



May 29, 2024

MEETING MINUTES

OF CALHOUN COUNTY COMMISSIONERS' COURT

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

THE FOLLOWING MEMBERS WERE PRESENT:

Richard Meyer
David Hall
(ABSENT) Vern Lyssy
Joel Behrens
Gary Reese
Anna Goodman
By: Kaddie Smith

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

The subject matter of such meeting is as follows:

1. Call meeting to order.

Meeting was called to order at 10am by Judge Richard Meyer

2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

n/a

5. Consider and take necessary action to authorize Dina Sanchez, Calhoun County Library Director to sign the service agreement with Xerox. (RHM)

pass

6. Consider and take the necessary action to approve the Final Plat of Indianola Club Grounds. (DEH)

Terry Ruddick explained the final plat.

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

7. Consider and take necessary action to accept the check in the amount of \$5432.58 from Golden Crescent RAC on behalf of Matthew Hooten, to be used to pay for his AEMT course. (RHM)

Dustin Jenkins explained the grant and added that the AEMT course should be changed to Paramedic course.

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

8. Consider and take necessary action to proclaim the Month of June as Men's Health Month. (RHM)

Judge Meyer read the resolution.

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

9. Consider and take necessary action to close Water Street, between 13th Street and the POC Fishing Center west of 15th Street and 14th Street between Commerce Street and Water Street Friday, July 26, 2024 between the hours of 7:00 p.m. - Midnight and Saturday, July 27, 2024 1:00 p.m. - 7:30 p.m. in Port O'Connor, Texas. (GDR)

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

10. Consider and take necessary action on re-appointment of Jack Campbell, Jr. to the West Side Calhoun County Navigation District. (GDR)

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

11. Consider and take necessary action to authorize Commissioner Reese to apply for Texas GLO CMP Cycle #30 grant to expand King Fisher Beach Park by purchasing the property immediately to the north of King Fisher Beach Park and authorize Judge Meyer to sign all documentation. GOMESA funds will be utilized for the matching funds. (GDR)

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

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

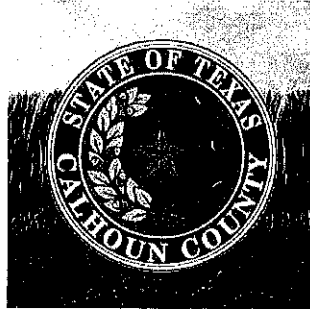
RESULT:	APPROVED [UNANIMOUS]
MOVER:	Gary Reese, Commissioner Pct 4
SECONDER:	Joel Behrens, Commissioner Pct 3
AYES:	Judge Meyer, Commissioner Hall, Behrens, Reese

13. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:12am



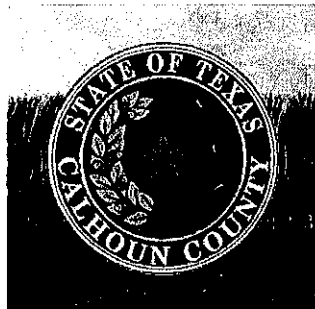
CALHOUN COUNTY COMMISSIONERS' COURT PACKET COMPLETION SHEET

-
- All Agenda Items Properly Numbered**
 - Contracts Completed and Signed**
 - All 1295's Flagged for Acceptance
(number of 1295's 0)**
 - All Documents for Clerk Signature Flagged
(All documents needing to be attested to need to be
signed day of Commissioner's Court.) 0**

On this 29th day of May 2024, the packet
for the 29th day of May 2024 Commissioners'
Court Regular Session was submitted from the Calhoun County Judge's office
to the Calhoun County Clerk's Office.

Debbie Vickery
Calhoun County Judge/Assistant

AGENDA



Richard H. Meyer
County Judge

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

NOTICE OF MEETING

The Commissioners' Court of Calhoun County, Texas will meet on Wednesday, May 29, 2024 at 10:00 a.m. in the Commissioners' Courtroom in the County Courthouse at 211 S. Ann Street, Suite 104, Port Lavaca, Calhoun County, Texas.

AGENDA

The subject matter of such meeting is as follows:

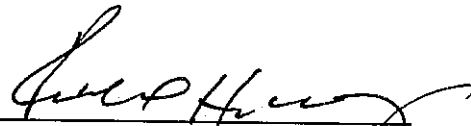
1. Call meeting to order.
2. Invocation.
3. Pledges of Allegiance.
4. General Discussion of Public Matters and Public Participation.
5. Consider and take necessary action to authorize Dina Sanchez, Calhoun County Library Director to sign the service agreement with Xerox. (RHM)
6. Consider and take the necessary action to approve the Final Plat of Indianola Club Grounds. (DEH)
7. Consider and take necessary action to accept the check in the amount of \$5432.58 from Golden Crescent RAC on behalf of Matthew Hooten, to be used to pay for his AEMT course. (RHM)
8. Consider and take necessary action to proclaim the Month of June as Men's Health Month. (RHM)
9. Consider and take necessary action to close Water Street, between 13th Street and the POC Fishing Center west of 15th Street and 14th Street between Commerce Street and Water Street Friday, July 26, 2024 between the hours of 7:00 p.m. - Midnight and Saturday, July 27, 2024 1:00 p.m. - 7:30 p.m. in Port O'Connor, Texas. (GDR)
10. Consider and take necessary action on re-appointment of Jack Campbell, Jr. to the West Side Calhoun County Navigation District. (GDR)

AT 3:10 FILED O'CLOCK p M

MAY 22 2024

ANNA GOODMAN
COUNTY CLERK, CALHOUN COUNTY, TEXAS
DEPUTY: *Kaddesmith*

11. Consider and take necessary action to authorize Commissioner Reese to apply for Texas GLO CMP Cycle #30 grant to expand King Fisher Beach Park by purchasing the property immediately to the north of King Fisher Beach Park and authorize Judge Meyer to sign all documentation. GOMESA funds will be utilized for the matching funds. (GDR)
12. Consider and take necessary action on any necessary budget adjustments. (RHM)
13. Approval of bills and payroll. (RHM)



Richard H. Meyer, County Judge
Calhoun County, Texas

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

04



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(ABSENT)	Vern Lyssy	Commissioner Pct 2
	Joel Behrens	Commissioner Pct 3
	Gary Reese	Commissioner Pct 4
	Anna Goodman	County Clerk
	By: Kaddie Smith	Deputy Clerk

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2. Invocation.

Commissioner David Hall

3. Pledges of Allegiance.

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

4. General Discussion of Public Matters and Public Participation.

n/a

05

5. Consider and take necessary action to authorize Dina Sanchez, Calhoun County Library Director to sign the service agreement with Xerox. (RHM)

Pass

BILL TO		SALES & SERVICE AGREEMENT				SHIP TO
CUSTOMER NAME COUNTY OF CALHOUN			CUSTOMER NAME COUNTY OF CALHOUN			
ADDRESS 200 W. MAHAN ST			ADDRESS CALHOUN COUNTY LIBRARY 200 W MAHAN ST			
CITY, STATE, ZIP PORT LAVACA, TX 77978			CITY, STATE, ZIP PORT LAVACA, TEXAS 77878			
BILL TO CONTACT PERSON DINA SANCHEZ	BILL TO PHONE NUMBER 3816527323	BILL TO EMAIL DSANCHEZ@CCLIBRARY.ORG	SHIP TO CONTACT PERSON DINA SANCHEZ	SHIP TO PHONE NUMBER 3816527323	SHIP TO EMAIL DSANCHEZ@CCLIBRARY.ORG	
SALES PERSON Hit, Mark	CUSTOMER PURCHASE ORDER #	COMPANY REFERENCE # 20289988	SERVICE CONTRACT <input checked="" type="checkbox"/> New <input type="checkbox"/> CONTRACT #	MPS CONTRACT <input type="checkbox"/> CONTRACT #		
LEASE PAYMENT		SERVICE PAYMENT		MPS PAYMENT		
\$138.00 Monthly		Included in Lease		N/A		
TERMS OF PAYMENT: NET TEN (10) DAYS FOR CASH SALE AND ALL OTHER INVOICES NET THIRTY (30) DAYS FROM DATE OF INVOICE						

QTY	MODEL/PRODUCT #	LOCATION	DESCRIPTION	METER POOLS	PRICE	TOTAL PRICE
1	EC8038H2	CALHOUN COUNTY LIBRARY 200 W MAHAN ST	EC8038H2	B&W: Flat Rate Color: Flat Rate	Included in Lease	Included in Lease

<input type="checkbox"/> SEE PRODUCT SCHEDULE (SCHEDULE A) <input type="checkbox"/> SEE TRADE-IN EQUIPMENT / LEASE RETURN FORM		SUBTOTAL	See Lease
		SPECIAL SERVICES FEES	\$0.00
NOTE / ADJUSTMENT DETAILS The Service/MPS Escalation Rate is 0%.		OTHER ADJUSTMENTS	\$0.00

CONTRACT TYPE		EFFECTIVE DATES		TRANSACTION TYPE
<input type="checkbox"/> CASH SALE	<input type="checkbox"/> RENTAL	TERM IN MONTHS	60 Months	Actual start date based on delivery or lease commencement.
<input checked="" type="checkbox"/> LEASE	<input type="checkbox"/> MAINTENANCE ONLY	PROPOSED START DATE		

CONTRACT TERMS			NOTES
SERVICE	MPS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All parts, labor, drums and supplies; excluding paper and staples	
<input type="checkbox"/>	<input type="checkbox"/>	All parts and labor, including drums; excluding supplies, paper, and staples	
<input type="checkbox"/>	<input type="checkbox"/>	Includes other (Indicate)	

CONTRACT POOLS		INCLUDED IN LEASE PAYMENT		<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> MPS
POOL	VOLUME	COV. RATE	PAYMENT	BASE PRICING	COV. PRICING

SERVICE PLAN RATES									
MODEL/POOL	INCLUDED BLACK VOLUME	BLACK OVERAGE RATE	INCLUDED COLOR VOLUME	COLOR OVERAGE RATE	INCLUDED EXTRA LONG VOLUME	COLOR EXTRA LONG RATE	MONTHLY PAYMENT	BASE PRICING	COV. PRICING
EC8038H2	Flat Rate 1,000 BW	and COLOR Pages	Combined	NA	NA	NA	Included in Lease	Monthly	NA
Total Volume Included for all meters: 1,000									

REMOVE SERVICE TECHNOLOGY		SECURE		PRIMARY METER CONTACT			
TECHNOLOGY CONTACT PERSON DINA SANCHEZ	TECH PHONE # 3816527323	TECH EMAIL DSANCHEZ@CCLIBRARY.ORG	METER CONTACT PERSON DINA SANCHEZ	METER PHONE # 3816527323	METER EMAIL DSANCHEZ@CCLIBRARY.ORG		

QTY		MODEL / PRODUCT #	SOFTWARE & DESCRIPTION	<input type="checkbox"/> SEE ROW FOR DETAILS	TOTAL PRICE
------------	--	--------------------------	-----------------------------------	----------------------------------------------	--------------------

CUSTOMER ACCEPTANCE	
By executing this agreement, I acknowledge that I have read and understand this agreement and I certify that I am authorized to execute this agreement on behalf of customer. Authorized signature acknowledges terms / conditions and expiration dates or meter readings. The terms and conditions on the face and reverse side of this agreement correctly set forth the entire agreement between parties.	
AUTHORIZED CUSTOMER SIGNATURE: <input checked="" type="checkbox"/> _____	TITLE: <input checked="" type="checkbox"/> _____
SIGNER'S NAME (PRINTED): <input checked="" type="checkbox"/> _____	DATE: <input checked="" type="checkbox"/> _____

Initials

COMPANY SALES:

M.A.A.

DATE:

5/22/24

Initials

13. INTELLECTUAL PROPERTY.

- a. CUSTOMER'S CONTENT AND CUSTOMER ASSETS.** Customer represents and warrants that it owns the customer assets and its content and materials provided to Company in connection with this Agreement or otherwise has the right to authorize Company to perform the Services hereunder. Customer represents and warrants that such content and materials do not, and shall not, contain any content that (i) is libelous, defamatory or obscene and/or (ii) infringes on or violates any applicable laws, regulations or rights of a third party, including without limitation, export laws, or any proprietary, intellectual property, contract, moral or privacy right or any other third party right.
- b. XEROX TOOLS.** "Xerox Tools" means certain Xerox proprietary tools (including any modifications, enhancements and derivative works) used by Company to provide certain Services Xerox and its licensors will at all times retain all right, title and interest in and to Xerox Tools including without limitation, all intellectual property rights therein, and, except as expressly set forth herein or as set forth in a Statement of Work (SOW) where limited access to the Xerox Device Manager (XDM) may be granted for a specific purpose, no rights to use, access or operate the Xerox Tools are granted to Customer. Xerox Tools will be installed and operated only by Company or its authorized agents. If required for royalty reporting purposes, Company may disclose Customer's name and address to Xerox and/or the third-party licensor of certain Xerox Tools. Customer will not decompile or reverse engineer any Xerox Tools, or allow others to engage in same. Customer will have access to reports generated by the Xerox Tools and stored in a provided database as set forth in the applicable SOW. Company may remove Xerox Tools at any time in Company's sole discretion, provided that the removal of Xerox Tools will not affect Company's obligations to perform Services, and Customer shall reasonably facilitate such removal. If Xerox Tools are included as part of the Services, they may be used by Customer only in conjunction with such Services.
- c. LIMITED LICENSE TO ASSESSMENTS AND REPORTS.** Customer may duplicate and distribute assessments and/or reports prepared by Company pursuant to this Agreement only for Customer's internal business purposes. Any recommendations and processes described in assessments and/or reports may only be implemented by Company for Customer and, if implemented, used by Customer only for Customer's internal business purposes.
- d. NO GRANTS TO CUSTOMER.** Customer agrees that, except as set forth expressly in this Agreement, no other rights or licenses are granted to Customer. Further, the rights granted to Customer in this Section shall immediately terminate if Customer defaults hereunder with respect to any of its obligations related to such grant.

14. CONFIDENTIAL INFORMATION. Information exchanged under this Agreement will be treated as confidential if it is identified as confidential at disclosure or if the circumstances of disclosure would indicate to a reasonable person that the information should be treated as confidential ("Confidential Information"). The terms and conditions of this Agreement are Confidential Information of Company and Customer, and each party agrees not to disclose any of the foregoing without the other party's prior written consent. Confidential Information will be protected using a reasonable degree of care to prevent unauthorized use or disclosure for two (2) years from the termination or expiration of this Agreement under which such Confidential Information was disclosed, whichever occurs later; provided, however, confidentiality with respect to trade secrets and Xerox Tools will not expire. These obligations of confidentiality will not apply to any Confidential Information that: (1) was in the public domain prior to, at the time of, or subsequent to the date of disclosure through no fault of the receiving party; (2) was rightfully in the receiving party's possession or the possession of any third party free of any obligation of confidentiality; (3) was developed by the receiving party's employees independently of and without reference to any of the other party's Confidential Information; or (4) where disclosure is required by law or a government agency. Upon expiration or termination of this Agreement, each party will return to the other or, if requested, destroy, all Confidential Information of the other in its possession or control, except such Confidential Information as may be reasonably necessary to exercise rights that survive termination of this Agreement.

15. Warranty. Customer acknowledges that the Products covered by this Agreement were selected by Customer based upon its own judgment. COMPANY MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, ORAL OR WRITTEN, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES OF NON-INFRINGEMENT; IMPLIED WARRANTIES OF MERCHANTABILITY; OR FITNESS FOR A PARTICULAR PURPOSE, ALL OF WHICH ARE SPECIFICALLY AND UNRESERVEDLY EXCLUDED.

16. LIMITATION OF LIABILITY. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL DAMAGES, INCLUDING WITHOUT LIMITATION LOSS OF PROFITS, OR PUNITIVE DAMAGES WHETHER BASED IN CONTRACT, TORT, OR ANY OTHER LEGAL THEORY AND IRRESPECTIVE OF WHETHER COMPANY HAS NOTICE OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL COMPANY BE LIABLE TO CUSTOMER FOR ANY DIRECT DAMAGES IN EXCESS OF THE FEES PAID FOR SERVICES UNDER THIS AGREEMENT BY CUSTOMER TO COMPANY DURING THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT THAT GAVE RISE TO THE CLAIM.

17. Default Remedies. Any of the following events or conditions shall constitute an Event of Default under this Agreement: (a) failure by Customer to make payment when due of any indebtedness to Company or for the Products, whether or not arising under this Agreement, without notice or demand by Company; (b) breach by Customer of any obligation herein; or (c) if Customer ceases doing business as a going concern. If Customer defaults, Company may: (1) require future Services, including Supplies, be paid for in advance, (2) require Customer to immediately pay the amount of the remaining unpaid balance of the Agreement, (3) terminate any and all agreements with Customer, and/or (4) pursue any other remedy permitted at law or in equity. In the Event of Default, remaining payment amounts due will be calculated using the average of the last six months' billing or the amount set forth on the face of the Agreement, whichever is greater, multiplied by the remaining months of the Agreement, to compensate for loss of bargain and not as a penalty. Customer agrees that any delay or failure of Company to enforce its rights under this Agreement does not prevent Company from enforcing any such right at a later time. All of Company's rights and remedies survive the termination of this Agreement. In the event of a dispute arising out of this Agreement or the Products listed herein, should it prevail, Company shall be entitled to collection of its reasonable costs and attorneys' fees incurred in defending or enforcing this Agreement, whether or not litigation is commenced.

18. Assignment. Customer may not sell, transfer, or assign this Agreement without the prior written consent of Company. Company may sell, assign or transfer this Agreement.



19. Notices. All notices required or permitted under this Agreement shall be by overnight courier such party at the address set forth in this Agreement, or at such other address as such party may designate in writing from time to time. Any notice from Company to Customer shall be effective two days after it has been sent via overnight courier.

20. Indemnification. Each party, if promptly notified by the other and given the right to control the defense, shall indemnify, defend and hold harmless the other party, its affiliates, and their respective officers, directors, employees, agents, successors and assigns, from and against all claims by a third party for losses, damages, costs or liability of any kind (including expenses and reasonable legal fees) that a court finally awards such party ("Claims") for bodily injury (including death) and damage to real or tangible property, to the extent proximately caused by the negligent acts or omissions, or willful misconduct of the indemnifying party (or its affiliates) in connection with this Agreement.

21. Fax/Electronic Execution. A faxed or electronically transmitted version of this Agreement may be considered the original and Customer will not have the right to challenge in court the authenticity or binding effect of any faxed or scanned copy or signature thereon. This Agreement may be signed in counterparts and all counterparts will be considered and constitute the same Agreement.

22. Warranty to Execute. Each party represents and warrants to the other, as an essential part of this Agreement, that: (i) it is duly organized and validly existing and in good standing under the laws of the state of its incorporation or formation; (ii) this Agreement has been duly authorized by all appropriate corporate action for signature; and (iii) the individual signing this Agreement is duly authorized to do so.

23. Miscellaneous. (a) Choice of Law. This Agreement shall be governed by the laws of the state of TX (without regard to the conflict of laws or principles of such states); (b) Jury Trial. CUSTOMER EXPRESSLY WAIVE TRIAL BY JURY AS TO ALL ISSUES ARISING OUT OF OR RELATED TO THIS AGREEMENT; (c) Entire Agreement. This Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, proposals or negotiations, whether oral or written; (d) Enforceability. If any provision of this Agreement is unenforceable, illegal or invalid, the remaining provisions will remain in full force and effect; (e) Amendments. This Agreement may not be amended or modified except by a writing signed by the parties; provided Customer agrees that Company is authorized, without notice to Customer, to supply missing information or correct obvious errors provided that such change does not materially alter Customer's obligations; (f) Force Majeure. Company shall not be responsible for delays or inability to provide Products or Services caused directly or indirectly by strikes, accidents, climate conditions, parts availability, unsafe travel conditions, or other reasons beyond Company's control.

Xerox Financial Services LLC
201 Merritt 7
Norwalk, CT 06851

State and Local Government Cost Per Image Agreement



Supplier Name & Address: Dahli Office Technology Corporation - 8200 S. 10th Way, Suite 400 San Antonio, TX 78230			Agreement No:		
Owner: XEROX FINANCIAL SERVICES LLC - 201 Merritt 7, Norwalk, CT 06851					
Full Legal Name: COUNTY OF CALHOUN			Phone Number: 3618527323		
Billing Address: 200 W. MAHAN ST		City: PORT LAVACA	State: TX	Zip: 77878	
Contact Name: DINA SANCHEZ			Contact Email: DSANCHEZ@CCLIBRARY.ORG		
Accounts Payable Contact Name: DINA SANCHEZ			Accounts Payable Contact Email: DSANCHEZ@CCLIBRARY.ORG		
Quantity	Model and Description	Quantity	Model and Description		
<input checked="" type="checkbox"/> See Attached Schedule A Equipment Location (if different from Billing Address):					
Meter/Pool Name:	Allowance:	Excess Rate:	Meter/Pool Name:	Allowance:	Excess Rate:
Excess Image Charge Billing Frequency (Monthly if not noted): <input checked="" type="checkbox"/> See Attached Schedule A					
Initial Term: (IN MONTHS)	60 months	\$139.00 Monthly (plus applicable taxes)		<input checked="" type="checkbox"/> Fair Market Value Purchase Option (FMV)	
BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE THAT YOU ARE ENTERING INTO A NON-CANCELLABLE AGREEMENT AND THAT YOU HAVE READ AND AGREED TO ALL APPLICABLE TERMS AND CONDITIONS SET FORTH ON PAGES 1 AND 2 (AND 3 IF APPLICABLE) HEREOF.					
Authorized Signer X: _____			Federal Tax ID: (Required) <input checked="" type="checkbox"/>		
Print Name <input checked="" type="checkbox"/>		Title <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>		
Accepted By: Xerox Financial Services LLC		Name and Title:		Date:	

1. Definitions. The words "You" and "Your" mean the legal entity identified in "Customer Information" above, and "XFS," "We," "Us," "Owner" and "Our" mean Xerox Financial Services LLC. "Party" means You or XFS, and "Parties" means both You and XFS. "Supplier" means the entity identified as "Supplier" above. "Acceptance Date" means the date You irrevocably determine Equipment has been delivered, installed and operating satisfactorily. "Agreement" means this Cost Per Image Agreement, including any attached Equipment Schedule. "Commencement Date" will be a date after the Acceptance Date, as set forth in Our first invoice, for facilitating an orderly transition and to provide a uniform billing cycle. "Discount Rate" means 3% per annum. "Equipment" means the items identified in "Equipment" above and in any attached Equipment schedule, plus any Software (defined in section 3 hereof), attachments, accessories, replacements, substitutions, additions and repairs thereto. "Excess Charges" means the applicable excess image charges. "Interim Period" means the period, if any, between the Acceptance Date and the Commencement Date. "Interim Payment" means one thirtieth of the Payment multiplied by the number of days in the Interim Period. "Payment" means the Payment specified above, which may include an amount payable to Supplier under the Maintenance Agreement to account for the Monthly Image Allowances listed above, the Excess Charges (unless otherwise agreed by You, Supplier and XFS), Taxes and other charges You, Supplier and XFS agree will be invoiced by XFS. "Maintenance Agreement" means a separate agreement between You and Supplier for maintenance and support purposes. "Origination Fee" means a one-time fee of \$125 billed on Your first invoice, which You agree to pay, covering origination, documentation, processing and other initial costs. "Term" means the Interim Period, if any, together with the Initial Term plus any subsequent renewal or extension terms. "UCC" means the Uniform Commercial Code of the State(s) where XFS must file UCC-1 financing statements to perfect its interest in the Equipment. "Freight Fee" means a fee that We may charge on behalf of the Supplier to cover their costs of shipping supplies to You.

2. Agreement, Payments and Late Payments. You agree and represent that the Equipment was selected, configured and negotiated by You based on Your judgment and supplied by Supplier. At Your request, XFS will acquire same from Supplier to lease to You hereunder and You agree to lease same from XFS. The Initial Term commences on the Acceptance Date. You agree to remit to XFS each Payment as invoiced by Us according to the frequency set forth above. You agree to pay Us all sums due under each invoice via check, Automated Clearing House debit, Electronic Funds Transfer or direct debit from Your bank account by the due date. With Our consent, alternate forms of payment may be accepted subject to a nominal fee. If any Payment is not paid in full within 15 days of its due date, You will pay a late charge of the greater of 5% of the amount due or \$25, not to exceed the maximum amount permitted by law. We will make any required adjustment to the aforesaid invoicing/late charge practices in accordance with any applicable prompt payment laws in the state of Your formation once You provide notice thereof. For each dishonored or returned Payment, You will be assessed the applicable fee, not to exceed \$35. Restrictive covenants on any method of payment will be unenforceable.

3. Equipment and Software. To the extent that the Equipment includes intangible property or associated services such as software licenses, such intangible property shall be referred to as "Software." You acknowledge and agree that XFS is not the licensor of such Software, and therefore has no right, title or interest in it and You will comply throughout the Term with any license and/or other agreement ("Software License") with the supplier of the Software ("Software Supplier"). You are responsible for determining with the Supplier whether any Software Licenses are required and entering into them with the Software Supplier(s) no later than 30 days after the Acceptance Date. **YOU AGREE THE EQUIPMENT IS FOR YOUR LAWFUL BUSINESS USE IN THE UNITED STATES, WILL NOT BE USED FOR PERSONAL, HOUSEHOLD OR FAMILY PURPOSES, AND IS NOT BEING ACQUIRED FOR RESALE.** You will not attach the Equipment as a fixture to real estate or make any permanent alterations to it.

4. Non-Cancellable Agreement. EXCEPT FOR A NON-APPROPRIATION EVENT AS DESCRIBED IN SECTION 21 HEREOF, THIS AGREEMENT CANNOT BE CANCELLED OR TERMINATED BY YOU PRIOR TO THE END OF THE INITIAL TERM. YOUR OBLIGATION TO MAKE ALL PAYMENTS IS ABSOLUTE AND UNCONDITIONAL AND NOT SUBJECT TO DELAY, REDUCTION, SET-OFF, DEFENSE, COUNTERCLAIM OR RECOURSE FOR ANY REASON WHATSOEVER, IRRESPECTIVE OF THE PERFORMANCE OF THE EQUIPMENT, SUPPLIER, ANY THIRD PARTY, OR XFS. Any pursued claim by You against XFS for alleged breach of Our obligations hereunder shall be asserted solely in a separate action; provided, however, that Your obligations hereunder shall continue unabated.

5. End of Agreement Options. If a \$1 Purchase Option is designated, You will be deemed to have exercised Your option to purchase the Equipment as of the Acceptance Date. If an FMV purchase option is designated, You are not in default and if You provide no greater than 150 days and no less than 60 days' written notice prior to the end of term to XFS, You may, at the end of the Initial Term or any renewal term ("End Date"), either (a) purchase all, but not less than all, of the Equipment by paying its fair market value, as determined by XFS in its sole but reasonable discretion ("Determined FMV"), plus Taxes, or (b) return the Equipment within 30 days of the End Date, at Your expense, fully insured, to a continental US location XFS shall specify. You cannot return Equipment more than 30 days prior to the End Date without Our consent. If We consent, We may charge You, in addition to all undiscounted amounts due hereunder, an early termination fee. If You have not elected one of the above options, this Agreement shall renew for successive 1-month terms. Either party may terminate the Agreement as of the end of any renewal term on 30 days' prior written notice and by taking one of the actions identified in (a) or (b) in the preceding sentence of this section. Purchase options shall be exercised with respect to each item of Equipment on the day immediately following the date of expiration of the Term of such item, and by the delivery at such time by You to XFS of payment, in form acceptable to XFS, of the amount of the applicable purchase price. Upon payment of the applicable amount, XFS shall transfer Our interest in the Equipment to You on an "AS IS, WHERE IS," "WITH ALL FAULTS" basis, without representation or warranty of any kind.

6. Equipment Delivery and Maintenance. You should arrange with Supplier to have the Equipment delivered to You at the location(s) specified herein, and You agree to execute a Delivery & Acceptance Certificate at XFS's request (and confirm same via telephone and/or electronically) confirming when You have received, inspected and irrevocably accepted the Equipment, and authorize XFS to fund Supplier for the Equipment. If You fail to accept the Equipment, You shall no longer have any obligations hereunder. Equipment may not be moved to another physical location or removed from service without XFS's prior written consent, which shall not be unreasonably withheld or delayed. You shall permit XFS or its agent to inspect Equipment and any maintenance records relating thereto during Your normal business hours upon reasonable notice. You represent You have entered into a Maintenance Agreement to maintain the Equipment in good working order in accordance with the manufacturer's maintenance guidelines and to provide You with Equipment supplies. You acknowledge that XFS is acting solely as an administrator for Supplier with respect to the billing and collecting of the charges under any Maintenance Agreement. XFS IS NOT LIABLE FOR ANY BREACH BY SUPPLIER OF ANY OF ITS OBLIGATIONS TO YOU, NOR WILL ANY OF YOUR OBLIGATIONS HEREUNDER BE MODIFIED, RELEASED OR EXCUSED BY ANY ALLEGED BREACH BY SUPPLIER.

7. Equipment Ownership, Labeling and UCC Filing. If and to the extent a court deems this Agreement to be a security agreement under the UCC, and otherwise for precautionary purposes only, You grant

XFS a first priority security interest in the Equipment as defined on the first page hereof in order to secure Your performance hereunder. Unless a \$1 Purchase Option is applicable, XFS is and shall remain the sole Owner of the Equipment, except the Software. You authorize XFS to file a UCC financing statement to show, and to do all other acts to protect, Our interest in the Equipment. You agree to pay any filing fees and administrative costs for the filing of such financing statements. You agree to keep the Equipment free from any liens or encumbrances and to promptly notify XFS if there is any change in Your organization such that a re-filing or amendment to XFS's financing statement against You becomes necessary.

4. **Equipment Return.** If the Equipment is returned to XFS, it shall be in the same condition as when delivered to You, except for "ordinary wear and tear" and, if not in such condition, You will be liable for all reasonable expenses XFS incurs to return the Equipment to such condition. IT IS SOLELY YOUR RESPONSIBILITY TO SECURE ANY SENSITIVE DATA AND PERMANENTLY DELETE SUCH DATA FROM THE INTERNAL MEDIA STORAGE PRIOR TO RETURNING THE EQUIPMENT TO XFS. YOU SHALL HOLD XFS HARMLESS FROM YOUR FAILURE TO SECURE AND PERMANENTLY DELETE ALL SUCH CUSTOMER DATA AS OUTLINED IN THIS SECTION. XFS, Your Supplier or an XFS affiliate may, but are not required to, offer to securely remove all data from all disk drives or magnetic media upon return of the Equipment for an additional fee to cover the cost of the service and/or any replacement parts required.

9. **Meter Readings and Annual Adjustments.** You agree that Meter Reading submittal is covered by the Maintenance Agreement. At any time after 12 months from the Commencement Date and for each successive 12-month period thereafter during the Term, XFS may increase Your Payment and the Excess Charges by a maximum of fifteen percent (15%) of the then-current Payment therefor and You agree to pay such increased amounts.

10. **Assignment.** YOU MAY NOT ASSIGN, SELL, PLEDGE, TRANSFER, SUBLEASE OR PART WITH POSSESSION OF THE EQUIPMENT, THIS AGREEMENT OR ANY OF YOUR RIGHTS OR OBLIGATIONS UNDER THIS AGREEMENT (COLLECTIVELY "ASSIGNMENT") WITHOUT XFS'S PRIOR WRITTEN CONSENT, WHICH SHALL NOT BE UNREASONABLY WITHHELD, BUT SUBJECT TO THE SOLE EXERCISE OF XFS'S REASONABLE CREDIT DISCRETION AND EXECUTION OF ANY NECESSARY ASSIGNMENT DOCUMENTATION. If XFS agrees to an Assignment, You agree to pay the applicable assignment fee and reimburse XFS for any costs We incur in connection with that Assignment. XFS may sell, assign or transfer all or any part of the Equipment, the Agreement, and/or any of Our rights at no cost to You. XFS's assignee will have the same rights that We have to the extent assigned, however XFS shall remain liable for Our obligations. YOU AGREE NOT TO ASSERT AGAINST SUCH ASSIGNEE ANY CLAIMS, DEFENSES, COUNTERCLAIMS, RECOURPMENTS, OR SET-OFFS THAT YOU MAY HAVE AGAINST XFS, and You agree to remit Payments to such Assignee if so designated. XFS agrees and acknowledges that any Assignment by Us will not materially change Your obligations hereunder.

11. **Taxes.** You have represented to XFS that You are currently, and shall continue to be, a tax-exempt entity. In the event You are no longer tax-exempt (or are unable to provide proof thereof to XFS), You will be responsible for, all applicable taxes, fees or charges (including sales, use, personal property and transfer taxes (other than net income taxes), plus interest and penalties) assessed by any governmental entity on You, the Equipment, this Agreement, or the amounts payable hereunder (collectively, "Taxes"), which will be included in Our invoices to You unless You provide proof of Your tax-exempt status no later than thirty (30) days following the commencement of this Agreement. Regardless of Your tax-exempt status, XFS reserves the right to pass through, and You agree to pay, any such Taxes that are actually assessed by the applicable State on XFS as the Owner of the Equipment. For jurisdictions where certain taxes are calculated and paid at the time of agreement initiation, You authorize XFS to finance and adjust Your Payment to include such Taxes over the Term. Unless and until XFS notifies You in writing to the contrary, the following shall apply to personal property taxes and returns. If an FMV purchase option is applicable, XFS will file all personal property tax returns covering the Equipment, pay the personal property taxes levied or assessed thereon, and collect from Your account all such personal property taxes. As compensation for Our internal and external costs in the administration of taxes related to this Agreement, You agree to pay Us a processing fee by asset per year during the Term, "Tax Administration Fee", not to exceed the maximum permitted by applicable law. XFS MAKES NO WARRANTY, EXPRESS OR IMPLIED, REGARDING THE TAX OR ACCOUNTING TREATMENT OF THIS AGREEMENT.

12. **Equipment Warranty Information and Disclaimers.** XFS HAS NO INVOLVEMENT IN THE DESIGN, MANUFACTURE, SALE, DELIVERY, INSTALLATION, USE OR MAINTENANCE OF THE EQUIPMENT. THEREFORE, XFS DISCLAIMS, AND YOU WAIVE SOLELY AGAINST XFS, ALL EQUIPMENT WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT AND FITNESS FOR PARTICULAR PURPOSE, AND XFS MAKES NO REPRESENTATIONS WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE EQUIPMENT'S SUITABILITY, FUNCTIONALITY, DURABILITY OR CONDITION. Since You have selected the Equipment and Supplier, You acknowledge that You are aware of the name of the manufacturer of each item of Equipment, Supplier's contact information, and agree that You will contact manufacturer and/or Supplier for a description of any warranty rights You may have under the Equipment supply contract, sales order, or otherwise. Provided You are not in default hereunder, XFS hereby assigns to You any Equipment warranty rights We may have against Supplier or manufacturer thereof. If the Equipment is returned to XFS or You are in default, such rights are deemed reassigned by You to XFS. IF THE EQUIPMENT IS NOT PROPERLY INSTALLED, DOES NOT OPERATE AS WARRANTED, BECOMES OBSOLETE, OR IS UNSATISFACTORY FOR ANY REASON, YOU SHALL MAKE ALL RELATED CLAIMS SOLELY AGAINST MANUFACTURER OR SUPPLIER AND NOT AGAINST XFS, AND YOU SHALL NEVERTHELESS CONTINUE TO PAY ALL PAYMENTS AND OTHER SUMS PAYABLE UNDER THIS AGREEMENT.

13. **Liability and Indemnification.** XFS IS NOT RESPONSIBLE FOR ANY LOSSES, DAMAGES, EXPENSES OR INJURIES OF ANY KIND OR TYPE, INCLUDING, BUT NOT LIMITED TO, ANY SPECIAL, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES (COLLECTIVELY, "CLAIMS") TO YOU OR ANY THIRD PARTY CAUSED BY THE EQUIPMENT OR ITS USE. To the extent permitted by applicable law, You assume the risk of liability for, and hereby agree to indemnify and hold safe and harmless, and covenant to defend, XFS, its employees, officers and agents from and against: (a) any and all Claims (including legal expenses of every kind and nature) arising out of the acceptance or rejection, ownership, leasing, possession, operation, use, return or other disposition of the Equipment; and (b) any and all loss or damage of or to the Equipment. Neither sentence in this Section shall apply to Claims arising directly and proximately from XFS's gross negligence or willful misconduct.

14. **Default and Remedies.** You will be in default hereunder if We do not receive Payment within 30 days after its due date, or if You breach any other material obligation hereunder or any other agreement with Us. If You default, and such default continues for 10 days after We provide notice to You, We may, in addition to other remedies (including disabling or repossessing Equipment and/or requesting Supplier to cease performing under the Maintenance Agreement), immediately require You to do one or more of the following: (i) liquidated damages for loss of bargain and not as a penalty, pay the sum of (i) all amounts then due, plus interest from the due date until paid at the rate in accordance with the laws of Your State of formation covering state agencies and the applicable codes covering political subdivisions; (ii) pay all remaining Payments in the Term, discounted to date of default at the Discount Rate; (iii) the Equipment's booked residual or if not purchased, require You to return the Equipment as provided herein; and (iv) Taxes. The substantially prevailing party shall pay all reasonable costs, including attorneys' fees and disbursements, in any litigation to enforce this Agreement.

15. **Risk of loss and insurance.** You assume and agree to bear the entire risk of loss, theft, destruction or other impairment of the Equipment upon delivery. You, at Your own expense, (i) shall keep Equipment insured against loss or damage at a minimum of full replacement value thereof, and (ii) shall carry liability insurance against bodily injury, including death, and against property damage in the amount acceptable to us (collectively, "Required Insurance"). All such Equipment loss/damage insurance shall be with lender's loss payable to "XFS, its successors and/or assigns, as their interests may appear," and shall be with companies reasonably acceptable to XFS. XFS shall be similarly named as an additional insured on all relevant liability insurance policies. The Required Insurance shall provide for 30 days' prior notice to XFS of cancellation. YOU MUST PROVIDE XFS OR OUR DESIGNEES WITH SATISFACTORY WRITTEN EVIDENCE OF REQUIRED INSURANCE WITHIN 30 DAYS OF THE ACCEPTANCE DATE AND ANY SUBSEQUENT WRITTEN REQUEST BY XFS OR OUR DESIGNEES. You must promptly notify XFS of any loss or damage to Equipment which makes any item of Equipment unfit for continued or repairable use. Insurance proceeds from Required Insurance received shall be applied, at XFS's option, to (x) restore the Equipment so that it is in the same condition as when delivered to You (normal wear and tear excepted), or (y) if the Equipment is not restorable, to replace it with like-kind condition Equipment from the same manufacturer, or (z) pay to XFS the greater of (i) the total unpaid Payments agreed to be 20% of the Equipment's original cost to XFS plus any other amounts due to XFS hereunder, or (ii) the Determined FMV immediately prior to the loss or damage. NO LOSS OR DAMAGE TO EQUIPMENT SHALL RELIEVE YOU OF ANY OF YOUR REMAINING OBLIGATIONS UNDER THIS AGREEMENT, BUT XFS SHALL APPLY ANY INSURANCE PROCEEDS TO REDUCE THE REMAINING AMOUNTS DUE. Notwithstanding procurement of Required Insurance, You remain primarily liable for performance under this Section in the event the applicable insurance carrier fails or refuses to pay any claim.

16. **Authorization of Signer and Credit Review.** This Agreement has been duly authorized, executed and delivered by the Parties in accordance with all applicable laws, rules, ordinances and regulations (including all applicable laws governing open meetings, public bidding and appropriations required in connection herewith) and is valid, legal and binding in accordance with its terms. The person(s) signing this Agreement have the authority to do so, are acting with the full authorization of their governing body and hold the offices indicated below their signatures, each of which are genuine. You agree to furnish financial information, including Your Federal Tax ID, that XFS may request now, which shall accurately represent Your financial condition, and You authorize XFS to obtain credit reports on You in the future should You default or fail to make prompt payments hereunder. XFS represents that it is subject to, and shall abide by, the Xerox Corporation anti-discrimination, equal employment and other policies found at <https://www.xerox.com/en-us/about/diversity/policies-and-strategies> and the ethics and compliance policies found at <https://www.xerox.com/en-us/about/corporate-governance>.

17. **Finance Lease and Customer Waivers.** Unless this Agreement is designated to have a \$1 purchase option, the parties agree this Agreement shall be construed as a "finance lease" under UCC Article 2A. Customer waives its rights as a lessee under UCC 2A Sections 509-522.

18. **Original and Sole Controlling Document; No Modifications Unless in Writing.** This Agreement constitutes the entire agreement between the Parties as to the subjects addressed herein, and representations or statements not included herein are not part of this Agreement and are not binding on the Parties. You agree that an executed copy of this Agreement that is signed by Your authorized representative and by XFS's authorized representative (an original manual signature or such signature reproduced by means of a reliable electronic form, such as electronic transmission of a facsimile or electronic signature) shall be marked "original" by XFS and shall constitute the only original document for all purposes. To the extent this Agreement constitutes UCC chattel paper, no security interest in this Agreement may be created except by the possession or transfer of the copy marked "original" by XFS. IF A PURCHASE ORDER OR OTHER DOCUMENT IS ISSUED BY YOU, NONE OF ITS TERMS AND CONDITIONS SHALL BE BINDING ON XFS, AS THE TERMS AND CONDITIONS OF THIS AGREEMENT EXCLUSIVELY GOVERN THE TRANSACTION DOCUMENTED HEREIN. SUPPLIER AND ITS REPRESENTATIVES ARE NOT OUR AGENTS AND ARE NOT AUTHORIZED TO MODIFY OR NEGOTIATE THE TERMS OF THIS AGREEMENT. THIS AGREEMENT MAY NOT BE AMENDED OR SUPPLEMENTED EXCEPT IN A WRITTEN AGREEMENT SIGNED BY AUTHORIZED REPRESENTATIVES OF THE PARTIES AND NO PROVISIONS CAN BE WAIVED EXCEPT IN A WRITING SIGNED BY XFS. XFS's failure to object to terms contained in any communication from You will not be a waiver or modification of the terms of this Agreement. You authorize XFS to insert or correct missing information on this Agreement, including but not limited to Your proper legal name, agreement numbers, serial numbers and other Equipment information, including Equipment substitutions or partial substitutions communicated to Us by the Supplier so long as there is no material impact to Your financial obligations.

19. **Governing Law, Jurisdiction, Venue and JURY TRIAL WAIVER.** THIS AGREEMENT IS GOVERNED BY, AND SHALL BE CONSTRUED IN ACCORDANCE WITH, THE LAWS OF THE STATE WHERE THE EQUIPMENT IS LOCATED. THE JURISDICTION AND VENUE OF ANY ACTION TO ENFORCE THIS AGREEMENT, OR OTHERWISE RELATING TO THIS AGREEMENT, SHALL BE IN A FEDERAL OR STATE COURT WHERE THE EQUIPMENT IS LOCATED. UNLESS SPECIFICALLY PROHIBITED BY THE APPLICABLE GOVERNING LAW REFERENCED ABOVE, THE PARTIES HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY IN ANY ACTION RELATED TO OR ARISING OUT OF THIS AGREEMENT.

20. **Miscellaneous.** Your obligations under the "Taxes" and "Liability" Sections commence upon execution, and survive the expiration or earlier termination, of this Agreement. Notices hereunder must be in writing. Notices to You will be sent to the "Billing Address" provided on the first page hereof, and notices to XFS shall be sent to Our address provided on the first page hereof. Notices will be deemed given 5 days after mailing by first class mail or 2 days after sending by nationally recognized overnight courier. Invoices are not considered notices and are not governed by the notice terms hereof. Solely for collection purposes, You authorize XFS to communicate with You by any electronic means (including cellular phone, email, automatic dialing and recorded messages) using any phone number (including cellular) or electronic address You provide to Us. If a court finds any term of this Agreement unenforceable, the remaining terms will remain in effect. The failure by either Party to exercise any right or remedy will not constitute a waiver of such right or remedy. If more than one party has signed this Agreement as Customer, each such party agrees that its liability is joint and several. The following four sentences Agreement that would, but for the last four sentences of this Section, be read under any circumstances to allow for a charge higher than that allowed under any applicable legal limit, is modified by this Section to limit the amounts chargeable hereunder to the maximum amount allowed under the legal limit. If, in any circumstances, any amount in excess of that allowed by law is charged or received, any such charge will be deemed limited by the amount legally allowed and any amount received by XFS in excess of that legally allowed will be applied by Us to the payment of amounts legally owed hereunder or refunded to You.

ⓧ **Initials**

21. Non-Appropriation. This Section is applicable only if the inclusion of a non-appropriation provision is legally required. Your obligation to pay all amounts due hereunder is contingent upon approval of the appropriation of funds by Your governing body. In the event funds are not appropriated for any forthcoming fiscal period equal to amounts due hereunder, and You have no other funds legally available to be allocated to the payment of Your obligations hereunder, You may terminate this Agreement effective on the first day of such fiscal period ("Termination Date") if: (a) You have used due diligence to exhaust all funds legally available; and (b) XFS has received written notice from You at least thirty (30) days before the Termination Date. At XFS's request, You shall promptly provide supplemental documentation as to such non-appropriation. Upon the occurrence of such non-appropriation, You shall not be obligated for any Payment(s) for any fiscal period for which funds have not been so appropriated, and You shall promptly deliver the Equipment to the Dealer (or such other party as We may designate) as set forth in the return provisions hereof.




This Equipment Schedule "A" is attached to and becomes a part of the Agreement Number listed below, between Xerox Financial Services LLC and the undersigned Customer.





Agreement Number:

EQUIPMENT			
Quantity	Model and Description	Location	Meter Pools
1	EC8038H2	COUNTY OF CALHOUN CALHOUN COUNTY LIBRARY 200 W MAHAN ST PORT LAVACA, TEXAS 77979	B&W: Flat Rate Color: Flat Rate
METER POOL INFORMATION			
Name	Allowance	Excess Rate	Excess Frequency

FLAT RATE POOL INFORMATION			
Name	Allowance	Excess Rate	Excess Frequency
EC8038H2	FLAT RATE 1,000 BW/COLOR PAGES COMBINED	NA	NA

TITLES		
Quantity	Model and Description	Equipment Location

This Schedule "A" is hereby verified as correct by the undersigned Customer

Customer: COUNTY OF CALHOUN	
Authorized Signature: 	Date: 
Name: 	Title: 

06

6. Consider and take the necessary action to approve the Final Plat of Indianola Club Grounds. (DEH)

Terry Ruddick explained the final plat.

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



May 17, 2024

David Hall
County Commissioner Precinct #1
305 Henry Barber Way
Port Lavaca, TX 77979

RE: Indianola Club Grounds

Dear Commissioner Hall,

Please consider this letter as my request to have the following item placed on the May 29, 2024
Commissioner's Court agenda:

Consider and take the necessary action to approve the Final Plat of Indianola Club Grounds.

If I can provide additional information, please do not hesitate to contact me.

Sincerely,

Terry T. Ruddick, R.P.L.S.
C.E.O.
(S26207.01)

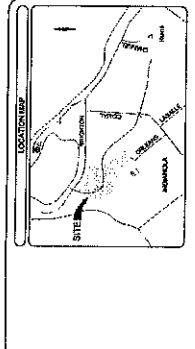
Victoria
2004 N. Commerce
Victoria, TX 77901
361-578-9837
Firm #: 10021100

San Antonio
12861 Silicon Drive
San Antonio, TX 78249
210-267-8654
Firm #: 10193843

Cuero
104 E. French Street
Cuero, TX 77954
361-277-9061
Firm #: 10021101

urbansurveying.com





GENERAL NOTES

1. THESE NOTES, WHEN READ IN CONJUNCTION WITH THESE PLANS, SHALL BE CONSIDERED AS PART OF THE CONTRACT DOCUMENTS.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
7. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
9. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.
10. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

CALHOUN COUNTY 5-1-1 EMERGENCY COMMUNICATIONS DISTRICT

I HEREBY CERTIFY THAT THE FOREGOING APPROXIMATE PLAN OF INDIANOLA CLUB GROUNDS IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE DISTRICT.

[Signature]
 DISTRICT ADMINISTRATOR
 211 W. 10TH ST.
 INDIANOLA, TEXAS 75858

HEALTH DEPARTMENT APPROVAL

NO RECORDS ON FILE IN THE HEALTH DEPARTMENT FOR THIS PROJECT.

[Signature]
 HEALTH DEPARTMENT SUPERVISOR
 88368

COMMISSIONERS COURT

THE COMMISSIONERS COURT OF CALHOUN COUNTY, TEXAS, HAS APPROVED THE FINAL PLAN OF INDIANOLA CLUB GROUNDS.

[Signature]
 COUNTY CLERK

SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A LICENSED PROFESSIONAL LAND SURVEYOR, HAVE EXAMINED THE PLANS AND RECORDS OF THIS PROJECT AND HAVE FOUND THEM TO BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE PROFESSIONAL LAND SURVEYING ACT AND THE RULES AND REGULATIONS OF THE BOARD OF PROFESSIONAL LAND SURVEYORS.

[Signature]
 SURVEYOR

OWNER'S CERTIFICATE

I, THE UNDERSIGNED, AS OWNER OF THE PROPERTY DESCRIBED IN THESE PLANS, HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Signature]
 OWNER

FLOODPLAIN ADMINISTRATOR

I HEREBY CERTIFY THAT THE PROPERTY DESCRIBED IN THESE PLANS IS NOT IN A FLOODPLAIN AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.

[Signature]
 FLOODPLAIN ADMINISTRATOR

COUNTY CLERK'S CERTIFICATE

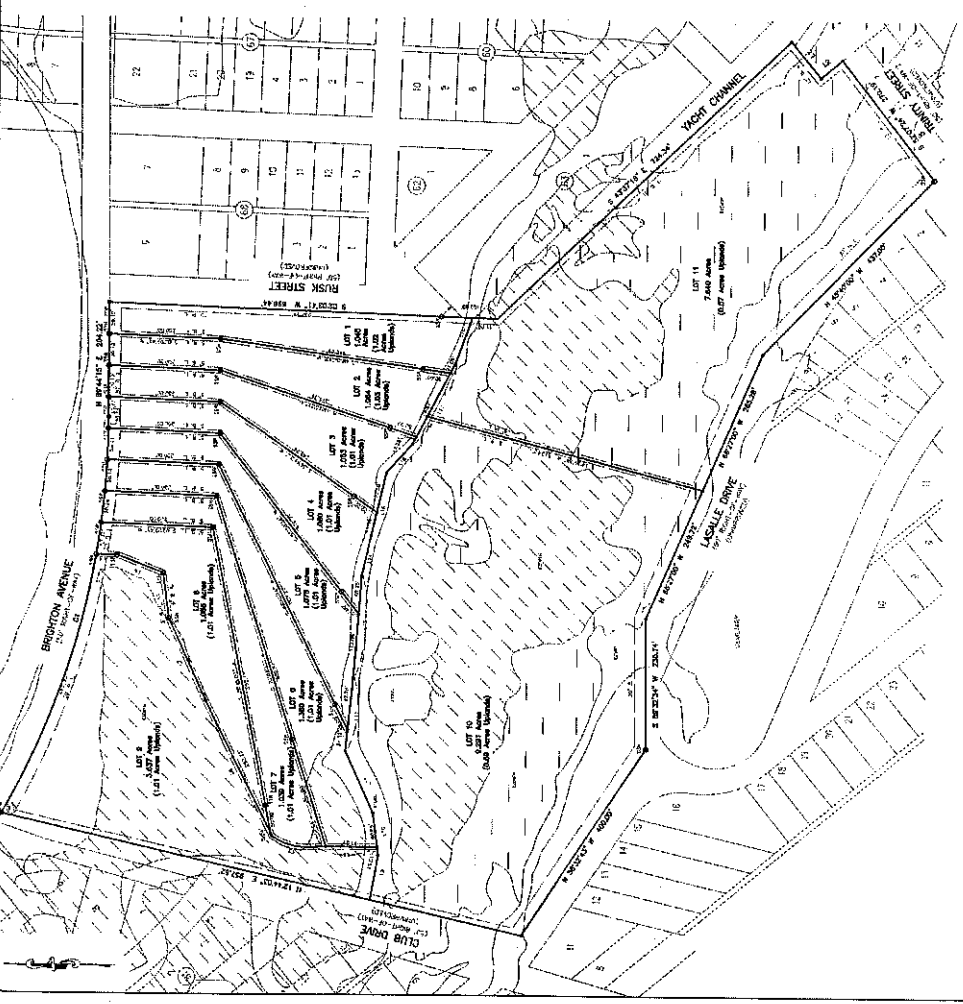
THE COUNTY CLERK OF CALHOUN COUNTY, TEXAS, HAS RECEIVED AND RECORDED THESE PLANS.

[Signature]
 COUNTY CLERK

CALHOUN COUNTY APPRAISAL DISTRICT

I HEREBY CERTIFY THAT THE AD VALOREM TAXES ON THE LAND INCLUDED WITHIN THESE PLANS HAVE BEEN PAID FOR THE YEAR 2013.

[Signature]
 APPRAISAL DISTRICT CLERK



LEGEND

- UPPER CASE LETTERS: EXISTING IMPROVEMENTS
- LOWER CASE LETTERS: PROPOSED IMPROVEMENTS
- : EASEMENTS
- : PROPERTY BOUNDARIES
- : LOT BOUNDARIES
- : RIGHT-OF-WAY BOUNDARIES
- : FLOODPLAIN BOUNDARIES
- : UTILITY LOCATIONS
- : TREE LOCATIONS
- : ROCK LOCATIONS
- : SAND LOCATIONS
- : CLAY LOCATIONS
- : SILT LOCATIONS
- : GRAVEL LOCATIONS
- : COARSE SAND LOCATIONS
- : FINE SAND LOCATIONS
- : SILT AND CLAY LOCATIONS
- : SILT AND SAND LOCATIONS
- : SILT, CLAY AND SAND LOCATIONS
- : SILT, SAND AND GRAVEL LOCATIONS
- : SILT, SAND, GRAVEL AND CLAY LOCATIONS
- : SILT, SAND, GRAVEL AND COARSE SAND LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND AND FINE SAND LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND, FINE SAND AND SILT AND CLAY LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND, FINE SAND, SILT AND CLAY, SILT AND SAND LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND, FINE SAND, SILT AND CLAY, SILT AND SAND, SILT, CLAY AND SAND LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND, FINE SAND, SILT AND CLAY, SILT AND SAND, SILT, CLAY AND SAND, SILT, SAND AND GRAVEL LOCATIONS
- : SILT, SAND, GRAVEL, COARSE SAND, FINE SAND, SILT AND CLAY, SILT AND SAND, SILT, CLAY AND SAND, SILT, SAND AND GRAVEL, SILT, SAND AND GRAVEL LOCATIONS

DATE: 05/11/14
 DRAWN BY: [Signature]
 CHECKED BY: [Signature]

07

7. Consider and take necessary action to accept the check in the amount of \$5432.58 from Golden Crescent RAC on behalf of Matthew Hooten, to be used to pay for his AEMT course. (RHM)

Dustin Jenkins explained the grant and added that the AEMT course should be changed to Paramedic course.

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

GOLDEN CRESCENT RAC
2701 HOSPITAL DR
VICTORIA, TX 77901-5749
ATTN: CAROLYN KNOX

1978

37-65/1119 1109

05-16-24

Date

Pay to the
Order of

Calhoun County EMS

\$ 5432.58

Five thousand four hundred thirty-two and 58/100

Dollars



Photo
Safe
Deposit
Details on back



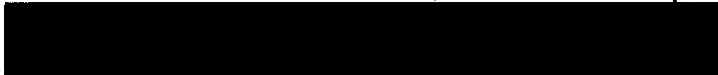
Wells Fargo Bank, N.A.
Texas
wellsfargo.com

For

588 Scholarships - Hooten

Matthew

Carolyn Knox





TRAUMA SERVICE AREA-5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

SB8 Scholarship Award Receipt

Date: 05/13/20
Award Number: !

Payment To: Calhoun County EMS
705 Henry Barber Way
Port Lavaca, TX 77979
361-552-1140

Check No.	Sponsoring Agency	Student Name
1978	Calhoun County EMS	Matthew Hooten

Description	Unit Price
Class Tuition	\$ 4,395.00
EMTP Books	\$ 877.58
NREMT EMTP Exam	\$ 160.00
Total Award Amount:	\$5,432.58

Golden Crescent Regional Advisory Council

2701 Hospital Dr. Victoria, TX 77901 www.GCRAC.org



TRAUMA SERVICE AREA 5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

05/13//2024

Matthew Hooten
PO Box 132
Francitas, TX 77961

Dear Matthew:

Congratulations! The Golden Crescent Regional Advisory Council is pleased to announce that you have been selected as a recipient of the Texas EMS Recruitment and Retention Scholarship.

EMTP

\$5,432.58

The award will be paid directly to your Sponsoring Agency and will be paid to your educational institution on your behalf.

Please reach out to your Sponsoring Agency for the next steps.

If you have any questions about your award, please feel free to contact:

Tim Hunter
(361) 571-3450
tsh114@gmail.com

Congratulations on your award(s) and best of luck!

Sincerely,

Tim Hunter


Tim Hunter
Executive Director
Golden Crescent Regional Advisory Council

From	Reason for Check	Date	Ck #	Amount
GCRAC	SB8-Matthew Hooten	5/16/2024	1978	\$5,432.58

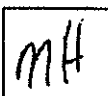


TRAUMA SERVICE AREA 5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL


EMS Education Funding Process

 STEP 1 - The EMS Agency has agreed to be the Sponsor for the Scholarship Applicant (e.g., pre-employment verification, background check, drug screening, scholarship packet, hiring, post-exam follow-up). A DSHS-approved EMS provider course has been located, and proof of acceptance, cost of tuition, and educational materials/books has been sent to the EMS Sponsor Agency. Scholarship Applicant signs commitment to volunteering/working a minimum of 96 hours per month for EMS Sponsoring Agency after certification is achieved to remain eligible for the scholarship.


STEP 2 - EMS Sponsor Agency provides a completed application packet to GCRAC Grants coordinator Tim Hunter tsh114@gmail.com ; showing proof of enrollment and education costs due to the education entity for a training class and educational material (not to include student uniform, lab coat, required equipment, etc.). The course must begin after the scholarship is awarded award to be eligible.

 STEP 3 - GCRAC approves the application packet and issues a scholarship check to the EMS Sponsoring Agency to pay for the tuition and educational materials on behalf of the Scholarship Recipient. The EMS Sponsoring Agency sends proof of payment back to GCRAC.

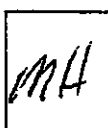
NOTE: Scholarship Recipient becomes a student, attends, and passes the class.

 STEP 4 - Within 90 days of course completion, Scholarship Recipient takes National Registry (NR) exam, passes the exam, completes TX DSHS requirements for certification (fees not reimbursable by this program), and secures employment from sponsoring agency.


If Scholarship Recipient passes the National Registry exam on the first attempt, GCRAC will validate and provide an incentive to the education entity (See Payment Appendix).

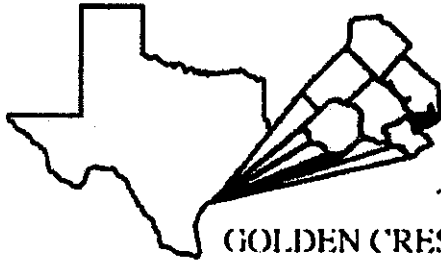
 If Scholarship Recipient does not pass the National Registry exam on the first attempt, the student will need to reschedule the test and pay for any additional attempts made.

STEP 5 - The scholarship Recipient becomes Volunteer/Employee for EMS Sponsoring Agency and begins volunteering/ working a minimum of 96 hours per month on an ambulance for the duration of the commitment.

 A signed agreement to provide EMS in an ambulance for one (1) year for EMTs and two (2) years for AEMT and Paramedic within 90 days of the last official day of class will be submitted with the initial application packet.

At the end of the commitment period, EMS Sponsoring Agency will sign an affidavit of completion and submit a copy to GCRAC.

 If the Scholarship Recipient does not complete the class or does not fulfill the time requirement for working on an ambulance, the Scholarship Recipient will be required to repay the scholarship to the EMS Sponsoring Agency.



TRAUMA SERVICE AREA-S
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

EMS Recruitment and Retention Scholarship Program



TRAUMA SERVICE AREA 5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

The 87th Texas Legislature, through Senate Bill 8, provided DSHS with \$21.7M in funding for the recruitment of EMS personnel. DSHS has, in turn, provided GCRAC with approximately \$329,000 to assist with the education and recruitment of EMS personnel through training and outreach. In accordance with Senate Bill 8, 65% of the funding is reserved for rural counties, defined as counties with a population under 50,000. 35% of the funds may be used in urban counties with underserved EMS coverage.

Applications will be processed on a first-come, first-served basis. Individuals desiring a scholarship for EMS Education must be sponsored by an EMS Transport Provider operating within the GCRAC region. All applications are subject to approval or denial from the RAC. All recipients of EMS Workforce dollars will be required to work at least 96 hours per month on an ambulance for either 1 year (EMT Certification) or 2 years (AEMT or Paramedic Certification). Recipients that do not successfully complete their education or fulfill their post-certification work requirements will be required to repay their scholarship funds.

GCRAC will make scholarship payments to the EMS Sponsoring Agency prior to the student starting the course. The scholarship is to cover education, books, necessary materials, and the student's cost for one National Registry examination process at the following maximum amounts. Amount paid will be the lesser of actual costs or these amounts per course:

- \$2,000 - Emergency Medical Technician (includes \$98 fee for NR exam)
- \$3,200 - Advanced Emergency Medical Technician (includes \$136 fee for NR exam)
- \$8,000 - Paramedic (includes \$152 fee for NR exam)

Contact Information

Tim Hunter
GCRAC SB8 Grant Coordinator
tsh114@gmail.com



TRAUMA SERVICE AREA-5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

Completed Packet Checklist

Required documentation:

- Scholarship Application
- EMS Sponsoring Agency Information
- Education Entity Information
- Proof of enrollment
- Enrollment course fee schedule and book ISBN number and cost
- EMS Sponsoring Agency/Scholarship Applicant Agreement



TRAUMA SERVICE AREA - S
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

EMS Education Funding Process

STEP 1 - The EMS Agency has agreed to be the Sponsor for the Scholarship Applicant (e.g., pre-employment verification, background check, drug screening, scholarship packet, hiring, post-exam follow-up). A DSHS-approved EMS provider course has been located, and proof of acceptance, cost of tuition, and educational materials/books has been sent to the EMS Sponsor Agency. Scholarship Applicant signs commitment to volunteering/working a minimum of 96 hours per month for EMS Sponsoring Agency after certification is achieved to remain eligible for the scholarship.

STEP 2 - EMS Sponsor Agency provides a completed application packet to GCRAC Grants coordinator Tim Hunter tsh114@gmail.com ; showing proof of enrollment and education costs due to the education entity for a training class and educational material (not to include student uniform, lab coat, required equipment, etc.). The course must begin after the scholarship is awarded award to be eligible.

STEP 3 - GCRAC approves the application packet and issues a scholarship check to the EMS Sponsoring Agency to pay for the tuition and educational materials on behalf of the Scholarship Recipient. The EMS Sponsoring Agency sends proof of payment back to GCRAC.

NOTE: Scholarship Recipient becomes a student, attends, and passes the class.

STEP 4 - Within 90 days of course completion, Scholarship Recipient takes National Registry (NR) exam, passes the exam, completes TX DSHS requirements for certification (fees not reimbursable by this program), and secures employment from sponsoring agency.

If Scholarship Recipient passes the National Registry exam on the first attempt, GCRAC will validate and provide an incentive to the education entity (See Payment Appendix).

If Scholarship Recipient does not pass the National Registry exam on the first attempt, the student will need to reschedule the test and pay for any additional attempts made.

STEP 5 - The scholarship Recipient becomes Volunteer/Employee for EMS Sponsoring Agency and begins volunteering/ working a minimum of 96 hours per month on an ambulance for the duration of the commitment.

A signed agreement to provide EMS in an ambulance for one (1) year for EMTs and two (2) years for AEMT and Paramedic within 90 days of the last official day of class will be submitted with the initial application packet.

At the end of the commitment period, EMS Sponsoring Agency will sign an affidavit of completion and submit a copy to GCRAC.

If the Scholarship Recipient does not complete the class or does not fulfill the time requirement for working on an ambulance, the Scholarship Recipient will be required to repay the scholarship to the EMS Sponsoring Agency.



TRAUMA SERVICE AREA-5
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

Application Requirements

A complete EMS Application Packet submitted to GCRAC by the EMS Sponsoring Agency will include the following:

- ▶ EMS Sponsoring Agency Information
- ▶ Education Entity Information
- ▶ Signed Scholarship Applicant Agreement

EMS Sponsor Agency Information

- *Name of EMS Sponsoring Agency*
- *EMS Sponsoring Agency Administrator of Record or Chief*
- *Address*
- *County*
- *Name of Applicant(s) being sponsored*
- *Type of course*
- *Start and end dates to complete the course prior to submitting the application.*
 - *EMT max of 120 days to complete*
 - *AEMT max of 240 days to complete*
 - *Paramedic max of 365 days to complete*
- *Work Commitment must start within 90 days of completion of the course.*
- *Agency completing the application must have the following:*
 - *A valid Taxpayer Identification Number (SSN, ITIN, EIN)*
 - *Be in good standing with the state*
 - *If applicable, franchise tax account status must be active*
- *If the above information or forms are not submitted and completed, your application request may be delayed.*
- *These funds must not supplant current budgetary funds.*

Education Entity Information

- *EMS course approval number provided by DSHS must be supplied on the application*
- *The education entity must be in good standing with DSHS*
- *Course coordinator's contact information*
- *Proof of enrollment*
- *Documented program fees for tuition and books*



TRAUMA SERVICE AREA 8
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

Scholarship Application

EMS Sponsoring Agency Information

1. EMS Sponsor Agency:	Calhoun County EMS
2. EMS Sponsor Agency Administrator:	Dustin Jenkins
3. Physical address (street, city, zip):	705 Henry Barber Way Port Lavaca 77979
4. Mailing address, if different from physical (PO box, city, zip):	N/A
5. Agency Admin Email Address:	Dustin.Jenkins@calhouncoems.org
6. EMS Provider Phone:	361 552 1140
6. EMS Provider License Number:	Tx 029008
7. County or counties you serve:	Calhoun County
8. Name of Medical Director:	DR. PAUL BUNNELL
9. Medical Director phone (office or cell):	361-648-3007
10. Medical Director email address:	dpaulbunnell@gmail.com
11. Number of Students Sponsoring:	1



TRAUMA SERVICE AREA-8
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

Scholarship Applicant Agreement (One per Applicant)

1. Name of Scholarship Applicant:	Matthew Hooten
2. Mailing Address:	PO Box 132 Francitas TX 77961
3. City, State, Zip:	Francitas TX 77961
4. County:	Jackson County
5. Phone:	979 216 8706
6. Email:	MHooten87@gmail.com
7. EMS Sponsoring Agency:	Calhoun County EMS
8. Employment Type: Volunteer / Employment	Full time employment
9. Commitment Range: (e.g., May 22, 2023 to May 22, 2024/2025)	August 1, 2024 - June 1, 2026

I, Matthew Hooten (scholarship applicant), confirm that, in return for receiving EMS scholarship funds under the 87th Texas Legislature, Senate Bill 8, I will successfully complete the EMS Education class, the NREMT certification examination, Texas DSHS Certification, and fulfill the ambulance work requirements as selected below. I understand that failure to complete any of these obligations will require the repayment of the scholarship funds that I have been granted. I also understand that failure to repay these funds may cause the Texas Department of State Health Services (DSHS) to take administrative action against me, including but not limited to tuition repayment.

My application is for the following Education Program with the associated years of ambulance service.
(Initial one)

EMT – One year

AEMT – Two years

Paramedic – Two years


Signature of Scholarship Applicant

Matthew Hooten
Printed Name


EMS Sponsor Agency Representative Signature

J. DUSTIN JENKINS
EMS Sponsor Agency Representative Printed

Date 4/29/2024



TRAUMA SERVICE AREAS
GOLDEN CRESCENT REGIONAL ADVISORY COUNCIL

Education Entity Information

1. Name of Education Entity:	Wharton County Junior College
2. Name of course coordinator:	Gary Bonewald
3. Physical address (street, city, zip):	911 E Boling Highway, Wharton, TX 77488
4. Mailing address, if different from physical (PO box, city, zip):	Same
5. Phone (Office):	979-532-6540
6. Phone (Fax):	979532-6541
7. DSHS Education Entity ID#:	100154
8. Email address:	bonewaldg@wcjc.edu
9. County of Course:	Wharton
10. Type of Course*:	Paramedic
11. DSHS Course Approval Number:	621078
12. Course start and end date**:	8/19/2024 to 5/7/2025
13. Copy of program fees*** and book cost	\$5,417.58

*Choose one: EMT, AEMT, or Paramedic

** EMT max of 120 days, AEMT max of 240 days, Paramedic max of 365 days to complete from start

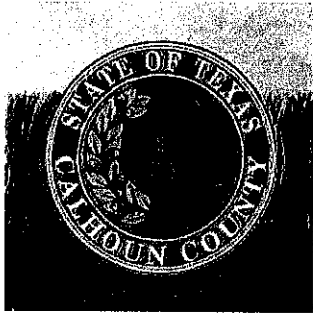
*** Enrollment course fee schedule and book ISBN number and cost

08

8. Consider and take necessary action to proclaim the Month of June as Men’s Health Month. (RHM)

Judge Meyer read the resolution.

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



Richard H. Meyer
County Judge

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

Men's Health Month Proclamation

WHEREAS Men's Health Month is part of an ongoing international effort to educate men, boys, and their families about receiving regular disease prevention screenings and living healthier lifestyles; and

WHEREAS Nationwide, life expectancy for men averages five years fewer than that of women, with men experiencing higher rates of health problems such as diabetes, obesity, cancer, heart disease, and premature mortality; and,

WHEREAS The Covid-19 pandemic has had a devastating impact on men's health in the United States, dropping men's life expectancy by two years; and,

WHEREAS Men's Health Month is a time for the public to recognize the mental and physical health needs of men and boys while encouraging fathers to be role models for their children through preventive health screenings, healthy living and seeking needed help; and


WHEREAS The growing epidemic of suicide and substance abuse requires special effort to raise awareness of unrecognized and undiagnosed depression and mental stress in boys and men; and

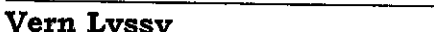
WHEREAS The centerpiece of Men's Health Month is National Men's Health Week, a special awareness period passed by Congress and signed into law by President Bill Clinton on May 31, 1994.

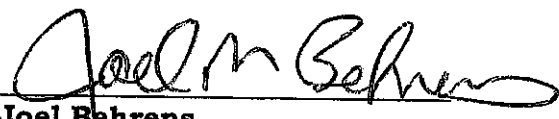
NOW, THEREFORE, we, the Commissioners' Court of Calhoun County, Texas do hereby proclaim the month of June as Men's Health Month in all of Calhoun County, Texas and we commend this observation to all citizens.

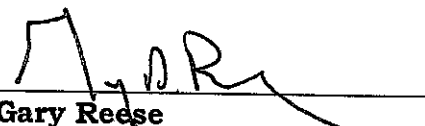
Approved this 29th day of May, 2024.


Richard H. Meyer, County Judge


David Hall
Commissioner, Precinct 1

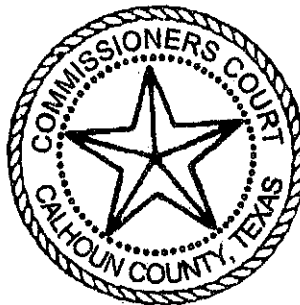

Vern Lyssy
Commissioner, Precinct 2


Joel Behrens
Commissioner, Precinct 3


Gary Reese
Commissioner, Precinct 4

Attest: Anna Goodman, County Clerk


By: Deputy Clerk



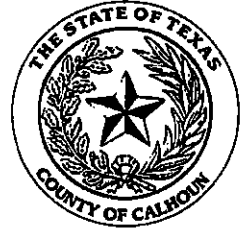
09

9. Consider and take necessary action to close Water Street, between 13th Street and the POC Fishing Center west of 15th Street and 14th Street between Commerce Street and Water Street Friday, July 26, 2024 between the hours of 7:00 p.m. - Midnight and Saturday, July 27, 2024 1:00 p.m. - 7:30 p.m. in Port O'Connor, Texas. (GDR)

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



Gary D. Reese
County Commissioner
County of Calhoun
Precinct 4



May 21, 2024

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

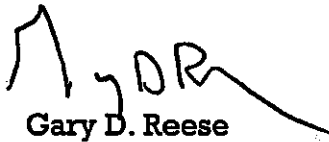
RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for May 29, 2024.

- Consider and take necessary action to close Water Street, between 13th Street and the POC Fishing Center west of 15th Street and 14th Street between Commerce Street and Water Street Friday, July 26, 2024 between the hours of 7:00 p.m. – Midnight and Saturday, July 27, 2024 1:00 p.m. – 7:30 p.m. in Port O'Connor, Texas.

Sincerely,


Gary D. Reese

GDR/at



Commissioner Gary Reese
Cathoun County Commissioner's Court
211 S. Ann St. Ste. 301
Port Lavaca, TX 77979
Via email to: gary.reese@cathouncotx.org

Re: Port O' Connor street closure for Lone Star Shootout weigh-in

May 21, 2024

Dear Commissioner Reese,

This letter is to request the permission of the Commissioners to close Water Street and the adjoining portion of 14th Street in Port O' Connor on the afternoon of Saturday, July 27, 2024 for the purpose of allowing for public viewing of the Lone Star Shootout tournament weigh in.

The closure requested would be Water Street, between 13th and the POC Fishing Center west of 15th Street and 14th Street between Commerce St. and Water St. The weigh station hours are from 4:00 to about 6:30 pm. We would like to close the streets at around 1:00 pm for set up purposes and would expect to open the street no later than 7:30 pm.

In addition, we have weigh station hours on Friday, July 26, 2024 between the hours of 7:00 and 12:00 pm, but only to weigh blue marlin that participants have requested that we open to weigh. We would like the option to close a portion of Water Street near the weigh station during the period that we might be using the weigh station. It is possible that we will not need any closure on Friday but want to be prepared in the event that we are called to open the weigh station.

The tournament will provide the following:

1. Private security – adequate to enforce the closure from any vehicles entrance, monitor entrance/exits as needed and provide for crowd flow and crowd control as needed in the closed area.
2. Trash collection and trash removal – Adequate number of trash cans. Provide for the removal of trash after the event and clean-up of the grounds as needed. The Tournament agrees to pay POC Fishing Center for any cost incurred if trash is not adequately removed.
3. Provide for an adequate number of Port O Cans for public use including their set up, pumping and removal.

Your favorable consideration of this request would be greatly appreciated. Feel free to contact me if more information is needed or if I may be of service regarding this request.

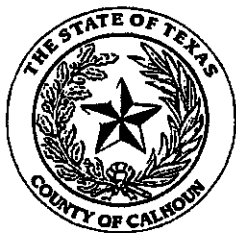
Best regards,

Lisa Baker, Lone Star Shootout Event Coordinator
409-277-1015, info@thelonestarshootout.com
Houston Big Game Fishing Club
Dba The Lone Star Shootout

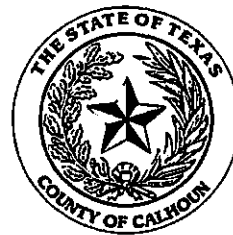
10

10. Consider and take necessary action on re-appointment of Jack Campbell, Jr. to the West Side Calhoun County Navigation District. (GDR)

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



Gary D. Reese
County Commissioner
County of Calhoun
Precinct 4



May 22, 2024

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

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for May 29, 2024.

- Consider and take necessary action on re-appointment of Jack Campbell, Jr. to the West Side Calhoun County Navigation District.

Sincerely,


Gary D. Reese

GDR/at

PO Box 633
Seadrift, TX 77983
May 21, 2024

Calhoun County Commissioners Court
211 South Ann St. Suite 304
Port Lavaca, TX 77979

Dear Commissioners,

I would like to make the Commissioners Court aware that I have an interest in continuing to serve as a Commissioner on the West Side Calhoun County Navigation District.

Please consider my reappointment and I look forward to serving the community.

Sincerely,

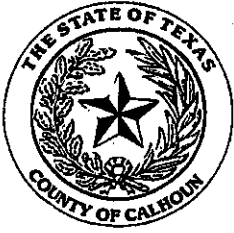
A handwritten signature in cursive script that reads "Jack Campbell Jr".

Jack D. Campbell, Jr.

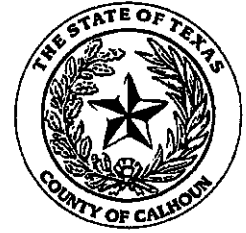
11

11. Consider and take necessary action to authorize Commissioner Reese to apply for Texas GLO CMP Cycle #30 grant to expand King Fisher Beach Park by purchasing the property immediately to the north of King Fisher Beach Park and authorize Judge Meyer to sign all documentation. GOMESA funds will be utilized for the matching funds. (GDR)

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



Gary D. Reese
County Commissioner
County of Calhoun
Precinct 4



May 21, 2024

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

RE: AGENDA ITEM

Dear Judge Meyer:

Please place the following item on the Commissioners' Court Agenda for May 29, 2024.

- Consider and take necessary action to authorize Commissioner Reese to apply for Texas GLO CMP Cycle #30 grant to expand King Fisher Beach Park by purchasing the property immediately to the north of King Fisher Beach Park and authorize Judge Meyer to sign all documentation. GOMESA funds will be utilized for the matching funds.

Sincerely,

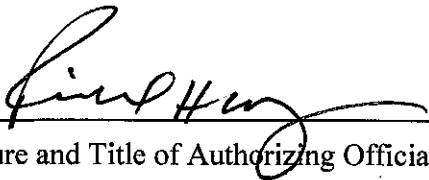

Gary D. Reese

GDR/at

CERTIFICATION OF CONSISTENCY
(for construction or acquisition projects)

Please print, completely fill out, obtain signature, and submit this form electronically with the application.

I hereby certify that the above application/project is consistent with the goals and policies of the Texas Coastal Management Program as approved by the National Oceanic and Atmospheric Administration.



Signature and Title of Authorizing Official

5-29-24

Date

GLO Use Only

I hereby acknowledge that documentation for this project, including copies of required permits and other authorizations, will be maintained in the state's files. I also certify that construction or acquisition will not begin until this documentation has been obtained. Furthermore, these files may be subject to review during CZMA §312 evaluations. Failure to maintain these files may result in the deobligation of federal funds and/or the requirement, by Ocean and Coastal Resource Management, to return to submitting all documentation prior to federal funding of CZMA §306A activities.

CMP Authorizing Official

Date

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

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

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, May 29, 2024

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: COMMISSIONERS COURT DEPARTMENT NO: 230

AMENDMENT NO: 6717 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
63503	MAINTENANCE-COMMUNICATION N	999	NO GRANT	\$0	\$0	\$0	\$1,224	\$1,224
70750	CAPITAL OUTLAY	999	NO GRANT	\$0	\$0	\$1,224	\$0	(\$1,224)
AMENDMENT NO 6717 TOTAL				\$0	\$0	\$1,224	\$1,224	\$0

COMMISSIONERS COURT TOTAL \$0 \$0 \$1,224 \$1,224 \$0

DEPARTMENT NAME: EMERGENCY MEDICAL SERVICES DEPARTMENT NO: 345

AMENDMENT NO: 6717 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
53980	SUPPLIES/OPERATING EXPENSES	999	NO GRANT	\$0	\$0	\$0	\$3,553	\$3,553
66505	TRAVEL/DUES/SUBSCRIPTIONS	999	NO GRANT	\$0	\$0	\$3,553	\$0	(\$3,553)
AMENDMENT NO 6717 TOTAL				\$0	\$0	\$3,553	\$3,553	\$0

EMERGENCY MEDICAL SERVICES TOTAL \$0 \$0 \$3,553 \$3,553 \$0

DEPARTMENT NAME: JAIL DEPARTMENT NO: 180

AMENDMENT NO: 6717 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, May 29, 2024

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

DEPARTMENT NAME: JAIL

DEPARTMENT NO: 180

AMENDMENT NO: 6717

REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
50363	DEPUTY JAILER	999	NO GRANT	\$0	\$0	\$0	\$2,201	\$2,201
51613	OVERTIME BASE PAY	999	NO GRANT	\$0	\$0	\$1,460	\$0	(\$1,460)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$730	\$0	(\$730)
51700	MEAL ALLOWANCE	999	NO GRANT	\$0	\$0	\$11	\$0	(\$11)
AMENDMENT NO 6717 TOTAL				\$0	\$0	\$2,201	\$2,201	\$0

JAIL TOTAL

\$0

\$0

\$2,201

\$2,201

\$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #2

DEPARTMENT NO: 550

AMENDMENT NO: 6717

REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51545	PART-TIME EMPLOYEES	999	NO GRANT	\$0	\$0	\$542	\$0	(\$542)
51613	OVERTIME BASE PAY	999	NO GRANT	\$0	\$0	\$33	\$0	(\$33)
51616	OVERTIME PREMIUM PAY	999	NO GRANT	\$0	\$0	\$16	\$0	(\$16)
51630	COMP TIME PAY	999	NO GRANT	\$0	\$0	\$868	\$0	(\$868)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$10,196	\$10,196
53580	PIPE	999	NO GRANT	\$0	\$0	\$8,737	\$0	(\$8,737)
AMENDMENT NO 6717 TOTAL				\$0	\$0	\$10,196	\$10,196	\$0

ROAD AND BRIDGE-PRECINCT #2 TOTAL

\$0

\$0

\$10,196

\$10,196

\$0

DEPARTMENT NAME: ROAD AND BRIDGE-PRECINCT #3

DEPARTMENT NO: 560

COMMISSIONERS' COURT BUDGET ADJUSTMENT APPROVAL LIST

HEARING DATE: Wednesday, May 29, 2024

HEARING TYPE: REGULAR BUDGET YEAR: 2024

FUND NAME GENERAL FUND

FUND NO: 1000

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

AMENDMENT NO: 6717 REQUESTOR: COUNTY AUDITOR/OVERDRAWN

AMENDMENT REASON: OVERDRAWN ACCOUNTS

ACCT NO	ACCT NAME	GRANT NO	GRANT NAME	REVENUE INCREASE	REVENUE DECREASE	EXPENDITURE INCREASE	EXPENDITURE DECREASE	FUND BAL INCREASE (DECREASE)
51540	TEMPORARY	999	NO GRANT	\$0	\$0	\$3,855	\$0	(\$3,855)
53510	ROAD & BRIDGE SUPPLIES	999	NO GRANT	\$0	\$0	\$0	\$3,855	\$3,855
AMENDMENT NO 6717 TOTAL				\$0	\$0	\$3,855	\$3,855	\$0
ROAD AND BRIDGE-PRECINCT #3 TOTAL				\$0	\$0	\$3,855	\$3,855	\$0
GENERAL FUND TOTAL				\$0	\$0	\$21,029	\$21,029	\$0
Grand Total				\$0	\$0	\$21,029	\$21,029	\$0

13

13. Approval of bills and payroll. (RHM)

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

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

Adjourned 10:12am

May 29, 2024

APPROVAL LIST - 2024 BUDGET

COMMISSIONERS COURT MEETING OF

05/29/24

BALANCE BROUGHT FORWARD FROM APPROVAL LIST REPORT PAGE 20

			\$587,472.39
FICA	P/R	\$	63,712.46
MEDICARE	P/R	\$	14,900.70
FWH	P/R	\$	40,679.08
NATIONWIDE RETIREMENT SOLUTIONS	P/R	\$	1,862.50
OFFICE OF THE ATTORNEY GENERAL - CHILD SUPPORT	P/R	\$	2,121.60
VOYA	P/R	\$	1,705.00

TOTAL VENDOR DISBURSEMENTS:

\$ 712,453.73

TRNSFR VOTING EQUIPMENT RENT/LEASE- CITY OF POINT COMFORT ELECTION 5/4/24
TRNSFR VOTING EQUIPMENT RENT/LEASE- CITY OF PORT LAVACA ELECTION 5/4/24

	\$	798.00
	\$	798.00

TOTAL GOVT. INTERFUND TRANSFER AMOUNT:

\$ 1,596.00

CALHOUN COUNTY INDIGENT HEALTH CARE (PREVIOUSLY APPROVED ON MAY 22, 2024)

\$ 4,141.43

TOTAL INVESTMENT ACTIVITY AND TRANSFERS BETWEEN FUNDS:

\$ 4,141.43

TOTAL AMOUNT FOR APPROVAL:

\$ 718,191.16

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
BUILDING MAINTENANCE	170	REPAIRS-COURTHOUSE AND JAIL	65454	POWER ELECTRIC LLC	2927	1798	MAINT 4/24 REPAIR BROKEN LIGHTING PANEL	764.00	
			65454	BAREFOOT MARK E	40110	002127	MAINT 5/20 REPAIR PART OF FAILED ROOF DRAIN SYSTEM	14,390.00	
		UTILITIES-AG BLDG/FAIRGROUNDS	66602	CITY OF PORT LAVACA	861	1415150...	MOSQ/BAUER/AG 5/15 ACT# 14-1515-00 WATER 4/15- 5/15	307.53	
			66602	CITY OF PORT LAVACA	861	1415200...	MOSQ/BAUER/AG 5/15 ACT# 14-1520-00 WATER 4/15- 5/15	176.19	
		UTILITIES-COURTHOUSE AND JAIL	66604	CITY OF PORT LAVACA	861	1218440...	CH 5/15 ACT# 12-1844-00 WATER 4/10- 5/10	907.28	
		UTILITIES-JAIL	66605	CITY OF PORT LAVACA	861	1218420...	JAIL 5/15 ACT# 12-1842-01 WATER 4/10- 5/10	3,908.96	
			66605	CITY OF PORT LAVACA	861	1218430...	JAIL 5/15 ACT# 12-1843-00 WATER 4/10- 5/10	83.16	
		UTILITIES-COURTHOUSE ANNEX	66606	CITY OF PORT LAVACA	861	1219100...	ANNEX I 5/15 ACT# 12-1910-00 WATER 4/10- 5/10	107.37	
		UTILITIES-COURTHOUSE ANNEX II	66621	CITY OF PORT LAVACA	861	1208950...	ANNEX II 5/15 ACT# 12-0895-01 WATER 4/10- 5/10	65.66	
BUILDING MAINTENANCE	Total 170							20,710.15	0.00
COMMISSIONERS COURT	230	PATHOLOGIST FEES	64520	TRAVIS COUNTY MEDICAL EXAMINER	7710	3300006...	COM CRT/JP5 12/2/22 AUTOPSY FEE- E. PEREZ	3,435.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240426	COM CRT/JP3 4/16 TRANSPORT R. VASQUEZ	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240432	COM CRT/JP3 4/19 TRANSPORT B. HOWLETT	955.00	
			64520	VICTORIA MORTUARY SERVICE INC	8238	240443	COM CRT/JP5 3/25 TRANSPORT A. HEARD	955.00	
		CAPITAL OUTLAY	70750	G&W ENGINEERS, INC.	2601	5310025...	COM CRT 5/13 PKNG IMPRVMENTS- CH/MUSEUM	3,600.00	
COMMISSIONERS COURT	Total 230							9,900.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
COUNTY TAX COLLECTOR	200	DELINQUENT TAX ATTORNEY FEES	61700	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 5/13 APRIL 2024 DTA FEES	6,737.04	
COUNTY TAX COLLECTOR	Total 200							6,737.04	0.00
DISTRICT ATTORNEY	510	POSTAGE	64790	PITNEY BOWES GLOBAL FIN. SERV.	6268	3319098...	DA 5/11 POSTAGE METER LEASE 3/24 - 6/24	279.45	
		BOOKS-LAW	70500	MATTHEW BENDER & CO INC	4222	3939601B	DA 5/10 INSTALLMENT (3) TX CRIMINAL PRACTICE	1,422.01	
			70500	THOMSON REUTERS - WEST	8612	8499173...	DA 3/15 SUBSCRIPTION-JUVENILE LAW TX PRACTICE SERIES	326.00	
		RENOVATION-COURTHOUS.. DEPT	73450	POWER ELECTRIC LLC	2927	1799	DA 4/24 CONDUIT WORK	324.00	
DISTRICT ATTORNEY	Total 510							2,351.46	0.00
DISTRICT CLERK	420	PHOTO COPIES/SUPPLIES	53030	GREAT AMERICA FINANCIAL	2751	36545365	DIST CLK 5/13 COPIER LEASE	244.00	
DISTRICT CLERK	Total 420							244.00	0.00
DISTRICT COURT	430	ADULT ASSIGNED-ATTORNEY FEES	60050	DOWNING GILLIAM LAW PLLC	4062	2024125	DIST CRT 5/15 C# 2023-CR-8889-DC D. TAMEZ	1,975.00	
			60050	GARZA JOSEPH G	8835	2024125.	DIST CRT 5/15 C# 2024-CR-8954-DC J. SCROGGINS	1,400.00	
		ADULT ASSIGNED-OTHER LITIGATION EXPENSES	60053	GARZA JOSEPH G	8835	2024125.	DIST CRT 5/15 C# 2024-CR-8954-DC J. SCROGGINS	72.36	
DISTRICT COURT	Total 430							3,447.36	0.00
ELECTIONS	270	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	152438	ELEC 5/17 WATER	29.00	
		MACHINE MAINTENANCE	63500	VISTA SOLUTIONS GROUP LP	7025	11875	ELEC 5/10 ANNUAL MAINT/SUPT 7/6/24- 7/5/25	1,881.90	
ELECTIONS	Total 270							1,910.90	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MANAGEMENT	630	RADIO MAINTENANCE	65180	VICTORIA COMMUNICATION SERVICE	8229	9159	EMER MGMT 5/14 LICENSE FEE/ RENEWAL	175.00	
		TELEPHONE SERVICES	66192	ROADPOST USA INC	3668	BU0167...	EMER MGMT 5/16 1-YR SAT PHONE MINUTES REFILL	845.00	
		TRAVEL OUT OF COUNTY	66498	WALTON DEREK	EM...	PO6302...	EMER MGMT 5/24 TRAVEL REIMB- VICTORIA, TX 4/18, 5/20- 5/22	156.78	
EMERGENCY MANAGEMENT	Total 630							1,176.78	0.00
EMERGENCY MEDICAL SERVICES	345	TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615521...	EMS 4/28 ACT# 361-552-1140-032410-5 PHONE 4/28- 5/27	685.00	
			66192	FRONTIER COMMUNICATIONS	2855	3617852...	EMS 4/28 ACT# 361-785-2000-022718-5 PHONE 4/28- 5/27	268.86	
		TRAVEL/DUES/SUBSCRIPTI...	66192	AT&T MOBILITY	5209	3619200...	EMS 5/1 ACT# 287298540337 ADMIN/AMB PHONE 4/2- 5/1	798.47	
			66505	GAONA ANGIE	2778	PO3455...	EMS 5/14 TRAVEL REIMB- TEMPLE, TX 5/14- 5/16	134.00	
			66505	ROJAS ERIKA	8568	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	253.14	
			66505	HALL DONNA	EM...	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	253.14	
			66505	PALOMO, KEVIN SILVA	EM...	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	253.14	
			66505	MAYNE JOHN	EM...	PO3455...	EMS 5/6 TRAVEL REIMB- PT ARANSAS, TX 5/6- 5/10	292.14	
			66505	PEREZ JOE ROBERT	EM...	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	158.00	
			66505	WERLAND MICHAEL	EM...	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	253.14	
			66505	HOOTEN MATTHEW	EM...	PO3455...	EMS 5/15 TRAVEL REIMB- TEMPLE, TX 5/15- 5/16	408.16	
			66505	JENKINS DUSTIN	EM...	PO3455...	EMS 5/7 TRAVEL REIMB- PT ARANSAS, TX 5/7- 5/10	158.00	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
EMERGENCY MEDICAL SERVICES	Total 345							4,769.17	0.00
			66505	ABLES BEVERLIE	EM...	PO3455...	EMS 5/14 TRAVEL REIMB- TEMPLE, TX 5/14- 5/16	434.16	
		UTILITIES	66600	CITY OF PORT LAVACA	861	1452250...	EMS 5/15 ACT# 14-5225-00 WATER 4/15- 5/15	178.17	
			66600	SPARKLIGHT	9988	1009808...	EMS 5/8 ACT# 100980846 CABLE 5/8- 6/7	241.65	
EXTENSION SERVICE	110	PROGRAM SUPPLIES	53310	GULF COAST HARDWARE LLC	63199	188513	EXT SVC 5/16 MARINE PATCH KIT	25.99	
		COPY MACHINE LEASE	61340	XEROX CORPORATION	9001	0212233...	EXT SVC 5/1 COPIER LEASE 3/21- 4/21	178.25	
EXTENSION SERVICE	Total 110							204.24	0.00
FIRE PROTECTION-OLIVIA/P.. ALTO	650	SUPPLIES/OPERATING EXPENSES	53980	OLIVIA PORT ALTO VOLUNTEER	5810	1513225...	OPA VFD 4/23 REIMB PURCHASE- SPRAYER PUMP	275.12	
FIRE PROTECTION-OLIVIA/P.. ALTO	Total 650							275.12	0.00
HISTORICAL COMMISSION	130	CAPITAL OUTLAY	70750	RALSTON GARY	2800	W125844	HIST COM 5/14 REIMB PURCHASES- STEEL. OLIVIA SILHOUETTE PROJ	3,694.29	
HISTORICAL COMMISSION	Total 130							3,694.29	0.00
INFORMATION TECHNOLOGY	275	UTILITIES-117 W. ASH ST. BUILDING	66609	CITY OF PORT LAVACA	861	1213400...	IT 5/15 ACT# 12-1340-00 WATER 4/10- 5/10	65.66	
INFORMATION TECHNOLOGY	Total 275							65.66	0.00
JAIL OPERATIONS	180	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	38402243	JAIL 4/26 TONER	371.67	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JAIL MAINTENANCE/SUPPLIES			53420	DASH MEDICAL GLOVES INC	1514	INV1308...	JAIL 5/6 GLOVES	1,110.06	
			53420	MOTOROLA SOLUTIONS INC	5171	8281879...	JAIL 4/24 BODY CAMERA BATTERIES	450.00	
			53420	GULF COAST HARDWARE LLC	63195	188483	JAIL 5/15 WET/DRY VACUUM	109.99	
			53420	PERFORMANCE FOOD GROUP INC	63650	2983546	JAIL 5/9 FOIL, FOAM CONT, OVEN MITT	101.12	
PRISONER CLOTHING/SUPPLIES			53460	BOB BARKER COMPANY INC	456	INV2015...	JAIL 4/26 INMATE TOWELS	73.89	
GROCERIES			53955	PERFORMANCE FOOD GROUP INC	63650	2981639	JAIL 5/6 INMATE GROCERIES	1,743.16	
			53955	PERFORMANCE FOOD GROUP INC	63650	2983546	JAIL 5/9 INMATE GROCERIES	1,524.04	
			53955	PERFORMANCE FOOD GROUP INC	63650	2985116	JAIL 5/13 INMATE GROCERIES	1,404.55	
			53955	PERFORMANCE FOOD GROUP INC	63650	2987000	JAIL 5/16 INMATE GROCERIES	1,516.26	
UNIFORMS			53995	GALLS LLC	2614	0276743...	JAIL 4/16 UNIFORMS	359.91	
			53995	GALLS LLC	2614	0277669...	JAIL 4/25 UNIFORMS	239.94	
COPIER RENTALS			61310	RICOH USA, INC.	34270	1082714...	JAIL 5/7 MAY 2024 COPIER LEASE	288.67	
DRUG TESTING			62150	MEMORIAL MEDICAL CENTER	5099	1598349	JAIL 3/30 EMPLOYEE DRUG, ALCOHOL SCREEN	41.00	
MISCELLANEOUS			63920	LANGUAGE LINE SERVICES INC	9982	11292171	JAIL 4/30 LANGUAGE LINE SVCS	1.16	
PHYSICALS			64670	MEMORIAL MEDICAL CLINIC	5971	280321	JAIL 5/3 NEW EMPLOYEE PHYSICAL	32.50	
			64670	MEMORIAL MEDICAL CLINIC	5971	280322	JAIL 5/3 NEW EMPLOYEE PHYSICAL	32.50	
			64670	MEMORIAL MEDICAL CLINIC	5971	280323	JAIL 5/3 NEW EMPLOYEE PHYSICAL	32.50	
POSTAGE			64790	FEDEX	2222	8487253...	JAIL 5/2 SHIPMENT	24.45	
PRISONER MEDICAL SERVICES			64910	SOUTHERN HEALTH PARTNERS	3460	BASE50...	JAIL 5/2 JUNE 2024 PRISONER MEDICAL	12,668.99	
JAIL OPERATIONS							Total 180	22,126.36	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
JUSTICE OF PEACE PRECINCT #2	460	TRAVEL OUT OF COUNTY	66498	DIO THOMAS	EM...	PO2024...	JP2 5/22 TRAVEL REIMB- SAN MARCOS, TX 5/19- 5/21	339.10	
JUSTICE OF PEACE PRECINCT #2	Total 460							339.10	0.00
JUSTICE OF PEACE-PRECINCT #3	470	UTILITIES	66600	ADT SECURITY SERVICES	9766	1062793...	JP3 5/9 SECURITY SVC 5/28- 8/27	451.95	
JUSTICE OF PEACE-PRECINCT #3	Total 470							451.95	0.00
JUSTICE OF PEACE-PRECINCT #4	480	COPY MACHINE LEASE	61340	GREAT AMERICA FINANCIAL	2751	36545366	JP4 5/13 COPIER LEASE	65.03	
JUSTICE OF PEACE-PRECINCT #4	Total 480							65.03	0.00
LIBRARY	140	INTERNET SERVICES	62955	FRONTIER COMMUNICATIONS	2855	3611970...	LIBRARY 5/10 ACT# 361-197-0199- 070623-5 INTERNET 5/10- 6/9	178.00	
		POSTAGE	64790	DINA SANCHEZ, PETTY CASH	13720	PO0515...	LIBRARY 5/15 REIMB PETTY CASH- POSTAGE	11.57	
		UTILITIES-MAIN LIBRARY	66610	CITY OF PORT LAVACA	861	1217300...	LIBRARY 5/15 ACT# 12-1730-00 WATER 4/10- 5/10	139.35	
		BOOKS & PRINT MATL-LIBRARY	70550	CITY OF PORT LAVACA	861	1217310...	LIBRARY 5/15 ACT# 12-1731-00 WATER 4/10- 5/10	38.64	
			70550	CENGAGE LEARNING, INC.	26020	84278687	LIBRARY 5/9 (8) BOOKS	256.72	
			70550	CENGAGE LEARNING, INC.	26020	84285103	LIBRARY 5/10 (4) BOOKS	108.71	
			70550	BAKER & TAYLOR	403	5018891...	LIBRARY 4/30 (16) BOOKS	259.14	
			70550	CENTER POINT LARGE PRINT	776	2091672	LIBRARY 5/1 (2) BOOKS	49.14	
LIBRARY	Total 140							1,041.27	0.00
MUSEUM	150	UTILITIES-MUSEUM	66612	CITY OF PORT LAVACA	861	1208650...	MUSEUM 5/15 ACT# 12-0865-00 WATER 4/10- 5/10	65.66	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
MUSEUM	Total 150							65.66	0.00
NO DEPARTMENT	999	ACCRUED UNITED WAY	20525	UNITED WAY OF CALHOUN COUNTY	8019	PO0524...	CALCO 5/22 MAY 2024 DONATIONS	10.00	
		ACCRUED MISCELLANEOUS	20533	TMPA	7723	PO0524...	CALCO 5/22 MAY 2024 MEMBERSHIP FEES	315.90	
		DUE TO JP COLLECTIONS	20770	MCCREARY VESELKA BRAGG ALLEN	5255	266413	JP3 3/10 COLLECTION FEES	17.22	
		ATTORNEY	20770	MCCREARY VESELKA BRAGG ALLEN	5255	285646	JP1 4/16 COLLECTION FEES	69.21	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	285647	JP3 4/16 COLLECTION FEES	8.82	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	285964	JP1 4/22 COLLECTION FEES	20.95	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	285965	JP3 4/22 COLLECTION FEES	75.43	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	287127	JP3 5/15 COLLECTION FEES	118.76	
			20770	MCCREARY VESELKA BRAGG ALLEN	5255	287144	JP1 5/16 COLLECTION FEES	2,267.56	
NO DEPARTMENT	Total 999							2,903.85	0.00
REVENUE	001	FEES-EMERGENCY MEDICAL SERVICES	44395	GUTIERREZ ANDREA	RF3...	29842302	EMS 4/17 PT REFUND-INSURANCE PD IN FULL	1,848.60	
			44395	GUTIERREZ ANDREA	RF3...	30202301	EMS 4/17 PT REFUND-INSURANCE PD IN FULL	2,355.77	
REVENUE	Total 001							4,204.37	0.00
ROAD AND BRIDGE-PRECINCT #1	540	GENERAL OFFICE SUPPLIES	53020	AQUA BEVERAGE CO	89	152425	RBI 5/17 WATER	26.50	
		MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RBI 5/8 FITTINGS, PLUG	3.36	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RBI 5/8 PLUG	1.16	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RBI 5/8 REFUND ON RETURN- BRASS PLUG		1.94

CALHOUN COUNTY, TEXAS

Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB1 5/9 PLUG, FUEL PUMP-MOSQUITO UNIT	53.83	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB1 5/13 BATTERY-MOSQUITO UNIT	46.54	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB1 5/13 BONDED WIRE FOR LIGHTS	19.27	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB1 5/13 SWITCH ROCKER FOR LIGHTS	9.99	
		INSECTICIDES/PESTICIDES	53630	SIMPLOT GROWER SOLUTIONS	8197	9540028...	RB1 5/28 30G ENVY	450.00	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4192076...	RB1 5/9 UNIFORMS	86.22	
			53995	CINTAS CORPORATION LOC. 083	958	4192793...	RB1 5/16 UNIFORMS	86.22	
		BLDG REPAIRS-PARKS	60370	GULF COAST HARDWARE LLC	63191	188428	RB1 5/14 PLUMBING SUPP	24.73	
			60370	SHERWIN WILLIAMS	7215	68516	RB1 5/15 PAINT 5G	119.25	
			60370	SHERWIN WILLIAMS	7215	91363	RB1 5/6 PAINT (10) 5G	238.50	
			60370	SHERWIN WILLIAMS	7215	93278	RB1 5/10 PAINT (10) 5G, (1) 3G	321.36	
			60370	SHERWIN WILLIAMS	7215	94805	RB1 5/14 PAINT 3G, MISC SUPP	103.98	
		MISCELLANEOUS	63920	GREAT AMERICA FINANCIAL	2751	36573418	RB1 5/16 COPIER LEASE 5/14- 6/13	155.00	
		OUTSIDE MAINTENANCE	64370	BLACK DONNA M	320	676	RB1 5/15 SCRAPE, CAULK, PAINT- MAG BEACH RR	6,411.00	
		UTILITIES-PARKS	66614	CITY OF PORT LAVACA	861	1421050...	CHOC BAY PK 5/15 ACT# 14-2105-00 WATER 4/15- 5/15	83.16	
			66614	CITY OF PORT LAVACA	861	1421100...	CHOC BAY PK 5/15 ACT# 14-2110-00 WATER 4/15- 5/15	38.64	
ROAD AND BRIDGE-PRECINCT #1	Total 540							8,278.71	1.94
ROAD AND BRIDGE-PRECINCT #2	550	ROAD & BRIDGE SUPPLIES	53510	MARTIN ASPHALT	5238	1433844	RB2 5/8 5815G RC250	23,550.75	
		PIPE	53580	ORION MARINE CONSTRUCTION INC	13190	0520202...	RB2 5/20 750' PLASTIC PIPE	9,000.00	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		TOOLS	53595	ARNOLD OIL COMPANY - VICTORIA	1472	102KP5...	RB2 5/15 DRUM PLUG WRENCH	15.64	
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4192483...	RB2 5/14 SCRAPER MAT	3.98	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4192483...	RB2 5/14 UNIFORMS	64.86	
		MACHINERY/EQUIPMENT REPAIRS	63530	STAR W EQUIPMENT REPAIR INC	741	6075	RB2 5/14 REPL R&R FUSE-CAT BACKHOE	350.00	
		MISCELLANEOUS	63920	DIAMOND INSPECTIONS #2	1422	13323	RB2 5/16 STATE INSPECTION	7.00	
			63920	KERRI BOYD, TAX ASSESSOR	4041	1179649...	RB2 5/16 REGISTRATION	7.50	
			63920	LESTER CONTRACTING, INC.	4623	2405101	RB2 4/30 RECLAIM MCDONALD RD	15,400.00	
		TELEPHONE SERVICES	66192	FRONTIER COMMUNICATIONS	2855	3615529...	RB2 5/13 ACT# 361-552-9656-010165-5 PHONE 5/13- 6/12	182.32	
			66192	INFINIUM BROADBAND INTERNET	3378	76803	RB2 5/22 ACT# ACC0002074 INTERNET 5/22- 6/22	150.00	
			66192	AT&T MOBILITY	5209	9972862...	RB2 5/4 ACT# 997286221 IPAD WIFI 5/5- 6/4	49.98	
								48,782.03	0.00
ROAD AND BRIDGE-PRECINCT #2	Total 550								
ROAD AND BRIDGE-PRECINCT #3	560	GENERAL OFFICE SUPPLIES	53020	QUILL LLC	6602	38420712	RB3 4/29 OFFICE CHAIR, CHAIR MAT	332.97	
		MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB3 5/13 FILTERS, STARTING FLUID	38.74	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB3 5/14 AIR DRYER-STERLING DUMP TRUCK	79.08	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB3 5/15 REFUND ON RETURN AIR DRYER		39.54
			53210	VICTORIA FREIGHTLINER INC	8214	IP02250...	RB3 5/14 AIR DRYER-STERLING DUMP TRUCK	309.43	
		GASOLINE/OIL/DIESEL/GRE...	53540	NEW DISTRIBUTING CO INC	3638	6860224...	RB3 5/22 700G DIESEL, 500G UNLEADED	3,486.20	
		TOOLS	53595	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB3 5/13 SOCKET SET	76.33	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		JANITOR SUPPLIES	53640	CINTAS CORPORATION LOC. 083	958	4191924...	RB3 5/8 FRESHENER	6.00	
			53640	CINTAS CORPORATION LOC. 083	958	4192643...	RB3 5/15 FESHENER	6.00	
		SUPPLIES-MISCELLANEOUS	53992	MELSTAN, INC.	5021	41681	RB3 5/13 BERMUDA GRASS, PLIERS	76.35	
			53992	GULF COAST HARDWARE LLC	63193	188438	RB3 5/14 VALVE, NIPPLE	18.38	
			53992	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB3 5/15 SWITCHES, BLADES	68.14	
		UNIFORMS	53995	CINTAS CORPORATION LOC. 083	958	4191924...	RB3 5/8 UNIFORMS	84.41	
			53995	CINTAS CORPORATION LOC. 083	958	4192643...	RB3 5/15 UNIFORMS	84.41	
		GARBAGE COLL-OLIVIA	62672	WHITE TRASH SERVICES	1952	206021	RB3 5/20 JUNE 2024 TRASH SVC	187.35	
ROAD AND BRIDGE-PRECINCT #3	Total 560							4,854.19	39.54
ROAD AND BRIDGE-PRECINCT #4	570	MACHINERY PARTS/SUPPLIES	53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB4 5/13 AIR DOOR ACTUATOR	39.83	
			53210	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB4 5/13 BATTERY	233.78	
			53210	VICTORIA OLIVER COMPANY INC	8232	P14115	RB4 5/14 BELT	43.39	
		GASOLINE/OIL/DIESEL/GRE...	53540	TRI-WHOLESALE COMPANY, INC.	7637	9301114...	RB4 5/15 OIL	33.11	
		INSECTICIDES/PESTICIDES	53630	ADAPCO LLC	8458	137029	RB4 5/14 TOTE MALATHION	22,094.80	
		SUPPLIES-MISCELLANEOUS	53992	THIRD COAST DISTRIBUTING, LLC	75930	027001	RB4 5/15 WINDOW CLEANER, SQUEEGEE	8.47	
			53992	CINTAS CORPORATION LOC. 083	958	4193056...	RB4 5/20 MISC SUPP	9.00	
		EQUIPMENT RENTAL	62510	ANDERSON MACHINERY CO., INC.	13	R5012L	RB4 5/15 ROLLER RENTAL 5/15- 6/11	3,605.75	
		GARBAGE COLL-POC PARKS	62664	WHITE TRASH SERVICES	1952	204982	RB4 5/20 JUNE 2024 TRASH SVC- POC	346.68	
		GARBAGE COLL-SEADRIFT	62676	WHITE TRASH SERVICES	1952	204981	RB4 5/20 JUNE 2024 TRASH SVC- SEA	624.02	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
		OUTSIDE SERVICES	64400	DANIEL INDUSTRIES	3695	6349	RB4 5/17 PALM TREE TRIMMING- POC	2,250.00	
			64400	DANIEL INDUSTRIES	3695	6350	RB4 5/17 PALM TREE TRIMMING- SWAN POINT	2,050.00	
			64400	RUDON LEASE SERVICE INC	6840	6793	RB4 5/13 INSTALL PIPE- GARZA RD	2,402.50	
			64400	URBAN SURVEYING INC	8159	42947	RB4 5/17 MARK LOT CORNERS- WELDER FLATS RD	1,500.00	
		UNIFORMS	66590	CINTAS CORPORATION LOC. 083	958	4193056...	RB4 5/20 UNIFORMS	79.74	
		CAPITAL OUTLAY	70750	SIGN WORKS	7272	24333	RB4 5/15 HELI PAD SIGN	836.49	
ROAD AND BRIDGE-PRECINCT #4	Total 570							36,157.56	0.00
SHERIFF	760	GENERAL OFFICE SUPPLIES	53020	QUILLI LLC	6602	38421032	SO 4/29 LABELS	33.14	
		LAW ENFORCEMENT SUPPLIES	53430	GULF COAST HARDWARE LLC	63195	188308	SO 5/9 (30) INSECT REPELLENT	227.70	
			53430	TRANSUNION RISK & ALTERNATIVE	8168	2953082...	SO 5/1 APRIL 2024 SEARCHES	228.00	
		TIRES AND TUBES	53520	FIRESTONE OF PORT LAVACA LLC	5584	0085794	SO 5/14 TIRE REPAIR- U19	21.75	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0085803	SO 5/14 MNT/BAL (2) TIRES- U34	51.99	
			53520	FIRESTONE OF PORT LAVACA LLC	5584	0085820	SO 5/16 FLAT REPAIR- U41	25.00	
		AUTOMOTIVE REPAIRS	60360	KNEUPPER CARROLL	3678	43630	SO 5/8 OIL CHNG- U39	98.94	
			60360	KNEUPPER CARROLL	3678	43770	SO 5/13 OIL CHNG- U35	128.22	
			60360	KNEUPPER CARROLL	3678	43795	SO 5/14 OIL CHNG- U34	109.93	
			60360	KNEUPPER CARROLL	3678	43807	SO 5/14 OIL CHNG- U3	128.22	
			60360	KNEUPPER CARROLL	3678	43810	SO 5/14 OIL CHNG- U901	113.93	
			60360	KNEUPPER CARROLL	3678	43812	SO 5/14 OIL CHNG- U11	128.22	
			60360	KNEUPPER CARROLL	3678	43831	SO 5/15 OIL CHNG, WIPER BLADES- U13	166.90	
			60360	KEATHLEY BRUCE CLAYTON	4231	1012148	SO 5/15 REPLACE WINDOWS- OSG22	1,301.66	

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 1000 - GENERAL FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
			60360	FIRESTONE OF PORT LAVACA LLC	5584	0085666	SO 5/8 ALT, BATTERY, STARTER, RODS, BALL JNT-OSGI	3,718.88	
			60360	AUTO ZONE	6	3512691...	SO 5/14 WIPER BLADES- U39	29.74	
			60360	AUTO ZONE	6	3512691...	SO 5/14 BATTERY- U13	172.99	
			60360	CARY'S TIRE & AUTOMOTIVE LLC	89820	30359	SO 5/13 TRANSMISSION SVC, FILTER, FLUIDS- U8	406.93	
		MACHINE MAINTENANCE	63500	DIAMOND INSPECTIONS #2	1422	13321	SO 5/14 STATE INSPECTION	7.00	
			63500	KERRI BOYD, TAX ASSESSOR	4041	1346037...	SO 5/16 REGISTRATION	7.50	
		TRAINING REGISTRATION FEES/TRAVEL	66310	CALIBRE PRESS	1178	107369	SO 5/16 TRAINING- 6/4-MONTERO, OBREGON, STUCKEY, SOLOYA	716.00	
SHERIFF	Total 760							7,822.64	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 2610 - AIRPORT FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	OTHER SERVICES	64320	AARC ENVIRONMENTAL INC	1139	001115424	AIRPORT 5/6 2ND QTR 2024 SWPP INSPECTION	550.00	
NO DEPARTMENT	Total 999							550.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 2660 - COASTAL PROTECTION FUND (GOMESA)

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	SERVICE-PARK SOLAR LIGHTS/SURVEIL EQUIPM	65745	ENGOPLANET ENERGY SOLUTIONS	18630	INV0001	GOMESA 5/8 LIGHTING PROJECT 5/8/24- 5/8/25	262,350.00	
NO DEPARTMENT	Total 999							262,350.00	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 2716 - GRANTS FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ENGINEERING SERVICES	62454	G&W ENGINEERS, INC.	2601	5310023...	FORMOSA ENV TRUST 5/13 RECYCLE STATION SVC 3/4- 4/28	750.00	
		PROGRAMS: SUMMER/AUTHOR VISITS	64970	IMAGESTUFF.COM dba SCHOOL LIFE	4526	2000847...	LIBRARY 5/16 BRAG TAGS, CABLE RINGS	64.50	
NO DEPARTMENT	Total 999							- 814.50	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 2731 - LAW LIBRARY FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BOOKS-LAW	70500	THOMSON REUTERS - WEST	8612	8501063...	LAW LIBRARY 5/1 APRIL 2024 WEST SUBSCRIPTION CHGS	1,266.94	
NO DEPARTMENT	Total 999							1,266.94	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 2736 - POC COMMUNITY CENTER

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	RENTAL DEPOSITS	20820	COASTAL BEND CONSULTANTS	RF3...	1003	POC CC 1/29 DEPOSIT REFUND	350.00	
		UTILITIES-POC COMMUNITY CENTER	66616	WHITE TRASH SERVICES	1932	205351	POC CC 5/20 JUNE 2024 TRASH SVC	346.68	
			66616	WHITE TRASH SERVICES	1932	206450	POC CC 5/21 ADDTL DUMPSTER FOR 6MO	600.00	
NO DEPARTMENT	Total 999							1,296.68	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 5102 - C.PRJ-AMERICAN RESCUE PLAN ACT OF 2021

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	BUILDING-EMERGENCY COMMUNICATIONS	70654	G&W ENGINEERS, INC.	2601	5310020...	ARPA 5/7 COMB DISPATCH BLDG 4/1-4/28	10,080.00	
			70654	BLS CONSTRUCTION INC	449	010	ARPA 5/22 COMB DISPATCH 4/23-5/20	110,445.01	
NO DEPARTMENT	Total 999							120,525.01	0.00

CALHOUN COUNTY, TEXAS
Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
7750 - MISCELLANEOUS CLEARING FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	DUE TO OTHER GOVERNMENTS	20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024...	TAX A/C 5/20 APRIL 2024 TAX COLLECS	24.57	
			20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024...	TAX A/C 5/21 MAY 2024 TAX COLLECS	81.20	
			20749	CALHOUN CO. NAVIGATION DIST.	1106	PO2024...	CALCO 5/21 APRIL 2024 INTEREST EARNED-DISTRICTS	0.12	
			20749	CALHOUN CO. WATER CONTROL	895	PO2024...	CALCO 5/21 APRIL 2024 INTEREST EARNED-DISTRICTS	0.21	
		DUE TO OTHERS	20751	MCCREARY VESELKA BRAGG	5088	PODTA2...	TAX A/C 5/13 APRIL 2024 DTA FEES	219.18	
NO DEPARTMENT	Total 999							325.28	0.00

CALHOUN COUNTY, TEXAS
 Posted General Ledger Transactions - APPROVAL LIST - COMM CRT - 05.29.24
 9200 - JUVENILE PROBATION FUND

Dept Title	Dept C...	GL Title	GL Code	Vendor Name	Ven... ID	Document Number	Transaction Description	Debit	Credit
NO DEPARTMENT	999	ACCRUED MISCELLANEOUS	20533	TMPA	7723	PO0524...	CALCO 5/22 MAY 2024 MEMBERSHIP FEES	29.54	
		MEDICAL/DENTAL FEES	63776	NUECES COUNTY	5473	3492014...	JUV PROB 5/15 MEDICAL (1) JUV	18.94	
		PREVENTION & INTERVENTION - GRANT S	63776	CAMERON COUNTY JUVENILE	750	PO7401...	JUV PROB 5/16 MEDICAL (1) JUV	46.09	
		RESIDENT SERV & DETENT-PRE&POST ADJUDICA	64839	YOUTH ADVOCATE PROGRAMS INC	9212	0420241...	JUV PROB 5/14 APRIL 2024 SVCS (3) JUV	1,612.00	
		TRAINING	65543	NUECES COUNTY	5473	3492014...	JUV PROB 5/15 RESIDENTIAL PLACEMENT (1) JUV	6,000.00	
			66308	SOUTH TEXAS AREA	7980	PO7401...	JUV PROB 4/2 CONF REG-CORPUS, TX T. HOUSTON 5/8- 5/10	100.00	
NO DEPARTMENT	Total 999							7,806.57	0.00
Report Total								587,513.87	41.48

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 29, 2024

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 605,914.70	✓
TOTAL TRANSFERS BETWEEN FUNDS	\$ 3,466,424.59	✓
TOTAL NURSING HOME UPL EXPENSES	\$ 1,712,238.22	✓
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 3,289,700.73	✓
GRAND TOTAL DISBURSEMENTS APPROVED May 29, 2024	\$ 9,074,278.24	✓

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 29, 2024

PAYABLES AND PAYROLL

5/23/2024 Weekly Payables	496,921.91
5/28/2024 McKesson-340B Prescription Expense	10,247.64
5/28/2024 Amerisource Bergen-340B Prescription Expense	798.78
Prosperity Electronic Bank Payments	
5/24/2024 90 Degree Benefits - employee insurance claims	30,859.26
5/24/2024 Credit Card Chargeback	17.99
5/20-5/23/2024 Pay Plus-Patient Claims Processing Fee	125.58
5/24/2024 HPHG- health Insurance claim payments	66,943.54

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS \$ **605,914.70**

TRANSFERS BETWEEN FUNDS-MMC

5/28/2024 Transfer from NexBank Money Market Account to Prosperity Operating Account	3,000,000.00
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TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES

5/23/2024 MMC Operating to Ashford-Portion of QIPP payment deposited into MMC Operating in error	89,474.87
5/23/2024 MMC Operating to Solera-Correction of insurance payment and Portion of QIPP payment deposited into MMC Operating in error	26,844.31
5/23/2024 MMC Operating to Fort bend-Portion of QIPP payment deposited into MMC Operating in error	28,517.68
5/23/2024 MMC Operating to Broadmoor-Portion of QIPP payment deposited into MMC Operating in error	33,684.96
5/23/2024 MMC Operating to The Crescent-Portion of QIPP payment deposited into MMC Operating in error	24,922.16
5/23/2024 MMC Operating to Golden Creek Healthcare-correction of nursing home insurance payment and Portion of QIPP deposited into MMC Operating in error	128,846.29
5/23/2024 MMC Operating to Tuscany Village-correction of nursing home insurance payment and Portion of QIPP deposited into MMC operating in error	30,787.75
5/23/2024 MMC Operating to Bethany-correction of nursing home insurance payment and Portion of QIPP deposited into MMC Operating in error	103,346.57

TOTAL TRANSFERS BETWEEN FUNDS \$ **3,466,424.59**

NURSING HOME UPL EXPENSES

5/24/2024 Nursing Home UPL-Cantex Transfer	1,026,124.20
5/24/2024 Nursing Home UPL-Nexion Transfer	190,973.01
5/24/2024 Nursing Home UPL-HMG Transfer	5,758.64
5/24/2024 Nursing Home UPL-Tuscany Transfer	54,433.05
5/24/2024 Nursing Home UPL-HSL Transfer	313,024.15

QIPP CHECKS TO MMC

5/24/2024 Ashford - Wellpoint March & Q2 QIPP	41,701.61
5/24/2024 Broadmoor - Wellpoint March & Q2 QIPP	15,564.92
5/24/2024 Crescent - Wellpoint March & Q2 QIPP	11,551.97
5/24/2024 Fort Bend - Wellpoint March & Q2 QIPP	13,158.65
5/24/2024 Solera - Wellpoint March & Q2 QIPP	11,330.32
5/24/2024 Tuscany - Wellpoint March & Q2 QIPP	28,617.70

TOTAL NURSING HOME UPL EXPENSES \$ **1,712,238.22**

INTER-GOVERNMENT TRANSFERS

5/28/2024 IGT QIPP to be Paid June 5, 2024	\$3,289,700.73
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TOTAL INTER-GOVERNMENT TRANSFERS \$ **3,289,700.73**

GRAND TOTAL DISBURSEMENTS APPROVED May 29, 2024 \$ **9,074,278.24**

05/23/2024
11:47

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

AP Open Invoice List

MAY 23 2024

Due Dates Through: 06/14/2024

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC. CALHOUN COUNTY, TEXAS			12492523	SUPPLIES	05/16/202	05/08/202	05/21/202			2,194.02	0.00	0.00	2,194.02
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
10250 4IMPRINT, INC.											2,194.02	0.00	0.00	2,194.02
R1200	ADT COMMERCIAL			154831722	FIRE MONITORING	05/22/202	05/02/202	05/27/202			58.43	0.00	0.00	58.43
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
R1200 ADT COMMERCIAL											58.43	0.00	0.00	58.43
14028	AMAZON CAPITAL SERVICES			1MQWQL3KFC3K	SUPPLIES	05/14/202	05/09/202	06/08/202			143.72	0.00	0.00	143.72
				1DPM7F17PC63	SUPPLIES	05/20/202	05/15/202	06/14/202			273.25	0.00	0.00	273.25
				1P1VV3YH1PQC	SUPPLIES	05/20/202	05/17/202	06/10/202			34.88	0.00	0.00	34.88
				1KR979W34QVT	SUPPLIES	05/21/202	05/08/202	06/07/202			19.98	0.00	0.00	19.98
				1R491WGRWQKY	SUPPLIES	05/21/202	05/12/202	06/11/202			24.68	0.00	0.00	24.68
				13DRRJL4X44D	SUPPLIES	05/21/202	05/12/202	06/11/202			201.58	0.00	0.00	201.58
				1VVRFLG1YF4D	SUPPLIES	05/21/202	05/15/202	06/14/202			404.97	0.00	0.00	404.97
				16GWVJVMRQTX	SUPPLIES	05/21/202	05/21/202	06/10/202			25.96	0.00	0.00	25.96
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
14028 AMAZON CAPITAL SERVICES											1,129.02	0.00	0.00	1,129.02
14088	AZALEA HEALTH			103834	MONTHLY FEES	05/21/202	05/01/202	06/10/202			594.00	0.00	0.00	594.00
Vendor Totals: Number Name											Gross	Discount	No-Pay	Net
14088 AZALEA HEALTH											594.00	0.00	0.00	594.00
B1150	BAXTER HEALTHCARE			72347028		05/22/202	05/01/202	05/26/202			3,071.40	0.00	0.00	3,071.40
				82371674	SUPPLIES	05/22/202	05/14/202	06/08/202			337.25	0.00	0.00	337.25
				82370704	MANUAL ORDER CHARGE	05/22/202	05/14/202	06/08/202			50.00	0.00	0.00	50.00
				82385638		05/22/202	05/16/202	06/10/202			50.00	0.00	0.00	50.00

Services 5/1/24 - 5/31/24

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net
✓ 82385957	MANUAL ORDER CHARGE			42.75	0.00	0.00	42.75 ✓
✓ 82390564	SUPPLIES			342.18	0.00	0.00	342.18 ✓
✓ 82389911	SUPPLIES			286.22	0.00	0.00	286.22 ✓
✓ 82396841	SUPPLIES			21.76	0.00	0.00	21.76 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 B1150 BAXTER HEALTHCARE 4,201.56 0.00 0.00 4,201.56

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
B1220 ✓	BECKMAN COULTER INC	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	111319840		05/21/202	05/16/202	06/10/202			1,237.01	0.00	0.00	1,237.01 ✓
✓	111315755	SUPPLIES	05/22/202	05/14/202	06/08/202			113.46	0.00	0.00	113.46 ✓
✓	111325246	SUPPLIES	05/22/202	05/20/202	06/14/202			53.14	0.00	0.00	53.14 ✓
✓	5487754	LEASE CHARGE	05/23/202	04/25/202	05/20/202			1,337.05	0.00	0.00	1,337.05 ✓
✓	111296088	SUPPLIES	05/23/202	05/02/202	05/27/202			1,559.04	0.00	0.00	1,559.04 ✓
✓	111298611	SUPPLIES	05/23/202	05/05/202	05/30/202			113.46	0.00	0.00	113.46 ✓
✓	111300857	SUPPLIES	05/23/202	05/06/202	05/31/202			3,446.04	0.00	0.00	3,446.04 ✓
✓	111303685	SUPPLIES	05/23/202	05/07/202	06/01/202			113.46	0.00	0.00	113.46 ✓
✓	111309448	LEASE	05/23/202	05/09/202	06/03/202			5,759.11	0.00	0.00	5,759.11 ✓
✓	5488460	LEASE, MAINT	05/23/202	05/13/202	06/07/202			5,016.58	0.00	0.00	5,016.58 ✓
✓	7361113	METER BILLING	05/23/202	05/20/202	06/14/202			8,088.09	0.00	0.00	8,088.09 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 B1220 BECKMAN COULTER INC 26,836.44 0.00 0.00 26,836.44

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
10024 ✓	BECTON, DICKINSON & CO (BD)										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9112707172	SUPPLIES	05/21/202	05/08/202	06/07/202			273.25	0.00	0.00	273.25 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 10024 BECTON, DICKINSON & CO (BD) 273.25 0.00 0.00 273.25

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
13972 ✓	BEYER MECHANICAL LTD										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	IN039282	OP ROOMS HIGH HUMIDITY	05/21/202	05/14/202	06/10/202			2,219.13	0.00	0.00	2,219.13 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 13972 BEYER MECHANICAL LTD 2,219.13 0.00 0.00 2,219.13

Vendor#	Vendor Name	Class	Pay Code	Gross	Discount	No-Pay	Net				
14753 ✓	BIOMERIEUX, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	1213217077		05/20/202	03/07/202	05/16/202			21,363.78	0.00	0.00	21,363.78 ✓

Tax inc'd
 2,219.13
 2050.00
 2,219.13
 2050.00

✓	051524B		05/21/202	05/15/202	06/10/202		372.89	0.00	0.00	372.89	✓
		WATER									
✓	051524C		05/21/202	05/15/202	06/10/202		65.66	0.00	0.00	65.66	✓
		WATER									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	C1730	CITY OF PORT LAVACA					2,908.05	0.00	0.00	2,908.05	
Vendor#	Vendor Name						Class	Pay Code			
15468	✓ CLAUDIA ALVAREZ										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	ALVCL0002		05/22/202	05/22/202	05/22/202			280.00	0.00	0.00	280.00
		PT REFUND									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	15468	CLAUDIA ALVAREZ					280.00	0.00	0.00	280.00	
Vendor#	Vendor Name						Class	Pay Code			
10723	✓ CLIA LABORATORY PROGRAM										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	050124		05/20/202	05/01/202	06/10/202			4,222.00	0.00	0.00	4,222.00
		COMPLIANCE FEE									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10723	CLIA LABORATORY PROGRAM					4,222.00	0.00	0.00	4,222.00	
Vendor#	Vendor Name						Class	Pay Code			
10212	✓ CLINICAL PATHOLOGY LABS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	202404-0		05/20/202	05/15/202	06/10/202			16,881.68	0.00	0.00	16,881.68
		LAB SERV									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	10212	CLINICAL PATHOLOGY LABS					16,881.68	0.00	0.00	16,881.68	
Vendor#	Vendor Name						Class	Pay Code			
13336	✓ COCA COLA SOUTHWEST BEVERAGES										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	41081336005		05/21/202	05/01/202	05/31/202			325.26	0.00	0.00	325.26
		BEVERAGES									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	13336	COCA COLA SOUTHWEST BEVERAGES					325.26	0.00	0.00	325.26	
Vendor#	Vendor Name						Class	Pay Code			
14892	✓ CONTINUED.COM LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	398790		05/20/202	05/08/202	06/10/202			534.00	0.00	0.00	534.00
		YEARLY MEMBERSHIP: <i>CEU Program</i>									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	14892	CONTINUED.COM LLC					534.00	0.00	0.00	534.00	
Vendor#	Vendor Name						Class	Pay Code			
14080	✓ CORROHEALTH, INC.										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	915137		05/17/202	04/30/202	06/10/202			2,289.20	0.00	0.00	2,289.20
		CODING									
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	14080	CORROHEALTH, INC.					2,289.20	0.00	0.00	2,289.20	
Vendor#	Vendor Name						Class	Pay Code			
14400	✓ CULINARY CONCESSIONS LLC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	INV00001316		04/30/202	04/30/202	06/09/202			34,882.25	0.00	0.00	34,882.25
	Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
	14400	CULINARY CONCESSIONS LLC					34,882.25	0.00	0.00	34,882.25	
Vendor#	Vendor Name						Class	Pay Code			

10368 ✓	DEWITT POTH & SON										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	7553100		05/20/202	05/09/202	06/03/202			28.56	0.00	0.00	28.56 ✓
		SUPPLIES									
✓	7553941		05/20/202	05/13/202	06/07/202			39.54	0.00	0.00	39.54 ✓
		SUPPLIES									
✓	7553942		05/21/202	05/17/202	06/11/202			14.94	0.00	0.00	14.94 ✓
		SUPPLIES									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON						83.04	0.00	0.00	83.04
Vendor#	Vendor Name		Class					Pay Code			
14800 ✓	DIRECTV ENTERTAINMENT HOLDINGS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	088862205X240512		05/21/202	05/12/202	06/10/202			489.85	0.00	0.00	489.85 ✓
		SATELLITE									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS						489.85	0.00	0.00	489.85
Vendor#	Vendor Name		Class					Pay Code			
10789 ✓	DISCOVERY MEDICAL NETWORK INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	MMC051524		05/22/202	05/15/202	05/16/202			118,502.59	0.00	0.00	118,502.59 ✓
		PHYSICIAN SERV									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC						118,502.59	0.00	0.00	118,502.59
Vendor#	Vendor Name		Class					Pay Code			
11091 ✓	ECOLAB										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	8344780476		05/21/202	04/08/202	06/10/202			1,112.29	0.00	0.00	1,112.29
		DISHWASHER SUPPLIES									
✓	8344881309		05/21/202	04/12/202	06/10/202			500.00	0.00	0.00	500.00 ✓
		DISHWASHER DELIVERY & SETU									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11091	ECOLAB						1,612.29	0.00	0.00	1,612.29
Vendor#	Vendor Name		Class					Pay Code			
11944 ✓	EQUIFAX WORKFORCE SOLUTIONS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2060302359		05/20/202	05/08/202	06/10/202			10.99	0.00	0.00	10.99 ✓
		CREDIT REPORTING									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	11944	EQUIFAX WORKFORCE SOLUTIONS						10.99	0.00	0.00	10.99
Vendor#	Vendor Name		Class					Pay Code			
10689 ✓	FASTHEALTH CORPORATION										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	05A24MMC		05/20/202	05/01/202	06/10/202			545.00	0.00	0.00	545.00 ✓
		WEBSITE									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION						545.00	0.00	0.00	545.00
Vendor#	Vendor Name		Class					Pay Code			
14336 ✓	FIRETRON, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	252470		05/17/202	03/18/202	06/10/202			600.00	0.00	0.00	600.00 ✓
		ANNUAL MONITORING-HOSPITAL									
✓	257620		05/17/202	05/13/202	06/10/202			488.00	0.00	0.00	488.00 ✓
		CHANGE PULL STATION									
	Vendor Totals: Number	Name						Gross	Discount	No-Pay	Net
	14336	FIRETRON, INC						1,088.00	0.00	0.00	1,088.00

Tax Inc'd

1,112.29
1027.52

Vendor#	Vendor Name	Class	Pay Code								
13016	FIRST INSURANCE FUNDING										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	051024		05/20/202	05/10/202	06/10/202			3,631.39	0.00	0.00	3,631.39 ✓
	INSURANCE INSTALLMENT										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING					3,631.39	0.00	0.00	3,631.39

Vendor#	Vendor Name	Class	Pay Code								
F1400	FISHER HEALTHCARE	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2191738		05/21/202	04/09/202	05/04/202			8,074.81	0.00	0.00	8,074.81 ✓
	SUPPLIES										
✓	2191736		05/21/202	05/09/202	06/03/202			19.81	0.00	0.00	19.81 ✓
	SUPPLIES										
✓	2191737		05/21/202	05/09/202	06/03/202			127.56	0.00	0.00	127.56 ✓
	SUPPLIES										
✓	2191739		05/21/202	05/09/202	06/03/202			977.72	0.00	0.00	977.72 ✓
	SUPPLIES										
✓	2227393		05/22/202	05/10/202	06/04/202			153.39	0.00	0.00	153.39 ✓
	SUPPLIES										
✓	2299163		05/22/202	05/14/202	06/08/202			9.82	0.00	0.00	9.82 ✓
	SUPPLIES										
✓	2299164		05/22/202	05/14/202	06/08/202			1,821.26	0.00	0.00	1,821.26 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					11,184.37	0.00	0.00	11,184.37

Vendor#	Vendor Name	Class	Pay Code								
11149	GBS ADMINISTRATORS, INC										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	664977190489		05/20/202	05/01/202	06/10/202			5,230.31	0.00	0.00	5,230.31 ✓
	LTD										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11149	GBS ADMINISTRATORS, INC					5,230.31	0.00	0.00	5,230.31

Vendor#	Vendor Name	Class	Pay Code								
13148	GRACE FLOORING AND GLASS										
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	050624		05/21/202	05/06/202	05/17/202			9,991.50	0.00	0.00	9,991.50 ✓
	FLOORING										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13148	GRACE FLOORING AND GLASS					9,991.50	0.00	0.00	9,991.50

Vendor#	Vendor Name	Class	Pay Code								
W1300	GRAINGER	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	9115456874		05/21/202	05/10/202	06/04/202			268.50	0.00	0.00	268.50 ✓
	SUPPLIES										
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1300	GRAINGER					268.50	0.00	0.00	268.50

Vendor#	Vendor Name	Class	Pay Code								
G1210	GULF COAST PAPER COMPANY	M									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓	2514415A		04/30/202	03/19/202	04/18/202			21.19	0.00	0.00	21.19 ✓
	SUPPLIES										
✓	2532575		05/20/202	05/07/202	06/06/202			777.48	0.00	0.00	777.48 ✓
	SUPPLIES										
✓	2535243		05/21/202	05/14/202	06/13/202			960.46	0.00	0.00	960.46 ✓
	SUPPLIES										

Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY			1,759.13	0.00	0.00	1,759.13		
Vendor#	Vendor Name			Class	Pay Code						
10334	✓ HEALTH CARE LOGISTICS INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 309459915		05/21/202	05/15/202	06/09/202			498.66	0.00	0.00	498.66 ✓
		SUPPLIES									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		10334	HEALTH CARE LOGISTICS INC			498.66	0.00	0.00	498.66		
Vendor#	Vendor Name			Class	Pay Code						
12868	✓ HOLT CAT										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ WIEZZ0041894		05/17/202	04/30/202	06/10/202			559.50	0.00	0.00	559.50 ✓
		QUARTERLY INSPECTION									
	✓ WIEZ0041895		05/17/202	04/30/202	06/10/202			559.50	0.00	0.00	559.50 ✓
		QUARTERLY INSPECTION									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		12868	HOLT CAT			1,119.00	0.00	0.00	1,119.00		
Vendor#	Vendor Name			Class	Pay Code						
14976	✓ INOVALON PROVIDER INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 24M-0060876		05/20/202	05/06/202	06/10/202			736.56	0.00	0.00	736.56 ✓
		SCHEDULING									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		14976	INOVALON PROVIDER INC.			736.56	0.00	0.00	736.56		
Vendor#	Vendor Name			Class	Pay Code						
15472	✓ JENNIFER HRANICKY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ HB JEN0001		05/22/202	05/22/202	05/22/202			110.00	0.00	0.00	110.00 ✓
		PT REFUND									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		15472	JENNIFER HRANICKY			110.00	0.00	0.00	110.00		
Vendor#	Vendor Name			Class	Pay Code						
15476	✓ JUDITH MANLEY										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ MANJUD0001		05/22/202	05/16/202	05/16/202			357.83	0.00	0.00	357.83 ✓
		REFUND									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		15476	JUDITH MANLEY			357.83	0.00	0.00	357.83		
Vendor#	Vendor Name			Class	Pay Code						
L0700	✓ LABCORP OF AMERICA HOLDINGS			M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 79889365		05/22/202	04/27/202	05/22/202			26.29	0.00	0.00	26.29 ✓
		LAB SRVC									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		L0700	LABCORP OF AMERICA HOLDINGS			26.29	0.00	0.00	26.29		
Vendor#	Vendor Name			Class	Pay Code						
11600	✓ LEGAL SHIELD										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	✓ 051524		05/20/202	05/09/202	06/10/202			580.50	0.00	0.00	580.50 ✓
		PAYROLL DEDUCT									
Vendor Totals:		Number	Name			Gross	Discount	No-Pay	Net		
		11600	LEGAL SHIELD			580.50	0.00	0.00	580.50		
Vendor#	Vendor Name			Class	Pay Code						
14432	✓ LGC CLINICAL DIAGNOSTICS, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	90267298		05/22/202	05/09/202	06/09/202		733.00	0.00	0.00	733.00 ✓
	SUPPLIES									
	Vendor Totals: Number Name					Gross	Discount	No-Pay	Net	
	14432	LGC CLINICAL DIAGNOSTICS, INC.				733.00	0.00	0.00	733.00	
Vendor#	Vendor Name		Class	Pay Code						
10972 ✓	M G TRUST									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	052024		05/21/202	05/20/202	06/10/202		895.00	0.00	0.00	895.00 ✓
	PAYROLL DEDUCT									
	Vendor Totals: Number Name					Gross	Discount	No-Pay	Net	
	10972	M G TRUST				895.00	0.00	0.00	895.00	
Vendor#	Vendor Name		Class	Pay Code						
M1950 ✓	MARTIN PRINTING CO		W							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	80159		05/20/202	05/06/202	06/10/202		488.00	0.00	0.00	488.00 ✓
	BUSINESS/APPT CARDS									
	Vendor Totals: Number Name					Gross	Discount	No-Pay	Net	
	M1950	MARTIN PRINTING CO				488.00	0.00	0.00	488.00	
Vendor#	Vendor Name		Class	Pay Code						
M2178 ✓	MCKESSON MEDICAL SURGICAL INC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	22111136		05/20/202	05/09/202	05/24/202		930.73	0.00	0.00	930.73 ✓
	SUPPLIES									
✓	22106720		05/20/202	05/14/202	05/29/202		75.91	0.00	0.00	75.91 ✓
	SUPPLIES									
✓	22109856		05/20/202	05/15/202	05/30/202		452.89	0.00	0.00	452.89 ✓
	SUPPLIES									
✓	22113240		05/22/202	05/16/202	05/31/202		91.70	0.00	0.00	91.70 ✓
	SUPPLIES									
✓	22133400		05/22/202	05/21/202	06/05/202		93.48	0.00	0.00	93.48 ✓
	SUPPLIES									
✓	22134640		05/22/202	05/21/202	06/05/202		-133.94	0.00	0.00	-133.94 ✓
	SUPPLIES									
✓	22134642		05/22/202	05/21/202	06/05/202		-83.53	0.00	0.00	-83.53 ✓
	SUPPLIES CREDIT									
	Vendor Totals: Number Name					Gross	Discount	No-Pay	Net	
	M2178	MCKESSON MEDICAL SURGICAL INC				1,427.24	0.00	0.00	1,427.24	
Vendor#	Vendor Name		Class	Pay Code						
11612 ✓	MEDICAL AIR SERVICES ASSOC.									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	1805832		05/20/202	05/01/202	06/10/202		1,814.00	0.00	0.00	1,814.00 ✓
	PAYROLL DEDUCT									
	Vendor Totals: Number Name					Gross	Discount	No-Pay	Net	
	11612	MEDICAL AIR SERVICES ASSOC.				1,814.00	0.00	0.00	1,814.00	
Vendor#	Vendor Name		Class	Pay Code						
M2470 ✓	MEDLINE INDUSTRIES INC		M							
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2318258151		05/20/202	05/08/202	06/02/202		169.13	0.00	0.00	169.13 ✓
	SUPPLIES									
✓	2319061410		05/20/202	05/15/202	06/09/202		80.28	0.00	0.00	80.28 ✓
	SUPPLIES									
✓	2319061432		05/20/202	05/15/202	06/09/202		3,305.39	0.00	0.00	3,305.39 ✓
	SUPPLIES									
✓	2319041413		05/20/202	05/15/202	06/09/202		50.71	0.00	0.00	50.71 ✓
	SUPPLIES									
✓	2319041427		05/20/202	05/15/202	06/09/202		1,387.31	0.00	0.00	1,387.31 ✓

✓	CM26765	05/22/202	05/17/202	05/27/202			-1,930.00	0.00	0.00	-1,930.00 ✓
	INVENTORY									
✓	CM26766	05/22/202	05/17/202	05/27/202			-127.71	0.00	0.00	-127.71 ✓
	CREDIT									
✓	2008075	05/22/202	05/19/202	05/29/202			977.77	0.00	0.00	977.77 ✓
	INVENTORY									
✓	2008074	05/22/202	05/19/202	05/29/202			39.24	0.00	0.00	39.24 ✓
	INVENTORY									
✓	2009561	05/22/202	05/20/202	05/30/202			2,264.50	0.00	0.00	2,264.50 ✓
	INVENTORY									
✓	2010436	05/22/202	05/20/202	05/30/202			400.48	0.00	0.00	400.48 ✓
	INVENTORY									
✓	2012559	05/22/202	05/20/202	05/30/202			347.33	0.00	0.00	347.33 ✓
	INVENTORY									

Vendor Totals: Number Name Gross Discount No-Pay Net
 10536 MORRIS & DICKSON CO, LLC 8,012.89 0.00 0.00 8,012.89

Vendor# Vendor Name Class Pay Code

15224	✓	MUTUAL OF OMAHA										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		001706805816		05/20/202	05/17/202	06/10/202			25,721.46	0.00	0.00	25,721.46 ✓
		SUPP INSURANCE										

Vendor Totals: Number Name Gross Discount No-Pay Net
 15224 MUTUAL OF OMAHA 25,721.46 0.00 0.00 25,721.46

Vendor# Vendor Name Class Pay Code

M2659	✓	MXR IMAGING, INC										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		8801144512		05/20/202	05/07/202	06/06/202			417.41	0.00	0.00	417.41 ✓
		SUPPLIES										
	✓	8801145767		05/21/202	05/10/202	06/09/202			169.22	0.00	0.00	169.22 ✓
		SUPPLIES										

Vendor Totals: Number Name Gross Discount No-Pay Net
 M2659 MXR IMAGING, INC 586.63 0.00 0.00 586.63

Vendor# Vendor Name Class Pay Code

13548	✓	NACOGDOCHES TRANSCRIPTION										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		8377		05/20/202	05/13/202	06/10/202			199.78	0.00	0.00	199.78 ✓
		TRANSCRIPTION										

Vendor Totals: Number Name Gross Discount No-Pay Net
 13548 NACOGDOCHES TRANSCRIPTION 199.78 0.00 0.00 199.78

Vendor# Vendor Name Class Pay Code

12388	✓	NATIONAL FARM LIFE INSURANCE										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		4216237		05/22/202	05/13/202	06/01/202			2,672.04	0.00	0.00	2,672.04 ✓
		LIFE INSURANCE										

Vendor Totals: Number Name Gross Discount No-Pay Net
 12388 NATIONAL FARM LIFE INSURANCE 2,672.04 0.00 0.00 2,672.04

Vendor# Vendor Name Class Pay Code

10188	✓	NATUS MEDICAL INC										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		1041589391A		05/21/202	04/19/202	05/14/202			1,008.72	0.00	0.00	1,008.72 ✓

Vendor Totals: Number Name Gross Discount No-Pay Net
 10188 NATUS MEDICAL INC 1,008.72 0.00 0.00 1,008.72

Vendor# Vendor Name Class Pay Code

13824	✓	NEXION HEALTH AT NAVASOTA INC										
	✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net

✓	TELMED20240202A		05/20/202	05/13/202	06/10/202		1,000.00	0.00	0.00	1,000.00 ✓
	TELEMED	Reimbursement April 2024								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	13624	NEXION HEALTH AT NAVASOTA INC					1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name		Class	Pay Code						
11155 ✓	PARAREV									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	915341		05/20/202	05/01/202	05/31/202		3,084.00	0.00	0.00	3,084.00 ✓
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	11155	PARAREV					3,084.00	0.00	0.00	3,084.00
Vendor#	Vendor Name		Class	Pay Code						
14764 ✓	PL-CPR, LLC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	309		05/20/202	05/09/202	06/10/202		400.00	0.00	0.00	400.00 ✓
		ACLS CERTS								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	14764	PL-CPR, LLC					400.00	0.00	0.00	400.00
Vendor#	Vendor Name		Class	Pay Code						
10114 ✓	PORT LAVACA CHAMBER OF COMMERC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2099		05/21/202	05/15/202	06/10/202		500.00	0.00	0.00	500.00 ✓
		ADVERTISING April 2024								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	10114	PORT LAVACA CHAMBER OF COMMERC					500.00	0.00	0.00	500.00
Vendor#	Vendor Name		Class	Pay Code						
10372 ✓	PRECISION DYNAMICS CORP (PDC)									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	9356194307		05/20/202	05/10/202	06/09/202		136.24	0.00	0.00	136.24 ✓
		SUPPLIES								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					136.24	0.00	0.00	136.24
Vendor#	Vendor Name		Class	Pay Code						
12480 ✓	PRO ENERGY PARTNERS LLC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	2404-0600		05/20/202	04/30/202	06/10/202		2,607.73	0.00	0.00	2,607.73 ✓
		NATURAL GAS								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LLC					2,607.73	0.00	0.00	2,607.73
Vendor#	Vendor Name		Class	Pay Code						
11080 ✓	RADSOURCE									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	PSI001752		05/17/202	05/12/202	06/10/202		1,791.67	0.00	0.00	1,791.67 ✓
		SAMSUNG GU60A								
	Vendor Totals: Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					1,791.67	0.00	0.00	1,791.67
Vendor#	Vendor Name		Class	Pay Code						
11251 ✓	RAPID PRINTING LLC									
✓	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
✓	23104		05/22/202	05/02/202	06/02/202		52.00	0.00	0.00	52.00 ✓
		JOHNSON GRANT								
✓	23168		05/22/202	05/07/202	06/07/202		72.00	0.00	0.00	72.00 ✓
		JOHNSON GRANT								
✓	23170		05/22/202	05/07/202	06/07/202		96.00	0.00	0.00	96.00 ✓
		SUPPLIES								
✓	23293		05/22/202	05/13/202	06/13/202		18.54	0.00	0.00	18.54 ✓

Vendor#	15120	TIGER SUPPLIES INC.					7,674.00	0.00	0.00	7,674.00	
Vendor#	11908	TMS SOUTH	Class	Pay Code							
Invoice#	INV121639	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		SUPPLIES	05/23/202	05/10/202	06/09/202			206.28	0.00	0.00	206.28
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	11908	TMS SOUTH						206.28	0.00	0.00	206.28
Vendor#	T3130	TRI-ANIM HEALTH SERVICES INC	Class	Pay Code							
Invoice#	600303564	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		SUPPLIES	05/22/202	05/15/202	06/09/202			406.93	0.00	0.00	406.93
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC						406.93	0.00	0.00	406.93
Vendor#	13616	TRIOSE, INC	Class	Pay Code							
Invoice#	0800023145	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		FREIGHT	05/21/202	04/30/202	05/15/202			11.68	0.00	0.00	11.68
Invoice#	TRI184785	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		FREIGHT	05/21/202	05/07/202	05/22/202			100.36	0.00	0.00	100.36
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC						112.04	0.00	0.00	112.04
Vendor#	C2510	TRUBRIDGE	Class	Pay Code							
Invoice#	T2402151378	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		BUSINESS SERVICES	04/30/202	02/15/202	06/10/202			8,858.81	0.00	0.00	8,858.81
Invoice#	T2405151378	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			05/17/202	05/15/202	06/10/202			11,176.30	0.00	0.00	11,176.30
Invoice#	T2405081378	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
			05/20/202	05/08/202	06/10/202			9,977.63	0.00	0.00	9,977.63
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	C2510	TRUBRIDGE						30,012.74	0.00	0.00	30,012.74
Vendor#	U1064	UNIFIRST HOLDINGS INC	Class	Pay Code							
Invoice#	2921032421	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			285.31	0.00	0.00	285.31
Invoice#	2921032420	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			126.02	0.00	0.00	126.02
Invoice#	2921032423	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			30.07	0.00	0.00	30.07
Invoice#	2921032426	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		SUPPLIES	05/20/202	05/16/202	06/10/202			289.93	0.00	0.00	289.93
Invoice#	2921032424	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			315.80	0.00	0.00	315.80
Invoice#	2921032425	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			282.90	0.00	0.00	282.90
Invoice#	2921032422	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			2,470.25	0.00	0.00	2,470.25
Invoice#	2921032427	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
		LAUNDRY	05/20/202	05/16/202	06/10/202			113.81	0.00	0.00	113.81
Vendor Totals:	Number	Name						Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC						3,914.09	0.00	0.00	3,914.09

Vendor#	Vendor Name	Class	Pay Code								
11110	✓ WERFEN USA LLC										
	✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9111503998		05/21/202	05/16/202	06/10/202			1,571.67	0.00	0.00	1,571.67 ✓
		SUPPLIES	5/2024								
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11110	WERFEN USA LLC					1,571.67	0.00	0.00	1,571.67
10556	✓ WOUND CARE SPECIALISTS										
	✓ Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	WCS00006650		04/30/202	04/01/202	04/30/202			16,525.00	0.00	0.00	16,525.00 ✓
		WOUND CARE SERVICES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10556	WOUND CARE SPECIALISTS					16,525.00	0.00	0.00	16,525.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	497,175.81	0.00	0.00	497,175.81

497,175.81 +
 2,219.13 - Wrg Amount pg. 2 tax inc'd
 2,050.00 + Correct Amount
 497,006.68 ◊
 1,112.29 - Wrg Amount pg. 5 tax inc'd
 1,027.52 + Correct Amount
 496,921.91 ◊

APPROVED ON
 MAY 23 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MCKESSON

STATEMENT

As of: 05/24/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory:

Customer: 632536
Date: 05/25/2024

As of: 05/24/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 05/25/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
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PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 10,456.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/28/2024,
Pay This Amount: 10,247.64 USD

If Paid After 05/28/2024,
Pay this Amount: 10,456.77 USD

Due If Paid On Time: 10,247.64 ✓
USD
Disc lost if paid late: 209.13
Due If Paid Late: 10,456.77
USD

APPROVED ON

MAY 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Andrew D. [Signature]
5/28/24

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 05/24/2024

Page: 001

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

Company: 6000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SuppID:
Territory: 7001

Customer: 256342
Date: 05/25/2024

As of: 05/24/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/25/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account	632536 User Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 256342 WALMART 1098/MEM MED PHS											
05/20/2024	05/28/2024	7497340955		116520742	115Invoice	1.34	66.99		65.65		7497340955 ✓
05/20/2024	05/28/2024	7497340957		116604680	115Invoice	3.73	186.66		182.93		7497340957 ✓
05/20/2024	05/28/2024	7497530109		116611018	195Invoice	1.41	70.68		69.27		7497530109 ✓
05/20/2024	05/28/2024	7497530111		116526876	195Invoice	7.13	356.72		349.59		7497530111 ✓
05/21/2024	05/28/2024	7497694980		200025451	115Invoice	4.81	240.45		235.64		7497694980 ✓
05/21/2024	05/28/2024	7497694983		200025451	115Invoice	2.68	133.98		131.30		7497694983 ✓
05/21/2024	05/28/2024	7497826667		200032360	195Invoice	5.26	262.98		257.72		7497826667 ✓
05/21/2024	05/28/2024	7497826668		200032577	115Invoice	0.03	1.58		1.55		7497826668 ✓
05/21/2024	05/28/2024	7497826669		116614379	115Invoice	0.01	0.32		0.31		7497826669 ✓
05/22/2024	05/28/2024	7498089609		200164865	195Invoice	20.56	1,027.91		1,007.35		7498089609 ✓
05/22/2024	05/28/2024	7498089610		200037291	115Invoice	7.51	375.64		368.13		7498089610 ✓
05/22/2024	05/28/2024	7498164447		108662921	115Invoice	68.00	3,400.10		3,332.10		7498164447 ✓
05/22/2024	05/28/2024	7498170877		114318096	115Invoice	8.83	431.50		422.67		7498170877 ✓
05/22/2024	05/28/2024	7498170878		114525817	115Invoice	7.12	356.14		349.02		7498170878 ✓
05/22/2024	05/28/2024	7498170879		113736740	115Invoice	3.29	164.62		161.33		7498170879 ✓
05/22/2024	05/28/2024	7498170880		114808543	115Invoice		0.06		0.06		7498170880 ✓
05/22/2024	05/28/2024	7498170881		116459371	115Invoice		0.06		0.06		7498170881 ✓
05/22/2024	05/28/2024	7498170882		113238732	115Invoice	3.82	180.82		177.20		7498170882 ✓
05/22/2024	05/28/2024	7498185038		113087848	115Invoice		0.16		0.16		7498185038 ✓
05/22/2024	05/28/2024	7498185039		115454824	115Invoice	17.41	870.45		853.04		7498185039 ✓
05/23/2024	05/28/2024	7498216860		200307988	115Invoice	1.34	66.99		65.65		7498216860 ✓
05/23/2024	05/28/2024	7498379930		200189763	115Invoice	5.23	261.50		256.27		7498379930 ✓
05/24/2024	05/28/2024	7498486724		200479830	115Invoice	0.01	0.49		0.48		7498486724 ✓
05/24/2024	05/28/2024	7498630949		200430797	115Invoice	0.01	0.32		0.31		7498630949 ✓
05/24/2024	05/28/2024	7498630950		200426169	195Invoice	0.52	25.78		25.26		7498630950 ✓
05/24/2024	05/28/2024	7498630952		200319941	115Invoice	0.50	24.83		24.33		7498630952 ✓

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/24/2024

Page: 002

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 256342
Date: 05/25/2024

As of: 05/24/2024 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/25/2024 ITEMS NOT PAID (✓)

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

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 8,507.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/20/2024 3.925.30

If Paid By 05/28/2024,
Pay This Amount:

8,337.62 USD

If Paid After 05/28/2024,
Pay this Amount:

8,507.77 USD

Due If Paid On Time: 8,337.62 ✓
USD
Disc lost if paid late: 170.15
Due If Paid Late: 8,507.77
USD

APPROVED ON

MAY 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON

STATEMENT

As of: 05/24/2024

Page: 001

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

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115
Customer INV SupplD:
Territory: 7001

Customer: 820405
Date: 05/25/2024

As of: 05/24/2024 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only

Cust: 820405 PLEASE CHECK ANY
Date: 05/25/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 820405	HEB PHCY WHSE/MEM MED PHS									
05/20/2024	05/28/2024	7497322828	B2405-055-159496	115Invoice	38.19	1,909.31		1,871.12		7497322828

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

TOTAL: Customer Number 820405 HEB PHCY WHSE/MEM MED PHS
Subtotals: 1,909.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/20/2024 3,925.30

If Paid By 05/28/2024,
Pay This Amount:

1,871.12 USD

If Paid After 05/28/2024,
Pay this Amount:

1,909.31 USD

Due If Paid On Time:

USD 1,871.12 ✓

Disc lost if paid late:

38.19

Due If Paid Late:

USD 1,909.31

APPROVED ON

MAY 28 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

MCKESSON

STATEMENT

As of: 05/24/2024

Page: 001

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

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

DC: 8115
 Customer INV SupplD:
 Territory: 7001

Customer: 835437
 Date: 05/25/2024

As of: 05/24/2024 Page: 001
 Mail to: Customer Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
 Statement for information only

Cust: 835437 PLEASE CHECK ANY
 Date: 05/25/2024 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
05/22/2024	05/28/2024	7498119412	3261004	115Invoice	0.79	39.69		38.90	X	7498119412	<input checked="" type="checkbox"/>

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

TOTAL: Customer Number 835437 CVS PHCY 7416/MEM MC PHS

Subtotals: 39.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 05/20/2024 3,925.30

If Paid By 05/28/2024,
 Pay This Amount: 38.90 USD
 If Paid After 05/28/2024,
 Pay this Amount: 39.69 USD

Due if Paid On Time: 38.90 ✓
 USD
 Disc lost if paid late: 0.79
 Due if Paid Late: 39.69
 USD

APPROVED ON

MAY 28 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333



STATEMENT

Statement Number: 67495265
Date: 05-24-2024

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

DEA: RA0289276
866-451-9655

Customer:
WALGREENS #12494 3408
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509

Customer Number	
100135284 / 037028186	
Terms	
Sat - Fri Due in 7 days	
Summary	
Net Yet Due:	0.00
Current:	798.78
Past Due:	0.00
Total Due:	798.78
Account Balance:	798.78

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
05-20-2024	05-31-2024	3175840522	7008555476	Invoice	103.96 X		0.00	103.96
05-20-2024	05-31-2024	3175640523	7008565773	Invoice	30.34 X		0.00	30.34
05-20-2024	05-31-2024	3175640524	7008576057	Invoice	301.80 X		0.00	301.80
05-20-2024	05-31-2024	3175640525	7006555054	Invoice	22.52 X		0.00	22.52
05-21-2024	05-31-2024	3175802187	7006580447	Invoice	38.00 X		0.00	38.00
05-22-2024	05-31-2024	3175948893	7006588575	Invoice	73.52 X		0.00	73.52
05-22-2024	05-31-2024	3175948894	7006586863	Invoice	2.87 X		0.00	2.87
05-23-2024	06-31-2024	3176113813	7006597994	Invoice	109.23 X		0.00	109.23
05-24-2024	05-31-2024	3176263364	7006606512	Invoice	116.54 X		0.00	116.54

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
798.78	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment	
Date	Amount
05-24-2024	(986.24)

APPROVED ON
MAY 28 2024
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders	
Due Date	Amount
05-31-2024	798.78
Total Due:	798.78

Handwritten signature
5/28/24

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT — May 20, 2024 - May 23, 2024**

<u>Date</u>	<u>Bank Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>
5/23/2024	WIRE OUT CBNA INCOMING SETTLEMENT ACCOUNT	-CitiBank Corporate Card Payment	4,644.44 ✗	901194
5/23/2024	PAY PLUS ACHTrans 00000023721796 1010006999	- 3rd Party Payor Fee	76.57 /	901195
5/23/2024	MERCHANT BANKCD CHARGEBACK 971160913887 9100	- Credit Card Chargeback*	17.99	901196
5/23/2024	HEALTHEQUITY INC HealthEqui 1356888 91000015	-Wageworks	1,272.83 ✗✗	800525
5/22/2024	PAY PLUS ACHTrans 00000023638970 1010006988	- 3rd Party Payor Fee	21.82 /	901197
5/21/2024	MCKESSON DRUG AUTO ACH ACH06003431 910000122	- 340B Drug Program Expense	3,925.30 ✗✗	500605
5/20/2024	PAY PLUS ACHTrans 00000023374423 1010006964	- 3rd Party Payor Fee	27.19 /	901198
5/20/2024	HPHG LLC ACHPORT MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	23,128.88 ✗	800526
5/20/2024	HPHG LLC ACHPORT MemMedCtr PtLav 11312265001	- Health Insurance Claim Payments	7,357.97 ✗	800527
			<u>40,472.99</u> ✓	

*Need to research and determine why it was charged back.

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

May 24, 2024

* Approved on 5.15.24 CC
** Approved on 5.22.24 CC

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

<u>Date</u>	<u>Description</u>	<u>MMC Notes</u>	<u>Amount</u>	<u>CPSI "Handwritten Check" #</u>
				Pay 76.57 +
				AUS 21.82 +
				27.19 +
				125.58 0
				0.0
				CC Charge Bk 17.99 +
				17.99 0
				0.0
	APPROVED ON	40,472.99 +		
	MAY 24 2024	1,272.83 -		125.58 +
		1,272.83 -		17.99 +
	BY COUNTY AUDITOR	1,272.83 -	0.0	143.57 0
	CALHOUN COUNTY, TEXAS	1,272.83 -		
		1,272.83 -		
		143.57 0		
		143.57 -		
		0.00 0		

Andrew De Los Santos
ANDREW DE LOS SANTOS
Memorial Medical Center

May 24, 2024

HPHG, LLC dba 90 Degree Benefits

Rates:

Master Group Totals

SPEC AGG	179	\$56,130.36	Adjustments	2	(\$869.67)	Total Due	\$55,260.69
ADMIN FEES	179	\$7,697.00	Adjustments	2	(\$86.00)		\$7,611.00
PPD UR	179	\$3,409.95	Adjustments	2	(\$38.10)		\$3,371.85
CHIC MGMT FEE		\$700.00					\$700.00

Monthly Billing for 6/1/2024

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

Balance Forward:		\$69,685.87
Payments:	-	\$69,685.87
Adjustments:	+	\$0.00
Beginning Balance:		\$0.00
Current Amount Due:	+	\$67,937.31
Current Adjustments:	+	(\$993.77)
Total Amount Due:		\$66,943.54 ✓✓

Andrew Dokes Santos ✓
5/24/24

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Description	Medical
EE	104
ES	17
EF	13
EC	45
Mst Total	179

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

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

Memorial Medical Center
Transfer Request

Amount: 3,000,000.00

Date: 5/28/2024

From Account: NEXBANK MONEY MARKET *677

APPROVED ON

To Account: PROSPERITY OPERATING *4357

MAY 28 2024

**BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS**

Explanation:

Transfer from NexBank Money Market Account to Prosperity Operating Account

Requested by: Caitlin Clevenger

Date: 5/28/2024

Authorized by: Andrew DeLoach

Date: 5/28/24

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/23/2024
12:08

MAY 23 2024

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11816 ✓ ASHFORD GARDENS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051824		05/17/202	05/16/202	06/15/202			89,474.87	0.00	0.00	89,474.87 ✓

QIPP TRANSFER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11816	ASHFORD GARDENS	89,474.87	0.00	0.00	89,474.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	89,474.87	0.00	0.00	89,474.87

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/23/2024
12:09

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 23 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11832 ✓ BROADMOOR AT CREEKSIDE PARK TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051624		05/17/202	05/16/202	06/15/202			33,684.96	0.00	0.00	33,684.96 ✓

QIPP TRANSFER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11832	BROADMOOR AT CREEKSIDE PARK	33,684.96	0.00	0.00	33,684.96

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	33,684.96	0.00	0.00	33,684.96

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 23 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/20/2024

0

ap_open_invoice.template

05/23/2024
12:09

Vendor# Vendor Name GALHOUN COUNTY, TEXAS

Class Pay Code

11824 ✓ THE CRESCENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051624		05/17/202	05/16/202	06/15/202			24,922.16	0.00	0.00	24,922.16 ✓

QIPP TRANSFER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11824	THE CRESCENT	24,922.16	0.00	0.00	24,922.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,922.16	0.00	0.00	24,922.16

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/23/2024
12:09

MAY 23 2024

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name **CALHOUN COUNTY, TEXAS** Class Pay Code
11820 ✓ FORTBEND HEALTHCARE CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051624		05/17/202	05/16/202	06/15/202			28,517.68	0.00	0.00	28,517.68

QIPP TRANSFER

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11820	FORTBEND HEALTHCARE CENTER	28,517.68	0.00	0.00	28,517.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,517.68	0.00	0.00	28,517.68

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/23/2024
12:10

RECEIVED BY THE
COUNTY AUDITOR ON

MAY 23 2024

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# Vendor Name
11828 ✓ SOLERA WEST HOUSTON
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051324		05/17/202	05/13/202	06/15/202			5,135.00	0.00	0.00	5,135.00 ✓
✓ 051624	TRANSFER	05/17/202	05/16/202	06/15/202			21,709.31	0.00	0.00	21,709.31 ✓
	<i>NH INS. PMT. dep. into MMC opt. in error</i>									
	QIPP TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11828	SOLERA WEST HOUSTON	26,844.31	0.00	0.00	26,844.31

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,844.31	0.00	0.00	26,844.31

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/23/2024
12:11

MAY 23 2024

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# 11836 ✓ Vendor Name GOLDENCREEK HEALTHCARE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051024		05/17/202	05/10/202	06/15/202			15,980.64	0.00	0.00	15,980.64 ✓
✓ 051024A	TRANSFER	05/17/202	05/10/202	06/15/202			58,294.04	0.00	0.00	58,294.04 ✓
✓ 051324	TRANSFER	05/17/202	05/13/202	06/15/202			7,592.88	0.00	0.00	7,592.88 ✓
✓ 051324A	TRANSFER	05/17/202	05/13/202	06/15/202			115.66	0.00	0.00	115.66 ✓
✓ 051324B	TRANSFER	05/17/202	05/13/202	06/15/202			2,680.16	0.00	0.00	2,680.16 ✓
✓ 051624	QIPP TRANSFER	05/17/202	05/16/202	06/15/202			44,182.91	0.00	0.00	44,182.91 ✓

NH ins pmx dup into MMC OOB in error

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	128,846.29	0.00	0.00	128,846.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	128,846.29	0.00	0.00	128,846.29

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/23/2024
12:11

MAY 23 2024

AP Open Invoice List

Due Dates Through: 06/20/2024

0
ap_open_invoice.template

Vendor# 12792 ✓ Vendor Name BETHANY SENIOR LIVING
CALHOUN COUNTY, TEXAS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051024		05/17/202	05/10/202	06/15/202			30,862.82	0.00	0.00	30,862.82 ✓
✓ 051324	TRANSFER	05/17/202	05/13/202	06/15/202			4,429.22	0.00	0.00	4,429.22 ✓
✓ 051324A	TRANSFER	05/17/202	05/13/202	06/15/202			696.10	0.00	0.00	696.10 ✓
✓ 051624	TRANSFER	05/17/202	05/16/202	06/15/202			39,443.43	0.00	0.00	39,443.43 ✓
✓ 051724	QIPP TRANSFER	05/22/202	05/17/202	06/15/202			27,915.00	0.00	0.00	27,915.00 ✓
	NH TRANSFER									
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net
12792 BETHANY SENIOR LIVING							103,346.57	0.00	0.00	103,346.57

NH ins. pmt. dep. into mmc opt. in error

NH ins. pmt. dep. into mmc opt. in error

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	103,346.57	0.00	0.00	103,346.57

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED BY THE
COUNTY AUDITOR ON

MEMORIAL MEDICAL CENTER

05/23/2024
12:12

MAY 23 2024

AP Open Invoice List

0
ap_open_invoice.template

Due Dates Through: 06/20/2024

Vendor# 13004 ✓ Vendor Name TUSCANY VILLAGE
CALHOUN COUNTY, TEXAS

Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
✓ 051324		05/17/2024	05/13/2024	06/15/2024			644.00	0.00	0.00	644.00 ✓
	TRANSFER	<i>NH ins pmx. dup into mmc opt.in error</i>								
✓ 051624		05/17/2024	05/16/2024	06/15/2024			30,143.75	0.00	0.00	30,143.75 ✓
	QIPP TRANSFER									

Vendor Totals: Number	Name	Gross	Discount	No-Pay	Net
13004	TUSCANY VILLAGE	30,787.75	0.00	0.00	30,787.75

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	30,787.75	0.00	0.00	30,787.75

APPROVED ON

MAY 23 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/24/2024

Account Number	Previous Beginning Balance	Transfer-Out	ADH Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Account Number	79,793.44	79,514.11	208,990.64		209,258.97	167,279.03
					Bank Balance	209,258.97
					Variance	

Transfer Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
IF Morgan Chase Bank

					April Interest	178.33
					May Interest	
					June Interest	
					Adjust Balance/Transfer Amt	187,279.03
Account Number	85,026.87	84,735.87	129,672.60		Bank Balance	129,963.80
					Variance	
					Leave in Balance	100.00
					WellPoint March	6,605.81
					WellPoint Q2	1,954.48
					April Interest	191.10
					May Interest	
					June Interest	
					Adjust Balance/Transfer Amt	114,108.31
					Bank Balance	129,963.80
					Variance	
					Leave in Balance	100.00
					Claim Payment Transfer to Tucson	13,500.00
					WellPoint March	6,372.00
					WellPoint Q2	5,179.97
					April Interest	169.03
					May Interest	
					June Interest	
					Adjust Balance/Transfer Amt	500,137.82
Account Number	134,664.91	120,795.88	311,649.79		Bank Balance	117,528.23
					Variance	
					Leave in Balance	100.00
					WellPoint March	7,278.73
					WellPoint Q2	5,879.93
					April Interest	61.77
					May Interest	
					June Interest	
					Adjust Balance/Transfer Amt	104,207.81
Account Number	187,640.31	187,337.00	351,721.95		Bank Balance	352,044.66
					Variance	
					Leave in Balance	100.00
					WellPoint March	6,914.33
					WellPoint Q2	4,413.99
					April Interest	223.32
					May Interest	
					June Interest	
					Adjust Balance/Transfer Amt	340,391.23

167,279.03 +
114,108.31 +
300,137.82 +
104,207.81 +
340,391.23 +
1,026,124.20

Note: For Bend / Goodman:

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL TRANSFERS 1,026,124.20

Approved: Andrew De Los Santos
ANDREW DE LOS SANTOS 5/24/2024

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

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,254,714.28	\$1,906,196.82	\$2,254,714.28	\$2,201,704.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD ✓	\$209,258.97 ✓	\$214,568.97	\$209,258.97	\$132,923.93
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR ✓	\$129,963.80 ✓	\$147,192.63	\$129,963.80	\$152,354.50
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT ✓	\$325,558.82 ✓	\$340,277.02	\$325,558.82	\$381,513.77
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON ✓	\$352,044.86 ✓	\$358,913.06	\$352,044.86	\$439,463.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND ✓	\$117,528.23 ✓	\$136,779.48	\$117,528.23	\$127,153.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$235,532.82	\$236,980.82	\$235,532.82	\$344,762.37
*4551 CAL CO INDIGENT HEALTHCARE	\$9,703.80	\$9,703.80	\$9,703.80	\$9,703.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,370.19	\$2,610.88	\$2,370.19	\$2,217.38
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$5,858.64	\$9,578.55	\$5,858.64	\$4,941.30
*5506 MMC -NH BETHANY SENIOR LIVING	\$423,302.44	\$485,161.42	\$423,302.44	\$261,230.22
*3407 MMC -NH TUSCANY VILLAGE	\$107,036.32	\$269,069.15	-\$1,858.63	\$187,852.46
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$4,285,448.17	\$4,229,607.60	\$4,176,553.22	\$4,358,395.85

Memorial Medical Center
 Nursing Home UPL
 Weekly Nexion Transfer
 Prosperity Accounts
 5/24/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		197,689.80	153,129.99	190,973.01		235,532.82	190,973.01
						Bank Balance Variance	
						235,532.82	
						Leave In Balance	
						100.00	
						Superior Q2 and March	
						44,307.34	

Routing Information for Golden Creek:
 Nexion Health at Golden Creek
 Wells Fargo Bank, N.A.

April Interest 152.47 ✓
 May Interest _____
 June Interest _____
 Adjust Balance/Transfer Amt 190,973.01 ✓

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 5/24/2024

APPROVED ON
 MAY 24 2024
 BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

MHC PORTION



5/23/2024 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC
 5/23/2024 Deposit
 5/23/2024 TSYS/TRANSFST CR CD DEP 543684555876917 91
 5/22/2024 TSYS/TRANSFST CR CD DEP 543684555876917 91
 5/22/2024 MONTAS SOLUTION RECLAIMPMT 676097 42000178
 5/22/2024 HEALTH HUMAN SVC RECLAIMPMT 37460024113011 2
 5/20/2024 TSYS/TRANSFST CR CD DEP 543684555876917 91
 5/20/2024 TSYS/TRANSFST CR CD DEP 543684555876917 91
 5/20/2024 TSYS/TRANSFST CR CD DEP 543684555876917 91
 5/20/2024 HNB - ECHO RECLAIMPMT 746003411 440000273066
 5/20/2024 GOLDENCREEKHEALT MERC DEP 1220136 9100001897

Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Comp4 SLayse	QIPP TI	NH PORTION
153,129.99	41,832.44						41,832.44
-	2,068.00						2,068.00
-	3,000.00						3,000.00
-	90,583.21						90,583.21
-	44,534.24						44,534.24
-	1,000.00						1,000.00
-	1,000.00						1,000.00
-	3,045.00						3,045.00
-	3,510.12						3,510.12
-	400.00						400.00
153,129.99	190,973.01						190,973.01

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,254,714.28	\$1,906,196.82	\$2,254,714.28	\$2,201,704.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$209,258.97	\$214,568.97	\$209,258.97	\$132,923.93
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$129,963.80	\$147,192.63	\$129,963.80	\$152,354.50
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$325,558.82	\$340,277.02	\$325,558.82	\$381,513.77
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$352,044.86	\$358,913.06	\$352,044.86	\$439,463.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$117,528.23	\$136,779.48	\$117,528.23	\$127,153.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ✓	\$235,532.82 ✓	\$236,980.82	\$235,532.82	\$344,762.37
*4551 CAL CO INDIGENT HEALTHCARE	\$9,703.80	\$9,703.80	\$9,703.80	\$9,703.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,370.19	\$2,610.88	\$2,370.19	\$2,217.38
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$5,858.64	\$9,578.55	\$5,858.64	\$4,941.30
*5506 MMC -NH BETHANY SENIOR LIVING	\$423,302.44	\$485,161.42	\$423,302.44	\$261,230.22
*3407 MMC -NH TUSCANY VILLAGE	\$107,036.32	\$269,069.15	-\$1,858.63	\$187,852.46
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$4,285,448.17	\$4,229,607.60	\$4,176,553.22	\$4,358,395.85

Memorial Medical Center
 Nursing Home UPL
 Weekly HMG Transfer
 Prosperity Accounts
 5/24/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gallop Pointe Plaza		2,217.38		152.81			2,370.19	2,370.19
						Bank Balance Variance	2,370.19	2,370.19
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	2,370.19	2,370.19
Gallop Pointe Plaza		13,141.30	8,700.00	917.34			5,358.64	5,358.64
						Bank Balance Variance	5,358.64	5,358.64
						Leave in Balance	100.00	
						Adjust Balance/Transfer Amt	5,358.64	5,358.64
TOTAL TRANSFERS							8,078.83	8,078.83

Routing Information for Gulf Pointe Plaza:

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

Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 5/24/2024

APPROVED ON
 MAY 24 2024
 BY COUNTY AUDITOR
 GALHOUN COUNTY, TEXAS



5/23/2024 HNB - ECHO HCCLAIMPMT 746003411 440000296701

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	152.81	-	-	-	-	-	152.81
-	152.81	-	-	-	-	-	152.81



5/23/2024 Deposit
5/21/2024 Check #1019

MMC PORTION							NH PORTION
Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp 2	QIPP/Comp3	QIPP/Comp4 & Lapse	QIPP TI	
-	917.34	-	-	-	-	-	917.34
8,200.00	-	-	-	-	-	-	-
8,200.00	917.34	-	-	-	-	-	917.34
8,200.00	1,070.15	-	-	-	-	-	1,070.15

Balances Overview

Account Name

*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,254,714.28	\$1,906,196.82	\$2,254,714.28	\$2,201,704.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$209,258.97	\$214,568.97	\$209,258.97	\$132,923.93
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$129,963.80	\$147,192.63	\$129,963.80	\$152,354.50
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$325,558.82	\$340,277.02	\$325,558.82	\$381,513.77
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$352,044.86	\$358,913.06	\$352,044.86	\$439,463.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$117,528.23	\$136,779.48	\$117,528.23	\$127,153.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$235,532.82	\$236,980.82	\$235,532.82	\$344,762.37
*4551 CAL CO INDIGENT HEALTHCARE	\$9,703.80	\$9,703.80	\$9,703.80	\$9,703.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY ✓	\$2,370.19 ✓	\$2,610.88	\$2,370.19	\$2,217.38
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID ✓	\$5,858.64 ✓	\$9,578.55	\$5,858.64	\$4,941.30
*5506 MMC -NH BETHANY SENIOR LIVING	\$423,302.44	\$485,161.42	\$423,302.44	\$261,230.22
*3407 MMC -NH TUSCANY VILLAGE	\$107,036.32	\$269,069.15	-\$1,858.63	\$187,852.46
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$4,285,448.17	\$4,229,607.60	\$4,176,553.22	\$4,358,395.85

Memorial Medical Center
 Nursing Home UPL
 Weekly Tuscany Transfer
 Prosperity Accounts
 5/24/2024

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
		123,784.11	147,519.71	130,821.91			107,036.32	54,433.05
							Bank Balance	
							Variance	107,036.32
							Leaves in Balance	100.00
							WellPoint March and Q2	28,617.70
							5/22/24 Wire Overage	23,885.58

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

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Adjust Balance/Transfer Amt 54,433.05
 Approved: Andrew De Los Santos
 ANDREW DE LOS SANTOS 5/24/2024



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

	Transfer-Out ✓	Transfer-In ✓	QIPP/Comp 1	QIPP/Comp 2	QIPP/Comp 3	QIPP/Comp 4&Lapse	QIPP TI	NH PORTION
5/23/2024 WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	132,780.53 ✓	-						-
5/23/2024 Deposit	-	7,409.10						7,409.10
5/23/2024 WELLPOINT CO AP E-PAYMENT EES2803274 1110000	-	44,555.29	12,680.10	3,563.70	7,999.95	20,311.54	28,617.70 ✓	15,937.60
5/22/2024 HNB - ECHO HCCLAIMPMT 746003411 440000263954	-	5,939.41 ✓						5,939.41
5/21/2024 Check #1154	14,739.18 ✓	-						-
5/21/2024 Deposit	-	8,200.00						8,200.00
5/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000222634	-	1,562.72						1,562.72
5/21/2024 HNB - ECHO HCCLAIMPMT 746003411 440000223117	-	59,279.39 ✓						59,279.39
5/20/2024 Deposit	-	3,876.00 ✓						3,876.00
	147,519.71 ✓	130,821.91 ✓	12,680.10	3,563.70	7,999.95	20,311.54	28,617.70	102,204.22 ✓

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,254,714.28	\$1,906,196.82	\$2,254,714.28	\$2,201,704.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$209,258.97	\$214,568.97	\$209,258.97	\$132,923.93
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$129,963.80	\$147,192.63	\$129,963.80	\$152,354.50
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$325,558.82	\$340,277.02	\$325,558.82	\$381,513.77
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$352,044.86	\$358,913.06	\$352,044.86	\$439,463.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$117,528.23	\$136,779.48	\$117,528.23	\$127,153.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$235,532.82	\$236,980.82	\$235,532.82	\$344,762.37
*4551 CAL CO INDIGENT HEALTHCARE	\$9,703.80	\$9,703.80	\$9,703.80	\$9,703.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,370.19	\$2,610.88	\$2,370.19	\$2,217.38
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$5,858.64	\$9,578.55	\$5,858.64	\$4,941.30
*5506 MMC -NH BETHANY SENIOR LIVING	\$423,302.44	\$485,161.42	\$423,302.44	\$261,230.22
*3407 MMC -NH TUSCANY VILLAGE ✓	\$107,036.32 ✓	\$269,069.15	-\$1,858.63	\$187,852.46
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$4,285,448.17	\$4,229,607.60	\$4,176,553.22	\$4,358,395.85

Memorial Medical Center
 Nursing Home UPL
 Weekly HSL Transfer
 Prosperity Accounts
 5/24/2024

<u>Nursing Home</u>	<u>Account Number</u>	<u>Previous Beginning Balance</u>	<u>Transfer-Out</u>	<u>Transfer-In</u>	<u>Cl's Cleared</u>	<u>Pending Medicare Repayment</u>	<u>Today's Beginning Balance</u>	<u>Amount to Be Transferred to Nursing Home</u>
	143,058.82			180,243.62			423,302.44	313,024.15
						Bank Balance	423,302.44	
						Variance		
						Leave in Balance	100.00	
						Claim Payment Transfer to Golden Creek Superior Q2 and March	71,807.82	
							38,376.06	
						April Interest	194.41	
						May Interest		
						June Interest		
						Adjust Balance/Transfer Amt	<u>313,024.15</u>	

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

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Approved: *Andrew De Los Santos*
 ANDREW DE LOS SANTOS 5/24/2024



5/23/2024 Deposit
 5/23/2024 NOVITAS SOLUTION HCCLAIMPMT 676481 42000179
 5/23/2024 Deposit
 5/23/2024 Deposit
 5/23/2024 HMB - ECHO HCCLAIMPMT 746003411 440000223117

Transfer-Out	Transfer-In	MMC PORTION					NM PORTION
		QPP/Comp1	QPP/Comp 2	QPP/Comp3	QPP/Comp4&Lapse	QPP TI	
-	26,907.59	-	-	-	-	-	26,907.59
-	135,164.63	-	-	-	-	-	135,164.63
-	8,137.77	-	-	-	-	-	8,137.77
-	8,387.29	-	-	-	-	-	8,387.29
-	1,646.34	-	-	-	-	-	1,646.34
-	180,243.62	-	-	-	-	-	180,243.62

Balances Overview

Account Name				
*4357 MEMORIAL MEDICAL CENTER - OPERATING	\$2,254,714.28	\$1,906,196.82	\$2,254,714.28	\$2,201,704.59
*4365 MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014	\$543.86	\$543.86	\$543.86	\$543.86
*4373 MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING	\$437.82	\$437.82	\$437.82	\$437.82
*4381 MEMORIAL MEDICAL CENTER / NH ASHFORD	\$209,258.97	\$214,568.97	\$209,258.97	\$132,923.93
*4403 MEMORIAL MEDICAL CENTER / NH BROADMOOR	\$129,963.80	\$147,192.63	\$129,963.80	\$152,354.50
*4411 MEMORIAL MEDICAL CENTER / NH CRESCENT	\$325,558.82	\$340,277.02	\$325,558.82	\$381,513.77
*4438 MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	\$352,044.86	\$358,913.06	\$352,044.86	\$439,463.37
*4446 MEMORIAL MEDICAL CENTER / NH FORT BEND	\$117,528.23	\$136,779.48	\$117,528.23	\$127,153.16
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$235,532.82	\$236,980.82	\$235,532.82	\$344,762.37
*4551 CAL CO INDIGENT HEALTHCARE	\$9,703.80	\$9,703.80	\$9,703.80	\$9,703.80
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$2,370.19	\$2,610.88	\$2,370.19	\$2,217.38
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$5,858.64	\$9,578.55	\$5,858.64	\$4,941.30
*5508 MMC -NH BETHANY SENIOR LIVING ✓	\$423,302.44 ✓	\$485,161.42	\$423,302.44	\$261,230.22
*3407 MMC -NH TUSCANY VILLAGE	\$107,036.32	\$269,069.15	-\$1,858.63	\$187,852.46
*3660 MMC -BETHANY SR LIVING - DACA	\$100.00	\$100.00	\$100.00	\$100.00
*2998 MMC -MONEY MARKET FUND	\$111,493.32	\$111,493.32	\$111,493.32	\$111,493.32
Total Balance	\$4,285,448.17	\$4,229,607.60	\$4,176,553.22	\$4,358,395.85

Ashford /

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 5/24/2024

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 41,701.61 ✓

G/L NUMBER: 10255040

EXPLANATION: WellPoint March and Q2 Qipp

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: *[Signature]*

5/24/24

Broadmoor ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E
_____ MMC _____

Date Requested: _____ 5/24/2024

_____ **APPROVED ON** _____
_____ **MAY 24 2024** _____
_____ **BY COUNTY AUDITOR** _____
_____ **CALHOUN COUNTY, TEXAS** _____

FOR ACCT USE ONLY
<input type="checkbox"/> Imprest Cash
<input type="checkbox"/> A/P Check
<input type="checkbox"/> Mail Check to Vendor
<input type="checkbox"/> Return Check to Dept

AMOUNT: \$ _____ 15,564.29 ✓

G/L NUMBER: _____ 10255040

EXPLANATION: _____ WellPoint March and Q2 Qipp _____

REQUESTED BY: _____ Michelle Cumberland _____

AUTHORIZED BY: _____ Andrew [Signature] _____

5/24/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 5/24/2024

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 11,551.97 ✓

G/L NUMBER: 10255040

EXPLANATION: WellPoint March and Q2 Qipp

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew D. [Signature]

5/24/24

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 5/24/2024

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 13,158.65 ✓

G/L NUMBER: 10255040

EXPLANATION: WellPoint March and Q2 Qipp

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew S. [Signature]

5/24/24

Solera ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 5/24/2024

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 11,330.32 ✓

G/L NUMBER: 10255040

EXPLANATION: WellPoint March and Q2 Qipp

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLorenzo

5/24/24

Tuscany ✓

MEMORIAL MEDICAL CENTER CHECK REQUEST

P
A
Y
E
E

MMC

Date Requested: 5/24/2024

APPROVED ON

MAY 24 2024

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT USE ONLY

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

AMOUNT: \$ 28,617.70 /

G/L NUMBER: 10255040

EXPLANATION: WellPoint March and Q2 Qipp

REQUESTED BY: Michelle Cumberland

AUTHORIZED BY: Andrew DeLoe

5/24/24

QIPP PMTS TO MMC 5.24.24

QIPP Payment to MMC from Nursing Facilities

Commissioner's Court

5/29/2024

NH Name	From Bank Acct #	Cl #	Payee	GL #	WellPoint Q2	WellPoint March	WellPoint Q2 and March	TOTAL	Date
Ashford ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040	18,456.91	23,244.70		41,701.61	5/29/2024 ✓
Broadmoor ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040	6,958.48	8,605.82		15,564.29	5/29/2024 ✓
Crescent ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040	5,179.97	6,372.00		11,551.97	5/29/2024 ✓
Fort Bend ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040	5,879.92	7,278.73		13,158.65	5/29/2024 ✓
Solera ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040	4,415.99	6,914.33		11,330.32	5/29/2024 ✓
Golden Creek	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040				-	5/29/2024
Bethany	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040				-	5/29/2024
Tuscany ✓	[REDACTED]	- Prosperity	MMC - Prosperity Operating	10255040			28,617.70	28,617.70	5/29/2024 ✓
				Total:	40,891.27	52,415.57	28,617.70	121,924.53	

Note:

Andrew De Los Santos
 Approved:
 ANDREW DE LOS SANTOS 5/24/2024



Transaction Summary

Transaction Complete
Trace #:

**Texas Health and Human Services Commission
Memorial Medical Center Operating County
746003411**

Payment Total	\$3,289,700.73
Bank Routing and Account Number	
Settlement Date	6/5/2024
QIPP Amount	\$3,289,700.73 ✓
Entered By	Andrew De Los Santos

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