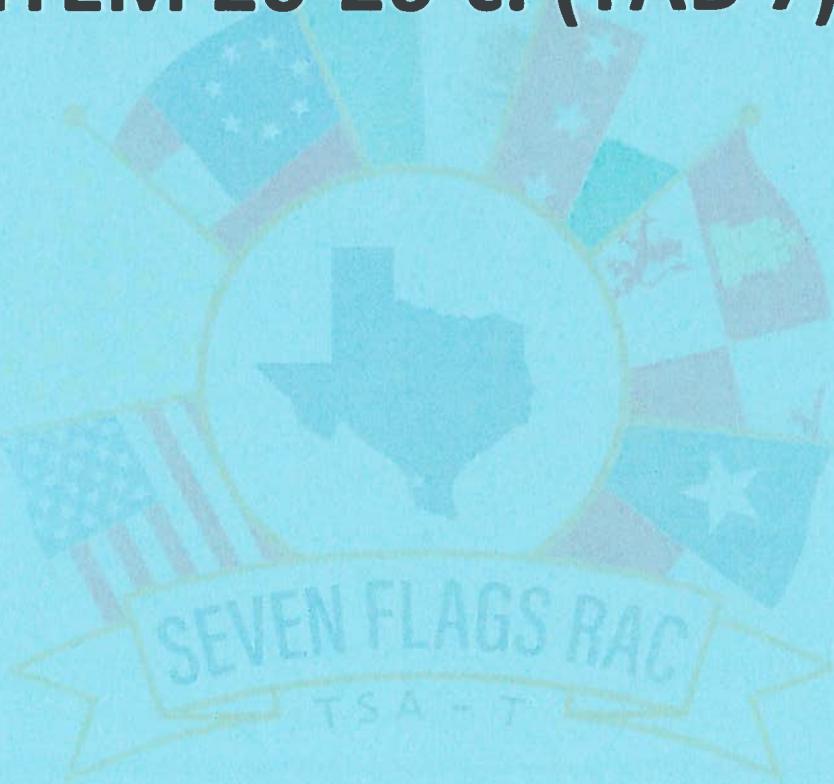
The Performance Improvement (PI) Committee workgroup has held two meetings to date:

- **November 11, 2025:**
 - Workgroup reviewed committee structure and design to include in Bylaws recommendation;
 - Discussed representation of members needed on committee;
 - Discussed DSHS PI project planning re: Transfer Times and how to proceed.
- **December 12, 2025:**
 - Workgroup finalized roles and responsibilities of committee for Bylaw recommendations;
 - Finalized agenda standing items for PI Committee meetings;
 - Reviewed data sets provided for Region for 1 quarter with stratified review of:
 - Physician, total cases, delayed cases, and percentage;
 - ISS codes;
 - GCS codes;
 - Length of Stay (LOS) – time patient arrival to patient departure;
 - Transfer times by physician;
 - LOS by facility, SSI rank, and percentage delayed;
 - LOS by physician, SSI rank and TTA;
 - Facility, SSI rank, TTA, and LOS;
 - Physician, SSI rank, TTA, and LOS;
 - GSC and ISS Code variations.
 - Review of 1st quarter data stratified provided discussion opportunities to storyboard transfer times that were over the 2-hour marker and allowed the workgroup to begin storyboarding overarching challenges/barriers such as weather conditions that affect AirEvac, ground and graveyard shift barriers, private ambulance availability, patient stability, medication transport possible challenges, mechanism of injury. Workgroup agreed to review full year data set at next meeting to continue discussion and PI opportunities for storyboarding transfer times, criteria, and will use process map to determine key challenges to consider. Updated criteria: DSHS focus on puncture wounds.

Next meeting to be held on February 20, 2026 from 10:30am to 12pm CST at Laredo Medical Center, Community Center Room 1st floor, Tower B, Laredo, Texas 78041.



ITEM 26-26-c. (TAB 7)



§ EMS Wristband Considerations

→ Data and Triage Opportunities

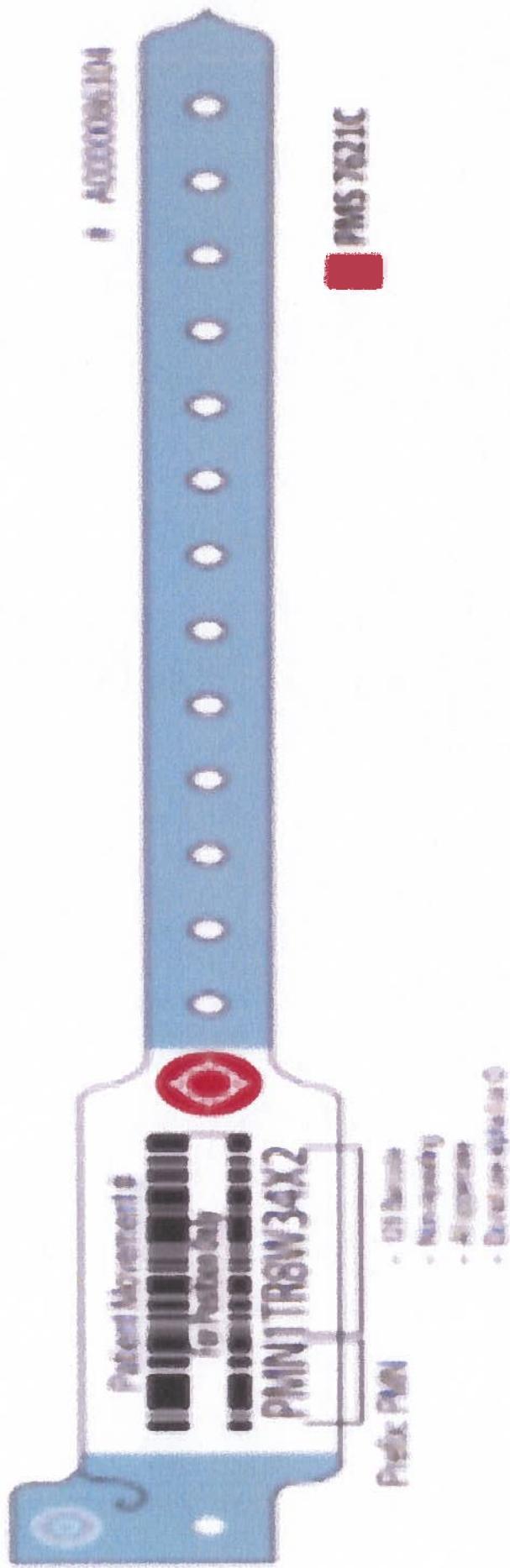


NOTE: Please include the alpha character(s) after “TX” (i.e., TXA123456) your record.

or eOutcome.03 (External ID Type): Select “Other”.

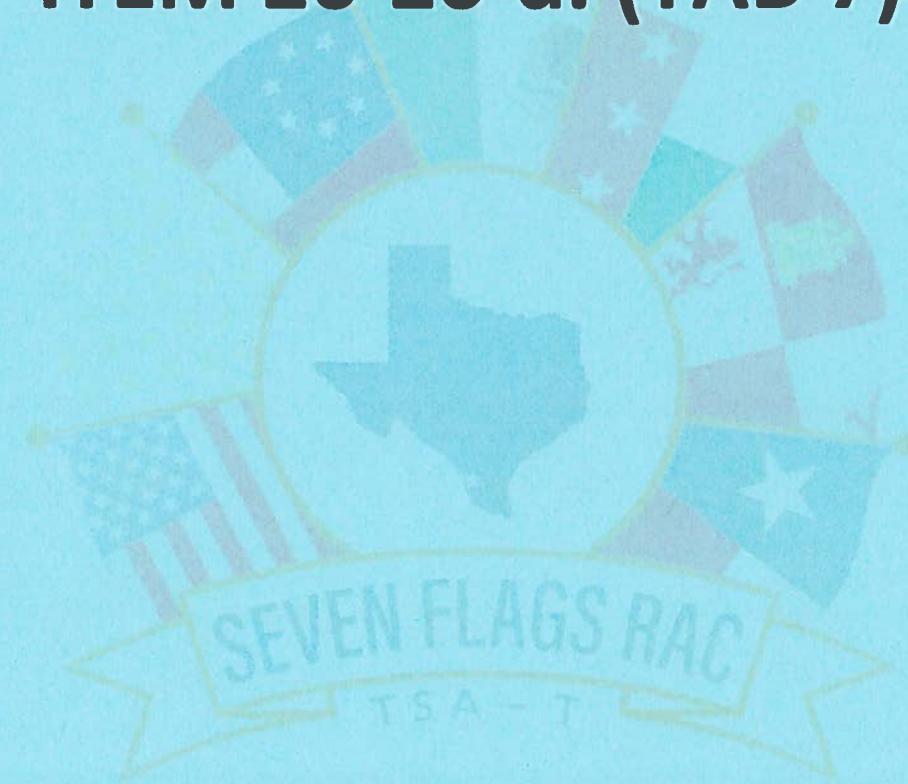
or eOutcome.04 (External ID/Number): Input the full wristband information (i.e., XPH123456).

- Alpha characters are manufacturer-specific
 - This is designed to prevent duplication.





ITEM 26-26-d. (TAB 7)



2024 EMS RESPONSES DATA

All EMS Responses, RAC T, EMS 2024

RAC	
ENTITY_RAC	Frequency
T	86,025

All EMS Responses, Rural vs Urban, RAC T, EMS 2024 (N=86,025)

INCIDENT_RURAL_URBAN		
INCIDENT_RURAL_URBAN	Frequency	Percent
Rural	4,309	5.01
Urban	81,538	94.78
Missing	178	0.21

911 EMS Responses with Patient Contact, Rural vs Urban, RAC T, EMS 2024 (N=36,597)

INCIDENT_RURAL_URBAN		
INCIDENT_RURAL_URBAN	Frequency	Percent
Rural	1,249	3.41
Urban	35,334	96.55
Missing	14	0.04

Top Ten, Call to Dispatch - 911 EMS Responses with Patient Contact, RAC T, EMS 2024 (N=33,132)

Call to Dispatch	Frequency	Percent
Sick Person	19,923	54.45
Traffic/Transportation Incident	4,826	13.19
Falls	2,211	6.04
Breathing Problem	1,696	4.64
No Other Appropriate Choice	1,243	3.40
Transfer/Interfacility/Palliative Care	823	2.25
Well Person Check	686	1.87
Assault	629	1.72
Abdominal Pain/Problems	592	1.62
Chest Pain (Non-Traumatic)	503	1.37

**Top Ten, Call to Dispatch - 911 EMS Responses with Patient Contact,
Urban, RAC T, EMS 2024 (N=32,192)**

Call to Dispatch	Frequency	Percent
Sick Person	19,811	56.07
Traffic/Transportation Incident	4,802	13.59
Falls	2,126	6.02
Breathing Problem	1,575	4.46
No Other Appropriate Choice	957	2.71
Transfer/Interfacility/Palliative Care	812	2.30
Well Person Check	683	1.93
Assault	615	1.74
Chest Pain (Non-Traumatic)	426	1.21
Abdominal Pain/Problems	385	1.09

**Top Ten, Call to Dispatch - 911 EMS Responses with Patient Contact,
Rural, RAC T, EMS 2024 (N=1,015)**

Call to Dispatch	Frequency	Percent
No Other Appropriate Choice	286	23.03
Abdominal Pain/Problems	207	16.67
Breathing Problem	121	9.74
Sick Person	107	8.62
Falls	85	6.84
Chest Pain (Non-Traumatic)	77	6.20
Altered Mental Status	55	4.43
Headache	29	2.33
Convulsions/Seizure	24	1.93
Unconscious/Fainting/Near-Fainting	24	1.93

Top Ten, Total Trauma EMS Responses, RAC T, EMS 2024 (N=8,347)

Call to Dispatch	Frequency	Percent
Traffic/Transportation Incident	4,826	57.70
Falls	2,211	26.43
Assault	629	7.52
Traumatic Injury	299	3.57
Hemorrhage/Laceration	126	1.51
Animal Bite	119	1.42
Stab/Gunshot Wound/Penetrating Trauma	55	0.66
Fire	35	0.42

Burns/Explosion	25	0.30
Eye Problem/Injury	22	0.26

**Top Ten, Total Trauma EMS Responses, Urban, RAC T, EMS 2024
(N=8,201)**

Call to Dispatch	Frequency	Percent
Traffic/Transportation Incident	4,802	58.48
Falls	2,126	25.89
Assault	615	7.49
Traumatic Injury	290	3.53
Hemorrhage/Laceration	120	1.46
Animal Bite	117	1.42
Stab/Gunshot Wound/Penetrating Trauma	53	0.65
Fire	34	0.41
Burns/Explosion	24	0.29
Eye Problem/Injury	20	0.24

Top Ten, Total Trauma EMS Responses, Rural, RAC T, EMS 2024

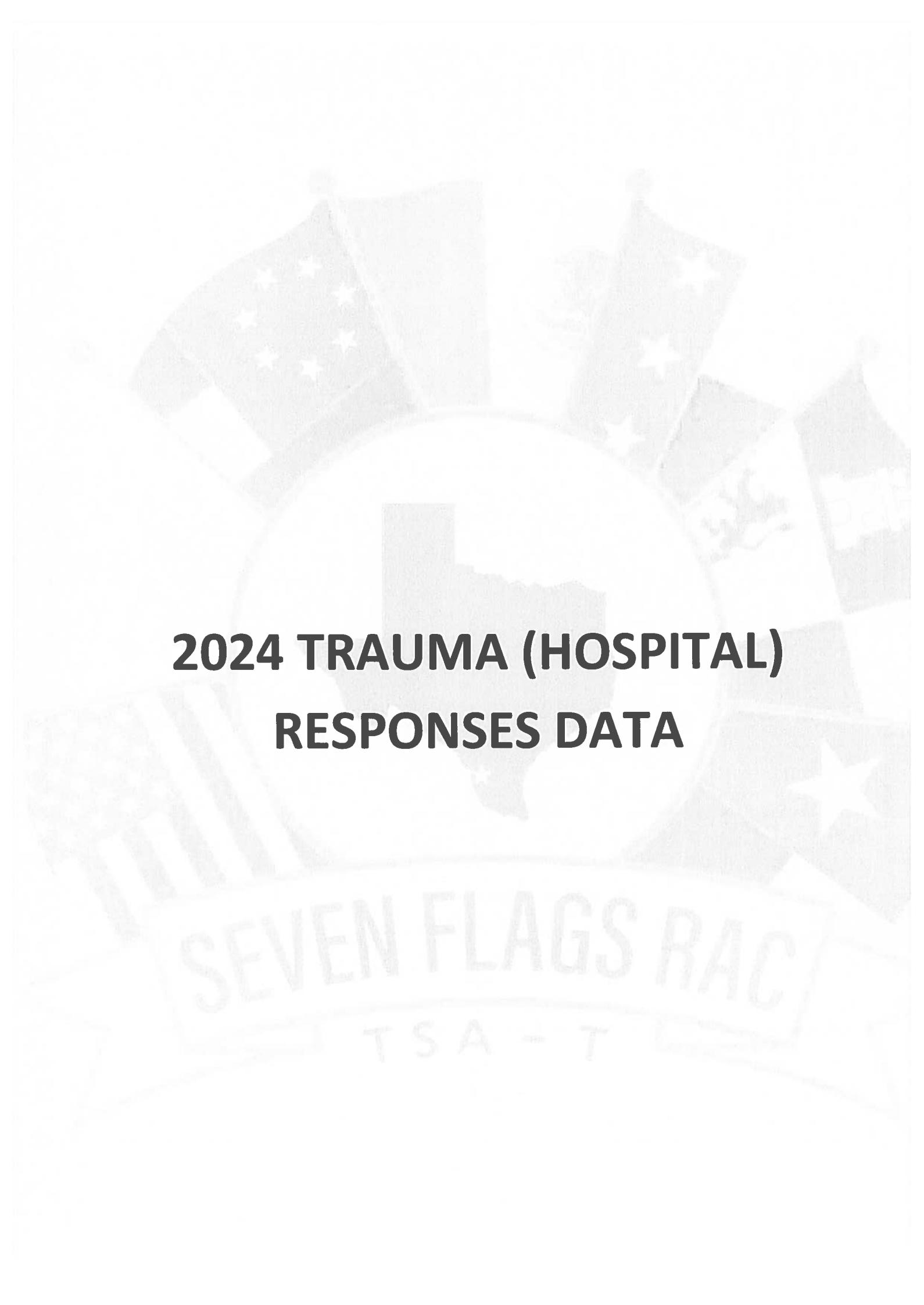
Call to Dispatch	Frequency	Percent
Falls	85	57.82
Traffic/Transportation Incident	22	14.97
Assault	14	9.52
Traumatic Injury	8	5.44
Automated Crash Notification	6	4.08
Hemorrhage/Laceration	6	4.08
Animal Bite	*	*
Eye Problem/Injury	*	*
Burns/Explosion	*	*
Stab/Gunshot Wound/Penetrating Trauma	*	*

**Total Stroke EMS Responses, Rural vs Urban, RAC T, EMS 2024
(N=363)**

INCIDENT_RURAL_URBAN		
INCIDENT_RURAL_URBAN	Frequency	Percent
Rural	*	*
Urban	361	99.45

**Total Cardiac EMS Responses, Rural vs Urban, RAC T, EMS 2024
(N=212)**

INCIDENT_RURAL_URBAN		
INCIDENT_RURAL_URBAN	Frequency	Percent
Rural	5	2.36
Urban	207	97.64



2024 TRAUMA (HOSPITAL) RESPONSES DATA

Total Trauma Registry Submissions, RAC T, Trauma 2024 (N=970)

RAC	Frequency
ENTITY_RAC	Frequency
T	970

Total Trauma Registry Submissions by Rural/Urban Areas, RAC T, Trauma 2024 (N= 970)

ENTITY_RURAL_URBAN	Frequency
Urban	970

Total Trauma Registry Submissions by Age, RAC T, Trauma 2024 (N=970)

AGE	Frequency	Percent
0-14	76	7.84
15-64	502	51.75
65+	392	40.41

Total Trauma Registry Submission Average Length of Stay (LOS)(in Days) by Age, RAC T, Trauma 2024 (N=970)

AGE	Frequency	Mean
0-14	76	1.29
15-64	502	3.01
65+	392	5.89

Total Trauma Registry Submission Average Length of Stay (LOS)(in Days) by Age, RAC T, Urban, Trauma 2024 (N=970)

AGE	Frequency	Mean
0-14	76	7.84
15-64	502	51.75
65+	392	5.89

Total Trauma Registry Submissions by Injury Severity Scores (ISS), RAC T, Trauma 2024 (N=970)

ISS	Frequency	Percent
1-8	596	61.44
9-15	290	29.90
16-24	51	5.26
>=25	33	3.40

Total Trauma Registry Submissions by ISS, RAC T, Urban, Trauma 2024 (N=970)

ISS	Frequency	Percent
1-8	596	61.44
9-15	290	29.90
16-24	51	5.26
>=25	33	3.40

ISS Scores for Age 0-14, RAC T, Trauma 2024 (N=76)

ISS	Frequency	Percent
1-8	50	65.79
9-15	17	22.37
16-24	5	6.58
>=25	*	*

ISS Scores for Age 15-64, RAC T, Trauma 2024 (N=502)

ISS	Frequency	Percent
1-8	352	70.12
9-15	101	20.12
16-24	28	5.58
>=25	21	4.18

ISS Scores for Age 65+, RAC T, Trauma 2024 (N=392)

ISS	Frequency	Percent

1-8	194	49.49
9-15	172	43.88
16-24	18	4.59
>=25	8	2.04

Top Five Mechanisms of Injury, RAC T, Trauma 2024 (N=829)

MECHANISM	Frequency	Percent
Fall	511	52.68
MVT-Occupant	199	20.52
Struck by/Against	50	5.15
Cut/Pierce	35	3.61
Pedestrian, Other	34	3.51

Top Five Mechanisms of Injury, RAC T, Urban, Trauma 2024 (N=829)

MECHANISM	Frequency	Percent
Fall	511	52.68
MVT-Occupant	199	20.52
Struck by/Against	50	5.15
Cut/Pierce	35	3.61
Pedestrian, Other	34	3.51

Top Five Mechanisms all Trauma Submissions for Age 0-14, RAC T, Trauma 2024 (N=67)

MECHANISM	Frequency	Percent
Fall	39	51.32
MVT-Occupant	19	25.00
Hot Object/Substance	*	*
Struck by/Against	*	*
Bites and Stings, Non-Venomous	*	*

Top Five Mechanisms all Trauma Submissions for Age 15-64, RAC T, Trauma 2024 (N=401)

MECHANISM	Frequency	Percent
MVT-Occupant	159	31.67
Fall	138	27.49
Struck by/Against	42	8.37
Cut/Pierce	33	6.57
Firearm	29	5.78

Top Five Mechanisms all Trauma Submissions for Age 65+, RAC T, Trauma 2024 (N=380)

MECHANISM	Frequency	Percent
Fall	334	85.20
MVT-Occupant	21	5.36
Overexertion	12	3.06
Pedestrian, Other	7	1.79
MVT-Pedestrian	6	1.53

Fatal Records by Age, RAC T, Trauma 2024 (N=47)

AGE	Frequency	Percent
15-64	31	65.96
65+	16	34.04

Fatal Records by ISS, RAC T, Trauma 2024 (N=47)

ISS	Frequency	Percent
1-8	22	46.81
9-15	17	36.17
16-24	*	*
>=25	7	14.89

Fatal Records by ISS, RAC T, Urban, Trauma 2024 (N=47)

ISS	Frequency	Percent
1-8	22	46.81
9-15	17	36.17
16-24	*	*
>=25	7	14.89

Top Five Mechanisms of Fatal Records, RAC T, Trauma 2024 (N=42)

MECHANISM	Frequency	Percent
Fall	16	34.04
Firearm	8	17.02
MVT-Occupant	8	17.02
MVT-Pedestrian	7	14.89
Other Specified, Classifiable	*	*

Top Five Mechanisms of Fatal Records, RAC T, Urban, Trauma 2024 (N=42)

MECHANISM	Frequency	Percent
Fall	16	34.04
Firearm	8	17.02
MVT-Occupant	8	17.02

MVT-Pedestrian	7	14.89
Other Specified, Classifiable	*	*

Top Five Mechanisms of Fatal Records for Age 15-64, RAC T, Trauma 2024 (N=26)

MECHANISM	Frequency	Percent
Firearm	8	25.81
Fall	5	16.13
MVT-Occupant	5	16.13
MVT-Pedestrian	5	16.13
Other Specified, Classifiable	*	*

Top Three Mechanisms of Fatal Records for age 65+, RAC T, Trauma 2024 (N=16)

MECHANISM	Frequency	Percent
Fall	11	68.75
MVT-Occupant	*	*
MVT-Pedestrian	*	*

Trauma Patients with Shock [BP le 90(0-64) and le 110 (65+)]- All Ages, RAC T, Trauma 2024 (N=52)

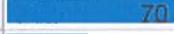
AGE	Frequency	Percent
0-14	5	9.62
15-64	11	21.15
65+	36	69.23

Trauma Patients with Spinal Cord Injury (SCI), by Age - RAC T, Trauma 2024 (N=8)

AGE	Frequency	Percent
15-64	7	87.50
65+	*	*

Trauma Patients with Trauma Brain Injuries (TBI), by Age - RAC T- Trauma 2024 (N=124)

AGE	Frequency	Percent

0-14		21		16.94
15-64		70		56.45
65+		33		26.61



ITEM 26-26-e. (TAB 7)



FY26 EMS County Assistance Allocations

* Reimbursement Form and Supporting Documentation
Submittal Deadline: April 31, 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	4,348.57		4,348.57
Laredo Fire Department EMS/Fire	4,348.57		4,348.57
Angel Care Ambulance	4,348.57		4,348.57
Webb County Volunteer Fire/EMS	4,348.58		4,348.58
Victorious Care Ambulance	4,348.57		4,348.57
Priority EMS	4,348.57		4,348.57
Laredo Lifeline	4,348.58		4,348.58
Villa Ambulance	4,348.57		4,348.57
Texas Superior Ambulance	4,348.57		4,348.57
Zapata County Fire/EMS	15,051.00		15,051.00
Lalitas Ambulance Care	4,348.57		4,348.57
Medpoint Ambulance	4,348.57		4,348.57
Primary Care Ambulance	4,348.57		4,348.57
Skyline EMS	16,693.00		16,693.00
Digni Care	4,348.57		4,348.57
United Med Ambulance	4,348.57		4,348.57
		0.00	
		0.00	
Total operating expenses	92,624.00	0.00	92,624.00

FY26 System Development Fund Allocations

* Reimbursement Form and Supporting Documentation
Submittal Deadline: May 31, 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	2,556.72		2,556.72
Laredo Fire Department EMS/Fire	2,556.72		2,556.72
Angel Care Ambulance	2,556.72		2,556.72
Webb County Volunteer Fire/EMS	2,556.72		2,556.72
Victorious Care Ambulance	2,556.72		2,556.72
Priority EMS	2,556.72		2,556.72
Laredo Lifeline	2,556.72		2,556.72
Villa Ambulance	2,556.72		2,556.72
Texas Superior Ambulance	2,556.72		2,556.72
Zapata County Fire/EMS	2,556.72		2,556.72
Laredo Medical Center	2,556.74		2,556.74
Doctors Hospital of Laredo	2,556.74		2,556.74
Lalitas Ambulance Care	2,556.72		2,556.72
Medpoint Ambulance	2,556.72		2,556.72
Primary Care Ambulance	2,556.72		2,556.72
Skyline EMS	2,556.72		2,556.72
Digni Care	2,556.72		2,556.72
United Med Ambulance	2,556.72		2,556.72
		0.00	
		0.00	
Total operating expenses	46,021.00	0.00	46,021.00

FY26 EMS RAC Exceptional Item (E.I.) Allocations

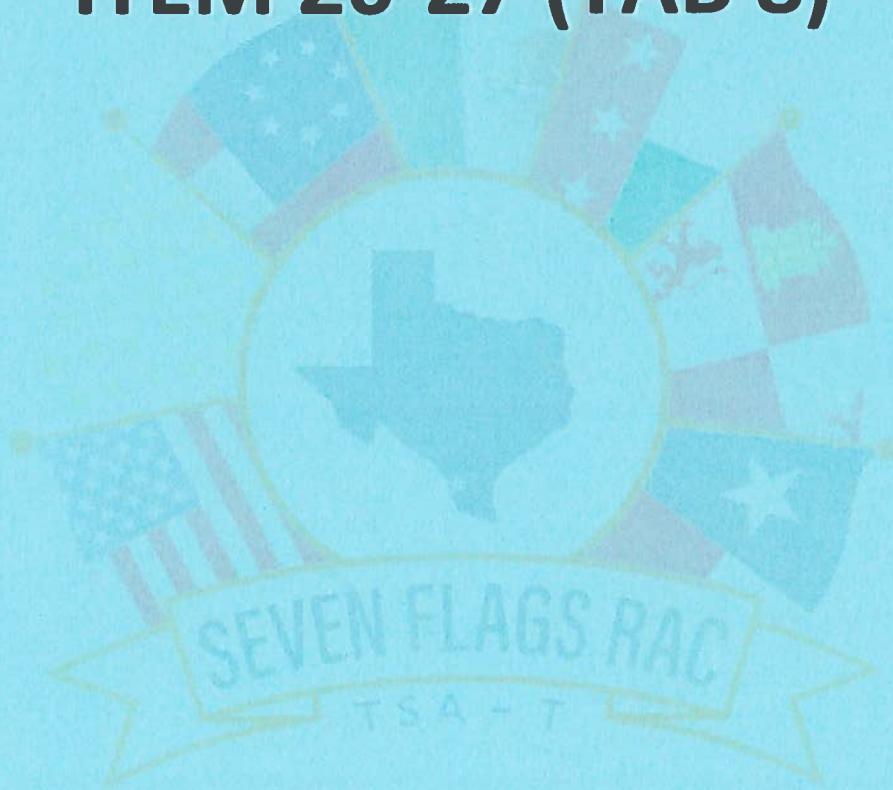
* Reimbursement Form and
Supporting Documentation
Submittal Deadline: June 30, 2026



Eligible Entities	Proposed Allocation	Actual Allocation	Difference
Bronze Starr Ambulance	4,333.33		4,333.33
Laredo Fire Department EMS/Fire	4,333.33		4,333.33
Angel Care Ambulance	4,333.33		4,333.33
Webb County Volunteer Fire/EMS	4,333.33		4,333.33
Victorious Care Ambulance	4,333.33		4,333.33
Priority EMS	4,333.33		4,333.33
Laredo Lifeline	4,333.33		4,333.33
Villa Ambulance	4,333.33		4,333.33
Texas Superior Ambulance	4,333.33		4,333.33
Zapata County Fire/EMS	4,333.33		4,333.33
Lalitas Ambulance Care	4,333.33		4,333.33
Medpoint Ambulance	4,333.33		4,333.33
Primary Care Ambulance	4,333.33		4,333.33
Skyline EMS	4,333.33		4,333.33
Digni Care	4,333.33		4,333.33
United Med Ambulance	4,333.33		4,333.33
Laredo Medical Center	4,333.36		4,333.36
Doctors Hospital of Laredo	4,333.36		4,333.36
Total operating expenses	78,000.00	0.00	78,000.00



ITEM 26-27 (TAB 8)





December 29, 2025

Jorge Leal
Chief Executive Officer
Laredo Medical Center
1700 East Saunders Street
Laredo, Texas 78041

Dear Mr. Leal:

Your facility completed an application seeking Trauma Level III designation. Your survey report and additional documents have been reviewed. The Texas Department of State Health Services re-designates Laredo Medical Center as an Advanced (Level III) Trauma Facility in Trauma Service Area-T. This state designation is valid for a three-year period. Your expiration date is March 1, 2029.

Your hospital's continuation as a designated Advanced (Level III) facility is contingent upon meeting identified requirements. Your facility will receive a letter from the EMS Trauma Systems Section to inform you about the requirements that need additional actions.

For assistance regarding this matter, please contact Jorie Klein, MSN, MHA, BSN, RN, Director, EMS Trauma Systems Section, via email at Jorie.Klein@dshs.texas.gov, or by phone at 512-535-8538.

Sincerely,

Tim Stevenson

Timothy Stevenson, DVM, PhD
Deputy Commissioner
Consumer Protection Division

cc: Martha Vasquez Pina, RN, Trauma Program Manager
Seven Flags Regional Advisory Council



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Certificate of Designation

hereby awarded to

Laredo Medical Center

as an

*Advanced (Level III)
Trauma Facility*

Laredo Medical Center meets the standards of care relating to the treatment of trauma in Texas, actively advocates for trauma system development and works to improve the availability and quality of trauma care as an active member of Seven Flags Regional Advisory Council.

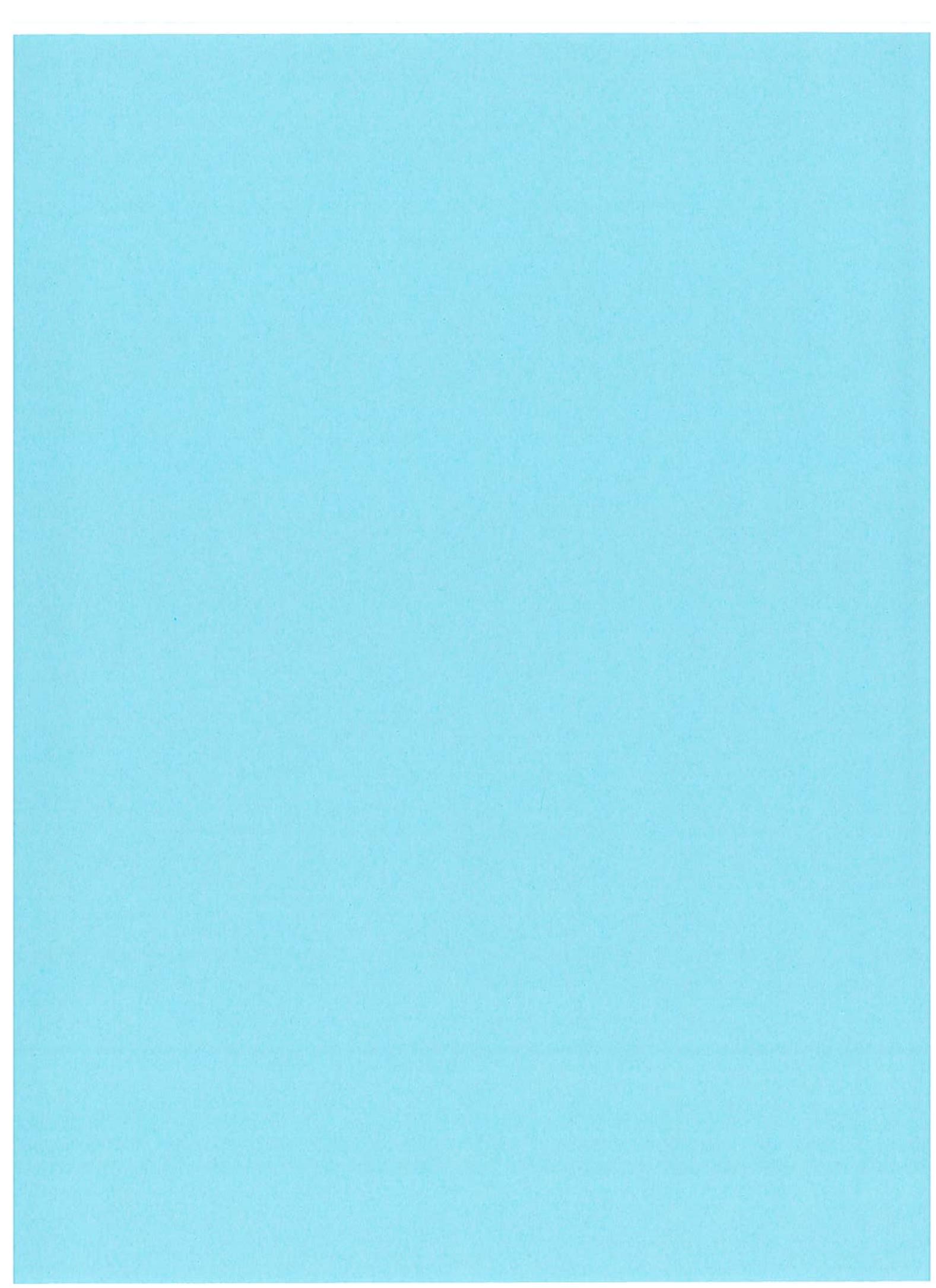
DATE EXPIRES: MARCH 1, 2029

Jorie Klein, MSN, MHA, BSN, RN

Jorie Klein, MSN, MHA, BSN, RN
DIRECTOR
EMS/TRAUMA SYSTEMS SECTION

Timothy Stevenson

Timothy Stevenson, DVM, PhD
DEPUTY COMMISSIONER
CONSUMER PROTECTION DIVISION





NASEMSO Members and Colleagues,

On behalf of our Pediatric Emergency Care Counsel (PEC) we are sending out a membership wide notice of a voluntary recall of the Broselow resuscitation tape.

The recall is issued due to several potentially lethal dosing errors.

We will be working in the coming days to develop a formal communication expressing our concerns to multiple organizations but wanted to immediately ensure as wide a distribution as possible so that you may take immediate action as you deem necessary in your state.

Many thanks to the PEC for bringing this to our attention.

NASEMSO Executive Committee



[Broselow Tape Recall](#)



**URGENT: MEDICAL DEVICE RECALL NOTICE BROSELOW
RAINBOW TAPE
(7700REA, 7700RE, 7730ALS, 7730IALS) IMMEDIATE ACTION
REQUIRED
1st NOTIFICATION**

Date: December 15, 2025

Dear Distributor/Customer,

Purpose of the letter:

The purpose of this voluntary Medical Device Recall Notice is to inform you of multiple content discrepancies on the AirLife Broselow Rainbow Tape (2025 Edition, 36-23446 Rev 3) and to provide instructions for examining inventory to identify affected product, cease use, and discard such product.

Impacted products are distributed as part of 7700REA, 7700RE, 7730ALS, and 7730IALS by AirLife. We have identified you as a customer who has received the affected products.

Description of the problem:

AirLife has identified three medication-related errors in the content printed on the affected product version (Image B shows these errors on the product):

1. Vecuronium

- In the Calculation Basis “Red to Head” reference section, the dosage is shown as 0.1 mg/mL (concentration) instead of the correct 0.1 mg/kg (weight-based dose).

2. Flumazenil

- In the Calculation Basis “Red to Head” section, the dosage is shown as 0.1 mg/kg instead of the correct 0.01 mg/kg.
- The color-coded sections of the tape list the correct Flumazenil dose, but the reference table is incorrect and represents a 10-fold overdose.



3. Ketamine (IV/IO for pain/analgesia)

- The tape lists IV/IO ketamine for pain/analgesia as 1 mg/kg, whereas the appropriate pediatric analgesic (sub-dissociative) dose is 0.1 mg/kg.
- This represents a 10-fold overdose and may result in a dissociative sedation dose being administered when only analgesia was intended.

These issues are present on the **AirLife brand, 2025 Edition, 36-23446 Rev 3 Print Version** of the Broselow Rainbow Tape (see Image C for identification of the specific version).

Prior versions of the Broselow Rainbow Tape are not impacted by the incorrect Flumazenil or Ketamine doses. The “**AirLife brand, 2025 Edition, 36-23446 Rev 2 Print Version**” is impacted by the incorrect Vecuronium dosage and is already under recall per FSCA-2025-0005 (initiated May 2025).

AirLife has received complaints related to these issues; however, **no patient injuries or adverse events have been reported to date.**

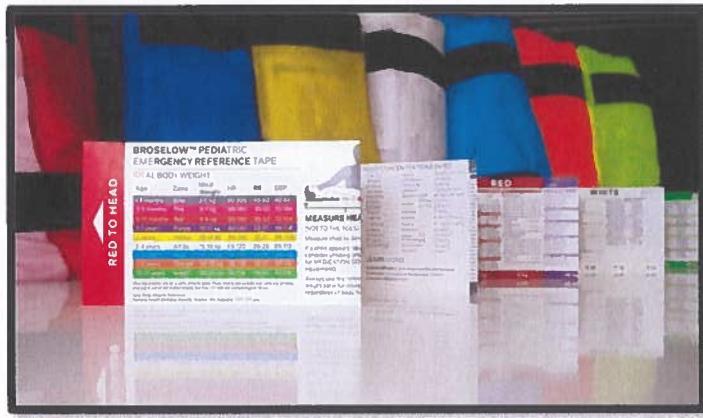


Image A. Photo of the Broselow Rainbow Tape.



RED TO HEAD

CALCULATION BASIS

ALL DRUGS GIVEN BY IV CAN BE GIVEN IO

LEGEND

Fluids/Blood Products (IV/IO)	
Crystalloid (0.9 NS or LR)	10-20 mL/kg
Blood Products	10 mL/kg
Maintenance Fluids (IV/IO)	
0.9 NS with appropriate potassium chloride (KCl) and dextrose	American Academy of Pediatrics 2018 Clinical Practice Guideline Maintenance IV/IO Fluids as per the Holiday-Segar Rule
4 mL/kg/hr for the first 10 kg of body weight (3-10 kg)	
2 mL/kg/hr for the second 10 kg of body weight (11-20 kg)	
1 mL/kg/hr for any kg of body weight above 20 kg (>20 kg)	
ASTHMA	
Albuterol (nebulized) up to 10-20 mg/hour	
DexAMETHASONE IV/IO 0.6 mg/kg	
MethylPREDNISOLONE IV/IO 1-2 mg/kg	
Magnesium Sulfate IV/IO 50 mg/kg	
AIRWAY MANAGEMENT	SEIZURE
PRE-RSI/RSA SEDATIVES AND/OR ANALGESICS	Fosphenytoin IV/IO 20 mg PE/kg
	LevETIRacetam IV/IO 50 mg/kg
Etomide IV/IO 0.3 mg/kg	LORazepam IV/IO 0.1 mg/kg
FentaNYL IV/IO 1 mcg/kg	Midazolam IV/IO 0.1 mg/kg
Ketamine IV/IO 1 mg/kg	
Midazolam IV/IO 0.1 mg/kg	
PRE-RSI/RSA NEUROMUSCULAR BLOCKERS	3% HYPERtonic Saline IV/IO* 2.5 mL/kg
Rocuronium IV/IO 1 mg/kg	Mannitol IV/IO 1 g/kg
Succinylcholine IV/IO 2 mg/kg	
Vecuronium IV/IO 0.1 mg/mL	Dextrose IV/IO (D10, D25, & D50) 0.5 g/kg
POST-RSI/RSA SEDATIVES AND/OR ANALGESICS	
FentaNYL IV/IO 1 mcg/kg	Ketamine IV/IO 0.1 mg/kg
Ketamine IV/IO 0.1 mg/kg	Flumazenil IV/IO 0.1 mg/kg
Midazolam IV/IO 0.1 mg/kg	Charcoal PO/NG 1 g/kg
POST-RSI/RSA NEUROMUSCULAR BLOCKERS	
Rocuronium IV/IO 1 mg/kg	Ketamine IV/IO 1 mg/kg
Vecuronium IV/IO 0.1 mg/kg	Morphine IV/IO 0.1 mg/kg

* Can also be used to treat severe, symptomatic hypotension

Note: Consider reducing RSA/RSI sedative and/or analgesic doses in the context of poor perfusion

ORANGE

7-9 years

SEIZURE	
Fosphenytoin IV/IO (100 mg PE/2 mL) 500 mg (10 mL)	
LevETIRacetam IV/IO (100 mg/mL)	1,375 mg (12.25 mL)
LORazepam IV/IO (2 mg/mL)	2.65 mg (1.33 mL)
LORazepam IV/IO (4 mg/mL)	2.65 mg (0.66 mL)
Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)
HYPOGLYCEMIA	
D10W IV/IO (0.1 g/mL)	13.25 g (132.5 mL)
D25W IV/IO (0.25 g/mL)	13.25 g (53 mL)
D50W IV/IO (0.5 g/mL)	13.25 g (26.5 mL)
TOXICOLOGY (800-222-1222)	
Charcoal PO/NG (25 g/120 mL)	26.5 g (126 mL)
Flumazenil IV/IO (0.1 mg/mL)	0.2 mg (2 mL)
Naloxone IV/IO (0.4 mg/mL)	2 mg (5 mL)
Naloxone IV/IO (1 mg/mL)	2 mg (2 mL)
PAIN	
FentaNYL IV/IO (50 mcg/mL)	25 mcg (0.53 mL)
Ketamine IV/IO (50 mg/mL)	25.5 mg (0.53 mL)
Ketamine IV/IO (100 mg/mL)	28.5 mg (0.27 mL)
Morphine IV/IO (5 mg/mL)	2.65 mg (0.53 mL)
Morphine IV/IO (10 mg/mL)	2.65 mg (0.27 mL)
INCREASED INTRACRANIAL PRESSURE	
3% HYPERtonic Saline IV/IO	53 - 132.5 mL
Mannitol IV/IO (20% 0.2 g/mL)	26.5 g (131.3 mL)
Mannitol IV/IO (25% 0.25 g/mL)	26.5 g (106 mL)

Normal Heart Rate: 58-118
Normal Respiratory Rate: 18-25
Normal Systolic BP: 97-115
Minimum Systolic BP: 86

AIRWAY MANAGEMENT

Etomidate IV/IO (2 mg/mL)	8 mg (4 mL)
FentaNYL IV/IO (50 mcg/mL)	26.5 mg (0.53 mL)
Ketamine IV/IO (50 mg/mL)	28.5 mg (0.53 mL)
Ketamine IV/IO (100 mg/mL)	28.5 mg (0.27 mL)
Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)

PRE-RSI/RSA SEDATIVES AND/OR ANALGESICS

Rocuronium IV/IO (10 mg/mL)	26.5 mg (2.65 mL)
Succinylcholine IV/IO (20 mg/mL)	53 mg (2.65 mL)
Vecuronium IV/IO (1 mg/mL)	2.65 mg (2.65 mL)

POST-RSI/RSA NEUROMUSCULAR BLOCKERS

FentaNYL IV/IO (50 mcg/mL)	26.5 mg (0.53 mL)
Ketamine IV/IO (50 mg/mL)	26.5 mg (0.53 mL)
Ketamine IV/IO (100 mg/mL)	26.5 mg (0.27 mL)
Midazolam IV/IO (5 mg/mL)	2.65 mg (0.53 mL)

POST-RSI/RSA NEUROMUSCULAR BLOCKERS

Rocuronium IV/IO (10 mg/mL)	26.5 mg (2.65 mL)
Vecuronium IV/IO (1 mg/mL)	2.65 mg (2.65 mL)

PURPLE

1-2 years

SEIZURE	
Fosphenytoin IV/IO (100 mg PE/2 mL) 210 mg PE (4.2 mL)	
LevETIRacetam IV/IO (100 mg/mL)	525 mg (5.3 mL)
LORazepam IV/IO (2 mg/mL)	1.1 mg (0.55 mL)
LORazepam IV/IO (4 mg/mL)	1.1 mg (0.28 mL)
Midazolam IV/IO (5 mg/mL)	1.1 mg (0.22 mL)
HYPOGLYCEMIA	
D10W IV/IO (0.1 g/mL)	5.25 g (52.5 mL)
D25W IV/IO (0.25 g/mL)	5.25 g (21 mL)
D50W IV/IO (0.5 g/mL)	N/A
TOXICOLOGY (800-222-1222)	
Charcoal PO/NG (25 g/120 mL)	10.5 g (105 mL)
Flumazenil IV/IO (0.1 mg/mL)	0.1 mg (1.0 mL)
Naloxone IV/IO (0.4 mg/mL)	1.65 mg (0.43 mL)
Naloxone IV/IO (1 mg/mL)	1.65 mg (1.05 mL)
PAIN	
FentaNYL IV/IO (50 mcg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)
Morphine IV/IO (5 mg/mL)	1.05 mg (0.21 mL)
Morphine IV/IO (10 mg/mL)	1.05 mg (0.11 mL)
INCREASED INTRACRANIAL PRESSURE	
3% HYPERtonic Saline IV/IO	21 - 52.5 mL
Mannitol IV/IO (20% 0.2 g/mL)	10.5 g (52.5 mL)
Mannitol IV/IO (25% 0.25 g/mL)	10.5 g (42 mL)

Normal Heart Rate: 80-140
Normal Respiratory Rate: 22-37
Normal Systolic BP: 86-106
Minimum Systolic BP: 74

AIRWAY MANAGEMENT

Etemidate IV/IO (2 mg/mL)	3.2 mg (1.6 mL)
FentaNYL IV/IO (50 mcg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)
Midazolam IV/IO (5 mg/mL)	1.05 mg (0.21 mL)

PRE-RSI/RSA SEDATIVES AND/OR ANALGESICS

Rocuronium IV/IO (10 mg/mL)	10.5 mg (1.05 mL)
Succinylcholine IV/IO (20 mg/mL)	21 mg (1.05 mL)
Vecuronium IV/IO (1 mg/mL)	1.05 mg (1.05 mL)

POST-RSI/RSA NEUROMUSCULAR BLOCKERS

FentaNYL IV/IO (50 mcg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (50 mg/mL)	10.5 mg (0.21 mL)
Ketamine IV/IO (100 mg/mL)	10.5 mg (0.11 mL)
Midazolam IV/IO (5 mg/mL)	1.05 mg (0.21 mL)

POST-RSI/RSA NEUROMUSCULAR BLOCKERS

Rocuronium IV/IO (10 mg/mL)	10.5 mg (1.05 mL)
Vecuronium IV/IO (1 mg/mL)	1.05 mg (1.05 mL)

Calculation made using 0.1 mg/kg dosage

Calculation made using 0.01 mg/kg dosage

Image B. The impacted Broselow Rainbow Tape lists an incorrect Vecuronium dose of 0.1 mg/mL instead of the correct 0.1 mg/kg dose, an incorrect Flumazenil dose of 0.1 mg/kg instead of the correct 0.01 mg/kg dose, and an incorrect Ketamine dose for pain of 1 mg/kg instead of the correct 0.1 mg/kg in the Calculation Basis section circled above in red. The dose calculations on each color-coded section are correct and circled above in green.

AirLife

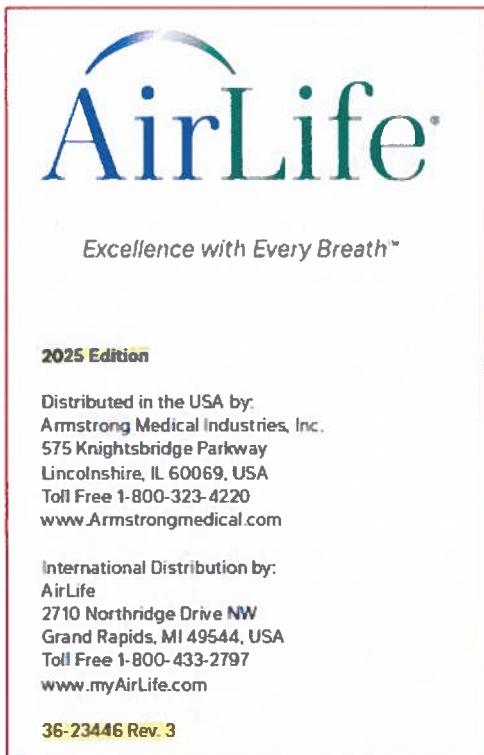


Image C. Broselow Rainbow Tape version with incorrect information is identified with the AirLife brand, 2025 Edition, and 36-23446 Rev 3 Print Version

The table below provides the reference number and lot numbers or other identification of the impacted products:

Product Description	REF Number	Lot Numbers	UDI Information
Broselow Pediatric Emergency Rainbow Tape (distribution by AirLife)	7700REA		
Broselow Pediatric Emergency Rainbow Tape (distribution by AirLife)	7700RE		
Broselow, Als Organizer, Full (distribution by AirLife)	7730ALS		
Broselow, Als Organizer, Full (distribution by AirLife)	7730IALS		

Health risk:

The Broselow Rainbow Tape is a color-coded length-based tape used in pediatric emergencies. A child's height corresponds to a color zone and weight range. Each color zone provides pre-calculated medication doses, equipment sizes, and other emergency information to reduce the time needed for dose and equipment calculations in time-critical situations.

Flumazenil

Flumazenil is used primarily to reverse the effects of benzodiazepines, including in pediatric patients. In the Calculation Basis section of the affected Rev 3 tape, the Flumazenil dose is incorrectly listed as 0.1 mg/kg instead of the correct 0.01 mg/kg (10-fold overdose). Potential consequences of an elevated Flumazenil dose include:

- Seizures
- Withdrawal symptoms (in benzodiazepine-dependent patients)
- Re-sedation
- Cardiac arrhythmias
- Agitation and anxiety
- Nausea, vomiting, dizziness, headache
- Sweating and blurred vision

These events can be serious and, in some cases, life-threatening.

Vecuronium

Vecuronium is a neuromuscular blocking agent used to produce paralysis during intubation or mechanical ventilation. It is dosed on a weight (mg/kg) basis, not by fixed mg/mL concentration.

In the Calculation Basis section of the affected Rev 3 tape, the dosage is incorrectly expressed as 0.1 mg/mL rather than 0.1 mg/kg. This can lead to confusion and potential delays as clinicians interpret or convert the dosing information in an emergency. Because the tape is used in time-sensitive critical care environments, such delays or confusion can contribute to serious patient harm, including hypoxia, failed or delayed intubation, or other life-threatening complications.

Ketamine (IV/IO for pain/analgesia)

The affected tape lists IV/IO ketamine for pain/analgesia as 1 mg/kg, instead of the appropriate pediatric analgesic (sub-dissociative) dose of 0.1 mg/kg (10-fold overdose). A 1 mg/kg IV dose is



consistent with dissociative sedation rather than analgesia.

Potential clinical consequences of administering 1 mg/kg IV/IO ketamine for analgesia include:

- Dissociative sedation
- Respiratory depression or apnea
- Loss of airway reflexes and potential airway compromise
- Laryngospasm
- Increased secretions, with risk of aspiration
- Hypertension and tachycardia
- Emergence agitation
- Prolonged recovery time
- Need for assisted ventilation or advanced airway management

These events can be serious and, in some cases, life threatening.

Due to the potential for serious harm associated with these three medication-related errors, AirLife is initiating an immediate voluntary recall and field removal of all affected units.

Customer immediate actions:

Please take the following actions immediately:

- 1. Stop using the affected tapes**
 - Immediately discontinue use of all AirLife Broselow Rainbow Tapes identified as 2025 Edition, 36-23446 Rev 3 Print Version.
- 2. Identify and segregate affected product**
 - Examine your inventory and clinical areas for affected Broselow Rainbow Tapes (see Image B for identifying characteristics).
 - Remove all affected tapes from clinical service.
 - Segregate or quarantine the affected tapes to prevent further use.
- 3. Follow disposition instructions**
 - Follow the instructions provided in the accompanying communication regarding discarding/destruction of the affected tapes.
 - Do not redistribute or place any affected tapes back into service.
- 4. Notify your internal users**
 - Ensure that all clinicians and healthcare professionals within your organization who may use the Broselow Rainbow Tape are informed of this recall/field



removal and understand that the affected Rev 3 tapes must not be used.

5. Notify downstream customers (if applicable)

- If you have further distributed the affected tapes, please identify your customers/consignees and notify them of this recall/field removal promptly.
- Your notification may be enhanced by including a copy of this letter.
- If you have impacted product on hand, do not ship it; instead, hold it for discarding/destruction as instructed.

6. Complete and return the Response Form (Attachment A)

- Please complete and return the attached Response Form via e-mail to productquality@myairlife.com as soon as possible. Please complete and return Attachment B if you have affected product for discarding/destruction. This allows us to document your receipt of this recall notice and the status of affected product at your facility.

Please ensure that all relevant personnel in your organization are informed of this Urgent Medical Device Recall Notice.

Contact information, replacement product, and adverse event reporting:

AirLife apologizes for any inconvenience this causes. Your satisfaction with AirLife products and with our response to this situation is very important to us. If you have any questions regarding this Medical Device Recall Notice, please call AirLife at **1-800-433-2797**, or e-mail at productquality@myairlife.com.

There is currently no available replacement product. A revised Broselow Rainbow Tape with corrected information is expected to be available for purchase starting Q2 2026. AirLife will send a notice to customers when such product is available.

Any adverse reactions or quality problems experienced with the use of these products should be reported to the FDA's MedWatch Adverse Event Reporting program either online, by regular mail or by fax.

- Complete and submit the report Online: www.fda.gov/medwatch/report.htm
- Regular Mail or Fax: Download form www.fda.gov/MedWatch/getforms.htm or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form or submit by fax to 1-800-FDA-0178.

Attachments:



A. Broselow Rainbow Tape Field Safety Notice Response Form

B. Certificate of Destruction Form

Should you have any questions, feel free to reach out to your local AirLife Territory Manager, Customer Service at 1.800.433.2797 or productquality@myairlife.com.

Thank you for your attention and cooperation.

Rob Yamashita

AirLife - VP of Regulatory Affairs

Immediate Action Requested

Attachment A: Broselow Rainbow Tape Recall Response Form

REF NUMBER	LOT NUMBER	QTY RECEIVED (Eaches)	QTY TO BE DESTROYED (Eaches)

Please check ALL appropriate boxes.

- I have read and understand the removal instructions provided in the letter sent December XX, 2025.
- I have checked my inventory.
- I do not have any affected products.
- I have destroyed and disposed of the affected product. (Complete and return Attachment B)
- I have further distributed the affected device.
- I have notified the receiving facility by (specify date & method of notification):



I need support communicating with my customer/consignees. I have attached the ship history list including customer name, ship date, address, and quantity

Have any adverse events been reported to you regarding the affected product? "Yes" "No"

If yes, please explain: _____

Contact Name: _____ Title: _____

Facility Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Email: _____

PLEASE SEND COMPLETED RESPONSE FORM(S) TO:

E-MAIL TO: productquality@myairlife.com